North Carolina Advisory Council on Cannabis
Public Safety Subcommittee
Co-Chairs:
Colonel Freddy Johnson, State Highway Patrol
Sheriff Keith Stone, Sheriffs' Association

Meeting Minutes
October 28, 2026, 1:00-3:00pm
Virtual via Teams

Attendees
Council Members Present – Colonel Freddy Johnson; Sheriff Keith Stone; Scottie Shoaf; Kimberly McDonald; David Hess; Mark Ezzell

Council Members Absent – Brian Harris; Matt Scott; Deonte Thomas; Sen. Kandie Smith; Carrie Brown

Staff Present – Kaycee Dean; Charles Mitchell; Marybryan Wolak

Other Council Members Present — Larry Greenblatt; Pat Oglesby

Agenda
I. Welcome, Roll Call, and Ethics Statement
II. Presentations
1. **Roadside Testing**
Kenny Benfield, Program Manager, Forensic Tests for Alcohol, NCDHHS Department of Public Health
2. **Washington State's Perspective on Public Safety and the Illicit Market**
Justin Nordhorn, Director, Washington State Liquor and Cannabis Commission
3. **Highway Safety**
Mike Hanson, Director, Office of Traffic Safety, Minnesota Department of Public Safety
III. Discussion and Questions
IV. Other Business and Next Steps

Presentation 1: Roadside Testing (Kenny Benfield)
- This presentation addresses practical capabilities, preparation for law enforcement, and some things for the Council to consider
- Kenny Benfield briefed the Council on law enforcement readiness for drug-impaired driving under a possible regulated cannabis market.
    - Bottom line: training, DRE capacity, lab capacity and funding all fall short today, and a data-only oral fluid pilot is proposed to get real answers on cost and feasibility.

Current Situation
- Cannabis impairment is already a major issue: about 36% of DRE evaluations are cannabis-

related.
- About 65% of drug cases involve more than one substance (polysubstance use), which complicates assessment.

Roadside Assessment and Officer Training

- Standardized Field Sobriety Testing (SFST) is now in Basic Law Enforcement Training, but it is geared mainly to alcohol.
- Advanced Roadside Impaired Driving Enforcement (ARIDE) bridges the gap for drugs, but far fewer officers have it.
- Officers must also rule out injury, medical or mental health issues, and account for scene safety and physical limitations.
- Officers need both competence (training) and confidence (regular practice) to make sound roadside calls.
- Skills fade without use: drug cases rose after an ARIDE push, then fell back within 9 to 12 months. Refresher training and ongoing use are needed.

DRE Access and Specimen Timing

- DREs exist statewide but not in every agency; rural and far eastern and western areas have fewer.
- A call-out system reaches the nearest DRE within 50 miles.
- DRE evaluations are done post-arrest in a controlled setting (jail or station), so transport, space and response time all matter.
- Cannabis leaves the blood quickly for fatty tissue, so blood must be drawn within about 1.5 to 2 hours to be useful.
- Any increase in samples must be coordinated with crime labs, which are already near or over capacity.

Why THC is Not Like Alcohol

- There is no THC equivalent to the 0.08 per se alcohol limit.
- Effects vary by person and by method of use (smoked, vaped, edibles, transdermal).
- A THC concentration does not establish degree of impairment; it must be paired with driving behavior, roadside tests and witness evidence.
- Some labs quantify THC; others only report it as present.

Screening vs. Evidential Tests

- Roadside alcohol screening results are positive or negative only; by statute the number cannot be used in court for a regular DWI.
- Only the evidential test (breath instrument or blood) produces a number used in court.
- Any roadside cannabis screening device would work the same way and must first be validated, legally reviewed, trained on and quality-controlled.

Proposed Oral Fluid Pilot (Phase 1)

The branch is considering a tightly controlled, data-collection-only pilot of roadside oral fluid screening. Nothing is finalized.

