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*THE OFFICIAL NEWSLETTER OF THE MINNESOTA DRE
MARCH 2020*

DRE SCHOOL ADDS SIXTEEN NEW DREs

The 2020-2 Drug Evaluation and Classification Program Pre-School and DRE School were presented on January 13-24, 2020. This was Minnesota’s 30th DRE School since its inception in 1991. The classroom portion of the training was held at the White Bear Lake Public Safety Training Facility. This was the 19th time that the White Bear Lake Police hosted the DRE School. Sixteen officers from ten agencies and one city attorney attended the training. The roster included eight municipal officers, three county deputies, five state troopers, and one Minneapolis City Attorney. This was the first DRE trained from five of these agencies. The seventeen attendees dove head first into the comprehensive curriculum and their dedication and desire showed from day one. The quality of the students selected is evidenced by the average score of 90% (with one perfect score of 100%) on the classroom final exam.



Certification Training was held in February 2020, hosted by the Maricopa County Sheriff’s Office in Phoenix, Arizona. Maricopa County S.O. is an excellent partner and provided all of the accommodations and logistics required to administer quality training sessions.

The classroom portion was instructed by twenty qualified instructors. These committed instructors represented agencies from Sherburne County, West Saint Paul, University of Minnesota, Saint Paul, Minneapolis, Eden Prairie, Brooklyn Park, Edina, the Minnesota State Patrol, the Minneapolis City Attorney’s Office, the Office of the Minnesota Attorney General, and Minnesota Bureau of Criminal Apprehension.

FAMILY SPEAKS OUT ABOUT DANGERS OF “CANNABIS-INDUCED PSYCHOSIS”

A new report by *USA Today* is raising concerns about mental health issues and their link to high-potency marijuana products.

“Our kid’s brain was gone,” said Rob McIntosh, when talking about his son. “He’s been talking gibberish, he’s been telling people that he tried to commit suicide, he’s been saying all sorts of weird things.”

That was Rob and Marie McIntosh’s reaction when they spoke to their son, Madison. The 24-year-old, who lives in Phoenix, was acting strange.

“It was like the light is on, but no one’s home,” said Madison’s stepsister Madison McIntosh. “It was the strangest thing to recognize somebody, I know that, that’s my son, but you don’t recognize him.”

They learned Madison was vaping multiple times a day. At the hospital, doctors diagnosed Madison with ‘cannabis-induced psychosis.’ “What the heck is that?” said Rob. “We’d never heard of that.”



Las Vegas psychiatrist Reza Kazemi has seen first-hand, the link between high-potency THC products and psychosis.

A study out of Colorado found a 77% increase in suicide deaths among 10 to 19-year-olds with marijuana in their systems. “Over the past four or five years, I have seen plenty of patients,” said Dr. Reza Kazemi.

“Some people are more susceptible to it, versus others. There are some genetic factors that go into it, but overall, it can cause psychosis.” But Kazemi says more research needs to be done.

“It is difficult to make that diagnosis because a lot of times, you can’t tell which came first, the psychosis or the cannabis use,” he said.

Rob says Madison stopped vaping and is doing much better. They’re sharing their story in the hopes of creating change. “We’re a redemption story, we’re a lucky story,” said Rob. “What we’re hoping is that we can help one kid. If it’s even one kid.”

Source: Nexstar Broadcasting, Inc.

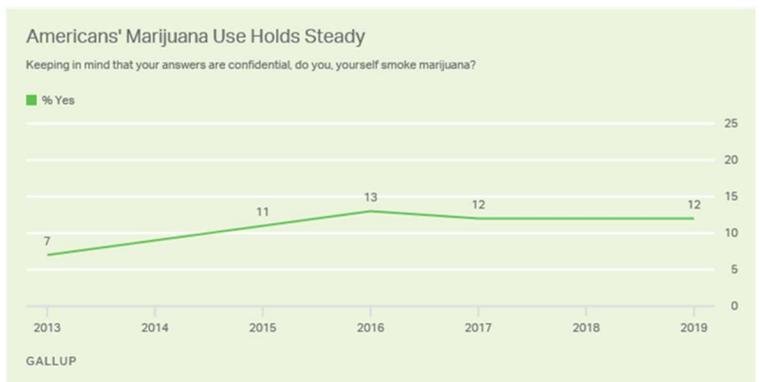
WHAT PERCENTAGE OF AMERICANS SMOKE MARIJUANA?

In a Gallup poll, 12% of U.S. adults said they smoke marijuana, a percentage that is essentially unchanged since 2015. The survey found that the likelihood to smoke marijuana varies significantly by gender, age, and political ideology.

