DRE

Drug Recognition Expert

Canadian Combined 9-Day School (Pre-DRE & DRE)

INSTRUCTOR GUIDE

VOLUME 2 – Sessions 18 to 34

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Estimated time for session: 45 Minutes

18 DRE

PRACTICE: TEST INTERPRETATION

LEARNING OBJECTIVES

- Analyze the results of a complete drug impairment evaluation and identify the category of drugs affecting the individual examined
- Articulate the basis for the drug category identification

CONTENTS

LEARNING ACTIVITIES

- Instructor-Led Demonstrations
- Small-Group Practice
- Participant-Led Presentations

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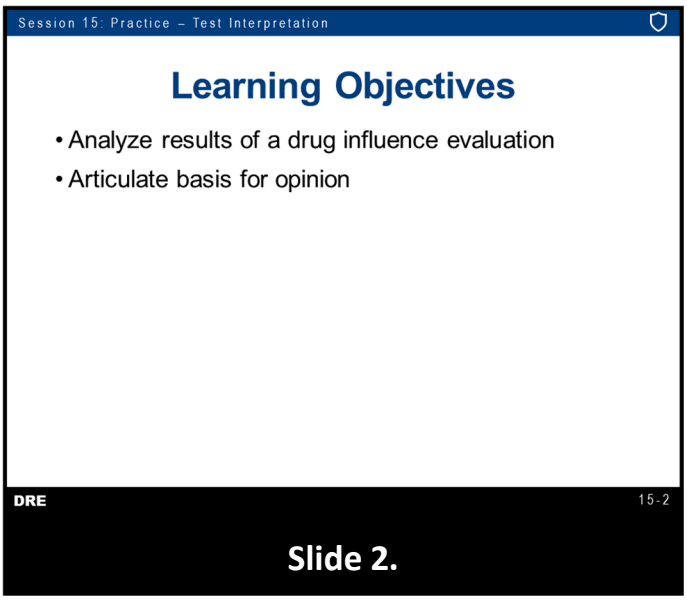
Instructor Note

Reference "Test Interpretation" wall chart.

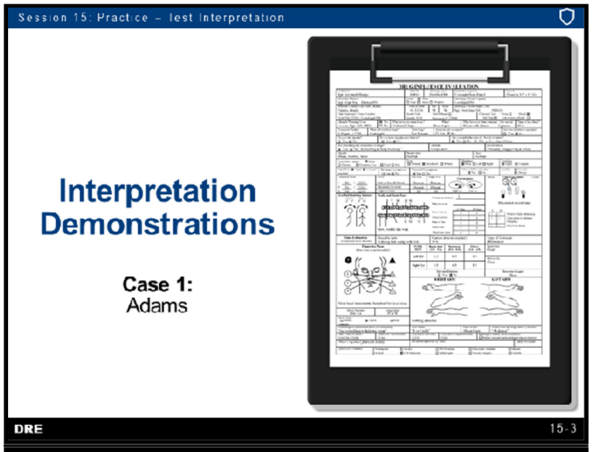


Slide 2.

Instructor Note

Briefly review the objectives, content, and activities of this session.

A. Interpretation Demonstrations



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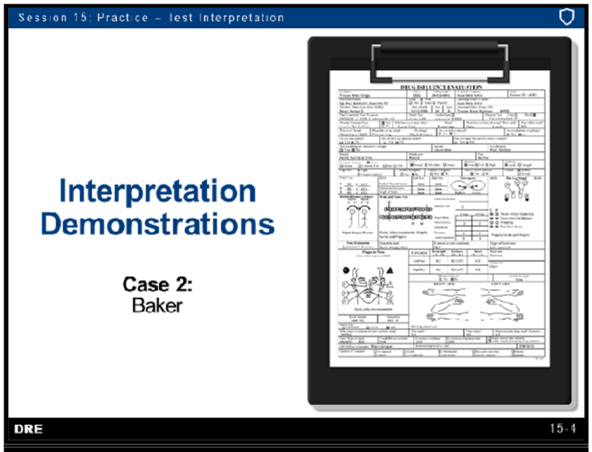


Slide 4.

Instructor Note

The instructor will review exemplars Adams and Baker.

Direct participants to review "Case 1: Adams" exemplar at the end of Session 15 in their guides.

Preliminary Examination: Review the results of the preliminary examination of Case 1: Adams.

- ***Ask participants: "What category or categories of drugs would produce preliminary examination results consistent with this exemplar?"***
- ***Probe to draw out the bases for participants' responses.***

Eye Examinations: Review the results of the Eye Examinations of Subject Adams.

- ***Ask participants to discuss the category or categories of drugs that would cause these eye examination results.***

Psychophysical Tests: Review the results of the psychophysical tests of subject Adams.

- ***Ask participants to discuss the category or categories of drugs that would produce these psychophysical test results.***

Vital Signs Examinations: Review the results of the vital signs examinations of subject Adams.

- ***Ask participants to discuss the category or categories of drugs that would produce these results.***

Dark Room Examinations: Review the results of the dark room examinations of subject Adams.

- ***Ask participants to discuss the category or categories of drugs that would produce these results. Other evidence and additional observations.***

Review the results of the examinations for injection sites and muscle rigidity, and of the final interview of subject Adams.

Narrative report: Briefly review the narrative report on the reverse side of the "Adams" exemplar.

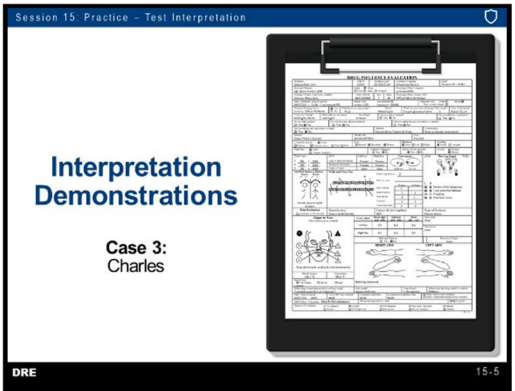
- ***Point out the DRE's opinion is missing from this sample.***

Opinion of Evaluator: Point out the evidence indicates that subject Adams is under the influence of a CNS Depressant.

Solicit participants' questions concerning this demonstration.

Repeat this process with Baker.

B. B. Interpretation Practice



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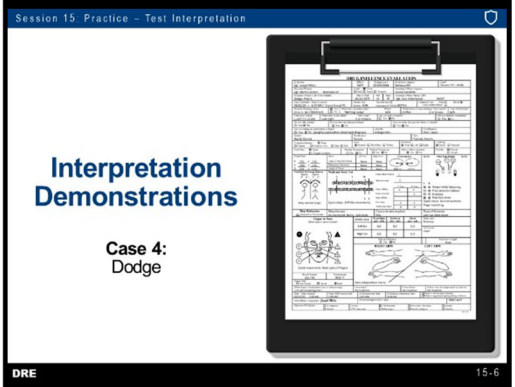

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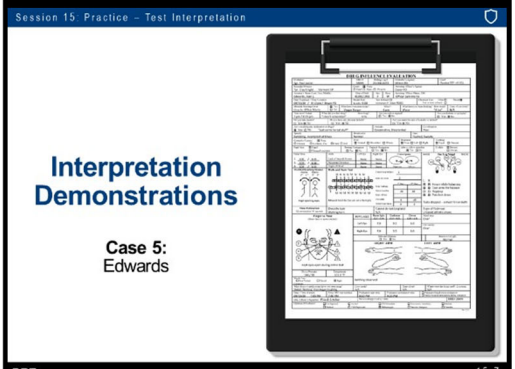


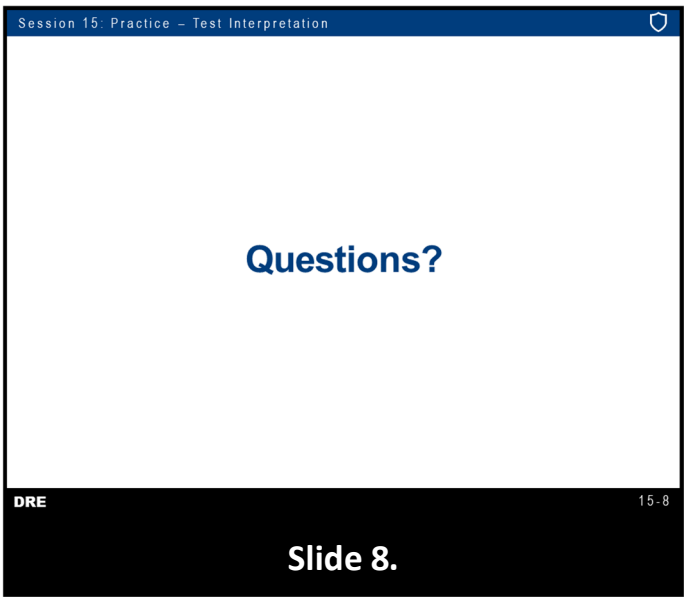
Slide 7.

Instructions

- ***Assign participants to work in teams of three or four members.***
- ***Each participant will review all three exemplars (Cases 3-5 Charles, Dodge, and Edwards) in team workgroups.***
- ***The teams are to discuss the evidence among themselves and reach a conclusion concerning the category of drugs, if any.***
- ***Allow teams approximately 15 minutes to review the three exemplars and reach their conclusions.***

Discussion and Feedback of Results

- ***Use slides 5, 6, and 7 to review and discuss the three exemplars***
- ***Poll teams to determine their conclusions concerning the category of drugs present in each subject.***
- ***Offer appropriate comments concerning the teams' performance.***



Slide 8.

Instructor Note

Solicit participants' comments and questions concerning this practice session.

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
D. Smith	000239	20-006-0088	RCMP	(Session XV-#1 IG)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cst. G. Madsen	☑ Yes ☐ Yes (not used) ☐ No	Saskatoon PS	Sgt. A. Hill

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/10/06 @ 2108 hrs	Madsen	2150 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 2210 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
2215 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Adams, Frank	1986/01/12	Male

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
2020/10/06 @ 2215 hrs @ SPS HQ	Fish and chips about 6 pm	water with dinner 2 glasses	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
930pm / 2220 hours	last night 7 or 8 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No Dr. Davis, Saskatoon Medical Clinic

Do you take any medication or drugs?	Attitude	Coordination
☑ Yes ☐ No "something to help me sleep"	cooperative	unsteady, staggering at times

Speech	Breath Odour	Face
thick, slurred, slow	nothing noted	nothing noted

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☐ Normal ☑ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

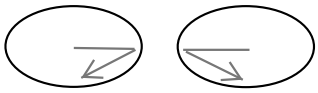
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 56 bpm @ 2230hrs
2. 56 bpm @ 2242hrs
3. 54 bpm @ 2255hrs

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	Yes	Yes
Angle of Onset	35°	35°

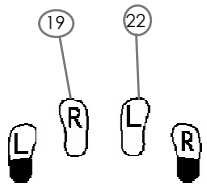
Convergence



Right Eye Left Eye

One Leg Stand

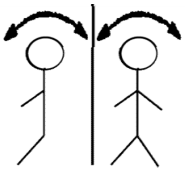
26 /30 24 /30



miscounted several times

Modified Romberg Balance

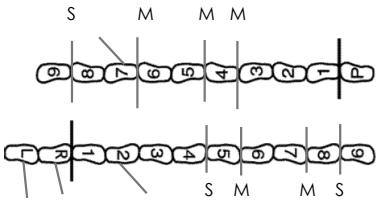
Approx. 2" 2" Approx. 3" 3"



Walk and Turn

Cannot keep balance II (2)

Starts too soon Ø



slow, wobbly-like walk

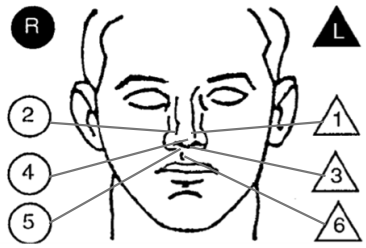
	1st nine	2nd nine
Stops walking	II (2)	I (1)
Misses heel-toe	II (2)	III (3)
Steps off line	I (1)	I (1)
Raises arms	III (3)	III (3)
Actual steps taken	9	9

L	R	
I (1)	I (1)	Sways while balancing
I (1)	I (1)	Uses arms to balance
Ø	Ø	Hopping
I (1)	I (1)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
38 sec estimated as 30 seconds	walking turn using both feet	N/A	dress shoes

Finger to nose

(Draw lines to spots touched)



slow hand movements, searched for tip of nose

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	4.5mm	6.5mm	3.5mm
Right Eye	4.5mm	6.5mm	3.5mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☑ Slow ☐ Little to none visible

Nasal area: nothing noted

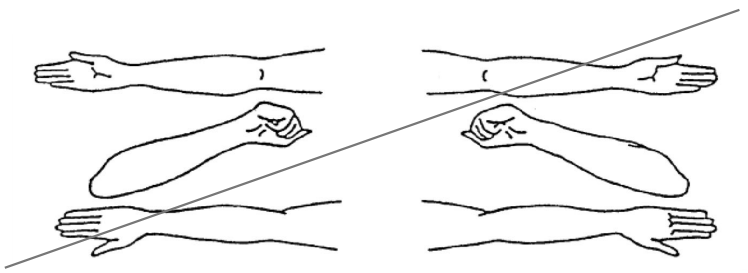
Oral cavity: nothing noted

Blood Pressure	Temperature
104 / 64 mmHg	36.8 °C

Muscle tone: ☐ Normal ☑ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"just something to help me sleep"	"1 or 2 pills"	about 6 pm	"at dinner"

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
2310 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☐ Urine ☑ Blood Demand time: 2312 hrs Sample Time: 2345 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
D. Smith		

Opinion of Evaluator

☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anaesthetic ☐ Inhalants ☑ Operational

☐ Medical ☑ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis ☐ Training

DRUG INFLUENCE EVALUATION NARRATIVE

This is the detailed narrative report of Cst. D'Arcy Smith, a Regular Member of the Saskatoon Police Service (badge. No. 1836), DRE No. 000239 and currently attached to Traffic Services. I am credentialed by the International Association Chiefs of Police (IACP) as a Drug Recognition Expert and my certification expiry date is November 7, 2021.

NARRATIVE: (1) Location; (2) Witnesses; (3) Source; (4) First Observation Of Subject; (5) Psychophysical Tests; (6) Clinical Signs; (7) Statements; (8) Medical Problems/ Treatment; (9) Opinion; (10) Miscellaneous

Subject: **Frank Adams**
Date: **2020-10-06**
File: **202017136**

The Drug Influence Evaluation conducted by a Drug Recognition Expert, an evaluating officer under the Criminal Code, is a 12-step procedure that follows a standardized, systematic evaluation of a driver to determine if a driver is impaired by drug(s). There are seven (7) categories of drugs that can cause impairment, and at the end of the evaluation, the DRE will be able to determine which category or categories of drugs were used by the driver. A toxicological sample, such as blood or urine, will be taken and analyzed to corroborate the DRE's determination.

The seven categories are:

1. Central Nervous System Depressants
2. Inhalants
3. Dissociative Anesthetics
4. Cannabis
5. Central Nervous System Stimulants
6. Hallucinogens
7. Narcotic Analgesics

1) LOCATION: The evaluation of Frank Adams was conducted in a room within the cell block of the Saskatoon Police Service located at 79 25th Street East, Saskatoon Saskatchewan.

2) WITNESSES: The evaluation was witnessed by Sgt. Antolina Hill.

3) SOURCE: Cst. Gil Madsen stopped the Frank Adams after observing his vehicle drifting outside the travel lane on South 24th Street and make a wide turn onto 25th Street East. Cst. Madsen activated his overhead lights to stop the suspect's vehicle, however, he continued for approximately two blocks before pulling to the side of the roadway. While stopping the vehicle Mr. Adams hit the brakes several times,

causing the vehicle to exhibit jerky motions. While speaking with Mr. Adams at roadside, Cst. Madsen noticed that Mr. Adams had slurred speech and appeared to have difficulties with simple divided attention tasks. Mr. Adams could not obtain his license and registration at the same time, and had difficulty rolling down the window while trying to talk to Cst. Madsen. Cst. Madsen did not detect any odor of an alcoholic beverage on Mr. Adams breath but administered SFSTs. Cst. Madsen observed six clues of HGN and observed Vertical Gaze Nystagmus (VGN). During both tests, the suspect had difficulty holding his head still. According to Cst. Madsen, Mr. Adams demonstrated significant impairment during the Walk and Tum (W&T) and the One Leg Stand (OLS) tests, observing four clues on the W&T and three clues on the OLS. Cst. Madsen arrested Mr. Adams and transported him to Saskatoon PD for processing.

4) FIRST OBSERVATION OF SUBJECT: I first observed Mr. Adams at Saskatoon PD seated on the processing room bench. He was wearing a long sleeve shirt, slacks, and dress shoes. His head was tilted forward, his eyes were closed, and his breathing was deep and slow. He responded slowly to questions and when he did, his speech was slow, slurred, and thick. Several times when he stood, he staggered and used the wall to steady himself. His face appeared normal, and there was no odor of an alcoholic beverage on his breath. His eyes appeared normal, his pupils appeared equal in size and his eyelids appeared to be droopy. I asked if he would participate in a drug evaluation which he agreed to do by stating. "I guess so. Hopefully, it won't take too long." When asked what time it was, Mr. Adams believed it was 930pm when it was actually 1020pm.

5) PSYCHOPHYSICAL TESTS:

There are four psychophysical tests: the Modified Romberg Balance, the Walk and Turn, the One Leg Stand, and the Finger to Nose tests. By administering these tests, a DRE can accurately determine if a subject's psychomotor and/or divided attention skills are impaired.

Modified Romberg Balance: *(DRE average range 30 seconds plus or minus 5 seconds)*

Mr. Adams thought 30 seconds past however; it was actually a recorded 38 seconds. Mr. Adams said it was 30 seconds and when asked how he got to that number he replied, "I counted Mississippi".

Mr. Adams swayed approximately 2 inches to the front and back and as well as swayed approximately 2 inches each to the left and right.

Walk and Turn Test: This test has been validated through extensive research by the U.S. National Highway Traffic Safety Administration (NHTSA). It is a divided attention task consisting of an Instruction stage and a Walking stage. The DRE will carefully observe the driver's performance for eight specific clues:

1. Cannot balance during the instructions
2. Starts too soon
3. Stops while walking
4. Does not touch heel-to-toe
5. Steps off the line
6. Uses arms for balance
7. Turns in a manner different than instructed
8. Takes the wrong number of steps

During the instruction stage, Mr. Adams could not keep his balance two times as he broke his stance with both his left and right foot to his right. Mr. Adams was instructed to return to the position he was placed in each time. Mr. Adams did not start too soon.

During the first 9 heel to toe steps, Mr. Adams raised his arms for balance three times, stepped off line once to the right on his second step and stopped walking twice on his fourth and eighth step. Mr. Adams missed touching his heel to toe twice between step five and six as well as eight and nine and took nine steps.

Mr. Adams did not complete the turn as instructed as he walked with both feet to complete his turn.

During the second 9 heel to toe steps, Mr. Adams stopped walking once on his eight step, raised his arms for balance three times, stepped off line once to his right on his seventh step, missed touching his heel to toe three times between steps three and four, four and five as well as steps six and seven before finishing the test by taking 9 steps.

During the test Mr. Adams was observed to have a slow, wobbly-like walk.

One Leg Stand Test: This test has also been validated through NHTSA's research program, and is a divided attention test consisting of an Instruction stage and a Balancing and Counting stage. In this test, there are four specific clues:

1. Sways while balancing
2. Uses arms for balance

3. Hops
4. Puts foot down

While balancing on his left leg, Mr. Adams used his arms for balance and swayed while balancing once. Mr. Adams did not hop and put his foot down once during the test on his count of nineteen. Mr. Adams counted to 26 in a recorded 30 seconds.

While balancing on his right leg, Mr. Adams swayed while balancing and used his arms for balance once, did not hop and put his foot down once during the test his count of twenty-two. Mr. Adams counted to 24 in a recorded 30 seconds.

Mr. Adams miscounted several times during each test.

Finger to Nose Test: On attempt one, Mr. Adams touched above the tip of his nose. On attempt two, Mr. Adams touched above the tip of his nose on the right side of his nose. On attempts three, four and five, Mr. Adams touched the tip of his nose. On attempt six, Mr. Adams touched his upper lip.

During the test Mr. Adams displayed slow hand movements and searched for the tip of his nose on each attempt.

6) CLINICAL SIGNS: In the eye examination, the DRE examines the subject for Horizontal Gaze Nystagmus (HGN), Vertical Gaze Nystagmus (VGN) and for a lack of convergence. A subject lacks convergence if their eyes are unable to converge toward the bridge of his nose when a stimulus is moved inward. Depressants, Inhalants, and Dissociative Anesthetics, the so-called "DID drugs", may cause HGN. In addition, the Depressants and Inhalants may cause VGN when taken in higher doses for that individual. The DID drugs, as well as cannabis (marijuana), may also cause a lack of convergence.

The DRE also takes the subject's blood pressure, temperature and pulse. Some drug categories may elevate the vital signs. Others may lower them. Vital signs provide valuable evidence of the presence and influence of a variety of drugs.

The DRE estimates the subject's pupil sizes under three different lighting conditions with a measuring device called a pupilometer. The device will assist the DRE in determining whether the subject's pupils are dilated, constricted, or normal. Some drugs increase pupil size (dilate), while others may decrease (constrict) pupil size. The DRE also checks for the eyes' reaction to light. Certain drugs may slow the eyes' reaction to light.

Horizontal Gaze Nystagmus Test: Horizontal Gaze Nystagmus and Vertical Nystagmus were both present.

Mr. Adams displayed lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation and an angle of onset of approximately 35 degree in both eyes.

Mr. Adams was not wearing corrective lenses, is not blind, did not display resting nystagmus, was able to follow the stimulus (pen), eyelids were droopy, pupil size were equal, eyes were bloodshot and displayed equal tracking.

Convergence: Mr. Adams was able to follow the stimulus and displayed lack of convergence. Both left and right eyes initially converged but then bounced back and dropped to the bottom of their respective eye sockets.

This test was performed twice with the same results each time.

Heart Rate: Mr. Adams' pulse was below the DRE average range of 60-90 beats per minute (bpm) at all three measurements: 56 bpm at 2230hrs, 56 bpm at 2242 hrs and 54 bpm at 2255hrs.

Blood Pressure: Mr. Adams' blood pressure was measured to be 104 millimeters of mercury (mmHg) over 64 mmHg. The DRE average range for the systolic pressure is 120-140mmHg, and the DRE average range for diastolic blood pressure is 70-90mmHg. Mr. Adams's blood pressure was below the DRE average range for both the systolic and diastolic measurements.

Pupils: Mr. Adams' pupils were measured to be within the DRE average range and his reaction to light was slow.

Mr. Adams' pupils were measured to be 4.5 millimeters (mm) in both eyes in room light within the DRE average range being 2.5 – 5.0mm. His pupils were measured to be 6.5mm in both eyes in near total darkness with the DRE average range being 5.0 – 8.5mm. In direct light Mr. Adams' pupils were measured to be 3.5mm in both eyes.

A UV light was not used during the evaluation and Mr. Adams did not display rebound dilation.

Body Temperature: Mr. Adams' temperature was measured using an oral thermometer with a digital display reading of 36.8 degrees Celsius, which is within the DRE average range of 37 degrees Celsius plus or minus 0.5 degrees Celsius.

Muscle Tone: Mr. Adams' muscle tone was flaccid.

7) STATEMENTS:

Mr. Adams stated he had taken 1 or 2 pills around 6 pm while eating dinner to help him sleep. He could not recall the name of the pills. He indicated he was prescribed the pills by Dr. Davis about a month ago and is still getting use to them. When asked where the prescription bottle was, he indicated it was at his home. When asked about the potency of the pills, he was not sure. When about other drugs, he indicated that he used to use recreational marijuana when it was first legalized in Alberta but quit using it because it made him hyper.

8) MEDICAL PROBLEMS/TREATMENT: Mr. Adams disclosed that he is seeing a doctor for sleeping problems.

9) OPINION: In my opinion as a Drug Recognition Evaluator, Frank Adams' ability to operate a conveyance was impaired by a Central Nervous System Depressant.

10) MISCELLANEOUS:

During the oral and nasal cavity as well as injection marks examinations nothing was noted.

The evaluation began October 6th, 2020 at 2108 hours and was completed at 2310 hours.

At 2210 hours, I read Mr. Adams the secondary police caution which he understood.

At 2312 hrs, I advise Mr. Adams of my opinion and read him the Bodily Substance Demand for a sample of his blood, which he understood.

Mr. Adams provided samples of blood pursuant to the demand. I seized the samples at 2345 hours at St. Paul's Hospital as I witnessed Qualified Technician Lab Technician Holly Wright draw the samples directly from Mr. Adams left arm. Lab Technician Wright used an approved blood kit that I provided.

I secured the blood kit in exhibit locker fridge within Saskatoon Police Service.

No grounds existed for a breath alcohol sample and a demand for breath was not made.

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Cst. P. Foster	22290	20-018-0081	Saskatoon PS	(Session XV-#2 IG)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cpl. B. Ferguson	☑ Yes ☐ Yes (not used) ☐ No	RCMP	Cst. H. Janzen

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/04/29 @ 2110 hrs	Ferguson	2140 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 2208 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
2215 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Baker, Samuel E.	1988/10/15	Male

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
2020/04/29 @ 2215 hrs @ Regina PS Det	French fries	2 hours ago	Water 1 bottle	N/A

Time now? / Actual	When did you last sleep?	How long?	Are you sick or injured?	Are you diabetic or epileptic?
About 8pm / 2218 hrs	This morning	Maybe 2 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No	Cooperative	Poor, restless

Speech	Breath Odour	Face
Rapid, slurred at times	Rancid	Nothing noted

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

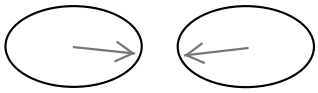
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 90 bpm @ 2224hrs
2. 92 bpm @ 2235hrs
3. 92 bpm @ 2252hrs

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	None	None

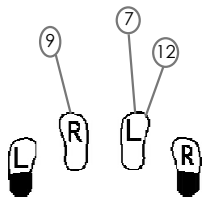
Convergence



Right Eye Left Eye

One Leg Stand

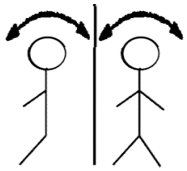
40 /30 38 /30



fidgety hands and fingers

Modified Romberg Balance

Approx. 3" 3" Approx. 3" 3"

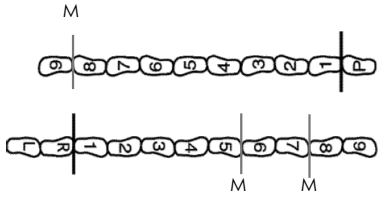


fidgety hands, bruxism

Walk and Turn

Cannot keep balance 0

Starts too soon I (1)



	1st nine	2nd nine
Stops walking	0	0
Misses heel-toe	II (2)	I (1)
Steps off line	0	0
Raises arms	III (3)	II (2)
Actual steps taken	9	9

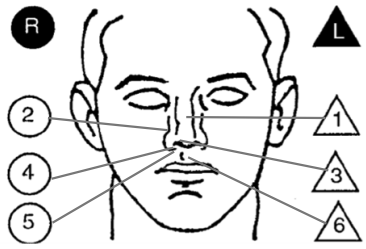
quick, jerky movements. fidgety hands and fingers

L	R	
I (1)	III (3)	Sways while balancing
I (1)	II (2)	Uses arms to balance
0	0	Hopping
I (1)	II (2)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
21 sec estimated as 30 seconds	Quick choppy steps	N/A	Laced up boots

Finger to nose

(Draw lines to spots touched)



quick, jerky arm movements

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	6.5mm	8.0mm	6.0mm
Right Eye	6.5mm	8.0mm	6.0mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☑ Slow ☐ Little to none visible

Nasal area: Redness

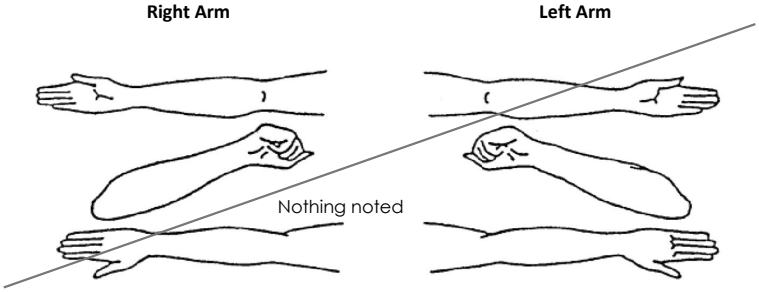
Oral cavity: Nothing noted

Blood Pressure	Temperature
168 / 92 mmHg	38.4 °C

Muscle tone: ☐ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"Nothing"	N/A	N/A	N/A

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
2315 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☑ Urine ☐ Blood Demand time: 2315 hrs Sample Time: 2340 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # / Date
Cst. P. Foster 22290		

Opinion of Evaluator

☐ Not Impaired ☐ Alcohol ☑ CNS Stimulant ☐ Dissociative Anaesthetic ☐ Inhalants ☑ Operational

☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis ☐ Training

Drug Impairment Evaluation

This is the detailed narrative report of Constable Patrick Foster, a Regular member of the Saskatoon Police Service, Badge #657, DRE Number 22290. Cst Foster is currently on Patrol and working at 76 25th Street East, Saskatoon, Saskatchewan. Cst Foster is credentialed by the International Association of Chiefs of Police (IACP) as a Drug Recognition Expert (DRE Certification Expiry Date: 2023-10-20).

1. **Location**: The evaluation of Samuel E. Baker was conducted by Constable Foster #657, at RCMP Regina Detachment on April, 29, 2020.

2. **Witnesses**: This evaluation was witnessed by Corporal B Ferguson, RCMP and Constable H Janzen of the Saskatoon Police Service.

3. **Source**: The subject evaluated was Samuel E. Baker DOB 1988/10/15.

Interview of the arresting officer Cpl B Ferguson: Cpl Ferguson had observed a vehicle cross over the center line on Highway 11 where the highway narrows to an undivided section for north and southbound traffic, almost striking another vehicle head on. When Ferguson had activated his overhead emergency equipment, it crossed the centre line again and eventually came to a stop on a side road. It was noted that the driver was speaking quickly and was difficult to understand at times. Baker also appeared very animated and restless. There was no odour of beverage alcohol detected from the driver's breath but Ferguson suspected possible impairment and administered SFST's roadside.

The driver was arrested and provided rights to counsel at 2110 hours, and the DRE demand was provided at 2112 hours by Cpl Ferguson.

First Observations:

A breath sample was not taken, as there was no suspicion that alcohol was involved in this investigation. I first observed Baker when he was inside the interview room. He did display some resentment towards Cpl Ferguson for arresting him. His speech was slow and slurred at times. His coordination appeared to be poor and he was unstable on his feet. Several times he staggered and used the wall to steady himself. The secondary police warning was provided verbatim at 2208 hours to Baker, which he replied "yes" to understanding. The following things were observed at that time:

- Baker's eyes appeared to be normal;
- Baker displayed equal tracking;
- Baker's pupil size appeared to be equal;
- Resting nystagmus was not present;
- Baker was able to follow the stimulus;
- Baker's eyelids were not droopy.

Baker was asked the following questions:

- "what have you eaten today, and when?" Baker replied with "French fries" and indicated he ate approximately 2 hours prior;

- “what have you been drinking, how much, and what time was your last drink?” Baker had drunk a bottle of water;
- What time do you think it is now?” Baker stated “about 8 pm” the investigators time was 2218 hours;
- “when did you last sleep, and for how long?” Baker stated he had slept “this morning” and slept for about 2 hours;
- “are you sick or injured?” Baker answered no;
- “are you diabetic or epileptic?” Baker answered no;
- “do you take insulin?” Baker answered “no”;
- “Do you have any physical disabilities?” Baker answered no;
- “are you under the care of a doctor or dentist?” Baker answered no;
- “Are you taking any prescription medication or drugs?” Baker said no.

The following further observations were made:

- Baker was cooperative;
- Baker’s coordination was poor, and he was restless at times;
- Baker speech was noted to sound slurred at times and rapid;
- Baker’s breath was rancid; &
- Nothing was noted about his face.

4. **Psychophysical Signs**:

Modified Romberg Balance Test:

- After providing the instructions, Baker tilted his head back and closed his eyes;
- Baker did sway approximately 3” front to back, and 3” side to side;
- Baker estimated the passage of 30 seconds as an actual 21 seconds. The expected range is 30 seconds plus/minus 5 seconds;
- Baker had fidgety hands, and he displayed bruxism;
- Baker was asked how long that was, when he responded “30 seconds I think”; &
- When asked, “how did you arrive at that?” Baker stated “counted Mississippi’s in my head”.

Walk and Turn Test

- Baker was in laced up boots during the test.

During the instruction stage:

- Baker started too soon on one occasion, attempting to complete the test prior to the instructions delivered completely.

On the first set of nine steps:

- Baker missed his heel to toe on 2 occasions, between steps 5 & 6 as well as steps 7 & 8; &
- Baker raised his arms for balance 3 times.

The turn was performed as demonstrated, with quick choppy steps.

On the second set of nine steps:

- Baker missed heel to toe 1 time, between steps 8 & 9; &
- Baker raised his arms for balance on 2 occasions.

Baker had quick jerky movements and had fidgety hands and fingers.

One Leg Stand

- While testing Baker' left leg:
    - Baker swayed once;
    - Used his arms for balance once; &
    - Baker put his foot down once, on his count of 9.

Baker reached a count of 40 in a timed 30 seconds.

- While testing Baker' right leg:
    - Baker swayed 3 times;
    - Used his arms for balance twice;
    - Baker put his foot down twice on his count of 7 & 12.

Baker reached a count of 38 in 30 seconds.

Finger to Nose Test:

- On the first attempt, Baker touched bridge of his nose with the tip of his left index finger.
- On the second attempt, Baker touched right side at near the bridge of his nose with the tip of his right index finger.
- On the third attempt, Baker touched tip of his nose with the tip of his left index finger.
- On the fourth attempt, Baker touched his right nostril with the tip of his right index finger.
- On the fifth attempt, Baker touched the edge of the right nostril where the nose meets the upper lip with the tip of his right index finger.
- On the sixth attempt, he touched the center of his upper lip with the tip of his left index finger.

5. Clinical Signs:

Horizontal Gaze Nystagmus: Baker did not display HGN.

Vertical Gaze Nystagmus: Baker did not display VGN.

Lack of Convergence: Baker was able to converge his eyes

Pupil Size:

The DRE average range for pupil size is room light is 2.5 to 5.0 millimeters (mm). Baker' eyes were 6.5 mm in room light, which is above the DRE average range.

The DRE average range for pupil size in near total darkness is 5.0 to 8.5 mm. Baker' eyes measured 8.0 mm, which is within the DRE average range.

The DRE average range for pupil size in direct light is 2.0 to 4.5 mm. Baker' eyes measured 6.0 mm, which is above the DRE average range.

Baker's pupils displayed a slow reaction to light.

Baker did not display rebound dilation.

The UV light was not used during this evaluation.

Pulse Measurements:

The pulse was taken 3 times:

- 1st pulse, taken at 2224 hours was 90 beats per minute (BPM) which is within the DRE average range of 60-90 BPM.
- 2nd pulse, taken at 2235 hours was 92 BPM, which is above the DRE average range.
- 3rd pulse, taken at 2252 hours was 92 BPM, which is above the DRE average range.

Blood Pressure:

Baker's blood pressure was 168/92 Millimeters in Mercury (mmHg).

Baker's systolic blood pressure was 168 mmHg, which was above the DRE average range of 120 - 140 mmHg. His diastolic blood pressure was 92 mmHg, which is above the diastolic DRE average range of 70-90 mmHg.

Temperature: Baker's body temperature was 38.4° Celsius.

Baker's temperature was taken with an oral thermometer. Baker' body temperature was above the DRE average range of 37° Celsius, plus or minus 0.5°.

Muscle Tone: Baker' muscle tone was rigid.

6. Statements:

Baker denied using any drugs.

7. Medical Problems or Treatments:

Nothing Noted.

Drugs and Medicine: Nothing noted.

8. Opinion:

It is the opinion of Constable Patrick Foster, an evaluating officer, that Samuel E. Baker's ability to operate a conveyance was impaired by a Central Nervous System Stimulant.

9. Miscellaneous:

It was noted during the nasal cavity exam that there was redness on the inside of BAKER'S nose.

I formed my opinion at 2314 hours. Baker provided a sample of urine to Constable Patrick Foster pursuant to a demand that was read to Baker by Constable Patrick Foster at 2315 hrs. The sample was seized at 2340 hrs.

All times in this report unless otherwise indicated noted are that of Cst Patrick Foster

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Cpl. D. Milette	22273	20-013-0138	RCMP	(Session XV-#3 IG)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Sgt. D. Botham	☑ Yes ☐ Yes (not used) ☐ No	RCMP	D. Smith

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/09/17 @ 0005 hrs	Sgt. Botham	0045 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 0129 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
0130 hrs	☐ No Grounds ☐ Refused Result: Instrument #: 82460 50mg%	Charles, Mary Jane	1982/06/13	Female

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
2020/09/17 @ 0130 hrs @ RCMP Detn	Pizza	About 6 pm	Couple glasses of wine 2	About 11pm

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
Midnight / 0135 hrs	Last night 8 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No	Cooperative, upset at times	slow unsteady movements

Speech	Breath Odour	Face
slow, thick, slurred	beverage alcohol	flushed

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☐ Normal ☑ Bloodshot ☑ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

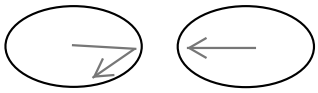
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 66 bpm @ 0145hrs
2. 64 bpm @ 0214hrs
3. 64 bpm @ 0228hrs

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	Yes	Yes
Angle of Onset	No	No

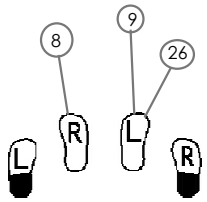
Convergence



Right Eye Left Eye

One Leg Stand

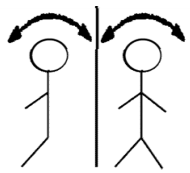
28 /30 30 /30



L	R	
I (1)	I (1)	Sways while balancing
II (2)	I (1)	Uses arms to balance
0	0	Hopping
I (1)	II (2)	Puts foot down

Modified Romberg Balance

Approx. 2'' 2'' Approx. 2'' 2''

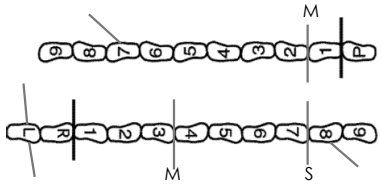


circular sway & eyelid tremors

Walk and Turn

Cannot keep balance II (2)

Starts too soon 0

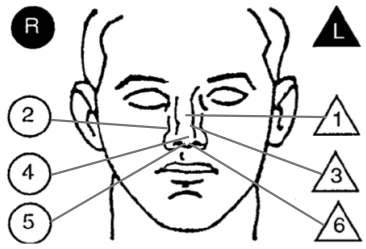


	1st nine	2nd nine
Stops walking	I (1)	0
Misses heel-toe	I (1)	I (1)
Steps off line	I (1)	I (1)
Raises arms	II (2)	III (3)
Actual steps taken	9	9

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
32 sec estimated as 30 seconds	slow and deliberate	N/A	slip on shoes

Finger to nose

(Draw lines to spots touched)



slow deliberate hand and arm movements

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	4.5 mm	6.5 mm	3.5 mm
Right Eye	4.5 mm	6.5 mm	3.5 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☑ Slow ☐ Little to none visible

Nasal area: nothing noted

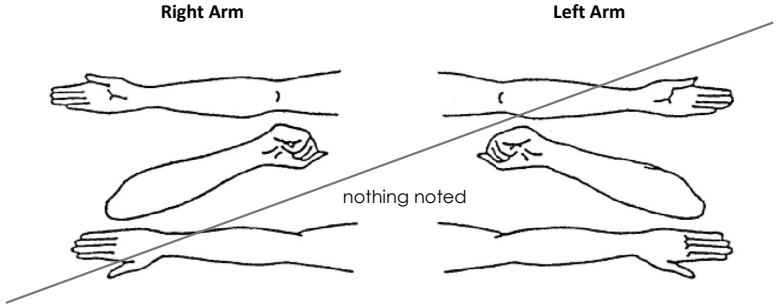
Oral cavity: nothing noted

Blood Pressure	Temperature
120 / 72 mmHg	37.5 °C

Muscle tone: ☑ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I smoked some MJ 2 or 3 days ago"	about half a joint	in the evening	at home

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
0235 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☐ Urine ☑ Blood Demand time: 0236 hrs Sample Time: 0300 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
D. Milette		

Opinion of Evaluator

☐ Not Impaired	☑ Alcohol	☐ CNS Stimulant	☐ Dissociative Anaesthetic	☐ Inhalants	☑ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	☐ Training

Drug Influence Evaluation

This is the detailed narrative report of Corporal Denis MILETTE, a Regular Member of the Royal Canadian Mounted Police, Reg. No. 51775, DRE No. 22273. Corporal Milette is currently attached to National Traffic Services at 73 Leikin Dr, Ottawa, Ontario. Corporal MILETTE is credentialed by the International Association of Chiefs of Police (IACP) as a Drug Recognition Expert (DRE Certification Expiry Date: 2022-08-01).

(1)Location: The evaluation of Mary Jane CHARLES was conducted by Corporal MILETTE, at RCMP National Headquarters located at 73 Leikin Drive, Ottawa, ON on September 17th, 2020

(2)Witnesses: This evaluation was witnessed by Constable D'Arcy SMITH of the Royal Canadian Mounted Police**.**

(3)Source: The subject evaluated was Mary Jane CHARLES, date of birth 1982-06-13

Interview of the arresting officer Sergeant Dave BOTHAM: There was reports of as a possible impaired driver. Sgt. Botham observed the vehicle traveling northbound on Highway 16 and it was unable to maintain a single lane of travel. When attempting to stop the vehicle, the driver was slow to respond to his emergency lights and once the vehicle pulled over, the right front tire stuck the curb. During the personal contact with the female driver, Sgt. Botham observed slow, sluggish movements and her speech was thick and slurred. She admitted drinking a couple glasses of wine earlier in the evening and consented to SFSTs. According to Sgt. Botham, she performed poorly on the Walk and Turn (W&T) and One Leg Stand (OLS) tests. Sgt. Botham observed four clues on the W&T and three clues on the OLS. He also administered the HGN test observing four clues. He also detected an odor of marijuana coming from her vehicle. When questioned about marijuana use, the driver admitted being a recreational marijuana user, but indicated she had not used marijuana for a couple of days. Sgt. Botham arrested the driver for impaired operation of a conveyance and transported her to RCMP Headquarters for processing where she provided breath sample of 50mg%.

(3)First Observations: CHARLES was first observed by Cpl Milette in the Interview room of RCMP National Headquarters at 73 Leikin Drive at 0120 hours. Cpl. Milette read CHARLES the secondary police caution at approximately 0129 hours. When asked if he understood CHARLES stated "Yes". The following things were observed at that time:

- CHARLES 's eyes were bloodshot and watery.
- CHARLES displayed equal tracking.
- CHARLES 's pupil size was equal.
- Resting nystagmus was not present.
- CHARLES was able to follow stimulus.
- CHARLES 's eyelids were droopy.

CHARLES was asked the following questions:

- "What have you eaten today, and when?" CHARLES answered: pizza about 6pm
- "What have you been drinking, how much, and what time was your last drink?" CHARLES answered: 2 glasses of wine about 11pm
- "What time do you think it is now?" CHARLES answered: midnight; the evaluator's time was 0130 hours.
- "When did you last sleep and for how long?" CHARLES answered: Last night 8 hours
- "Are you sick or injured?" CHARLES answered: No.
- "Are you diabetic?" CHARLES answered: No.
- "Are you epileptic?" CHARLES answered: No.
- "Do you take insulin?" CHARLES answered: No
- "Do you have any physical disabilities?" CHARLES answered: No
- "Are you under the care of a doctor/dentist?" CHARLES answered: No.
- "Are you taking any prescription medication or drugs?" CHARLES answered: No.

The following other observations were made:

- CHARLES 's attitude was: Cooperative, upset at times
- CHARLES 's coordination was: slow unsteady movements
- CHARLES 's speech was: slow, thick, slurred
- CHARLES 's breath odour was: beverage alcohol
- CHARLES 's face was: flushed

(5)Psychophysical Signs:

Modified Romberg Balance Test:

- CHARLES swayed in a 3-inch circular pattern for the entire test.
- CHARLES estimated the passage of 30 seconds as 32 seconds. The normal range is 30 seconds plus or minus 5 seconds.
- When asked "How long was that?", CHARLES responded "30 seconds".
- When asked "How did you arrive at that?", CHARLES responded "counted to 30".
- CHARLES displayed eyelid tremors during the test

Walk and Turn Test:

- CHARLES was wearing slip on shoes during the test

During the instructions stage:

CHARLES was unable to keep her balance 2 times. CHARLES broke her stance both times using his left foot to stepping once to the right and once to the left.

On the first set of nine steps:

- CHARLES took 9 steps.

- CHARLES raised her arms twice.
- CHARLES stopped walking once on step 7
- CHARLES stepped off the line 1 time to the right on her eighth step
- CHARLES missed heel to toe 1times between steps three and four

The turn was performed as described with CHARLES movements being slow and deliberate

On the second set of nine steps:

- CHARLES took 9 steps
- CHARLES raised her arms 3 times
- CHARLES did not stop walking
- CHARLES stepped off the line 1 time to the right on her seventh step
- CHARLES missed heel to toe once between step 1 and 2

One Leg Stand Test:

- While testing CHARLES 's left leg:
  - CHARLES put her right foot down 1 time on her count of 8
  - CHARLES swayed once.
  - CHARLES used arms while balancing twice.
  - CHARLES did not hop
  - CHARLES reached a count of 28 in a timed 30 seconds.

- While testing CHARLES 's right leg:
  - CHARLES put her left foot down 2 times on her count of 9 and 26
  - CHARLES swayed once
  - CHARLES used arms while balancing once
  - CHARLES did not hop
  - CHARLES reached a count of 30 in a timed 30 seconds.

Finger to Nose Test:

- On the first attempt, CHARLES touched the bridge of her nose.
- On the second attempt, CHARLES touched the side of her right nose where it meets the cheek.
- On the third attempt, CHARLES touched the middle of her nose.
- On the fourth attempt, CHARLES touched the tip of her nose as instructed.
- On the fifth attempt, CHARLES touched the tip of her nose as instructed.
- On the sixth attempt, CHARLES touched the tip of her nose as instructed.

Comments: CHARLES displayed slow and deliberate hand and arm movements.

(6) Clinical Signs:

Horizontal Gaze Nystagmus: Horizontal gaze nystagmus was present as CHARLES displayed lack of smooth pursuit and distinct and sustained nystagmus in both eyes. CHARLES did not display an angle of onset of nystagmus.

Vertical Gaze Nystagmus: CHARLES did not display vertical gaze nystagmus.

Lack of Convergence: CHARLES displayed lack of convergence. The left eye convergence characteristic was: Pupil directly right. The right eye convergence characteristic was: Pupil directly left followed by moving to the bottom of the eye socket.

Pupil Size:

The DRE average range for pupil size in room light is 2.5 to 5.0 millimeters (mm):

CHARLES 's left eye pupil was 4.5 mm in room light, which is within the DRE average range. CHARLES 's right eye pupil was 4.5 mm in room light, which is within the DRE average range.

The DRE average range for pupil size in near total darkness is 5.0 to 8.5 mm:

CHARLES 's left eye pupil was 6.5 mm in near total darkness, which is within the DRE average range. CHARLES's right eye pupil was 6.5 mm in near total darkness, which is within the DRE average range.

The DRE average range for pupil size in direct light is 2.0 to 4.5 mm:

CHARLES's left eye pupil was 3.5 mm in direct light, which is within the DRE average range. CHARLES 's right eye pupil was 3.5 mm in direct light, which is within the DRE average range**.**

CHARLES's pupils displayed a slow reaction to light.

CHARLES did not display rebound dilation.

A UV light was not used in the eye examinations

Pulse Measurements:

The pulse was taken 3 times:

The DRE average range is 60 – 90 beats per minute (bpm)

- First pulse: CHARLES's pulse was within the DRE average range at 66 bpm at 0145 hours.

- Second pulse: CHARLES's pulse was within the DRE average range at 64 bpm at 0214 hours.

- Third pulse: CHARLES's pulse was within the DRE average range at 64 bpm at 0228 hours.

Blood Pressure: CHARLES's blood pressure was measured to be 120/72 millimetres of Mercury (mmHg).

CHARLES's systolic blood pressure was 120 mmHg, which is within the DRE average range. The DRE average range for systolic blood pressure is 120 to 140 mmHg.

CHARLES's diastolic blood pressure was 72 mmHg, which is within the DRE average range. The DRE average range for diastolic blood pressure is 70 to 90 mmHg.

Temperature: Using an oral thermometer, CHARLES's body temperature was measured to be 37.5 degrees Celsius. The DRE average range for body temperature is 37 degrees Celsius plus or minus 0.5 degrees Celsius.

CHARLES 's body temperature is within the DRE average range.

Muscle Tone: CHARLES's muscle tone was flaccid.

(7) Statements: CHARLES admitted drinking two glasses of wine earlier in the evening at a friend's house. She admitted being a recreational marijuana user but was adamant that she had not used any marijuana recently. She indicated she had smoked marijuana 2 or 3 days ago while at home and had smoked "about half of a joint" because of all the stress she had been experiencing. She denied using any other drugs or medications.

(8) Medical Problems or Treatments: CHARLES did not disclose any medical problems

(9) Opinion: It is the opinion of Corporal Denis MILETTE, an evaluating officer, that Mary Jane CHARLES ability to operate a conveyance is impaired by: Alcohol.

(10) Miscellaneous:

- There was nothing to note for the nasal area exam.
- There was nothing to note for the oral cavity exam**.**
- There were no puncture marks noted.

The evaluation began September 17th, 2020 at 0130 hours and was completed at 0235 hours.

CHARLES provided samples of blood pursuant to a demand that was read to CHARLES by Cpl. Milette at 0236 hours.

The samples were seized at 0300 hours by Cpl. Milette at the Ottawa General Hospital as he witnessed Qualified Technician Lab Technician Holly Wright draw the samples directly from CHARLES’s left arm. Lab Technician Wright used an RCMP blood kit that was provided by Cpl. Milette.

Cpl. Milette secured the blood kit in exhibit locker fridge within the RCMP Headquarters.

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Sgt. D Botham	17353	20-004-0068	RCMP	(Session XV-#4 IG)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
S/Sgt D. Dickinson	☑ Yes ☐ Yes (not used) ☐ No	RCMP	Cst. P. Ecker

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/02/22 @ 0108 hrs	S/Sgt Dickinson	0130 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 0208 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
0210 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Dodge, Fred A.	1975/10/13	Male

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
2020/02/22 @ 0210 hrs @ RCMP Detn	"nothing today"	N/A	coffee 2 or 3 cups	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
1 am? / 0215 hrs	Last night 5 or 6 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No (lengthy explanation about past drug use)	Antagonistic	poor, quick

Speech	Breath Odour	Face
rapid, slurred	Rancid	flushed, sweaty

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

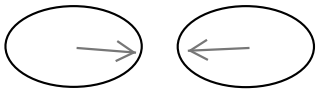
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 102 bpm @ 0220hrs
2. 100 bpm @ 0232hrs
3. 102 bpm @ 0250hrs

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	None	None

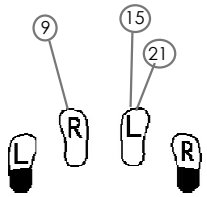
Convergence



Right Eye Left Eye

One Leg Stand

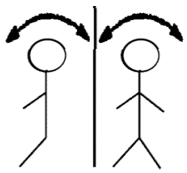
38 /30 36 /30



quick count, slurred numbers, finger twitching.

Modified Romberg Balance

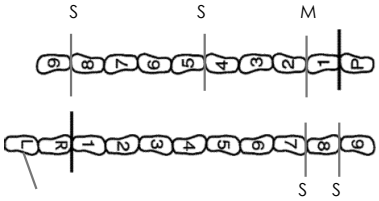
Approx. 0'' 0' Approx. 2'' 2''



body tremors (legs)

Walk and Turn

Cannot keep balance I (1)
Starts too soon II (2)



quick steps, still like movements

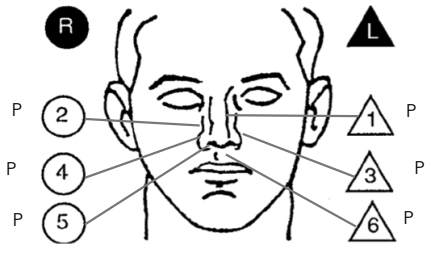
	1st nine	2nd nine
Stops walking	II (2)	II (2)
Misses heel-toe	Ø	I (1)
Steps off line	Ø	Ø
Raises arms	II (2)	III (3)
Actual steps taken	9	9

L	R	
Cont	I (1)	Sways while balancing
III (3)	II (2)	Uses arms to balance
Ø	Ø	Hopping
I (1)	II (2)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
22 sec estimated as 30 seconds	As instructed, quick & rigid steps	N/A	Laced up black boots

Finger to nose

(Draw lines to spots touched)



quick movements

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	6.0 mm	8.5 mm	5.0 mm
Right Eye	6.0 mm	8.5 mm	5.0 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☑ Slow ☐ Little to none visible

Nasal area: redness

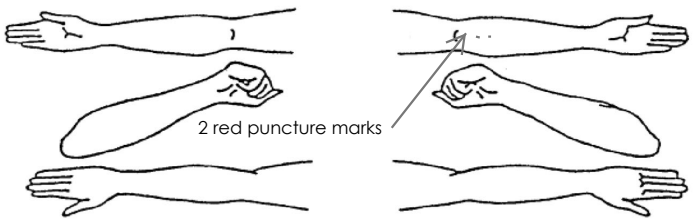
Oral cavity: nothing noted

Blood Pressure	Temperature
162 / 96 mmHg	38.0 °C

Muscle tone: ☐ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I'm not answering that"	No response	No response	No response

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
0305 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☑ Urine ☐ Blood Demand time: 0306 hrs Sample Time: 0330 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
Sgt. D Botham		

Opinion of Evaluator

☐ Not Impaired ☐ Alcohol ☑ CNS Stimulant ☐ Dissociative Anaesthetic ☐ Inhalants ☑ Operational

☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis ☐ Training

Drug Impairment Evaluation

This is the detailed narrative report of Sergeant David BOTHAM, a Regular Member of the Royal Canadian Mounted Police, Reg. No. 51775, DRE No. 17353. Sergeant BOTHAM is currently attached to National Traffic Services at 73 Leikin Dr, Ottawa, Ontario. Sergeant BOTHAM is credentialed by the International Association of Chiefs of Police (IACP) as a Drug Recognition Expert (DRE) and DRE Instructor (DRE Certification Expiry Date: 2024-08-01).

(1) Location: The evaluation of Fred DODGE was conducted by Sgt. BOTHAM, at the RCMP detachment in Sherbrooke, Nova Scotia.

(2) Witnesses: This evaluation was witnessed by Constable Paul ECKER of the RCMP**.**

(3) Source: The subject evaluated was Fred DODGE, date of birth 1975-10-13

Interview of the arresting officer – On February 22, 2020 at approximately 0055 hours (DICKINSON's time) Staff Sergeant Darryl DICKINSON initiated a traffic stop on a green Pontiac Sunfire after observing it travelling at a speed of 120 km/hr in a posted 90 km hr zone near Stillwater on Highway 7. Upon approaching the vehicle Staff DICKINSON spoke with the driver who identified themselves as Fred DODGE. This was confirmed through DODGE's NS Drivers Licence. DODGE was noted to be speaking rapidly, with slurred speech which DICKINSON noted as "I wasssssnnnn't speeeeeding" DICKINSON observed a glass pipe that appeared to have drug residue on it in the center console of the vehicle and DODGES face was described as flushed and sweaty. When reaching for his documents DODGE moved very quickly. DICKENSON asked DODGE to exit the vehicle which he initially refused and then exited the vehicle very quickly. DICKINSON arrested DODGE for impaired operation of a conveyance and provided DODGE his charter rights, police caution and DRE demand at 0108 hours (DICKINSON's time)

Sergeant BOTHAM was notified at 0130 hours. Cst Paul ECKER observed the evaluation

DODGE spoke to counsel prior to the evaluation commencing.

(4) First Observations: A breath test was not taken as there was no reason to suspect that alcohol had been consumed. DODGE was first observed by Sgt Botham in the cell block of Winnipeg Police at 2015 hours. Cpl Botham read DODGE the secondary police caution at approximately 0208 hours. When asked if he understood DODGE stated "Yes". The following things were observed at that time:

DODGES's eyes appeared normal and they displayed equal tracking. DODGE was able to follow stimulus with his eyes and his pupil size was noted as equal. There was no resting nystagmus and his eyelids were normal.

DODGE was asked the following questions:

- "What have you eaten today, and when?" DODGE answered: nothing today
- "What have you been drinking, how much, and what time was your last drink?" DODGE answered: 2 or 3 cups of coffee.
- "What time do you think it is now?" DODGE answered: 1 am; the evaluator's time was 0215 hours.
- "When did you last sleep and for how long?" DODGE answered: 5- or 6-hours last night
- "Are you sick or injured?" DODGE answered: No

- "Are you diabetic?" DODGE stated no.
- "Are you epileptic?" DODGE stated no.
- "Do you take insulin?" DODGE stated no
- "Do you have any physical disabilities?" DODGE answered: No
- "Are you under the care of a doctor/dentist?" DODGE answered: No;
- "Are you taking any prescription medication or drugs?" DODGE provided a long answer about his prior drug use but stated he has not taken anything for years.

DODGE's attitude during the evaluation was antagonistic. He repeatedly asked why he needed to do the tests as described and was continually questioning Sgt Botham. DODGE displayed quick and poor movements during the evaluation, his speech was rapid and slurred. A rancid odor emanated from his breath and his face was flushed and sweating.

(5) Psychophysical Signs:

Modified Romberg Balance Test:

During the Modified Romberg Balance Test DODGE swayed side to side approximately 2 inches from the center point in each direction.

DODGE estimated the passage of 30 seconds as 22 seconds. The expected range is 30 seconds plus or minus 5 seconds.

When asked "How long was that?", DODGE responded " you said 30 seconds I did 30 damn seconds".

When asked "How did you arrive at that?", DODGE responded "I just friggin' knew".

It was noted that DODGE displayed leg and body tremors

Walk and Turn Test:

During the Instruction stage DODGE was unable to keep their balance one time by breaking thier stance with his left foot stepping to the right. DODGE returned to the instruction stage after stepping off to the right. DODGE started too soon 2 times.

On the first nine steps:

- DODGE took 9 steps as directed.
- DODGE raised their arms 2 times.
- DODGE stopped walking twice, after step 7 and then again after step 8.
- DODGE did not miss their heel to toe
- DODGE did not step off the line

DODGE completed the turn as described however it was noted that they took quick and rigid steps

On the second set of nine steps:

- DODGE took 9 steps as directed.
- DODGE raised their arms 3 times.
- DODGE did not step off the line.
- DODGE missed his heel to toe one times, between step 1 and 2.
- DODGE stopped walking twice after step 4 and after step 8.

During the test DODGE took rigid and quick steps.

One Leg Stand Test:

While testing DODGE's left leg:

- DODGE put their right foot down once at a count of 9
- DODGE swayed continuously.
- DODGE used their arms for balance 3 times
- DODGE did not hop
- DODGE reached a count of 1000-38 in a timed 30 seconds.

While testing DODGE's right leg:

- DODGE put their left foot down twice their count of 15 and 21
- DODGE swayed once.
- DODGE used their arms for balance 2 times.
- DODGE did not hop
- DODGE reached a count of 1000-36 in a timed 30 seconds

DODGE counted quickly with slurred numbers. It was noted that their fingers were twitching throughout the test on each leg. DODGE was wearing laced up black boots.

Finger to Nose Test:

- On the first attempt, DODGE touched the bridge of their nose centre using the pad of their index finger.
- On the second attempt, DODGE touched his right side of their nose using the pad of their index finger.
- On the third attempt, DODGE touched the side of their left nostril using the pad of their index finger.
- On the fourth attempt, DODGE touched their right nostril using the pad of their index finger.
- On the fifth attempt, DODGE touched their right nostril using the pad of their index finger.
- On the sixth attempt, DODGE touched their upper lip using the pad of their index finger.

Comments: DODGE displayed quick movements during the entire test.

(6) Clinical Signs:

Horizontal Gaze Nystagmus: DODGE did not display horizontal gaze nystagmus

Vertical Gaze Nystagmus: DODGE did not display vertical gaze nystagmus.

Lack of Convergence: DODGE was able to converge their eyes.

DODGE advised that they can normally cross their eyes.

Pupil Size:

- DODGE's left eye pupil was 6.0 mm in room light, which is above the DRE average range. DODGE's right eye pupil was 6.0 mm in room light, which is within the DRE average range (2.5-5.0mm).

- DODGE's left eye pupil was 8.5 mm in near total darkness, which is within the DRE average range. DODGE's right eye pupil was 8.5 mm in near total darkness, which is within the DRE average range (5.0-8.5mm).
- DODGE's left eye pupil was 5.0 mm in direct light, which is above the DRE average range. DODGE's right eye pupil was 5.0 mm in direct light, which is above the DRE average range (2.0-4.5mm).
- DODGE's pupils displayed a slow reaction to light.
- DODGE did not display rebound dilation.

Pulse Measurements:

The pulse was taken 3 times:

- First pulse: DODGE's pulse was above the DRE average range at 102 beats per minute (bpm) at 0220 hours.
- Second pulse: DODGE's pulse was above the DRE average range at 100 beats per minute (bpm) at 0232 hours.
- Third pulse: DODGE's pulse was above the DRE average range at 102 beats per minute (bpm) at 0250 hours.

The DRE average range for pulse is 60 to 90 beats per minute (bpm).

Blood Pressure:

DODGE's blood pressure was 162/96 millimetres of Mercury (mmHg). Which is above the DRE average range of 120-140 (Systolic) / 70-90 mmHg. (Diastolic)

Temperature:

DODGE's body temperature was 38 degrees Celsius, which is above the DRE average range of 37 degrees Celsius plus or minus 0.5 degrees Celsius**.**

Muscle Tone:

DODGE's muscle tone was rigid.

(7) Statements: No subject statements were made. DODGE stated" I am not answering that".

(8) Medical Problems or Treatments: DODGE did not provide any information when asked about medical problems or treatments nor did they advise if they were taking any drugs or medicine

(9) Opinion: It is the opinion of Sergeant BOTHAM, an evaluating officer, that Fred DODGE's ability to operate a conveyance is impaired by a **Central Nervous System Stimulant.**

(10) Miscellaneous:

- It was noted that DODGE's nostrils were both red and appeared irritated.
- There was nothing to note for the oral cavity exam**.**

DODGE provided a sample of urine to David BOTHAM pursuant to a demand that was read to DODGE by Sergeant BOTHAM at 0306 hours. The samples were seized at 0330 hours.

