TITLE: Detecting changes in pupil response to light associated with cannabis consumption

Authors: Suneeta Godbole, MS

Andrew Leroux, PhD

Ashley Brooks-Russell, PhD

Prem S. Subramanian, MD, PhD

Michael J. Kosnett, MD, MPH

Julia Wrobel, PhD

ABSTRACT:

The rate of cannabis consumption has increased with the legalization of cannabis for recreational and medical use. Given the public health implications for roadside safety and occupational injury prevention, there is a need for objective and validated measures of acute cannabis impairment that may be applied to enforce regulations and prevent injury. Identifying a reliable, objective biomarker of recent cannabis use has proven challenging, but pupillary response to light may offer an avenue for detection that outperforms typical sobriety tests and blood THC concentrations. We use tools from functional data analysis (FDA) to model the impact of recent cannabis consumption on trajectories of pupillary light in participants occasional. The FDA models significant differences in pupil responses after cannabis use, and better predict recent cannabis use (AUC = 0.71) when compared to traditional methods (AUC=0.66). These analyses show the promise of pairing pupil light response and FDA methods to determine recent cannabis use potentially leading to better roadway and occupational safety.

INTRODUCTION:

According to the National Survey on Drug Use and Health, the rates of cannabis consumption have increased in adults over 26 and adults aged 18-25 from 4.0% to 7.9% and from 17.3% to 22.1% from 2002 to 2017, respectively [1]. Along with increases in consumption, there have been increases in cannabis involved motor vehicle fatalities from 9.0% in 2000 to 21.5% in 2018 [2]. Additionally, cannabis consumption at or before work is of concern to employers with regards to occupational injury; however, the research on this association is mixed [3, 4] with temporality of exposure being a major limitation of the extant literature. Despite the limitations of the extant literature, the contribution of cannabis use to motor vehicle and occupational injuries is a major public health concern. To contribute to the detection and enforcement of cannabis use on driving and on occupational injuries an objective test of recent use is needed.

To enforce existing regulations on drug impaired driving, we need non-invasive, portable, and objective assessment of drug impairment. The Standardized Field Sobriety Test is a general test for alcohol and drug impairment, comprised of the horizontal gaze nystagmus, walk and turn and one-leg stands [5]. While shown to be an accurate and reliable assessment for alcohol impairment, it has limited ability to identify drug use [6]. In addition, many of these tests have shown a reduction in effectiveness when administered on frequent cannabis users due to drug tolerance effects, leading to potential false negatives for frequent users. Many states and countries reference drug levels in the blood as a threshold for impaired, modeled on the .08% blood alcohol level used as a *per se* definition of alcohol impairment. The parallel would be the blood level of delta-9-THC; however predictive models have better performance in participants abstaining for several days compared to those who exhibit more frequent or daily use [7]. This is in part due to the fact that frequent users can maintain elevated levels of blood THC for days or weeks after consumption; as such, frequent cannabis users may have a blood test positive for THC even if they have not recently smoked cannabis [7]. Given the limitations of blood THC levels and existing roadside assessments, there is a need for the development of objective markers of recent cannabis use and impairment from cannabis use.

Acute cannabis use has long been recognized to affect pupil light response. Drug Recognition Experts, specially trained law enforcement officers, use pupil signs as a contributing indicator of the impairing drug [8, 9]. They may look at the pupil in different lighting ranging from near total darkness to bright light and examine the pupil size and response to light and changes in light. This is similar to the pupil light response test that is performed clinically as part of a standard eye exam. This test is administered by shining a light in the eye of the participant and measuring pupil size over the course of several seconds after the light is turned off. There is evidence that there is less pupil constriction and slower rebound dilation due to recent cannabis consumption, but evidence is mixed and warrants further study [10, 11]. If the pupil light response could be shown to be indicative of recent cannabis use, or impairment from cannabis use, especially in the context of habitual use, it could contribute to the determination of impaired driving or have utility in instances of occupational injury. Furthermore, there are tools to examine pupil light response, standardizing the measurement and eliminating the subjectivity of an observer-administered examination, such as from a law enforcement officer.