- Men (15%) are more likely to smoke marijuana than women (9%)
- At 22%, 18 to 29 year olds are the most likely age group to smoke marijuana - about twice as likely as those between the ages of 30 and 64, and seven times as likely as adults older than 65
- Liberals (24%) are six times more likely to smoke marijuana than conservatives (4%), and twice as likely as moderates (12%)

The Marijuana Opportunity Reinvestment and Expungement Act that would federally decriminalize marijuana passed the House Judiciary Committee in November 2019, but, with that bill yet to make it to the House floor and facing an uncertain future in the Senate, the use of marijuana remains illegal under federal law.

Meanwhile, 33 states have legalized marijuana in some way for adults -- whether for medicinal or recreational use; however, only one of those states, Florida, is in the South, which is reflected in that region's lower rate of marijuana users (between 13% and 16% of adults across the East, Midwest and West smoke marijuana, versus 7% in the South).



Explore Gallup articles about marijuana on the [HERE](#)

MARIJUANA MORE PREVALENT IN FATAL CRASHES AFTER LEGALIZATION, AAA STUDY FINDS

A recent study finds an increase in the number of drivers involved in fatal crashes that were positive for THC. AAA Foundation research looked at crash reports during 2008 and 2012 in Washington, before marijuana was legal. During that time frame, an estimated 8.8% of Washington drivers involved in fatal crashes were positive for THC. After legalization, that rate rose to 18% between 2013 and 2017.

The average number of THC-positive drivers increased, too. In the five years before legalization, an average of 56 drivers involved in fatal crashes each year were THC-positive. In the five years after legalization, the average jumped to 130. The new numbers bolster the findings of a similar report the AAA Foundation released in 2016. The study did not attempt to determine if marijuana contributed to the crashes included in its latest research. It focused only on the prevalence of drivers who tested positive for active THC.

“This study enabled us to review a full 10-years’ worth of data about the potential impact of marijuana on driving safety – and it raises significant concerns. Results from the analysis suggest that the legalization of recreational use of marijuana may increase the rate of THC-positive drivers involved in fatal crashes,” said Dr. David Yang, executive director of the AAA Foundation for Traffic Safety.

Dangers of Marijuana-Impaired Driving

Marijuana use can inhibit concentration, slow reaction times and cloud judgment. Its effects vary by individual, but several studies have concluded that marijuana use impairs the ability to drive safely. Previous research suggests that users who drive high are up to twice as likely to be involved in a crash.

Legalization of Marijuana

Eleven states and Washington, D.C. have legalized marijuana for both recreational and medical use. Another 22 states have legalized it for medical use only. State legislative sessions for 2020 are getting underway and recreational use is expected to be a popular topic. The legislative interest combined with likely November ballot measures could result in additional states taking a hard look at the issue.

Last year, a Foundation survey found:

- Nearly 70% of Americans think it is unlikely a driver will get caught by police for driving shortly after using marijuana.
- An estimated 14.8 million drivers report getting behind the wheel within one hour after using marijuana in the past 30 days.

Source: WJXT News4 Jax

BENZODIAZEPINE PRESCRIPTIONS REACH ‘DISTURBING’ LEVELS IN THE U.S.

Benzodiazepine drugs are prescribed at about 66 million doctors’ appointments a year in the US, according to a report by the US National Center for Health Statistics. This means that for every 100 adults that visit an office-based doctor over the course of a year, 27 visits will result in a prescription for a benzodiazepine.

The figures, based on surveys conducted between 2014 and 2016, are “discouraging and disappointing”, says Lois Platt at Rush University in Chicago. “The statistics we have are disturbing, and everyone should be concerned about bringing them down,” she says.

Benzodiazepine drugs are sedatives that tend to be prescribed for sleep disorders and anxiety. The drugs are addictive and people can become dependent on them in a matter of days, and withdrawal symptoms make it hard to quit. Overdoses can be fatal.

A third of the recorded benzodiazepine prescriptions issued in the US were given alongside a prescription for an opioid painkiller. This is especially concerning, because it is easy to fatally overdose when taking the drugs together, says Rebecca McDonald at King’s College London.

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IMPAIRED DRIVING - EVEN ONCE THE HIGH WEARS OFF

A study by McLean Hospital's Mary Kathryn Dahlgren, PhD, Staci Gruber, PhD, and their team from McLean's Cognitive and Clinical Neuroimaging Core and the Marijuana Investigations for Neuroscientific Discovery (MIND) program, has found that recreational cannabis use affects driving ability even when users are not intoxicated by marijuana.

Published in the Drug and Alcohol Dependence journal, the study "Recreational Cannabis Use Impairs Driving Performance in the Absence of Acute Intoxication," finds that in addition to chronic, heavy, recreational cannabis use being associated with poorer driving performance in non-intoxicated individuals compared to non-users, the researchers linked earlier onset of marijuana use (under age 16) to worse performance.