All times in this report unless otherwise noted are that of Sgt David Botham

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Cst. A. Oliveira	21367	20-006-0072	RCMP	(Session XV-#5 IG)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cst. C. Knight	☑ Yes ☐ Yes (not used) ☐ No	RCMP	N/A

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/08/15 @ 1905 hrs	Knight	1940 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 2008 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
2010 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Edwards, Joan L.	1992/01/06	Female

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
2020/08/15 @ 2010 hrs @ RCMP Cells	Veggie burger	6 pm	water "a lot"	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
7 pm / 2015 hrs	"I don't remember" Unknown	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☑ Yes ☐ No "Just some herbal stuff"	cooperative, disoriented	poor

Speech	Breath Odour	Face
rambling, incoherant at times	nothing noted	flushed, sweaty

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

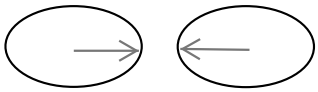
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain) iris are blue	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 106 bpm @ 2025hrs
2. 102 bpm @ 2038hrs
3. 104bpm @ 2055hrs

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	None	None

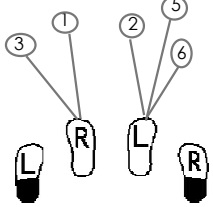
Convergence



Right Eye Left Eye

One Leg Stand

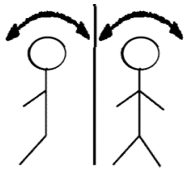
N/A /30 N/A /30



test stopped - almost fell on both

Modified Romberg Balance

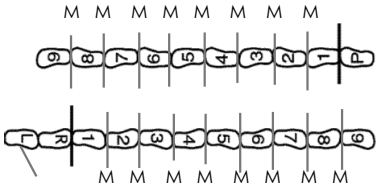
Approx. 2" Approx. 2" 3" 3"



kept opening eyes

Walk and Turn

Cannot keep balance I (1)
Starts too soon II (2)



missed heel to toe on all attempts

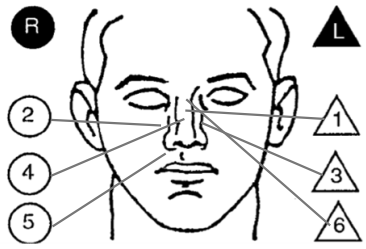
	1st nine	2nd nine
Stops walking	ø	ø
Misses heel-toe	Cont	Cont
Steps off line	ø	ø
Raises arms	IIII (4)	Cont
Actual steps taken	9	9

L	R	
II (2)	III (3)	Sways while balancing
II (2)	III (3)	Uses arms to balance
ø	ø	Hopping
II (2)	III (3)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
62 sec estimated as 30 seconds	walking turn	N/A	Unlaced athletic shoes

Finger to nose

(Draw lines to spots touched)



kept eyes open during the entire test

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	7.0 mm	9.5 mm	6.0 mm
Right Eye	7.0 mm	9.5 mm	6.0 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: nothing noted

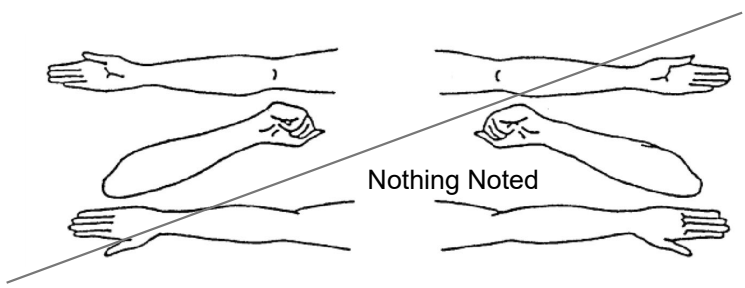
Oral cavity: nothing noted

Blood Pressure	Temperature
166 / 98 mmHg	36.8 °C

Muscle tone: ☐ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
stated "nothing" then began laughing	N/A	N/A	N/A

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
2120 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☐ Urine ☑ Blood Demand time: 2121 hrs Sample Time: 2200 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # / Date
Cst. A. Oliveira		

Opinion of Evaluator

☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anaesthetic ☐ Inhalants ☑ Operational

☐ Medical ☐ CNS Depressant ☑ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis ☐ Training

DRUG INFLUENCE EVALUATION NARRATIVE

(1) Location: The Drug Recognition Evaluation took place entirely at the Neguac RCMP detachment in the county of Northumberland and province of New Brunswick.

(2) Witnesses: Cst. A. OLIVEIRA (from now on referred to in the 1st person) of the Royal Canadian Mounted Police (RCMP) did and recorded the Drug Recognition Evaluation (DRE) of Joan L. EDWARDS.

(3) Source: On the 15th day of August 2020 at 19:05hrs, Cst. C. KNIGHT from the Neguac RCMP informed me, a Drug Recognition Expert (DRE) that he had arrested Joan L. EDWARDS (DOB: 1992-01-06) for impaired operation of a conveyance by drugs and read her the DRE demand.

He stated the following information:

- The vehicle was intercepted for being stopped in the middle of Route 11.
- When approached the driver was staring up into the sky, and when asked what she was looking at, she stated was watching the fireworks. However, there were no fireworks.
- The driver was identified as Joan L. EDWARDS using her driver's license.
- DEWARDS' face was flushed and she was sweating a lot despite the air conditioning being on in the vehicle.
- EDWARDS was read the Standard Field Sobriety Test (SFST) demand, and she performed poorly during the SFSTs.

(4) First Observations: I observed EDWARDS for the first time on the 15th of August 2020 at 2008 hrs, in the interview room of the RCMP Neguac detachment.

EDWARDS was seated on the edge of her seat, and her eyes were wide open. EDWRDS' face was flushed, and she was sweating a lot, her t-shirt was drenched like if she was working out.

EDWARDS was asked the following questions:

- "What have you eaten today, and when?" EDWARDS answered: ''Veggie burger''. She stated that it was ''6pm'' when she ate.
- "What have you been drinking, how much, and what time was your last drink?" EDWARDS stated ''water, a lot'', but she could not say when was her last drink.
- "What time do you think it is now?" EDWARDS answered ''7pm'' the actual time was 2015 hrs on Cst. A. OLIVEIRA's smart phone.
- "When did you last sleep and for how long?" EDWARDS answered: "I don't remember".
- "Are you sick or injured?" EDWARDS answered: ''No''.
- "Are you diabetic?" EDWARDS answered: ''No''.

- "Are you epileptic?" EDWARDS answered: ''No''.
- "Do you take insulin?" EDWARDS answered: ''No''
- "Do you have any physical disabilities?" EDWARDS answered "No"
- "Are you under the care of a doctor/dentist?" EDWARDS answered: ''No''.
- "Are you taking any prescription medication or drugs?" EDWARDS answered: "Just some herbal stuff".

(5) Psychophysical Signs:

Modified Romberg Balance Test: EDWARDS had a sway of 2-inches back and forth, and a 3-inch sway on each side. EDWARDS kept her eyes open, even if she was reminded several times to close them. EDWARDS estimated the passage of 30 seconds in 62 timed seconds. When asked how long was that? EDWARDS stated "30 seconds". When asked, how did you get to that number/time/answer? EDWARDS stated "I was singing a song in my head".

Walk and Turn: EDWARDS lost her balance once during the instructions, taking her left foot off the line towards her right. Ms. EDWARDS placed herself back into the instruction stage after stepping off the line. EDWARDS also started walking before being told to "begin" twice. During his first 9 steps, EDWARDS missed her heel-to-toe steps between all her steps continuously for a total of 8 missed-heel-to-toe steps. EDWARDS raised her arms 4 times during her first 9 steps. EDWARDS made her turn by walking in a circle. During her 2nd set of 9 steps, EDWARDS missed her heel-to-toe steps continuously between all her steps for a total of 8 times. EDWARDS raised her arms continuously during her 2nd set of 9 steps.

One Leg Stand: While balancing on her left foot, EDWARDS swayed twice and used her arms for balance twice. EDWARDS placed her right foot down twice, on her count of 1000 and 1 as well as her count of 1000 and 3. The test was stopped for safety reasons since she was unable to stand on one foot. While balancing on her right foot, EDWARDS swayed 3 times and raised her arms 3 times. EDWARDS placed her left foot down 3 times, once on her count of 1000 and 2, 1000 and 5 as well as her count of 1000 and 6. The test was stopped for safety reasons again, since she was unable to stand on one foot. When the test was stopped, EDWARDS stated "wow, the floor was really moving".

Finger to Nose: EDWARDS kept her eyes open during the entire test even though she was told during the instructions and reminded during the test to close her eyes. On the 1st attempt EDWARDS touched the bridge of her nose with the tip of her left index finger. On her 2nd attempt EDWARDS touched the side of her right nostril at the level of the bridge of her nose with the tip of her right index finger. On the 3rd attempt EDWARDS touched the side of her left nostril with the tip of her left index finger. On her 4th attempt EDWARDS touched the bridge of her nose with the tip of her right index finger. On her 5th attempt EDWARDS touched the space between her upper lip and under her right nostril with the tip of her right index finger. On her 6th attempt EDWARDS touched the space between her eyes with the tip of her left index finger.

(6) Clinical Indicators: EDWARDS did not have resting Nystagmus, Horizontal Gaze Nystagmus or Vertical Gaze Nystagmus. EDWARDS was able to converge her eyes. In room light the diameter of EDWARDS' pupils were 7.0millimitres (mm) in both eyes, which is above the DRE average range of 2.5mm to 5.0mm of diameter for room light. EDWARDS' pupils had a diameter of 9.5mm in both eyes in near total darkness, which is above the DRE average range of 5.0mm to 8.5mm of diameter for near total darkness. EDWARDS reaction to light was normal (pupils constricted within 1 second). EDWARDS' pupils in direct light were 6.0mm in diameter, which is above the DRE average range of 2.0mm to 4.5mm in diameter. EDWARDS did not have rebound dilation. Nothing was noted inside her nose or mouth.

EDWARDS pulse was 106 beats per minute (bpm) at 2025 hrs, 102bpm at 2038 hrs, and 104bpm at 2055 hrs. Her Systolic blood pressure was 166millimetres of mercury (mmHg) and his Diastolic blood pressure was 98mmHg, both were above the DRE average range of 120mmHg to 140mmHg for the Systolic blood pressure and 70mmHg to 90mmHg for the Diastolic blood pressure. EDWARDS' temperature was 36.8 degrees Celsius, which is within the DRE average range of 37.0 degrees Celsius + / - .5 degrees Celsius. EDWARDS' muscle tone was rigid.

(7) Statements: At the end of the DRE evaluation, EDWARDS answered the following to the questions I asked her:

- What drugs or medication have you been using? "Nothing", then she started laughing.
- How much? She kept on laughing no answer.
- Time of use? No answer, she kept laughing.
- Where were the drugs used? EDWARDS was laughing and did not answer the question.

(8) Medical Problems / Treatments: There are no medical problems or treatments noted for Ms. EDWARDS.

(9) Opinion: It is the opinion of Cst A OLIVEIRA, a Drug Recognition Expert, that Joan L. EDWARDS' (DOB: 1992-01-06)) ability to operate a conveyance was impaired by the drug category Hallucinogen.

(10) Miscellaneous: At 2121 hrs, I read the demand for blood sample (by a DRE) under section 320.28(4)(b) of the CCC to Joan L. EDWARDS. A sample of her blood was taken at 22:00hrs.

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Estimated time for session: 1 Hour 40 Minutes

19 DRE

DISSOCIATIVE ANESTHETICS

LEARNING OBJECTIVES

- Describe a brief overview of Dissociative Anesthetics and specifically Phencyclidine (PCP) and its analogs
- Identify common drug names and terms associated with this drug category
- Identify common methods of administration for this drug category
- Describe the symptoms, observable signs, and other effects associated with this drug category
- Describe the typical time parameters associated with this drug category
- List the indicators likely to emerge when the drug impairment evaluation is conducted for a person under the influence of this drug category

CONTENTS

LEARNING ACTIVITIES

- Instructor-Led Presentations
- Review of the DEC Program Exemplars
- Reading Assignments
- Video Presentations
- Slide Presentations

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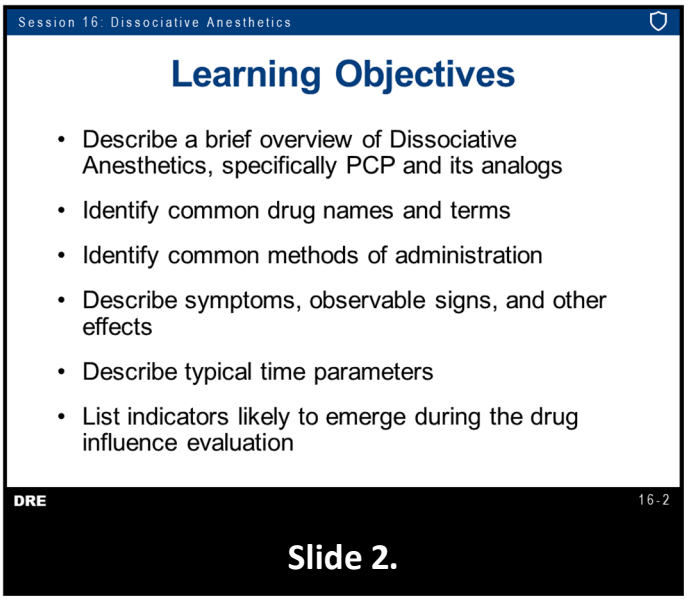
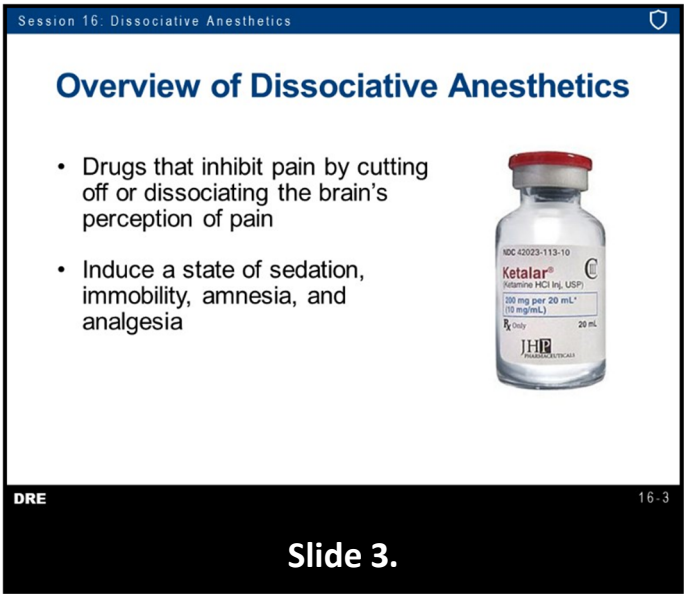


Slide 2.

Instructor Note

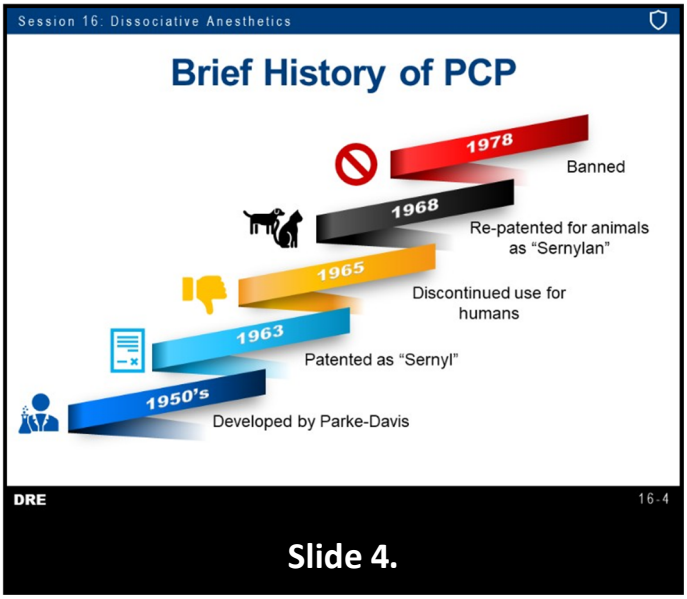
Briefly review the objectives, content, and activities of this session.

A. Overview of the Category



Slide 3.

Dissociative Anesthetics include drugs that inhibit pain by cutting off or disassociating the brain's perception of pain. The drugs within this category normally will induce a state of sedation, immobility, amnesia, and marked analgesia. The term "Dissociative Anesthesia" is derived from the strong feeling of dissociation from the environment expected by the user. PCP was the first drug used for this purpose.



Slide 4.

PCP is a drug that, along with its analogs, are examples of this distinct drug category. The chemical for PCP is Phenyl Cyclohexyl Piperidine.

Instructor Note

Write the chemical name on the dry erase board or easel/easel pad, underlining the first "P", the first "C" and the last "P".

PCP shares some characteristics with each of the three categories of drugs. It produces some effects similar to the effects of Central Nervous System (CNS) Depressants. Examples of effects PCP shares with CNS Depressants: nystagmus, slurred speech, slowed responses. It produces some effects similar to those of CNS Stimulants. Examples of effects PCP shares with CNS Stimulants: elevated vital signs and restlessness. In some respects, it acts like a Hallucinogen.

PCP and its analogs have often been referred to as "psychedelic anesthetics" because of the bizarre and varying effects they can cause. "Phencyclidine" is a contracted or a shortened form of the chemical name. An "Analog" is a chemical very similar to the drug in terms of molecular structure or in psychoactive effects. In many medical texts and other reference documents, PCP may be classified as a Hallucinogen. However, for purposes of the DEC Program, it is treated as a separate category.

PCP sometimes goes by the "street" names "Angel Dust", "Animal Tranquilizer", "Wet", "Embalming Fluid", "Sherm" etc.

Instructor Note

Source:

Marnell, T. (2022). *Drug Identification Bible* (2022/2023 ed.).

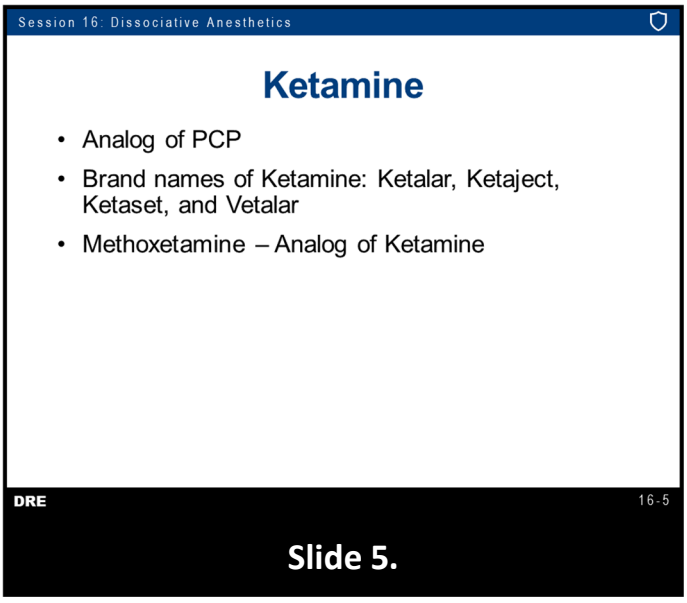
PCP was first developed in the late 1950's. It was developed by Parke-Davis and Company, a leading pharmaceutical firm. The developers were searching for a drug that would serve as an efficient intravenous anesthetic. PCP proved to be a very effective anesthetic. An anesthetic is an agent that reduces or abolishes pain sensitivity. It was patented and marketed in 1963 under the trade name Sernyl. It was used in the treatment of mental and psychological disorders, including schizophrenia. Many adverse side effects were experienced by persons who had been treated with PCP.

Instructor Note

Point out some of these side effects will be discussed later.

In 1965, use of PCP as an anesthetic for humans was discontinued. In 1968, Parke-Davis re-patented PCP under the trade name Sernylan, which was restricted to use as a veterinary anesthetic. Sernyl for animals is Sernylan. However, Sernylan was often illicitly diverted to "street" use, so most legitimate manufacturing of PCP was stopped in 1978.

PCP is relatively easy to manufacture. The chemicals required to produce it are readily available commercially. The formula for producing PCP has been widely publicized. The hardware needed to combine the chemicals is very basic.



Slide 5.

Instructor Note

If available, display slides of the various drugs.

Write Ketamine on the dry erase or easel/easel pad.

Another drug in this category is called Ketamine, which is an analog of PCP. Unlike PCP, Ketamine continues to be manufactured and sold legitimately. Ketamine is a white, crystalline powder or clear liquid. Ketamine is used as a rapid surgical anesthetic, both for animals and humans, especially children.

Some brand names of Ketamine: Ketalar (human use), Ketaject, Ketaset, and Vetalar. Some street names include: “Special K”, “Vitamin K”, “Jet”, “Kit Kat”, “Kitty”, “Super K”.

Ketamine is being studied as a possible treatment of depression.

Methoxetamine (MXE) is a research chemical not currently approved for human or veterinary use. Methoxetamine has a similar abuse profile to Ketamine and can cause pain suppression, tachycardia, hypertension, and altered perception and memory.

Signs and symptoms include dissociated and catatonic state, nausea, vomiting, and visual hallucinations.

Instructor Note

Source:

(2012). *Society of Forensic Toxicologists Newsletter*, 36(4).

Slide 6.

Another drug in this category is Dextromethorphan. It is sometimes referred to as “DXM” and is an ingredient found in numerous over-the-counter (OTC) cough and cold remedies.

Instructor Note

Point out DREs frequently encounter persons abusing DXM due to its availability in so many OTC products.

Point out in some respects, DXM's effects can be similar to a CNS Depressant, CNS Stimulant, and Hallucinogen. It has been classified as a CNS Depressant in some medical texts and scientific/research reports.

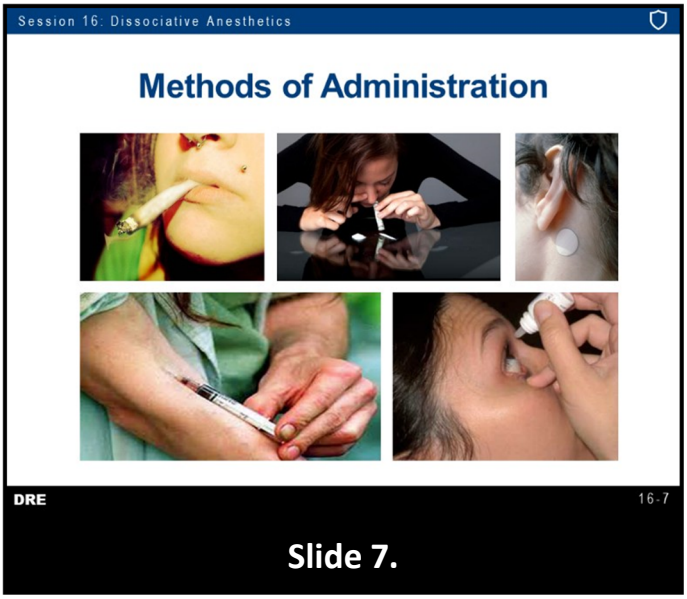
Point out DXM is often in other OTC substances containing Acetaminophen, Chlorpheniramine, and Guaifenesin.

DXM is a synthetically-produced substance that is chemically related to Codeine although it is not an Opiate.

Street names for Dextromethorphan include: "Triple C"," Robo", "Robo-Tripping", "Skittles", "DM".

When administered in recommended dosage levels, DXM generally is a safe and highly-effective cough suppressant; however, when administered in large amounts, it produces negative physiological effects. DXM abusers normally administer the drug orally, although some crush the pills and snort them.

Some abusers administer 250 to 1,500 milligrams in a single dosage.



Slide 7.

Instructor Note

If available, display slides of the various PCP administration paraphernalia.

Common Methods of Administration for PCP: Many users administer PCP by smoking. PCP can be applied in either powder or liquid form to a variety of vegetable or leafy substances, which can then be smoked in a pipe or homemade cigarette. Popular substances include mint leaves, parsley, oregano, tobacco, or cannabis.

Common Methods of Administration for PCP: Many users administer PCP by smoking. PCP can be applied in either powder or liquid form to a variety of vegetable or leafy substances, which can then be smoked in a pipe or homemade cigarette. Popular substances include mint leaves, parsley, oregano, tobacco, or cannabis.

Commercially-prepared cigarettes can also be dipped in liquid PCP, allowed to dry, and then smoked. **PCP-adulterated cigarettes usually will be wrapped in metal foil to be preserved.**

Some users prefer to dip a string in liquid PCP and then insert the string into a tobacco cigarette.

Point out menthol brand cigarettes are popular for this because they are mentholated. PCP-adulterated cigarettes are sometimes called "Super Kools" or "Sherms" because of the cigarette brand used.

White cigarette paper will be stained brown if adulterated with PCP. Brown cigarette paper will show white crystals when adulterated.

PCP can also be insufflated or "snorted." It can also be taken orally, in capsule or tablet form. Some users inject liquid PCP either directly into a vein, under the skin, or into a muscle. Some users have administered PCP to themselves by dripping liquid PCP onto their eyes using an eyedropper. Transdermal absorption of PCP has also been reported (i.e., when applied to the skin, especially as a liquid, PCP can penetrate directly into the body and bloodstream).

Liquid PCP is especially dangerous because it can be absorbed through the skin. Hence, it could be used as a weapon.

Re-emphasize the danger to officers handling suspected drugs without proper protective gloves.

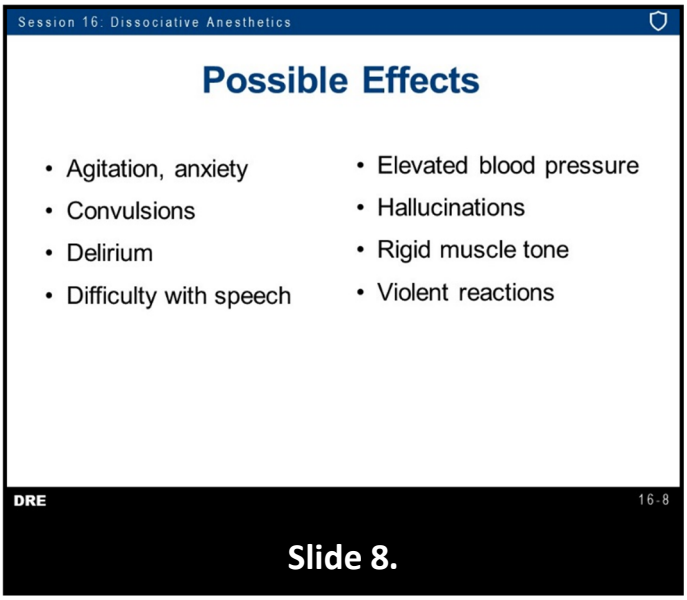
Solicit participants' questions and comments about the overview of PCP.

Common Methods of Administration for Ketamine: Ketamine can be applied in either powder or liquid form to a variety of vegetable or leafy substances which can then be smoked in a pipe or homemade cigarettes. Popular substances include mint leaves, parsley, oregano, tobacco, or Cannabis. Commercially-prepared cigarettes can also be dipped in liquid Ketamine, allowed to dry, and then smoked. Some users prefer to dip a string in liquid Ketamine and then insert the string into a tobacco cigarette.

Common Methods of Administration for DXM: Orally; Injection; Insufflation (snorting).

Stress that participants should be familiar with all of the drug names in this category.

B. Possible Effects of Dissociative Anesthetics



Slide 8.

Possible effects of Dissociative Anesthetics may include the following adverse side effects.

Source:

Marnell, T. (2022). *Drug Identification Bible* (2022/2023 ed.).

- Delirium: confusion, incoherent speech, excitement, illusions, hallucinations, and disorientation
- Agitation, anxiety
- Rigid muscle tone
- Elevated blood pressure
- Convulsions: involuntary contortion of the muscles, producing contortion of the body and limbs
- Difficulty with speech
- Hallucinations
- Violent reactions

PCP has sometimes been called a psychotomimetic drug; i.e., it produces effects that mimic psychosis, or "craziness." When the psychosis remains long after the drug has dissipated, we say its effects were psychotogenic, i.e., it didn't simply mimic craziness, it caused craziness.

PCP is classified as a Dissociative Anesthetic because it cuts off the brain's perceptions of the senses. PCP users often feel their heads are physically separated from their bodies. They sometimes report feeling they are dead and their heads are floating away. Cases of terribly bizarre, self-destructive behavior have been reported with persons under the influence of PCP.

Feel free to replace or supplement these examples with others known personally to them.

One young man methodically pulled his own teeth out using a pair of pliers.

Point out PCP can render the user impervious to pain. It anesthetizes the central nervous system to the extent surgery could be performed on the user while he or she is wide awake.

Another individual suffered hallucinations of unbelievably grotesque monsters and gouged out his own eyes to avoid seeing the monsters. Another young man drank rat poison, attempting to kill rats he imagined were inhabiting his body. A nude woman plunged a butcher knife into her own eye, chest, groin, and abdomen. She then threatened a police officer with the knife and was shot to death.

Source:

(1988, March 7). *Washington Post*.

C. Onset and Duration of Effects

Slide 9.

PCP: When PCP is smoked or injected, onset occurs within 1 – 5 minutes. When inhaled ("snorted"), onset occurs in 30 minutes. Onset is considerably slower when PCP is taken orally: 30 – 60 minutes. The effects reach their peak in about 15 – 30 minutes, assuming the PCP was smoked, injected, or snorted. The effects generally last 4 – 6 hours, but they can go somewhat longer. The user usually, but not always, returns to normal within 24 – 48 hours.

Ketamine: Within seconds if smoked; duration varies. 1 – 5 minutes if injected; lasting 30 – 45 minutes. 5 – 10 minutes if snorted; lasting 45 – 60 minutes. 15 – 20 minutes if orally; lasting 1 – 2 hours. Ketamine abusers will often "re-administer" the drug due to its relatively short duration of action.

DXM: Rapidly absorbed from the gastrointestinal tract and peak plasma concentrations are reached in approximately 2.5 hours. DXM is widely distributed and is rapidly and extensively metabolized by the liver. DXM exerts its antitussive effects within 15 – 30 minutes of oral administration. The duration of action is approximately 3 – 6 hours with conventional dosage forms.

Instructor Note

Source:

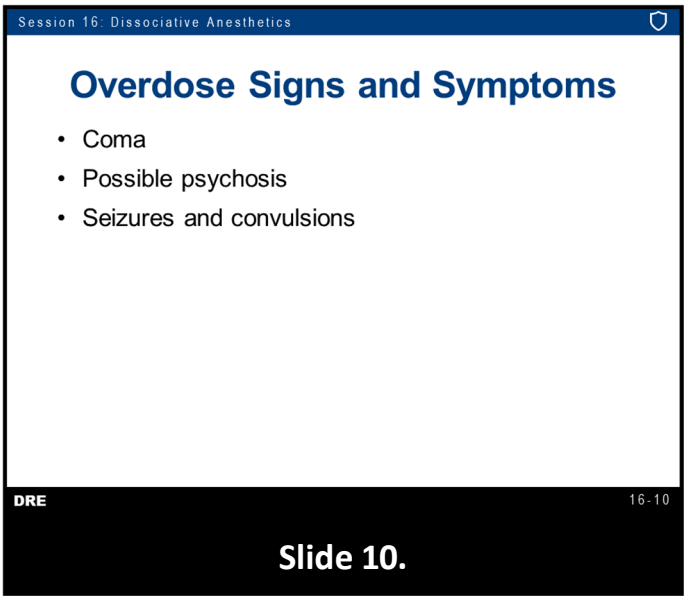
Couper, F., Huestis, M., Fulford, J., Perkinson, N., Miller, S., Katz, A., Symoun, J., Raymond, P., & Smither, D.D. (2023). *Drugs and Human Performance Fact Sheets* [Unpublished manuscript]. National Highway Traffic Safety Administration.

DXM Plateau (or effect): Abusers will also administer various amounts of DXM depending on their body weight and the effect or "plateau" they are attempting to achieve. Plateaus include the normal recommended therapeutic dosages of DXM are 10 to 20 milligrams for every four hours or 30 milligrams every 6 to 8 hours and acute dose between 250 – 1500 mg. The 1st Plateau is mild inebriation. The 2nd Plateau is an effect similar to alcohol intoxication with mild hallucinations. Speech at the 2nd plateau can become slurred and short-term memory may be temporarily impaired. The 3rd Plateau is an altered state of consciousness where the abuser's senses, particularly vision, can become impaired. The 4th Plateau is where the mind and body dissociate or an "out of body" experience. Abusers at the 4th plateau can lose some or all contact with his or her senses. The effects at this level are comparable to PCP. Other effects include blurred vision, body itching, rash, sweating, fever, hypertension, shallow respiration, diarrhea, toxic psychosis, and an increased heart rate, blood pressure, and body temperature.

Instructor Note

Solicit participants' questions and comments concerning onset and duration factors.

D. Overdose Signs and Symptoms



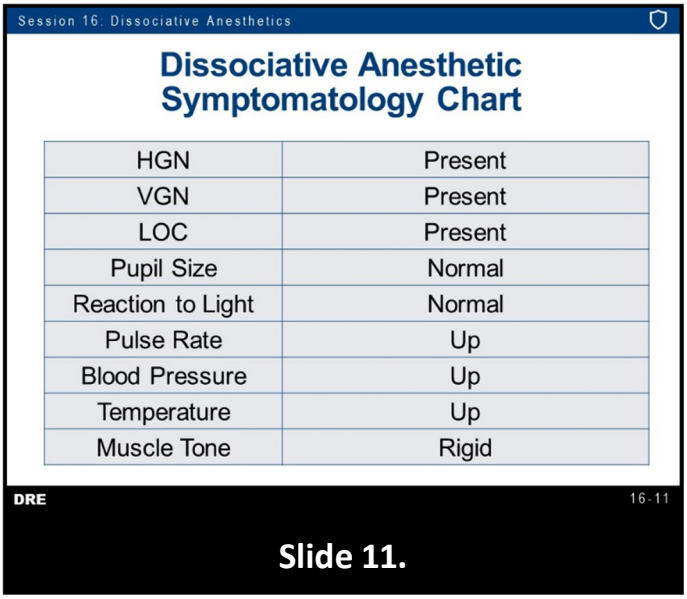
Slide 10.

In addition to the bizarre, violent, and self-destructive behavior discussed previously, persons overdosing on Dissociative Anesthetics may exhibit extreme symptoms signifying a medically dangerous condition. These include a coma and seizures. Prolonged use of Dissociative Anesthetics can lead to psychosis, which can be permanent.

Instructor Note

Solicit participants' questions and comments concerning signs and symptoms of Dissociative Anesthetic overdose.

E. Expected Results of the Evaluation



Slide 11.

Horizontal Gaze Nystagmus (HGN) generally will be present with a very early angle of onset.

Instructor Note

Mention so-called "Resting Nystagmus" may be evident, especially with high doses, and is more often associated with a neurological issue. Remind participants Resting Nystagmus is a distinct jerking of the eyeballs even as the subject stares straight ahead.

Vertical Gaze Nystagmus (VGN) usually will be present.

Lack of Convergence (LOC) will generally be present.

Performance on Modified Romberg Balance (MRB) will be impaired: time estimation may be slowed.

Performance on Walk and Turn (WAT), One Leg Stand (OLS), and Finger to Nose (FTN) will be impaired.

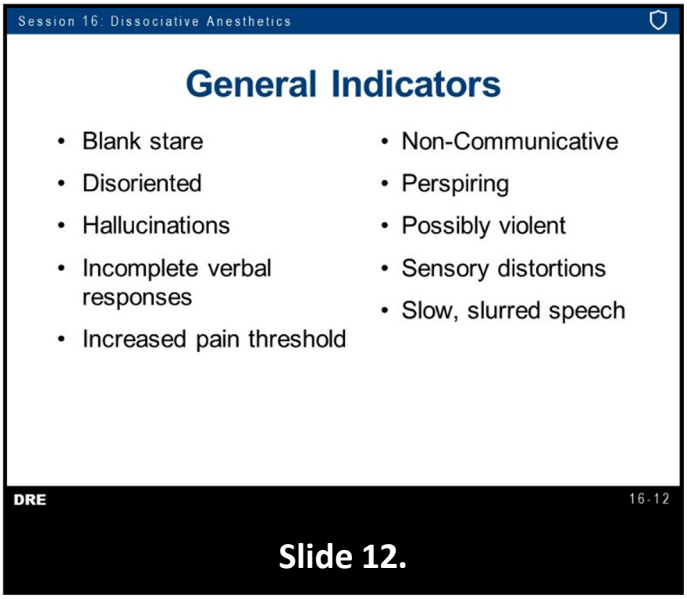
Muscle tone will usually be rigid.

With PCP, the subject may exhibit an unsteady, uncoordinated walk, taking abnormally high and slow steps as though he or she were trying to step over obstacles in his or her path.

Vital Signs: Pulse rate will generally be up. Blood pressure will generally be elevated. Body temperature will generally be up.

Dark Room: Pupil size will be within the DRE average ranges. Reaction to Light will be normal.

Muscle tone will be rigid.



Slide 12.

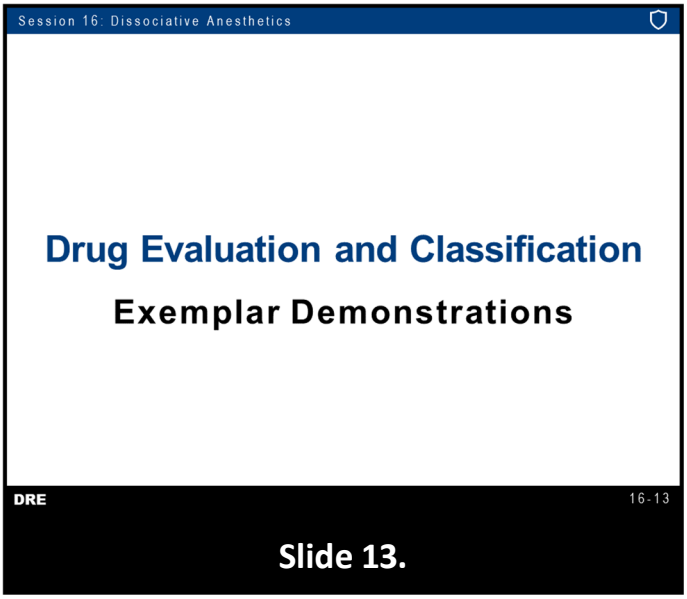
- Blank stare
- Confusion
- Chemical odour (PCP)
- Cyclic behavior (PCP) varying between passive/calm, irritated/agitated, and aggressive/combative, that tend to increase and decrease cyclically
- Disoriented
- Hallucinations
- Incomplete verbal responses
- Increased pain threshold
- Non-communicative
- Perspiring
- Possibly violent
- Sensory distortions
- Slow, slurred speech

Instructor Note

For more information and details regarding possible effects refer to

Couper, F., Huestis, M., Fulford, J., Perkinson, N., Miller, S., Katz, A., Symoun, J., Raymond, P., & Smither, D.D. (2023). *Drugs and Human Performance Fact Sheets* [Unpublished manuscript]. National Highway Traffic Safety Administration.

F. Review of the DEC Program Exemplars



Slide 13.

Instructor Note

Refer participants to the exemplars found at the end of Session 16 of their participant guide.

Point out the exemplars are examples and serve as a guide.

The DRE narrative report should be detailed and complete, which clearly articulates the opinion of the DRE.

Instructor Note

Relate the items on the exemplars to the Dissociative Anesthetics Symptomatology Chart.

Video

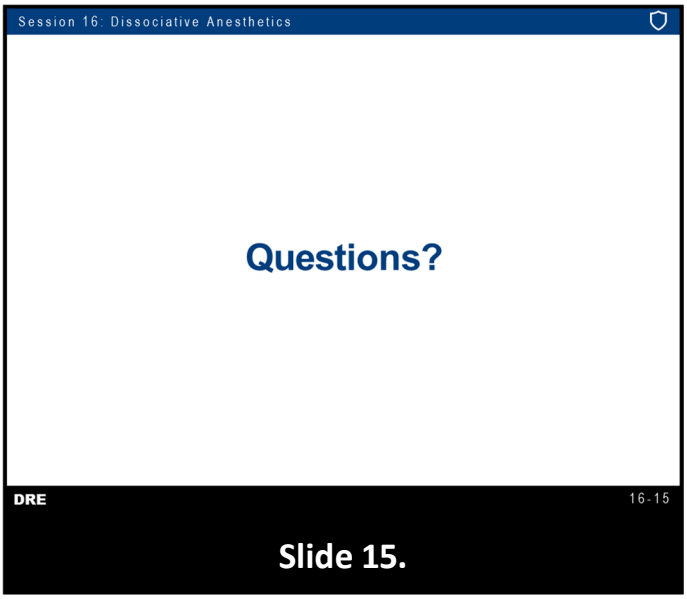
Slide 14.

Instructor Note

VIDEO DEMONSTRATION: Click video to begin.

Point out that some portions of the video were sped up, i.e., the 90 seconds in the darkroom, for time restriction purposes.

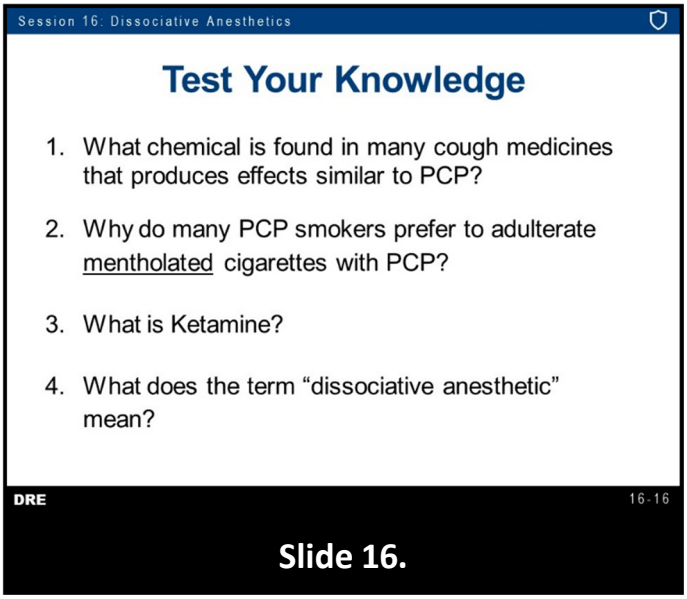
Show video example of subject under the influence of a Dissociative Anesthetics. (Approximately 20 minutes).



Slide 15.

Instructor Note

Solicit questions or comments concerning expected results of the drug evaluation of Dissociative Anesthetic subjects.



Slide 16.

Test Your Knowledge

1. What chemical is found in many cough medicines that produces effects similar to PCP?
2. Why do many PCP smokers prefer to adulterate mentholated cigarettes with PCP?
3. What is Ketamine?
4. What does the term "dissociative anesthetic" mean?

Instructor Note

1. ***Dextromethorphan (DXM)***
2. ***PCP smoke is very hot, so users will cool it through the use of mentholated cigarettes.***
3. ***An analog of PCP used as a surgical anesthetic, both for animals and humans, especially children.***
4. ***A dissociative anesthetic inhibits pain by cutting off (or dissociating) the brain's perception of the pain. PCP and its analogs are considered dissociative anesthetics.***

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Sgt D Botham	17353	20-014-0048	RCMP	(Session XVI - #1)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cpl T Sundell	☑ Yes ☐ Yes (not used) ☐ No	RCMP	Cst B Findlayson

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/12/31 @1915 hrs	Sundell	1955 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 2019 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
2020 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Dexing, Delbert R.	1989/03/09	Male

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
2020/12/31 @ 2020 hrs @ Winnipeg PD	Fried Chicken	About noon	Water "Lots"	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
2 pm / 2025 hrs	(Long pause) Last night - 2 hours	☐ Yes ☐ No (No response)	☐ Yes ☐ No (No response)

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☐ No (No response)	☐ Yes ☑ No "I'm not sick"	☑ Yes ☐ No "I don't think so"

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☐ No (No response)	Cooperative, Passive	Slow, Rigid

Speech	Breath Odour	Face
Slow, confused, Incomplete sentences	Chemical like	Flushed, sweaty, blank stare at times

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

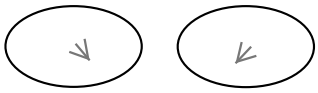
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 110 bpm @ 2035hrs
2. 112 bpm @ 2058hrs
3. 110 bpm @ 2118hrs

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	Yes	Yes
Angle of Onset	Imm	Imm

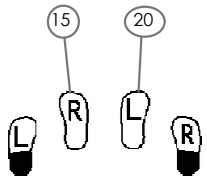
Convergence



Right Eye Left Eye

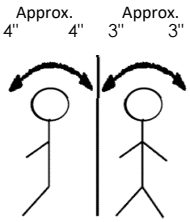
One Leg Stand

N/A /30 N/A /30



Rigid, stiff movements. Tests stopped after putting foot down

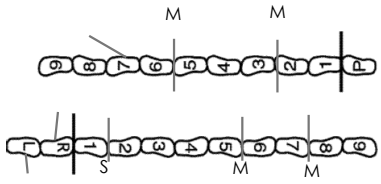
Modified Romberg Balance



Rigid stance

Walk and Turn

Cannot keep balance II (2)
Starts too soon II (2)



Rigid, slow steps. Reminded to count steps out loud.

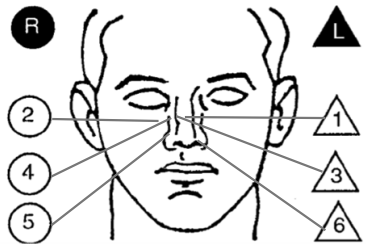
	1st nine	2nd nine
Stops walking	I (1)	Ø
Misses heel-toe	II (2)	II (2)
Steps off line	Ø	I (1)
Raises arms	IIII (4)	III (3)
Actual steps taken	9	9

L	R	
I (1)	I (1)	Sways while balancing
Cont	Cont	Uses arms to balance
Ø	Ø	Hopping
I (1)	I (1)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
48 sec estimated as 30 seconds	Rigid steps using both feet	N/A	Slip on boots

Finger to nose

(Draw lines to spots touched)



Slow, rigid movements. Kept finger in place.

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	5.0mm	7.0mm	4.0mm
Right Eye	5.0mm	7.0mm	4.0mm

Rebound dilation: ☐ Yes ☑ No

Reaction to light: ☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: Nothing noted.

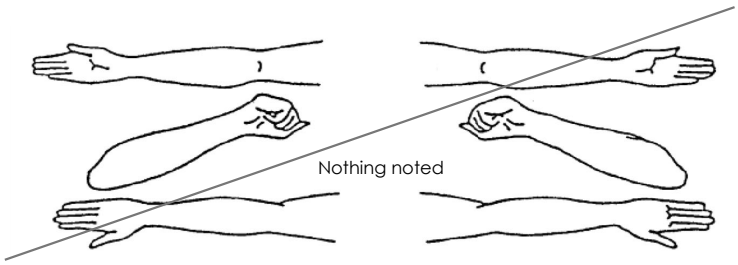
Oral cavity: Nothing noted.

Blood Pressure	Temperature
180 / 98 mmHg	38.0 °C

Muscle tone: ☐ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
No response, laughed out loud	No response	N/A	N/A

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
2130 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☑ Urine ☐ Blood Demand time: 2131 hrs Sample Time: 2200 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # / Date
Sgt. D. Botham		

Opinion of Evaluator

☐ Not Impaired	☐ Alcohol	☐ CNS Stimulant	☑ Dissociative Anaesthetic	☐ Inhalants	☑ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	☐ Training

Drug Impairment Evaluation

This is the detailed narrative report of Sergeant David BOTHAM, a Regular Member of the Royal Canadian Mounted Police, Reg. No. 51775, DRE No. 17353. Sergeant BOTHAM is currently attached to National Traffic Services at 73 Leikin Dr, Ottawa, Ontario. Sergeant BOTHAM is credentialed by the International Association of Chiefs of Police (IACP) as a Drug Recognition Expert (DRE) and DRE Instructor (DRE Certification Expiry Date: 2024-08-01).

(1) Location: The evaluation of Delbert DEXING was conducted by Sgt. BOTHAM, in the cell block of Winnipeg Police on December 31, 2020

(2) Witnesses: This evaluation was witnessed by Constable Brett Findlayson of the Winnipeg Police**.**

(3)Source: The subject evaluated was Delbert DEXING, date of birth 1989-03-09

Interview of the arresting officer - Cpl Terry Sundell located the subject in the Walmart Parking lot at 1910 hours where he was parked with the vehicle running across 3 parking spaces in a perpendicular fashion. Upon approaching the vehicle, the male driver and lone occupant who was identified as Delbert DEXING appeared asleep with his head resting on the steering wheel. Upon Cpl Sundell announcing his presence Mr. DEXING raised his head and stated " what are you doing here?" DEXING's voice was low and the word doing was drawn out and slurred and sounded like "drooooooin" Cpl Sundell asked DEXING to exit the vehicle and DEXING was unable to undo his seatbelt and did not appear to be able to use his fingers to hit the button to release the seatbelt. Cpl Sundell did not observe any detectable odour of liquor and observed numerous empty pill bottles in the center console. Cpl Sundell arrested Mr. DEXING for impaired operation by drug and read all of the appropriate demands at 1915 hours.

Corporal Terry SUNDELL of the Royal Canadian Mounted Police arrested the subject on 2020-12-30 at 19:15 hours. Sergeant BOTHAM was notified at 19:55 hours.

The charter warning was given by the arresting officer at 19:15 hours.

The subject spoke to counsel prior to the evaluation commencing.

(4) First Observations: A breath test was not taken as there was no reason to suspect that alcohol had been consumed. Mr. DEXING was first observed by Sgt Botham in the cell block of Winnipeg Police at 2015 hours. Cpl Botham read DEXING the secondary police caution at approximately 2019 hours. When asked if he understood DEXING stated “Yes”. The following things were observed at that time:

DEXING's eyes were normal and they displayed equal tracking. DEXING was able to follow stimulus with his eyes and his pupil size was noted as equal. There was no resting nystagmus and his eyelids were normal.

DEXING was asked the following questions:

- "What have you eaten today, and when?" DEXING answered: Fried Chicken at noon
- "What have you been drinking, how much, and what time was your last drink?" DEXING answered: Lots of Water all day.
- "What time do you think it is now?" DEXING answered: 2 PM ; the evaluator's time was 20:25 hours.

- "When did you last sleep and for how long?" DEXING answered: After a long pause "for two hours last night"
- "Are you sick or injured?" DEXING answered: No; ""No, I don't think so"".
- "Are you diabetic?" DEXING refused to answer.
- "Are you epileptic?" DEXING refused to answer.
- "Do you take insulin?" DEXING refused to answer.
- "Do you have any physical disabilities?" DEXING answered: No; ""No I am not sick"".
- "Are you under the care of a doctor/dentist?" DEXING answered: No; ""No I don't think so"".
- "Are you taking any prescription medication or drugs?" DEXING refused to answer.

DEXING's attitude during the evaluation was cooperative but passive. He declined to answer some questions but did not refuse to complete any steps of the evaluation. DEXING displayed slow and rigid movements during the evaluation, his speech was slow with confused and incomplete sentences. An odor similar to a chemical emanated from his breath and his face was flushed and sweating. It was also noted that he had a blank stare at times.

(5) Psychophysical Signs:

Modified Romberg Balance Test:

During the Modified Romberg Balance Test DEXING swayed in a circular pattern approximately 4 inches from front to back and 3 inches to each side

DEXING estimated the passage of 30 seconds as 48 seconds. The expected range is 30 seconds plus or minus 5 seconds.

When asked "How long was that?", DEXING responded "30 Ummmmm 20ish seconds".

When asked "How did you arrive at that?", DEXING responded "I counted to 15".

It was noted that DEXING had a very rigid stance.

Walk and Turn Test:

During the Instruction stage DEXING was unable to keep his balance 2 times, stepping off once to the right with his right leg and once to the left with his left leg. DEXING was instructed to go back to the instruction stage each time.

DEXING started too soon 2 times.

On the first nine steps:

- DEXING took 9 steps as directed.
- DEXING raised their arms 4 times.
- DEXING stopped once, on step # 1.
- DEXING missed his heel to toe 2 times between step 5 and 6 and between step 7 and 8.

DEXING did not complete the turn as described as he took rigid steps using both feet.

On the second set of nine steps:

- DEXING took 9 steps as directed.

- DEXING raised their arms 3 times.
- DEXING stepped off the line once, on step # 7 (stepped off to the right)
- DEXING missed his heel to toe 2 times, between step 2 and 3 and between step 5 and 6

During the test DEXING took rigid and slow steps, DEXING had to be reminded to count his steps out loud during the test.

One Leg Stand Test:

While testing DEXING's left leg:

- DEXING put their right foot down once at a timed 15 seconds
- DEXING swayed once.
- DEXING continuously used arms while balancing.

While testing DEXING's right leg:

- DEXING put their left foot down once at a timed 20 seconds
- DEXING swayed once.
- DEXING continuously used arms while balancing.

DEXING did not count in the manner as described in the instructions as DEXING did not verbally count out loud at all. DEXING showed rigid and stiff movements and he would not continue with the test after he put his foot down the first time on each step.

Finger to Nose Test:

- On the first attempt, DEXING touched the bridge of his nose centre using the tip of his left index finger.
- On the second attempt, DEXING touched his right cheek below his right eye using the tip of his right index finger.
- On the third attempt, DEXING touched bridge of nose on the right side above his nostril using the tip of his left index finger.
- On the fourth attempt, DEXING touched the bridge of his nose on the right side above his nostril using the tip of his right index finger.
- On the fifth attempt, DEXING touched his right nostril using the tip of his right index finger.
- On the sixth attempt, DEXING touched his left nostril using the tip of his left index finger.

Comments: DEXING displayed slow rigid movements and had to be told to lower his hand after each attempt.

(6) Clinical Signs:

Horizontal Gaze Nystagmus: DEXING had horizontal gaze nystagmus and displayed a lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation and an immediate angle of onset in both eyes.

Vertical Gaze Nystagmus: DEXING displayed vertical gaze nystagmus.

Lack of Convergence: DEXING was unable to converge their eyes. The eyes moved slightly downward.

DEXING advised that they can normally cross their eyes.

DEXING displayed resting nystagmus.

Pupil Size:

- DEXING's left eye pupil was 5.0 mm in room light, which is within the DRE average range. DEXING's right eye pupil was 5.0 mm in room light, which is within the DRE average range (2.5-5.0mm).
- DEXING's left eye pupil was 7.0 mm in near total darkness, which is within the DRE average range. DEXING's right eye pupil was 7.0 mm in near total darkness, which is within the DRE average range (5.0-8.5mm).
- DEXING's left eye pupil was 4.0 mm in direct light, which is within the DRE average range. DEXING's right eye pupil was 4.0 mm in direct light, which is within the DRE average range (2.0-4.5mm).
- The reaction to light was normal.

Pulse Measurements:

The pulse was taken 3 times:

- First pulse: DEXING's pulse was above the DRE average range at 110 beats per minute (bpm) at 20:35 hours.
- Second pulse: DEXING's pulse was above the DRE average range at 112 beats per minute (bpm) at 20:58 hours.
- Third pulse: DEXING's pulse was above the DRE average range at 110 beats per minute (bpm) at 21:18 hours.

The DRE average range for pulse is 60 to 90 beats per minute (bpm).

Blood Pressure:

DEXING's blood pressure was 180/98 millimetres of Mercury (mmHg). Which is above the DRE average range of 120-140 (Systolic) / 70-90 mmHg (Diastolic).

Temperature:

DEXING's body temperature was 38 degrees Celsius, which is above the DRE average range of 37 degrees Celsius plus or minus 0.5 degrees Celsius**.**

Muscle Tone:

DEXING's muscle tone was rigid.

(7) Statements: No subject statements were made. DEXING declined to answer any questions.

(8) Medical Problems or Treatments: DEXING did not provide any information when asked about medical problems or treatments nor did he advise if he was taking any drugs or medicine

(9) Opinion: It is the opinion of Sergeant BOTHAM, an evaluating officer, that Delbert DEXING's ability to operate a conveyance is impaired by **dissociative anesthetics.**

(10) Miscellaneous:

- There was nothing to note for the nasal area exam.
- There was nothing to note for the oral cavity exam**.**

DEXING provided a sample of urine to David BOTHAM pursuant to a demand that was read to DEXING by Sergeant BOTHAM at 2131 hours. The samples were seized at 2200 hours.

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
D. Smith	00001	20-015-0142	RCMP	(Session XVI - #2)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cpl. D. Milette	☑ Yes ☐ Yes (not used) ☐ No	RCMP	Cst. P. Foster

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/05/02 @ 2200 hrs	Cpl. Milette	2240 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 2309 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
2310 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Sherms, Shelly Dunn	1988/0824	Female

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
2020/05/02@ 2310 hrs@ Halifax RPS HQ	Chicken Sandwich	No response	Water "A lot"	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
10 pm / 2315 hrs	No response	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☐ No No response	☐ Yes ☑ No "I'm not sick"

Do you take any medication or drugs?	Attitude	Coordination
☑ Yes ☐ No "I smoke pot sometimes"	Indifferent, Disoriented	Poor, Slow, Rigid

Speech	Breath Odour	Face
Slow, Thick, Delayed	Chemical	Flushed, sweaty

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

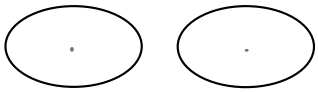
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 102 bpm @ 2322hrs
2. 100 bpm @ 2330hrs
3. 104 bpm @ 2342hrs

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	Yes	Yes
Angle of Onset	Imm	Imm

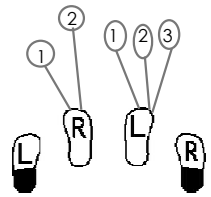
Convergence



Right Eye Left Eye

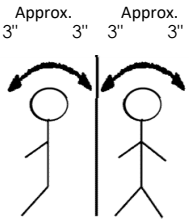
One Leg Stand

N/A /30 N/A /30



Test stopped after nearly falling down.

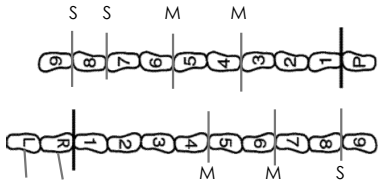
Modified Romberg Balance



Rigid

Walk and Turn

Cannot keep balance II (2)
Starts too soon 0



Rigid, slow movements. Reminded to count steps out loud.

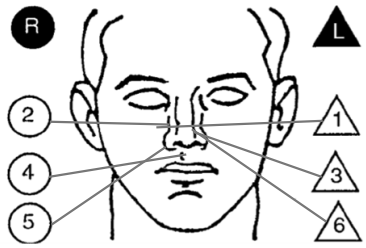
	1st nine	2nd nine
Stops walking	I (1)	II (2)
Misses heel-toe	II (2)	II (2)
Steps off line	0	0
Raises arms	III (3)	IIII (4)
Actual steps taken	9	9

L	R	
I (1)	I (1)	Sways while balancing
I (1)	I (1)	Uses arms to balance
0	0	Hopping
II (2)	III (3)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
42 sec estimated as 30 seconds	Slow, rigid walking turn	N/A	Slip on Vans

Finger to nose

(Draw lines to spots touched)



Slow, stiff movements. Eyes open.

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	4.0mm	6.0mm	3.0mm
Right Eye	4.0mm	6.0mm	3.0mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: Nothing noted.

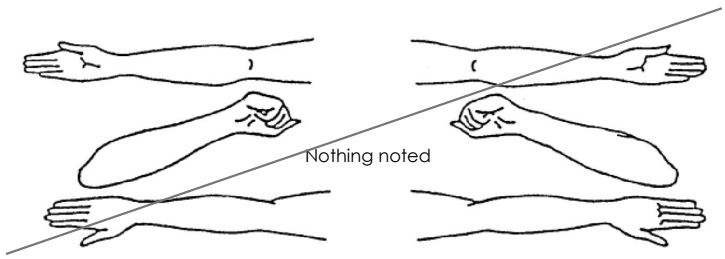
Oral cavity: Nothing noted.

Blood Pressure	Temperature
188 / 92 mmHg	98.2 °C

Muscle tone: ☐ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
No response	No response	No response	No response

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
2358 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☐ Urine ☑ Blood Demand time: 2359 hrs Sample Time: 0045 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
D. Smith		

Opinion of Evaluator

☐ Not Impaired	☐ Alcohol	☐ CNS Stimulant	☑ Dissociative Anaesthetic	☐ Inhalants	☐ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	☑ Training

DRUG INFLUENCE EVALUATION NARRATIVE

This is the detailed narrative report of Cst. D'Arcy Smith, a Regular Member of the Halifax Regional Police Service (badge. No. 1836), DRE No. 00001 and currently attached to General Patrol. I am credentialed by the International Association Chiefs of Police (IACP) as a Drug Recognition Expert and my certification expiry date is November 7, 2021.

NARRATIVE: (1) Location; (2) Witnesses; (3) Source; (4) First Observation Of Subject; (5) Psychophysical Tests; (6) Clinical Signs; (7) Statements; (8) Medical Problems/ Treatment; (9) Opinion; (10) Miscellaneous

Subject: **Shelly Dunn Sherms**
Date: **2020-05-02**
File: **202013215**

The Drug Influence Evaluation conducted by a Drug Recognition Expert, an evaluating officer under the Criminal Code, is a 12-step procedure that follows a standardized, systematic evaluation of a driver to determine if a driver is impaired by drug(s). There are seven (7) categories of drugs that can cause impairment, and at the end of the evaluation, the DRE will be able to determine which category or categories of drugs were used by the driver. A toxicological sample, such as blood or urine, will be taken and analyzed to corroborate the DRE's determination.

The seven categories are:

1. Central Nervous System Depressants
2. Inhalants
3. Dissociative Anesthetics
4. Cannabis
5. Central Nervous System Stimulants
6. Hallucinogens
7. Narcotic Analgesics

1) LOCATION: The evaluation of Shelly Sherms was conducted in the breath room of Halifax Regional Police Services located at 7 Mellor Avenue, Dartmouth Nova Scotia.

2) WITNESSES: The evaluation was witnessed by Constable Pat Foster

3) SOURCE: Corporal Denis Milette advised that during an interagency impaired driving enforcement operation he had stopped Ms. Sherrns' vehicle after observing it nearly hit several parked cars along Wright Avenue. According to Cpl. Milette, he activated his emergency lights to stop the vehicle, however, Ms. Sherrns continued without stopping for almost three blocks, nearly hitting other parked vehicles. When her vehicle did stop,

the right front tire scraped the concrete curb. When Cpl. Milette approached the vehicle, he noticed that Ms. Sherms was staring straight ahead with a blank stare look. During the personal contact she appeared to be in a dazed-like condition and confused, appearing to not know where she was. According to Cpl. Milette, she had difficulty producing her operator's license and other paperwork. Her movements were slow and rigid. Her responses to questions were slow, and several times, she did not respond at all. When requested to exit her vehicle, Cpl. Milette had to remind her several times to tum off the vehicle's ignition. Once outside the vehicle, she had poor balance and had slow, rigid-like movements. Cpl. Milette did not detect an odor of an alcoholic beverage on her breath but did detect a chemical-like odor. When asked if she was alright, she stared at Cpl. Milette for several seconds, then stated "I'm okay." Cpl. Milette administered the HGN, Walk and Tum, and One Leg Stand tests to Ms. Sherms. He reported observing six clues of HGN and Vertical Gaze Nystagmus (VGN). She had difficulty completing the W&T and OLS tests due to her poor balance and both tests were stopped for safety reasons. Cpl. Milette arrested Ms. Sherms for impaired operation of a conveyance, read Ms. Sherrns her rights and DRE demand.

4) FIRST OBSERVATION OF SUBJECT: I first observed Ms. Sherms in the breath room of Halifax Regional Police Service. She was seated in a chair at the table and appeared disoriented. She was wearing jeans, slip-on Vans, and a red pullover shirt. I noted she was slow to respond to questions and appeared to be having concentration problems. Her face appeared flushed and she had facial sweating. When she stood, her movements were slow and rigid-like. Several times she bumped into the interview table and twice used the chair to steady herself. I introduced myself and asked if she was prepared to participate in a drug evaluation. She appeared confused and after an approximate 20 to 30 second pause, asked, "Do you mean a drug test?" After explaining the procedure to her, she agreed to do the evaluation. I asked if she had any injuries or physical defects, to which she stared straight ahead and did not respond. She denied using drugs or medications. During the preliminary examination, she would occasionally stop talking, sometimes in the middle of a sentence. Her speech was slow and thick. When asked when she last slept, and for how long, she stared at me and did not answer the questions. She did state that she had eaten a chicken sandwich and drank "a lot" of water during the day. Although cooperative, she appeared indifferent to what was going on. When asked what time it was, Ms. Sherms believed it was 10pm when it was actually 1115pm.

5) PSYCHOPHYSICAL TESTS:

There are four psychophysical tests: The Modified Romberg Balance, the Walk and Turn, the One Leg Stand, and the Finger to Nose tests. By administering these tests, a DRE can accurately determine if a subject’s psychomotor and/or divided attention skills are impaired.

Modified Romberg Balance: *(DRE average range 30 seconds plus or minus 5 seconds)*

Ms. Sherms thought 30 seconds past however; it was actually a recorded 42 seconds. Ms. Sherms said it was 30 seconds and when asked how she got to that number Ms. Sherms has a long pause of almost a minute and the n stated she thought she tried to count in her head but was not sure.