Recently, Steinhart et al [12] found evidence that recent cannabis consumption is significantly associated with less pupil constriction during a light response test conducted using infrared videography goggles. This study examined pupil light response in participants with patterns of daily and occasional cannabis use before and after smoking, and in a no-use control group before and after a rest period. Notably, no significant differences were found between the daily and occasional use groups, indicating that the pupil light response test may pick up on physiological responses to cannabis consumption that are immutable to the tolerance effects of frequent cannabis use [12]. However, significant effects were only detectable when accounting for each participant’s pre-use baseline pupil response, making it inappropriate for roadside assessments where baseline measurements are not available. In addition, Steinhart et al. used single number summaries, such as point of minimal constriction, extracted from the full pupillary response trajectories depicted in Figure 1; ignoring these trajectories results in a loss of information that could potentially be utilized to better discriminate between cannabis use groups [12].

The primary goal of this paper is to leverage the full pupil light response trajectories from Steinhart et al [12] to detect recent cannabis use, irrespective of pre-use pupil response. Our analysis uses tools from a field of statistics known as functional data analysis (FDA). The main conceptual underpinning of FDA is to model the whole pupil light response trajectory as a unit of observation, leveraging information contained in the temporal structure of the data and estimating time-specific effects. This approach utilizes maximal information which is lost when only considering single number summaries like point of minimal constriction and rebound dilation [13, 14]. In this analysis, we will use FDA modeling techniques to accomplish the following objectives. We first use the full pupil response trajectories to predict recent cannabis use as compared to no use. We next examine the impact of drug tolerance on the pupil response trajectories by comparing participants with no cannabis use, patterns of occasional cannabis use, and patterns of daily cannabis use. Finally, we extract expected pupil light response trajectories at 60, 65, and 70 minutes after cannabis use to explore how pupil response changes as the acute effect of cannabis consumption fades.

METHODS:

*Sample Information:*

Data are part of a larger study examining effects of acute cannabis consumption on simulated driving among participants with occasional and daily cannabis use histories. Daily cannabis consumption was defined as smoking or vaping a cannabis flower product at least one time per day, every day of the week for 30 days prior to enrollment; occasional consumption was defined as smoking or vaping cannabis flower product on at least one day but no more than two days per week in the 30 days prior to enrollment; and no cannabis consumption was defined as not having used cannabis in the month prior to enrollment. Participants in the daily and occasional use groups were observed to consume cannabis flower during a 15-minute interval and were instructed to smoke *ad libitum* “the amount you commonly use for the effect you most commonly desire”, and participants in the no use group were invited to relax for the equivalent amount of time. More details on participant enrollment and screening criteria are previously published [15].

In the sample of 84 participants used in this analysis, there were 29 participants in the no-use group, and 30 and 25 participants in the occasional and daily use groups, respectively. Participants ranged in age from 25.1 to 45.3 years with an average of 32 years (sd = 5.02); had an average BMI of 25.4 kg/m2 (sd = 4.41); and were approximately 58% male (N = 49); see Table 1. Time between cannabis consumption and the pupil light response test varied from 53 – 84 minutes with a mean of 62.2 minutes (see Figure 4A).

Table 1:

|  | **Cannabis Use Group** | | |  | |
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| **Characteristic** | **non-user** (N = 29)1 | **occasional** (N = 30)1 | **daily** (N = 25)1 | **Total** (N = 84)1 | **p-value**2 |
| **Age (years)** | 32.29 (4.70) | 31.15 (4.75) | 32.75 (5.71) | 32.02 (5.02) | 0.5 |
| **Sex** |  |  |  |  | 0.2 |
| Female | 16 (55%) | 10 (33%) | 9 (36%) | 35 (42%) |  |
| Male | 13 (45%) | 20 (67%) | 16 (64%) | 49 (58%) |  |
| **Body Mass Index (kg/m2)** | 24.94 (4.72) | 24.49 (3.96) | 27.08 (4.26) | 25.42 (4.41) | 0.066 |
| **THC, after cannabis consumption (mg/dL)** | 0.00 (0.00) | 9.52 (12.20) | 34.91 (37.26) | 13.84 (25.82) | <0.001 |
| **Time Delay after cannabis consumption (mins)** | 0.00 (0.00) | 63.93 (6.26) | 60.16 (3.78) | 40.74 (30.10) | <0.001 |
| 1Mean (SD); n (%) | | | | | |
| 2Kruskal-Wallis rank sum test; Pearson's Chi-squared test | | | | | |

*Pupil Response to Light Reflex Assessment*:

Figure 1 shows a typical pupillary response to light during the light reflex test, which we refer to as a *pupil light response trajectory* throughout the paper, for a sober individual. After the light is shined the pupil begins to constrict in size until it reaches a minimum, called the *point of minimal constriction*, then it begins to increase in size back towards its original diameter. The area under the curve from the point of minimal constriction to the end of the light response test is known as the *rebound dilation*.

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| Figure 1: A typical pupillary response to light during the light reflex test, which we refer to as a *pupil light response trajectory* throughout the paper. After the light is shined (time 0 on the x-axis) the pupil begins to constrict in size until it reaches a minimum, called the *point of minimal constriction*, then it begins to increase in size back towards its original diameter. The area under the curve from the point of minimal constriction to the end of the light response test is known as the *rebound dilation*. |

Videos of pupil response during the light test were collected using SafetyScanTM infrared videography goggles developed by Ocular Data Systems, LLC. Trajectories of pupil size during the light response test, like that shown in Figure 1, were extracted from the videos using the video segmentation pipeline described in Steinhart et al, 2023 [12]. These trajectories represent percent change in pupil size from the start of the light test, for the right eye, after cannabis consumption, in the occasional and daily use groups, and after a short rest period for the no use control group. Pupil light response trajectories were truncated to 400 frames, approximately 13.3 seconds after the start of the light test.

*Functional Data Analysis*

Functional data analysis (FDA) is a field of statistics that models functions (e.g. full trajectories/time series of pupil light response) without extracting pre-defined specific features [14]. These functions may be either the outcome (the whole trajectory is the outcome) or a predictor, or both. The methods are designed to handle complicated (e.g. highly non-linear) data and associations, while accounting for within person correlations over the function. For example, in the current context, FDA methods allow for estimating and quantifying uncertainty for whether differences in patterns of pupil light response vary over time by cannabis consumption history. In our analysis, a single functional unit is the pupil light response trajectory for a single subject. This functional unit is denoted or for participant *i*, depending on whether the trajectory is modelled as the outcome or predictor, respectively, with *t* specifying the time at which the measurement was assessed. For example, if participant 1 has the pupil light response trajectory shown in Figure 1, with pupil change of -25.3% at 2 seconds after the start of the light test, then . Similarly, at 5 seconds after the start of the light test .

Our analysis uses two distinct FDA methods to model differences in pupil response to light after cannabis use. The first method, functional logistic regression (aka scalar-on-function regression), is used to predict recent cannabis use and treats the pupil response trajectory as a covariate. The second method, function-on-scalar regression, is used to model and visualize how patterns in the pupil response trajectories differ for participants with patterns of daily cannabis use, occasional cannabis use, and no use, and treats the pupil light response trajectory as the outcome. These methods and their roles in this analysis are described in more detail below.