Recreational cannabis use has expanded across the United States in the last several decades and so has public concern about the substance's impact on activities that present safety issues.

While several studies have examined the direct effect of cannabis intoxication on driving, no other studies until now have examined the effects on driving in heavy marijuana users who are not high.

Senior author Gruber, along with Dahlgren, used a customized driving simulator to assess the potential impact of cannabis use on driving performance. At the time of study, marijuana users had not used for at least 12 hours and were not intoxicated.

Overall, heavy marijuana users demonstrated poorer driving performance as compared to non-users. For example, in the simulated driving exercise, marijuana users hit more pedestrians, exceeded the speed limit more often, made fewer stops at red lights, and made more centerline crossings.

Gruber, who is among the world's foremost experts in the cognitive effects of marijuana, said the idea that differences can be detected in sober cannabis users may be surprising to the public.

"People who use cannabis don't necessarily assume that they may drive differently, even when they're not high," she said. "We're not suggesting that everyone who uses cannabis will demonstrate impaired driving, but it's interesting that in a sample of non-intoxicated participants, there are still differences in those who use cannabis relative to those who don't."

When researchers divided the marijuana users into groups based on when they started using cannabis, they found that significant driving impairment was detected and completely localized to those who began using marijuana regularly before age 16.

"It didn't surprise us that performance differences on the driving simulator were primarily seen in the early onset group," Dahlgren said. "Research has consistently shown that early substance use, including the use of cannabis, is associated with poorer cognitive performance."

She added, "What was interesting was when we examined impulsivity in our analyses, most of the differences we saw between cannabis users and healthy controls went away, suggesting that impulsivity may play a role in performance differences."

States where marijuana has been legalized have seen growing public concern that more individuals will drive while intoxicated. But since performance issues can occur even in people who aren't high, Gruber said the public needs to rethink the ways it understands impairment.

"There's been a lot of interest in how we can more readily and accurately identify cannabis intoxication at the roadside, but the truth of the matter is that it is critical to assess impairment, regardless of the source or cause," she said. "It's important to be mindful that whether someone is acutely intoxicated, or a heavy recreational cannabis user who's not intoxicated, there may be an impact on driving, but certainly not everyone demonstrates impairment simply as a function of exposure to cannabis. This is especially important to keep in mind given increasing numbers of medical cannabis patients who differ from recreational users with regard to product choice and goal of use."

This study was jointly sponsored by the MIND research program; the McLean Hospital Rossano Mind, Brain, and Behavior Pre-Doctoral Fellowship; and the National Institute on Drug Abuse (NIDA)

BENZODIAZEPINE PRESCRIPTIONS

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“Benzodiazepine deaths have gone up substantially over the past two decades in the US, increasing from just over 1000 annual deaths in 1999 to over 11,000 deaths in 2017,” says McDonald. “Almost all cases also involved opioids.” In the US, most benzodiazepine prescriptions are made for people with chronic disorders, according to the report. “At most of the [doctor] visits, benzodiazepines or opioids were continued prescriptions,” says Loredana Santo at the National Center for Health Statistics, who led the research. “Our finding suggests that most patients prescribed these medications might be long-term users of these drugs.”

That is also worrying, says Benedict Hayhoe at Imperial College London, who is a practicing GP. “That is against current advice,” he says. “We should be avoiding using benzodiazepines in the long term.”

Some researchers have suggested that the increase in benzodiazepine prescriptions is mimicking what was seen in the early days of opioid prescriptions. Platt hopes that prescriptions in the US will start to fall as more people become aware of the dangers of benzodiazepines. “These numbers are a few years old, hopefully they will have gone down [since then],” she says. “But we don’t know that yet.”

That is what appears to be happening in the UK. A report by Public Health England published last year estimates that 1.4 million people in the UK – 3 per cent of the adult population – received a prescription for a benzodiazepine drug in 2017. The report found there was a small decrease in prescribing rates of benzodiazepines between 2015-16 and 2017-18, and a longer-term fall in the number of prescriptions of these medicines.

There are concerns, however, that many people are instead obtaining illicit drugs online – many of which are stronger, and more dangerous, than prescribed drugs. Such drugs are being linked to an increasing number of deaths in Scotland, in particular. Deaths linked to one such drug, etizolam, rose from 299 in 2017 to 548 in 2018.

Medical professionals need to focus on alternatives for anxiety, says Platt. “We have to keep making people aware that these drugs are not our friends,” she says.