Ms. Sherms swayed approximately 3 inches to the front and back and as well as swayed approximately 3 inches each to the left and right while standing very rigid and stiff.

Walk and Turn Test: This test has been validated through extensive research by the U.S. National Highway Traffic Safety Administration (NHTSA). It is a divided attention task consisting of an Instruction stage and a Walking stage. The DRE will carefully observe the driver's performance for eight specific clues:

1. Cannot balance during the instructions
2. Starts too soon
3. Stops while walking
4. Does not touch heel-to-toe
5. Steps off the line
6. Uses arms for balance
7. Turns in a manner different than instructed
8. Takes the wrong number of steps

During the instruction stage, Ms. Sherms could not keep her balance two times as she broke her stance with both her left and right foot to her right and did not start too soon.

During the first 9 heel to toe steps, Ms. Sherms raised her arms for balance three times, stopped walking once on her eighth step, missed touching her heel to toe twice between step four and five as well as eight and nine, did not step off line and took nine steps.

Ms. Sherms did not complete the turn as instructed as she completed a walking turn using both feet with slow rigid steps.

During the second 9 heel to toe steps, Ms. Sherms stopped walking twice on her seventh and eighth steps, raised her arms for balance four times, missed touching her heel to toe twice between steps three and four as well as steps five and six, did not step off line and finishing the test by taking 9 steps.

During the test Ms. Sherms was observed to have rigid slow movements and was reminded to count her steps out loud several times.

One Leg Stand Test: This test has also been validated through NHTSA's research program, and is a divided attention test consisting of an Instruction stage and a Balancing and Counting stage. In this test, there are four specific clues:

1. Sways while balancing
2. Uses arms for balance
3. Hops
4. Puts foot down

While balancing on her left leg, Ms. Sherms used her arms for balance and swayed while balancing once, did not hop and put her foot down twice on her count of one and two before the test was stopped for safety reasons as Ms. Sherms nearly fell.

While balancing on her right leg, Ms. Sherms swayed while balancing and used her arms for balance once, did not hop and put her foot down three times on her count of one, two and three before the test was stopped for her safety as Ms. Sherms nearly fell.

Finger to Nose Test: On attempt one, Ms. Sherms touched her right cheek. On attempt two, Ms. Sherms touched the right side of her nose. On attempts three and six, Ms. Sherms touched left side of her nose. On attempt four, Ms. Sherms touched her upper lip. On attempt five, Ms. Sherms trounced her right nostril.

During the test Ms. Sherms displayed slow and stiff hand movements and kept her eyes open during the test even after being reminded several times to keep her eyes closed.

6) CLINICAL SIGNS: In the eye examination, the DRE examines the subject for Horizontal Gaze Nystagmus (HGN), Vertical Gaze Nystagmus (VGN) and for a lack of convergence. A subject lacks convergence if their eyes are unable to converge toward the bridge of their nose when a stimulus is moved inward. Depressants, Inhalants, and Dissociative Anesthetics, the so-called "DID drugs", may cause HGN. In addition, the Depressants and Inhalants may cause VGN when taken in higher doses for that individual. The DID drugs, as well as cannabis (marijuana), may also cause a lack of convergence.

The DRE also takes the subject's blood pressure, temperature and pulse. Some drug categories may elevate the vital signs. Others may lower them. Vital signs provide valuable evidence of the presence and influence of a variety of drugs.

The DRE estimates the subject's pupil sizes under three different lighting conditions with a measuring device called a pupilometer. The device will assist the DRE in determining whether the subject's pupils are dilated, constricted, or normal. Some drugs increase pupil size (dilate), while others may decrease (constrict) pupil size. The DRE also checks for the eyes' reaction to light. Certain drugs may slow the eyes' reaction to light.

Horizontal Gaze Nystagmus Test: Horizontal Gaze Nystagmus and Vertical Nystagmus were both present.

Ms. Sherms displayed lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation and an immediate angle of onset in both eyes.

Ms. Sherms was not wearing corrective lenses, is not blind, did not display resting nystagmus, was able to follow the stimulus (pen), eyelids were normal, pupil size were equal, eyes were normal and displayed equal tracking.

Convergence: Ms. Sherms was able to follow the stimulus and displayed lack of convergence as eyes look straight ahead.

This test was performed twice with the same results each time.

Heart Rate: Ms. Sherms pulse was above the DRE average range of 60-90 beats per minute (bpm) at all three measurements: 102 bpm at 2322hrs, 100 bpm at 2330hrs and 104 bpm at 2342hrs.

Blood Pressure: Ms. Sherms blood pressure was measured to be 188 millimeters of mercury (mmHg) over 92 mmHg. The DRE average range for the systolic pressure is 120-140mmHg, and the DRE average range for diastolic blood pressure is 70-90mmHg. Ms. Sherms blood pressure was above the DRE average range for both the systolic and diastolic measurements.

Pupils: Ms. Sherms pupils were measured to be within the DRE average range and her reaction to light was normal.

Ms. Sherms pupils were measured to be 4.0 millimeters (mm) in both eyes in room light within the DRE average range being 2.5 – 5.0mm. Her pupils were measured to be 6.0mm in both eyes in near total darkness with the DRE average range being 5.0 – 8.5mm. In direct light Ms. Sherms pupils were measured to be 3.0mm in both eyes.

A UV light was not used during the evaluation and Ms. Sherms did not display rebound dilation.

Body Temperature: Ms. Sherms temperature was measured using an oral thermometer with a digital display reading of 36.7 degrees Celsius, which is above the DRE average range of 37 degrees Celsius plus or minus 0.5 degrees Celsius.

Muscle Tone: Ms. Sherms muscle tone was ridgid.

7) STATEMENTS:

Ms. Sherms gave no response and looked straight ahead. Numerous times when she was asked a question, she would simply stare straight ahead, and did not respond. Several times when she did answer a question, her responses were slow and were related to some previous questions asked of her.

8) MEDICAL PROBLEMS/TREATMENT: Ms. Sherms did not disclose ant medical problems.

9) OPINION: In my opinion as a Drug Recognition Evaluator, Shelly Sherms ability to operate a conveyance was impaired by a Dissociative Anesthetic.

10) MISCELLANEOUS:

During the oral and nasal cavity as well as injection marks examinations nothing was noted.

The evaluation began May 2, 2020 at 2310 hours and was completed at 2358 hours.

At 2309 hours, I read Ms. Sherms the secondary police caution which she understood.

At 2359 hrs, I advise Ms. Sherms of my opinion and read her the Bodily Substance Demand for a sample of her blood, which she understood.

Ms. Sherms provided samples of blood pursuant to the demand. I seized the samples on May 3, 2020 at 0045 hours at the Dartmouth General Hospital as I witnessed Qualified Technician Lab Technician Holly Hunter draw the samples directly from Ms. Sherms left arm. Lab Technician Hunter used an approved blood kit that I provided.

I secured the blood kit in exhibit locker fridge within Halifax Regional Police Service.

No grounds existed for a breath alcohol sample and a demand for breath was not made.

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Cpl. D. Milette	22273	20-011-0042	RCMP	(Session XVI - #3)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cpl. R. Kavanaugh	☑ Yes ☐ Yes (not used) ☐ No	RCMP	Cst. B. Burrows

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/09/28 @ 2018 hrs	Cpl Kavanaugh	2120 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 2144 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
2145 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Krystal, K.J.	2002/09/06	Female

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
2020/09/28 @ 2145 hrs @ Rawdon Det	"Eat? Pizza" (long pause) "About 7"	Juice & Water No response	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
Don't know / 2150 hrs	(Long pause)"Yes" No response	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No (Long pause) "None that I remember"	☐ Yes ☑ No (Long pause) "No doctor"

Do you take any medication or drugs?	Attitude	Coordination
☑ Yes ☐ No (Long pause) "Weed sometimes" (laughed)	Cooperative, Passive	Poor, Rigid

Speech	Breath Odour	Face
Slow, low, delayed	Nothing noted	Flushed, sweaty

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

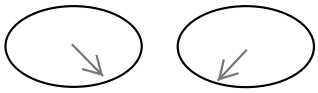
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 106 bpm @ 2158hrs
2. 102 bpm @ 2212hrs
3. 106 bpm @ 2225hrs

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	Yes	Yes
Angle of Onset	Imm	Imm

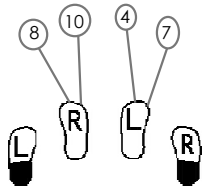
Convergence



Right Eye Left Eye

One Leg Stand

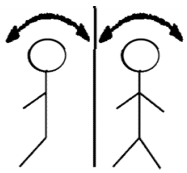
N/A /30 N/A /30



Test stopped, nearly fell on both

Modified Romberg Balance

Approx. 2" 2" Approx. 2" 2"

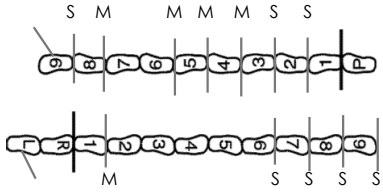


Rigid/ Sweating

Walk and Turn

Cannot keep balance ✓ (1)

Starts too soon ø



Slow, rigid walk

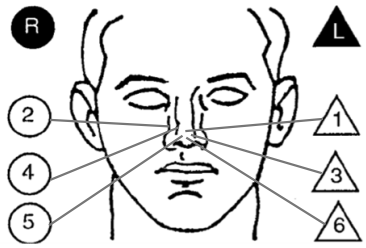
	1st nine	2nd nine
Stops walking	√√√ (4)	√√√ (3)
Misses heel-toe	✓ (1)	√√√ (4)
Steps off line	ø	✓ (1)
Raises arms	cont	cont
Actual steps taken	9	9

L	R	
✓ (1)	✓ (1)	Sways while balancing
cont	cont	Uses arms to balance
ø	ø	Hopping
√√ (2)	√√ (2)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
40 sec estimated as 30 seconds	Stopped. Needed directions	N/A	Red high top athletic shoes

Finger to nose

(Draw lines to spots touched)



Slow, stiff movements. Reminded to remove hand and return arms to side.

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	4.5mm	6.5mm	3.5mm
Right Eye	4.5mm	6.5mm	3.5mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: Nothing noted

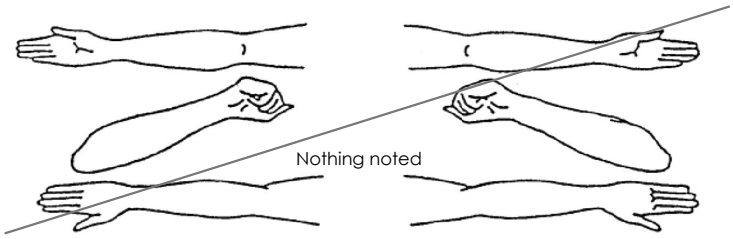
Oral cavity: Nothing noted

Blood Pressure	Temperature
176 / 98 mmHg	38.0 °C

Muscle tone: ☐ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
(Long pause) "Some K."	No response	No response	No response

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
2250 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☑ Urine ☐ Blood Demand time: 2252 hrs Sample Time: 2302 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
Cpl D. Milette		

Opinion of Evaluator

☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☑ Dissociative Anaesthetic ☐ Inhalants ☐ Operational

☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis ☑ Training

DRUG INFLUENCE EVALUATION NARRATIVE

Cpl. Denis Milette **DRE # 22273**

This is the detailed narrative report of Cpl. Denis Milette, a Regular Member of the Royal Canadian Mounted Police (Reg. No. 51775), DRE No. 22273. I am currently attached to H Division RCMP Traffic Services working from the Bible Hill RCMP Detachment. I am credentialed by the International Association Chiefs of Police (IACP) as a Drug Recognition Expert and my certification expiry date is November 7, 2021.

NARRATIVE: (1) Location; (2) Witnesses; (3) Source; (4) First Observation Of Subject; (5) Psychophysical Tests; (6) Clinical Signs; (7) Statements; (8) Medical Problems/ Treatment; (9) Opinion; (10) Miscellaneous

Subject: **K.J. Krystal 2002-09-06**
Date: **2020- September- 28**
File: **2020-12934564**

The Drug Influence Evaluation conducted by a Drug Recognition Expert, an evaluating officer under the Criminal Code, is a 12-step procedure that follows a standardized, systematic evaluation of a driver to determine if a driver is impaired by drug(s). There are seven (7) categories of drugs that can cause impairment, and at the end of the evaluation, the DRE will be able to determine which category or categories of drugs were used by the driver. A toxicological sample, such as blood or urine, will be taken and analyzed to corroborate the DRE's determination.

The seven categories are:

1. Central Nervous System Depressants
2. Inhalants
3. Dissociative Anesthetics
4. Cannabis
5. Central Nervous System Stimulants
6. Hallucinogens
7. Narcotic Analgesics

1) LOCATION:

The evaluation of subject K. J. Krystal was conducted in a room within the Rawdon RCMP Detachment in Rawdon, Hants County, Nova Scotia.

2) WITNESSES:

The evaluation was witnessed by Cst. Brennan Burrows from Cape Breton Regional Police Service.

3) SOURCE:

Cpl. Robert Kavanaugh advised that he had observed a vehicle operated by Ms. Krystal drifting over the center line several times and traveling 20 km/hr under the posted speed limit on Highway 102. When Cpl. Kavanaugh activated his emergency lights to stop the vehicle, the driver did not react to the emergency equipment for an extended period of time. When Cpl. Kavanaugh spoke with Ms. Krystal, her speech was slow with a low tone, slow and delayed. Cpl. Kavanaugh administered SFST's and observed that Ms. Krystal balance and coordination were poor, and he was unable to complete the Walk and Tum and One Leg Stand tests as directed. Cpl. Kavanaugh observed 6 HGN clues as well as VGN. During the contact with Ms. Krystal, Cpl. Kavanaugh described her coordination as being poor and her body rigid. No odor of an alcoholic beverage was detected on Ms. Krystal's breath. Ms. Krystal was arrested for impaired operation of a conveyance and transported to the detachment for processing.

4) FIRST OBSERVATION OF SUBJECT:

Cpl Milette first observed Ms. Krystal in the interview room at the Rawdon Detachment. She appeared sleepy, and her head was nodding forward. She was wearing blue jeans, red high-top shoes and a black long-sleeve shirt. Cpl Milette informed Ms. Krystal why she was at the detachment and if she would participate in a drug evaluation. Ms. Krystal seemed confused but indicated that she understood my request and would participate. At 2144 hrs Cpl Milette read the Secondary Caution and Ms, Krystal said she understood. When asked what time she thought it was, she stated "don't know." (The time was 2150 hrs). She stated that she did sleep but did not respond as to how long. She had pizza around 7 and juice and water to drink. Ms. Krystal said she was not sick or injured, was not an epileptic or diabetic, did not take insulin, and was not seeing a doctor – with a long pause she said "No doctor". When asked if Ms. Krystal had any physical disabilities, after a long pause, she replied "None that I remember". Ms. Krystal had cooperative but passive attitude, she had slow, low delayed speech, had a flushed face and was sweaty.

5) PSYCHOPHYSICAL TESTS:

There are four psychophysical tests: The Modified Romberg Balance, the Walk and Turn, the One Leg Stand, and the Finger to Nose tests. By administering these tests, a DRE can accurately determine if a subject's psychomotor and/or divided attention skills are impaired.

Modified Romberg Balance: *(DRE average range 30 seconds plus or minus 5 seconds)*

Ms. Krystal thought 30 seconds passed in a recorded 40 seconds. Ms. Krystal said it was 30 seconds and that she just counted in her head.

Ms. Krystal swayed two inches to both the front and back as well as a two inches sway left and right. Ms. Krystal was sweating and body was rigid.

Walk and Turn Test:
During the instruction stage, Ms. Krystal did not start too soon but could not keep her balance once breaking her stance to the right with her left foot. Ms. Krystal placed herself back to the instruction stage after stepping off the line.

During the first 9 heel to toe steps, Ms. Krystal took nine steps, raised her arms continuously, did not step off line, stopped walking four times on steps 6, 7, 8, 9 and missed touching heel to toe once between steps one and two.

Ms. Krystal completed the turn as instructed but stopped while doing so and needed directions.

During the second 9 heel to toe steps, Ms. Krystal stopped walking three times on steps 1, 2, 8, stepped off line once to her right on step nine, raised her arms continuously and missed touching her heel to toe four times between steps three and four, four and five, five and six as well as seven and eight before finishing the test with taking 9 steps.

Ms. Krystal was wearing red high top athletic shoes and during the test her walk was rigid with slow steps.

One Leg Stand Test:
While balancing on her left leg, Ms. Krystal used her arms for balance continuously, swayed while balancing once, put her foot down twice on her count of eight and ten and did not hop during the test.

The test was stopped for her safety as Ms. Krystal nearly fell.

While balancing on her right leg, Ms. Krystal swayed while balancing once, used her arms for balance continuously, put her foot down two times on her count of four and seven and did not hop.

The test was stopped for her safety as Ms. Krystal nearly fell.

Finger to Nose Test: On attempt one Ms. Krystal touched the tip of her nose with the tip of her left index finger. On attempt two, Ms. Krystal touched to the right side of her nose with the tip of her right index finger. On attempt three, Ms. Krystal touched the tip of her nose with the tip of her left index finger. On attempts four, Ms. Krystal touched bridge of her nose with the tip of her right index finger. On attempt five, Ms. Krystal touched the tip of her nose with the tip of her right index finger. On attempt six, Ms. Krystal touched the tip of her nose with the tip of her left index finger.

During the test Ms. Krystal's movements were stiff and slow and she needed to be reminded to return her arm to her side each time.

Overall, Ms. Krystal had poor coordination and appeared rigid.

6) CLINICAL SIGNS: In the eye examination, the DRE examines the subject for Horizontal Gaze Nystagmus (HGN), Vertical Gaze Nystagmus (VGN) and for a lack of convergence. A subject lacks convergence if their eyes are unable to converge toward the bridge of their nose when a stimulus is moved inward. Depressants, Inhalants, and Dissociative Anesthetics, the so-called "DID drugs", may cause HGN. In addition, the Depressants and Inhalants may cause VGN when taken in higher doses for that individual. The DID drugs, as well as cannabis (marijuana), may also cause a lack of convergence.

The DRE also takes the subject's blood pressure, temperature and pulse. Some drug categories may elevate the vital signs. Others may lower them. Vital signs provide valuable evidence of the presence and influence of a variety of drugs.

The DRE estimates the subject's pupil sizes under three different lighting conditions with a measuring device called a pupilometer. The device will assist the DRE in determining whether the subject's pupils are dilated, constricted, or normal. Some drugs increase pupil size (dilate), while others may decrease (constrict) pupil size. The DRE also checks for the eyes' reaction to light. Certain drugs may slow the eyes' reaction to light.

Horizontal Gaze Nystagmus Test: Horizontal Gaze Nystagmus and Vertical Nystagmus were present.

Ms. Krystal displayed lack of smooth pursuit as well as distinct and sustained nystagmus at maximum deviation in both eyes and displayed an immediate angle of onset.

Ms. Krystal was not wearing glasses, is not blind, did not display resting nystagmus, was able to follow the stimulus (pen), eyes were normal, eyelids were normal, pupils' size were equal, and displayed equal tracking.

Convergence: Ms. Krystal was able to follow the stimulus and displayed lack of convergence as both her left and right pupils went to the bottom of her eye socket. The test was completed twice with the same results each time.

Pulse Rate: Ms. Krystal's pulse was above the DRE average range of 60-90 beats per minute (bpm) at all three measurements: 106 bpm at 2158 hrs, 102 bpm at 2212 hrs and 106 bpm at 2225 hrs.

Blood Pressure: Ms. Krystal's blood pressure was measured to be 176 millimeters of mercury (mmHg) over 98 mmHg. The DRE average range for the systolic pressure is 120-140mmHg, and the DRE average range for diastolic blood pressure is 70-90mmHg. Ms. Krystal's blood pressure was above the DRE average range for both the systolic and diastolic measurements.

Pupils: Ms. Krystal's pupils were measured to be within the DRE average range and her reaction to light was normal.

Ms. Krystal pupils were measured to be 4.5 millimeters (mm) in both eyes in room light within the DRE average range being 2.5 – 5.0mm. Her pupils were measured to be 6.5mm in both eyes in near total darkness within the DRE average range being 5.0 – 8.5mm. In direct light her pupils were measured to be 3.5mm in both eyes being within the DRE average range of 2.0 - 4.5mm.

Rebound dilation was not displayed.
UV light was not used during the evaluation.
Ms. Krystal's reaction to light was normal.

Body Temperature: Ms. Krystal's temperature was measured using an oral thermometer with a digital display reading of 38.0 degrees Celsius, which is above the DRE average range of 37 degrees Celsius plus or minus 0.5 degrees Celsius.

Muscle Tone: Ms. Krystal muscle tone was rigid.

7) STATEMENTS:

Ms. Krystal admitted taking a some "K" when asked, but did not respond to how much or when she last used.

8) MEDICAL PROBLEMS/TREATMENT:

Ms. Krystal did not disclose any medical problems

9) OPINION:

It is the opinion of Cpl Denis Milette a Drug Recognition Expert that at the conclusion of this evaluation, K. J. Krystal's ability to operate a conveyance was impaired by a Dissociative Anesthetic.

10) MISCELLANEOUS:

At the conclusion of the evaluation I had reasonable grounds to believe Ms. Krystal was impaired to make a bodily substance demand.

Ms. Krystal nasal area and oral cavity was examined and there was nothing noted.

No grounds existed for a breath alcohol sample and a demand for breath was not made.

The Drug Influence Evaluation started at 2145 hours and finished at 2250 hours.

Cpl Milette explained the opinion to Ms. Krystal and read the bodily substance urine demand at 2252 hrs. At 2302 hours, Ms. Krystal provided a sample of her urine that was seized and placed in the fridge within the exhibit locker of the Rawdon RCMP Detachment.

_____

Cpl. Denis Milette
Drug Recognition Expert #22273

Estimated time for session: 2 Hours 30 Minutes

DRE

MID-COURSE REVIEW

CONTENTS

LEARNING ACTIVITIES

- Instructor/Participant Dialogues
- Participant-Led Demonstrations

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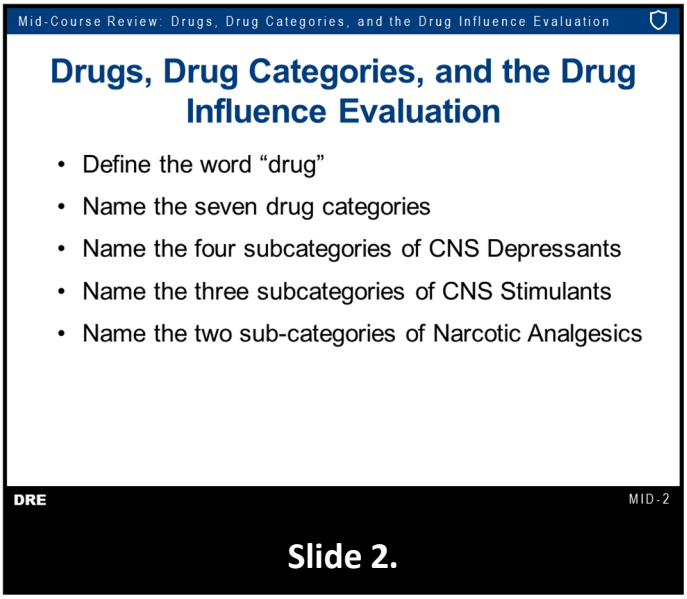
Instructor Note

This is an after-normal-class-hours session participants are free to attend or not but are encouraged to attend. Its principal purpose is to help solidify the knowledge and skills they have begun to acquire from the Pre-School and from the first four days of the DRE 7-Day School.

This session must be highly interactive. Don't simply present information or conduct demonstrations. Make the participants do it. Ask questions and call upon participants to conduct the demonstrations required. Try to involve everybody and convey your gratitude for the fact they have attended this session.

A. Drugs, Drug Categories, and the Drug impairment Evaluation



Slide 2.

Define the word "drug."

Instructor Note

(Session 2) Any substance that, when taken into the human body, can impair the ability of the person to operate a conveyance.

Name the seven drug categories.

Instructor Note

(Session 2) CNS Depressants, CNS Stimulants, Hallucinogens, Dissociative Anesthetics, Narcotic Analgesics, Inhalants, and Cannabis

Name the subcategories of Central Nervous System (CNS) Depressants.

Instructor Note

(Session 9) Antidepressants, Anti-psychotic Tranquilizers, Sedative-Hypnotics, and other.

Name the four subcategories of CNS Stimulants.

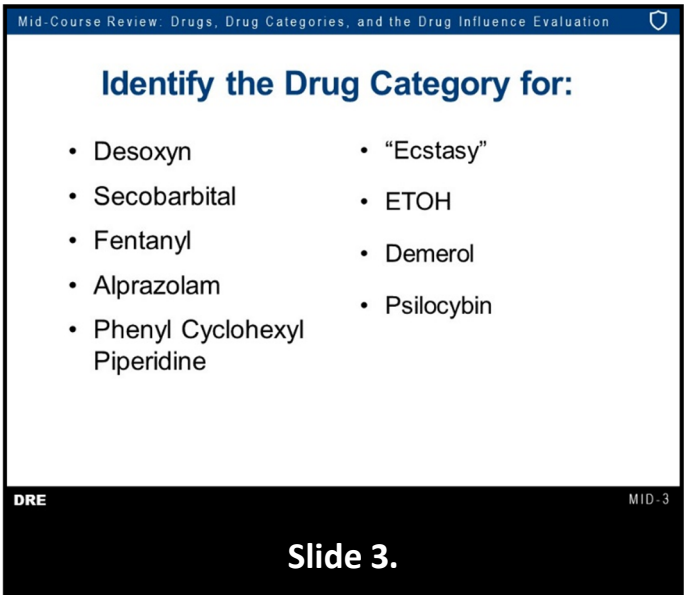
Instructor Note

(Session 10) Cocaine, the Amphetamines, and "Others."

Name the two sub-categories of Narcotic Analgesics.

Instructor Note

(Session 17) Opiates and Opioids (Synthetics)



Slide 3.

Identify the category for each of the listed drugs.

Desoxyn

Instructor Note

(Session 10) CNS Stimulants

Secobarbital (Seconal)

Instructor Note

(Session 9) CNS Depressants (Sedative-Hypnotics)

Fentanyl

(Session 17) Narcotic Analgesics

Alprazolam (Xanax)

(Session 9) CNS Depressants (Sedative-Hypnotics)

Phenyl Cyclohexyl Peperidine

(Session 16) Dissociative Anesthetics

“Ecstasy” (MDMA)

(Session 14) Hallucinogens

ETOH

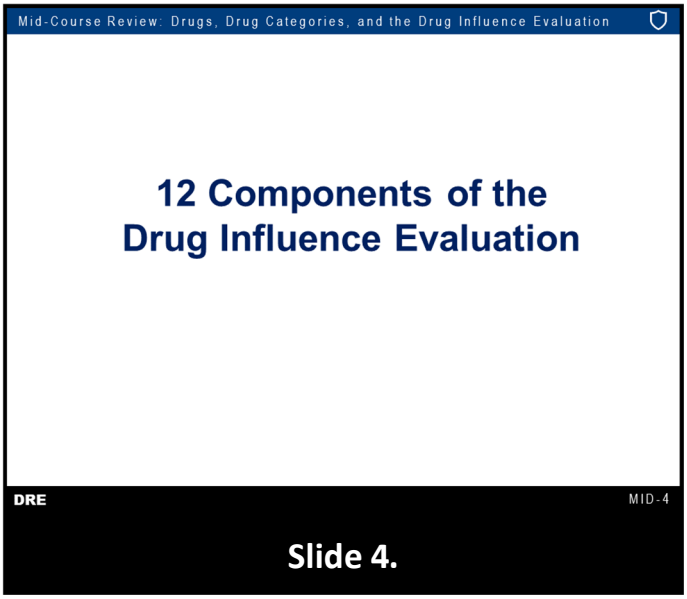
(Session 9) CNS Depressants

Demerol

(Session 17) Narcotic Analgesics

Psilocybin

(Session 14) Hallucinogens – Naturally occurring



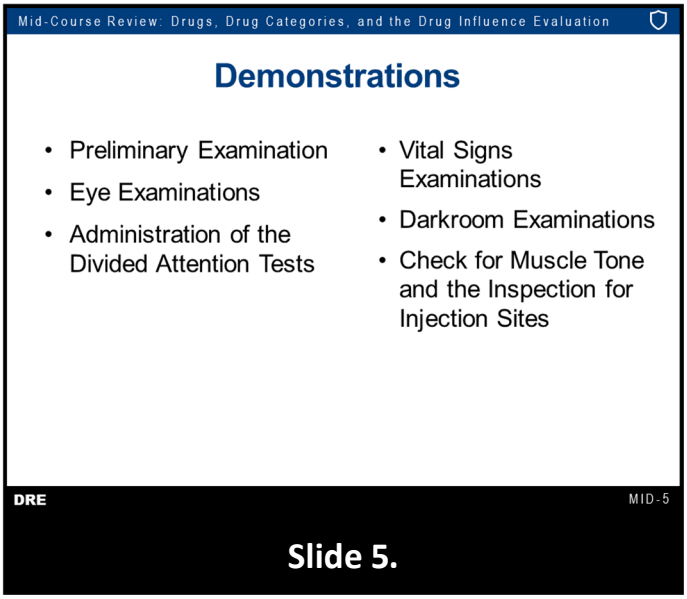
Slide 4.

List the twelve components of the Drug impairment Evaluation in the proper sequence.

Instructor Note

(Session 4)

1. ***Breath alcohol test***
2. ***Interview of the arresting officer***
3. ***Preliminary examination***
4. ***Examinations of the eyes***
5. ***Divided attention tests***
6. ***Examination of vital signs***
7. ***Dark room examinations***
8. ***Examination of muscle tone***
9. ***Examination for injection sites***
10. ***Subject's statements and other observations***
11. ***Opinion of evaluator***
12. ***Toxicological analysis***



Slide 5.

Instructor Note

For demonstrations, allow participants to refer to the standard Drug Influence Evaluation Form.

Be sure to provide appropriate positive feedback and constructive criticism of the demonstrators' performances.

Demonstrate the Preliminary Examination

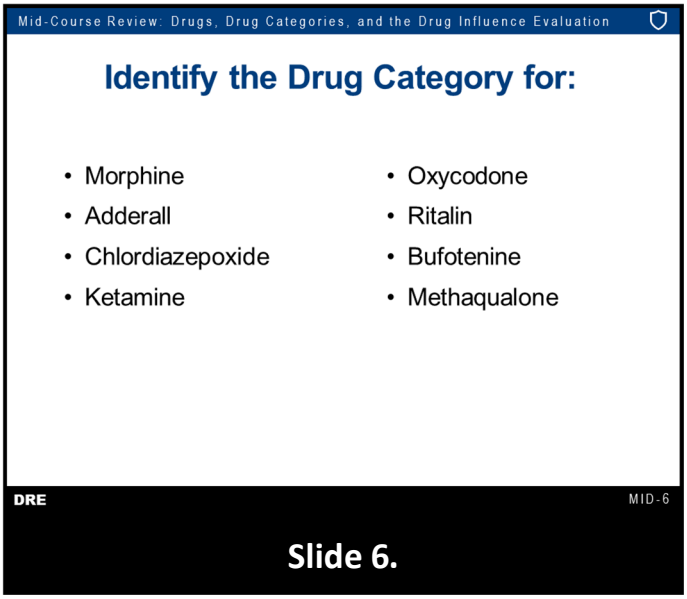
Demonstrate the Eye Examinations

Demonstrate the Administration of the Divided Attention Tests

Demonstrate the Vital Signs Examinations

Demonstrate the Darkroom Examinations

Demonstrate the Check for Muscle Tone and the inspection for Injection Sites



Slide 6.

Identify the category for each of the listed drugs.

Morphine

Instructor Note

(Session 17) Narcotic Analgesics

Adderall

Instructor Note

(Session 10) CNS Stimulants

Chlordiazepoxide

Instructor Note

(Session 9) CNS Depressants

Ketamine

Instructor Note

(Session 16) Dissociative Anesthetics

Oxycodone

Instructor Note

(Session 17) Narcotic Analgesics

Ritalin

(Session 10) CNS Stimulants

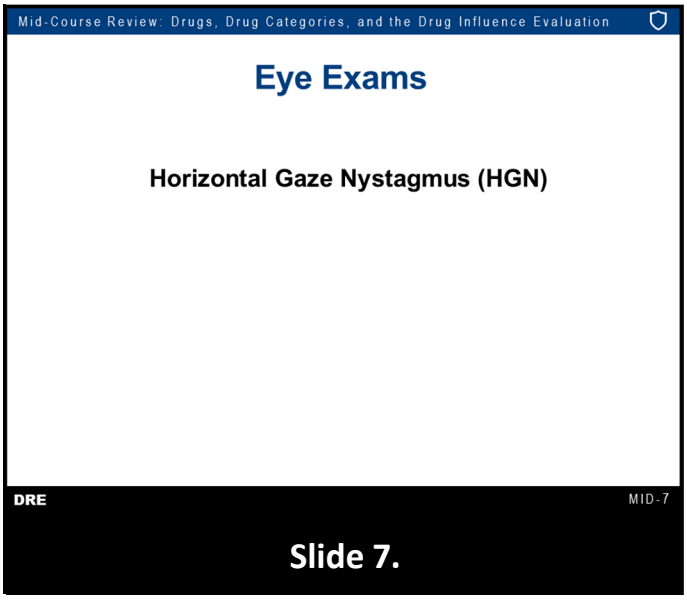
Bufotenine

(Session 14) Hallucinogens

Methaqualone

(Session 9) CNS Depressants

B. Eyes and Vital Signs



Slide 7.

Name the three clues of Horizontal Gaze Nystagmus (HGN).

Instructor Note

(Session 5) Lack of Smooth Pursuit, Distinct and Sustained Nystagmus at Maximum Deviation, Angle of Onset

Demonstrate the check for "Lack of Smooth Pursuit."

Demonstrate the check for "Distinct and Sustained Nystagmus at Maximum Deviation."

Ask the participant demonstrator: How long should the eye be held at maximum deviation? (A minimum of four seconds)

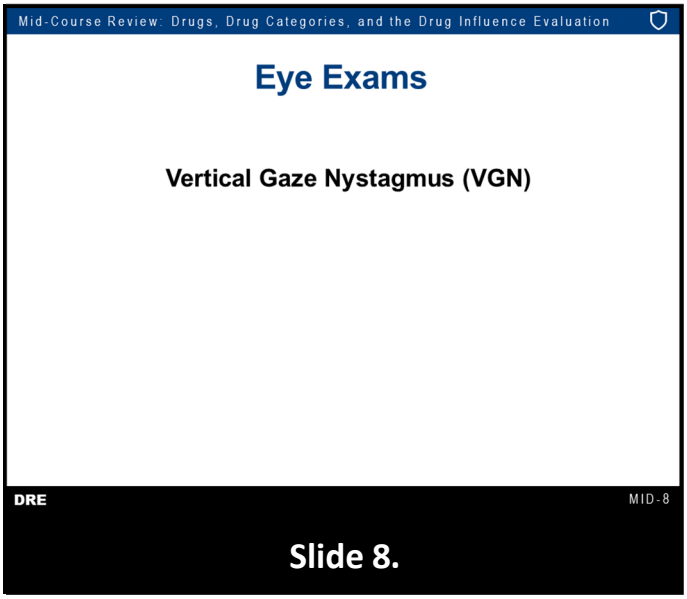
Demonstrate the check for "Angle of Onset."

Ask the participant demonstrator: What is the formula that expresses the approximate relationships between BAC and Angle of Onset? (BAC = (50 – Angle of Onset) x 10)

Name the categories of drugs that cause HGN.

Instructor Note

(Session 9) CNS Depressants, (Session 16) Dissociative Anesthetics, and (Session 19) Inhalants



Slide 8.

Name the drug categories that will cause Vertical Gaze Nystagmus (VGN).

Instructor Note

(Session 9) CNS Depressants, (Session 16) Dissociative Anesthetics, and (Session 19) Inhalants

Demonstrate the check for VGN.

Name the test always administered immediately after VGN.

Instructor Note

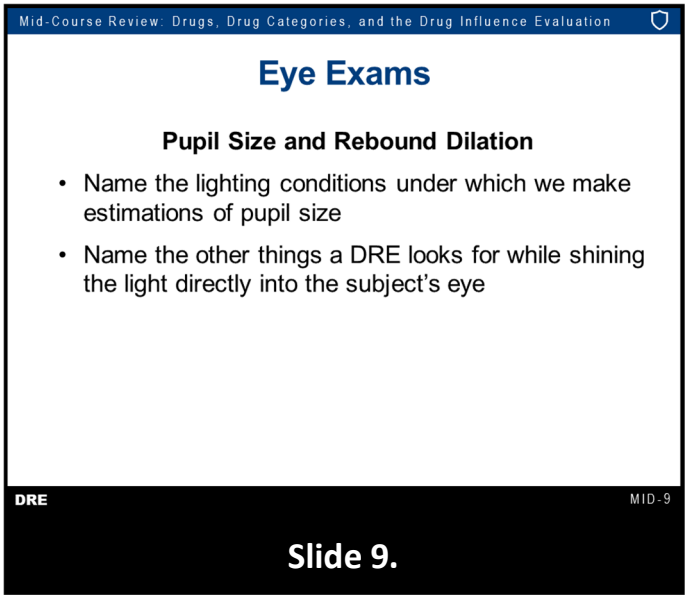
(Session 5) Lack of Convergence

Demonstrate the test for LOC.

Name the categories of drugs that usually will cause slow reaction to light.

Instructor Note

(Session 9) CNS Depressants, (Session 10) CNS Stimulants, (Session 19) Inhalants



Name the lighting conditions under which we make estimations of pupil size.

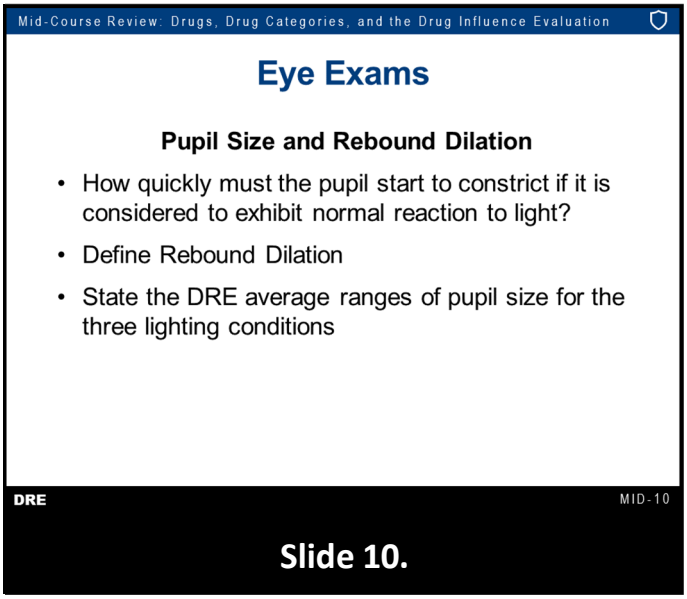
Instructor Note

(Session 5) Room light, near-total darkness, direct light

Name the other things a Drug Recognition Expert (DRE) looks for while shining the light directly into the subject's eye.

Instructor Note

(Session 5) Rebound Dilation and Pupil Reaction to Light



Slide 10.

How quickly must the pupil start to constrict if it is considered to exhibit normal reaction to light?

Instructor Note

(Session 5) Within one second

Define Rebound Dilation.

Instructor Note

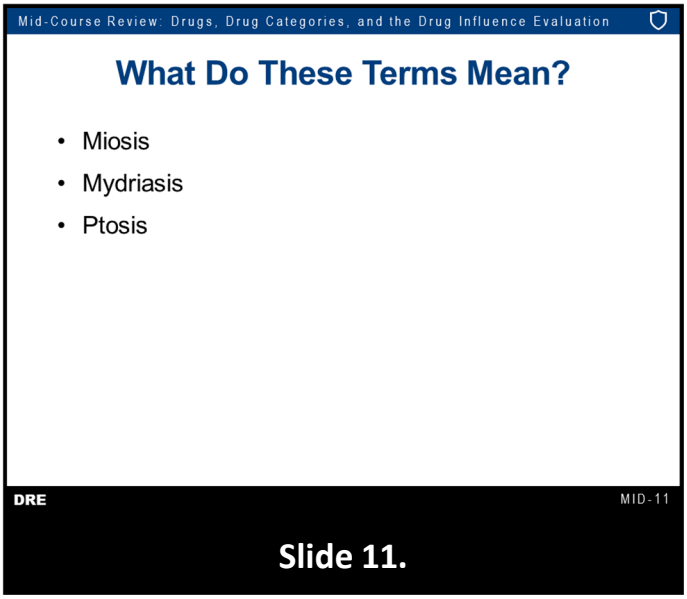
(Session 5) A period of pupillary constriction followed by a period of pupillary dilation where the pupil steadily increases in size and the range between minimum and maximum is equal to or greater than 1mm and does not return to its original constricted size.

State the DRE average ranges of pupil size for the three lighting conditions.

Instructor Note

(Session 5)

- ***Room light: 2.5 – 5.0 mm***
- ***Near Total Darkness: 5.0 – 8.5 mm***
- ***Direct Light: 2.0 – 4.5 mm***



Slide 11.

Define each of the listed terms.

Miosis

Instructor Note

(Session 5) Abnormally small (constricted) pupils

Mydriasis

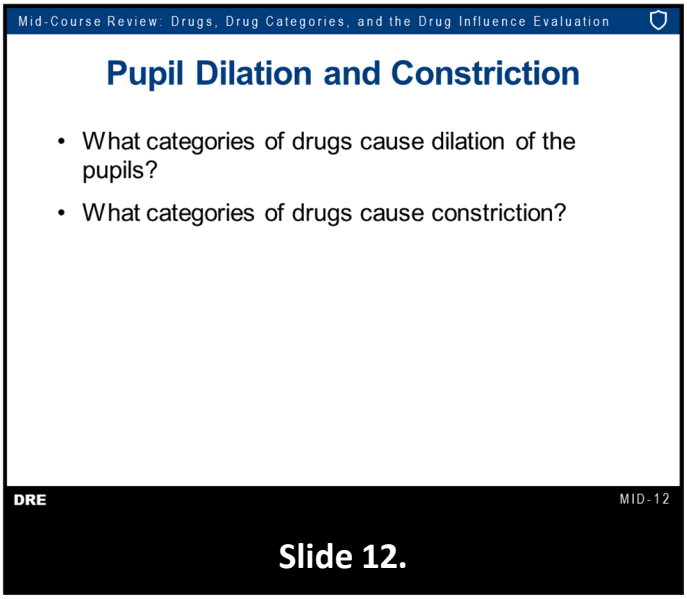
Instructor Note

(Session 5) Abnormally large (dilated) pupils

Ptosis

Instructor Note

(Session 9) Droopy eyelids



Slide 12.

What categories of drugs cause dilation of the pupils?

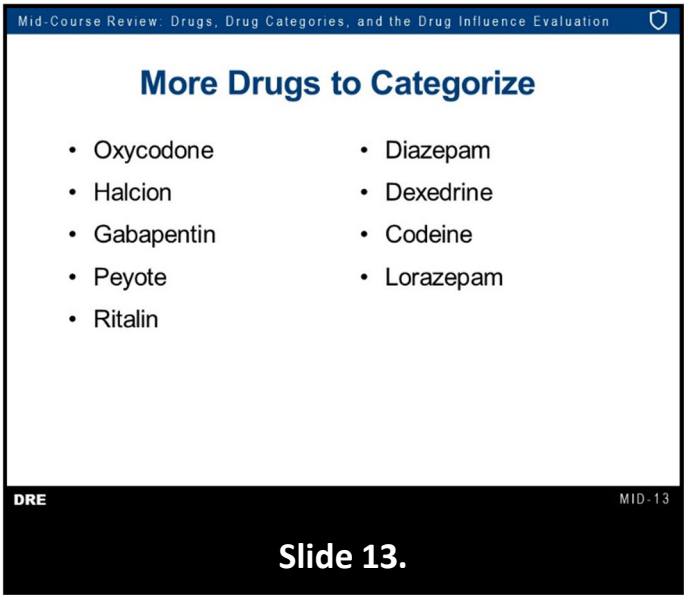
Instructor Note

(Session 10) CNS Stimulants, (Session 14) Hallucinogens, (Session 21) Cannabis (although sometimes only slight dilation, if any)

What categories of drugs cause constriction?

Instructor Note

(Session 17) Narcotic Analgesics



Slide 13.

Identify the category for each of the listed drugs.

Oxycodone

Instructor Note

(Session 17) Narcotic Analgesic

Halcion

Instructor Note

(Session 9) CNS Depressant

Gabapentin

Instructor Note

(Session 9) CNS Depressant

Peyote

Instructor Note

(Session 14) Hallucinogen

Ritalin

Instructor Note

(Session 10) CNS Stimulant

Diazepam

Instructor Note

(Session 9) CNS Depressant

Dexedrine

Instructor Note

(Session 10) CNS Stimulant

Codeine

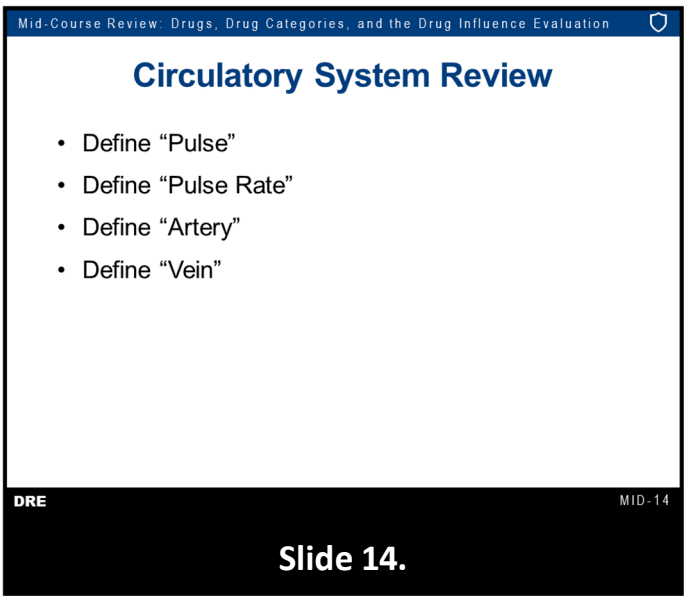
Instructor Note

(Session 17) Narcotic Analgesic

Lorazepam

Instructor Note

(Session 9) CNS Depressant



Slide 14.

Define "Pulse."

Instructor Note

(Session 7) The rhythmic dilation and relaxation of an artery that results from the beating of the heart

(Also acceptable: The expansion and contraction of an artery, caused by the surging flow of blood)

Define “Pulse Rate.”

Instructor Note

(Session 7) The number of pulsations in an artery per minute

Define “Artery.”

Instructor Note

(Session 7) A strong, elastic blood vessel that carries blood from the heart to the body tissues

Define “Vein.”

Instructor Note

(Session 7) A blood vessel that carries blood back to the heart from the body tissues

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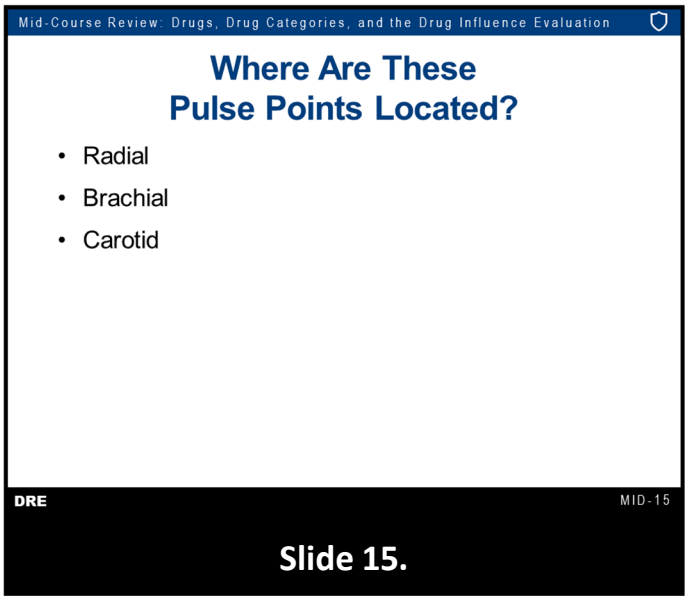


Slide 15.

Radial

Instructor Note

(Session 7) Wrist

Brachial

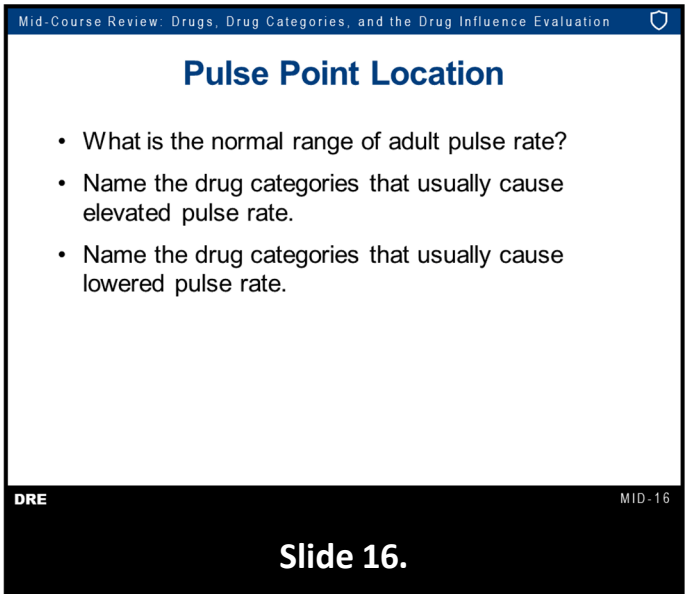
Instructor Note

(Session 7) Crook of the arm

Carotid

Instructor Note

(Session 7) Neck



Slide 16.

What is the normal range of adult pulse rate?

Instructor Note

(Session 7) 60 – 90 beats per minute

Name the drug categories that usually cause elevated pulse rate.

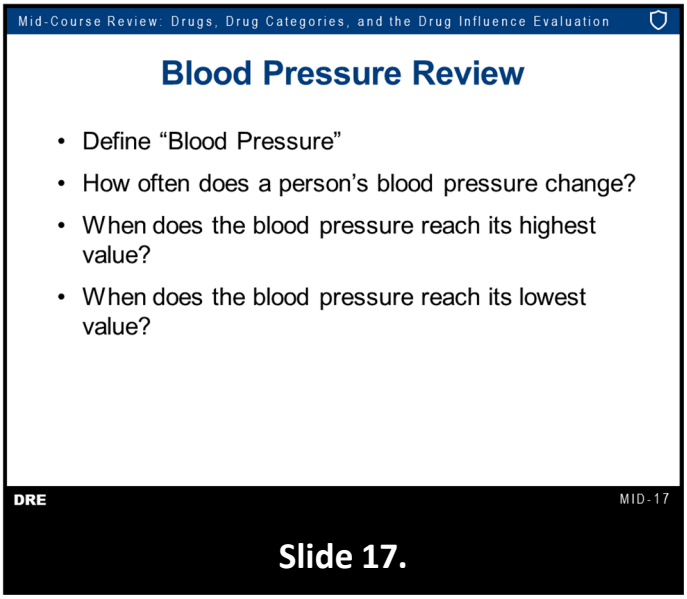
Instructor Note

(Session 10) CNS Stimulants, (Session 14) Hallucinogens, (Session 16) Dissociative Anesthetics, (Session 19) Inhalants, (Session 21) Cannabis

Name the drug categories that usually cause lowered pulse rate.

Instructor Note

(Session 9) CNS Depressants, (Session 17) Narcotic Analgesics



Slide 17.

Define "Blood Pressure."

Instructor Note

(Session 7) The force exerted by blood on the walls of the arteries

How often does a person's blood pressure change?

Instructor Note

(Session 7) It is always changing, from instant to instant

When does the blood pressure reach its highest value?

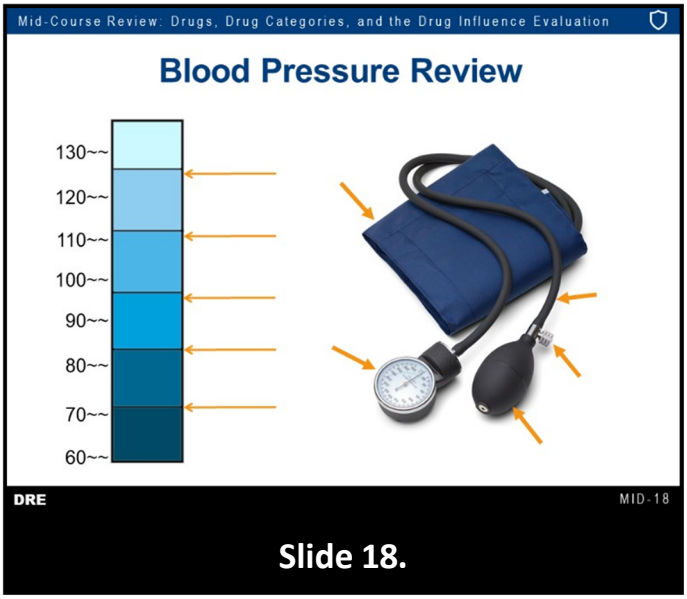
Instructor Note

(Session 7) When the heart is fully contracted, and blood is sent rushing into the arteries

When does the blood pressure reach its lowest value?

Instructor Note

(Session 7) When the heart is fully expanded, just before it starts to contract for the next "pumping" action



Slide 18.

Name the two medical instruments used to measure blood pressure.

Instructor Note

(Session 7) SPHYGMOMANOMETER and (Session 7) STETHOSCOPE

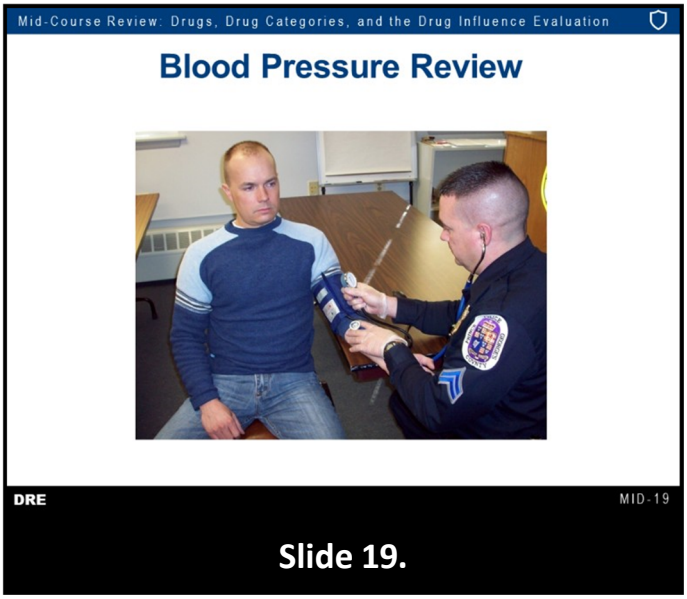
Select a participant to come to the dry erase board or easel/easel pad and print "SPHYGMOMANOMETER" and "STETHOSCOPE."

Name the sounds we hear through the stethoscope when we take a blood pressure measurement.

Instructor Note

(Session 7) KOROTKOFF SOUNDS

Select a participant to come to the dry erase board or easel/easel pad and print "KOROTKOFF SOUNDS."



Slide 19.

What does this "Hg" mean?

Instructor Note

(Session 7) Chemical symbol for the element Mercury; abbreviation for the Latin word Hydrargyrum, meaning "Mercury"

Print "Hg" on the dry erase board or easel/easel pad.

In what units is blood pressure measured?

Instructor Note

(Session 7) Millimeters of Mercury

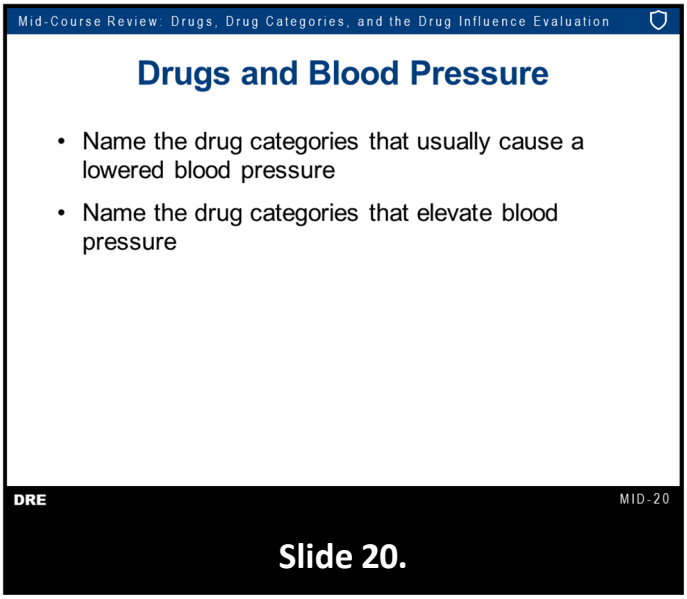
Print "mm" on the dry erase board or easel/easel pad right in front of the "Hg."

Suppose at some particular instant, a person has a blood pressure of 120 mmHg. What does "120 mmHg" mean?

Instructor Note

(Session 7) It means the pressure would be strong enough to push a column of liquid Mercury up a glass tube to a height of 120 millimeters

If one is available, display a Sphygmomanometer that has a liquid mercury pressure gauge.



Slide 20.

Name the drug categories that usually cause a lowered blood pressure.

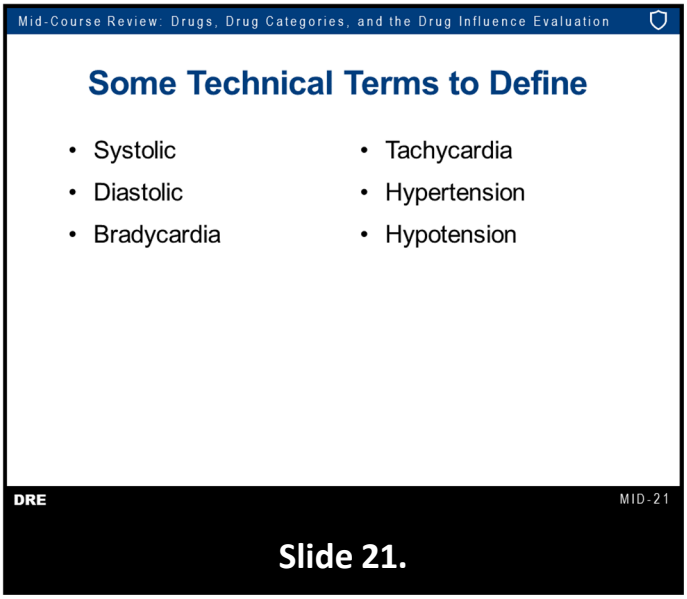
Instructor Note

(Session 9) CNS Depressants, (Session 17) Narcotic Analgesics, and the (Session 19) Anesthetic Gases subcategory of Inhalants

Name the drug categories that elevate blood pressure.

Instructor Note

(Session 10) CNS Stimulants, (Session 14) Hallucinogens, (Session 16) Dissociative Anesthetics, (Session 21) Cannabis, and the (Session 19) other two subcategories (Volatile Solvents and Aerosols) of Inhalants



Slide 21.

State the meaning of each of the listed terms.

Systolic

Instructor Note

(Session 7) The highest value of blood pressure

Diastolic

Instructor Note

(Session 7) The lowest value of blood pressure

Bradycardia

Instructor Note

(Session 7) Abnormally slow heart rate, pulse rate below the normal range

Tachycardia

Instructor Note

(Session 7) Abnormally rapid heart rate, pulse rate above the normal range

Hypertension

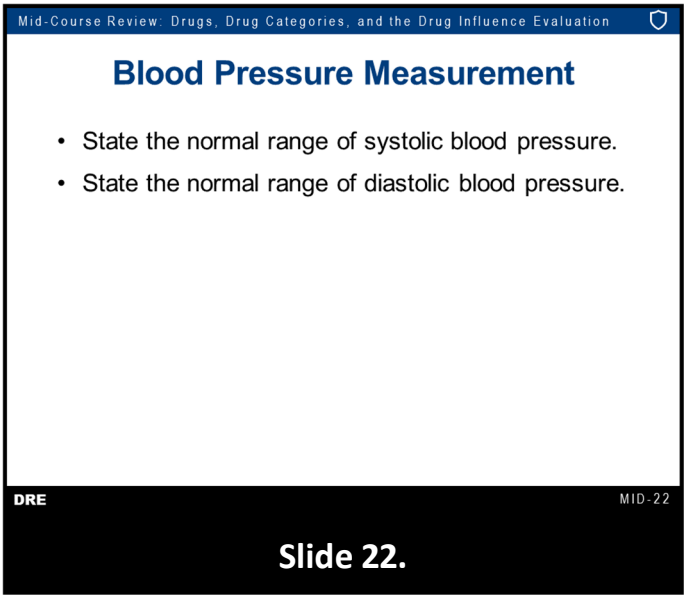
Instructor Note

(Session 7) Abnormally high blood pressure

Hypotension

Instructor Note

(Session 7) Abnormally low blood pressure



Slide 22.

State the normal range of systolic blood pressure.

Instructor Note

(Session 7) 120 – 140 mmHg

State the normal range of diastolic blood pressure.

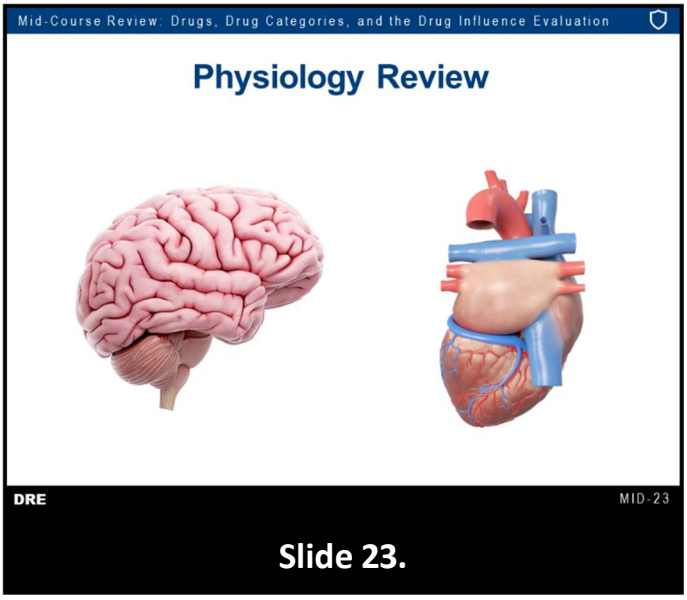
Instructor Note

(Session 7) 70 – 90 mmHg

Demonstrate the measurement of blood pressure.

Tell the participant demonstrator to explain out loud everything he or she does to take blood pressure measurement.

C. Physiology



Slide 23.

Define "Physiology."

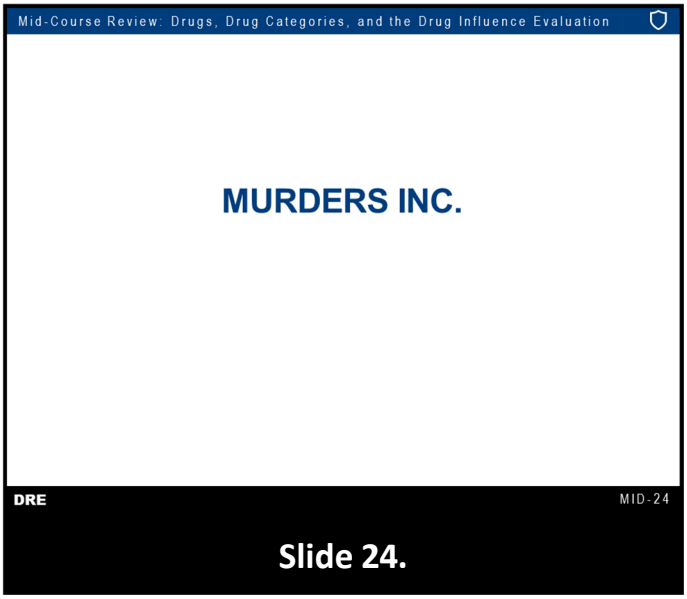
Instructor Note

(Session 6) For the purposes of this training course, Physiology is the study of the functions of living organisms and their parts.