- **Purpose:** test real-world feasibility and true cost; results would not be used in court.
- **Deployment:** State Highway Patrol (all troopers are ARIDE-trained), across a geographically diverse area from the coast to the mountains.
- **Cost:** about $27.40 per screen. A key unknown is how often impaired subjects need more than one collection in the field.
- **Blinding:** devices run in "DRE mode" (positive or negative only), and DREs called in are kept blind to the result.
- **Validation:** link screening results to confirmatory lab results, then complete a lab review and set quality control procedures.
- **Outputs:** realistic answers on cost, training and refresher needs, and supply use, instead of estimates.

Baselines to Set Before Any Change

- Crash trends: fatal and serious injury crashes by geography and time period, with traffic exposure where available.
- DRE availability: coverage by region and shift, evaluations completed, unmet call-outs, response times.
- Toxicology coverage, including polysubstance findings that are likely undercounted because labs stop testing at 0.08 or above.

Subcomittee Q&A and Discussion

- **Cannabis in traffic fatalities**
    - Asked what share of fatalities involve marijuana; said the inability to measure impairment must be solved before any legalization.
    - Kenny Benfield: No reliable answer. The OCME, due to capacity limits, does not test deceased drivers beyond alcohol, so data exists only for living drivers via crime labs.
    - Testing for cannabis is not always done.
    - If BAC is 0.08 or above, labs stop testing unless the District Attorney requests more, so other drugs go undetected.
    - Sheriff Stone shared that marijuana DWI cases are hard to try; he has seen drivers more impaired on marijuana than alcohol and believes a THC threshold and testing ability are needed. Convictions are difficult even at 0.08 for alcohol.
- **Is a THC blood limit problematic?**
    - THC distributes into fatty tissue at an inconsistent rate, so levels cannot be back-calculated the way alcohol can.
    - A blood limit would require a timely blood draw, which is not practical roadside.
    - Current tools are inadequate, but a blood or serum THC limit is not a realistic fix.
    - Benfield added that many labs give only a qualitative (present or absent) result.
- **Funding, DRE capacity and training burden**

- No exact funding figure yet. All DRE, ARIDE and non-breath-test funding comes from the Governor's Highway Safety Program (federal NHTSA funds); there is no state funding for this.
- Target is 250 DREs, based on a 2019 IACP assessment. That means about 83 more, but 18% annual attrition means current training only replaces losses.
- Reaching 250 would take about 15 more instructors, roughly 3 classes per year and bigger class sizes. Best case is about 4 years.
- The prerequisite pipeline (breath analysts, ARIDE, screening devices) would also need to grow to fill classes.
- Hess noted agency staffing shortages make freeing officers for training a major constraint; Benfield agreed reaching 250 in four years is likely not achievable.
- Benfield flagged wider system capacity: detention staff, court staff and lab backlogs.

Presentation 2: Washington State's Perspective on Public Safety and the Illicit Market (Justin Nordhorn)

- Washington's market is tightly controlled and modeled on post-Prohibition alcohol law; about 85% of consumers now buy from the legal market, but the illicit market persists.

Regulatory Structure

- **Two tiers, not three:** producer/processors (~1,100) and retailers (~400 active, cap ~500). No distribution tier; a transport-only license exists (no title to product).
- **Legal basis:** Uniform Controlled Substances Act; everything illegal unless licensed. Unlicensed distribution remains a felony.
- **Retail limits:** stores may sell only cannabis and paraphernalia, which strains business viability.
- **Licensing:** retail allocated by population across cities/counties; 2,000+ applications for ~350 licenses went to lottery. A social equity program now uses statutory scoring, with lottery for ties.
- **Market imbalance:** small grows (largest 3/4 acre) at stakeholders' request mean far more producers than retailers, making it hard for producers to reach market and raising diversion risk.
- **Original fiscal note** assumed 100 producers, 100 processors and 350 retailers, mirroring the former 350 state liquor stores.
- **Agency roles:** licenses, enforces, collects and distributes taxes, audits, investigates money laundering, and assists local agencies with seizures and warrants on request.
- **Federal alignment:** met 7 of 8 Cole Memo priorities; the exception is state law allowing licensees/employees to carry firearms at work (federal enhancement risk communicated to industry).