Source: www.newscientist.com

MESA POLICE: DUI ARRESTS FOR PRESCRIPTION DRUGS ARE ON THE RISE

Mesa police officers are encountering more people driving under the influence of substances other than alcohol. “Impaired driving by alcohol is still around,” Mesa Police Officer George Chwe told *KTAR News*.

“But one of the most prevalent things out there right now are prescription drug medications and illicit drugs that people are consuming and operating a motor vehicle.”

Chwe said up to 70 percent of DUI arrests in Mesa are for drugs, and the rest are for alcohol. He said it’s similar to what’s happening across the state. Xanax and Oxycodone are among the most common prescription drugs contributing to DUI arrests, according to Chwe. He added that drugs like meth, heroin and marijuana are likewise fueling DUI arrests.

Chwe also serves as a state coordinator for the Governor’s Office of Highway Safety’s drug enforcement and DUI programs, and advises people who need to take prescription drugs to check the side effects with their doctors to see if it could impair their driving.

“Just call them and let them know every effect that you have from it,” he said. “If you just stay quiet and think that’s the norm, you never know if you’re involved in an accident and somebody dies and now you’re looking at a severe charge.”

**JUDGE: DEFENDANT IN
VEHICULAR HOMICIDE CASE
WAS TOO HIGH TO WAIVE
MIRANDA RIGHTS**

A Passaic County judge has ruled that some evidence in a vehicular homicide case will be thrown out because the defendant was too high on drugs at the time to understand his rights when speaking with police.

The judge ruled that Jason Vanderee could not consent to waive his Miranda rights because he was too high. Some of what Vanderee allegedly told police after the crash will not be allowed in the trial.

The judge did rule that statements Vanderee made to paramedics and doctors after the crash will be allowed in court. *NJ.com* reports that the jury can also hear about Vanderee's prior DWI conviction. Vanderee is accused of being so high on heroin that he crashed his vehicle into a gas station on Route 23 in Wayne. Jon Warbeck, 50, his 17-year-old son Luke and gas station attendant Lovedeep Fatra were killed.

Source: News 12 New Jersey

**NEWLY DISCOVERED
CANNABIS COMPOUND
COULD BE 30 TIMES MORE
POTENT THAN THC**

Scientists have discovered a cannabis compound that could be 30 times more potent than THC, the psychoactive ingredient in marijuana, CNN reports.

The new compound, called tetrahydrocannabiphorol, or THCP, was discovered by Italian scientists. In a study in *Nature, Scientific Reports*, the scientists say their findings could lead to the production of cannabis extracts for targeted physical effects.

They added that more testing could lead to the discovery of new compounds.

The scientists also discovered a new compound they called CBDP. It appears to be related to CBD, the compound that has been the focus on studies on the health benefits of cannabis.

Source: Partnership for Drug-Free Kids

FROM THE EDITOR...

This edition of *Snare the Drug Impaired* marks the 63rd time I have collated articles in an effort to educate and inform anyone who had the desire to read it. I can only take credit for finding the articles and fitting them into this format. It was rare that I actually authored any of the content, that was done by others local and globally.

April 3rd will mark the end of my law enforcement career. Admittedly, the State Patrol was not my first choice, not for any specific reason, I just had not given being a trooper much thought. When I arrived at the State Patrol Academy on a hot day in June 1988, I had very few expectations. I had not gotten any inside information on what was ahead. To be blunt, I was offered the job so I took it.

Once I completed the eleven-week academy and started working the freeways in Minneapolis, I knew that I had made the right choice for me. I took to traffic law enforcement right away, and began rotating shifts in the "50 Beat", arguably the busiest station in the state. I was soon admiring the work of the 'dogwatch'. They spent most of their shift arresting impaired drivers and talking about arresting impaired drivers. I knew that was the shift for me. I spent the entirety of the 1990s plus a couple years working the overnight shift with great partners (no exception). It was the best of times.

In 2002, I was given an opportunity to move to a position coordinating impaired driving training programs in Minnesota. I would never have dreamed the opportunities that lay ahead. Except for a stint in our Executive Protection Division, I will have this job for the remainder of my career.

As I look back on nearly 32 years in this uniform (and 27 concurrent years with the Metro Transit Police), I am amazed and humbled at the opportunities I have had. One would never believe that pushing a squad car around the freeways would lead to participating in creating policy, providing training, and altering the trajectory of impaired driving in Minnesota, as well as nationally and globally.

I hope that I have been a good partner, a competent instructor, and maintained a steady hand on the tiller keeping things moving in the right direction. I know that I have made a difference in at least a couple people's lives; they have gone out of their way to tell me so. I hope that I have done what was asked of me and helped make some of your lives easier. That is the best endorsement that I could ever ask for. Until we meet again, *All the Best*.