What is the expression we use to remember the names of the ten major body systems?

Instructor Note

(Session 6) MURDERS INC



Slide 24.

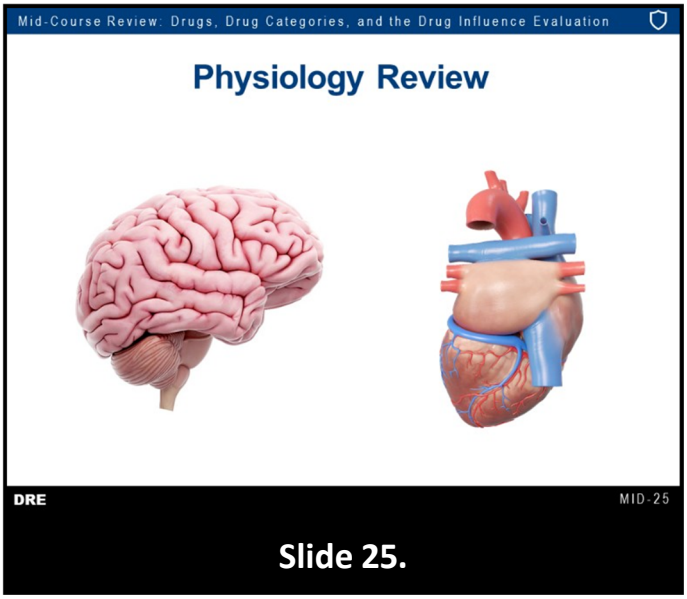
Instructor Note

Select a participant to come to the dry erase board of easel/easel pad and print "MURDERS INC" vertically.

Have participant write while class states what each letter stands for.

(Session 6)

- ***Muscular (have a participant print out each name)***
- ***Urinary***
- ***Respiratory (or, reproductive)***
- ***Digestive***
- ***Endocrine***
- ***Reproductive (or, respiratory)***
- ***Skeletal***
- ***Integumentary***
- ***Nervous***
- ***Circulatory***



Slide 25.

State the word that means "dynamic balance involving levels of salts, water, sugars and other materials in the body's fluids."

Instructor Note

(Session 6) Homeostasis

Which artery carries blood from the heart to the lungs?

Instructor Note

(Pre-School, Session 6) Pulmonary

What is unique about the Pulmonary artery, compared to all other arteries?

Instructor Note

(Pre-School, Session 6) It is the only artery that takes blood from the right side of the heart

(Pre-School, Session 6) It is the only artery that carries deoxygenated blood (i.e., blood depleted of oxygen)

What are the Pulmonary veins?

Instructor Note

(Pre-School, Session 6) The veins that carry blood back to the heart from the lungs

What is unique about the Pulmonary veins?

Instructor Note

(Pre-School, Session 6) They are the only veins that bring blood to the left side of the heart

(Pre-School, Session 6) They are the only veins that carry oxygenated blood

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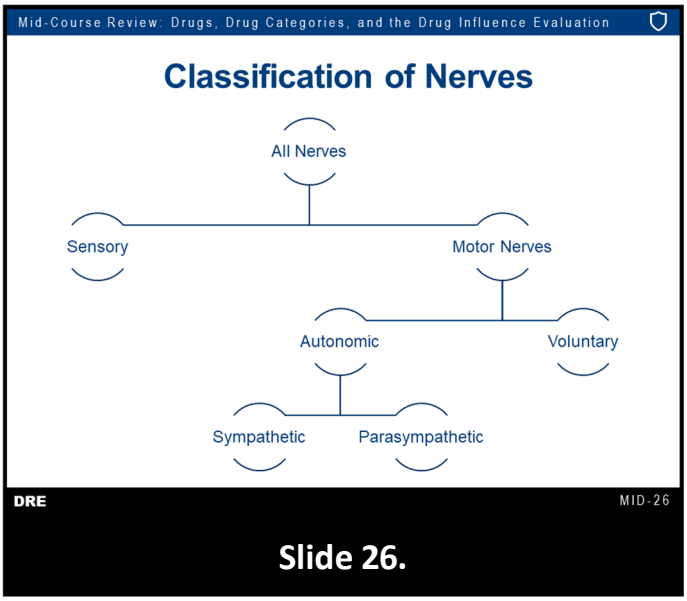


Slide 26.

What do these terms mean?

Sensory

Instructor Note

(Session 6) Afferent Nerves

Motor Nerves

Instructor Note

(Session 6) Efferent Nerves

Voluntary

Instructor Note

(Session 6) Conscious control

Autonomic

Instructor Note

(Session 6) Not conscious control

Sympathetic

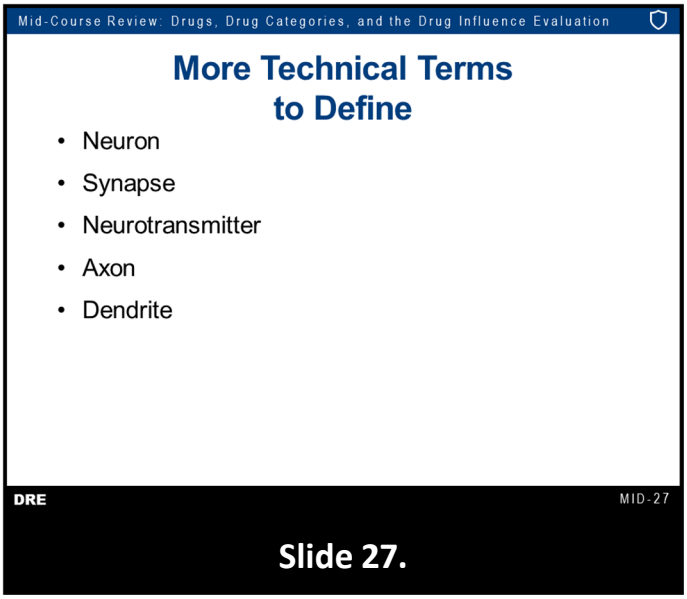
Instructor Note

(Session 6) Fear, stress, etc.

Parasympathetic

Instructor Note

(Session 6) relaxation, tranquility, etc.



Slide 27.

Define each of the listed terms.

Neuron

Instructor Note

(Session 6) A nerve cell, the basic "building block" of a nerve

Synapse

Instructor Note

(Session 6) The gap or space between two nerve cells

Neurotransmitter

Instructor Note

(Session 6) A chemical that flows across the synapse, to carry a message from one neuron to the next

Axon

Instructor Note

(Session 6) The end of a neuron that sends out the neurotransmitter

Dendrite

Instructor Note

(Session 6) The end of a neuron that receives the neurotransmitter

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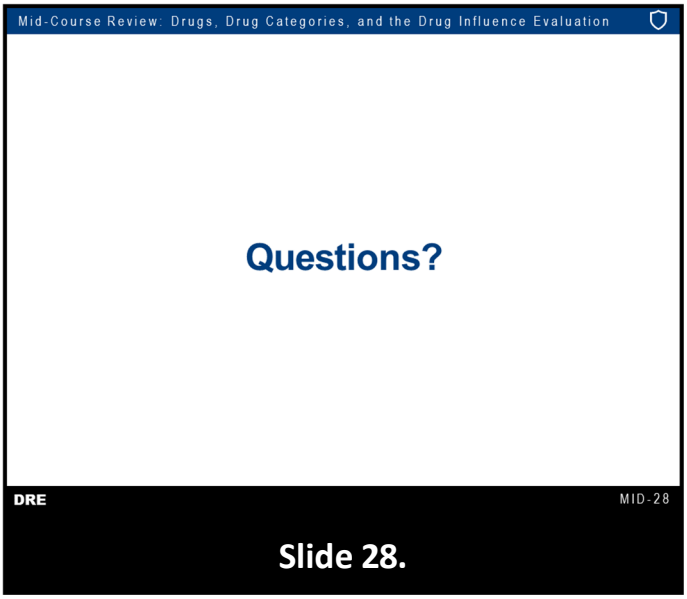
D. Questions and Answers



Slide 28.

Instructor Note

Segment D can last as long as necessary.

Solicit and answer participants' questions about anything covered thus far in their training.

DRUG IMPAIRMENT EVALUATION

Drug Influence Evaluation Form v.2021-03

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #

Arresting Officer (Name, ID#)	SFST Trained ☐ Yes ☐ Yes (not used) ☐ No	Arresting Officer's Agency	Recorder/Witness

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash ☐ None ☐ Fatal ☐ Injury ☐ Property	DRE Secondary Caution Time ☐ Yes ☐ No

Eval. Start time	Breath Test ☐ No Grounds ☐ Refused Result: Instrument #:	Subject's Name (Last, First, Middle)	Date of Birth	Gender

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?

Time now? / Actual /	When did you last sleep? How long?	Are you sick or injured? ☐ Yes ☐ No	Are you diabetic or epileptic? ☐ Yes ☐ No

Do you take insulin? ☐ Yes ☐ No	Do you have any physical disabilities? ☐ Yes ☐ No	Are you under the care of a doctor or dentist? ☐ Yes ☐ No

Do you take any medication or drugs? ☐ Yes ☐ No	Attitude	Coordination

Speech	Breath Odour	Face

Corrective Lenses ☐ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	Eyes ☐ Normal ☐ Bloodshot ☐ Watery	Blindness ☐ None ☐ Left ☐ Right	Tracking ☐ Equal ☐ Unequal

Pupil Sizes ☐ Equal ☐ Unequal (explain)	Resting Nystagmus ☐ Yes ☐ No	Vertical Nystagmus ☐ Yes ☐ No	Able to Follow Stimulus ☐ Yes ☐ No	Eyelids ☐ Normal ☐ Droopy

Pulse and Time

1. _____ @ _____
2. _____ @ _____
3. _____ @ _____

HGN	Left	Right
Lack of Smooth Pursuit		
Maximum Deviation		
Angle of Onset		

Convergence

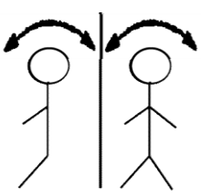
Right Eye Left Eye

One Leg Stand

/30 /30

Modified Romberg Balance

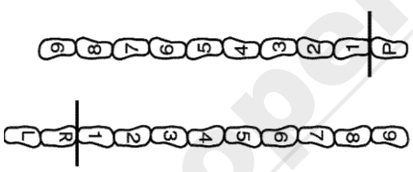
Approx. Approx.



Walk and Turn

Cannot keep balance _____

Starts too soon _____



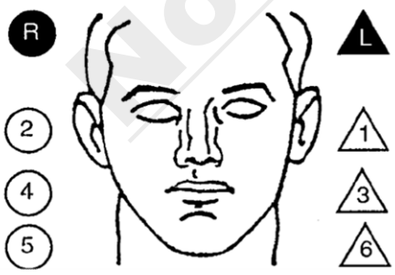
	1st nine	2nd nine
Stops walking		
Misses heel-toe		
Steps off line		
Raises arms		
Actual steps taken		

L	R	
		Sways while balancing
		Uses arms to balance
		Hopping
		Puts foot down

Time estimation & questions (p.2) _____ estimated as 30 seconds	Describe turn	Cannot do test (explain)	Type of footwear

Finger to nose

(Draw lines to spots touched)



Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye			
Right Eye			

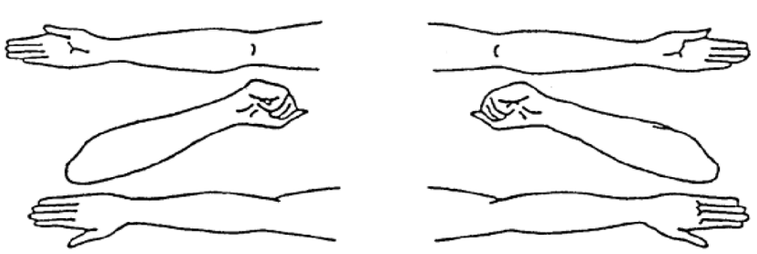
Rebound dilation ☐ Yes ☐ No

Reaction to light ☐ Normal ☐ Slow ☐ Little to none visible

Nasal area

Oral cavity

Right Arm **Left Arm**



Blood Pressure _____/_____	Temperature °C

Muscle tone: ☐ Normal ☐ Flaccid ☐ Rigid

Comments:

What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?

Eval. stop time	Refusal ☐ Entirety ☐ Partly ☐ Tox. Sample Comments:	Toxicological Sample ☐ Urine ☐ Blood Demand time: Sample Time:	Reviewed by (instructor name)

Evaluator Signature	Approved by (instructor signature)	DRE # Date

Opinion of Evaluator

☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anaesthetic ☐ Inhalants ☐ Operational

☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis ☐ Training

Page __ of __ DRUG IMPAIRMENT EVALUATION	File #	DRE #
Drug Influence Evaluation Form v.2021-03		

Modified Romberg Balance Test Supplementary questions:

Q1. How long was that? _____

Q2. How did you get to that number/time/answer?

NARRATIVE: (1) LOCATION; (2) WITNESSES; (3) SOURCE; (4) FIRST OBSERVATIONS OF SUBJECT; (5) PSYCHOPHYSICAL SIGNS; (6) CLINICAL SIGNS; (7) STATEMENTS; (8) MEDICAL PROBLEMS/TREATMENTS; (9) OPINION; (10) MISCELLANEOUS

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Estimated time for session: 3 Hours

20 DRE

NARCOTIC ANALGESICS

LEARNING OBJECTIVES

- Describe a brief overview of the Narcotic Analgesic category of drugs
- Identify common drug names and terms associated with this category
- Identify common methods of administration for this category
- Describe the symptoms, observable signs, and other effects associated with this category
- Describe typical time parameters, i.e., onset and duration of effects, associated with this
- category
- List the indicators likely to emerge when the drug impairment evaluation is conducted for a person under the influence of this category of drugs
- Describe the procedures for examining and evaluating injection sites

CONTENTS

LEARNING ACTIVITIES

- Instructor-Led Presentations
- Review of the DEC Program Exemplars
- Reading Assignments
- Video Presentations
- Slide Presentations

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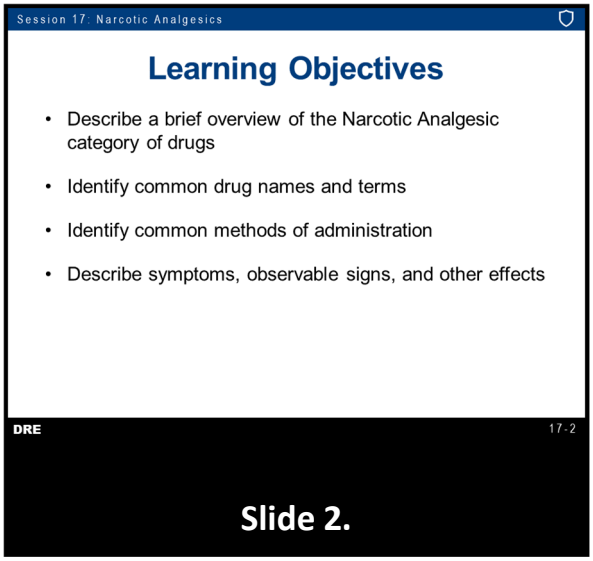

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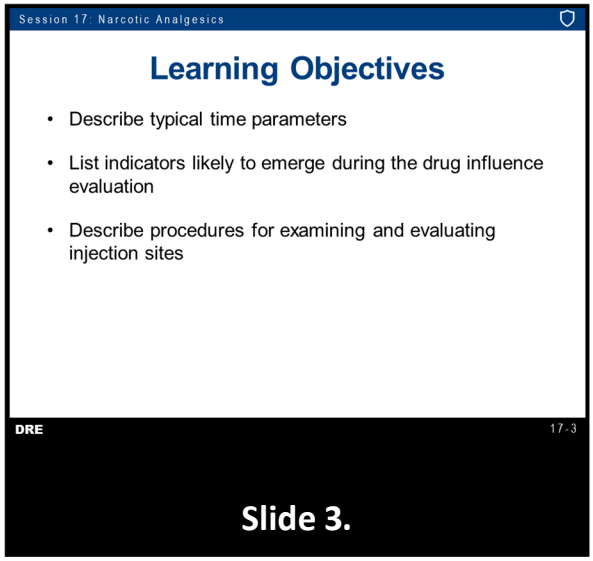

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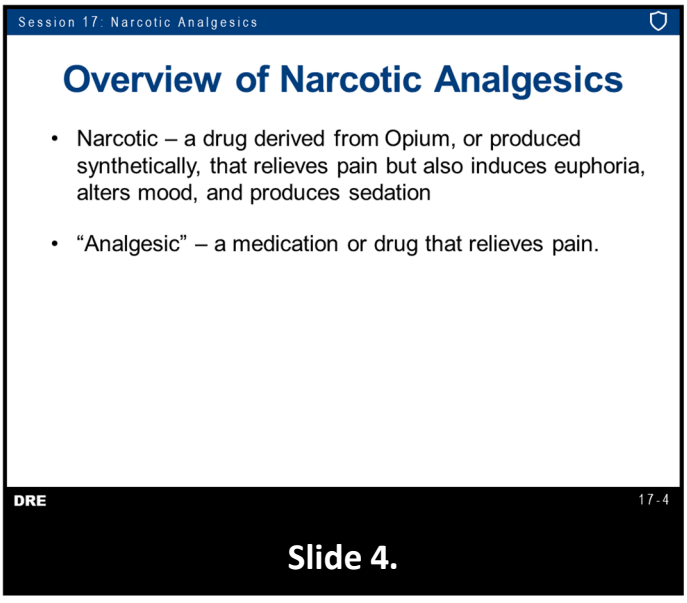
Instructor Note

Briefly review the objectives, content, and activities of this session.

A. Overview of the Category



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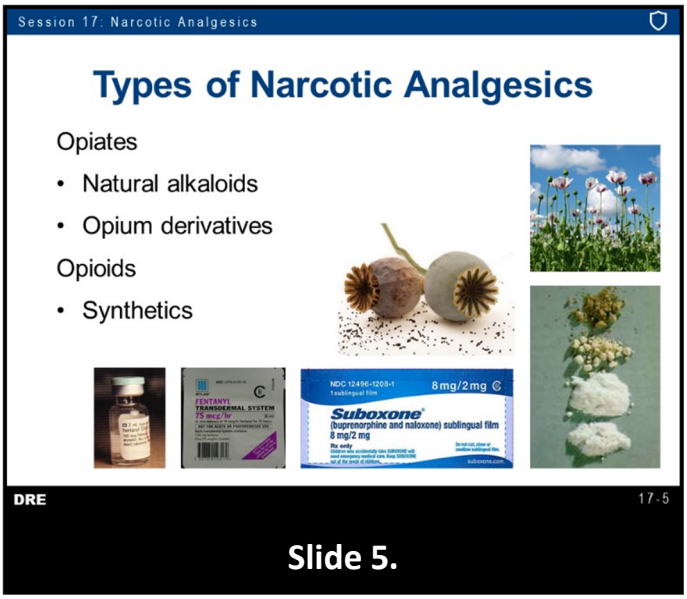
Narcotic Analgesics, sometimes called "Opioids", are drugs found in Opium, derived chemically from Opium, or are produced synthetically. The term "Opioid," however, most correctly refers to the synthetic subcategory of Narcotic Analgesics. This is a medical term, not a legal or police term.

A Narcotic is a drug that relieves pain but also induces euphoria, alters mood, and produces sedation. An "Analgesic" is a medication or drug that relieves pain. It differs from an anesthetic, in that it lowers one's perception or sensations of pain, rather than stopping nerve transmission.

Non-Narcotic Analgesics, such as Aspirin, Tylenol, and Motrin, relieve pain, but do NOT produce narcosis, which means numbness or sedation and do not alter mood. Therefore, non-narcotic analgesics in small amounts, are not psychoactive and are not abused for their mind- or mood-altering actions.



Slide 5.

There are two subcategories of Narcotic Analgesics: Opiates and Opioids.

Opiates are drugs that either contain or are derived from Opium, which is sap from the seed pods of a particular type of poppy. The Opium poppy is also called "Papaver Somniferum" (Somniferum in Latin means "carrier of sleep"). These drugs are available as a natural alkaloid or as opium derivative. A "natural alkaloid" is a substance found in another substance and can be isolated from it. Morphine and Codeine are examples of a natural alkaloid. (The term "main ingredient" can be used as a synonym for "alkaloid.") Opium derivatives are obtained by chemically treating the Opium alkaloid. Opium derivatives are sometimes referred to as semi-synthetic narcotic analgesics.

Heroin is the most commonly-abused illicit Narcotic Analgesic. The generic, or technical, name for Heroin is "Diacetylmorphine."

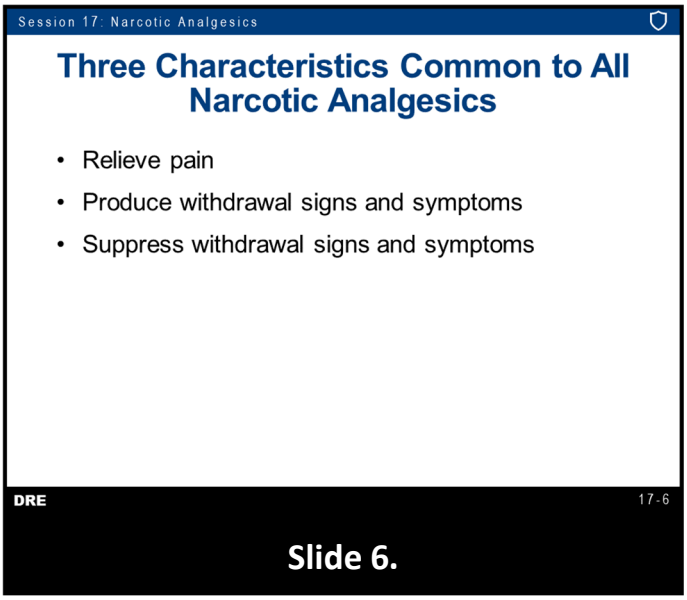
Instructor Note

An analogy to help participants understand the difference between an alkaloid and a derivative would be to compare Opium to wheat. The 'alkaloid" of the wheat would be whole wheat flour – a derivative of the wheat would be white flour (wheat flour which has been chemically treated).

Opioids, which are not derived from Opium, produce similar or identical effects as Opium alkaloids and derivatives. Synthetic Narcotic Analgesics are synthetically produced from a variety of non-opiate substances. Examples include fentanyl and methadone.

Instructor Note

Write "Diacetylmorphine" on the dry erase board or easel/easel pad.

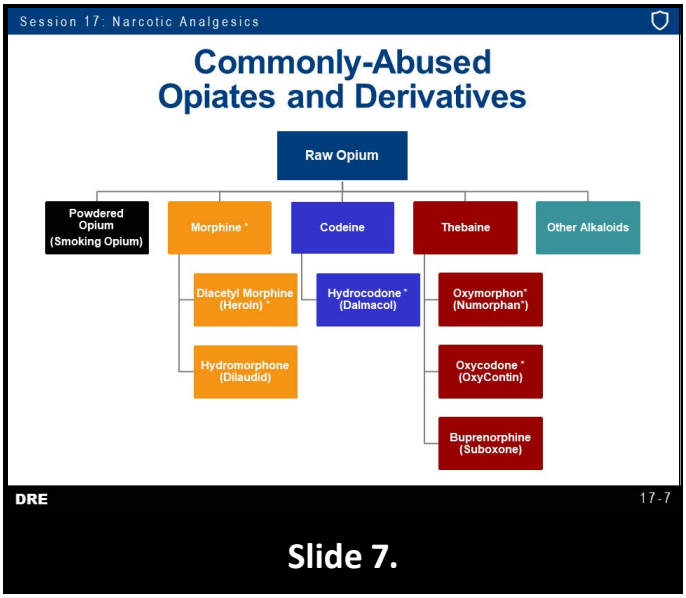


Slide 6.

Narcotic Analgesics all share three characteristics. They produce analgesia (pain relief). Physical dependence may occur from "chronic administration" when the drug has been taken at fairly regular intervals for a period of time. Withdrawal signs and symptoms will occur when the user is physically dependent and drug use is stopped. Drug users will commonly use other Narcotic Analgesics, substituting one drug for another, to suppress the withdrawal signs and symptoms of chronic Narcotic Analgesic administration. For example, Methadone is generally used for treating narcotic user's addiction.

Instructor Note

Direct participants to appendix at the end of this session for additional resources about specific narcotic drugs.



Slide 7.

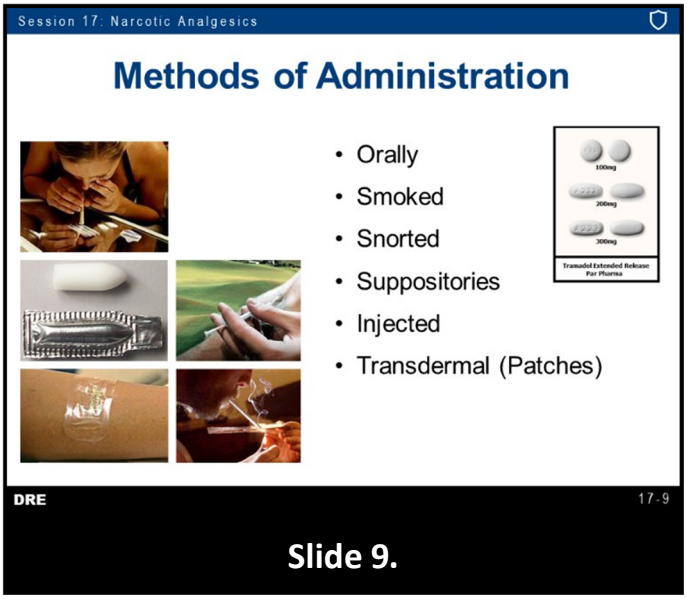
Current opiates being abused in the United States include morphine, heroin, codeine, hydrocodone (Norco (US), Dalmacol (Can)), and oxycodone (OxyContin (US)).

Point out the chart located in the participant guide. Instructor should briefly explain the chart, explaining the various ways the opiates are found or derived. Point out the details of specific drugs are in the appendix.

Slide 8.

Methadone is commonly used to treat withdrawal symptoms. Demerol is a short acting Opioid used to treat moderate to severe pain, to help put people to sleep before surgery, and provide pain relief (not available in Canada). The fentanyls are highly potent, opioid pain medications with a rapid onset and short duration of action. They can be 80 to 100 times or more potent than Morphine. According to the *Drug Identification Bible*, "Fentanyl and its four analogs used in medicine
(alfentanil, carfentanil, remifentanil, and sufentanil) are Schedule II drugs, while illicitly produced fentanyl analogs are Schedule I drugs." Many other fentanyl analogs are available illicitly.

Solicit input from participants about commonly abused Narcotic Analgesics in their area.



Slide 9.

Methods of administration of Narcotic Analgesics vary from one drug to another. Some are commonly taken orally. Some are smoked. Some are snorted (insufflated). Heroin and some others are usually taken by injection. Users have stated the fear of contracting diseases, such as AIDS, from shared needles, has prompted them to either snort or smoke Heroin.

Instructor Note

If available, show Heroin injection paraphernalia.

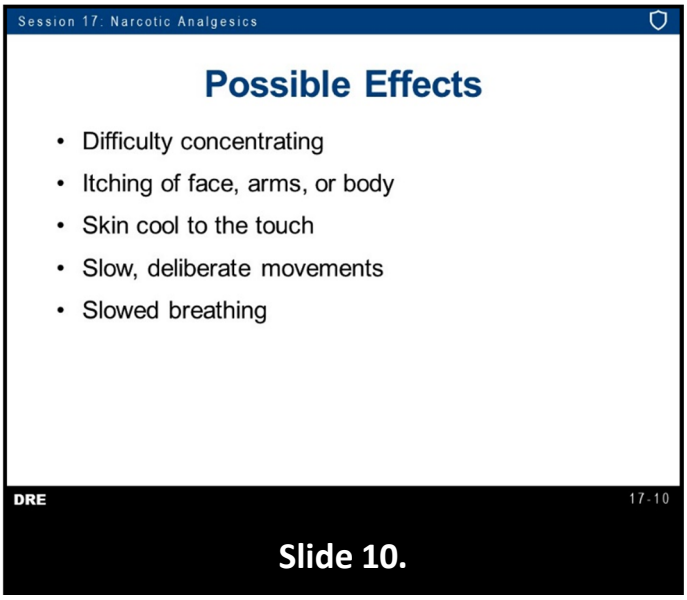
Medically, some are administered in suppositories and some may be administered transdermally or through the skin. Fentanyl patches are often used for chronic pain.

Instructor Note

Stress that participants are encouraged to be familiar with all of the drug names in this category, including those found in the appendix.

Solicit participants' comments and questions concerning this overview of Narcotic Analgesics.

B. Possible Effects of Narcotic Analgesics



Slide 10.

A possible effect of Narcotic Analgesics is Sedation – "On the Nod." The condition known as "on the nod" is a semiconscious state of deep relaxation. The user's eyelids become very droopy.

Instructor Note

Remind participants the technical term for "droopy eyelids" is Ptosis.

Their head will slump forward until the chin rests on the chest. In this condition, the user usually can be aroused easily and will be sufficiently alert to respond to questions.

Instructor Note

Point out this condition is different from someone under the influence of a CNS Depressant at the point of passing out or someone "crashing" after high doses of CNS Stimulants. Persons on the nod may still be aware of what is taking place around them.

These effects may be dose-related and most often occur with non-tolerant users.

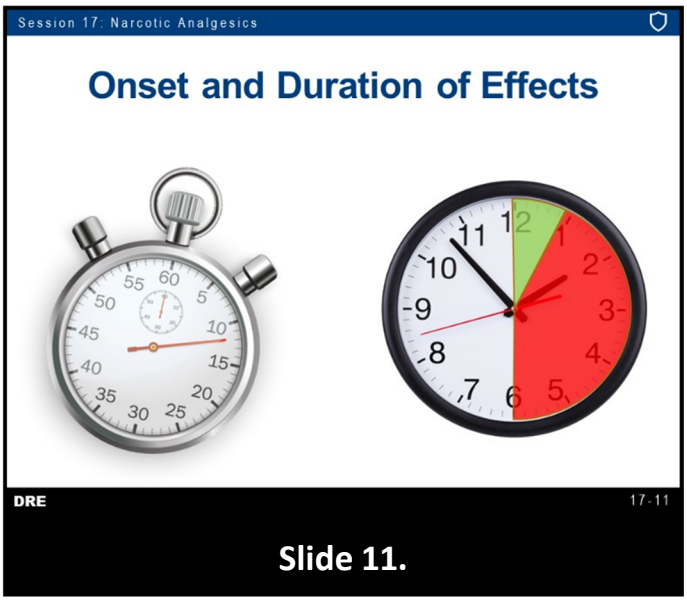
- Difficulty concentrating
- Itching of the face, arms, or body
- Skin cool to the touch
- Slow, deliberate movements
- Slowed breathing (Technical terms are Hypopnea or Bradypnea)

Impairment is more evident with new users and with tolerant users who exceed their "normal" doses.

Instructor Note

Solicit participants' comments and questions concerning possible effects of Narcotic Analgesics.

C. Onset and Duration of Effects



Slide 11.

The psychological effects of narcotic analgesics begin at various times dependent upon how the drug was administered. If injected, smoked, or snorted, the effects may be felt immediately or within a few minutes. Most drugs taken orally will produce effects within 10-60 minutes. These effects include a feeling of pleasure or euphoria, relief from the symptoms of withdrawal, and relief from pain.

Instructor Note

Point out the intensity of the euphoria will depend on a number of factors, one of which is the user's tolerance. A heavily addicted user who is beginning withdrawal symptoms may experience only mild euphoria.

Observable Signs: The observable signs will usually become evident within 5 – 30 minutes after the user has injected. User may nod head and move in and out of consciousness. User may display poor motor coordination, depressed reflexes, and slowed breathing. Onset of observable signs from oral administration is generally slower, being 10-60 minutes, but may last for several hours depending on the drug. Listed below is the onset and duration for some of the most commonly abused Narcotic Analgesics.

Instructor Note

Remind participants the physical effects may not be observed at all if the user is tolerant and has injected a "normal" or "maintenance" dose.

Morphine (MS-Contin): Onset of effects: 15-60 minutes; Duration: 4-6 hours.

Diacetylmorphine (Heroin): Onset of effects: 45 seconds to several minutes; Duration: peak effects last 1-2 hours, and the overall effects wear off in 3-5 hours.

Oxycodone (OxyContin, Percodan): Onset of effects: 10-15 minutes, 1 hour for controlled release; Duration: 3-6 hours, controlled release lasts 10-12 hours.

Hydrocodone (Norco, Dalmacol, Lortab): Onset of effects: 10-30 minutes; Duration: effects peak at 30-60 minutes and last 4-8 hours, extended-release dosing lasts 14-16 hours.

Fentanyl (Duragesic, Sublimaze): Onset of Effects: extremely rapid, within minutes; Duration: Main effects last 2-3 hours.

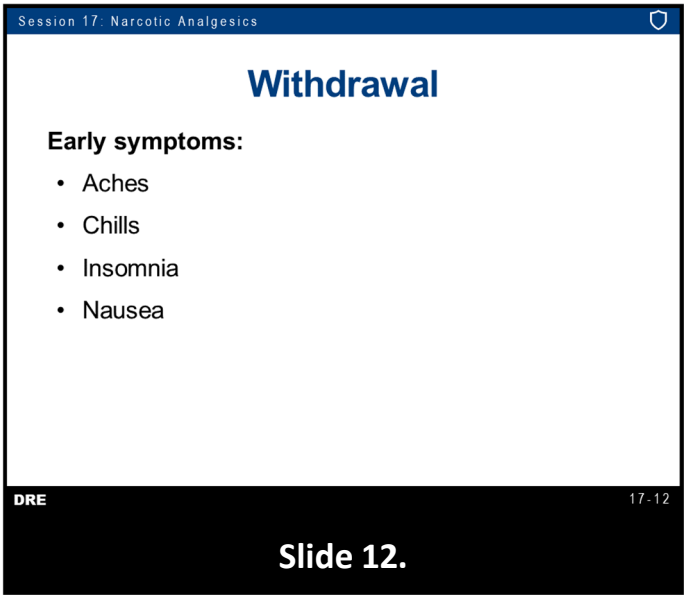
Source:

Couper, F., Huestis, M., Fulford, J., Perkinson, N., Miller, S., Katz, A., Symoun, J., Raymond, P., & Smither, D.D. (2023). *Drugs and Human Performance Fact Sheets* [Unpublished manuscript]. National Highway Traffic Safety Administration.

Methadone: Onset of effects: Oral - 30-60 minutes; Duration: effects may last 6-8 hours, in cases of chronic administration increasing to 22-48 hours.

Source:

World Health Organization. (2009). Clinical Guidelines for Withdrawl Management and Treatment of Drug Dependence in Closed Settings. Retrieved from https://www.ncbi.nlm.nih.gov/books/NBK310658/



Slide 12.

As the effects of the drug diminish, withdrawal signs and symptoms start to develop until the addicted user administers again. Withdrawals may not be seen in persons using a Narcotic Analgesic for a short period such as using a therapeutic dose as prescribed by a doctor for acute treatment.

Instructor Note

Point out the development of withdrawal symptoms implies the Narcotic Analgesic has worn off.

As the effects of the drug diminish, withdrawal symptoms begin. According to *the Drugs and Human Performance Fact Sheets*, "Early symptoms include watery eyes, runny nose, yawning, and sweating".

Instructor Note

Source:

Couper, F., Huestis, M., Fulford, J., Perkinson, N., Miller, S., Katz, A., Symoun, J., Raymond, P., & Smither, D.D. (2023). *Drugs and Human Performance Fact Sheets* [Unpublished manuscript]. National Highway Traffic Safety Administration.

As with nearly all drugs, the withdrawal signs and symptoms are essentially the opposite of the "high" or intoxicated state.

The *Drugs and Human Performance Fact Sheets* report later withdrawal symptoms "include drug craving, restlessness, irritability, dysphoria, loss of appetite, tremors, severe sneezing, diarrhea, nausea and vomiting, elevated heart rate and blood pressure, chills alternating with flushing and excessive sweating, piloerection, abdominal cramps, body aches, muscle and bone pain, muscle spasms, insomnia, and severe depression."

Source:

Couper, F., Huestis, M., Fulford, J., Perkinson, N., Miller, S., Katz, A., Symoun, J., Raymond, P., & Smither, D.D. (2023). *Drugs and Human Performance Fact Sheets* [Unpublished manuscript]. National Highway Traffic Safety Administration.

Withdrawal signs and symptoms closely resemble those of Influenza or the common cold.

Point out "withdrawal" signs of Narcotic Analgesics are essentially the opposite of their "under the influence" signs.

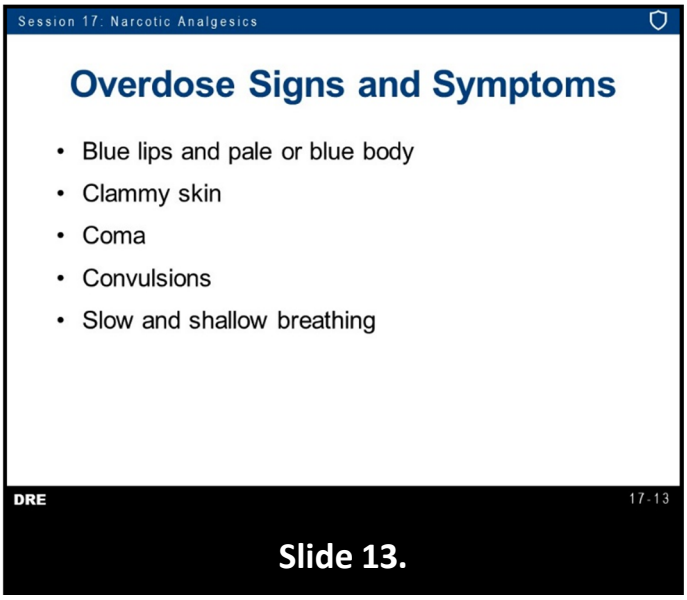
Point out involuntary tremors and twitching of the legs give rise to the expression "kicking the habit."

The addicted user at this point is nauseated, gags, vomits, and may experience significant weight loss.

The withdrawal syndrome continues to decrease in intensity over time and is usually greatly reduced by the fifth day, disappearing in one week to 10 days. A common misconception regarding withdrawal from Narcotic Analgesics is they may be fatal. In reality, however, although Narcotic withdrawal is extremely uncomfortable, it rarely, if ever proves fatal.

Solicit participants' comments or questions concerning onset and duration of the effects of Narcotic Analgesics.

D. Overdose Signs and Symptoms



Slide 13.

Narcotic Analgesics depress respiration. In overdoses, the user's breathing will become slow and shallow.

Other signs and symptoms of an overdose of a Narcotic Analgesic include clammy skin, convulsions and coma, blue lips and pale or blue body. Due to the rapid onset of an injected drug, an unconscious person may be found with a needle still in their arm.

Instructor Note

Point out a person suffering from Narcotic Analgesic overdose may appear to be in shock.

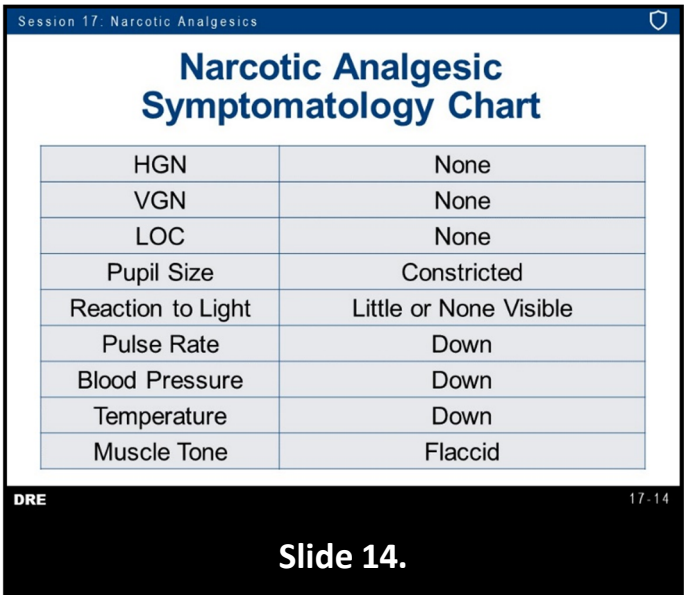
Death can occur from severe respiratory depression. The danger of death is heightened by the fact the addicted user may not know the strength of the drug he or she is taking. Clarification: the percentage of pure Heroin in the sample the subject uses may be much higher than what the subject expects and is accustomed. In some cases, the drug has been altered by adding another drug such as fentanyl, which is a more potent Narcotic Analgesic.

Narcotic Analgesic overdoses are sometimes treated by the administration of a Narcotic antagonist such as Narcan. A Narcotic antagonist works at neuron receptor sites, blocking or counteracting the effects of Narcotic Analgesics. In effect, these substances precipitate withdrawal. The short duration of effects produced by Narcotic antagonists, however, require continued medical monitoring of the user.

Instructor Note

Solicit participants' comments and questions concerning signs and symptoms of an overdose of Narcotic Analgesics.

E. Expected Results of the Evaluation



Slide 14.

Observable Evidence of Impairment: Neither Horizontal Gaze Nystagmus (HGN) nor Vertical Gaze Nystagmus (VGN) will be present. Eyes will not exhibit Lack of Convergence (LOC).

Psychophysical Tests

Instructor Note

Point out, if the user has administered enough Narcotic Analgesic to exceed his or her level of tolerance, his or her performance on the SFSTs may be uncoordinated and performance may be similar to that caused by CNS Depressants.

Performance on the Modified Romberg Balance (MRB) test will be impaired. The subject may appear drowsy and have slow time estimation.

Performance on the Walk and Turn (WAT) and One Leg Stand (OLS) will often be impaired and reflect the slow and deliberate movements caused by this category of drugs.

Performance on Finger to Nose (FTN) can also be impaired. The subject may appear drowsy, possibly "on the nod," and exhibit slow and deliberate movements.

Vital Signs: Pulse will be down. Blood pressure will be down. Body temperature will be down.

Instructor Note

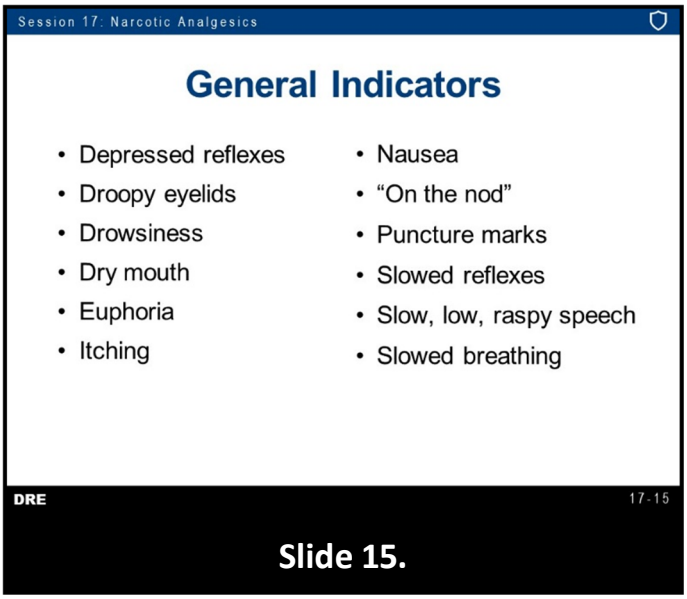
Remind participants these cardiovascular indicators may not be present if the subject is a tolerant user who has taken a "normal" dose of the drug.

Muscle tone will be flaccid.

Dark Room: Pupil size generally will be constricted.

Point out constricted pupils are one of the most reliable indicators of a Narcotic Analgesic. The technical term for "constricted pupils" is "Miosis."

Pupil reaction to light will be little or none visible.



Slide 15.

- Depressed reflexes
- Droopy eyelids (Ptosis)
- Drowsiness
- Dry mouth
- Euphoria
- Itching – caused by the release of Histamines

Source:

Julien's Primer of Drug Action, 14th edition, 2019

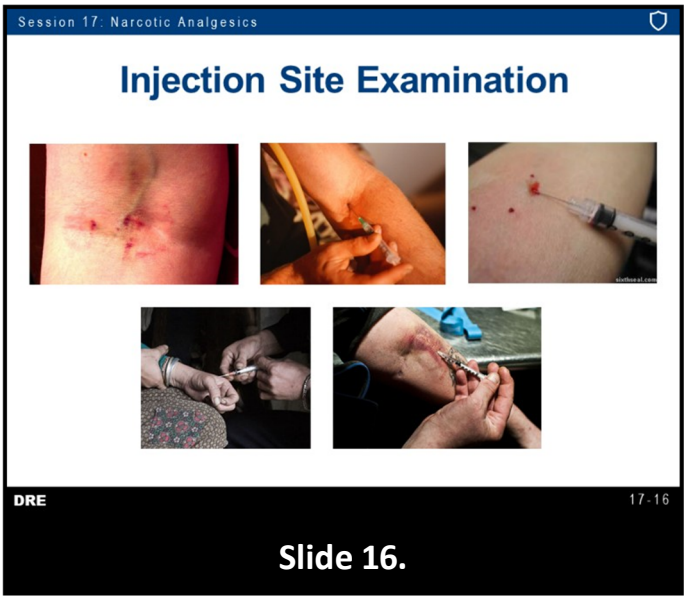
- Nausea
- "On the nod"
- Puncture marks
- Slowed reflexes
- Slow, low, raspy speech
- Slowed breathing

Instructor Note

For more information and details regarding possible effects refer to

Couper, F., Huestis, M., Fulford, J., Perkinson, N., Miller, S., Katz, A., Symoun, J., Raymond, P., & Smither, D.D. (2023). *Drugs and Human Performance Fact Sheets* [Unpublished manuscript]. National Highway Traffic Safety Administration.

F. Injection Site Examination



Slide 16.

Drugs and medication are injected into the body in three ways.

Intramuscular: Legal injections are usually Intramuscular (abbreviated as I/M). "Intramuscular" is defined as administering by entering a muscle.

Intravenous: For medically drawing of blood or emergency medical procedures, the injection is made into a blood vessel (Intravenous – abbreviated as I/V). Here, veins are usually used. Arteries are deep, thus not lending themselves to injection. "Intravenous" defined as entering a vein.

Subcutaneous: Subcutaneous (S/C) means just under the skin. It is commonly referred to as "skin popping".

Instructor Note

Let the participants know insulin injections are "Subcutaneous" (S/C) and are not normally I/M or I/V injections. Insulin is never injected into a blood vessel because the person could go into a coma.

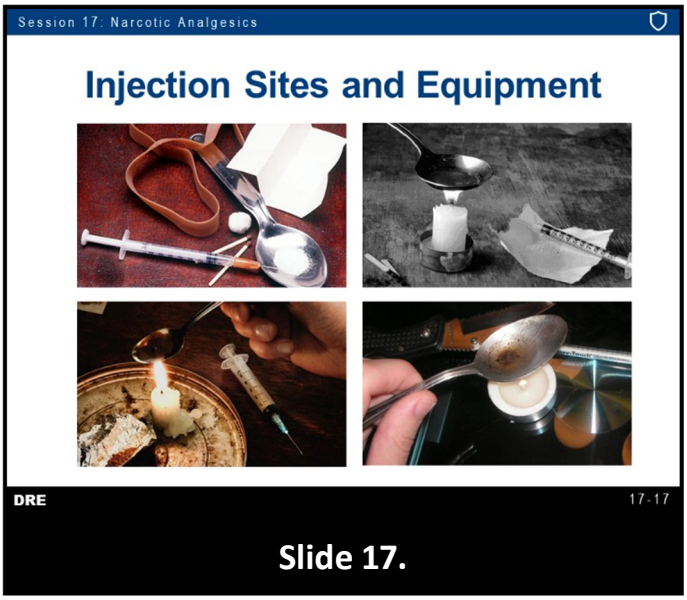
The primary instrument for injection is the hypodermic syringe. It consists of a hollow needle, a barrel (tube) and a plunger. Needles vary in size, with the primary variance being the inside diameter of the needle or the gauge. A 26-gauge needle is used by a diabetic. The greater the number the larger the gauge, the smaller the inside diameter of the needle. Most illegal drug users prefer a larger gauge needle. The hypodermic marks are smaller and are, therefore, less noticeable making it more difficult for the DRE to see them.

As a DRE, you may be asked in court to describe the difference between a medical and non-medical injection site. A medical injection is usually I/M. Some exceptions would be in a blood donation, an emergency, or a lab test.

If the technician is unable to find a vein during the first try, there may be multiple injections. There may also be bruising near the site.

The injection mark for medical purposes can be described as: Clean; No scarring or scabbing.

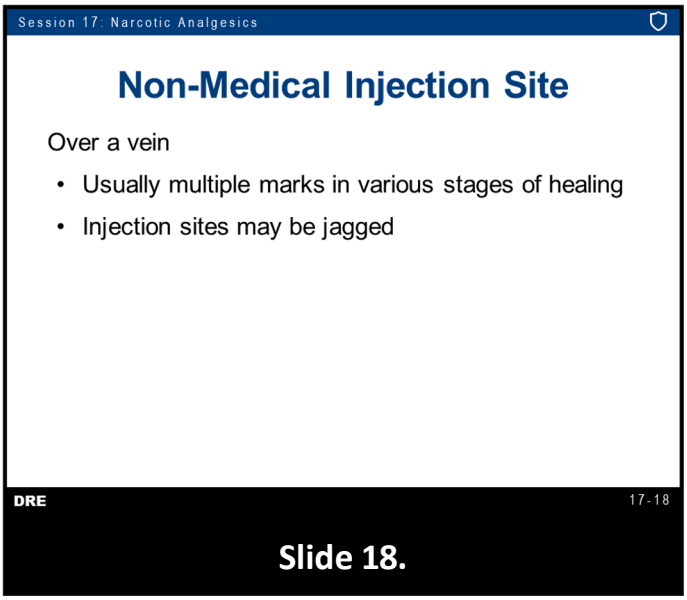
Most IM medical injections will not be evident during a DRE evaluation. Usually there will be only one mark and it will be larger than the typical non-medical injection. Medical injections are made with new, sterile needles.



Slide 17.

Examination of subject's injection sites can give many clues to their drug habits. The slang term for an injection site is a "mark". Many drugs can be injected. The presence of injection sites may be a sign of drug abuse. Examination of injection sites is just one of the 12 steps in the evaluation. Injection sites are a sign of drug abuse which may or may not be present. This may be evidence of habitual use. The trauma to the skin, muscles, and the blood is the basic concept of injection sites.

The user's equipment is commonly referred to as a "hype kit" or "works." The kit contains a "cooker" which is any device such as a bottle cap, a metal spoon, etc., used to heat the drug with water to form an injectable solution. Other parts of the "kit" include: A handle to hold the "cooker" over the flames; Matches, lighters (primarily disposable, adjustable flame types) used to heat the substance in the "cooker"; and, a tourniquet, which can be a rubber tubing, a tie, belt, etc. It is tied around the arm, above the injection site, to cause the vein to bulge or rise, thus making it easier to inject. "Cottons" are the cotton balls or cigarette filters used to "purify" the drug. The user places the "cottons" into their cooker and draws the drug up through the cottons. The cottons are saved for later use since they contain some of the drug.



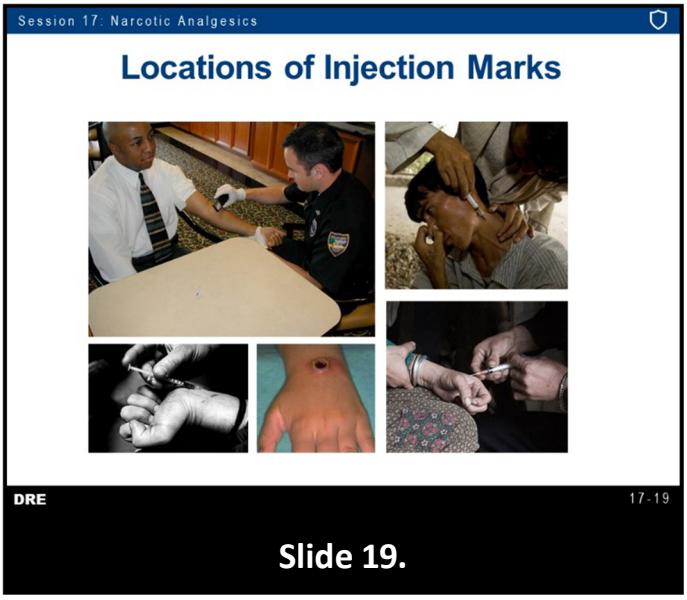
Slide 18.

The non-medical (illicit) mark is usually over a vein. There will usually be multiple marks in various stages of healing. It takes approximately two weeks for a “mark” to totally heal. For example, the Heroin user will inject approximately four to six times each day (every four to six hours). Therefore, they will inject approximately 2,000 times in one year. Users frequently use the same needle over and over again, thus making it become dull or barbed.

Frequently the needles are carried in pockets or socks and the rubbing against clothing causes them to be dull or barbed. Since the used needles make it more difficult to pierce the skin and vein, the injection sites may be jagged. A barbed needle may tear the skin on the way in and on the way out. Use of old, dirty, and shared needles cause the spread of infections and diseases such as AIDS.

ALWAYS WEAR PROTECTIVE GLOVES PRIOR TO CONDUCTING THE EXAMINATION.

G. Expected Locations of Injection Marks



Slide 19.

Prior to conducting the injection site examination, always remember to wear gloves. Injection sites may be located anywhere on the subject's body. Conduct a thorough, slow, methodical examination of the subject's hands and arms beginning with the left.

Using a magnifying light or "ski light" examine the inner arm as it is extended with the palm facing you.

Instructor Note

Point out "ski light" is short for schematic light. An ideal light is a 10 power magnification light.

Beginning at the bicep, slowly examine the arm; document the findings of your examination.

Ask the subject to contract the arm, grasping their shoulder. Starting at the wrist, slowly examine the arm to the elbow documenting the results. This forces the individual's veins to protrude. Next examine the outer arm as it is extended palm facing downward. Start the examination at the shoulder moving to the wrist. Subject should extend and spread his/her fingers when examining the hands. Examine both sides of the hands, with particular attention to the areas between the fingers, under watch bands and rings. Conduct the entire procedure for the right side.

Ankles are a common injection area. Subject should be instructed to remove their shoes and socks to allow the DRE to examine them for puncture wounds. The most common area is on the foot or the ankle. Subject's sometimes hide hypodermic needles in their socks, shoes, and the heel compartments of their shoes.

On a case-by-case basis, the DRE may need to examine other parts of the body for marks. Another such area may be the legs.

ALWAYS follow your agency's rules, policies, and procedures and laws regarding invasive type searches.

Other Indicators of Injection Sites: Users may "sterilize" a needle by using an open flame. This results in dark carbon deposits left on the needle. When the user inserts the needle, the carbon deposits are then injected into the skin. This is termed "tattooing" and results in a "tattoo effect" when the carbon is left under the skin when the needle is removed.

Users may frequently use the same spot to inject as an attempt to reduce their likelihood of detection. The veins may become hard and thick from continuous injections and this makes them difficult to find. After about 10 to 20 injections, a large sore forms causing the site to enlarge and bruise. Upon close examination, the site may reveal there are numerous, overlapping puncture wounds in the same area. This is referred to as "tunnel" or "corn". The entire vein area becomes scarred and hardened and, over time, future injections may not be possible. The area becomes silvery-blue in color and raised. This is referred to as "tracks" or "silver streaks". AS A GENERAL RULE: one inch (2 cm) of tracks indicates approximately 50 – 100 separate injections have been administered in this area.

In an attempt to hide evidence of intravenous drug usage, users may inject into decorative tattoos. Tattoos designed to hide puncture wounds are frequently colored and found on the inner arms.

Slide 20.

Basic Principles of Puncture Healing: Any needle that punctures the skin leaves a scab. A scab is simply a crust formed by the drying of the discharge from the puncture. Scab is the dried remains of blood, plasma (a cellular, colorless fluid part of the blood), lymph fluid (a thin fluid that bathes all the tissues of the body), and puss (a thick yellowish/greenish fluid that forms at an injection(s) site). These dried remains fill the gap caused by the puncture of the skin. As the fluids dry, they harden (clot and gel). Users will sometimes peel a corner of a healing scab up and inject into that area then cover the injection site with the scab. This injecting under a scab to hide multiple puncture wounds is referred to as "Trap Dooring."

Puncture Healing Timetable: There are no exact timetables for wounds to heal, but there are some general guidelines. Chronic disease, poor nutrition, etc. retard the puncture healing process. Fresh puncture wounds, less than 24 hours old, will appear as a red dot and may be oozing fluids. Scabs develop within about 24 hours after a puncture and may include light bruising and a reddened border. As a general rule, when the scab first forms, it is bright red; with age, the color gets darker. After about 14 days, a scab usually starts to peel or flake and then falls off. The skin under the scab is shriveled and is lighter in color than the surrounding tissue.

Instructor Note

Source:

Tennant, F. S. (n.d.). Identifying the Cocaine User. *3rd*. 1985: Veract.

Slide 21.

There is no exact science to classifying the age of puncture wounds. Following are some general guidelines. Fresh puncture wounds are defined as under 12 hours after injection and will be a red dot and have an oozing appearance or blood crater with no scab formation. Early puncture wound is 12 – 96 hours (half day to 4 days) after injection. It will have a light scab, light bruise, reddened border, and a crater appearance. Late puncture wound is 5 – 14 days old and will have a dark scab, dark bruise, and the crater will flatten. Healing puncture wound is over 14 days. The scab will be flaking and falling off with shriveled light-coloured skin underneath.

Instructor Note

For more information and details regarding possible effects refer to:

Couper, F., Huestis, M., Fulford, J., Perkinson, N., Miller, S., Katz, A., Symoun, J., Raymond, P., & Smither, D.D. (2023). *Drugs and Human Performance Fact Sheets* [Unpublished manuscript]. National Highway Traffic Safety Administration.

H. Conclusion

Slide 22.

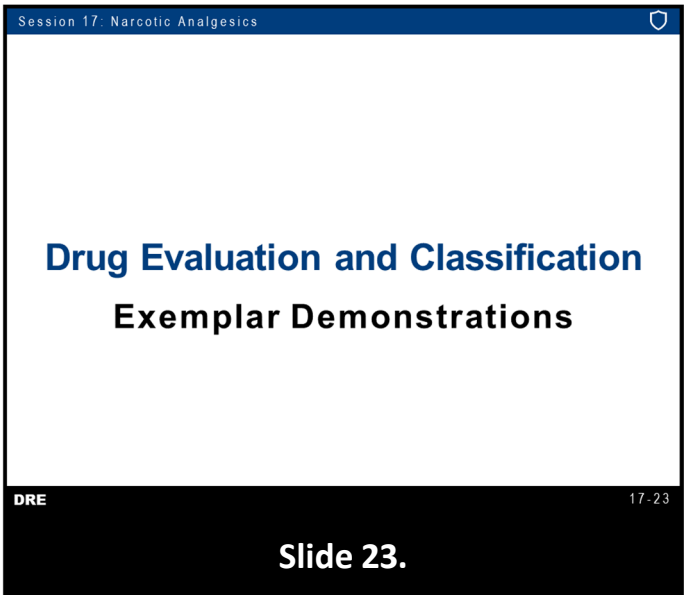
The injection site examination may reveal evidence of recent use.

Instructor Note

Point out DREs may want to photograph new or recent injection marks for evidential purposes.

The presence of marks, however, doesn't mean drug impairment or impairment at the time of the evaluation. Conducting an injection site examination is a skill. As with all skills, such as taking blood pressure, competency improves with practice.

I. Review of the DEC Program Exemplars



Slide 23.

Instructor Note

Refer participants to the exemplars found at the end of Session 17 of their participant guides.

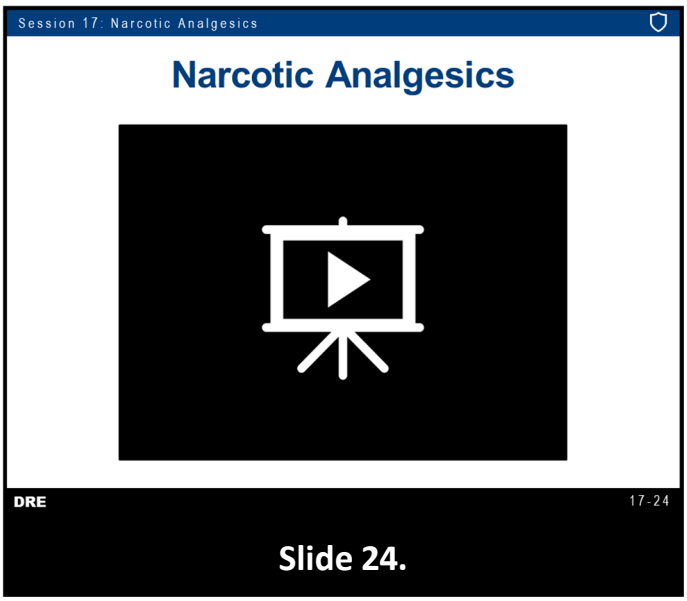
Point out the exemplars are examples and serve as a guide.

The DRE narrative report should be detailed and complete, which clearly articulates the opinion of the DRE.

Instructor Note

Relate the items on the exemplars to the Narcotic Analgesics Symptomatology Chart.

Video



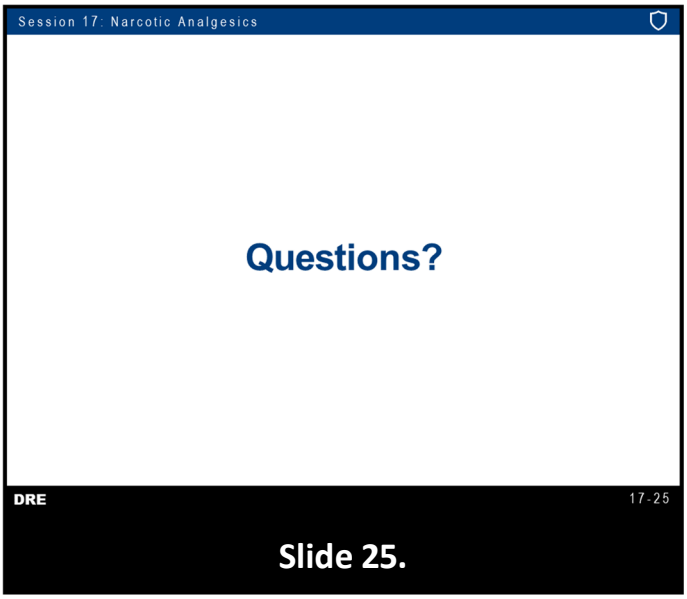
Slide 24.

Instructor Note

VIDEO DEMONSTRATION: Click video to begin.

Point out that some portions of the video were sped up, i.e., the 90 seconds in the darkroom, for time restriction purposes.

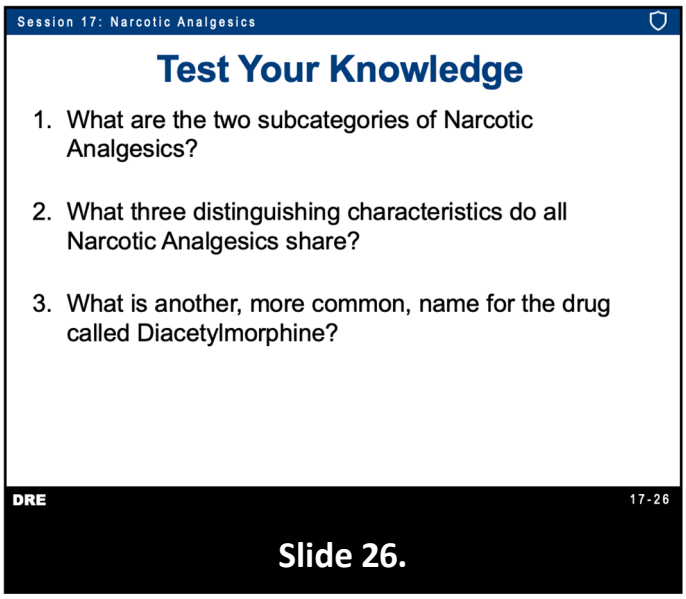
Show video example of subject under the influence of a Narcotic Analgesic. (Approximately 23 minutes).



Slide 25.