Consumer and public safety rules

- **Possession:** low limits by category (e.g., 7 g concentrate); medical patients ~3x, overseen by Department of Health.
- **Consumption:** no public consumption (expanded from "public view"). Lack of legal places to consume pushes renters outdoors; Seattle enforces little, rural areas more.
- **No delivery** (medical patients may use a designated provider) and **no home grows** except medical plant counts. Both keep returning in legislation, along with social-use venues.
- **Products:** 10 mg max serving, 100 mg max package; individually wrapped edibles inside child-resistant outer packaging; warning labels; lab testing and recalls.
- **Synthetics banned,** including hemp-derived Delta-8; THC sold only through licensed market, which sharply reduced hemp-THC sales. Cannabinoids (including CBD) banned in alcohol.
- **Advertising and siting limits** to reduce youth appeal and normalization; e.g., Lego-style stash boxes and school-bus lunchboxes were barred.
- **Impaired driving:** 5 ng/mL active-THC per se limit (still debated). Nordhorn favors building cases on bad driving plus observed impairment; blood-draw timing is a challenge.

Taxes

- Began at 25% at each tier; consolidated (revenue-neutral) into a **37% excise tax at point of sale**, the nation's highest. Offset by Washington having no income tax.
- Some revenue earmarked for education, health care and research.

Market data

- RAND: consumers will drive ~13 miles for cannabis (vs. 20 for shoes), so retail access must be spread out to compete with illicit sellers.
- International Cannabis Policy Study (Univ. of Waterloo): 85% of WA consumers use the legal market. Of the 15% buying illicitly, 48% report the product originated in the legal market, signaling diversion.
- Illicit market draws: loyalty, anonymity, rural convenience. Medical registry has only 15,000–20,000 of an estimated 85,000 patients.
- Legal market seen as more convenient, cheaper and safer by many.
- Child-resistant packaging coincided with lower toddler poison-control calls than other areas; industry objects to the packaging waste.

Lessons and Challenges

- **Build partnerships early** (state patrol, local police, public health, agriculture, fire departments, tribes). Early partners avoided involvement, leaving gaps in lab, pesticide and heavy-metal expertise.
- **Clarify state vs. local enforcement roles;** local appetite for state help varies.
- **Tribal oversight:** states have no inherent cannabis authority on tribal land; compacts provide traceability when tribes trade with state licensees.
- **Extraction safety:** professionally engineered systems only; no open butane extraction.
- **Illicit home grows** pose fire hazards and pesticide exposure near children.
- **Banking:** 3 state banks and 3 credit unions serve licensees, but Visa/Mastercard still won't process sales.
- **Polydrug impaired driving,** mainly alcohol plus cannabis.
- **Divided, cutthroat industry** (e.g., a licensee opened an arcade to block competitors under a 1,000-ft buffer rule); expect unqualified "experts" to offer services.
- **Staffing:** cannabis compliance work took ~3x as long as alcohol, so enforcement was understaffed from day one.
- **Internal policy:** revisit hiring standards and employee cannabis-use rules.

Q&A w/ Justin Nordhorn

- *Did fatal crashes involving alcohol plus cannabis rise after legalization?*
    - Reported cases rose, largely because routine blood draws now test for polydrug use; earlier testing stopped at alcohol. A true increase can't be isolated.
- *Did legalization end the illicit market?*
    - No. Washington doesn't expect to capture 100% of the market given resource limits.
- *How are illicit operators found and penalized?*
    - Unlicensed distribution is a felony. Leads often come from licensees. The main problem is large illicit grows run by foreign-national networks shipping out of state, often with human-trafficking elements (workers' passports held elsewhere); raids rarely reach the top, so sites reappear.
- *How many retail permits, and how allocated?*
    - ~400 active of ~500 allowed; the remainder is largely earmarked for social equity.
    - Allocated by population, then lottery among qualified applicants (2,000+ for ~350). Social equity uses statutory scoring with tie-break lottery
- *Enforcement staffing at launch?*