*Predicting recent cannabis use via functional logistic regression*

Here we use a functional logistic regression model to discriminate between those who recently smoked cannabis (designated “recent cannabis use”, combining individuals with daily and occasional use patterns) and those who did not (designated “no use”). Functional logistic regression [16-18] relates binary responses (e.g. recent cannabis use vs. no use) to functional covariates (the pupil response trajectory for the *ith* participant). This model is analogous to logistic regression and is given by

(1)

The coefficient can be thought of as a weight function, with larger absolute values indicating pupil light response (the functional covariate ) is more strongly associated with the response (recent cannabis use) at a given time. As with traditional logistic regression, the coefficient is interpreted as a log odds ratio of recent cannabis use associated with a 1% increase in pupil diameter; however, unlike traditional logistic regression, this log odds ratio is estimated at each time during the pupil light response test. When exponentiated, is interpreted as an odds ratio at each time . The integral effectively takes a weighted average of the covariate effect over the test time. This model can be used to predict recent cannabis use using the full pupil light response trajectory.

We compare the functional logistic regression model to a traditional logistic regression model that uses single value summaries of the trajectory data, including (a) minimal constriction, the magnitude of peak decrease as a percentage of the pre-illumination diameter; (b) rebound dilation, the magnitude of rebound dilation after the point of minimal constriction; and (c) the slope of the rebound after the point of minimal constriction [12]. We compare both models in their ability to predict recent cannabis use and expect better prediction from the functional logistic regression model because it leverages information from the full pupil light response trajectories. Area under the receiver operating characteristic curve (AUC) is used to compare the ability of each model to discriminate between recent cannabis use and no use, where values closer to 1 are interpreted as having a higher predictive accuracy.

*Modeling patterns in pupil response trajectories across cannabis use groups*

We use function-on-scalar regression (FoSR) to model average pupil response trajectories for participants with no cannabis use, patterns of occasional cannabis use, and patterns of daily cannabis use. FoSR is analogous to linear regression and relates functional responses to scalar covariates (e.g. age, cannabis use group, gender). In this analysis, we chose not to use demographic characteristics in our modelling because in field cannabis testing scenarios demographic information may not be known. The FoSR model is

(2)

Coefficients , , and are akin to regression coefficients in linear regression, with the added advantage that they are defined at each time during the pupil light response test. The intercept is interpreted as the average trajectory of a participant in the no use control group. is the average difference at a specific time *t* between the occasional use and no use groups, and is the average difference between the daily use and no use groups. The error term , like in traditional linear regression, is normally distributed and independent across participants, but unlike traditional linear regression, the errors may be correlated over time *t*.

*Modeling the effect of a time delay from cannabis use to testing pupil light response*

The time from cannabis use to the pupil light response test ranged from 53 – 84 minutes (Figure 4A). We refer to this as the time delay (TD) and include it in a second FoSR model to explore the shape of the pupil response trajectory changes as cannabis effects become less acute. Cannabis use groups were combined to form one “recent use” group, which is compared with the no use group, and the time delay (TD) from cannabis use to testing was mean centered. This model is given by

(3)

where , , and have the same interpretation as the previous FoSR model (Equation 2).

is interpreted as average difference in trajectories at a specific time *t* comparing recent cannabis use to no use with an average time delay from cannabis use to testing, and is the average difference at a specific time *t* for an additional minute increase in time since smoking for the cannabis use group.

*Analysis Software*

All analyses were conducted using R version 4.0.2 [19]. The R packages mgcv [20, 21] and refund [17] were used to implement functional data models. Estimation of the FoSR regression model follows the general algorithm presented by [22]. Code for reproducing our analysis is publicly available on GitHub.

RESULTS:

*Predicting recent cannabis use*

Figure 2A shows ROC curves that compare the ability of the functional and traditional logistic regression models to discriminate between recent cannabis use and no use. The functional logistic model, which uses the full pupil light response trajectory, has a higher AUC value (AUC = 0.71) than the traditional logistic model based on single value summary features (AUC = 0.68). This indicates that the functional logistic regression model can better differentiate recent cannabis use from no use.