Instructor Note

Solicit participants' comments and questions concerning the Narcotic Analgesic and Injection Site Examination.

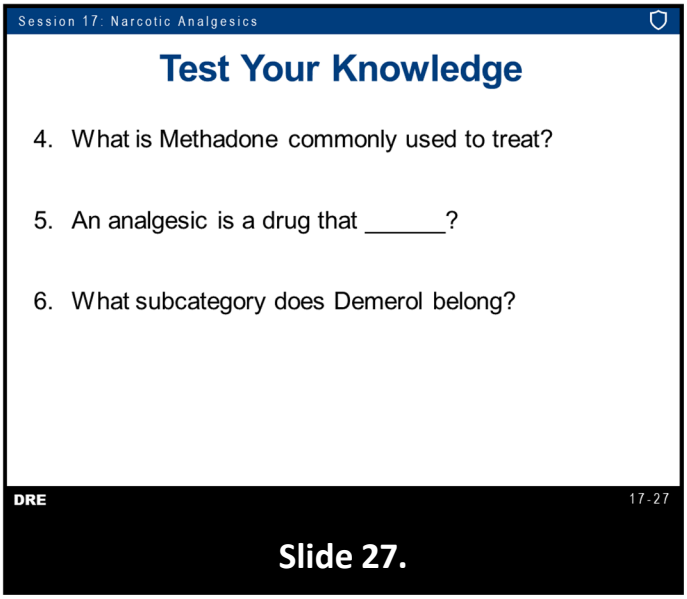


Test Your Knowledge

1. What are the two subcategories of Narcotic Analgesics?
2. What three distinguishing characteristics do all Narcotic Analgesics share?
3. What is another, more common, name for the drug called Diacetylmorphine?

Instructor Note

1. ***Opiates and Opioids***
2. ***They relieve pain, they will produce withdrawal signs and symptoms after chronic use, and their use will suppress the withdrawal signs and symptoms.***
3. ***Heroin***



Slide 27.

Test Your Knowledge

4. What is Methadone commonly used to treat?
5. An analgesic is a drug that _____?
6. What subcategory does Demerol belong?

4. A drug used to treat narcotic addiction.

5. Relieves pain

6. Synthetic Opioid

Powdered Opium: Also known as smoking Opium. Powdered Opium is a simple refinement of raw Opium. It is used medically to treat diarrhea (administered orally). The development of more effective opiates and synthetics has virtually eliminated its use medically. In recent years, there has been little street use of Opium. It is important to realize, however, drug use trends can and do change. Remains popular as a drug of abuse (smoked) among some Asian-American communities.

Morphine: The principal natural alkaloid of Opium. Morphine was first isolated from Opium in 1805. It is used medically to suppress severe pain (e.g., with terminal cancer patients) and is highly addictive. Morphine was widely used during the Civil War. Morphine addiction was termed "Soldier's disease". At one time, Morphine was the most commonly abused Narcotic Analgesic. Morphine is typically used as the standard for comparison with other Narcotic Analgesics.

For your information: Named after Morpheus, the Greek God of Dreams.

Codeine: Codeine is another natural alkaloid of Opium. Its technical name is Methylmorphine. It was first isolated in 1832. Codeine's pain-killing ability is much weaker than Morphine's. It is used medically to suppress coughing or minor pain. Clarification: Narcotic Analgesic addicts often turn to Codeine when they cannot get more popular drugs. Codeine is definitely an addictive drug.

Heroin: Heroin is the most commonly-abused illicit Narcotic Analgesic. The generic, or technical, name for Heroin is "Diacetyl Morphine."

Write "Diacetyl Morphine" on the dry erase board or easel/easel pad.

Heroin derived from Morphine in 1874. It was first thought to be a non-addictive substitute for Morphine. Heroin was approved for general use by the American Medical Association in 1906. By the 1920's it was evident Heroin was much more addictive than Morphine. Importation and manufacture of Heroin have been illegal in this country since 1925. It is a Schedule I drug, which means it has no legitimate medical uses in the United States.

Dilaudid: Another derivative from Morphine. Technical Name: Hydromorphone Hydrochloride. *Dilaudid* was first produced in 1923. It is sometimes called "Drug Store Heroin" since it is commercially available from medical and pharmaceutical sources. Dilaudid has the same addictive liabilities as does Heroin or Morphine. It is used medically for short-term relief of moderate to severe pain and to suppress severe, persistent coughs. It can be administered via injection, orally, or in suppositories and is sometimes abused by addicts who are unable to obtain Morphine or Heroin.

Hydrocodone: Derived from Codeine but is more closely related to Morphine in its pharmacological profile. Hydrocodone (Vicodin, Norco, Dalmacol, Lortab) is the most widely prescribed

Opioid with many of the same actions as Codeine but produces less nausea. It is used orally for relief of moderate to severe pain, but also commonly taken in liquid form as an antitussive/cough suppressant.

Thebaine: Thebaine is an Opiate alkaloid of Opium. It is not used therapeutically and is converted into several drugs including Oxycodone and Oxymorphone.

Oxymorphone: Numorphan is a derivative of Thebaine and used to treat moderate to severe pain (not available in Canada). It is sometimes used before surgery to cause sedation and to reduce anxiety. As a narcotic pain reliever, it works by dulling the pain perception center in the brain. It is used medically for the relief of chronic pain. It is sold in ampules (injection) and in suppositories. Previously (pre-1972) it was sold in tablets and was a favorite substitute for Heroin among addicts; addicts now generally prefer Dilaudid as a Heroin substitute.

Source:

Baselt, Randall C. (2020). *Disposition of Toxic Drugs and Chemicals in Man. Twelfth Edition.*

Oxycodone: Oxycodone is a Thebaine derivative. It is somewhat less addictive than Morphine, but more than Codeine. Two examples commonly prescribed are OxyContin (not sold in Canada anymore but has analogues like OxyNeo) and Percodan (Oxycodone combined with aspirin). It is also produced under the brand name of Percocet, which is Oxycodone combined with Acetaminophen. OxyContin is a controlled- release tablet that contains large amounts of Oxycodone (10-80mg), but users have learned to defeat the slow release process. Street names include: “Oxy”; “OC”; “Killer”.

Buprenorphine: A Thebaine derivative with powerful analgesia. As an analgesic, it is about 25 to 40 times more potent than Morphine.

Source:

Baselt, Randall C. (2020). *Disposition of Toxic Drugs and Chemicals in Man. Twelfth Edition.*

It is an ingredient of the drug Suboxone and Buprenex. Depending on the application form, Buprenorphine is normally prescribed for the treatment of moderate to severe chronic pain. It is commonly used in the treatment of Opioid addiction, much like Methadone. Buprenorphine Hydrochloride is normally administered by intramuscular injection, intravenous infusion, via a transdermal patch, or as a sublingual (under the tongue) tablet. It is also used in the treatment of narcotic addiction.

If possible, display slides of these various drugs.

Demerol: Meperidine (Demerol) is a short-acting Opioid used to treat moderate-to-severe pain, to help put people to sleep before surgery, and provide pain relief after childbirth. It was first produced in 1939. Demerol is one of the most widely used Synthetic Opiates for relief of pain

and for sedation and is also one of the Narcotic Analgesics most frequently abused by medical personnel. One medical advantage of Demerol is it produces less respiratory depression than other Narcotic Analgesics; thus, a fatal overdose is less likely with Demerol.

Point out pupillary constriction ordinarily is one of the most reliable indicators of a Narcotic Analgesic.

Methadone: Developed in Germany during World War II because of wartime shortages of Morphine and first marketed in America in 1947. The effects are similar to Morphine's, although they develop more slowly and last longer than do Morphine's effects. Withdrawal symptoms are slower and milder than are Morphine's.

Ask participants: "What is one of the most common medical uses of Methadone in this country?"

Methadone is used extensively in "maintenance programs" as a substitute for Heroin for addicts undergoing therapy and treatment.

Remind participants one characteristic shared by all Narcotic Analgesics is they suppress withdrawal symptoms of chronic Morphine administration.

In theory, the daily dose of Methadone given to a Heroin addict allows the addict to function normally with no physical need for up to 24 hours. Methadone has a much longer duration of effects than Heroin and is not designed to be injected. It is also used medically to relieve moderate to severe pain and to suppress coughing. Methadone (Dolophine) is an Opioid used to treat pain and as maintenance therapy or to help with detoxification in people with Opioid dependence.

Fentanyl: Fentanyl (Sublimaze, Actiq) is a highly potent, synthetic Opioid pain medication with a rapid onset and short duration of action. It is 80 to 100 times more potent than Morphine. It was introduced into medical practice as an intravenous anesthetic under the trade name of Sublimaze in the 1960s.

Source:

Marnell, T. (2022). *Drug Identification Bible* (2022/2023 ed.).

Fentanyl prescriptions have grown rapidly in recent years, causing a rise in abuse of legal and illegal forms. Fentanyl pharmaceutical products are currently available in the dosage forms of oral transmucosal lozenges, commonly referred to as the Fentanyl "lollipops" (Actiq), effervescent buccal tablets (Fentora), sublingual spray (Subsys), nasal spray (Lazanda), transdermal patches (Duragesic), and injectable formulations. Oral transmucosal lozenges and effervescent buccal tablets are used for the management of break-through cancer pain in

patients who are already receiving Opioid medication for their underlying persistent pain. Transdermal patches are used in the management of chronic pain in patients who require continuous Opioid analgesia. Fentanyl citrate injections are administered intravenously, intramuscularly, spinally, or epidurally for potent analgesia and anesthesia.

Fentanyl Analogs

Well over 1000 distinct fentanyl analogs have been identified and described. Examples include carfentanil, acetylfentanyl, and methylfentanyl.

Novel Synthetic Opioids (NSO)

NSOs are often promoted as heroin or oxycodone substitutes. Examples include U-47700, AH-7921, and MT-45.

Source:

Couper, F. J., & Logan, B. K. (2022). *Drugs and Human Performance Fact Sheets.* National Highway Traffic Safety Administration .

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Sgt. D. Botham	17353	20-005-0112	RCMP	(Session XVII - #1)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cpl. R. Ross	☑ Yes ☐ Yes (not used) ☐ No	Weyburn PS	N/A

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/01/23 @1350 hrs	R. Ross	1430 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 1504 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
1505 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Schmack, Charlie	1987/05/14	Male

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
2020/01/23 @ 1505 hrs @ Weyburn PS	Nothing	N/A	Just coffee 4 or 5 cups	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
About 4pm / 1508 hrs	Last night 5 or 6 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☐ No "You tell me"	Cooperative, passive	Poor, relaxed, unstable

Speech	Breath Odour	Face
Low, raspy	Nothing noted	Pale

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

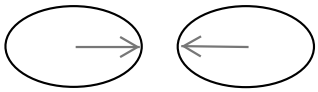
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 56 bpm @ 1518hrs
2. 52 bpm @ 1538hrs
3. 52 bpm @ 1550hrs

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	None	None

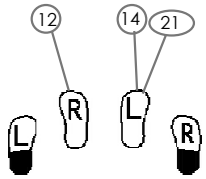
Convergence



Right Eye Left Eye

One Leg Stand

20 /30 22 /30

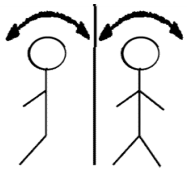


Counted slowly

L	R	
Cont	Cont	Sways while balancing
Cont	Cont	Uses arms to balance
ø	ø	Hopping
I (1)	II (2)	Puts foot down

Modified Romberg Balance

Approx. 4" 4" Approx. 2" 2"

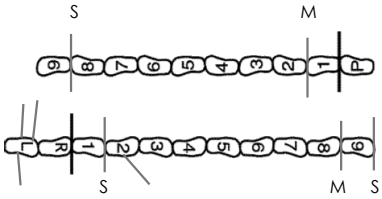


On the nod, licking lips

Walk and Turn

Cannot keep balance III (3)

Starts too soon ø



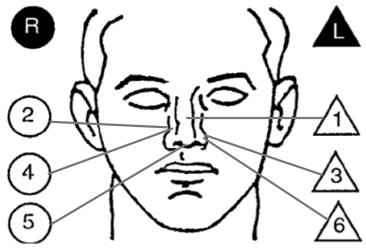
slow, deliberate steps

	1st nine	2nd nine
Stops walking	II (2)	I (1)
Misses heel-toe	I (1)	I (1)
Steps off line	I (1)	ø
Raises arms	I (1)	II (2)
Actual steps taken	9	9

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
44 sec estimated as 30 seconds	Slow, deliberate steps as described	N/A	Lace up boots

Finger to nose

(Draw lines to spots touched)



Slow movements, on the nod.

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	2.0 mm	2.5 mm	2.0 mm
Right Eye	2.0 mm	2.5 mm	2.0 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☐ Slow ☑ Little to none visible

Nasal area: nothing noted

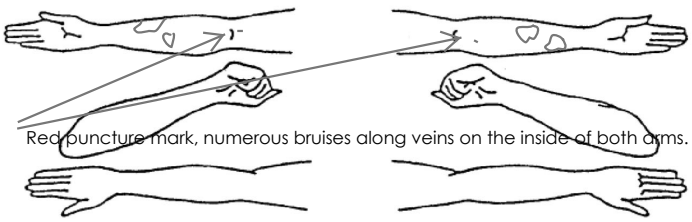
Oral cavity: nothing noted

Blood Pressure	Temperature
110 / 64 mmHg	36.4 °C

Muscle tone: ☐ Normal ☑ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



Red puncture mark, numerous bruises along veins on the inside of both arms.

What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I don't use drugs, I'm just tired."	N/A	N/A	N/A

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
1600 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☐ Urine ☑ Blood Demand time: 1601 hrs Sample Time: 1700 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # / Date
Sgt. D. Botham		

Opinion of Evaluator

☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anaesthetic ☐ Inhalants ☑ Operational

☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☑ Narcotic Analgesic ☐ Cannabis ☐ Training

Drug Impairment Evaluation

This is the detailed narrative report of Sergeant David BOTHAM, a Regular Member of the Royal Canadian Mounted Police, Reg. No. 51775, DRE No. 17353. Sergeant BOTHAM is currently attached to National Traffic Services at 73 Leikin Dr, Ottawa, Ontario. Sergeant BOTHAM is credentialed by the International Association of Chiefs of Police (IACP) as a Drug Recognition Expert (DRE) and DRE Instructor (DRE Certification Expiry Date: 2024-08-01).

(1) Location: The evaluation of Charlie SCHMACK was conducted by Sergeant BOTHAM, in the cell block of Weyburn Police on January 23rd, 2020.

(2) Witnesses: This evaluation was not witnessed**.**

(3)Source: The subject evaluated was Charlie SCHMACK, date of birth 1987-05-14

Interview of the arresting officer -I was on-duty and was notified by Dispatch to contact Cpl R Ross of the Weyburn Police Service regarding a drug evaluation. When contacted, Cpl Ross advised that the suspect (Charlie SCHMACK) was found slumped over the steering wheel of his vehicle on 8th Street. He had his foot on the brake and he appeared to be unconscious and was unresponsive. Cpl Ross was preparing to use Narcan when the suspect became responsive. During the interaction, Cpl Ross did not detect an odor of an alcoholic beverage on the suspect's breath. However, he did observe indicators of possible drug impairment, which included slow lethargic movements while retrieving his identification, with slow, thick, and raspy speech. He also observed that the suspect had small, constricted pupils. He observed what appeared to be a red puncture mark on the inside of the suspect's right arm and noted that he was frequently licking his lips. SCHMACK was read the SFST demand at roadside and Cpl Ross administered the Horizontal Gaze Nystagmus (HGN), Walk and Turn (W&T), and One Leg Stand (OLS) tests. No clues of HGN were observed, however, he did observe impairment clues on the W&T and the OLS tests. After completing the SFSTs, Cpl Ross arrested SCHMACK at 1350 hours for Impaired Operation by drug and transported him to Weyburn. (Refer to Cpl Ross's general report for additional details).

Sergeant BOTHAM was notified at 1430 hours.

The charter warning was given by Cpl Ross at 1350 hours. SCHMACK spoke to counsel prior to the evaluation commencing.

(4) First Observations: A breath test was not taken as there was no reason to suspect that alcohol had been consumed. SCHMACK was first observed by myself in the cell block of Weyburn Police at 1503 hours. Cpl Botham read SCHMACK the secondary police caution at approximately 1504 hours. When asked if he understood SCHMACK stated "Yes". The following things were observed at that time:

SCHMACK's eyes were normal and they displayed equal tracking. SCHMACK was able to follow stimulus with his eyes and his pupil size was noted as equal. There was no resting nystagmus and his eyelids were droopy.

SCHMACK was asked the following questions:

- "What have you eaten today, and when?" SCHMACK answered: Nothing
- "What have you been drinking, how much, and what time was your last drink?" SCHMACK answered: Just 4 or 5 cups of coffee.

- "What time do you think it is now?" SCHMACK answered: “about 4pm” ; the evaluator's time was 1508 hours.
- "When did you last sleep and for how long?" SCHMACK answered: “Last night for 5 or 6 hours"
- "Are you sick or injured?" SCHMACK answered: “No”;
- "Are you diabetic?" SCHMACK answered “No”.
- "Are you epileptic?" SCHMACK answered “No”.
- "Do you take insulin?" SCHMACK answered ”No”.
- "Do you have any physical disabilities?" SCHMACK answered: “No”
- "Are you under the care of a doctor/dentist?" SCHMACK answered: “No”
- "Are you taking any prescription medication or drugs?" SCHMACK stated “You tell me”.

SCHMACK's attitude during the evaluation was cooperative but passive. SCHMACK displayed poor coordination as he appeared overtly relaxed and unstable on his feet during the evaluation, his speech was best described as low and raspy. There were no notable breath orders and his face was noted as pale.

(5) Psychophysical Signs:

Modified Romberg Balance Test:

During the Modified Romberg Balance Test SCHMACK swayed in a circular pattern approximately four (4) inches from front to back and two (2) inches to each side

SCHMACK estimated the passage of 30 seconds in 44 timed seconds. The expected range is 30 seconds plus or minus 5 seconds.

When asked "How long was that?", SCHMACK responded "one minute”.

When asked "How did you arrive at that?", SCHMACK responded "I counted to 30".

It was noted that SCHMACK appeared to be on the nod and was constantly licking his lips.

Walk and Turn Test:

During the Instruction stage SCHMACK was unable to keep their balance three (3) times, stepping off the line once to the right and twice to the left. SCHMACK was instructed to go back to the instruction stance each time.

On the first nine steps:

- SCHMACK took 9 steps as directed.
- SCHMACK raised their arms for balance 1 time.
- SCHMACK stopped twice, between step 1 & 2, and between step 9 and the turn.
- SCHMACK missed his heel to toe 1 time between step 8 and 9.
- SCHMACK step off the line on step #2 by stepping off to the right.

SCHMACK completed the turn as described but he took slow deliberate steps.

On the second set of nine steps:

- SCHMACK took 9 steps as directed.
- SCHMACK raised their arms for balance 2 times.

- SCHMACK missed his heel to toe 1 time, between step 1 and 2.
- SCHMACK stopped once between step 8 & 9.

During the test SCHMACK took slow deliberate steps. On three occasions he was reminded to count his steps out loud and when he did count out loud, his counting was very faint and difficult to hear. SHCMACK was wearing lace up brown boots for the entire evaluation.

One Leg Stand Test:

While testing SCHMACK's left leg:

- SCHMACK put their right foot down once at count of 1000-12.
- SCHMACK continuously swayed.
- SCHMACK continuously used arms while balancing.
- SCHMACK counted slowly and reached a count of 1000-20 in a timed 30 seconds

While testing SCHMACK's right leg:

- SCHMACK put their left foot down twice at a count of 1000-14 and 1000-21.
- SCHMACK continuously swayed
- SCHMACK continuously used arms while balancing.
- SCHMACK counted slowly and reached a count of 1000-22 in a timed 30 seconds

Finger to Nose Test:

- On the first attempt SCHMACK touched the bridge of his nose centre using the tip of his left index finger.
- On the second attempt, SCHMACK touched the right side of his nose using the tip of his right index finger.
- On the third attempt, SCHMACK touched his left nostril using the tip of his left index finger.
- On the fourth attempt, SCHMACK touched the right side of his nose using the tip of his right index finger.
- On the fifth attempt, SCHMACK touched the tip of his nose as directed using the tip of his right index finger.
- On the sixth attempt, SCHMACK touched his left nostril using the tip of his left index finger.

Comments: SCHMACK displayed slow movements and appeared on the nod throughout the test.

(6) Clinical Signs:

Horizontal Gaze Nystagmus: SCHMACK did not display lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation or any angle of onset of nystagmus prior to 45 degrees.

Vertical Gaze Nystagmus: SCHMACK did not display vertical gaze nystagmus

Lack of Convergence: SCHMACK was able to converge their eyes.

SCHMACK advised that they can normally cross their eyes.

Pupil Size:

- SCHMACK's left eye pupil was 2.0 mm in room light, which is below the DRE average range. SCHMACK's right eye pupil was 2.0 mm in room light, which is below the DRE average range (2.5-5.0mm).

- SCHMACK's left eye pupil was 2.5 mm in near total darkness, which is below the DRE average range. SCHMACK's right eye pupil was 2.5 mm in near total darkness, which is below the DRE average range (5.0-8.5mm).
- SCHMACK's left eye pupil was 2.0 mm in direct light, which is within the DRE average range. SCHMACK's right eye pupil was 2.0 mm in direct light, which is within the DRE average range (2.0-4.5mm).
- There was little to no reaction to light and SCHMACK's eyelids were noted as being droopy

Pulse Measurements:

The pulse was taken 3 times (the DRE average range for pulse is 60 to 90 beats per minute (bpm)):

- First pulse: SCHMACK's pulse was below the DRE average range at 56 beats per minute (bpm) at 1518 hours.
- Second pulse: SCHMACK's pulse was below the DRE average range at 52 beats per minute (bpm) at 1538 hours.
- Third pulse: SCHMACK's pulse was below the DRE average range at 52 beats per minute (bpm) at 1550 hours.

Blood Pressure:

SCHMACK's blood pressure was 110/64 millimetres of Mercury (mmHg). Which is below the DRE average range of 120-140 (Systolic) / 70-90 mmHg. (Diastolic)

Temperature:

SCHMACK's body temperature was 36.4 degrees Celsius, which is below the DRE average range of 37 degrees Celsius plus or minus 0.5 degrees Celsius**.**

Muscle Tone:

SCHMACK's muscle tone was flaccid.

(7) Statements: No subject admissions were made. SCHMACK stated that he did not use drugs and that he was just tired.

(8) Medical Problems or Treatments: SCHMACK did not provide any information when asked about medical problems or treatments nor did he advise if he was taking any drugs or medicine

(9) Opinion: It is the opinion of Sergeant BOTHAM, an evaluating officer, that Charlie SCHMACK's ability to operate a conveyance is impaired by **narcotic analgesics.**

(10) Miscellaneous:

- There was nothing to note for the nasal area exam.
- There was nothing to note for the oral cavity exam**.**
- There were a fresh puncture marks on the inside SCHMACKS right and left arms. It was noted that there were numerous bruises along the veins on the inside of both arms.

SCHMACK provided a sample of blood to David BOTHAM pursuant to a demand that was read to SCHMACK by Sergeant BOTHAM at 1601 hours. These samples were obtained at Weyburn Hospital by nurse PETERS. The samples were collected and seized at 1700 hours.

All times in this report unless otherwise noted are that of Sgt David Botham

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
D. Smith	00001	20-009-0045	RCMP	(Session XVII - #2)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Sgt. R. Davis	☑ Yes ☐ Yes (not used) ☐ No	Edmonton PS	N/A

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/07/05 @ 1840 hrs	Sgt. Davis	1815 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 1838 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
1840 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Wynn, Hara	1987/04/10	Female

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
2020/07/05 @ 1815 hrs @ Edmonton HQ	"Couple of candy bars"	3 pm	Water, Big Gulp A couple	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
7 pm / 1845 hrs	Last night "A few hours"	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No "No, no medicine"	Cooperative	Poor, sluggish, Unstable

Speech	Breath Odour	Face
Low, Raspy	Nothing noted	Pale

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

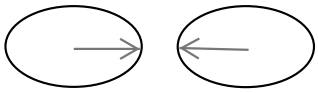
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 56 bpm @ 1855hrs
2. 52 bpm @ 1908hrs
3. 52 bpm @ 1920hrs

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	No	No

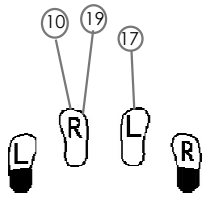
Convergence



Right Eye Left Eye

One Leg Stand

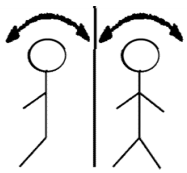
24 /30 22 /30



Counted slowly. Scratching arms and face.

Modified Romberg Balance

Approx. 3" 3" Approx. 3" 3"

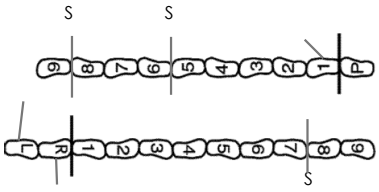


Counted slow, on the nod.

Walk and Turn

Cannot keep balance II (2)

Starts too soon 0



Walked slowly with deliberate steps

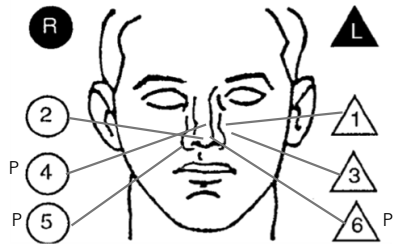
	1st nine	2nd nine
Stops walking	I (1)	II (2)
Misses heel-toe	0	0
Steps off line	0	I (1)
Raises arms	I (1)	III (3)
Actual steps taken	9	9

L	R	
contin	contin	Sways while balancing
contin	contin	Uses arms to balance
0	0	Hopping
II (2)	I (1)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
44 sec estimated as 30 seconds	Slow, deliberate steps	N/A	Athletic shoes

Finger to nose

(Draw lines to spots touched)



Slow arm movements. Leaned forward.

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	2.0mm	2.5mm	1.5mm
Right Eye	2.0mm	2.5mm	1.5mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☐ Slow ☑ Little to none visible

Nasal area: Nothing noted

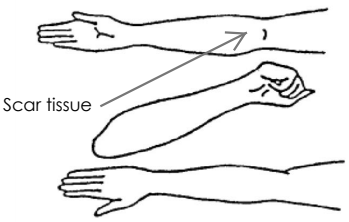
Oral cavity: White coating. Dry lips

Blood Pressure	Temperature
108 / 66 mmHg	36.4 °C

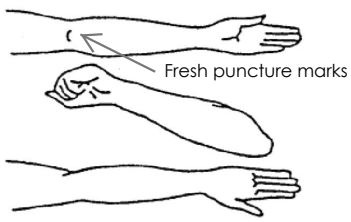
Muscle tone: ☐ Normal ☑ Flaccid ☐ Rigid

Comments:

Right Arm



Left Arm



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I'm not going to answer that"	N/A	N/A	N/A

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
1935 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☑ Urine ☐ Blood Demand time: 1935 hrs Sample Time: 2100 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
D. Smith		

Opinion of Evaluator

☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anaesthetic ☐ Inhalants ☐ Operational

☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☑ Narcotic Analgesic ☐ Cannabis ☑ Training

Drug Influence Evaluation

This is the detailed narrative report of Constable D'Arcy Smith, a Regular Member of the Royal Canadian Mounted Police, Reg. No. 32123, DRE No. 00001. Cst. Smith is currently attached to Traffic Services at RCMP Headquarters located at 1140 – 109 Street NW Edmonton Alberta. Cst. Smith is credentialed by the International Association of Chiefs of Police (IACP) as a Drug Recognition Expert (DRE Certification Expiry Date: 2021-08-01).

(1)Location: The evaluation of Hara Wynn was conducted by Cst. Smith, at Edmonton Police Service Headquarters located at 9620 – 103A Avenue Edmonton Alberta on July 5th, 2020

(2)Witnesses: This evaluation was witnessed by Sgt. Robert Davis of the Edmonton Police Service**.**

(3)Source: The subject evaluated was Hara Wynn, date of birth 191987-04-10

Interview of the arresting officer Sgt Davis: There was reports of as a possible impaired driver. Sgt. Davis observed the vehicle traveling northbound on Highway 16 and it was unable to maintain a single lane of travel. When attempting to stop the vehicle, the driver was slow to respond to his emergency lights and once the vehicle pulled over, the right front tire stuck the curb. During the personal contact with the female driver, Sgt. Davis observed poor, sluggish movements and her speech was low and raspy. She denied drinking or taking any drugs and consented to SFSTs. According to Sgt. Davis, she performed poorly on the Walk and Turn (W&T) and One Leg Stand (OLS) tests. Sgt. Davis observed four clues on the W&T and three clues on the OLS. He also administered the HGN which was not present. Sgt. Davis arrested the driver for impaired operation of a conveyance and transported her to RCMP Headquarters for processing.

(3)First Observations: Ms. Wynn was first observed by Cst. Smith in the Interview room Edmonton Police Service Headquarters at 1835 hours. Cst. Smith read Ms. Wynn the secondary police caution at approximately 1838 hours. When asked if she understood Ms. Wynn stated "Yes". The following things were observed at that time:

- Ms. Wynn's eyes were normal.
- Ms. Wynn displayed equal tracking.
- Ms. Wynn's pupil size was equal.
- Resting nystagmus was not present.
- Ms. Wynn was able to follow stimulus.
- Ms. Wynn's eyelids were droopy.

Ms. Wynn was asked the following questions:

- "What have you eaten today, and when?" Ms. Wynn answered: couple of candy bars around 3pm
- "What have you been drinking, how much, and what time was your last drink?" Ms. Wynn answered: a couple big gulps of water
- "What time do you think it is now?" Ms. Wynn answered: 7pm, the evaluator's time was 1845 hours.
- "When did you last sleep and for how long?" Ms. Wynn answered: Last night for a few hours
- "Are you sick or injured?" Ms. Wynn answered: No.
- "Are you diabetic?" Ms. Wynn answered: No.
- "Are you epileptic?" Ms. Wynn answered: No.
- "Do you take insulin?" Ms. Wynn answered: No
- "Do you have any physical disabilities?" Ms. Wynn answered: No
- "Are you under the care of a doctor/dentist?" Ms. Wynn answered: No.
- "Are you taking any prescription medication or drugs?" Ms. Wynn answered: No.

The following other observations were made:

- Ms. Wynn’s attitude was: Cooperative
- Ms. Wynn’s coordination was: poor, sluggish and unstable
- Ms. Wynn’s speech was: low and raspy
- Ms. Wynn 's breath odour was: nothing noted
- Ms. Wynn 's face was: pale

(5)Psychophysical Signs:

Modified Romberg Balance Test:

- Ms. Wynn swayed 3-inch front to back and side to side.
- Ms. Wynn estimated the passage of 30 seconds as 44 seconds. The normal range is 30 seconds plus or minus 5 seconds.
- When asked "How long was that?", Ms. Wynn responded "30 seconds".
- When asked "How did you arrive at that?", Ms. Wynn responded "counted to 30".
- Ms. Wynn appeared to be on the nod

Walk and Turn Test:

- Ms. Wynn was wearing athletic shoes during the test

During the instructions stage:

> Ms. Wynn was unable to keep her balance 2 times. Ms. Wynn broke her stance once with her left foot stepping to the left and once with her right foot stepping to the right.

On the first set of nine steps:

- Ms. Wynn took 9 steps.
- Ms. Wynn raised her arms once.
- Ms. Wynn stopped walking once on step 7
- Ms. Wynn did not step off the line
- Ms. Wynn did not miss touching heel steps

The turn was performed as described with Ms. Wynn movements being slow and deliberate

On the second set of nine steps:

- Ms. Wynn took 9 steps
- Ms. Wynn raised her arms 3 times
- Ms. Wynn stopped walking twice at step 5 and 8
- Ms. Wynn stepped off the line 1 time to the right on her first step
- Ms. Wynn did not miss touching heel to toe steps

Ms. Wynn was observed to walk slowly with deliberate steps

One Leg Stand Test:

- While testing Ms. Wynn's left leg:
  - Ms. Wynn put her right foot down 2 time on her count of 10 and 19
  - Ms. Wynn swayed continuously.
  - Ms. Wynn used arms while balancing continuously.
  - Ms. Wynn did not hop
  - Ms. Wynn reached a count of 24 in a timed 30 seconds.
- While testing Ms. Hara's right leg:
  - Ms. Wynn put her left foot down 1 time on her count of 17
  - Ms. Wynn swayed continuously
  - Ms. Wynn used arms while balancing continuously
  - Ms. Wynn did not hop
  - Ms. Wynn reached a count of 22 in a timed 30 seconds.

Finger to Nose Test:

- On the first attempt, Ms. Wynn touched her cheek below her left eye.
- On the second attempt, Ms. Wynn touched the tip of her nose.
- On the third attempt, Ms. Wynn touched her cheek below her left eye.
- On the fourth attempt, Ms. Wynn touched the bridge of her nose with the pad of her finger.
- On the fifth attempt, Ms. Wynn touched the side of her nostril.

- On the sixth attempt, Ms. Wynn touched the left side of her nose with the pad of her finger.

  Comments: Ms. Wynn displayed slow arm movements and was leaned forward during the testing.

(6) Clinical Signs:

Horizontal Gaze Nystagmus: Horizontal gaze nystagmus was not present.

Vertical Gaze Nystagmus: Ms. Wynn did not display vertical gaze nystagmus.

Lack of Convergence: Ms. Wynn did not display lack of convergence.

Pupil Size:

The DRE average range for pupil size in room light is 2.5 to 5.0 millimeters (mm):

Ms. Wynn's left eye pupil was 2.0 mm in room light, which is below the DRE average range. Ms. Wynn's right eye pupil was 2.0 mm in room light, which is below the DRE average range.

The DRE average range for pupil size in near total darkness is 5.0 to 8.5 mm:

Ms. Wynn's left eye pupil was 2.5 mm in near total darkness, which is below the DRE average range. Ms. Wynn’s right eye pupil was 2.5 mm in near total darkness, which is below the DRE average range.

The DRE average range for pupil size in direct light is 2.0 to 4.5 mm:

Ms. Wynn's left eye pupil was 1.5 mm in direct light, which is below the DRE average range. Ms. Wynn's right eye pupil was 1.5 mm in direct light, which is below the DRE average range**.**

Ms. Wynn’s pupils displayed little or none visible reaction to light.

Ms. Wynn did not display rebound dilation.

A UV light was not used in the eye examinations

Pulse Measurements:

The pulse was taken 3 times:

The DRE average range is 60 – 90 beats per minute (bpm)

- First pulse: Ms. Wynn’s pulse was below the DRE average range at 56 bpm at 1855 hours.

- Second pulse: Ms. Wynn’s pulse was below the DRE average range at 52 bpm at 1908 hours.

- Third pulse: Ms. Wynn's pulse was below the DRE average range at 52 bpm at 1920 hours.

Blood Pressure: Ms. Wynn's blood pressure was measured to be 108/66 millimetres of Mercury (mmHg).

Ms. Wynn's systolic blood pressure was 108 mmHg, which is below the DRE average range. The DRE average range for systolic blood pressure is 120 to 140 mmHg.

Ms. Wynn's diastolic blood pressure was 66 mmHg, which is below the DRE average range. The DRE average range for diastolic blood pressure is 70 to 90 mmHg.

Temperature: Using an oral thermometer, Ms. Wynn's body temperature was measured to be 36.4 degrees Celsius. The DRE average range for body temperature is 37 degrees Celsius plus or minus 0.5 degrees Celsius.

Ms. Wynn's body temperature is below the DRE average range.

Muscle Tone: Ms. Wynn's muscle tone was flaccid.

(7) Statements: Ms. Wynn denied using any drugs and or alcohol.

(8) Medical Problems or Treatments: Ms. Wynn did not disclose any medical problems

(9) Opinion: It is the opinion of Constable D'Arcy Smith, an evaluating officer, that Hara Wynn's ability to operate a conveyance is impaired by: Narcotic Analgesic.

(10) Miscellaneous:

- There was nothing to note for the nasal area exam.
- During the oral cavity exam there was a white coating of the tongue and dry lips observed
- There were fresh puncture marks noted in the crook of Ms. Wynn's left arm and scar tissue in the crook of her right arm.

The evaluation began July 5th, 2020 at 1840 hours and was completed at 1935 hours.

Ms. Wynn provided samples of urine pursuant to a demand that was read to Ms. Wynn by Cst. Smith at 1935 hours.

The urine sample was seized at 2100 hours by Cst. Smith and secured exhibit locker fridge within the Edmonton Police Service Headquarters.

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Cst P. Foster	22290	20-010-0057	Saskatoon Police Service	(Session XVII - #3)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Sgt R. Davis	☑ Yes ☐ Yes (not used) ☐ No	Saskatoon PS	Cst. A. Belanger

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/05/20 @ 1915 hrs	Cst Belanger	1940 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 2028 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
2030 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Cotton, Ozzie	1986/05/16	Male

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
2020/05/20 @ 2030 hrs @ Detention	Cheeseburger	1 pm	Monster One can	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
9 pm / 2035 hrs	Last night About 9 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No "sore elbow"	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No "I used to take pain pills"	Cooperative	Poor, slow, unsteady

Speech	Breath Odour	Face
Slow, thick	Nothing noted	Pale (Beard)

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

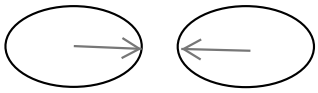
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 58 bpm @ 2042hrs
2. 56 bpm @ 2115hrs
3. 56 bpm @ 2130hrs

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	None	None

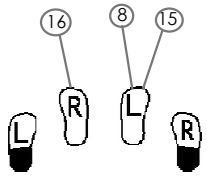
Convergence



Right Eye Left Eye

One Leg Stand

23 /30 21 /30

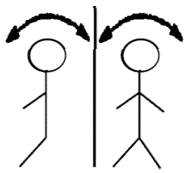


Slow count

L	R	
Cont	Cont	Sways while balancing
Cont	Cont	Uses arms to balance
ø	ø	Hopping
I (1)	II (2)	Puts foot down

Modified Romberg Balance

Approx. 2" 2" Approx. 2" 2"

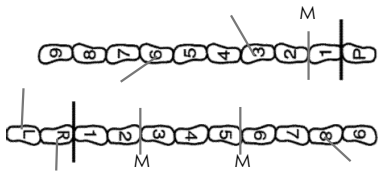


Scratching arms

Walk and Turn

Cannot keep balance II (2)

Starts too soon ø



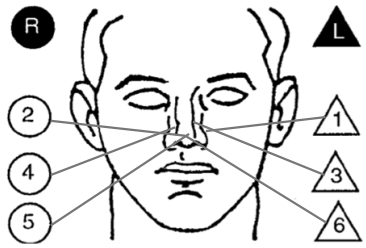
Stopped counting out loud on step 5. Reminded to count out loud. Slow deliberate steps.

	1st nine	2nd nine
Stops walking	ø	ø
Misses heel-toe	II (2)	I (1)
Steps off line	I (1)	II (2)
Raises arms	IIII (4)	II (2)
Actual steps taken	9	9

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
40 sec estimated as 30 seconds	slow, as instructed.	N/A	Brown slip on boots

Finger to nose

(Draw lines to spots touched)



Slow arm movements. Searching for nose.

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	2.0 mm	4.0 mm	1.5 mm
Right Eye	2.0 mm	4.0 mm	1.5 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: Clear

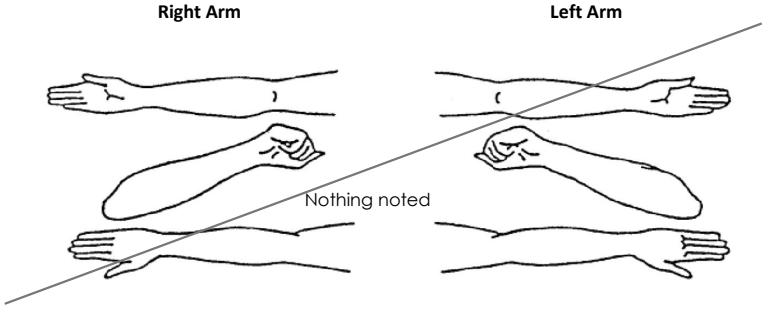
Oral cavity: White coating, dry mouth.

Blood Pressure	Temperature
112 / 64 mmHg	36.8 °C

Muscle tone: ☐ Normal ☑ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I used to take pain pills"	A couple pills a day	Couple weeks	N/A

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
2145 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☑ Urine ☐ Blood Demand time: 2147 hrs Sample Time: 2200 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
Cst P. Foster		

Opinion of Evaluator

☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anaesthetic ☐ Inhalants ☑ Operational

☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☑ Narcotic Analgesic ☐ Cannabis ☐ Training

Drug Impairment Evaluation

This is the detailed narrative report of Constable Patrick Foster, a Regular member of the Saskatoon Police Service, Reg. No. 657, DRE Number 22290. Constable Foster is currently attached to Patrol, Saskatoon, Saskatchewan. Constable Foster is credentialed by the International Association of Chiefs of Police (IACP) as a Drug Recognition Expert (DRE Certification Expiry Date: 2021-10-20).

(1) **Location**: The evaluation of Ozzie Cotton was conducted by Constable Foster, at the Saskatoon Police Service Detention facility on October 23, 2020.

(2) **Witnesses**: Sgt R. Davis and Cst. A. Belanger witnessed the evaluation.

(3) **Source**: The subject evaluated was Ozzie Cotton DOB 1986/05/16.

Interview of the arresting officer Sergeant Davis: I was on duty working a holiday check stop when I was contacted by Sergeant Davis who advised me the subject's vehicle was observed drifting in and out of his traffic lane and driving 20 km/h under the posted speed limit on Gateway Blvd near College Drive. During personal contact, Davis did not detect an alcoholic beverage odour on the subject's breath but observed some indicators of possible drug impairment. Cotton had slow, deliberate movements, constricted pupils and slow, thick slurred speech. According to Sgt Davis, Cotton did not have any medical conditions, injuries, or physical defects. The subject performed poorly on Standardized Field Sobriety Testing and was transported to detention for further evaluation by a DRE.

(4) First Observations:

A breath test was sample was not taken as there was zero suspicion of alcohol consumption. Cotton was sitting on a bench and was continually scratching his arms. He had a dry mouth and had a smacking sound when he spoke. When he stood, he was unstable, and several times used the wall next to the bench to steady himself. Cotton mentioned that he was cold even though the booking area was warm. He was wearing blue jeans, a brown tee shirt, and brown slip-on boots. Numerous times while interacting with Cotton, he appeared to be on the nod and I had to repeat my questions to get a response from him. I read Cotton the secondary police caution 2028 hours. When asked if he understood Cotton replied "yes." The following things were observed at that time:

- Cotton displayed equal tracking;
- His pupil size appeared to be equal;
- Resting nystagmus was not present; &
- Cotton was able to follow the stimulus.

Cotton was asked the following questions:

- "What have you eaten today, and when?" Cotton replied with "cheeseburger" and "1 pm" referring to the last time he ate.
- "What have you been drinking, how much, and what time was your last drink?" Cotton said Monster energy drink, 1 can.
- What time do you think it is now?" Cotton believed it was about 9 pm, the evaluators time was 2035 hours;

- “When did you last sleep, and for how long?” he said he slept “last night” and for “about 9 hours”;
- “Are you sick or injured?” he answered no;
- “Are you diabetic or epileptic?” Cotton answered no;
- “Do you take insulin?” he answered no;
- “Do you have any physical disabilities?” Cotton said no but did mention he had a “sore elbow”;
- “Are you under the care of a doctor or dentist?” he said no;
- “Are you taking any prescription medication or drugs?” he stated “I used to take pain pills”.

The following further observations were made:

- Cotton was cooperative;
- His coordination was poor, slow, and staggered;
- Cotton appeared to have slow, thick speech;
- Nothing was noted about his breath odour;
- Cotton had a pale face and did have a beard; &
- His eyelids displayed ptosis.

(5) **Psychophysical Signs**:

Modified Romberg Balance Test:

- Cotton swayed forward and backwards approximately 2 inches. He swayed left and right approximately 2 inches;
- He estimated the passage of 30 seconds in a timed 40 seconds. The expected range is 30 seconds plus/minus 5 seconds;
- Cotton was asked how long that was, when he responded “30 seconds”;
- When asked “how did you arrive at that?” he stated “counted in my head”; &
- he continuously scratched his arms during the test.

Walk and Turn Test

- Cotton had slip on brown canvas boots during the test.

During the instructions stage:

- Cotton could not keep his balance on 2 occasions. One time his rear (left) foot stepped to the left, and the second time his front (right) foot stepped off the line to the right. Cotton placed himself back to the instruction stage each time.

On the first set of nine steps:

- Cotton stepped off the line 1 time on step:
    - 8, by stepping with his right foot to the right of the line.

- Cotton missed his heel to toe on 2 occasions between:
    - Steps 2 & 3: &
    - Steps 5 & 6.

- Cotton used his arms for balance 4 times throughout the test.

The turn was performed as described but, slowly.

On the second set of 9 steps:

- Cotton stepped off the line twice on steps:
    - 3, by stepping with his right foot to the right of the line; &
    - 6, by stepping with his left foot to the left of the line.

- Cotton missed his heel to toe 1 time between;
    - Steps 1 & 2.

- Cotton raised his arms for balance on 2 occasions.

One Leg Stand

While testing Cotton's left leg:

- Cotton swayed throughout the test.
- Cotton used his arms for balance continuously;
- Cotton put his foot down 1 time on count:
    - 16.

Cotton reached a count of 23 in a timed 30 seconds.

While testing Cotton's right leg:

- Cotton swayed throughout the entire test;
- Used his arms for balance continuously; &
- Cotton put his foot down 2 times on count number:
    - 8; &
    - 15.

Cotton reached a count of 21 in a timed 30 seconds.

Finger to Nose Test:

- On the first attempt, Cotton touched his left cheek to the left of his nose with the tip of his left index finger.
- On the second attempt, Cotton touched the tip of his nose with the pad of his right index finger.
- On the third attempt, Cotton touched the left side near the bridge of his nose with the tip of his left index finger.
- On the fourth attempt, Cotton touched the right side of his nose to the right of the bridge with the pad of his right index finger.
- On the fifth attempt, Cotton touched the tip of his nose with the pad of his right index finger.
- On the sixth attempt, Cotton touched the tip of his nose with the tip of his left index finger.

Cotton had slow hand movements and seemed to be searching for his nose throughout the test.

(6) **Clinical Signs**:

Horizontal Gaze Nystagmus: Cotton did not display HGN.

Vertical Gaze Nystagmus: Cotton did not display VGN.

Lack of Convergence: Cotton was able to converge his eyes.

Pupil Size:

The DRE average range for pupil size is room light is 2.5 to 5.0 millimeters (mm):

Cotton's left eye was 2.0 mm in room light, which is below the DRE average range. Cotton's right eye was 2.0 mm in room light, which is below the DRE average range.

The DRE average range for pupil size in near total darkness is 5.0 to 8.5 mm:

Cotton's left eye was 4.0 mm, which is below the DRE average range. Cotton's right eye was 4.0 mm, which is below the DRE average range.

The DRE average range for pupil size in direct light is 2.0 to 4.5 mm:

Cotton's left eye measured 1.5 mm, which is below the DRE average range. His right eye measured 1.5 mm, which is below the DRE average range.

Cotton's pupils displayed a normal reaction to direct light.

Cotton did not display rebound dilation.

A UV light was not used during the eye examinations.

Pulse Measurements:

The DRE average range of the pulse rate is 60 to 90 beats per minute (BPM).

The pulse was taken 3 times:

- 1st pulse was 58 beats per minute (BPM) taken at 2042 hours, which is below the DRE average range;
- 2nd pulse was 56 BPM taken at 2115 hours, which is below the DRE average range;
- 3rd pulse was 56 BPM taken at 2130 hours, which is below the DRE average range.

Blood Pressure: Cotton's blood pressure was 112/64 Millimeters in Mercury (mmHg).

Cotton's systolic blood pressure was 112 mmHg, which is below the DRE average range of 120 - 140 mmHg. Cotton's diastolic blood pressure was 64 mmHg, which is below the DRE average range of 70-90 mmHg.

Temperature: Using an oral thermometer, I measured Cotton's body temperature. The DRE average range for body temperature is 37.0 ° Celsius minus 0.5 ° Celsius.

Cotton's body temperature was 36.8 ° Celsius, which is below the DRE average range.

Muscle Tone: Cotton's muscle tone was flaccid.

(1) **Statements:** Cotton stated he “used to take pain pills” and “couple pills a day, a couple weeks ago”.

(2) **Medical Problems or Treatments:**

Drugs and Medicine: Nothing noted.

(3) **Opinion:** It is the opinion of Constable P. Foster, an evaluating officer, that Ozzie Cotton’s ability to operate a conveyance is impaired by a Narcotic Analgesic.

(4) **Miscellaneous:**

- On examination of the nasal area, nothing was noted;
- There was a white coating and dry mouth noted during the oral cavity exam; &
- There was nothing to note by way of puncture or injection marks.

The evaluation began at 2030 hours on May 20, 2020 and was completed at 2145 hours.

Cotton provided a sample of urine pursuant to a demand that was read by Cst. Foster at 2147 hours.

The sample was seized at 2200 hours by Cst. Foster who immediately seized the sample and secured it in the exhibit fridge.

All times in this report unless otherwise indicated noted are that of Cst. P. Foster

Estimated time for session: 45 Minutes

21 DRE

PRACTICE: TEST INTERPRETATION

LEARNING OBJECTIVES

- Analyze the results of a complete drug impairment evaluation and identify the category or categories of drugs affecting the individual examined
- Articulate the basis for the drug category identification

CONTENTS

LEARNING ACTIVITIES

- Instructor-Led Demonstrations
- Small-Group Practice
- Participant-Led Presentations

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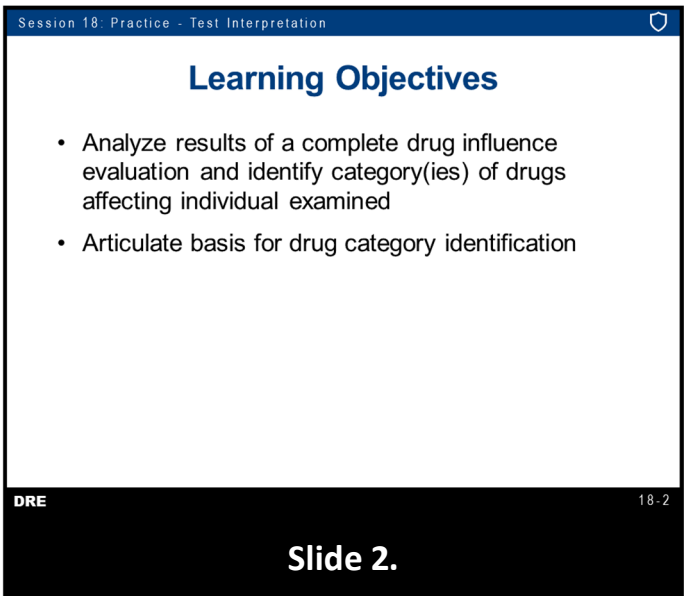
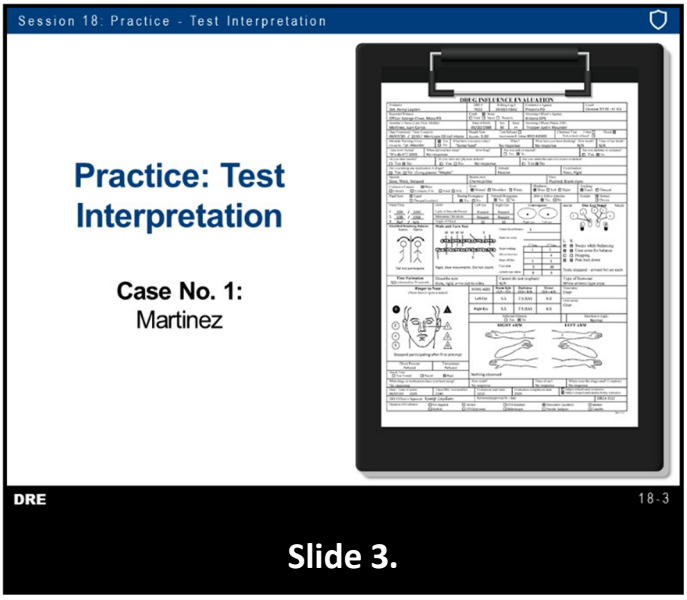


Slide 2.

Instructor Note

Briefly review the objectives, content, and activities of this session.

A. Interpretation Demonstrations



Slide 3.

Case No.1: Martinez

Instructor Note

Direct participants to turn to Case No. 1: Martinez exemplar at the end of this session in their guide.

Preliminary Examination: Review the results of the preliminary examination of subject Martinez.

Instructor Note

Ask participants: "What category or categories of drugs would produce preliminary examination results consistent with this exemplar?" Probe to draw out the basis for participants' responses.

Eye Examinations: Review the results of the eye examination of subject Martinez.

Instructor Note

Ask participants to discuss the category or categories of drugs that would cause these examination results.

Psychophysical Tests: Review the results of the psychophysical tests of subject Martinez.

Instructor Note

Ask participants to discuss the category or categories of drugs that would produce these psychophysical test results.

Vital Signs Examinations: Review the results of the vital signs examinations of subject Martinez.

Ask participants to discuss the category or categories of drugs that would cause these results.

Dark Room Examinations: Review the results of the dark room examinations of subject Martinez.

Ask participants to discuss the category or categories of drugs that would produce these results.

Other Evidence: Review the results of the examinations for injection sites and muscle rigidity and of the final interview of subject Martinez.

Ask participants to comment on the category or categories of drugs that would be consistent with all of the evidence on this exemplar.

Opinion of the Evaluator

Point out the evidence indicates Subject Martinez is under the influence of a Dissociative Anesthetic.

Solicit participants' questions concerning this demonstration.

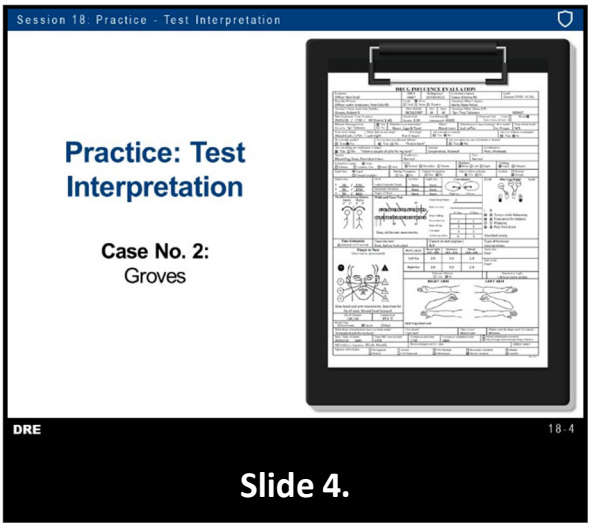
B. B. Interpretation Practice

Instructor Note

Activity

Instructions

1. ***Assign participants to work in teams of three to four members.***
2. ***Each participant will review all four exemplars (Cases 2-5 Groves, Hatos, Jackson, and Stevens).***
3. ***The groups are to discuss the evidence among themselves and reach a conclusion concerning the category of drugs, if any.***
4. ***Give groups approximately 20 minutes to review the four exemplars and reach their conclusions.***
5. ***Each group will present their conclusions to the class.***



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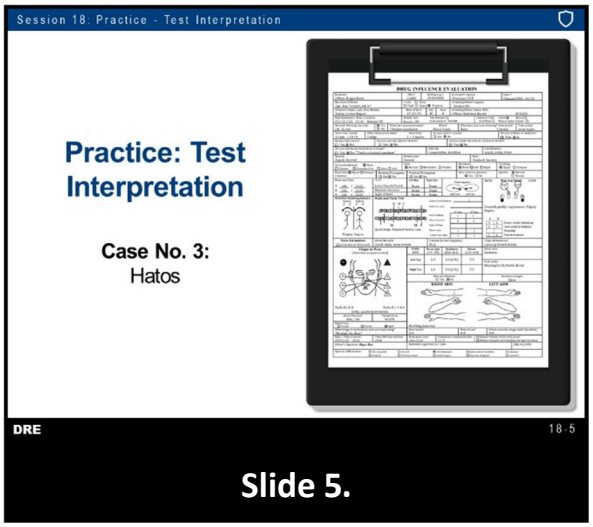

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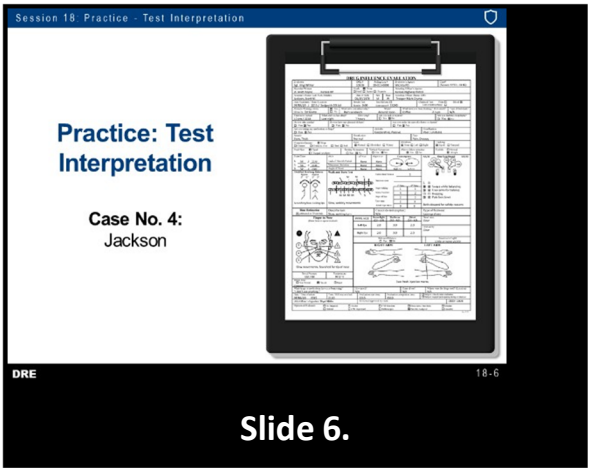

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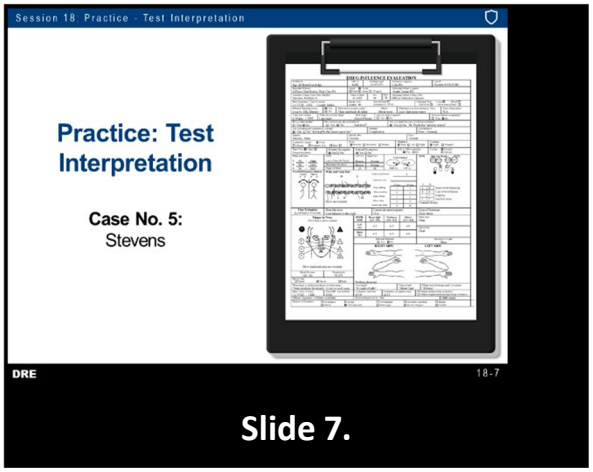


Slide 7.

Instructor Note

Activity

Discussion and Feedback of Results

- ***Use slides 4, 5, 6, and 7 to review and discuss the four exemplars.***
- ***Poll teams to determine their conclusions concerning the category of drugs present in each subject.***
- ***Offer appropriate comments concerning the groups' performance.***

Subject	***Categories***
Martinez	***Dissociative Anesthetics***
Groves	***Narcotic Analgesic***
Hatos	***CNS Stimulant***
Jackson	***Narcotic Analgesic***
Stevens	***CNS Depressant***

Slide 8.

Instructor Note

Solicit participants' comments and questions concerning this practice session.

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Cst. P Foster 657	22290	20-015-0142	Saskatoon PS	(Session XVIII - #1 IG)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cpl D. Milette	☑ Yes ☐ Yes (not used) ☐ No	RCMP	N/A

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/09/07 @ 2105 hrs	Milette	2140 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 2208 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
2210 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Martinez, Juan Carlos	1988/05/20	Male

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking?	How much?	Time of last drink?
2020/09/07 @ 2210 hrs @ SPS Det	"Some food"	No response	No response	N/A	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
"It's dark" / 2213hrs	No response	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☐ No No response	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☐ No (long pause) "Maybe"	Passive	Poor, rigid

Speech	Breath Odour	Face
Slow, thick, delayed	Chemical-like	Flushed, blank stare

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

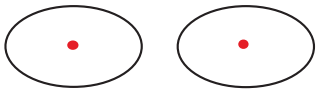
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 104 bpm @ 2240hrs
2. 108 bpm @ 2256hrs
3. 108 bpm @ 2301hrs

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	Yes	Yes
Angle of Onset	30°	30°

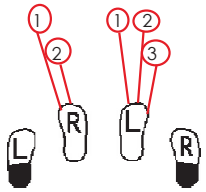
Convergence



Right Eye Left Eye

One Leg Stand

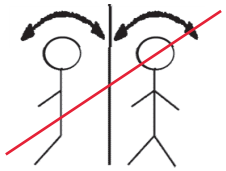
N/A /30 N/A /30



tests stopped for safety
- nearly fell for both L and R

Modified Romberg Balance

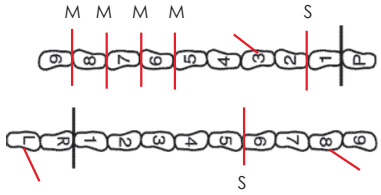
Approx. Approx.



test stopped for safety

Walk and Turn

Cannot keep balance I (1)
Starts too soon ø



failed to count aloud

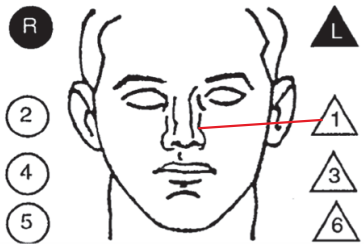
	1st nine	2nd nine
Stops walking	I (1)	I (1)
Misses heel-toe	ø	IIII (4)
Steps off line	I (1)	I (1)
Raises arms	III (3)	Cont
Actual steps taken	9	9

L	R	
Cont	Cont	Sways while balancing
Cont	Cont	Uses arms to balance
ø	ø	Hopping
II (2)	III (3)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
N/A estimated as 30 seconds	Slow, rigid, arms out to the side	N/A	White athletic type shoe - tied up

Finger to nose

(Draw lines to spots touched)



test stopped - safety reasons

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	5.5 mm	7.5 mm UV	4.0 mm
Right Eye	5.5 mm	7.5 mm UV	4.0 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: Nothing noted

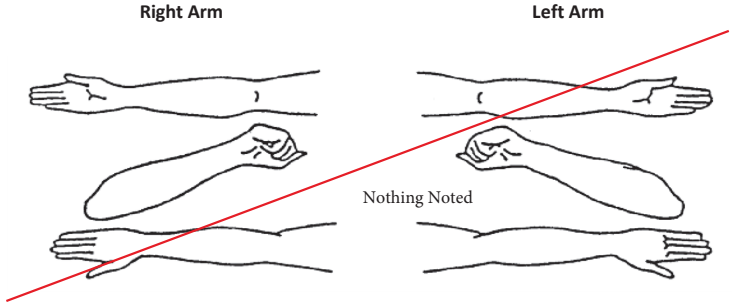
Oral cavity: Nothing noted

Blood Pressure	Temperature
160 / 110 mmHg	38.4 °C

Muscle tone: ☐ Normal ☐ Flaccid ☑ Rigid

Comments:

Right Arm **Left Arm**



Nothing Noted

What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
No response	No response	No response	No response

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
2305 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☐ Urine ☑ Blood Demand time: 2307 hrs Sample Time: 2330 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
PFoster		

Opinion of Evaluator

☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☑ Dissociative Anaesthetic ☐ Inhalants ☐ Operational
☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis ☑ Training

Drug Impairment Evaluation

This is the detailed narrative report of Constable Patrick Foster, a Regular member of the Saskatoon Police Service, Badge #657, DRE Number 22290. Cst Foster is located at 76 25th Street East, Saskatoon, Saskatchewan. Cst Foster is credentialed by the International Association of Chiefs of Police (IACP) as a Drug Recognition Expert (DRE Certification Expiry Date: 2023-10-20).

1. **Location**: The evaluation of Juan Carlos Martinez was conducted by Constable Foster #657, at Saskatoon Police Service Detention, located at 76 25th Street East, Saskatoon, Saskatchewan on September 7, 2020.

2. **Witnesses**: This evaluation was witnessed by Corporal D. Milette of the RCMP.
3. **Source**: The subject evaluated was Juan Carlos Martinez DOB 1988/05/20.

Interview of the arresting officer Cpl D. Milette: Cpl Milette reported that the subject's vehicle had crossed into oncoming traffic on 51st Street East and nearly struck another vehicle travelling in the opposite direction. He also reported that the vehicle did not have their lights on as required by law. Milette informed me that Martinez was slow to respond to his emergency equipment to initiate the traffic stop and travelled approximately 4 city blocks prior to stopping. When pulling to the right, he nearly struck several parked vehicles. At personal contact with the driver, Cpl Milette noted he had a dazed like appearance and had difficulty producing his license and other paperwork as requested. Martinez had thick slurred speech and a noted chemical like odour on his breath. The drivers balance was unsteady and he had poor balance while walking. SFST's were conducted and an arrest was made at 2105 hours. The DRE demand was provided at 2108 hours, and the driver was transported to detention to complete the evaluation.