    - Population ~7.5M. Added 22 enforcement staff (asked for 23) plus admin and a commander. Commissioned staff have since shrunk as some positions shifted to education.
- *How are synthetics defined?*
    - Any synthetic or semi-synthetic cannabinoid produced by chemical conversion of one molecule to another (e.g., hemp CBD to Delta-8). Only CBD may be added, and it must be safety tested. No cannabinoids in alcohol.
- *Did you start with widespread unlicensed shops?*
    - Yes, ~1,100–1,200 operating on city business licenses, consolidated into ~200 added licenses on top of the original 350.
- *Is packaging pre-approved?*
    - Split system. All packaging needs warnings and cannot appeal to children (no cartoons). Edible and liquid packaging requires state pre-approval (2 dedicated FTEs plus a cross-division review committee); flower packaging does not, and questionable flower packaging still appears.
- *Worth the effort?*
    - Yes. Pre-approval simplifies enforcement and avoids court disputes over "appealing to youth" citations.

Presentation 3: Minnesota (Mike Hanson)

- Minnesota's core advice: get ahead of legalization with lab capacity, trained officers, and a communications plan, because catching up later is hard.

Background

- Long-time medical state; recreational legalized 2022–2023. Regulatory build-out took about two years; over-the-counter sales are only now widely available.
- Population ~6M; ~10,500–11,000 officers statewide.

Drug-Impaired vs. Alcohol-Impaired Driving

- Drug-impaired driving needs a different paradigm from alcohol's one-size-fits-all approach, given mental health and substance-use-disorder links.
- Greatest success has come through DWI/substance abuse courts that address the underlying abuse pattern from the outset.

Capacity Building

- **Crime lab:** Office funds 2 full-time toxicologists plus a supervisor dedicated to impaired-driving samples. Turnaround fell from 100+ days to ~30 days, speeding prosecution. Build lab support into legislation.
- **DRE program:** Training increased from 1 to 3 sessions per year, certifying nearly 100 new DREs annually; ~400 total, near saturation.
- **Illicit market persists:** street cannabis is cheaper than dispensary product, and interdiction teams still seize truckloads from other states.

Public Education and Outreach

- Build a strong communications plan early and connect with user communities. Consumers trust messengers other than uniformed officers; the right messenger varies by community and demographic.
- Counter myths: drivers still say "it's legal" when arrested, and many believe alcohol and cannabis cancel each other out. Science shows the combination is more dangerous than either alone.
- Engage the industry (growers, distributors, dispensaries) early as messengers and distribution points for educational materials, even though first conversations are uncomfortable.

Aligning Cannabis and Alcohol Driving Laws

- Keep cannabis impaired-driving law as close to alcohol law as possible: "If you can't do it with alcohol, you can't do it with cannabis."
- Cannabis in a vehicle must be sealed, in intact dispensary packaging, and in the trunk or farthest from the driver, same as open-container rules.
- Alignment makes the law easier to message and understand.

Q&A w/ Mike Hanson

- *How much does Minnesota rely on ARIDE-trained officers, given limited and unevenly distributed DREs?*
    - ARIDE is foundational for any officer doing traffic enforcement. Officers working shifts funded by Office of Traffic Safety grants must be both SFST- and ARIDE-trained. The training strengthens courtroom testimony on drug impairment.
- *Is there clear data on cannabis-related fatalities?*
    - Not yet; it's hard to quantify. Indicators so far:

    - Oral-fluid roadside testing pilot (~18 months ago) found an average of 1.7 drug categories per subject, some with up to 8. Full legislative authorization is Hanson's top priority next session.
    - In the first year of full market availability, fatalities are ~30 ahead of last year (many still under investigation).
    - Impaired-driving arrests are ~850 below last year to date (of ~27,000 annually), consistent with falling alcohol use.
    - Blood/urine samples from drug-impaired driving search warrants are ~350 above last year to date and well above two and three years ago.
    - Trend lines indicate drug- and cannabis-impaired driving is rising.
- *How was public education funded before tax revenue arrived?*
    - Legislation included a $5M annual appropriation to the Office of Traffic Safety for DRE support, but it was unclear whether it covered education. Hanson used federal impaired-driving education funds instead, relying on social media and out-of-home placements rather than TV, plus internal communications staff and earned media.

Next Steps / Action Items

- **Prepare for final meeting**

Adjournment

Meeting concluded at 2:53 pm.
Next Meeting Date: Thursday, November 12