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| Figure 2: *Panel A*: Receiver Operator Characteristic curves (ROCs) for our two logistic regression (LogRegr) models. Higher accuracy in predicting recent cannabis use is indicated by a higher AUC and the ROC curve following the left and top edge of the graph. The blue line is an ROC curve for a traditional logistic regression model using single value summary features of pupil light response. The yellow line is an ROC curve for a functional logistic regression model using full trajectory of pupil light response. The functional logistic model better differentiates between recent cannabis use and no use. *Panel B*: Solid black line depicts the odds ratio (OR) of recent cannabis over the 10 seconds of the pupil light response test. The dashed lines indicate the 95% confidence interval around the OR estimate. The red segments indicate regions where the confidence interval for the OR does not contain zero, demonstrating statistically significant differences between the recent cannabis use and no use. |

An added benefit of the functional logistic regression model is the ability to visualize the odds of cannabis use over the 10 seconds of the pupil light response test (Figure 2B). This plot shows two regions with statistically significant differences between recent cannabis use and no use. The first region between 2.03 and 3.73 seconds with a maximum difference at 2.97 seconds (OR: 2.66, 95% CI: [1.28, 5.50]) corresponds to the time period where the point of minimal constriction is typically observed and shows that individuals with less pupil constriction have higher odds of being in the cannabis use group. The second region between 5.7 and 7.3 seconds with a peak difference at 6.57 seconds (OR: 0.37, 95% CI: [0.17, 0.81]), occurs during the period of rebound dilation and shows that higher values of rebound dilation decrease the odds of being in the cannabis use group.

*Visualizing patterns in pupil response trajectories across cannabis use group*

Figure 3 shows differences between the average trajectories of pupil light response in daily, occasional and no-use groups estimated using the function-on-scalar regression (FoSR) model in Equation (2). The solid lines in Figure 3A represent estimated mean trajectories for those who did not use cannabis (purple line), for those in the occasional use group who recently smoked (light green line), and for those in the daily use group who recently smoked (dark green line). The dashed line in Figure 3A represents the estimated mean trajectory for all those who recently smoked (daily and occasional use groups combined). The no use group had a steeper decline in pupil size, more pupil constriction, and somewhat faster rebound dilation during the light test than the occasional or daily use groups. Estimated pupil trajectories for the occasional and daily use groups were similar, with marginally less constriction in the occasional use group.

Figure 3 panels B, C, and D show estimates and 95% confidence intervals for the average difference in pupil response for participants in the occasional vs no use groups, participants in the daily vs. no use groups, and participants in the daily vs. occasional groups. Both Figure 3B and Figure 3C show regions of significant difference, indicating that there are significant differences in the average pupil response trajectory comparing recent cannabis use to no use, regardless of whether a participant had a history of occasional or daily cannabis consumption.

Specifically, significant differences between the occasional and no-use groups are seen between 1.77 to 3.97 seconds with a peak difference at 2.87 seconds of 4.00% (95% CI: 1.32%, 6.68%), and between the daily and no-use groups between 2.1 to 2.73 seconds with a peak difference at 2.5 seconds of 2.88% (95% CI: 0.14%, 5.62%). Notably, no significant differences were found in the pupil response trajectories between the daily and occasional use groups, indicating that tolerance effects due to daily use do not have a significant impact on pupil light response in our data.

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| Figure 3 A-D: Panel A shows average pupil light response trajectories plotted by cannabis use frequency. An additional dotted lined based on the average trajectory for all recent cannabis users, occasional and daily, was included to show differences between recent use and no use groups. Panel B shows the difference in average trajectories between pairs of occasional, daily and no-use of cannabis. The red line indicates no difference between the average trajectory of two groups, while a region where the confidence interval (both dashed lines) is above or below the red line indicates statistically significant differences between trajectories. The figure demonstrates significant regions of difference between occasional and no-use groups and daily and no-use groups, while there is no significant difference between occasional and daily cannabis use groups. |