First Observations:

A breath sample was not taken, as there was no suspicion that alcohol was involved in this investigation. I first observed Martinez when he was inside the interview room. He was seated in a chair and appeared disoriented. He was slow to respond to questions and was looking straight ahead most of the time. Martinez's face appeared to be flush and was sweaty. When he stood, several times he used his chair to maintain his balance. Martinez had stiff, rigid movements. The secondary police warning was provided verbatim at 2208 hours to Martinez, which he replied "yes" to understanding, after a lengthy approximately 60 second pause. The following things were observed at that time:

- Martinez's eyes appeared to be normal;
- Martinez displayed equal tracking;
- Martinez's pupil size appeared to be equal;
- Resting nystagmus was present;
- Martinez was able to follow the stimulus;
- Martinez's eyelids appeared to be normal.

Martinez was asked the following questions:

- “what have you eaten today, and when?” Martinez replied with “some food”;
- “what have you been drinking, how much, and what time was your last drink?” he did not respond;
- What time do you think it is now?” Martinez stated “it’s dark” the investigators time was 2135 hours;
- “when did you last sleep, and for how long?” No response.
- “are you sick or injured?” Martinez answered no;
- “are you diabetic or epileptic?” Martinez answered no;
- “do you take insulin?” Martinez answered “no”;
- “Do you have any physical disabilities?” No response;
- “are you under the care of a doctor or dentist?” Martinez answered no;
- “Are you taking any prescription medication or drugs?” after a long pause Martinez stated “maybe”.

The following further observations were made:

- Martinez was passive;
- Martinez’s coordination was poor and rigid;
- Martinez’s speech was slow, thick and delayed with his responses;
- Martinez’s breath had a chemical like odour; &
- Martinez’s face appeared to be flush, and often he was glaring with a blank stare.

4. **Psychophysical Signs**:

Modified Romberg Balance Test:

- After providing the instructions, Martinez tilted his head back and closed his eyes;
- Martinez nearly fell to the floor and the test was stopped for safety reasons.

Walk and Turn Test

- Martinez was in laced up white athletic type shoes.

During the instruction stage:

- Martinez lost his balance on one occasion, breaking the instruction position stance and moving his left foot to the right. Martinez put himself back to the instruction stance after he lost balance.

On the first set of nine steps:

- Martinez stopped walking once; between steps 5 & 6.
- Martinez stepped off the line once, on step 8 with his right foot to the right of the line; &
- Martinez raised his arms for balance 3 times.

The turn was performed not as described as Martinez turned slowly, with very rigid movements and his arms raised and out to the side.

On the second set of nine steps:

- Martinez stopped walking 1 time; between steps 1 & 2.
- Martinez missed his heel to toe steps between steps 5 & 6, 6 & 7, 7 & 8 and 8 & 9;
- Martinez stepped off the line 1 time, on step 3 with his right foot to the right of the line; &
- He raised his arms for balance 2 continually.

Martinez failed to count his steps aloud throughout the entire test.

One Leg Stand

While testing Martinez's left leg:

- Martinez swayed continuously;
- Used his arms for balance continuously; &
- Martinez put his right foot down twice, on his count of 1 & 2.

The test was stopped for safety as Martinez nearly fell while balancing on his left foot.

While testing Martinez' right leg:

- Martinez swayed continuously;
- Used his arms for balance continuously; &
- Martinez put his left foot down three times, on his count of 1, 2, & 3.

The test was stopped for safety as Martinez nearly fell while balancing on his right foot as well.

Finger to Nose Test:

- On the first attempt, Martinez touched bridge of his nose; with the tip of his left index finger.
- The test was stopped after the first attempt, as Martinez nearly fell again and it was unsafe to continue.

5. **Clinical Signs**:

Horizontal Gaze Nystagmus: Martinez displayed resting nystagmus while checking his eyes for equal pupil size prior to the beginning the HGN test. He displayed a lack of smooth pursuit in both eyes, as well as distinct and sustained nystagmus at maximum deviation. The angle of onset of nystagmus was measured to be 30°.

Vertical Gaze Nystagmus: Martinez displayed VGN,

Lack of Convergence: Martinez was unable to converge his eyes, as the stimulus approached the bridge of his nose, his eyes continued to stare straight ahead.

Martinez did not know if he could cross his eyes.

Pupil Size:

The DRE average range for pupil size is room light is 2.5 to 5.0 millimeters (mm). Martinez's eyes were 5.5 mm in room light, which is above the DRE average range.

The DRE average range for pupil size in near total darkness is 5.0 to 8.5 mm. Martinez' eyes measured 7.5 mm, which is within the DRE average range. The Ultra Violet (UV) light was used for the near total darkness measurements.

The DRE average range for pupil size in direct light is 2.0 to 4.5 mm. Martinez' eyes measured 4.0 mm, which is within the DRE average range.

His pupils displayed a normal reaction to light.

Martinez did not display rebound dilation.

Pulse Measurements:

The pulse was taken 3 times:

- 1st pulse, taken at 2240 hours was 104 beats per minute (BPM) which is above the DRE average range of 60-90 BPM.
- 2nd pulse, taken at 2256 hours was 108 BPM, which is above the DRE average range.
- 3rd pulse, taken at 2301 hours was 108 BPM, which is above the DRE average range.

Blood Pressure: Martinez's blood pressure was 160/110 Millimeters in Mercury (mmHg).

Martinez's systolic blood pressure was 160 mmHg, which was above the DRE average range of 120 - 140 mmHg. His diastolic blood pressure was 110 mmHg, which is above the diastolic DRE average range of 70-90 mmHg.

Temperature: Martinez's body temperature was 38.4° Celsius.

Marinez's temperature was taken with an oral thermometer. Martinez's body temperature was above the DRE average range of 37° Celsius, plus or minus 0.5°.

Muscle Tone: Martinez's muscle tone was rigid.

6. Statements:

Nothing noted, as he failed to respond to concluding questions.

7. Medical Problems or Treatments:

Nothing Noted.

Drugs and Medicine: Nothing noted.

8. Opinion:

It is the opinion of Constable Patrick Foster, an evaluating officer, that Juan Carlos. Martinez's ability to operate a conveyance was impaired by a Dissociative Anesthetic.

9. Miscellaneous:

Nothing was noted about the nasal and oral cavity while completing that portion of the exam in the dark room.

I formed my opinion at 2306 hours.

At 2307 hrs, Constable Patrick Foster read the Evaluator Demand for blood, and at 2330 hrs a sample of blood was taken from Martinez at the Saskatchewan hospital.

All times in this report unless otherwise indicated noted are that of Cst Patrick Foster

_____

Patrick Foster, Constable

Saskatoon Police Service

DRE# 22290

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
D. Smith	012345	20-019-0112	RCMP	(Session XVIII - #2 IG)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Sgt. D. Botham	☑ Yes ☐ Yes (not used) ☐ No	RCMP	N/A

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/09/15 @ 1640 hrs	Botham	1705 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 1728 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
1730 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Groves, Robert R.	1987/08/10	Male

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
2020/09/15 @ 1730 hrs @ RCMP Det	Avocado toast, extra avocado "About noon"	"Just coffee" 2 or 3 cups	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
About 8pm / 1735 hrs	Last night 4 or 5 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☑ Yes ☐ No "Sore back"	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☑ Yes ☐ No "I took a couple of pills for my back"	Cooperative, relaxed	Poor, unsteady

Speech	Breath Odour	Face
Mumbling, slow, slurred at times (ie. "Ssasskatchewan")	Nothing noted	Nothing noted

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

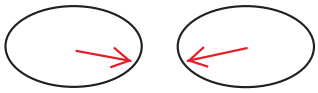
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 58 bpm @ 1742hrs
2. 56 bpm @ 1758hrs
3. 56 bpm @ 1815hrs

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	No	No

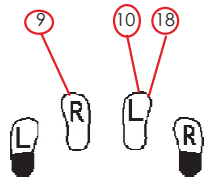
Convergence



Right Eye Left Eye

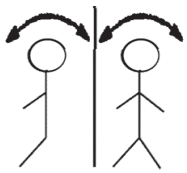
One Leg Stand

22 /30 24 /30



Modified Romberg Balance

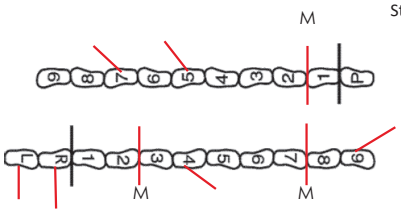
Approx. 3" 3" Approx. 3" 3"



Walk and Turn

Cannot keep balance ✓✓ (2)

Starts too soon ø



Slow, deliberate movements

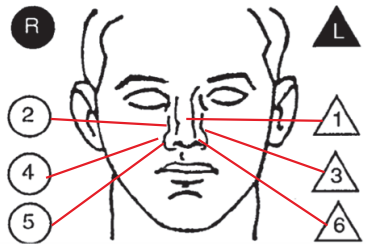
	1st nine	2nd nine
Stops walking	ø	ø
Misses heel-toe	✓✓ (2)	✓ (1)
Steps off line	✓✓ (2)	✓✓ (2)
Raises arms	✓✓✓ (3)	✓✓ (2)
Actual steps taken	9	9

L	R	
✓ (1)	✓ (1)	Sways while balancing
✓ (1)	✓✓ (2)	Uses arms to balance
ø	ø	Hopping
✓ (1)	✓✓ (2)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
36 sec estimated as 30 seconds	Slow, but as instructed	N/A	Laced up running shoes

Finger to nose

(Draw lines to spots touched)



Slow hand and arm movement, searched for tip of nose. Moved head forwards

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	2.0 mm	3.0 mm	2.0 mm
Right Eye	2.0 mm	3.0 mm	2.0 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☐ Slow ☑ Little to none visible

Nasal area: Nothing noted

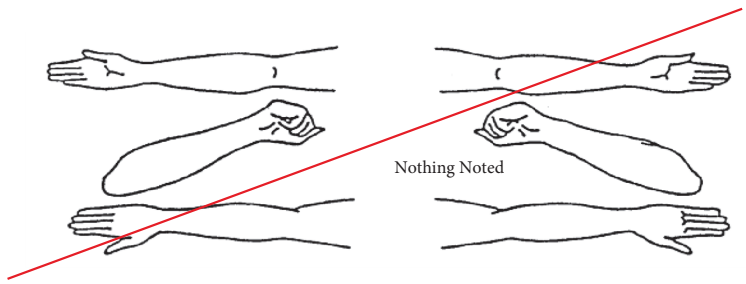
Oral cavity: Nothing noted

Blood Pressure	Temperature
118 / 62 mmHg	37.0 °C

Muscle tone: ☐ Normal ☑ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



Nothing Noted

What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"A couple pills for my back"	"Just two"	About 2 pm	At home

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
1845 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☑ Urine ☐ Blood Demand time: 1845 hrs Sample Time: 1915 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
D. Smith		

Opinion of Evaluator

☐ Not Impaired	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anaesthetic	☐ Inhalants	☐ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☑ Narcotic Analgesic	☐ Cannabis	☑ Training

DRUG INFLUENCE EVALUATION NARRATIVE

Cst. D'Arcy Smith **DRE # 012345**

This is the detailed narrative report of Cst. D'Arcy Smith, a Regular Member of the Royal Canadian Mounted Police (Reg. No. 45678), DRE No. 012345. I am currently attached to H Division RCMP Traffic Services working from the Antigonish RCMP Detachment. I am credentialed by the International Association Chiefs of Police (IACP) as a Drug Recognition Expert and my certification expiry date is November 7, 2021.

NARRATIVE: (1) Location; (2) Witnesses; (3) Source; (4) First Observation Of Subject; (5) Psychophysical Tests; (6) Clinical Signs; (7) Statements; (8) Medical Problems/ Treatment; (9) Opinion; (10) Miscellaneous

Subject: **Robert Groves 1987-08-10**
Date: **2020- September- 15**
File: **2020123526**

The Drug Influence Evaluation conducted by a Drug Recognition Expert, an evaluating officer under the Criminal Code, is a 12-step procedure that follows a standardized, systematic evaluation of a driver to determine if a driver is impaired by drug(s). There are seven (7) categories of drugs that can cause impairment, and at the end of the evaluation, the DRE will be able to determine which category or categories of drugs were used by the driver. A toxicological sample, such as blood or urine, will be taken and analyzed to corroborate the DRE's determination.

The seven categories are:

1. Central Nervous System Depressants
2. Inhalants
3. Dissociative Anesthetics
4. Cannabis
5. Central Nervous System Stimulants
6. Hallucinogens
7. Narcotic Analgesics

1) LOCATION:

The evaluation of subject Robert Groves was conducted in a room within the Antigonish RCMP Detachment in Antigonish, Antigonish County, Nova Scotia.

2) WITNESSES:

The evaluation was witnessed by Cpl. Robert Kavanaugh.

3) SOURCE:

Sgt. Dave Botham advised that he had observed a vehicle operated by Mr. Groves drifting over the center line and traveling 10 km/hr under the posted speed limit on Highway 104. When Sgt. Botham activated his emergency lights to stop the vehicle, it drifted over the painted fog line as if to stop but continued for approximately 1 km before finally stopping along the gravel shoulder and nearly going into a ditch. When contacted, Mr. Groves had slow, thick, slurred speech. He also noted that Mr. Groves had small, constricted pupils. He was also having difficulties with divided attention tasks which included retrieving his operator's license and vehicle registration simultaneously. When asked to exit his vehicle, Mr. Groves forgot to remove his seatbelt. Once he was able to exit his vehicle, he used it for support. Sgt. Botham administered SFSTs and observed that Mr. Groves' balance and coordination were poor, and he was unable to complete the Walk and Turn and One Leg Stand tests as directed. Sgt. Botham did not observe any HGN clues or VGN. During the contact with Mr. Groves, Sgt. Botham described him as being slow and lethargic. While leaning against his vehicle, Mr. Groves would slowly close his eyes, and his head would lower, causing his chin to rest against his chest. No odor of an alcoholic beverage was detected on Mr. Groves' breath. When questioned about possible drug use, Mr. Groves was hesitant to answer. However, he did admit taking a couple of pills earlier in the day. Mr. Groves was arrested for impaired operation of a conveyance and transported to the detachment for processing.

4) FIRST OBSERVATION OF SUBJECT:

I first observed Mr. Groves in the interview room at the Antigonish Detachment. He appeared sleepy, and his head was nodding forward. His speech was mumbling, slow and slurred at times. When he stood up from the interview chair, he lost his balance and used the desk to steady himself. He appeared to have droopy eyelids and constricted pupils. I noted that he was wearing blue jeans, lace-up brown shoes, and a black long-sleeve shirt. I informed him why I had been called and asked if he would participate in a drug evaluation. He seemed confused and I explained the process to him several times. He finally indicated that he understood my request and would participate. The Secondary Caution was read at 1728 hrs and Mr. Groves said that he understood. When asked what time he thought it was, he stated "About 8:00 pm." (The time was 5:35 pm). He stated that he did sleep the night before, getting about four or five hours of sleep. He had avocado toast about noon and drank two to three cups of coffee throughout the day. Mr. Groves stated he was not sick or injures, he was not a diabetic, he did not take insulin and was not under the care of a doctor. When asked if he had any physical disabilities, Mr. Groves stated he had a "Sore Back". When asked if he took any medication, Mr. Groves stated he took two pills for his back.

5) PSYCHOPHYSICAL TESTS:

There are four psychophysical tests: The Modified Romberg Balance, the Walk and Turn, the One Leg Stand, and the Finger to Nose tests. By administering these tests, a DRE can accurately determine if a subject's psychomotor and/or divided attention skills are impaired.

Modified Romberg Balance: *(DRE average range 30 seconds plus or minus 5 seconds)*

Mr. Groves thought 30 seconds passed in a recorded 36 seconds. Mr. Groves said it was 30 seconds and that he just counted in his head.

Mr. Groves swayed three inches to both the front and back as well as a three inches sway left and right.

Walk and Turn Test:
During the instruction stage, Mr. Groves did not start too soon but could not keep his balance two times breaking his stance to the right once with his right foot and once with his left foot. Mr. Groves was instructed to go back to the instruction stance each time he stepped off the line.

During the first 9 heel to toe steps, Mr. Groves took nine steps, raised his arms three times, stepped off line twice being to the right on his fourth step and to the left on the ninth step, did not stop walking, missed touching heel to toe twice between steps two and three as well as between steps seven and eight.

Mr. Groves completed the turn as instructed with slow steps.

During the second 9 heel to toe steps, Mr. Groves did not stop walking, stepped off line twice to his right on steps five and seven, raised his arms twice and missed touching his heel to toe once between steps one and two before finishing the test with taking 9 steps.

Mr. Groves was wearing laced up running shoes and during the test his steps were slow and deliberate.

One Leg Stand Test:
While balancing on his left leg, Mr. Groves used his arms for balance once, swayed while balancing once, put his foot down once on his count of nine and did not hop during the test.

Mr. Groves counted to a total of 22 in a recorded 30 seconds.

While balancing on his right leg, Mr. Groves swayed while balancing once, used his arms for balance once, put his foot down two times on his count of ten and eighteen and did not hop.

Mr. Groves counted to a total of 24 in a recorded 30 seconds.

Finger to Nose Test: On attempt one Mr. Groves touched the bridge of his nose with the tip of his left index finger. On attempt two, Mr. Groves touched to the right side of his nose with the tip of his right index finger. On attempts three, Mr. Groves touched the left side his nose with the tip of his left index finger. On attempts four, Mr. Groves touched his cheek beside his nose with the tip of his right index finger. On attempt five, Mr. Groves touched the side of his right nostril with the tip of his right index finger. On attempt six, Mr. Groves touched the left side of his nose with the tip of his right index finger.

During the test Mr. Groves' hand and arm movements were slow as he searched for the tip of his nose while moving his head forward.

6) CLINICAL SIGNS: In the eye examination, the DRE examines the subject for Horizontal Gaze Nystagmus (HGN), Vertical Gaze Nystagmus (VGN) and for a lack of convergence. A subject lacks convergence if their eyes are unable to converge toward the bridge of their nose when a stimulus is moved inward. Depressants, Inhalants, and Dissociative Anesthetics, the so-called "DID drugs", may cause HGN. In addition, the Depressants and Inhalants may cause VGN when taken in higher doses for that individual. The DID drugs, as well as cannabis (marijuana), may also cause a lack of convergence.

The DRE also takes the subject's blood pressure, temperature and pulse. Some drug categories may elevate the vital signs. Others may lower them. Vital signs provide valuable evidence of the presence and influence of a variety of drugs.

The DRE estimates the subject's pupil sizes under three different lighting conditions with a measuring device called a pupilometer. The device will assist the DRE in determining whether the subject's pupils are dilated, constricted, or normal. Some drugs increase pupil size (dilate), while others may decrease (constrict) pupil size. The DRE also checks for the eyes' reaction to light. Certain drugs may slow the eyes' reaction to light.

Horizontal Gaze Nystagmus Test: Horizontal Gaze Nystagmus and Vertical Nystagmus were not present.

Mr. Groves was not wearing glasses, is not blind, did not display resting nystagmus, was able to follow the stimulus (pen), eyes were normal, eyelids were droopy, pupils' size were equal, and displayed equal tracking.

Convergence: Mr. Groves was able to follow the stimulus and did not display lack of convergence. The test was completed twice with the same results each time.

Pulse Rate: Mr. Groves' pulse was below (down) the DRE average range of 60-90 beats per minute (bpm) at all three measurements: 58 bpm at 1742 hrs, 56 bpm at 1758 hrs and 56 bpm at 1815 hrs.

Blood Pressure: Mr. Groves' blood pressure was measured to be 118 millimeters of mercury (mmHg) over 62 mmHg. The DRE average range for the systolic pressure is 120-140mmHg, and the DRE average range for diastolic blood pressure is 70-90mmHg. Mr. Groves' blood pressure was below (down) the DRE average range for both the systolic and diastolic measurements.

Pupils: Mr. Groves' pupils were measured to be outside the DRE average range (constricted) in both room light and near total darkness. His reaction to light was little to none visible.

Mr. Groves' pupils were measured to be 2.0 millimeters (mm) in both eyes in room light below (constricted) the DRE average range being 2.5 – 5.0mm. His pupils were measured to be 3.0mm in both eyes in near total darkness below (constricted) the DRE average range being 5.0 – 8.5mm. In direct light his pupils were measured to be 2.0mm in both eyes being within the DRE average range of 2.0 - 4.5mm.

Rebound dilation was not displayed.
UV light was not used during the evaluation.

Body Temperature: Mr. Groves temperature was measured using an oral thermometer with a digital display reading of 37.0 degrees Celsius, which is within the DRE average range of 37 degrees Celsius plus or minus 0.5 degrees Celsius.

Muscle Tone: Mr. Groves muscle tone was flaccid.

7) STATEMENTS:

Mr. Groves admitted taking a couple pills for his back.

8) MEDICAL PROBLEMS/TREATMENT:

Mr. Groves said he has a sore back.

9) OPINION:

It is the opinion of Cst D'Arcy SMITH a Drug Recognition Expert that at the conclusion of this evaluation Robert Groves ability to operate a conveyance was impaired by a Narcotic Analgesic.

10) MISCELLANEOUS:

At the conclusion of the evaluation I had reasonable grounds to believe Mr. Groves was impaired to make a bodily substance demand.

Mr. Groves nasal area and oral cavity was examined and there was nothing noted.

No grounds existed for a breath alcohol sample and a demand for breath was not made.

The Drug Influence Evaluation started at 1730 hours and finished at 1845 hours.

I explained my opinion to Mr. Groves and read the bodily substance urine demand at 1845 hrs. At 1915 hours, Mr. Groves provided a sample of his urine that was seized and placed in the fridge within the exhibit locker of the Antigonish RCMP Detachment.

_____

Constable D'Arcy Smith
Drug Recognition Expert #012345

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Cpl. D. Milette	22273	20-011-0058	RCMP	(Session XVIII - #3 IG)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cst. T. Jones	☑ Yes ☐ Yes (not used) ☐ No	Saint John PF	N/A

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/07/22 @ 2015 hrs	T. Jones	2050 hours	☐None ☐ Fatal ☐ Injury ☑ Property	☑ Yes ☐ No 2110 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
2110 hrs	☐ No Grounds ☐ Refused Result: Instrument #: 01357 (Intox EC/IR II) 0 mg%	Hatos, Carlos Miguel	1979/07/13	Male

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
2020/07/22 @ 2110 hrs @ Saint John HQ	Chicken sandwich	About 5 pm	Beer 1 bottle	6 pm

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
10 pm / 2115 hrs	Today 2-3 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No "That's a loaded question"	Cooperative, restless	Quick, jerky, poor

Speech	Breath Odour	Face
Rapid, slurred	Rancid	Flushed, sweaty

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

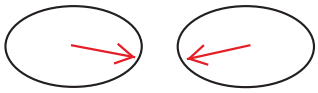
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 108 bpm @ 2122hrs
2. 106 bpm @ 2135hrs
3. 106 bpm @ 2150hrs

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	None	None

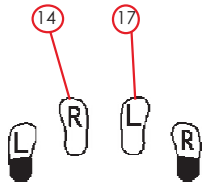
Convergence



Right Eye Left Eye

One Leg Stand

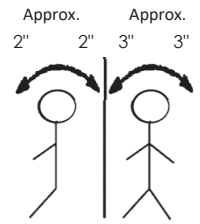
38 /30 41 /30



Counted quick, leg tremors fidgety fingers

L	R	
III (3)	II (2)	Sways while balancing
II (2)	III (3)	Uses arms to balance
ø	ø	Hopping
I (1)	I (1)	Puts foot down

Modified Romberg Balance

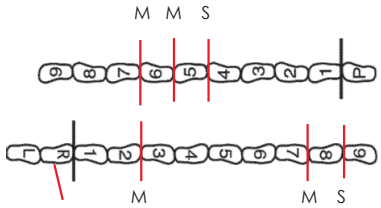


Fidgety fingers

Walk and Turn

Cannot keep balance I (1)

Starts too soon ø



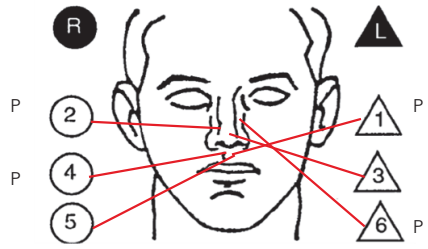
Quick steps, slammed heels to toes

	1st nine	2nd nine
Stops walking	I (1)	I (1)
Misses heel-toe	II (2)	II (2)
Steps off line	ø	ø
Raises arms	II (2)	II (2)
Actual steps taken	9	9

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
23 sec estimated as 30 seconds	Quick steps, spun around	N/A	Laced up brown boots

Finger to nose

(Draw lines to spots touched)



Jerky, quick movements

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	6.5 mm	9.0 mm UV	5.5 mm
Right Eye	6.5 mm	9.0 mm UV	5.5 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☑ Slow ☐ Little to none visible

Nasal area: Redness

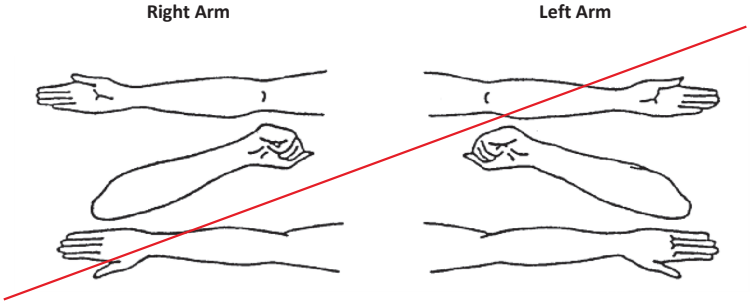
Oral cavity: Missing teeth/tooth decay

Blood Pressure	Temperature
166 / 84 mmHg	39.0 °C

Muscle tone: ☐ Normal ☐ Flaccid ☑ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"No man, I'm clean"	N/A	N/A	N/A

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
2215 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☑ Urine ☐ Blood Demand time: 2216 hrs Sample Time: 2230 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
Denis Milette		

Opinion of Evaluator

☐ Not Impaired ☐ Alcohol ☑ CNS Stimulant ☐ Dissociative Anaesthetic ☐ Inhalants ☐ Operational

☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis ☑ Training

Drug Impairment Evaluation

Narrative: (1) Location; (2) Witnesses; (3) Source; (4) First Observations of Subject (5) Psychophysical Signs; (6) Clinical Sign; (7) Statements; (8) Medical Problems/Treatments; (9) Opinion; (10) Miscellaneous

This is the detailed narrative report of Corporal Denis Milette, a Regular Member of the Royal Canadian Mounted Police, DRE No. 022273. Corporal Milette is currently attached to National Traffic Services at 73 Leikin Dr, Ottawa, Ontario. Cpl Milette is credentialed by the International Association of Chiefs of Police (IACP) as a Drug Recognition Expert (DRE) and DRE Instructor (DRE Certification Expiry Date: 2024-08-01).

(1) Location: The evaluation of Carlos Miguel HATOS was conducted by Corporal (Cpl) Denis Milette, at Saint John Police Force (SJPF) building in Saint John, New Brunswick, January 5th, 2023

(2) Witnesses: This evaluation was witnessed by Cst. Travis Jones of the Saint John Police Force.

(3) Source: The subject evaluated was Carlos Miguel HATOS, date of birth 1979/07/13.

Interview of the arresting officer – Cst. Travis Jones:

At 2050 hrs on July 22nd, 2020 Cst JONES requested a DRE for an evaluation for an individual suspected of being under the influence of drugs. Upon my arrival at Saint John Police Force HQ, Cst. JONES advised he had been investigating a single vehicle crash involving HATOS on North Avenue. Through the investigation, Cst. JONES determined that HATOS skidded across the roadway, struck a stop sign, and continued into the ditch where it came to rest. HATOS was very nervous, very talkative and unable to stand still. Cst. JONES observed HATOS to have very dilated pupils during daylight. HATOS advised that he was not injured from the accident. Cst. JONES suspected HATOS to be under the influence of a drug. Cst. JONES administered a Standard Field Sobriety Test (SFST) and HATOS performed poorly. Cst. JONES then formed his grounds to believe that HATOS was operating a conveyance while impaired by a drug. HATOS was then transported to the Saint John Police Force HQ for the DRE exam to be conducted by myself, Cpl. Denis Milette.

The DRE demand was provided to HATOS at 2048 hours.

(4) First Observations:

A breath test was not taken immediately as there was no reason to suspect that alcohol had been consumed, until the admission of 1 beer being consumed. At that time, the DRE Approved Instrument Breath Sample demand was provided at 2112 hours. HATOS provided 1 sample into Intoximeter EC/IR II with a result of 0 milligrams percent (mg%).

HATOS was first observed by Cpl. Milette in the detention area of Saint John Police Force detention area at 2109 hours when Cst. JONES and HATOS arrived. I read HATOS the DRE secondary Caution at 2110 hrs. HATOS stated, “yes” when asked if he understood.

The following things were observed at this time:

- HATOS' eyelids were normal
- HATOS' eyes appeared to be normal.
- HATOS' breath had a rancid odor to it.
- HATOS displayed equal tracking in both eyes.
- HATOS was able to follow the stimulus.
- HATOS' pupil size was equal.
- HATOS did not have any resting nystagmus.

HATOS was asked the following questions:

- "What have you eaten today, and when?" HATOS answered: "Chicken sandwich around 5 pm."
- "What have you been drinking, how much, and what time was your last drink?" HATOS answered: "A beer, 1 bottle, which was around 6 pm."
- "What time do you think it is now?" HATOS answered: "10 pm"; the evaluator's time was 2115 hours (915 pm).
- "When did you last sleep and for how long?" HATOS answered: "Today for about 2-3 hours."
- "Are you sick or injured?" HATOS answered: "No."
- "Are you diabetic?" HATOS answered: "No."
- "Are you epileptic?" HATOS answered: "No."
- "Do you take insulin?" HATOS answered: "No."
- "Do you have any physical disabilities?" HATOS answered: "No"
- Are you under the care of a doctor/dentist?" HATOS answered: "No."
- "Are you taking any prescription medication or drugs?" HATOS answered: Yes, "That's a loaded question."

The following other observations of HATOS were made:

- HATOS' attitude was: Cooperative but was restless
- HATOS' coordination was: Quick, jerky and poor
- HATOS' speech was: Rapid and slurred.
- HATOS' breath odour: Rancid Odor
- HATOS' face was: Flushed and sweaty

(5) Psychophysical Signs:

<u>Modified Romberg Balance Test:</u>

- HATOS had a 2-inch sway front to back. HATOS had a 3-inch sway, side to side.
- HATOS estimated the passage of 23 seconds in 36 seconds. The expected range is 30 seconds plus or minus 5 seconds.
- When asked "How long was that?" HATOS responded "30 seconds".
- When asked "How did you arrive at that?" HATOS responded "I counted to 30 in my head".

Comments: HATOS had very fidgety fingers.

Walk and Turn Test:

- HATOS was in laced up brown boots during the examination.

During the instructions stage:

- HATOS could not keep balance once during the instructional stage as he stepped to the right with his right foot. HATOS returned to the instruction stance after stepping off the line.

On the first set of nine steps:

- HATOS took 9 steps as instructed,
- HATOS stopped walking between steps 8 & 9.
- HATOS missed heel to toe twice between steps 2 and 3, 7 and 8,
- HATOS raised his arms twice during the first 9 steps.

Turn:

- The turn was not performed as described, HATOS did quick steps and spun around.

On the second set of nine steps:

- HATOS took 9 steps as instructed.
- HATOS stopped walking between steps 4 & 5.
- HATOS missed heel to toe twice between steps 5 and 6, 6 and 7.
- HATOS raised his arms twice.

Comments: During the test, HATOS did quick steps and slammed his heels and toes together.

One Leg Stand Test:

While testing HATOS' left leg:

- HATOS put his right foot down 1 time on count number: 14
- HATOS used his arms 2 times to balance.
- HATOS swayed 3 times while balancing.
- HATOS reached a count of 38 in a timed 30 seconds.

While testing HATOS' right leg:

- HATOS put his right foot down 1 time on count number: 17
- HATOS used his arms 3 times to balance.
- HATOS swayed 3 times while balancing.
- HATOS reached a count of 41 in a timed 30 seconds.

Comments: HATOS counted very quickly, he also had leg tremors. HATOS fingers were very fidgety.

Finger to Nose Test:

- On the first attempt, HATOS missed the tip of nose with the tip of his finger. HATOS touched his upper lip using the pad of his left index finger.
- On the second attempt, HATOS missed the tip of nose with the tip of his finger. HATOS touched the right side of his nostril using the pad of his right index finger.
- On the third attempt, HATOS touched the tip of nose with the tip of his left finger as instructed.
- On the fourth attempt, HATOS missed the tip of nose with the tip of his finger. HATOS touched his upper lip using the pad of his right index finger.
- On the fifth attempt, HATOS missed the tip of nose with the tip of his finger. HATOS touched his upper lip using the tip of his right index finger.
- On the sixth attempt, HATOS missed the tip of nose with the tip of his finger. HATOS touched the left side of his nose using the pad of his left index finger.

(6) Clinical Signs:

Horizontal Gaze Nystagmus**:** Horizontal gaze nystagmus was not present.

Vertical Gaze Nystagmus: HATOS did not display vertical gaze nystagmus.

Lack of Convergence: HATOS was able to converge his eyes. The right eye convergence characteristic was: pupil directly left towards the middle. The left eye convergence characteristic was: pupil directly left towards the middle.

Comments: HATOS advised that he can normally cross his eyes.

Pupil Size**:**

The DRE average range for pupil size in room light is 2.5 to 5.0 mm:

HATOS' left eye pupil was 6.5 mm in room light, which is above the DRE average range. HATOS' right eye pupil was 6.5 mm in room light, which is above the DRE average range.

The DRE average range for pupil size in near total darkness is 5.0 to 8.5 mm:

HATOS' left eye pupil was 9.0 mm in near total darkness, which is above the DRE average range. HATOS' right eye pupil was 9.0 mm in near total darkness, which is above the DRE average range.

Comments: UV light was used to measure pupil size during the exam in near total darkness because HATOS has a very dark brown iris which makes it very difficult to acquire the proper measurement and differentiating the pupil.

The DRE average range for pupil size in direct light is 2.0 to 4.5 mm:

HATOS' left eye pupil was 5.5 mm in direct light, which is above the DRE average range. HATOS' right eye pupil was 5.5 mm in direct light, which is above the DRE average range**.**

HATOS’ pupils displayed a slow reaction to light.

Pulse Measurements**:**

HATOS' pulse was taken 3 times:

- First pulse: HATOS' pulse was above the DRE average range of 60-90 beats per minute. HATOS's first pulse reading was at 108 beats per minute (bpm) at 2122 hours.

- Second pulse: HATOS' pulse was above the DRE average range of 60-90 beats per minute. HATOS' second pulse reading was at 106 beats per minute (bpm) at 2150 hours.

- Third pulse: HATOS' pulse was above the DRE average range of 60-90 beats per minute. HATOS' third pulse reading was at 106 beats per minute (bpm) at 2150 hours.

Blood Pressure**:** HATOS' blood pressure was 166/84 millimetres of Mercury (mmHg).

HATOS' systolic blood pressure was 166 millimetres of Mercury (mmHg), which is above the DRE average range. The DRE average range for systolic blood pressure is 120 to 140 mmHg.

HATOS' diastolic blood pressure was 84 millimetres of Mercury (mmHg), which is within the DRE average range. The DRE average range for diastolic blood pressure is 70 to 90 mmHg.

Temperature**:** Using an oral thermometer, Cpl. Milette measured HATOS' body temperature. The DRE average range for body temperature is 37° Celsius plus or minus 0.5° Celsius.

HATOS' body temperature was 39° Celsius, which is above the DRE average range.

Muscle Tone**:** HATOS' muscle tone was rigid.

(7) Statements: HATOS stated, "That's a loaded question, when I asked HATOS if he was on any medications or drugs during the initial interview stage. At the end of the evaluation, I asked HATOS, what drugs or medications had he been using? HATOS replied, "No man, I'm clean"

(8) Medical Problems or Treatments: HATOS stated he had no injuries, nor was under the care of any doctors or dentists

Drugs and Medicine: N/A.

(9) Opinion: It is the opinion of Corporal Denis Milette, an evaluating officer, that Carlos Miguel HATOS' ability to operate a conveyance is impaired by a Central Nervous System Stimulant.

(10) Miscellaneous:

Nasal Area Examination:

- Cpl. Milette examined the nasal area of HATOS and observed the inside to have redness.

Oral Cavity Examination:

- Cpl. Milette examined the oral cavity of HATOS and observed he was missing teeth and appeared to have severe tooth decay.

Comments: Cpl. Milette also detected a rancid odor again from HATOS breath.

Injection Mark Examination:

- No puncture marks were observed

Cpl. Milette formed his opinion that Carlos Miguel HATOS' ability to operate a conveyance was impaired at 2216 hours.

Cpl. Milette read HATOS the DRE Urine Sample Demand at 2216 hours.

HATOS provided a sample of urine to Cpl. Denis Milette pursuant to a demand at 2230 hours.

The urine sample was observed by Corporal Denis Milette, who immediately seized the urine sample at 2232 hours. The urine sample was secured in the exhibit fridge at Saint John Police Force HQ.

All times in this report unless otherwise noted are that of Corporal Denis Milette

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Cst. A. Oliveira	21367	20-015-0098	RCMP	(Session XVIII - #4 IG)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cst. B. Gallant	☑ Yes ☐ Yes (not used) ☐ No	RCMP	N/A

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/07/18 @ 2015 hrs	Ballant	2110 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 2213 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
2215 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Jackson, Scott M.	1978/06/15	Male

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
2020/07/18 @ 2215 hrs @ RCMP Det	Ham sandwich	Around noon	Coffee 2 cups	N/A

Time_now? / Actual	When did you last sleep?	How long?	Are you sick or injured?	Are you diabetic or epileptic?
10 pm / 2218 hrs	Last night	7 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No	Cooperative, passive	Poor, unstable

Speech	Breath Odour	Face
Slow, thick	Nothing noted	Pale, droopy

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

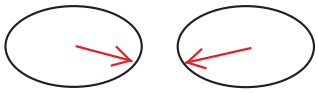
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 54 bpm @ 2230hrs
2. 54 bpm @ 2245hrs
3. 52 bpm @ 2302hrs

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	None	None

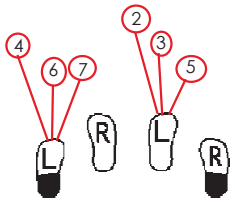
Convergence



Right Eye Left Eye

One Leg Stand

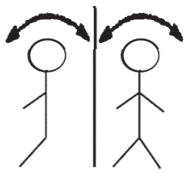
N/A /30 N/A /30



Stopped for safety reasons

Modified Romberg Balance

Approx. 3" 3" Approx. 3" 3"

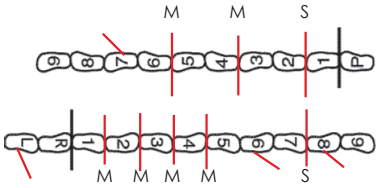


Scratching face, licking lips

Walk and Turn

Cannot keep balance I (1)

Starts too soon ø



Slow, wobbly movements

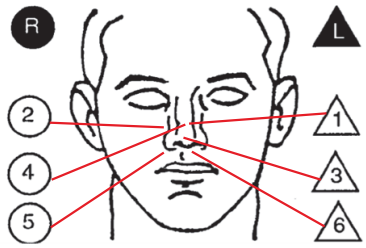
	1st nine	2nd nine
Stops walking	I (1)	I (1)
Misses heel-toe	IIII (4)	II (2)
Steps off line	II (2)	I (1)
Raises arms	II (2)	III (3)
Actual steps taken	9	9

L	R	
cont	cont	Sways while balancing
cont	cont	Uses arms to balance
ø	ø	Hopping
III (3)	III (3)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
39 sec estimated as 30 seconds	As described, Slow walking on turn	N/A	Laced up shoes

Finger to nose

(Draw lines to spots touched)



Slow movements, searched for tip of nose

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	2.0 mm	3.0 mm	2.0 mm
Right Eye	2.0 mm	3.0 mm	2.0 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☐ Slow ☑ Little to none visible

Nasal area: Nothing noted

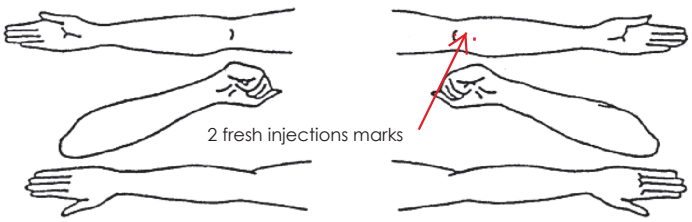
Oral cavity: Nothing noted

Blood Pressure	Temperature
122 / 68 mmHg	37.2 °C

Muscle tone: ☐ Normal ☑ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



2 fresh injections marks

What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I didn't use anything"	N/A	N/A	N/A

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
2310 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☐ Urine ☑ Blood Demand time: 2310 hrs Sample Time: 2340 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
A. Oliveira		

Opinion of Evaluator

☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anaesthetic ☐ Inhalants ☐ Operational

☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☑ Narcotic Analgesic ☐ Cannabis ☑ Training

DRUG INFLUENCE EVALUATION NARRATIVE

Narrative: (1) Location; (2) Witnesses; (3) Source; (4) First Observations of Subject (5) Psychophysical Signs; (6) Clinical Sign; (7) Statements; (8) Medical Problems/Treatments; (9) Opinion; (10) Miscellaneous

(1) Location: The Drug Recognition Evaluation took place entirely at the Tracadie RCMP detachment in the county of Gloucester and province of New Brunswick.

(2) Witnesses: Cst. A. OLIVEIRA (referred to from now on in the 1st person) of the Royal Canadian Mounted Police (RCMP) did and recorded the Drug Recognition Evaluation (DRE) of Scott M. JACKSON. Cst. B. GALLANT was present during the totality of the DRE evaluation.

(3) Source: The subject evaluated was Scott M. JACKSON, date of birth 1978/06/15.

On the 18th day of July 2020 at 21:10hrs, Cst. B. GALLANT informed me, a Drug Recognition Expert (DRE) that he had arrested Scott M.JACKSON for impaired operation of a conveyance by drugs and read him the DRE demand.

He stated the following information:

- Cst B. GALLANT observed the vehicle on Route 11 near Tracadie, and it was travelling 20km/h below the posted speed limit and swerving across the median line several times;
- Cst B.GALLANT activated his emergency lights to intercept the vehicle, but the vehicle would not stop and kept driving the same rate of speed. He then activated his sirens, but the vehicle kept on travelling another 2km prior to stopping;
- JACKSON was identified as the vehicle driver and was alone in the vehicle. He seemed disoriented;
- JACKSON had thick, slow speech and slow movements when handing documentation of vehicle;
- JACKSON was read the Standard Field Sobriety Test (SFST) demand, and performed poorly on the SFSTs.

(4) First Observations: I observed JACKSON for the first time on the 18th of July 2020 at 2213 hrs, in the interview room of the Tracadie, RCMP detachment. At which time the Secondary Caution was read and JACKSON stated that he understood.

JACKSON was seated and seemed relaxed. When JACKSON spoke, his articulation was thick and slurred, and his speech was slow, when stating he had a ham sandwich for lunch. JACKSON had slow movements, for example when he reached to scratch his chin.

JACKSON had a pale and droopy face and his eye lids were droopy.

Scott M. JACKSON was asked the following questions:

- "What have you eaten today, and when?" JACKSON answered: ''Ham sandwich''. JACKSON stated that it was ''around noon'' when he ate.
- "What have you been drinking, how much, and what time was your last drink?" JACKSON stated ''coffee, 2 cups'', but was unable to provide a time for his last drink.
- "What time do you think it is now?" JACKSON answered ''10pm'' the actual time was 2218 hrs on Cst. A. OLIVEIRA's smart phone.
- "When did you last sleep and for how long?" JACKSON answered: "Last night, 7 hours".
- "Are you sick or injured?" JACKSON answered: ''No''.
- "Are you diabetic?" JACKSON answered: ''No''.
- "Are you epileptic?" JACKSON answered: ''No''.
- "Do you take insulin?" JACKSON answered: ''No''
- "Do you have any physical disabilities?" JACKSON answered "No"
- "Are you under the care of a doctor/dentist?" JACKSON answered: ''No''.
- "Are you taking any prescription medication or drugs?" JACKSON answered: "No".

(5) Psychophysical Signs:

Modified Romberg Balance Test: JACKSON had a 3-inch sway towards each side and a 3-inch sway towards the front and towards the back. JACKSON would scratch his face and lick his lips several times during the test. JACKSON opened his eyes and said "stop" after 39 timed seconds. When asked how long was that? JACKSON stated "about 30 seconds". When asked, how did you get to that number/time/answer? JACKSON stated "I guessed".

Walk and Turn: JACKSON lost his balance once during the instructions, taking his left foot off the line towards his right. JACKSON returned to the instruction stage after stepping off the line. During his first 9 steps down the line, JACKSON stepped off line to the right on steps number 6 and 8, both times towards his right. JACKSON stopped walking on step 7. JACKSON also missed his heel-to-toe steps 4 times between steps 1 - 2, 2 - 3, 3 - 4, as well as 4 - 5 and raised his arms for balance twice. JACKSON made his turn as described but walked around slowly. During the 2nd 9 steps on the line, JACKSON on step number 7 stepped off the line to the right. JACKSON stopped walking between steps 1 - 2. JACKSON also missed his heel-to-toe twice between steps 3 - 4 and steps 5 - 6 and raised his arms for balance 3 times. JACKSON's movements were slow and wobbly.

One Leg Stand: While standing on his left foot, JACKSON placed his foot down 3 times, once on his count of 4, again on his count of 6 and once more on his count of 7. He also swayed and used his arms for balance continuously. The test had to be stopped at 10 timed seconds, since it was unsafe for JACKSON to continue standing on one leg.

While standing on his right foot, JACKSON placed his foot down 3 times, on his counts of 2, 3 and 5. He swayed and raised his arms for balance continuously. The test had to be stopped for safety reasons after only 8 timed seconds.

Finger to Nose: JACKSON only managed to touch the tip of the nose with the tip of his index finger once on his 3rd attempt. On his 1st attempt JACKSON touched the bridge of his nose with the tip of his left index finger. On his 2nd attempt, JACKSON touched the side of his right nostril at the level of the bridge of the nose with the tip of his right index finger. On his 4th attempt JACKSON touched the bridge of his nose with the tip of his right index finger. On his 5th attempt JACKSON touched the skin underneath his right nostril and above his upper lip with the tip of his right index finger. On his Sixth attempt JACKSON touched the skin underneath his left nostril and above his upper lip with the tip of his left index finger.

(6) Clinical Indicators: JACKSON did not have resting Nystagmus, Horizontal Gaze Nystagmus or Vertical Gaze Nystagmus. JACKSON was able to converge his eyes. In room light the diameter of JACKSON's pupils were 2.0millimitres (mm) in both eyes, which is below the DRE average range of 2.5mm to 5.0mm of diameter for room light. In near total darkness JACKSON's pupils were 3.0mm in diameter in both eyes, which is below the DRE average range of 5.0mm to 8.5mm of diameter for near total darkness. In direct light JACKSON's pupils were 2.0mm in diameter, which is within the DRE average range of 2.0mm to 4.5mm of diameter in direct light. JACKSON's reaction to light was little to none visible.

JACKSON's pulse was measured at 54 beats per minute (bpm) at 22:30hrs, at 54bpm at 22:45hrs and 52bpm at 23:02hrs. All 3 pulse measurements of JACKSON were below the DRE average range of 60bpm to 90bpm. His Systolic blood pressure was 122millimetres of mercury (mmHg) and Diastolic blood pressure was 68mmHg, which is within the DRE average range of 120mmHg to 140mmHg for Systolic and below DRE average range of 70mmHg to 90mmHg for Diastolic. His body temperature was 37.2 degrees Celsius, which is within the DRE average range of 37 degrees Celsius +/- .5 degrees Celsius. JACKSON's muscle tone was flaccid. Nothing was noted inside JACKSON's nostrils, or mouth. JACKSON did have 2 fresh injection marks in the crook of his left arm.

(7) Statements: At the end of the DRE evaluation, JACKSON answered the following to the questions I asked him:

- What drugs or medication have you been using? "I didn't use anything".
- How much? No answer given.
- Time of use? No answer given.
- Where were the drugs used? No answer given.

(8) Medical Problems / Treatments: There are no medical problems or treatments noted for JACKSON.

(9) Opinion: It is the opinion of Cst A. OLIVEIRA, a Drug Recognition Expert, that Scott M. JACKSON's (DOB: 1978-06-15) ability to operate a conveyance was impaired by the drug category Narcotic Analgesics.

(10)

(10) Miscellaneous: At 2310 hrs, I read the demand for blood sample (by a DRE) under section 320.28(4)(b) of the CCC to Scott M. JACKSON. A sample of JACKSON's blood was taken at 2340hrs.

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Sgt. D. Botham	17353	20-015-0044	RCMP	(Session XVIII - #5 IG)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cst. M. Shea	☑ Yes ☐ Yes (not used) ☐ No	RNC	N/A

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/11/17 @ 1826 hrs	M. Shea	1900 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 1929 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
1930 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Stevens, William A.	1985/04/14	Female

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
2020/11/17 @ 1930 hrs @ RNC HQ	Ham sandwich & salad About noon	Just some water 1 glass	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
630 pm / 1935 hrs	Last night About 8 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No "Just tired"	☑ Yes ☐ No Dr. Frank for "anxiety issues"

Do you take any medication or drugs?	Attitude	Coordination
☑ Yes ☐ No "Some pills the doctor gave me"	Cooperative	Poor, unsteady

Speech	Breath Odour	Face
Slurred, thick	Nothing noted	Nothing noted

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

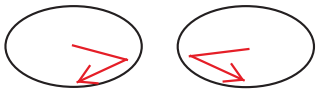
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 52 bpm @ 1944hrs
2. 56 bpm @ 1955hrs
3. 56 bpm @ 2020hrs

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	Yes	Yes
Angle of Onset	35°	35°

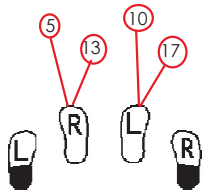
Convergence



Right Eye Left Eye

One Leg Stand

24 /30 26 /30

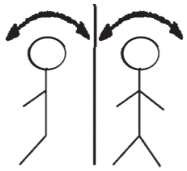


Counted slowly

L	R	
III (3)	II (2)	Sways while balancing
II (2)	III (3)	Uses arms to balance
ø	I (1)	Hopping
II (2)	II (2)	Puts foot down

Modified Romberg Balance

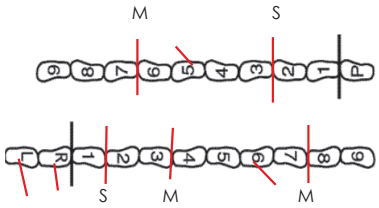
Approx. 2" 2" Approx. 3" 3"



Walk and Turn

Cannot keep balance II (2)

Starts too soon ø



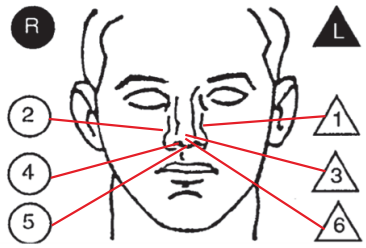
Slow movements

	1st nine	2nd nine
Stops walking	I (1)	I (1)
Misses heel-toe	II (2)	I (1)
Steps off line	I (1)	I (1)
Raises arms	III (3)	II (2)
Actual steps taken	9	10

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
36 sec estimated as 30 seconds	Lost balance to the right	N/A	Dress shoes

Finger to nose

(Draw lines to spots touched)



Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	4.5 mm	6.5 mm	4.0 mm
Right Eye	4.5 mm	6.5 mm	4.0 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☑ Slow ☐ Little to none visible

Nasal area: Nothing noted

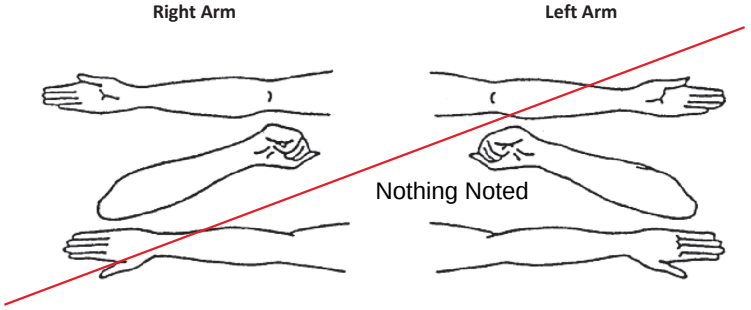
Oral cavity: Nothing noted

Blood Pressure	Temperature
120 / 66 mmHg	38.5 °C

Muscle tone: ☐ Normal ☑ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"Some medicine for anxiety" (Could not recall name)	"A couple of pills"	"About 5 pm"	"At home"

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
2035 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☑ Urine ☐ Blood Demand time: 2035 hrs Sample Time: 2041 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
D. Botham		

Opinion of Evaluator

☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anaesthetic ☐ Inhalants ☐ Operational

☐ Medical ☑ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis ☑ Training

Drug Impairment Evaluation

Narrative: (1) Location; (2) Witnesses; (3) Source; (4) First Observations of Subject (5) Psychophysical Signs; (6) Clinical Sign; (7) Statements; (8) Medical Problems/Treatments; (9) Opinion; (10) Miscellaneous

This is the detailed narrative report of Sergeant David BOTHAM, a Regular Member of the Royal Canadian Mounted Police, Reg. No. 51775, DRE No. 17353. Sergeant BOTHAM is currently attached to National Traffic Services at 73 Leikin Dr, Ottawa, Ontario. Sergeant BOTHAM is credentialed by the International Association of Chiefs of Police (IACP) as a Drug Recognition Expert (DRE) and DRE Instructor (DRE Certification Expiry Date: 2024-08-01).

(1) Location: The evaluation of William A. STEVENS was conducted by Sergeant (Sgt) D. Botham, at Royal Newfoundland Constabulary Headquarters (RNC) in St. John's, Newfoundland on November 17, 2020.

(2) Witnesses: N/A

(3) Source: The subject evaluated was William A. STEVENS, date of birth 1985/04/14.

Interview of the arresting officer – Constable Mike Shea (RNC):

At 1900 hrs on November 17, 2020, Cst Shea requested a DRE for an evaluation for an individual suspected of being under the influence of drugs. Upon my arrival at RNC HQ, Cst. Shea advised he observed STEVENS' vehicle stop partially in the travel lane on the south Jordan Parkway. Cst. SHEA advised STEVENS was sitting in the driver's seat and looked to be drunk. Cst. SHEA noted that STEVENS had a thick slurred speech, which was slow. STEVENS advised Cst. SHEA that he had driven to that location. Cst. SHEA suspected STEVENS to be under the influence of a drug or a combination of drugs. Cst. SHEA administered a Standard Field Sobriety Test (SFST) and STEVENS performed poorly. Cst. SHEA then formed his grounds to believe that STEVENS was operating a conveyance while impaired by a drug. STEVENS was transported by Cst. SHEA to the RNC HQ building for the DRE exam to be conducted by myself, Sgt D. Botham.

Cst Shea arrested STEVENS and provided the DRE demand to him at 1827 hours.

(4) First Observations:

A breath test was not taken as there was no reason to suspect that alcohol had been consumed by STEVENS.

I had the opportunity to observe STEVENS detention area at 1930 hours when Cst. SHEA and STEVENS arrived. I read STEVENS the DRE secondary caution at 1929 hrs. STEVENS stated "Yes" when asked if he understood.

The following things were observed at this time:

- STEVENS' eyelids were normal
- STEVENS' eyes were normal.

- STEVENS' breath had no odor.
- STEVENS displayed equal tracking in both eyes.
- STEVENS was able to follow the stimulus.
- STEVENS' pupil size was equal.
- STEVENS' did not have glasses on

STEVENS was asked the following questions:

- "What have you eaten today, and when?" STEVENS answered: "Ham sandwich and a salad around noon."
- "What have you been drinking, how much, and what time was your last drink?" STEVENS answered: "Just some water, approximately one glass."
- "What time do you think it is now?" STEVENS answered: "630 pm"; the evaluator's time was 1935 hours (735 pm).
- "When did you last sleep and for how long?" STEVENS answered: "Last night for about 8 hours."
- "Are you sick or injured?" STEVENS answered: "No."
- "Are you diabetic?" STEVENS answered: "No."
- "Are you epileptic?" STEVENS answered: "No."
- "Do you take insulin?" STEVENS answered: "No."
- "Do you have any physical disabilities?" STEVENS answered: "No" but did state "Just tired."
- "Are you under the care of a doctor/dentist?" STEVENS answered: "Yes, I see Doctor FRANK for anxiety issues."
- "Are you taking any prescription medication or drugs?" STEVENS answered: "Yes, some pills the doctor gave me."

I asked STEVENS if he knew what the name of the pills were STEVENS advised, "No."

The following other observations of STEVENS were made:

- STEVENS' attitude was: Cooperative.
- STEVENS' coordination was: Poor and unsteady.
- STEVENS' speech was: Slurred and thick.
- STEVENS' breath odour: Nothing noted.
- STEVENS' face was: Nothing noted.

(5) Psychophysical Signs:

<u>Modified Romberg Balance Test:</u>

- STEVENS had a 2-inch sway front to back. STEVENS had a 3-inch sway, side to side.
- STEVENS estimated the passage of 30 seconds in 36 seconds. The expected range is 30 seconds plus or minus 5 seconds.
- When asked "How long was that?" STEVENS responded "30 seconds".
- When asked "How did you arrive at that?" STEVENS responded "I counted to 30 in my head".

Walk and Turn Test:

- STEVENS was wearing dress shoes during the examination.

During the instructions stage:

- STEVENS could not keep balance twice during the instructional stage. STEVENS' left foot stepped off the line to the right. STEVENS' right foot stepped off the line to the right as well.
- STEVENS was instructed to go back to the instruction stage by Sgt BOTHAM each time he stepped off the line.

On the first set of nine steps:

- STEVENS took 9 steps as instructed
- STEVENS stopped walking between step 1 & 2.
- STEVENS missed heel to toe twice between steps 3 and 4, 7 and 8.
- STEVENS stepped off the line to the right on step 6.
- STEVENS raised his arms 3 times for balance

Turn: The turn was not performed as described: STEVENS lost his balance to the right.

On the second set of nine steps:

- STEVENS took 10 steps instead of 9 as instructed.
- STEVENS stopped walking between step number 2 & 3.
- STEVENS missed heel to toe once between steps 6 and 7.
- STEVENS stepped off the line to the right on step 5.

One Leg Stand Test:

While testing STEVENS's left leg:

- STEVENS put his right foot down 2 times on count number: 5 and 13
- STEVENS used his arms 2 times to balance
- STEVENS swayed 3 times while balancing.
- STEVENS reached a count of 24 in a timed 30 seconds.

While testing STEVENS's right leg:

- STEVENS put his right foot down 2 times on count number: 10 and 17
- STEVENS swayed twice while balancing.
- STEVENS used his arms 3 times to balance
- STEVENS hopped once.
- STEVENS reached a count of 26 in a timed 30 seconds.

Finger to Nose Test:

- On the first attempt, STEVENS missed the tip of nose with the tip of his finger. STEVENS touched his upper lip with the tip of his left index finger.
- On the second attempt, STEVENS missed the tip of nose with the tip of his finger. STEVENS touched the right side of his nostril with the tip of his right index finger.
- On the third attempt, STEVENS missed the tip of nose with the tip of his finger. STEVENS touched the right side of his nostril with the tip of his left index finger.

- STEVENS touched the tip of his nose with the tip of his right index finger on attempts 4, 5.
- On the sixth attempt, STEVENS touched the tip of his nose with the tip of the left index finger as instructed.

Comments: STEVENS had slow arm and hand movements during the Test.

(6) Clinical Signs:

Horizontal Gaze Nystagmus**:** Horizontal gaze nystagmus was present.

- STEVENS had a lack of smooth pursuit in both eyes;
- STEVENS had distinct and sustained nystagmus at maximum deviation in both eyes; &
- STEVENS had an angle of onset of nystagmus measured at 35°.

Vertical Gaze Nystagmus: STEVENS did display vertical gaze nystagmus in both eyes.

Lack of Convergence: STEVENS was not able to converge his eyes. The right eye convergence characteristic was: pupil directly left towards the middle but rolled back to the bottom/centre. The left eye convergence characteristic was: pupil directly left towards the middle but rolled back to the bottom/centre.

Comments: STEVENS advised that he can normally cross his eyes.

Pupil Size**:**

The DRE average range for pupil size in room light is 2.5 to 5.0 mm:

STEVENS' left eye pupil was 4.5 mm in room light, which is within the DRE average range. STEVENS' right eye pupil was 4.5 mm in room light, which is within the DRE average range.

The DRE average range for pupil size in near total darkness is 5.0 to 8.5 mm:

STEVENS' left eye pupil was 6.5 mm in near total darkness, which is within the DRE average range. STEVENS' right eye pupil was 6.5 mm in near total darkness, which is within the DRE average range.

Comments: UV light was not used to measure pupil size during the exam.

The DRE average range for pupil size in direct light is 2.0 to 4.5 mm:

STEVENS' left eye pupil was 4.0 mm in direct light, which is within the DRE average range. STEVENS' right eye pupil was 4.0 mm in direct light, which is within the DRE average range**.**

STEVENS' pupils displayed a slow reaction to light.

Pulse Measurements**:**

STEVENS' pulse was taken 3 times:

- First pulse: STEVENS' pulse was below the DRE average range of 60-90 beats per minute. STEVENS' first pulse reading was at 52 beats per minute (bpm) at 1944 hours.

- Second pulse: STEVENS' pulse was below the DRE average range of 60-90 beats per minute. STEVENS's second pulse reading was at 56 beats per minute (bpm) at 1955 hours.

- Third pulse: STEVENS' pulse was below the DRE average range of 60-90 beats per minute. STEVENS's third pulse reading was at 56 beats per minute (bpm) at 2020 hours.

Blood Pressure**:** STEVENS' blood pressure was 120/66 millimetres of Mercury (mmHg).

STEVENS' systolic blood pressure was 120 millimetres of Mercury (mmHg), which is within the DRE average range. The DRE average range for systolic blood pressure is 120 to 140 mmHg.

STEVENS' diastolic blood pressure was 66 millimetres of Mercury (mmHg), which is below the DRE average range. The DRE average range for diastolic blood pressure is 70 to 90 mmHg.

Temperature**:** Using an oral thermometer, I measured STEVENS' body temperature. The DRE average range for body temperature is 37°Celsius plus or minus 0.5° Celsius.

STEVENS' body temperature was 38.5° Celsius, which is above the DRE average range.

Muscle Tone**:** STEVENS' muscle tone was flaccid.

(7) Statements: STEVENS stated, "Some pills the doctor game." when I asked STEVENS if he was on any medications or drugs during the initial interview stage. At the end of the evaluation, I asked STEVENS what drugs or medications had he been using? STEVENS replied, "Some medicine for anxiety but I can't recall the name" I asked STEVENS how much he had taken, STEVENS replied, "A couple of pills around 5 pm when I was at my house."

(8) Medical Problems or Treatments: STEVENS stated he had no injuries but was under the care of Doctor FRANK for anxiety issues.

Drugs and Medicine: Yes – Some type of pills but can't recall the name of the medication

(9) Opinion: It is the opinion of Sergeant D. Botham, an evaluating officer, that William A. STEVENS' ability to operate a conveyance is impaired by a Central Nervous System Depressant.

(10) Miscellaneous:

Nasal Area Examination:

- Sgt. D. Botham examined the nasal area of STEVENS, nothing was noted.

Oral Cavity Examination:

- Sgt. D. Botham examined the oral cavity of STEVENS and nothing was noted

Comments: Sgt. D. Botham did not detect any odor on STEVEN' breath.

Injection Mark Examination:

- There were no injection/puncture marks noted on STEVEN' arms.

Sgt. D. Botham formed his opinion that William A. STEVENS' ability to operate a conveyance at 2035 hours.

Sgt. D. Botham read STEVENS the DRE Urine Sample Demand at 2035 hours.

STEVENS provided a sample of urine pursuant to a demand that was read to STEVENS at 2041 hours.

All times in this report unless otherwise noted are that of Sergeant D. Botham

Estimated time for session: 1 Hour 35 Minutes

22 DRE

INHALANTS

LEARNING OBJECTIVES

- Describe a brief overview of the Inhalant category of drugs
- Identify common drug names and terms associated with this category
- Identify common methods of administration for this category
- Describe the symptoms, observable signs and other effects associated with this category
- Describe the typical time parameters, i.e., onset and duration of effects associated with this category
- List the indicators likely to emerge when the drug impairment evaluation is conducted for a person under the influence of this drug category

CONTENTS

LEARNING ACTIVITIES

- Instructor-Led Presentations
- Review of the DEC Program Exemplars
- Reading Assignments
- Video Presentations
- Slide Presentations

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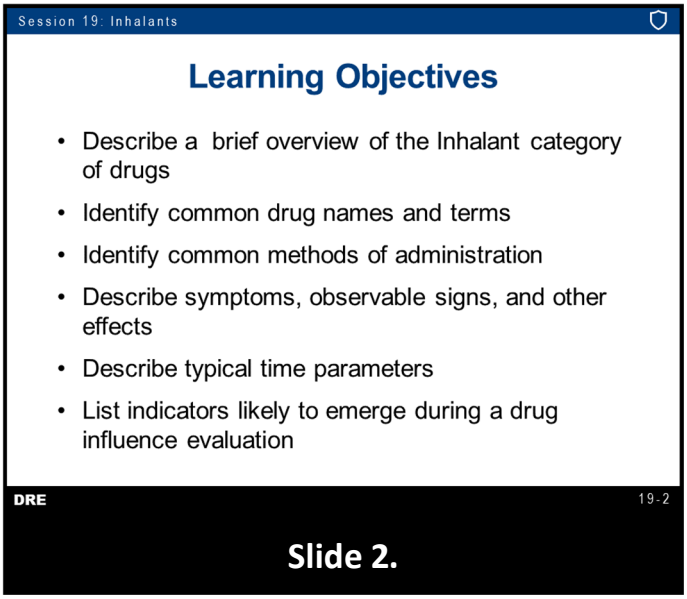


Slide 2.

Instructor Note

Briefly review the objectives, content, and activities of this session.

A. Overview of the Category

Slide 3.

Inhalants are breathable chemicals that produce mind-altering results. Inhalants vary widely in terms of the chemical involved and the specific effects produced. Depending on the nature of the particular Inhalant, the effects produced may be similar to those of Central Nervous System (CNS) Stimulants, CNS Depressants, or Hallucinogens. There are three subcategories of Inhalants: Volatile Solvents; Aerosols; and, Anesthetic Gases.

Slide 4.

If possible, display slides of these various drugs.

The Volatile Solvents include a large number of readily available products, none of which are intended by their manufacturers to be used as impairing substances. “Volatile” means they evaporate easily to produce fumes.

Ask participants to name a Volatile Solvent often abused as a drug.

One abused Volatile Solvent is plastic cement, or “model airplane glue.” Plastic cement includes the following volatile chemicals: Phenylmethane (Toluene); Acetone; Naphtha; Aliphatic Acetates (straight-chained hydrocarbons); Hexane; Cyclohexane; and Benzene.

Other frequently-abused Volatile Solvents include: fingernail polish remover (contains Acetone); household cements and glues (rubber cements contain Benzene); lighter fluid (contains Naphtha); various glues (model airplane glue); gasoline; Kerosene; dry-cleaning fluids; paints (particularly oil or solvent based); paint thinners; spray paints; liquid correction fluid; and, engine degreasers.

Slide 5.

Aerosols are chemicals discharged from a pressurized container by the propellant force of a compressed gas. Difluoroethane (DFE) is often used for this purpose. Commonly-abused Aerosols include hair sprays, deodorants, insecticides, spray keyboard cleaner, and vegetable frying pan lubricants.

Instructor Note

If available, display slides of typically abused Aerosols.

All of these abused Aerosols contain various hydrocarbon gases that produce drug effects.

Slide 6.

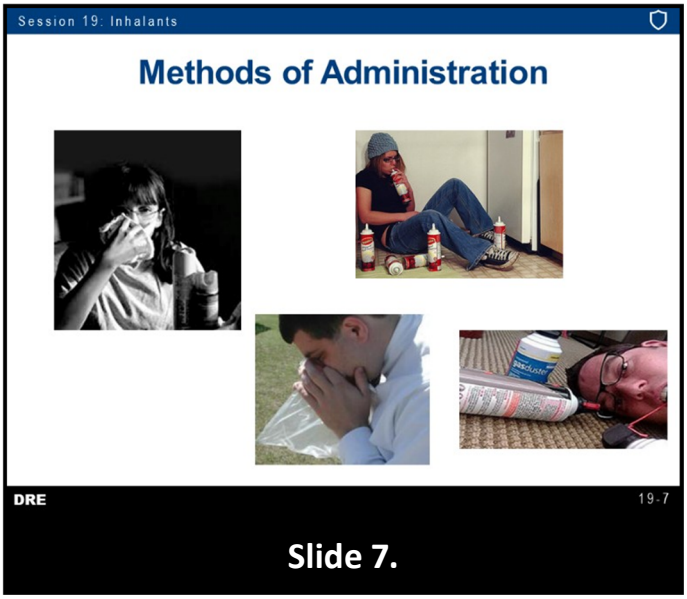
The third subcategory is Anesthetic Gases. Anesthetic Gases are drugs that abolish pain. They are used medically during surgical procedures such as childbirth, dental surgery, etc. Adults may be more frequent users of the Anesthetic Gases subcategory than of the Aerosols or Volatile Solvents.

Anesthetic Gases that sometimes are abused as Inhalants are Ether and Nitrous Oxide. Many of these substances have a long history of medical and illicit use, e.g., Ether abuse dates to the 1790's in England. Nitrous Oxide has been used since 1845. It is still used in certain dental procedures. Nitrous Oxide is a propellant for whipped cream. Drug paraphernalia stores often sell Nitrous Oxide in cartridges identical to carbon dioxide containers. They are termed by users "whippets" and are allegedly sold to purchasers as devices to propel whipped cream.

Other common Inhalants in this subcategory are Amyl Nitrite, Butyl Nitrite, and Isobutyl Nitrite. Nitrites are vasodilating substances, formally used medically to relieve heart-related chest pain. They have since been replaced by other medications. Isobutyl Nitrite and Butyl Nitrite have essentially identical effects of Amyl Nitrite. Users claim these substances enhance sexual excitement. This may occur from dilation of genital arteries (vasodilation) and relaxation of other smooth muscles. Inhalation of these produces a distinct "rush" similar to that of the related substance, Nitrous Oxide.

Anesthetic gases can dilate the blood vessels around the heart thus causing a lowered blood pressure.

Common slang and brand names for the Nitrites are: "Rush" and "Locker Room." Examples: Amyl Nitrite and Butyl Nitrite are sold in small glass bottles or bulbs. The user simply opens the bottle and breathes in the fumes. They have been marketed in drug paraphernalia stores as room deodorizers.



Slide 7.

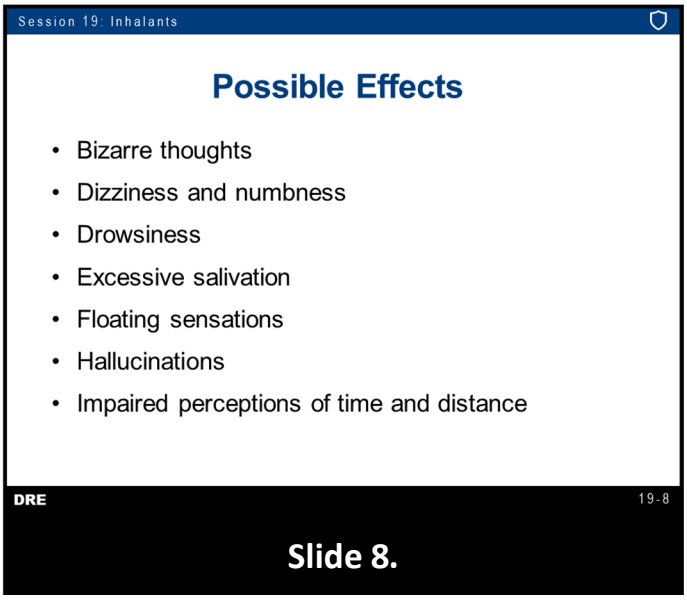
Inhalants obviously are administered by breathing or inhaling the fumes. Some are administered directly from the source. Some are soaked into rags, handkerchiefs, or tissue paper for repeated inhalation. Some are placed in paper or plastic bags which the user places over the face or head. These may be placed in twist lock beverage containers. Some are used by breathing the fumes or vapors from balloons. Some common street names Inhalant users use are huffing, hacking, ballooning and glading.

Instructor Note

Stress that participants should be familiar with all of the drug names in this category.

Solicit participants' comments or questions concerning this overview of Inhalants.

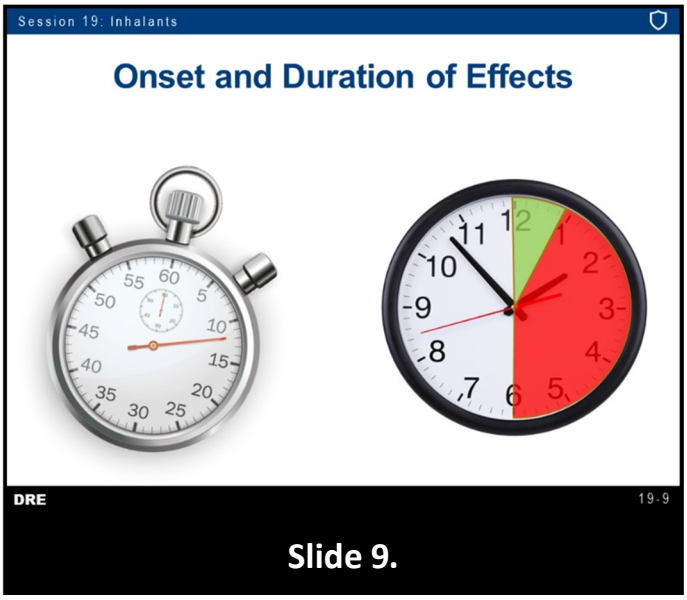
B. Possible Effects of Inhalants



Slide 8.

The effects of Inhalants vary somewhat from one substance to another. In fact, many of the Inhalants are classified as Depressants in medical texts. Their effects, consequently, often mirror alcohol intoxication. Common effects of Inhalants include bizarre thoughts, impaired perceptions of time and distance, dizziness and numbness, drowsiness, excessive salivation, floating sensations, and hallucinations. Persons under the influence of Inhalants may appear confused, disoriented, and/or lose consciousness.

C. Onset and Duration of Effects



Slide 9.

Inhalants' effects are felt virtually immediately.

Instructor Note

Point out the route of passage of the drugs from lungs to brain can be traveled very quickly.

Duration depends on the particular substance. The effects of Nitrous Oxide last 5 minutes or less. Amyl Nitrite and Isobutyl Nitrite produce effects that last a few seconds up to 20 minutes. Glue, paint, gasoline, and other commonly-abused Inhalants produce effects that last several or more hours.

D. Overdose Signs and Symptoms

Slide 10.

There is a risk of death due to overdose of Inhalants.

All Volatile Solvents make the heart more sensitive to adrenaline. This sometimes causes a dangerous cardiac arrhythmia. The term "Sudden Sniffing Death Syndrome" (SSDS) refers to sudden death by cardiac arrest from using inhalants.

Some Inhalants will depress the central nervous system to the point where respiration ceases. Others can produce instant death from heart failure.

Overdoses of Inhalants frequently induce nausea. If the user vomits while he or she is unconscious, death can result from aspiration of the vomitus.

Death can also result indirectly, if a person places a plastic bag over the head, loses consciousness, and suffocates.

Long-term abuse of Inhalants can cause central nervous system dysfunction and greatly reduce mental and physical abilities.

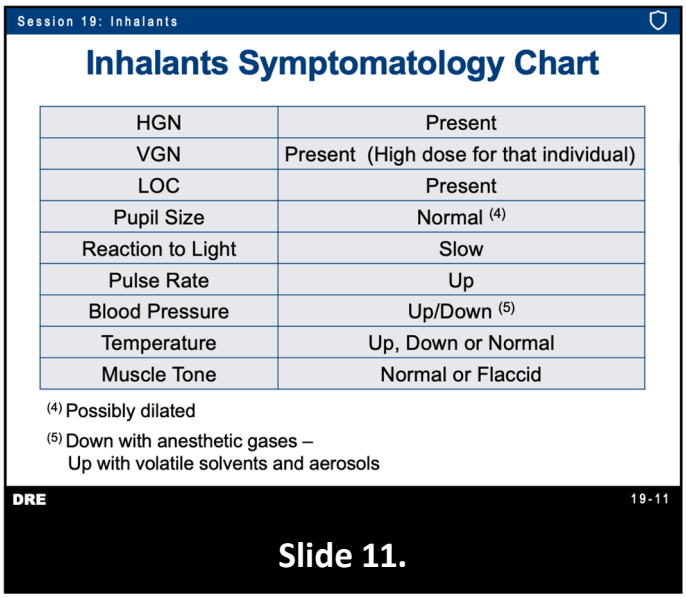
Evidence also exists of liver, kidney, bone, and bone marrow damage resulting from long-term Inhalant abuse.

There are no well-defined withdrawal symptoms for these substances. Physical dependence has not been documented, although habituation is common.

Instructor Note

Solicit questions and comments concerning overdose signs and symptoms.

E. Expected Results of the Evaluation



Slide 11.

With Inhalants, there is significant variation in effects from one substance to another.

Observable Evidence of Impairment: Eye Exam: Horizontal Gaze Nystagmus (HGN) will generally be present.

Instructor Note

Point out immediate Onset of Nystagmus may be observed.

Vertical Gaze Nystagmus (VGN) may be present.

Instructor Note

Point out high doses (for that individual) of Inhalants may cause VGN.

Lack of Convergence (LOC) will be present.

Psychophysical Exercise

Drug Evaluation Tests: Performance on the Modified Romberg Balance (MRB), Walk and Turn (WAT), One Leg Stand (OLS), and Finger to Nose (FTN) tests will generally be impaired.

Instructor Note

Point out subjects may sway when performing the MRB, OLS, and FTN tests.

Point out subjects may take slow, deliberative steps on the WAT and will tend to stagger.

Vital Signs: Pulse will be up. Pulse increase is due to many factors, including oxygen displacement. The heart may beat faster in order to supply body tissues with a sufficient supply of oxygen. Blood pressure will be up or down.

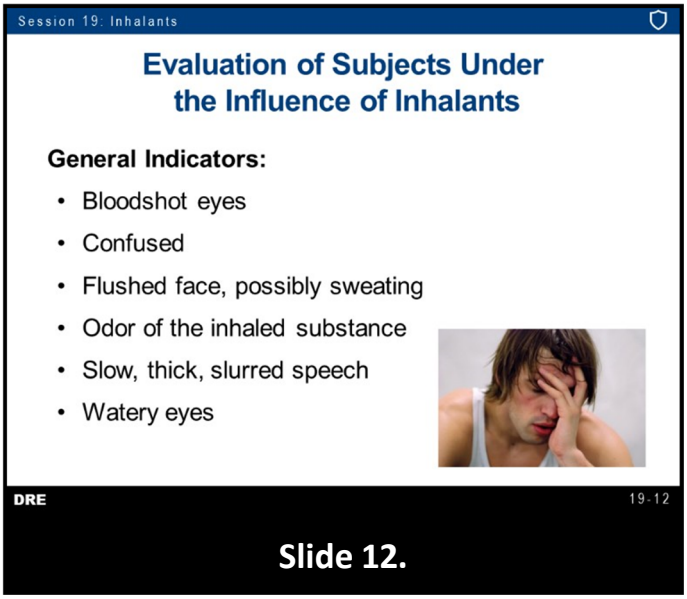
Mention the Anesthetic Gases generally lower blood pressure while elevating pulse rate. The Volatile Solvents and the Aerosols usually elevate both blood pressure and pulse rate.

The lowering of blood pressure by Anesthetic Gases is due to their vasodilation effect. The heart compensates for this vasodilation by increasing its heart rate. Effect on body temperature may be up, down, or DRE expected range.

Dark Room: Pupil size will be normal (DRE Expected Range) but may be dilated. Reaction to light generally will be slow. Anesthetic Gases may produce some dilation, although usually not to the extent seen with CNS Stimulants or Hallucinogens. No Inhalants produce pupillary constriction.

Point out "Normal" referenced in the pupil size indicates the DRE averages or "expected range" for the pupil sizes.

Muscle Tone: Muscle tone can be either normal or flaccid. Anesthetic gases normally cause the muscles to be flaccid.



Slide 12.

- Bloodshot eyes
- Confused
- Disoriented
- Flushed face, possibly sweating
- Intense headaches
- Muscle weakness
- Non-communicative
- Odour of the inhaled substance
- Possible nausea
- Residue of the substance around the face and nose and on the hands or clothing
- Slow, thick, slurred speech
- Watery eyes

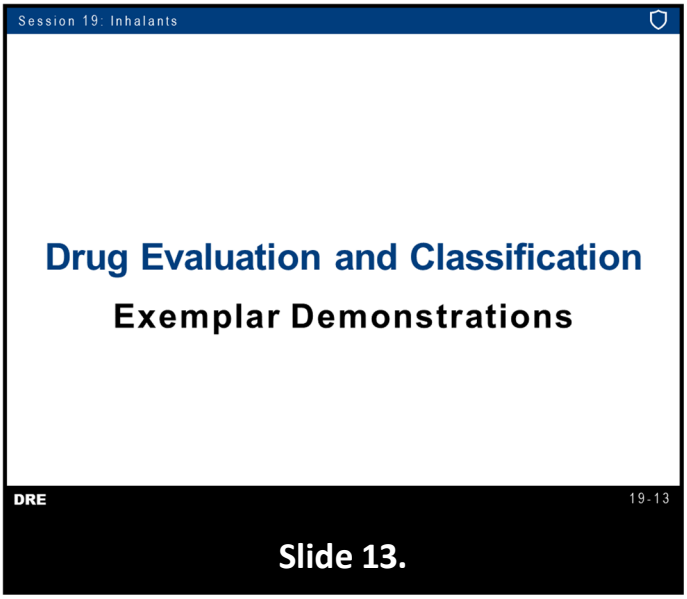
Speech usually clears up quickly when substance is no longer being inhaled.

Instructor Note

For more information and details regarding possible effects refer to:

Couper, F., Huestis, M., Fulford, J., Perkinson, N., Miller, S., Katz, A., Symoun, J., Raymond, P., & Smither, D.D. (2023). *Drugs and Human Performance Fact Sheets* [Unpublished manuscript]. National Highway Traffic Safety Administration.

F. Review of the DEC Program Exemplars



Slide 13.

Instructor Note

Refer participants to the exemplars found at the end of Session 19 of their participant guide.

Point out the exemplars are examples and serve as a guide.

The DRE narrative report should be detailed and complete, which clearly articulates the opinion of the DRE.

Instructor Note

Relate the items on the exemplars to the Inhalants Symptomatology Chart.

Video

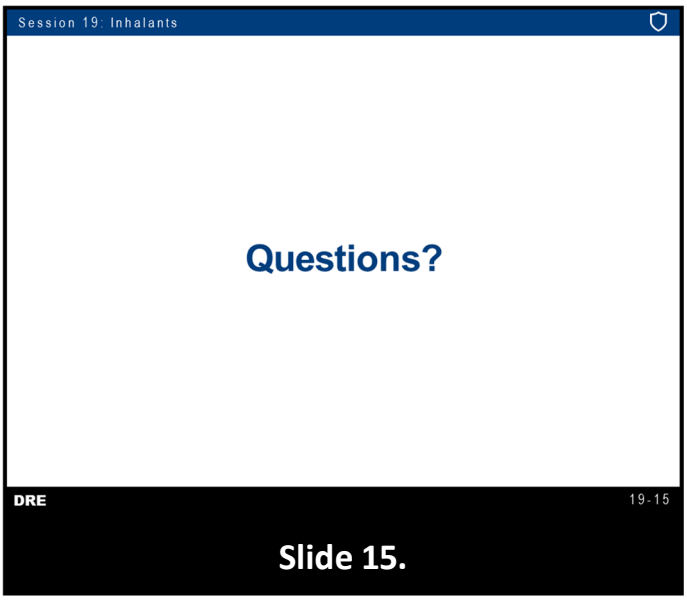
Slide 14.

Instructor Note

VIDEO DEMONSTRATION: Click video to begin.

Point out that some portions of the video were sped up, i.e., the 90 seconds in the darkroom, for time restriction purposes.

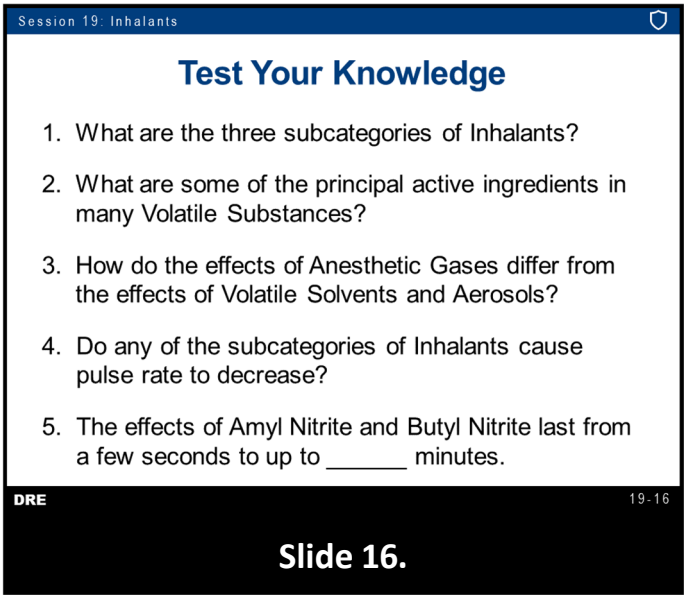
Show video example of subject under the influence of an Inhalant. (Approximately 20 minutes).



Slide 15.

Instructor Note

Solicit participants' comments and questions concerning expected results of the evaluation of subjects under the influence of Inhalants.



Slide 16.

Test Your Knowledge

1. What are the three subcategories of Inhalants?
2. What are some of the principal active ingredients in many Volatile Substances?
3. How do the effects of Anesthetic Gases differ from the effects of Volatile Solvents and Aerosols?
4. Do any of the subcategories of Inhalants cause pulse rate to decrease?
5. The effects of Amyl Nitrite and Butyl Nitrite last from a few seconds to up to _____ minutes.

Instructor Note

1. ***Volatile Solvents, Aerosols, Anesthetic Gases***
2. ***Toluene, Acetone, Naphtha, Aliphatic Acetates, Hexane, Cyclohexane, Benzene***
3. ***Anesthetic gases lower blood pressure while keeping the pulse rate elevated, Volatile Solvents and Aerosols elevate blood pressure and pulse.***
4. ***No***
5. ***20***

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Cst P Foster	22290	20-008-0062	Saskatoon PS	(Session XIX-#1)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cst. C. Schaefer #555	☑ Yes ☐ Yes (not used) ☐ No	Saskatoon PS	Sgt. R. Keleman

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/09/04 @ 2135 hrs	Schaefer #555	2136 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 2239 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
2240 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Whippets, Walter Huffen	1990/06/10	Male

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
2020/09/04 @ 2240 hrs @ SPS HQ	"Couple of hot dogs"	About 4 pm	Dr. Pepper 2 bottles	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
9pm? / 2242 hrs	This morning 4 or 5 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No	Cooperative	Poor, Unstable

Speech	Breath Odour	Face
Slurred, confused	Rancid	Flushed, Gold paint on chin

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☐ Normal ☑ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

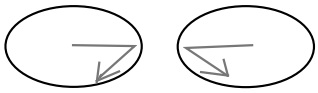
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 104 bpm @ 2248hrs
2. 100 bpm @ 2310hrs
3. 96 bpm @ 2332hrs

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	Yes	Yes
Angle of Onset	40°	40°

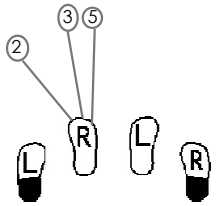
Convergence



Right Eye Left Eye

One Leg Stand

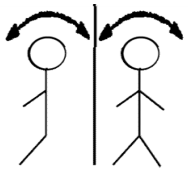
N/A /30 N/A /30



Nearly fell, stopped test for safety

Modified Romberg Balance

Approx. 4" Approx. 4" 4" 4"

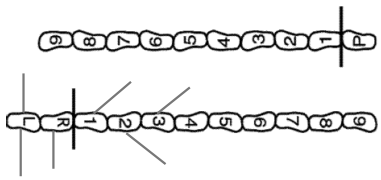


Extreme sway, used wall

Walk and Turn

Cannot keep balance III (3)

Starts too soon Ø



Lost balance 3 times, nearly fell test stopped for safety.

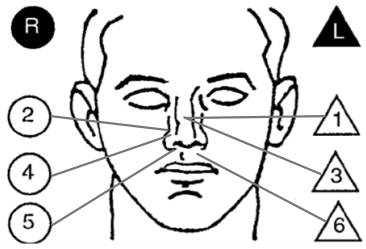
	1st nine	2nd nine
Stops walking	Ø	
Misses heel-toe	Ø	
Steps off line	III (3)	
Raises arms	III (3)	
Actual steps taken	N/A	

L	R	
III (3)		Sways while balancing
III (3)		Uses arms to balance
I (1)		Hopping
III (3)		Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
22 sec estimated as 30 seconds	Did not complete.	Nearly fell after three steps, stopped for safety	Lace-up black boots

Finger to nose

(Draw lines to spots touched)



Done seated for safety reasons

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	4.0 mm	7.0 mm	3.5 mm
Right Eye	4.0 mm	7.0 mm	3.5 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☑ Slow ☐ Little to none visible

Nasal area: Redness

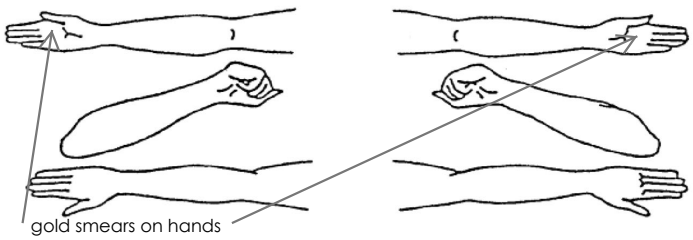
Oral cavity: Red

Blood Pressure	Temperature
174 / 72 mmHg	37.8 °C

Muscle tone: ☐ Normal ☑ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



gold smears on hands

What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I did a little Gold, but nothing else"	"about 2 cans"	Prior to stop	In the park

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
2345 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☐ Urine ☑ Blood Demand time: 2347 hrs Sample Time: 0015 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # / Date
Cst P. Foster		

Opinion of Evaluator

☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anaesthetic ☑ Inhalants ☑ Operational

☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis ☐ Training

Drug Impairment Evaluation

This is the detailed narrative report of Constable Patrick Foster, a Regular member of the Saskatoon Police Service, Reg. No. 657, DRE Number 22290. Constable Foster is currently attached to Patrol, Saskatoon, Saskatchewan. Constable Foster is credentialed by the International Association of Chiefs of Police (IACP) as a Drug Recognition Expert (DRE Certification Expiry Date: 2021-10-20).

(1) **Location**: The evaluation of Walter Huffen Whippets was conducted by Constable Foster, at the Saskatoon Police Service Detention facility on October 23, 2020.

(2) **Witnesses**: Cst. C. Schaefer and Sgt. R. Keleman witnessed the evaluation.

(3) **Source**: The subject evaluated was Walter Huffen Whippets DOB 1990/06/10.

Interview of the arresting officer Constable Schaefer: Schaefer had advised me he observed the subject's vehicle driving without headlights and travelling 15 km/h under the posted speed limit on Candelabra Road. Schaefer also state that during the initial contact, he did not detect an odour of beverage alcohol emanating from Whippets breath but, did notice gold paint on the Whippets chin, hands, and shirt sleeve. Whippets speech was slurred, and he appeared to be confused and disoriented. When asked where he was, the suspect thought he was in Regina. Schaefer located and seized 2 partially full cans of gold spray paint that were on the passenger seat under some clothing. The subject performed poorly on Standardized Field Sobriety Testing and was transported to detention for further evaluation by a DRE.

(4) First Observations:

A breath test was sample was not taken as there was zero suspicion of alcohol consumption. I noted immediately that Whippets had slurred speech specifically he was mumbling the words "Saskatoon" and "Saskatchewan" when he spoke. Whippets was exhibiting poor balance while standing and several times used the chair and interview table to steady himself. Whippets had gold paint smears on his chin, hands and on the left sleeve of his shirt. He did mention that he had a headache and felt lightheaded at times. I read Whippets the secondary police caution 2239 hours. When asked if he understood Whippets replied "yes." The following things were observed at that time:

- Whippets displayed equal tracking;
- Whippets' pupil size appeared to be equal;
- Resting nystagmus was not present; &
- Whippets was able to follow the stimulus.

Whippets was asked the following questions:

- "What have you eaten today, and when?" Whippets replied with "couple of hot dogs" and ate at "about 4 pm".
- "What have you been drinking, how much, and what time was your last drink?" Whippets said he had 2 bottles of Dr. Pepper.
- What time do you think it is now?" Whippets thought it was 9 pm, the evaluators time was 2242 hours;

- "When did you last sleep, and for how long?" he said he slept "this morning" and for "4 or 5 hours";
- "Are you sick or injured?" Whippets answered no;
- "Are you diabetic or epileptic?" Whippets answered no;
- "Do you take insulin?" Whippets answered no;
- "Do you have any physical disabilities?" Whippets said no but did mention he had a "sore elbow";
- "Are you under the care of a doctor or dentist?" Whippets said no;
- "Are you taking any prescription medication or drugs?" Whippets stated "I used to take pain pills".

The following further observations were made:

- Whippets was cooperative;
- Whippets' coordination was poor, and unstable;
- Whippets appeared to have slow speech, and sounded confused at times;
- Whippets' breath odour was rancid;
- Whippets had a flushed face and golden streaks of what appeared to be paint on his chin; &
- Whippets' eyelids appeared to be normal.

(5) **Psychophysical Signs**:

Modified Romberg Balance Test:

- Whippets swayed forward and backwards approximately 4 inches. He swayed left and right approximately 4 inches;
- Whippets estimated the passage of 30 seconds in a timed 22 seconds. The expected range is 30 seconds plus/minus 5 seconds;
- Whippets was asked how long that was, when he responded "30 seconds";
- When asked "how did you arrive at that?" Whippets stated "counted in my head"; &
- Whippets had an extreme amount of sway, and used the wall during the test.

Walk and Turn Test

- Whippets had laced up black boots during the test.

During the instructions stage:

- Whippets could not keep his balance on 3 occasions. One time his rear (left) foot stepped to the left, on another attempt his rear foot moved to the right. The 3rd time his front (right) foot stepped off the line to the right. Whippets repositioned himself back to the Instruction stance each time.

On the first set of nine steps:

- Whippets stepped off the line 3 times on step:
    - 1, by stepping with his left foot to the left of the line;
    - 2, by stepping with his right foot to the right of the line; &
    - 3, by stepping with his left foot to the left of the line.

- He used his arms for balance 3 times.

The test was stopped for safety reasons after Whippets nearly fell down.

One Leg Stand

While testing Whippets' left leg:

- Whippets swayed throughout the test.
- Whippets used his arms for balance three times;
- Whippets put his foot down 3 times on counts:
    - 1;
    - 3; &
    - 5.

The test was stopped for safety reasons as Whippets nearly fell again.

Whippets was unable to complete the One Leg Stand on his right leg after falling over a few times trying to stand in a straight line during the instruction stage. The test was stopped for safety

Finger to Nose Test:

- On the first attempt, Whippets touched centre at the bridge of his nose using the tip of his left index finger ;
- On the second attempt, Whippets touched the left side of his nose where it meets his cheek at the bridge using the tip of his right index finger;
- On the third attempt, Whippets touched the centre at the bridge of his nose using the tip of his left index finger;
- On the fourth attempt, Whippets touched the left side his nose to the left of the bridge using the tip of right his index finger ;
- On the fifth attempt, Whippets touched his upper lip under the left nostril using the tip of his right index finger; &
- On the sixth attempt, Whippets touched his upper lip to the right side of his right nostril using the tip of his left index finger.

Whippets was seated through the test for his safety.

(6) **Clinical Signs**:

Horizontal Gaze Nystagmus: Whippets displayed a lack of smooth pursuit, as well as displayed distinct and sustained nystagmus at maximum deviation. The nystagmus presented at an angle of 40°.

Vertical Gaze Nystagmus: Whippets did not display VGN.

Lack of Convergence: Whippets was unable to converge his eyes. Both eyes began to track the stimulus as it moved towards the bridge of his nose, and prior to full convergence both eyes looked straight ahead unable to maintain focus on the stimulus.

Pupil Size:

The DRE average range for pupil size is room light is 2.5 to 5.0 millimeters (mm):

Whippets's left eye was 4.0 mm in room light, which is within the DRE average range. Whippets's right eye was 4.0 mm in room light, which is within the DRE average range.

The DRE average range for pupil size in near total darkness is 5.0 to 8.5 mm:

Whippets's left eye was 7.0 mm, which is within the DRE average range. Whippets's right eye was 7.0 mm, which is within the DRE average range.

The DRE average range for pupil size in direct light is 2.0 to 4.5 mm:

Whippets's left eye measured 3.5 mm, which is within the DRE average range. His right eye measured 3.5 mm, which is within the DRE average range.

Whippets's pupils displayed a slow reaction to light.

Whippets did not display rebound dilation.

A UV light was not used during the eye examinations.

Pulse Measurements:

The DRE average range of the pulse rate is 60 to 90 beats per minute (BPM).

The pulse was taken 3 times:

- 1st pulse was 104 beats per minute (BPM) taken at 2248 hours, which is above the DRE average range;
- 2nd pulse was 100 BPM taken at 2310 hours, which is above the DRE average range;
- 3rd pulse was 96 BPM taken at 2332 hours, which is above the DRE average range.

Blood Pressure: Whippets's blood pressure was 174/72 Millimeters in Mercury (mmHg).

Whippets's systolic blood pressure was 172 mmHg, which is above the DRE average range of 120 - 140 mmHg. His diastolic blood pressure was 72 mmHg, which is within the DRE average range of 70-90 mmHg.

Temperature: Using an oral thermometer, I measured Whippets's body temperature. The DRE average range for body temperature is 37.0 ° Celsius minus 0.5 ° Celsius.

His body temperature was 37.8° Celsius, which is above the DRE average range.

Muscle Tone: Whippets's muscle tone was flaccid.

(1) **Statements:** Whippets stated "I did a little gold, but nothing else" and "about 2 cans, prior to being stopped in the park".

(2) **Medical Problems or Treatments:**

Drugs and Medicine: Nothing noted.

(3) **Opinion:** It is the opinion of Constable P. Foster, an evaluating officer, that Walter Huffen Whippets's ability to operate a conveyance is impaired by an Inhalant.

(4) **Miscellaneous:**

- On examination of the nasal area, it appeared to be reddened;
- There was a redness inside his mouth, noted during the oral cavity exam; &
- There was nothing to note by way of puncture or injection marks, however there was gold paint smears on both his hands.

The evaluation began at 2240 hours on September 4, 2020 and was completed at 2345 hours.

Whippets provided a sample of blood pursuant to a demand that was read by Cst. Foster at 2347 hours.

The sample was seized at 2415 hours at the Saskatchewan hospital. The blood sample was immediately secured in the exhibit fridge.

All times in this report unless otherwise indicated noted are that of Cst. P. Foster

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Cst. P Foster 657	22290	20-009-0032	Saskatoon PS	(Session XIX - #2)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cst. B Collins 6690	☑ Yes ☐ Yes (not used) ☐ No	Saskatoon PS	Cpl. C Lund

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/10/24 @ 0100 hrs	Collins	0115 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 0129 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
0130 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Poppers, Jack Dunn	2002/09/10	Male

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
2020/10/24 @ 0130 hrs @ SPS Detn	Fried Chicken	About 6 pm	Water Couple of bottles	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
Midnight / 0135 hrs	Yesterday afternoon 4 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No "Nope, drugs are bad for you dude"	Cooperative	Poor, staggering at times

Speech	Breath Odour	Face
Slow, Slurred	Chemical-like	Flushed, Sweaty

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☐ Normal ☑ Bloodshot ☑ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

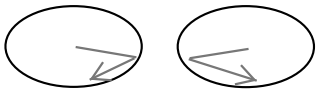
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 98 bpm @ 0143hrs
2. 96 bpm @ 0158hrs
3. 92 bpm @ 0220hrs

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	Yes	Yes
Angle of Onset	35°	35°

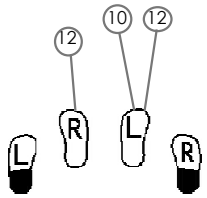
Convergence



Right Eye Left Eye

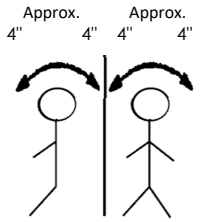
One Leg Stand

N/A /30 N/A /30



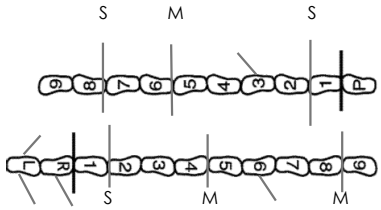
Nearly Fell, test stopped for Safety

Modified Romberg Balance



kept eyes open

Walk and Turn



Cannot keep balance III ③

Starts too soon Ø

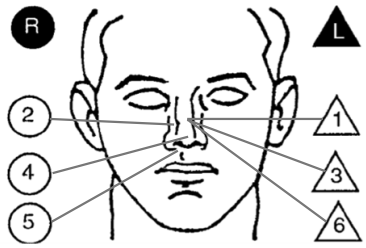
	1st nine	2nd nine
Stops walking	I ①	II ②
Misses heel-toe	II ②	II ②
Steps off line	I ①	II ②
Raises arms	III ③	II ②
Actual steps taken	9	9

L	R	
II ②	II ②	Sways while balancing
III ③	III ③	Uses arms to balance
Ø	Ø	Hopping
I ①	II ②	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
36 sec estimated as 30 seconds	Lost balance to the left	N/A	Hiking type boots

Finger to nose

(Draw lines to spots touched)



wrong hand used on attempts 5 & 6

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	5.0 mm	6.0 mm	4.0 mm
Right Eye	5.0 mm	6.0 mm	4.0 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☑ Slow ☐ Little to none visible

Nasal area: Red, runny nose

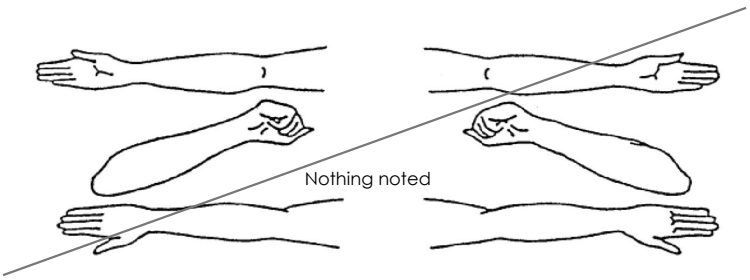
Oral cavity: Redness

Blood Pressure	Temperature
144 / 94 mmHg	38.0 °C

Muscle tone: ☐ Normal ☑ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"Dust off and some other stuff"	Not sure	About midnight	Friends house

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
0235 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☐ Urine ☑ Blood Demand time: 0236 hrs Sample Time: 0315 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
Cst. P Foster 22290		

Opinion of Evaluator

☐ Not Impaired	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anaesthetic	☑ Inhalants	☑ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	☐ Training

Drug Impairment Evaluation

This is the detailed narrative report of Constable Patrick Foster, a Regular member of the Saskatoon Police Service, Badge #657, DRE Number 22290. Cst Foster is located at 76 25th Street East, Saskatoon, Saskatchewan. Cst Foster is credentialed by the International Association of Chiefs of Police (IACP) as a Drug Recognition Expert (DRE Certification Expiry Date: 2023-10-20).

1. **Location**: The evaluation of Jack Dunn Poppers was conducted by Constable Foster #657, at SPS Headquarters located at 76 25th Street East, Saskatoon, Saskatchewan on October, 24 2020.

2. **Witnesses**: This evaluation was witnessed by Constable B Collins and Constable C Lund of the Saskatoon Police Service.

3. **Source**: The subject evaluated was Jack Dunn Poppers DOB 2002/09/10.

Interview of the arresting officer Cst B Collins: On October 24, 2020 at approximately 0115 hours, I was contacted by dispatch and asked to contact Cst Collins who was requesting a Drug Recognition Expert. Collins explained that he observed the suspects vehicle cross the center line numerous times on 45th Street. When he attempted to stop the vehicle, the driver was very slow to respond. The vehicle continued to travel approximately three blocks before pulling to the right and finally stopped at an unusual angle to the curb. During that three-block distance, the vehicle continued to drift in and out of its lane of travel. Collins stated that when he contacted the driver, he did not detect an odour of beverage alcohol but did note a distinct chemical like odour coming from the vehicle. Collins explained the driver was slow to respond to questions and appeared confused and disoriented. The driver denied using any drugs or alcohol when asked roadside. Collins was told by the driver that he occasionally likes to huff canned air duster to help him relax. The driver was arrested at 0100 hours and transported to detention for a DRE evaluation.

The DRE demand was provided by Collins at 0110 hours.

First Observations:

A breath sample was not taken, as there was no suspicion that alcohol was involved in this investigation. I first observed Poppers when he inside the interview room. His speech was slow and slurred at times. His coordination appeared to be poor and he was unstable on his feet. Several times he staggered and used the wall to steady himself. The secondary police warning was provided verbatim at 0129 hours to Poppers, which he replied “yes” to understanding. The following things were observed at that time:

- Poppers’ eyes were bloodshot and watery;
- Poppers displayed equal tracking;
- Poppers’ pupil size appeared to be equal;
- Resting nystagmus was not present;
- Poppers was able to follow the stimulus;
- Poppers’ eyelids were not droopy.

Poppers was asked the following questions:

- “what have you eaten today, and when?” Poppers replied with “fried chicken” and indicated he ate approximately 6 pm;
- “what have you been drinking, how much, and what time was your last drink?” Poppers had drunk a couple bottles of water;
- What time do you think it is now?” Poppers stated “midnight” the investigators time was 0135 hours;
- “when did you last sleep, and for how long?” Poppers stated he had slept “yesterday afternoon” and slept for about 4 hours;
- “are you sick or injured?” Poppers answered no;
- “are you diabetic or epileptic?” Poppers answered no;
- “do you take insulin?” Poppers answered “no”;
- “Do you have any physical disabilities?” Poppers answered no;
- “are you under the care of a doctor or dentist?” Poppers answered no;
- “Are you taking any prescription medication or drugs?” Poppers said “Nope, drugs are bad for you dude.”

The following further observations were made:

- Poppers was cooperative;
- Poppers’ coordination was poor, and he was staggering at times throughout the evaluation;
- Poppers speech was noted to sound slurred at times;
- Poppers’ breath had a chemical-like odour emanating while he spoke; &
- It appeared as though his face was flush and inexplicably sweaty.

4. **Psychophysical Signs**:

Modified Romberg Balance Test:

- After providing the instructions, Poppers tilted his head back;
- Poppers did sway approximately 4” front to back, and 4” side to side;
- Poppers estimated the passage of 30 seconds as an actual 36 seconds. The expected range is 30 seconds plus/minus 5 seconds;
- I did note while Poppers was completing the test, he kept his eyes open;
- Poppers was asked how long that was, when he responded “30 seconds I think”; &
- When asked, “how did you arrive at that?” he stated “counted Mississippi’s in my head”.

Walk and Turn Test

- Poppers was in laced up hiking style boots during the test.

During the instruction stage:

- Poppers was unable to keep his balance on 3 occasions. Poppers stepped off with his left foot to the right and to the left one time, and stepped off with his right foot to the right one time. Poppers was instructed to go back to the instruction stage each time he stepped off the line.

On the first set of nine steps:

- Poppers stopped walking once, between step 1 & 2;
- Poppers missed his heel to toe on 2 occasions, between steps 4 & 5 as well as steps 8 & 9;
- Poppers stepped off the line once with his right foot on step 6, to the right; &
- Poppers raised his arms for balance 3 times.

The turn was not performed as demonstrated, when he turned to his left, he lost his balance.

On the second set of nine steps:

- Poppers stopped walking twice, between steps 1 & 2 and step 7 & 8;
- Poppers missed heel to toe 1 time, between steps 5 & 6;
- Poppers stepped off the line once, on step 3 with his right foot to the right.

One Leg Stand

While testing Poppers' left leg:

- Poppers swayed twice;
- Used his arms for balance 3 times; &
- He put his foot down once, on his count of 12.

Poppers failed to complete the test, as the test was stopped prior to the timed 30 seconds because he nearly fell and it was unsafe.

While testing Poppers' right leg:

- Poppers swayed twice;
- Used his arms for balance 3 times;
- He put his foot down twice on his count of 10 and 12.

Poppers failed to complete the test, as the test was stopped prior to the timed 30 seconds because he nearly fell and it was unsafe.

Finger to Nose Test:

- On the first attempt, Poppers touched bridge of his nose with the tip of his left index finger;
- On the second attempt, Poppers touched right side at near the bridge of his nose with the tip of his right index finger;

- On the third attempt, Poppers touched bridge of his nose with the tip of his left index finger;
- On the fourth attempt, Poppers touched the tip of his nose with the tip of his right index finger;
- On the fifth attempt, Poppers touched the edge of the right nostril where the nose meets the upper lip with the tip of his index finger, Poppers used the wrong hand on this attempt and used his left hand when he was directed to use his right hand; &
- On the sixth attempt, Poppers touched bridge of his nose again with the tip of his index finger, he used the wrong hand as he was directed to use his left hand, but touched with his right.

5. Clinical Signs:

Horizontal Gaze Nystagmus: During the HGN testing, a lack of smooth pursuit was observed in both eyes. Poppers also displayed distinct and sustained deviation at maximum deviation in both eyes, as well as nystagmus at 35° in both eyes.

Vertical Gaze Nystagmus: Poppers did not display VGN.

Lack of Convergence: Poppers was unable to converge his eyes. His eyes began to converge, and as the stimulus got closer to his nose both eyes stopped converging and looked straight ahead. He mentioned that normally he was able to cross his eyes.

Pupil Size:

The DRE average range for pupil size is room light is 2.5 to 5.0 millimeters (mm). Poppers' eyes were 5.0 mm in room light, which is within the DRE average range.

The DRE average range for pupil size in near total darkness is 5.0 to 8.5 mm. Poppers' eyes measured 6.0 mm, which is within the DRE average range.

The DRE average range for pupil size in direct light is 2.0 to 4.5 mm. Poppers' eyes measured 4.0 mm, which is also within the DRE average range.

His pupils displayed a slow reaction to light.

Poppers did not display rebound dilation.

Pulse Measurements:

The pulse was taken 3 times:

- 1st pulse, taken at 0143 hours was 98 beats per minute (BPM) which is above the DRE average range of 60-90 BPM.
- 2nd pulse, taken at 0158 hours was 96 BPM, which is above the DRE average range.
- 3rd pulse, taken at 0220 hours was 92 BPM, which is above the DRE average range.

Blood Pressure: Poppers' blood pressure was 144/94 Millimeters in Mercury (mmHg).

Poppers' systolic blood pressure was 144 mmHg, which is above the DRE average range of 120 - 140 mmHg. His diastolic blood pressure was 94 mmHg, which is above the diastolic DRE average range of 70-90 mmHg.

Temperature: Poppers' body temperature was 38.0 degrees Celsius, which is above the DRE average range.

His temperature was taken with an oral thermometer. Poppers' body temperature was above the DRE average range of 37° Celsius, plus or minus 0.5 degree.

Muscle Tone: Poppers' muscle tone was flaccid.

6. Statements:

Poppers admitted to using some "dust off and other stuff" but was unable to quantify how much he used while at a friend's house at "around midnight."

7. Medical Problems or Treatments:

Drugs and Medicine: As stated above, Poppers admitted to using dust off, however prior to that he had continually denied any other drugs**.**

8. Opinion:

It is the opinion of Constable Patrick Foster, an evaluating officer, that Jack Dunn Poppers' ability to operate a conveyance was impaired by an Inhalant.

9. Miscellaneous:

It was noted during the nasal cavity exam that the inside of the nose was red and appeared to be running. Inside of his mouth was also noted to be red in colour.

I formed my opinion at 0236 hours.

At 0236 hrs Constable Patrick Foster read the Evaluator Demand for Blood and at 0315 hrs obtained a blood sample at hospital.

All times in this report unless otherwise indicated noted are that of Cst Patrick Foster

_____

Patrick Foster, Constable

Saskatoon Police Service

DRE# 22290

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Cpl D. Milette	22273	20-013-0062	RCMP	(Session XIX-#3)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Sgt J. Malenfant	☑ Yes ☐ Yes (not used) ☐ No	RCMP	Cst B. Burrows

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/06/14 @ 2015 hrs	Malenfant	2100 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 2133 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
2135 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Huffer, Misty Kay	1999/06/10	Female

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
2020/06/14 @ 2135 hrs @ Ottawa Detn	Pizza	About 7 pm	Rockstar Energy Drink One can	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
Midnight / 2140 hrs	Last night About 8 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No "I don't do drugs"	Cooperative, Indifferent	Poor

Speech	Breath Odour	Face
Slurred, Rambling	Chemical-like	Flushed

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☐ Normal ☑ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

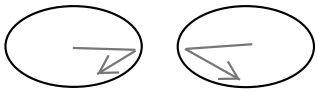
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 96 bpm @ 2145hrs
2. 94 bpm @ 2155hrs
3. 92 bpm @ 2218hrs

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	Yes	Yes
Angle of Onset	40°	40°

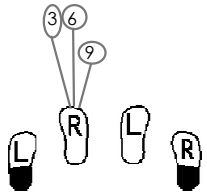
Convergence



Right Eye Left Eye

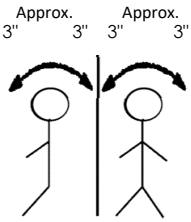
One Leg Stand

38 /30 N/A /30



Nearly fell, right foot not attempted for safety reasons

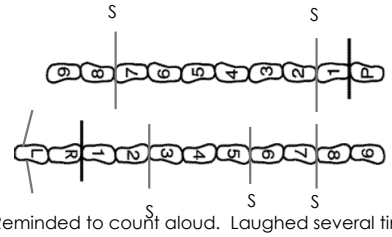
Modified Romberg Balance



laughing during test

Walk and Turn

Cannot keep balance √√ ②
Starts too soon √ ①



Reminded to count aloud. Laughed several times

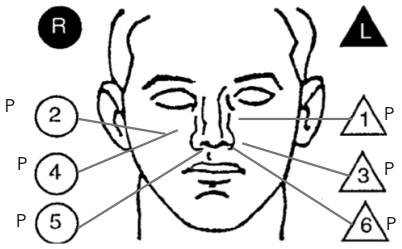
	1st nine	2nd nine
Stops walking	√√ ③	√√ ②
Misses heel-toe	ø	ø
Steps off line	ø	ø
Raises arms	√√√ ③	√√√ ④
Actual steps taken	9	9

L	R	
√ ①	N/A	Sways while balancing
CONT	N/A	Uses arms to balance
√ ①	N/A	Hopping
√√√ ③	N/A	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
33 sec estimated as 30 seconds	Slow and deliberate, as instructed	N/A	Black lace up boots

Finger to nose

(Draw lines to spots touched)



Attempts 5 and 6 used wrong hand. Laughing.

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	5.0 mm	7.5 mm	3.5 mm
Right Eye	5.0 mm	7.5 mm	3.5 mm

Rebound dilation: ☐ Yes ☑ No

Reaction to light: ☐ Normal ☑ Slow ☐ Little to none visible

Nasal area: Redness

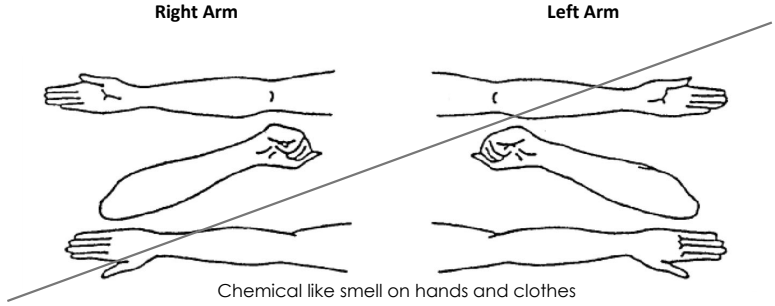
Oral cavity: Red

Blood Pressure	Temperature
118 / 62 mmHg	38.0 °C

Muscle tone: ☐ Normal ☑ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



Chemical like smell on hands and clothes

What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I did some whippets with friends"	"Don't remember"	About 8 pm	Friend's house

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
2230 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☐ Urine ☑ Blood Demand time: 2231 hrs Sample Time: 2300 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
Cpl D. Milette		

Opinion of Evaluator

☐ Not Impaired	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anaesthetic	☑ Inhalants	☑ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	☐ Training

Drug Influence Evaluation

This is the detailed narrative report of Corporal Denis MILETTE, a Regular Member of the Royal Canadian Mounted Police, Reg. No. 51775, DRE No. 22273. Corporal Milette is currently attached to National Traffic Services at 73 Leikin Dr, Ottawa, Ontario. Corporal MILETTE is credentialed by the International Association of Chiefs of Police (IACP) as a Drug Recognition Expert (DRE Certification Expiry Date: 2021-08-01).

(1)Location: The evaluation of Misty Kay Huffer was conducted by Corporal MILETTE, at RCMP National Headquarters located at 73 Leikin Drive, Ottawa, ON on June 14, 2020

(2)Witnesses: This evaluation was witnessed by Sargant Jasmin Malenfant of the Royal Canadian Mounted Police**.**

(3)Source: The subject evaluated was Misty Kay Huffer, date of birth 1999-06-10

Interview of the arresting officer Sergeant Jasmin Malenfant: There was reports of as a possible impaired driver. Sgt. Malenfant observed the vehicle traveling northbound on Highway 16 and it was unable to maintain a single lane of travel. When attempting to stop the vehicle, the driver was slow to respond to his emergency lights. During the personal contact with the female driver, Sgt. Malenfant observed slow, sluggish movements and her speech was slurred as she was rambling while speaking. Sgt. Malenfant could smell a chemical like odour coming from Ms. Huffer's breath. According to Sgt. Malenfant, she consented to SFST testing and performed poorly on the Walk and Turn (W&T) and One Leg Stand (OLS) tests. Sgt. Botham observed four clues on the W&T and three clues on the OLS. He also administered the HGN test observing six clues. Sgt. Malenfant arrested the driver for impaired operation of a conveyance and transported her to RCMP Headquarters for processing.

(3)First Observations: Ms. Huffer was first observed by Cpl Milette in the Interview room of RCMP National Headquarters at 73 Leikin Drive at 0120 hours. Cpl. Milette read Ms. Huffer the secondary police caution at approximately 2133 hours. When asked if she understood Ms. Huffer stated "Yes". The following things were observed at that time:

- Ms. Huffer 's eyes were bloodshot.
- Ms. Huffer displayed equal tracking.
- Ms. Huffer's pupil size was equal.
- Resting nystagmus was not present.
- Ms. Huffer was able to follow stimulus.
- Ms. Huffer's eyelids were normal.

Ms. Huffer was asked the following questions:

- "What have you eaten today, and when?" Ms. Huffer answered: pizza about 7pm
- "What have you been drinking, how much, and what time was your last drink?" Ms. Huffer answered: an energy drink but didn't know when
- "What time do you think it is now?" Ms. Huffer answered: midnight; the evaluator's time was 2140 hours.
- "When did you last sleep and for how long?" Ms. Huffer answered: Last night about 8 hours
- "Are you sick or injured?" Ms. Huffer answered: No.
- "Are you diabetic?" Ms. Huffer answered: No.
- "Are you epileptic?" Ms. Huffer answered: No.
- "Do you take insulin?" Ms. Huffer answered: No
- "Do you have any physical disabilities?" Ms. Huffer answered: No
- "Are you under the care of a doctor/dentist?" Ms. Huffer answered: No.
- "Are you taking any prescription medication or drugs?" Ms. Huffer answered I don't do drugs.

The following other observations were made:

- Ms. Huffer's attitude was: Cooperative and at times indifferent
- Ms. Huffer's coordination was": poor
- Ms. Huffer's speech was: slurred and rambling
- Ms. Huffer's breath odour was: chemical-like
- Ms. Huffer's face was: flushed

(5)Psychophysical Signs:

Modified Romberg Balance Test:

- Ms. Huffer swayed in a 3-inch circular pattern for the entire test.
- Ms. Huffer estimated the passage of 30 seconds as 33 seconds. The normal range is 30 seconds plus or minus 5 seconds.
- When asked "How long was that?", Ms. Huffer responded "30 seconds".
- When asked "How did you arrive at that?", Ms. Huffer responded "counted to 30".
- Ms. Huffer was laughing during the test

Walk and Turn Test:

- Ms. Huffer was wearing black lace up boots during the test

During the instructions stage:

In the instruction stage, Ms. Huffer was unable to keep her balance 2 times by braking her stance stepping once to the right and once to the left with her left foot. Ms. Huffer went back to the instruction stage after stepping off the line. Ms. Huffer started too soon once.

On the first set of nine steps:

- Ms. Huffer took 9 steps.
- Ms. Huffer raised her arms 3 times.
- Ms. Huffer stopped walking 3 time on steps 2, 5, 7
- Ms. Huffer did not step off the line
- Ms. Huffer did not miss touching heel to toe

The turn was performed as described with Ms. Huffer's movements being slow and deliberate

On the second set of nine steps:

- Ms. Huffer took 9 steps
- Ms. Huffer raised her arms 4 times
- Ms. Huffer stopped walking 2 times on steps 1 and 7
- Ms. Huffer did not step off line
- Ms. Huffer did not miss any heel to toe steps

One Leg Stand Test:

- While testing Ms. Huffer's left leg:
  - Ms. Huffer put her right foot down 3 times on her count of 3, 6, 9
  - Ms. Huffer swayed once.
  - Ms. Huffer used arms while balancing continuously.
  - Ms. Huffer hopped once
  - Ms. Huffer reached a count of 38 in a timed 30 seconds.
- While testing Ms. Huffer's right leg she nearly fell and the test was stopped for safety reasons.

Finger to Nose Test:

- On the first attempt, Ms. Huffer touched her cheek just below her left eye using her left index finger.
- On the second attempt, Ms. Huffer touched her cheek just below her right eye using her right index finger.

- On the third attempt, Ms. Huffer touched her cheek beside her right nostril using her left index finger.
- On the fourth attempt, Ms. Huffer touched her cheek just below her right eye using her right index finger.
- On the fifth attempt, Ms. Huffer touched her upper lip just below her right nostril using her left index finger.
- On the sixth attempt, Ms. Huffer touched her left nostril using her right index finger.

  During the test Ms. Huffer was laughing, used the pad of her left/right index finger for all attempts and used the wrong hand for attempt 5 and 6.

(6) Clinical Signs:

Horizontal Gaze Nystagmus: Horizontal gaze nystagmus was present. Ms. Huffer displayed lack of smooth pursuit and distinct and sustained nystagmus in both eyes and displayed a 40 degree angle of onset of nystagmus.

Vertical Gaze Nystagmus: Ms. Huffer did not display vertical gaze nystagmus.

Lack of Convergence: Ms. Huffer displayed lack of convergence. The left eye convergence characteristic was: Pupil directly right followed by moving to the bottom of the eye socket. The right eye convergence characteristic was: Pupil directly left followed by moving to the bottom of the eye socket.

Pupil Size:

The DRE average range for pupil size in room light is 2.5 to 5.0 millimeters (mm):

Ms. Huffer's left eye pupil was 5.0 mm in room light, which is within the DRE average range.
Ms. Huffer's right eye pupil was 5.0 mm in room light, which is within the DRE average range.

The DRE average range for pupil size in near total darkness is 5.0 to 8.5 mm:

Ms. Huffer's left eye pupil was 7.5 mm in near total darkness, which is within the DRE average range.
Ms. Huffer’s right eye pupil was 7.5 mm in near total darkness, which is within the DRE average range.

The DRE average range for pupil size in direct light is 2.0 to 4.5 mm:

Ms. Huffer's left eye pupil was 3.5 mm in direct light, which is within the DRE average range.
Ms. Huffer 's right eye pupil was 3.5 mm in direct light, which is within the DRE average range**.**

Ms. Huffer’s pupils displayed a slow reaction to light.

Ms. Huffer did not display rebound dilation.

A UV light was not used in the eye examinations

Pulse Measurements:

The pulse was taken 3 times:

The DRE average range is 60 – 90 beats per minute (bpm)

- First pulse: Ms. Huffer's pulse was outside (above) the DRE average range at 96 bpm at 2145 hours.

- Second pulse: Ms. Huffer's pulse was outside (above) the DRE average range at 94 bpm at 2155 hours.

- Third pulse: Ms. Huffer's pulse was outside (above) the DRE average range at 92 bpm at 2218 hours.

Blood Pressure: Ms. Huffer's blood pressure was measured to be 118/62 millimetres of Mercury (mmHg).

Ms. Huffer's systolic blood pressure was 118 mmHg, which is below the DRE average range. The DRE average range for systolic blood pressure is 120 to 140 mmHg.

Ms. Huffer's diastolic blood pressure was 62 mmHg, which is below the DRE average range. The DRE average range for diastolic blood pressure is 70 to 90 mmHg.

Temperature: Using an oral thermometer, Ms. Huffer's body temperature was measured to be 38.0 degrees Celsius which is above the DRE average range. The DRE average range for body temperature is 37 degrees Celsius plus or minus 0.5 degrees Celsius.

Muscle Tone: Ms. Huffer's muscle tone was flaccid.

(7) Statements: Ms. Huffer admitted to doing some whippets with friends around 8pm at their home but didn't remember how much.

(8) Medical Problems or Treatments: Ms. Huffer did not disclose any medical problems

(9) Opinion: It is the opinion of Corporal Denis MILETTE, a drug recognition expert, that Misty Kay Huffer's ability to operate a conveyance is impaired by: Inhalants.

(10) Miscellaneous:

- Ms. Huffer's nasal area was red
- Ms. Huffer's oral cavity was red
- There were no puncture marks noted but Ms. Huffer did have a chemical like smell on her hands and clothes.

The evaluation began June 14, 2020 at 2135 hours and was completed at 2230 hours.

Ms. Huffer provided samples of blood pursuant to a demand that was read to her by Cpl. Milette at 2231 hours.

The samples were seized at 2300 hours by Cpl. Milette at the Ottawa General Hospital as he witnessed Qualified Technician Lab Technician Holly Wright draw the samples directly from Ms. Huffer's left arm. Lab Technician Wright used an RCMP blood kit that was provided by Cpl. Milette.

Cpl. Milette secured the blood kit in exhibit locker fridge within the RCMP Headquarters.