*The effect of a time delay from cannabis use to testing pupil light response*

Finally, we extract expected pupil light response trajectories at 60, 65, and 70 minutes after cannabis use to explore how pupil response changes as the acute effect of cannabis consumption fades. The number of minutes from cannabis consumption to administration of the pupil light response test varied across study participants, and we leverage this information to model how the pupil response trajectory is expected to change as time since cannabis consumption decreases. Figure 4A shows the distribution of this time delay across subjects, which ranged from 53 to 84 minutes with a mean of 62.22 minutes (sd = 5.57). Figure 4B depicts the average trajectory for no cannabis use, and at 60, 65, and 70 minutes after cannabis use. Although the differences were not statistically significant, it appears as though the point of minimal constriction approaches that of the no use group while the rebound dilation appears to remain distinct as time since cannabis consumption increases.

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| Figure 4: *Panel A*: Histogram depicts the distribution of the time delay from cannabis use to the pupil light response test, in minutes. The vertical dotted red line indicates the mean of the distribution at 62.2 minutes. Interquartile range is 59 – 66 minutes. *Panel B*: Differences in the average pupil light response as the time from cannabis use increases from 60 minutes to 70 minutes (lighter color). The purple line shows the average pupil response for the no use group. As time since cannabis consumption increases, the point of minimal constriction approaches that of the no use group while the rebound dilation appears to remain distinct. |

DISCUSSION:

It is necessary for occupational health and traffic safety settings to establish a tool that can detect recent cannabis use. Most notably, blood is a poor marker for recent cannabis use, despite being widely referenced in drug impaired driving regulations [23, 24]. The current analysis provides evidence that pupil light response, when paired with functional data analysis methods that leverage information from the full pupil response trajectory, has the potential to discriminate between participants who recently smoked cannabis and those with no history of recent use without needing baseline data on pupil light response.

Additionally, FDA methods allow interpretable visualization and statistical comparison of the average pupil responses across cannabis use groups. We found significant differences in pupil response between the occasional and no use groups for time periods that correspond to the point of minimal constriction. This difference remained significant when comparing the daily use and no-use controls but was not significantly different when comparing the daily use and occasional use groups. These differences may be due to more dynamic pupil movements in non-user compared to cannabis users. Taken together, this provides promising evidence that the pupil light response trajectory is a measure of recent cannabis use that is robust to the tolerance effects of frequent cannabis consumption. We were also able to model and visualize how pupil response trajectories change as time since cannabis consumption increases. The results were consistent with a-priori hypotheses of differences in pupil light response by recent cannabis use, including frequent cannabis users, and a return to an average non-user trajectory with delayed test time.

However, there are several limitations to this analysis for which more sophisticated instrumentation and future data collection will be needed. Of primary concern were data quality issues that persisted after data processing, imputation and smoothing from the video segmentation pipeline. While most pupil light response trajectories reflected the characteristic pattern of the pupil light response there were a minority that were removed because there were no characteristic features of the light response. This led to a reduction in the sample size from a collection of 101 participants to usable data in 84. In addition, it was not feasible to estimate the absolute pupil diameter in millimeters due to metrics reported by the device used in the study; percent change is reported instead. However, in field assessment of recent cannabis use, pupil size may not be measured, so analysis using percent change from the test start will be more useful. Future research could examine the pupil light response closer in time to consumption, and at a longer time interval following use to examine how the response changes over time. Participants in this protocol smoked cannabis flower for up to 15 minutes, which is a conservative approximation for who much may be used in a non-research context. Thus, the pupil light response may be more dramatic and robust in a real-world setting. In light of the limitations noted, it speaks to the robustness of our analysis that significant differences were still detected.

This analysis is the first foray into pairing functional data analysis with pupil light response trajectories to better understand the utility of these methods in detecting recent cannabis use. We are cautiously optimistic that these results show an advantage in using the full pupil light response trajectory to discriminate between cannabis users and a no-use control with only data collected after consumption. With larger samples and better validated data collection methods, functional data analysis methods should lead to tests with high specificity providing accountability and ensuring safer workplaces and reducing driver impairment on our roads.

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