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Estimated time for session: 1 Hour

23 DRE

PRACTICE: EXAMINATION OF VITAL SIGNS

LEARNING OBJECTIVES

- Conduct examinations of pulse, blood pressure, and temperature
- Describe the vital signs examination procedures
- Document the results of the vital signs examinations

CONTENTS

LEARNING ACTIVITIES

- Instructor-Led Presentations
- Participant Hands-On Practice
- Instructor-Led Coaching
- Participant-Led Coaching

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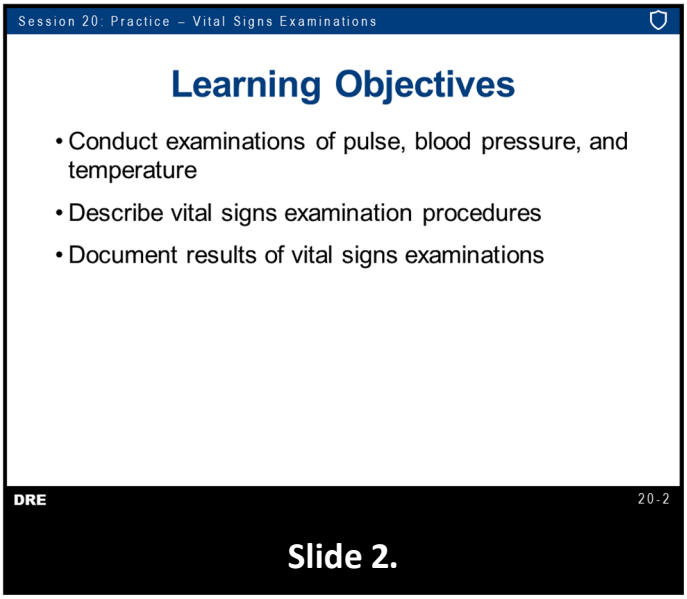
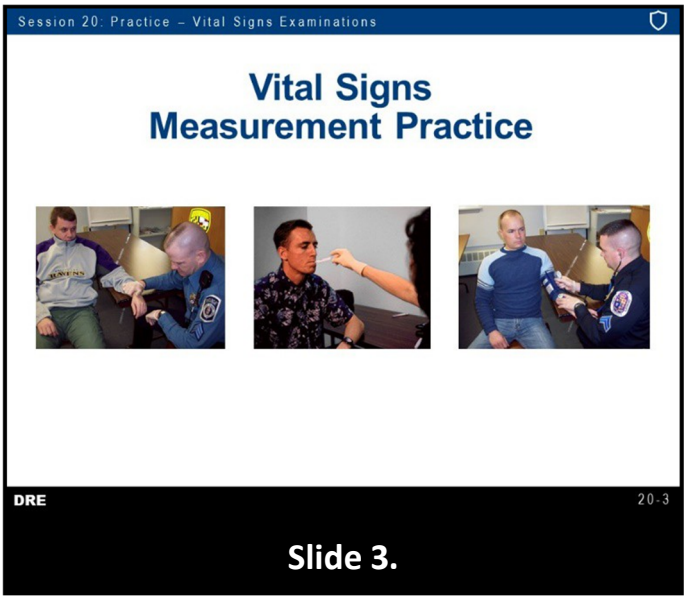


Slide 2.

Instructor Note

Briefly review the objectives, content, and activities of this session.

A. Procedures for this Session



Slide 3.

Instructor Note

Refer to Session 7 if there are any questions on vital signs.

Team Assignments: Participants will work in three or four member teams.

Instructor Note

Make team assignments.

At any given time, one member of the team will be engaged in conducting and recording vital signs examinations of another member. The remaining member(s) will help coach and critique the participant who is conducting the examinations.

Emphasize participants can help each other learn by pointing out errors of omission or commission.

Participants will take turns serving as test administrator, test subject, and coach.

Participants will record their measurements using the Vital Signs Examination Data Sheet.

B. Pulse Measurements

Vital Signs Practice: Teams initially will practice taking one another's pulse.

Point out the participant who is "coaching" should simultaneously take the subject's pulse along with the test administrator. Example: Administrator can take pulse at subject's left wrist; coach can take it at subject's right wrist. Then, the administrator and coach can compare the measurements they obtain.

Demonstrate this, using a participant-subject and two instructors.

Hand out copies of the Vital Signs Examination Data Sheet to each participant. Solicit participants' questions concerning procedures for this practice session.

Pulse Measurements

Monitor teams and coach participants as necessary and appropriate.

Terminate this segment after 20 minutes or after each participant has administered a pulse measurement to each of their team members (whichever comes first).

C. Blood Pressure Measurements

Instructor Note

Teams subsequently will practice taking one another's blood pressure.

If specially-designed training stethoscopes are available, the participant coach can "listen in" on the blood pressure measurements being taken by the participant-administrator.

Monitor teams and coach participants as necessary and appropriate.

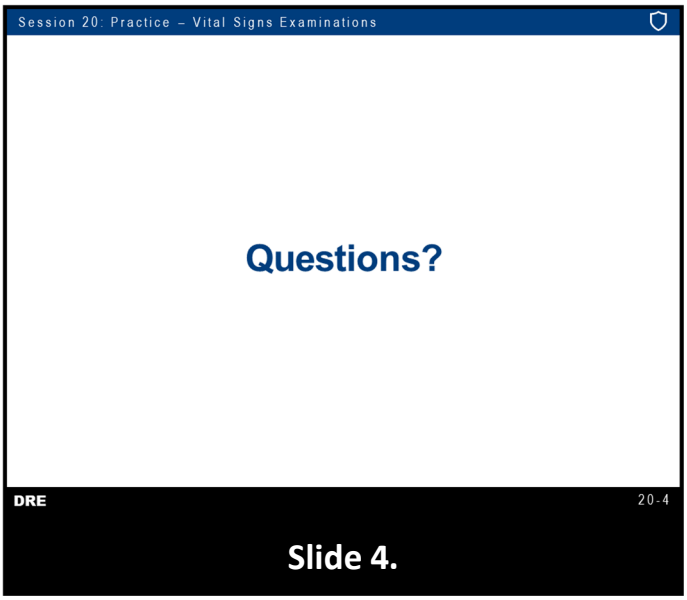
Terminate this segment after 25 minutes, or after each participant has measured the blood pressure of each member of their team (whichever comes first).

D. Temperature

Instructor Note

Allow participants to practice taking temperatures

E. Session Wrap-Up



Slide 4.

Instructor Note

Offer appropriate comments and observations about the participants' performance.

Solicit participants' comments concerning the practice session.

VITAL SIGNS EXAMINATIONS DATA SHEET

EXAMINER'S NAME: _____

DATE _____/_____/_____

PULSE MEASUREMENTS	BLOOD PRESSURE MEASUREMENTS
SUBJECT'S NAME _____	SUBJECT'S NAME _____
TIME _____	TIME _____
PULSE POINT USED _____	SYSTOLIC/DIASTOLIC_____
BEATS PER MINUTES _____	TEMPERATURE_____

SUBJECT'S NAME _____	SUBJECT'S NAME _____
TIME _____	TIME _____
PULSE POINT USED _____	SYSTOLIC/DIASTOLIC_____
BEATS PER MINUTES _____	TEMPERATURE_____

SUBJECT'S NAME _____	SUBJECT'S NAME _____
TIME _____	TIME _____
PULSE POINT USED _____	SYSTOLIC/DIASTOLIC_____
BEATS PER MINUTES _____	TEMPERATURE_____

Estimated time for session: 1 Hour 25 Minutes

24 DRE

CANNABIS

LEARNING OBJECTIVES

- Describe a brief overview of Cannabis
- Identify common names and terms associated with Cannabis
- Identify common methods of administration for Cannabis
- Describe the symptoms, observable signs, and other effects associated with this category
- Describe the typical time parameters, i.e., onset and duration of effects associated with
- Cannabis
- List the indicators likely to emerge when the drug impairment evaluation is conducted for a person under the influence of Cannabis

CONTENTS

LEARNING ACTIVITIES

- Instructor-Led Presentations
- Review of the DEC Program Exemplars
- Reading Assignments
- Video Presentations
- Slide Presentations

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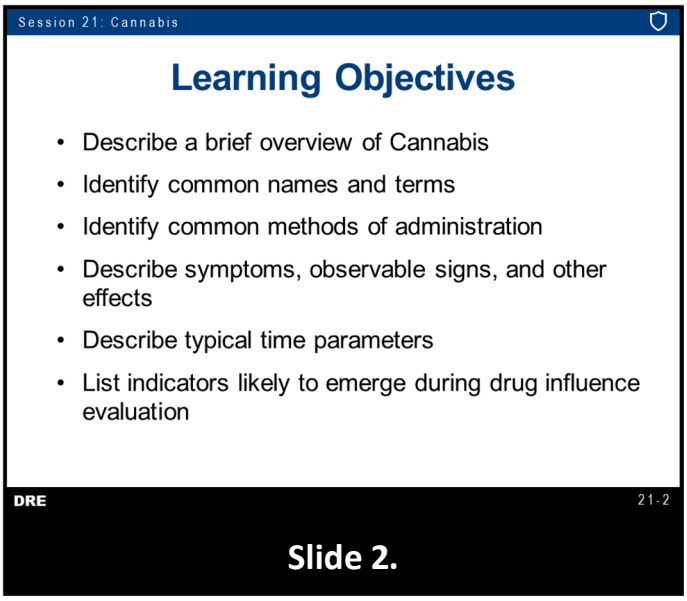
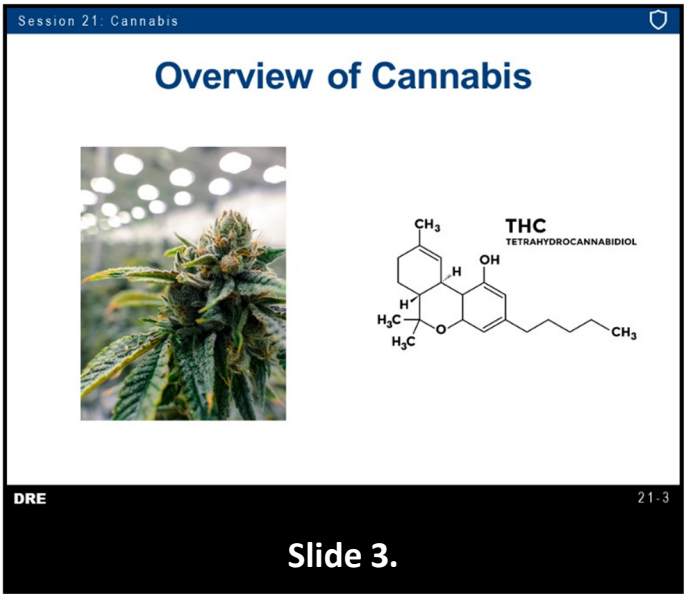


Slide 2.

Instructor Note

Briefly review the objectives, content, and activities of this session.

A. Overview of the Category



Slide 3.

Instructor Note

If available, display slides of Cannabis plants, leaves, flowers, etc.

Cannabis is a category of drugs derived primarily from various species of plants, such as Cannabis Sativa, which generally grow tall and thin, outdoors and Cannabis Indica plants, which generally grow short and wide and are better grown indoors. Cannabis grows readily throughout the temperate zones of the world.

No matter its form or label, all Cannabis products contain the primary psychoactive (mind-altering) chemical delta-9-tetrahydrocannabinol (THC). Marihuana contains more than 400 other chemicals. THC is the chemical in Cannabis responsible for producing the euphoria or "the high." In its commercial form, Cannabidiol (CBD), another chemical in Cannabis, is considered non-psychoactive and lacks the intoxicating properties of THC. There is some evidence CBD may hold medicinal value to treat several medical conditions such as neurological disorders (i.e., seizures and epilepsy), psychosis, and anxiety.

Over two decades, the DEA found the potency of illicit cannabis consistently rose from approximately 4% THC in 1995 to approximately 12% in 2014. The CBD content fell on average from approximately 0.28% in 2001 to <0.15% in 2014. Dabs and oils are even more potent cannabis products (up to 90% THC) that can be vaped in e-cigarettes.

Source:

Couper, F., Huestis, M., Fulford, J., Perkinson, N., Miller, S., Katz, A., Symoun, J., Raymond, P., & Smither, D.D. (2023). *Drugs and Human Performance Fact Sheets* [Unpublished manuscript]. National Highway Traffic Safety Administration.

Print "Δ - 9 THC" on dry erase board or easel/easel pad.

Instructors are encouraged to discuss current THC potency in your area. A link to national data can be found at: https://www.drugabuse.gov/drug-topics/marijuana/marijuana-potency

The primary psychoactive ingredient in Cannabis is Delta-9 Tetrahydrocannabinol.

THC is found principally in the leaves and flowers of the plant, rather than in the stem or branches.

Point out the highest known THC content is 37.2% from a sample of Cannabis analyzed in a DEA lab in California in 2008.

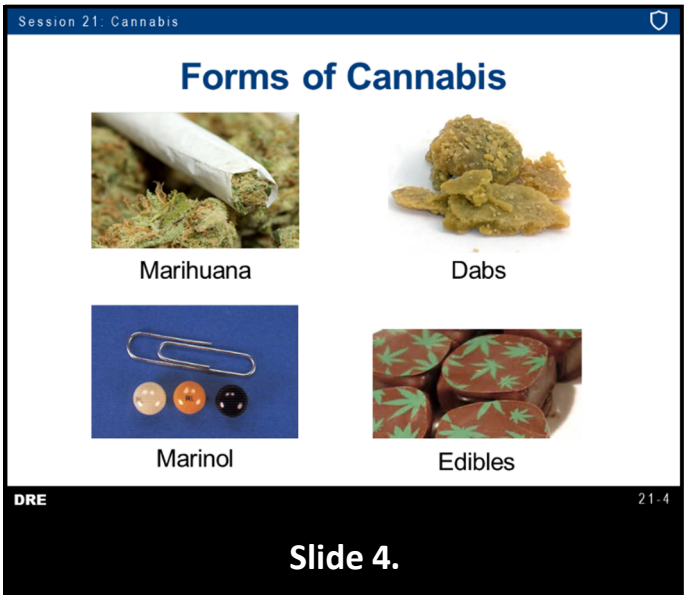
Different varieties of the Cannabis have different concentrations of THC.

Source:

Marnell, T. (2022). *Drug Identification Bible* (2022/2023 ed.).

One variety that has a relatively high concentration of THC is Sinsemilla, which is the unfertilized female Cannabis Sativa plant. Explanatory note: “Sinsemilla” in Spanish means “without seeds”.

Sativa, Indica, and Hybrid Cannabis: Sativa Cannabis is known for causing an energetic and emotional uplifted high. It is often referred to as a “cerebral high.” Indica Cannabis is better known for having a “body high”. It is reported to cause deep relaxation often leading to a term called “couch-lock”. Hybrids are a combination of the two types.



Slide 4.

There are four principal forms of Cannabis. The first is Marihuana which is the dried leaves of the plant. Second is Hashish which is a form of Cannabis made from the dried and pressed resin of a Marihuana plant. The third form is Hash Oil, sometimes referred to as “Marihuana Oil,” it is a highly concentrated syrup-like oil extracted from Cannabis. It is normally produced by soaking Marihuana in a container of solvent, such as acetone or alcohol for several hours until the solvent has evaporated. A thick syrup-like oil is produced with a higher THC content. The average THC content of hash oil seized in the U.S. in 2010 was 30.3%.

Instructor Note

Source:

Marnell, T. (2022). *Drug Identification Bible* (2022/2023 ed.).

Fourth is Dronabinol (Marinol and Syndros), a synthetic form of THC commonly prescribed to treat nausea, vomiting, and certain cancer patients undergoing chemotherapy (not available in Canada). Canada has the synthetic Nabilone which is sold under the trade name of Cesamet.

Sources indicate “wax”, “dabs”, and “shatter” are some of the purest forms of Cannabis concentrate. It involves the use of butane or other various chemicals to heat and refine the THC. This process results in product that contains 80% or greater THC, making it much more potent than a Marihuana bud on a Cannabis plant. The concentrate is then heated or put into a vaporizing pen and inhaled. Dabbing is a way to get the quickest, long-lasting high with a single inhale.
A single puff from a pipe or vaping pen can give the effect of smoking many joints.

Mention Wax is also known as Butane Hash Oil and/or Dabs.

Cannabis tinctures, sometimes known as **green dragon**, is an alcohol-based extract of cannabis and sometimes used in the production of specific extracts. The tincture is typically made by soaking the dried flowers of the female hemp plant in ethanol. The tetrahydrocannabinol (THC) and other cannabinoids dissolve into the alcohol. Some preparations also extract some of the water-based plant products such as chlorophyll, resulting in a dark green or brown liquid. Baking or dying the cannabis to decarboxylate prior to the alcohol bath increases the amount of THC in the resulting preparation.

Topical cannabis, or topicals, are simply cannabis-infused products for use on the surface of the skin. They can come in the form of balms, lotions, oils, tinctures, or personal lubricants and can be applied directly to the skin.

Edibles are food products infused with Cannabis. Though smoking Cannabis is the most prevalent method of consumption, eating the substance is quickly becoming a popular way to consume the drug. In addition to placing Cannabis directly in food, Cannabis-infused cooking oil can be used when frying or searing food and Cannabis-infused butter can be spread directly on prepared food. These Cannabis edibles are more common since the legalization of cannabis, and edibles shortly thereafter. The amount of THC is often difficult to measure; even if product sold commercially must be labeled, homecooked and grey market products most often don’t have such information.

Slide 5.

Synthetic Cannabis or synthetic Cannabinoids have quickly become a worldwide concern. They came on the market in the early 2000's and continue to evolve. These products go by many different names or identifiers. Spice, which is sometimes also called K2, herbal incense, or "fake weed," is one of the more popular or more familiar synthetic Cannabinoids.

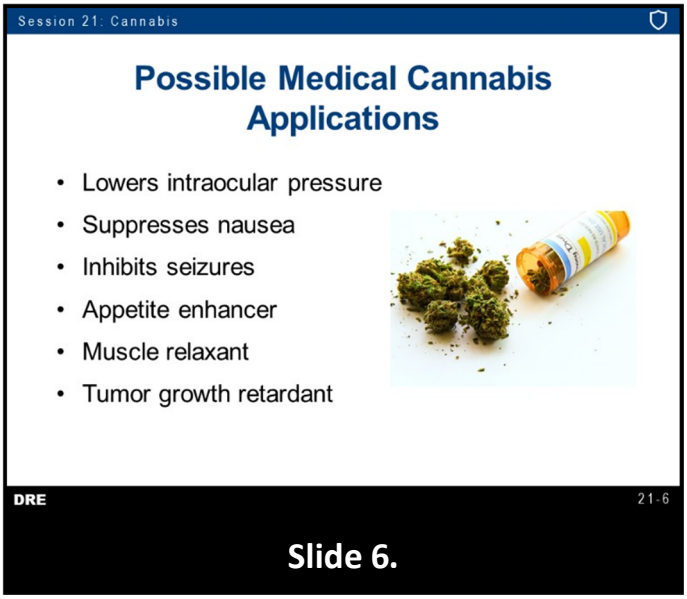
Spice and similar products consist of shredded dried plant material that has been sprayed with chemicals designed to act on the same brain cell receptors as THC but are often much more powerful and unpredictable. These products are typically labeled "not fit for human consumption," and most are illegal. But their manufacturers are constantly creating new chemical compounds to sidestep legal restrictions.

When smoked, synthetic Cannabinoid products can also produce stimulant and/or hallucinogenic effects.

Instructor Note

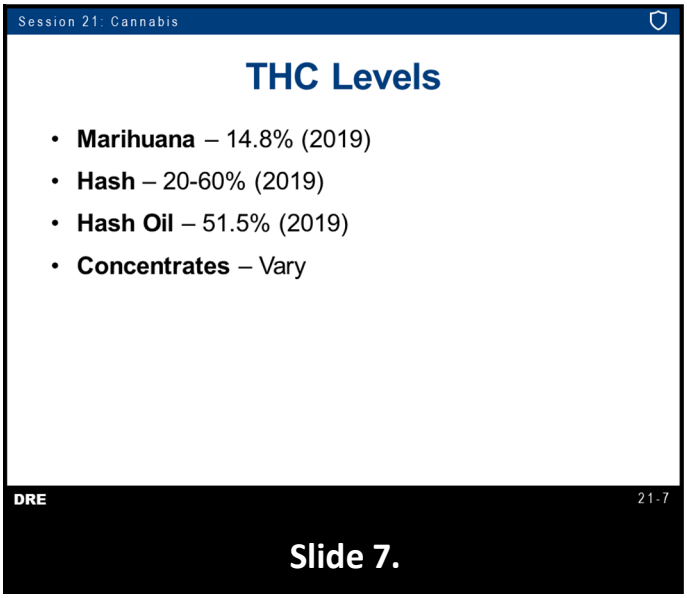
Point out there are literally hundreds of different chemical synthetic cannabinoids and hundreds of names for the synthetic cannabinoids. Synthetic cannabinoids will be further discussed in Session 24.

Common brand names for synthetic Cannabinoids include K2, Spice, Spice Gold, Spice Diamond, Yucatan Fire, Solar Flare, K2 Summit, Genie, PEP Spice, and Fire n Ice, to name a few.



Slide 6.

Cannabis may have some limited medical applications however many experts vary in their opinions on them. A possible application may include lowering of intraocular ("Intraocular" – within the eyeball) pressure, which can be helpful for glaucoma patients. Cannabis lowers the intraocular pressure by dilating in size the blood vessels of the eyes (more size – less pressure). This causes red, bloodshot eyes. Another possible application is suppressing nausea and sometimes is recommended for cancer patients to relieve the nausea accompanying chemotherapy. Also, Cannabidiol, a non-psychoactive ingredient found in Cannabis, is used in treating Epilepsy; it helps to inhibit seizures. Other possible applications include appetite enhancer, muscle relaxant, and a tumor growth retardant.



Slide 7.

Potency, Purity and Dose: Average THC concentration in Cannabis: Marihuana – 14.8% (2019); Hash – 30-60% (2019); Hash Oil – 51.5% (2019); Concentrates – Vary.

Instructor Note

Source:

Marnell, T. (2022). *Drug Identification Bible* (2022/2023 ed.).

THC levels can vary greatly depending upon areas of the country.

According to the *Drugs and Human Performance Fact Sheets*, "Recreational doses are highly variable and users often titer [titrate] their own dose. A single intake of smoke from a pipe or joint is called a hit (approximately 1/20th of a gram). The lower the potency or THC content, the more hits are needed to achieve the desired effects; 1-3 hits of high potency sinsemilla is typically enough to produce the desired effects. In terms of its psychoactive effect, a drop or two of hash oil on a cigarette is equal to a single "joint" of cannabis."

Instructor Note

Source:

Couper, F., Huestis, M., Fulford, J., Perkinson, N., Miller, S., Katz, A., Symoun, J., Raymond, P., & Smither, D.D. (2023). *Drugs and Human Performance Fact Sheets* [Unpublished manuscript]. National Highway Traffic Safety Administration.

Slide 8.

Cannabis usually is smoked.

Marihuana, Hash, and Hash Oil also can be administered orally, for example, baked in cookies or brownies and eaten.

THC can also be absorbed through the skin using transdermal absorption patches or rub-on ointments.

Research related to passive inhalation of Cannabis smoke causing behavioral effects as well as measurable amounts in toxicology samples is mixed and is generally dependent on the amount of smoke inhaled.

Instructor Note

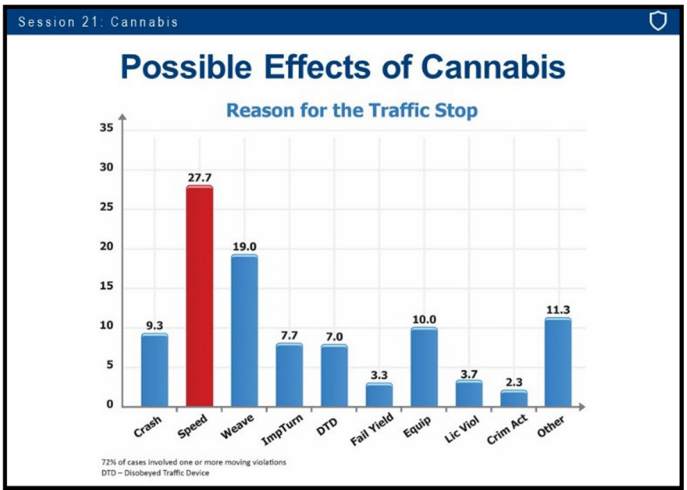
Source:

Marnell, T. (2022). *Drug Identification Bible* (2022/2023 ed.).

Stress that participants should be familiar with all of the drug names in this category.

Solicit participants' comments and questions concerning this overview of Cannabis.

B. Possible Effects of Cannabis



Slide 9.

Effects of cannabis can vary with the strain, dose, route of administration, and tolerance of the user. One major effect of Cannabis is it appears to interfere with a person's ability to divide attention. People under the influence of Cannabis have difficulty paying attention. In particular, they have difficulty dividing their attention. **Clarification: They have a difficult time dealing with more than one or two tasks at once.**

Instructor Note

Ask participants: "What are some of the things drivers have to do simultaneously?"

Steering, Operating the accelerator, Signaling, Observing other traffic, Recognizing traffic control devices, Shifting

This can make them unsafe drivers since driving requires the ability to divide attention among many simultaneous tasks. Short attention span could be indicated by varying speeds, failing to maintain a single lane, and difficulty with depth perception. Loss of depth perception could be demonstrated by stopping improperly. Because Cannabis impairs attention, the Standardized Field Sobriety Tests (SFSTs) like Walk and Turn (WAT) and the One Leg Stand (OLS), as well as the Finger to Nose (FTN) are excellent tools for recognizing people under the influence of Cannabis. People under the influence of Cannabis may attend to one or a few of these driving tasks, but simply ignore the other tasks.

Instructor Note

In the "302 Cannabis case study", one or more moving violations was the reason for the traffic stop in 72.3% of the cases. Offences included improper speed (27.7%), weaving (19.0%), crash (9.3%), improper turn (7.7%), disobeying traffic control devices (7.0%), and failure to yield (3.3%).

Source:

Hartman, R. L., Richman, J. E., Hayes, C. E., & Huestis, M. A. (2016). Drug Recognition Expert (DRE) examination characteristics of cannabis impairment. *Accident Analysis and Prevention, 92*, 219-229. Retrieved from https://doi.org/10.1016/j.aap.2016.04.012

According to a study by the British Medical Journal, even small amounts of Cannabis can double the chances of a driver's involvement in a motor vehicle collision and larger doses can more than triple the risk.

Instructor Note

Source:

BMJ-British Medical Journal. (2012, February 10). Cannabis use doubles chances of vehicle crash, review finds. *ScienceDaily*. Retrieved May 14, 2022, from www.sciencedaily.com/releases/2012/02/120210111254.htm

According to the Columbia University School of Public Health, the risk of an automobile collision is almost 2.7 time higher among Cannabis users than non-users. The more Cannabis smoked in terms of frequency and potency, the greater likelihood of a collision.

Instructor Note

Source:

Mu-Chen, L., Brady, J. E., DiMaggio, C. J., Lusardi, A. R., Tzong, K. Y., & Guohua, L. (2012, January). Marijuana Use and Motor Vehicle Crashes. *Epidemiologic Reviews, 34*(1), 65-72. Retrieved May 16, 2022, from https://doi.org/10.1093/epirev/mxr017

Pharmacological effects of Cannabis will vary with dose, route of administration, experience of user, and other factors. At recreational doses, effects include relaxation, euphoria, relaxed inhibitions, disoriented, altered time and distance perception, lack of concentration, impaired memory, incomplete thought process, drowsiness, sedation, and mood changes.

Instructor Note

Point out that effects can vary depending on the user's experience with the drug.

Synthetic Cannabinoid products have many adverse effects that include panic attacks, agitation, anxiety, violent behavior, and seizures. Users report effects lasting 2 to 6 hours.

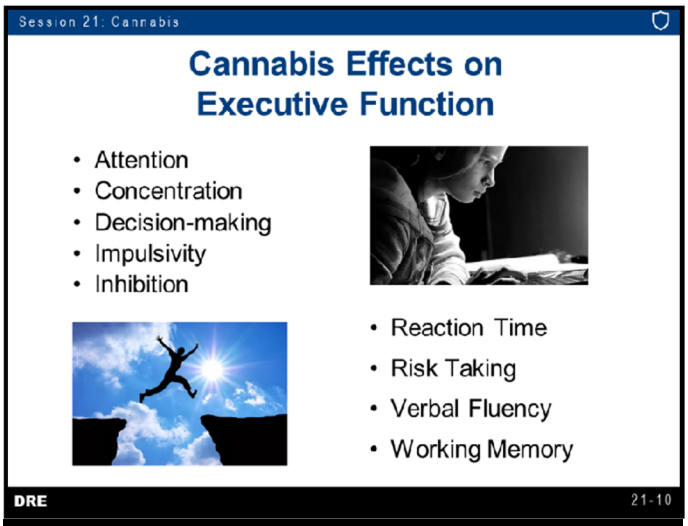
Instructor Note

Source:

Couper, F., Huestis, M., Fulford, J., Perkinson, N., Miller, S., Katz, A., Symoun, J., Raymond, P., & Smither, D.D. (2023). *Drugs and Human Performance Fact Sheets* [Unpublished manuscript]. National Highway Traffic Safety Administration.

Point out this may become evident during the Modified Romberg Balance (MRB) and Finger to Nose (FTN) tests.

Solicit participants' comments or questions concerning possible effects of Cannabis.



Slide 10.

According to *Julien's Primer of Drug Action*, the "best-known psychoactive effect of [cannabis] is that it produces memory impairment. [...] The ability to focus attention and filter out irrelevant information is disrupted. Cannabis users' speech and presumably their underlying thought patterns become fragmented. Because of the distracting intrusions of other ideas, users forget what they or others have recently said. This difficulty in concentration impairs

performance on many cognitive tasks. Furthermore, cannabis may also reduce the motivation to perform well."

Instructor Note

Source:

Advokat, C. D., Comaty, J. E., & Julien, R. M. (2019). *Julien's Primer of Drug Action* (14th ed.). Macmillan Learning.

According to *An Evidence Based Review of Acute and Long-Term Effects of Cannabis Use on Executive Cognitive Functions*, "THC intoxication has been shown to impair cognitive function on a number of levels—from basic motor coordination to more complex tasks, such as the ability to plan, organize, solve problems, make decisions, remember, and control emotions and behavior. The higher level cognitive functions, termed executive functions, are critically important, particularly when dealing with novel situations in which decisions must be made. This array of higher cognitive functions is vital for overriding and inhibiting responses that otherwise would be automatic or require little thought, such as continued substance abuse."

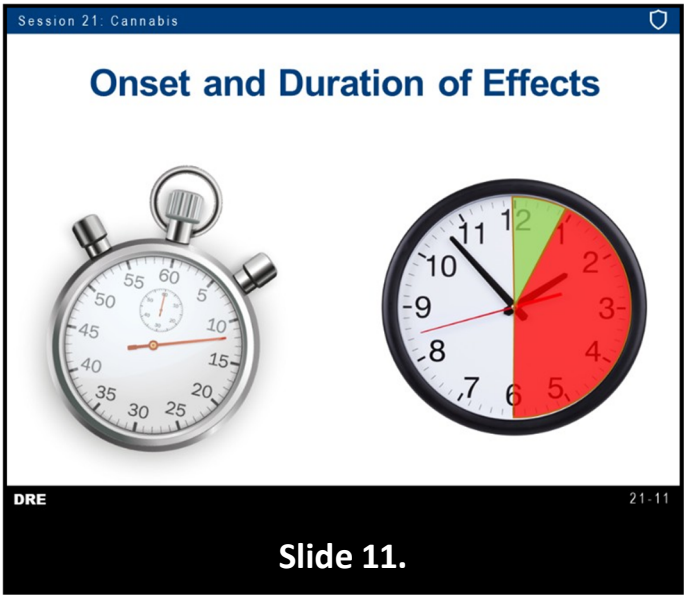
Some examples of executive function include: Attention - Selectively attending to one cue while ignoring others, including divided and sustained attention; Concentration - Intense mental application; Decision-making - Process of selecting a course of action; Impulsivity - Initiation of behavior without adequate forethought; Inhibition - Imposing restraint on behavior or another mental process; Reaction Time - Lapse of time between presentation of a stimulus and a response; Risk Taking - Engaging in behaviors that have the potential to be

harmful or dangerous; Verbal Fluency - Generating multiple, verbal responses associated with specified conceptual category; and, Working Memory - Ability to hold and manipulate information and remember it after a short delay.

Source:

Crean, R. D., Crane, N. A., & Mason, B. J. (2011, March). An Evidence Based Review of Acute and Long-Term Effects of Cannabis Use on Executive Cognitive Functions. *Journal of Addiction Medicine, 5*(1), 1-8. doi:10.1097/ADM.0b013e31820c23fa

C. Onset and Duration of Effects



Slide 11.

Effects from smoking Cannabis are felt within minutes and reach their peak in 10-30 minutes after smoking. Typical Cannabis smokers experience a high that lasts approximately 3 hours. Most behavioral and physiological effects return to baseline within 3-4 hours after drug use, although some residual effects in specific behaviors can last up to 24 hours.

Instructor Note

Source:

Couper, F., Huestis, M., Fulford, J., Perkinson, N., Miller, S., Katz, A., Symoun, J., Raymond, P., & Smither, D.D. (2023). *Drugs and Human Performance Fact Sheets* [Unpublished manuscript]. National Highway Traffic Safety Administration.

A 1985 Stanford University study showed pilots had difficulty in holding patterns and in lining up with runways for up to 24 hours after using Cannabis.

In 1990, a second Stanford University study showed Cannabis-impaired performance at .25, 4, 8, and 24 hours after smoking. While 7 of the 9 pilots showed some degree of impairment at 24 hours after smoking Cannabis, only one reported any awareness of the drug's effects.

Generally, the person will feel "normal" within 3–4 hours after smoking Cannabis. The user may be impaired long after the euphoric feelings have ceased.

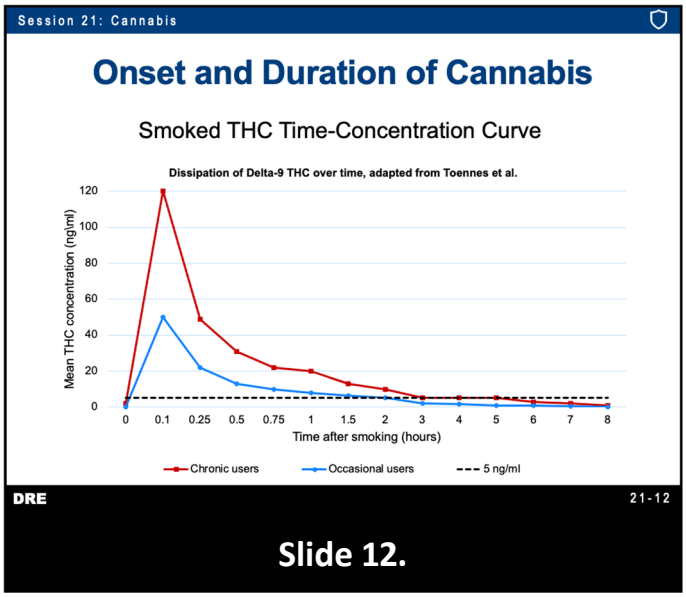
Edibles, however, take between 1-3 hours to reach their peak because food is absorbed into the bloodstream. Because it takes longer, the user may end up consuming larger amounts of the drug while thinking the drug isn't working. Edibles can last up to 8 hours.

Source:

Drug Alert: Marijuana Edibles. (n.d.). Retrieved May 16, 2022, from Just Think Twice: https://www.justthinktwice.gov/article/drug-alert-marijuana-edibles

Marnell, T. (2022). *Drug Identification Bible* (2022/2023 ed.).

Solicit participants' comments and questions concerning onset and duration factors.



Slide 12.

Image Source:

Toennes, S. W., Ramaekers, J. G., Theunissen, E. L., Moeller, M. R., & Kauert, G. F. (2008, September). Comparison of Cannabinoid Pharmacokinetic Properties in Occasional and Heavy Uses Smoking a Marijuana or Placebo Joint. *Journal of Analytical Toxicology, 32*(7), 470-477. doi:10.1093/jat/32.7.470

Generally, THC levels in the blood will decline rapidly within 30 minutes of inhalation. THC concentrations fall to about 60% of their peak within 15 minutes after the end of smoking and to about 20% of their peak 30 minutes after the end of smoking.

Point out the curve on the slide emphasizing the rapid increase and immediate decline in the THC level in the blood.

However, blood and urine tests may continue to disclose evidence of the use of Cannabis long after the effects of Cannabis have disappeared. Blood tests may disclose Cannabis use for up to 3 days after smoking. This could vary depending upon the frequency of use.

Instructor Note

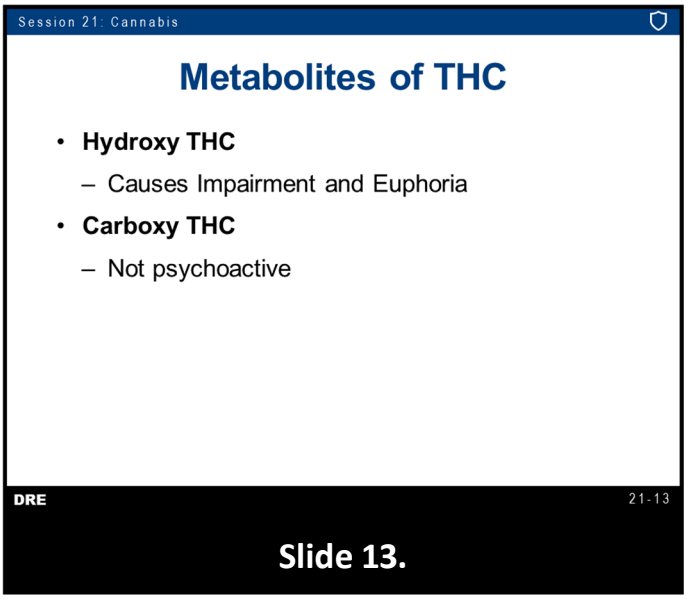
Source:

Toennes, S. W., Ramaekers, J. G., Theunissen, E. L., Moeller, M. R., & Kauert, G. F. (2008, September). Comparison of Cannabinoid Pharmacokinetic Properties in Occasional and Heavy Uses Smoking a Marijuana or Placebo Joint. *Journal of Analytical Toxicology, 32*(7), 470-477. doi:10.1093/jat/32.7.470

Urine tests may indicate the presence of inactive THC metabolites for up to a month. This could vary depending upon the frequency of use.

Instructor Note

Inform participants it can take as long as four hours for THC to appear in the urine at sufficient levels to trigger a positive drug screen following smoking.



Slide 13.

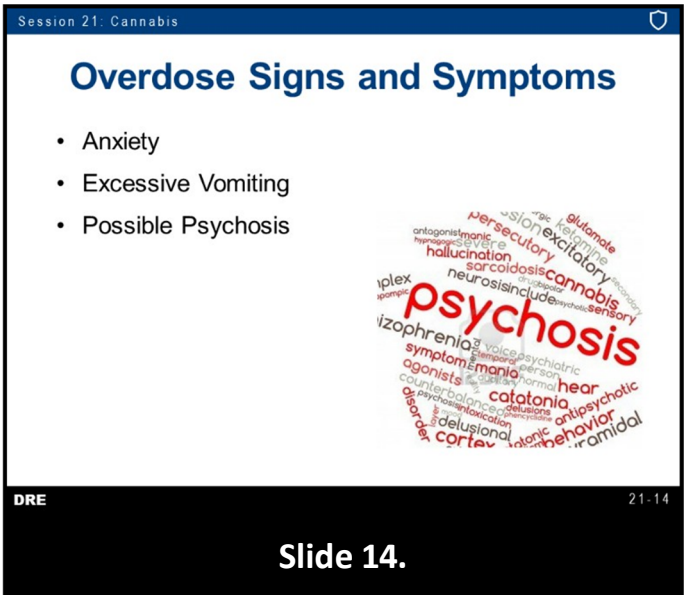
There are two important metabolites, or chemical by-products, of THC.

Instructor Note

Write "Hydroxy THC: Causes Impairment and Euphoria" on the dry erase board or easel/easel pad.

Hydroxy-THC (11-Hydroxy-THC) causes the user to feel euphoric. Hydroxy THC is the main psychoactive metabolite of THC formed in the body after Cannabis consumption. Carboxy THC may be found in the blood plasma for several days following Cannabis use. There is no evidence at this time that Carboxy THC is psychoactive. Cannabis is fat soluble (i.e., it dissolves easily into fatty tissue); therefore, it can remain for long periods in the brain tissue, which is about one-third fat. Cannabis principally is eliminated from the body in feces and urine.

D. Overdose Signs and Symptoms



Slide 14.

Ask participants: "Is there danger of death from Cannabis overdose?"

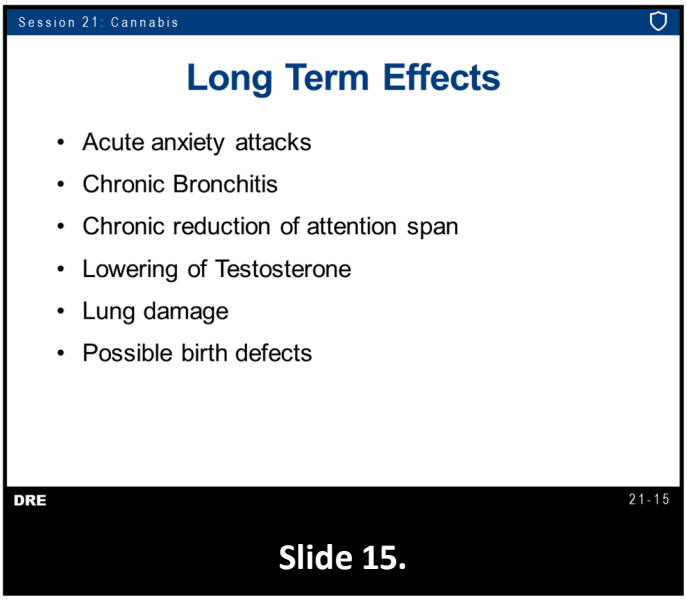
Answer: It is not likely there is a direct risk of death from overdose; however, persons impaired by Cannabis may behave in foolishly dangerous ways and become injured or killed as a result.

Excessive or long-term use of Cannabis can have very undesirable consequences. Cannabis has been observed to produce sharp personality changes, especially in adolescent users.

Overdose signs and symptoms can include anxiety, panic attacks, extreme confusion and memory problems, hallucinations, and possible psychosis. Cannabinoid Hyperemesis Syndrome may include excessive vomiting, compulsive bathing, abdominal pain, nausea, and excessive thirst.

Source:

Price, S. L., Fisher, C., Kumar, R., & Hilgerson, A. (2011, March). Cannabinoid Hyperemesis Syndrome as the Underlying Cause of Interactable Nausea and Vomiting. *Journal of Osteopathic Medicine, 111*(3), 166-169. Retrieved May 16, 2022, from https://doi.org/10.7556/jaoa.2011.111.3.166



Slide 15.

Long term effects include lung damage, chronic Bronchitis, lowering of Testosterone (male sex hormone), possible birth defects, still births and infant deaths, acute anxiety attacks, and chronic reduction of attention span.

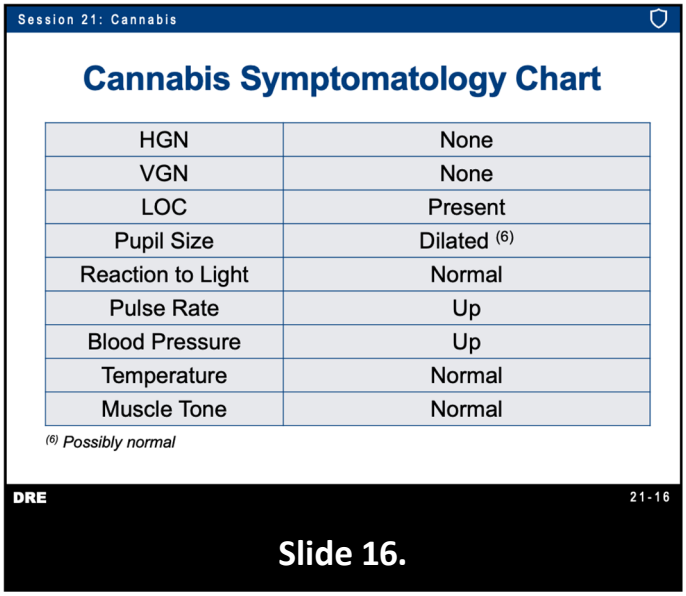
Research indicates life threatening overdoses rarely if ever occur.

Withdrawal – is similar to alcohol dependence withdrawal.

Physical dependence can occur with chronic use.

Solicit participants' questions concerning signs and symptoms of long term Cannabis use.

E. Expected Results of the Evaluation



Slide 16.

Observable Evidence of Impairment: Major Indicators: Neither Horizontal Gaze Nystagmus (HGN) or Vertical Gaze Nystagmus (VGN) will generally be present.

Instructor Note

Remind participants Cannabis users often drink alcohol in conjunction with their smoking and others often lace their Cannabis with PCP. Either combination would cause nystagmus.

Lack of Convergence (LOC) will generally be present.

Performance on the Modified Romberg Balance (MRB), WAT, OLS, and FTN tests will generally be impaired.

Instructor Note

Source:

Hartman, R. L., Richman, J. E., Hayes, C. E., & Huestis, M. A. (2016). Drug Recognition Expert (DRE) examination characteristics of cannabis impairment. *Accident Analysis and Prevention, 92*, 219-229. Retrieved from https://doi.org/10.1016/j.aap.2016.04.012

Remind participants to be especially alert for evidence of the subject's distorted perception of time when performing the MRB test.

Point out, with subjects under the influence of Cannabis, poor performance on these tests usually will result principally from their inability to divide attention, and less so from impaired coordination or balance.

Vital Signs: Pulse will generally be elevated; Blood pressure will generally be elevated; Body temperature will generally be normal.

Muscle tone will generally be normal.

Pupil size will generally be dilated or possibly normal (within DRE average ranges). The content and potency could affect pupil size.

Pupil reaction to light will generally be normal. There is a good chance they may exhibit **rebound dilation**, a phenomenon seen once the pupil has completed its reaction to light, but should still be visible within the 15 seconds of the direct light examination.

"Rebound Dilation" is a **period of pupillary constriction followed by a period of pupillary dilation where the pupil steadily increases in size and the range between minimum and maximum is equal to or greater than 1mm and does not return to its original constricted size**.

Although "Rebound Dilation" is possible in any drug that causes pupil dilation, DREs frequently report it occurring in subjects under the influence of Cannabis. In a study analyzing 302 Cannabis DRE evaluations, Rebound Dilation was present in 204 of the 302 cases (70.9%).

Source:

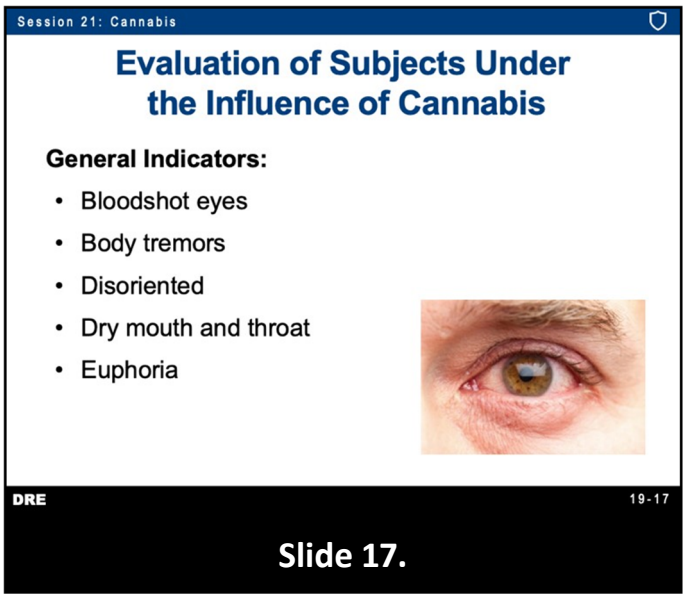
Hartman, R. L., Richman, J. E., Hayes, C. E., & Huestis, M. A. (2016). Drug Recognition Expert (DRE) examination characteristics of cannabis impairment. *Accident Analysis and Prevention, 92*, 219-229. Retrieved from https://doi.org/10.1016/j.aap.2016.04.012

Draw an eye on the balloon and squeeze it to demonstrate Rebound Dilation.

Remind participants the final size determination being estimated is at the end of the 15 second time period when the light from the pen-light is directed into the eye.

Remind participants the final size determination being estimated is at the end of the 15 second time period when the light from the pen-light is directed into the eye.

Video



Slide 17.

General Indicators:

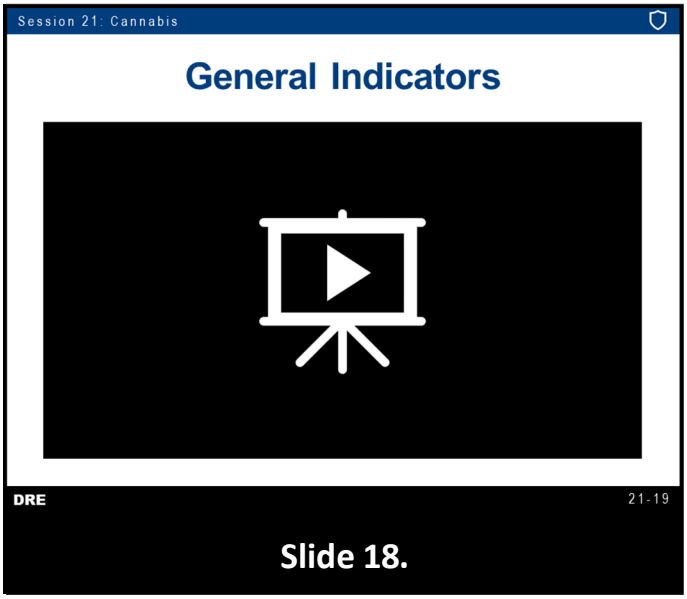
- Bloodshot eyes

Instructor Note

Blood vessels of the sclera (the "white" of the eyes) typically dilate from Cannabis use which results in red, bloodshot eyes in the user. The reddening or bloodshot appearance is typically very pronounced.

Point out this should not be confused with conjunctivitis which is a disease of the eye. The vasodilation is the primary cause of the reddening of the eyes not the Cannabis smoke.

- Body tremors
- Disoriented
- Drowsiness
- Dry mouth and throat
- Euphoria



Slide 18.

- Eyelid tremors

Instructor Note

Show video of Eyelid Tremors

- Greenish coating on the tongue

Instructor Note

Mention occasionally some users of Cannabis have displayed a green coating on their tongue after recent use. However, this does not occur with all users.

A greenish coating on the tongue has been documented in two peer-reviewed articles.

Sources:

Kosnoski, E. M., Yolton, R. L., Citek, K., Hayes, C. E., & Evans, R. B. (1998). The Drug Evaluation Classification Program: using ocular and other signs to detect drug intoxication. *Journal of American Optometric Association, 69*(4), 211-227.

Declues, K., Perez, S., & Figueroa, A. (2018). A Two-Year Study of Δ 9 Tetrahydrocannabinol Concentrations in Drivers; Part 2: Physiological Signs on Drug Recognition Expert (DRE) and non-DRE Examinations. *Journal of forensic sciences, 63*(2), 583-587. Retrieved from https://doi.org/10.1111/1556-4029.13550

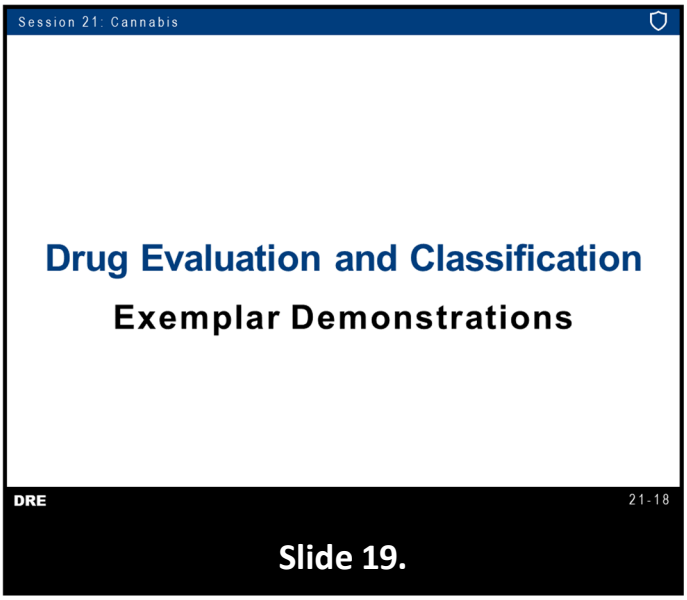
- Impaired memory
- Impaired perception of time and distance
- Incomplete verbal responses
- Increased appetite
- Lack of concentration
- Mood changes
- Odour of Cannabis
- Panic reactions
- Paranoia
- Relaxed inhibitions
- Sedation

Instructor Note

For additional information refer the participants to:

Couper, F., Huestis, M., Fulford, J., Perkinson, N., Miller, S., Katz, A., Symoun, J., Raymond, P., & Smither, D.D. (2023). *Drugs and Human Performance Fact Sheets* [Unpublished manuscript]. National Highway Traffic Safety Administration.

F. Review of the DEC Program Exemplars



Slide 19.

Instructor Note

Refer participants to the exemplars found at the end of Session 21 of their participant guide.

Point out the exemplars are examples and serve as a guide.

The DRE narrative report should be detailed and complete, which clearly articulates the opinion of the DRE.

Instructor Note

Relate the items on the exemplars to the Cannabis Symptomatology Chart.

Video

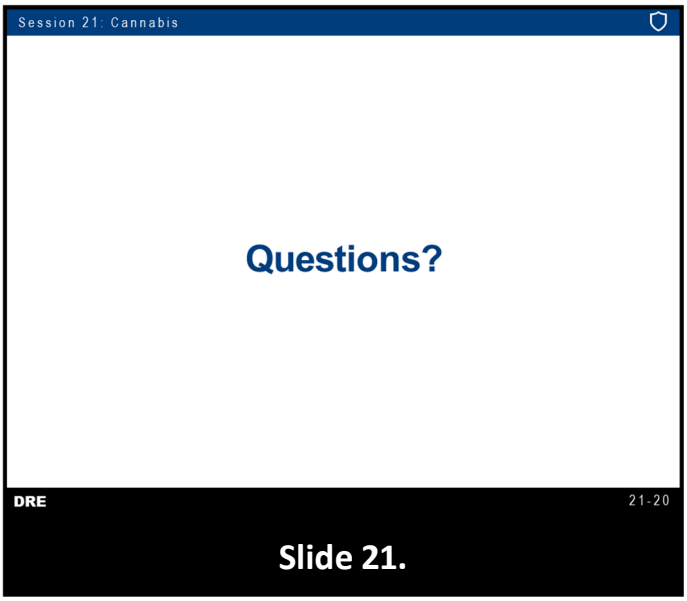
Slide 20.

Instructor Note

VIDEO DEMONSTRATION: Click video to begin.

Point out that some portions of the video were sped up, i.e., the 90 seconds in the darkroom, for time restriction purposes.

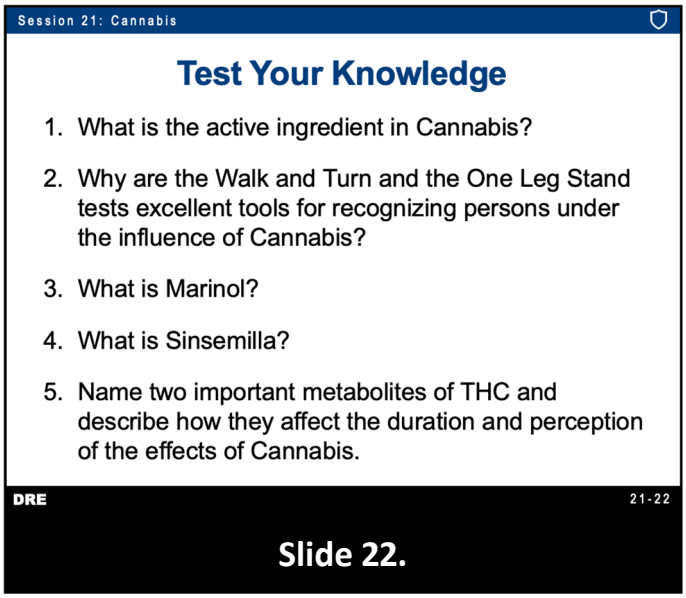
Show video example of subject under the influence of Cannabis. (Approximately 24 minutes).



Slide 21.

Instructor Note

Solicit participants' comments and questions concerning expected results of the evaluation.



Slide 22.

Test Your Knowledge

1. What is the active ingredient in Cannabis?
2. Why are the Walk and Turn and the One Leg Stand tests excellent tools for recognizing persons under the influence of Cannabis?
3. What is Marinol?
4. What is Sinsemilla?
5. Name two important metabolites of THC and describe how they affect the duration and perception of the effects of Cannabis.

Instructor Note

1. ***Δ-9 THC, or Delta 9 Tetrahydrocannabinol.***
2. ***Cannabis appears to interfere with a person's ability or willingness to pay attention. People under the influence of Cannabis do not divide their attention very well. Walk and Turn and the One Leg Stand tests are divided attention tests.***
3. ***A synthetic form of THC not derived from Cannabis plants. It is a prescriptive drug sometimes administered to cancer patients to suppress nausea that may accompany chemotherapy. Also known as Dronabinol, but only sold in the US (available under other names in Canada).***
4. ***The unpollinated female Cannabis plant, having a relatively high concentration of THC.***
5. ***Hydroxy THC – causes the user to feel euphoric so they are aware of the effects. Carboxy THC – there is no evidence at this time this metabolite is psychoactive.***

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Sgt. D. Botham	17353	20-012-0097	RCMP	(Session XXI-#1)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cpl. D. Milette	☑ Yes ☐ Yes (not used) ☐ No	RCMP	Cst. P. Foster

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/04/20 @ 1620 hrs	Cpl. Milette	1720 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 1750 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
1753 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Blunt, Mary Jane	1990/10/20	Female

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
2020/04/20 2 1753 hrs @ RCMP Det	Potato chips & Funyuns About 5 pm	Water a bottle	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
7 pm / 1755 hrs	Last night about 6 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☑ Yes ☐ No "just marihuana"	Cooperative, carefree	Unsteady

Speech	Breath Odour	Face
Slow, Thick	Marihuana	Normal

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☐ Normal ☑ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

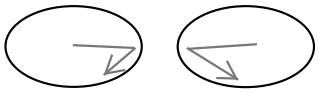
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 104 bpm @ 1805hrs
2. 102 bpm @ 1818hrs
3. 102 bpm @ 1837hrs

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	None	None

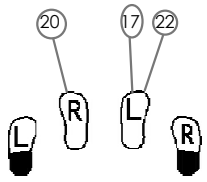
Convergence



Right Eye Left Eye

One Leg Stand

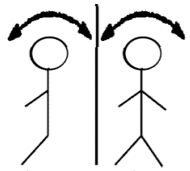
25 /30 26 /30



laughing, leg tremors

Modified Romberg Balance

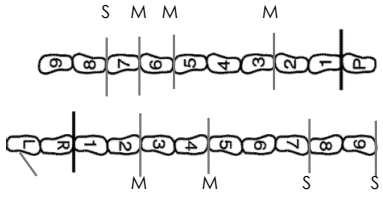
Approx. 3" 3" Approx. 3" 3"



Circular sway and eyelid tremors

Walk and Turn

Cannot keep balance I (1)
Starts too soon II (2)



Laughing out loud, swaying and leg tremors throughout

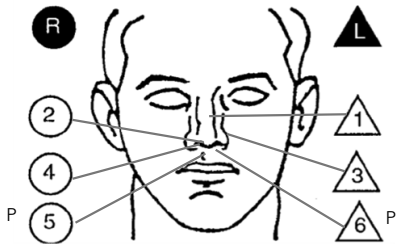
	1st nine	2nd nine
Stops walking	II (2)	I (1)
Misses heel-toe	II (2)	III (3)
Steps off line	Ø	Ø
Raises arms	I (1)	II (2)
Actual steps taken	9	9

L	R	
Cont	III (3)	Sways while balancing
Cont	III (3)	Uses arms to balance
Ø	Ø	Hopping
I (1)	II (2)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
39 sec estimated as 30 seconds	Stopped, asked what to do	N/A	Open toe sandals

Finger to nose

(Draw lines to spots touched)



Eyelid tremors, laughed during the test

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	5.5mm	9.0mm	5.0-6.5 mm
Right Eye	5.5mm	9.0mm	5.0-6.5 mm

Rebound dilation: ☑ Yes ☐ No

Reaction to light: ☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: Nothing noted

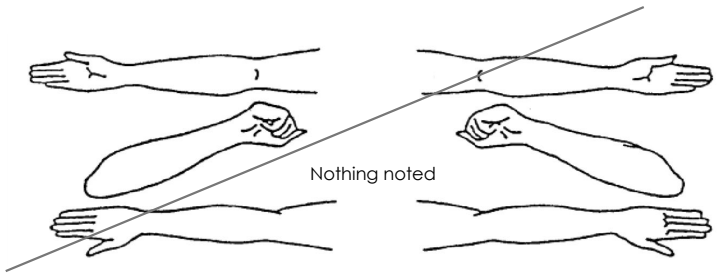
Oral cavity: Green coating on back of the tongue

Blood Pressure	Temperature
154 / 96 mmHg	38.2 °C

Muscle tone: ☑ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



Nothing noted

What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I smoked a little weed. What's the big deal?"	"Shared a baggie with friends"	Around 3pm	White Bear Lake

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
1855hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☑ Urine ☐ Blood Demand time: 1859 hrs Sample Time: 1930 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
Sgt. D. Botham		

Opinion of Evaluator

☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anaesthetic ☐ Inhalants ☑ Operational

☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☑ Cannabis ☐ Training

Drug Impairment Evaluation

This is the detailed narrative report of Sergeant David BOTHAM, a Regular Member of the Royal Canadian Mounted Police, Reg. No. 51775, DRE No. 17353. Sergeant BOTHAM is currently attached to National Traffic Services at 73 Leikin Dr, Ottawa, Ontario. Sergeant BOTHAM is credentialed by the International Association of Chiefs of Police (IACP) as a Drug Recognition Expert (DRE) and DRE Instructor (DRE Certification Expiry Date: 2024-08-01).

(1) Location: The evaluation of Mary Jane BLUNT was conducted by Sgt. BOTHAM, at RCMP National Headquarters at 73 Leikin Dr, Ottawa Ontario.

(2) Witnesses: This evaluation was witnessed by Constable Patrick Foster of the Saskatoon Police Service**.**

(3)Source: The subject evaluated was Mary Jane BLUNT, date of birth 1990-10-20

Interview of the arresting officer – On April 20, 2020 at approximately 1555 hours (Milette's time) Cpl Denis Milette responded to a driving complaint that a grey GMC Yukon was being driven in an erratic manner on Aviation Parkway in Ottawa Ontario. Cpl Milette located the vehicle stopped at a stop sign and despite no traffic in the area the vehicle did not move after coming to a stop. Cst Milette initiated a traffic stop and upon approaching the driver's door and asking the driver and lone occupant to lower the window immediately observed a strong smell of freshly smoked cannabis. Cst Milette observed the subject to have very bloodshot eyes and the driver was identified as Mary Jane BLUNT by their Ontario Drivers licence. When asked for their licence BLUNT first provided their Ontario Health Card and then provided their Costco membership card. BLUNT was told by Cst Milette where in their wallet the licence was as they could not locate it. Milette noted BLUNT's speech as being slow and thick and an odor of cannabis came from their breath as they spoke. Upon being asked to exit the vehicle BLUNT grabbed the "b" pillar of their vehicle in what appeared to be an effort to regain their balance. Cst. Milette conducted SFST's and observed that BLUNT had no HGN, performed poorly with 5 clues on the Walk and Turn and 3 clues on the One Leg Stand. Milette arrested BLUNT for impaired operation of a conveyance and provided BLUNT their charter rights, police caution and DRE demand at 1620 hours (Milette's time)

Sergeant BOTHAM was notified at 1720 hours. Cst Patrick Foster observed the evaluation

BLUNT spoke to counsel prior to the evaluation commencing.

(4) First Observations: A breath test was not taken as there was no reason to suspect that alcohol had been consumed. BLUNT was first observed by Sgt Botham in the interview room of RCMP National Headquarters 1753 hours. Sgt Botham read BLUNT the secondary police caution at 1750 hours. When asked if he understood BLUNT stated "Yes". The following things were observed at that time:

BLUNTS's eyes appeared very bloodshot and they displayed equal tracking. BLUNT was able to follow stimulus with their eyes and their pupil size was noted as equal. There was no resting nystagmus and their eyelids were droopy

BLUNT was asked the following questions:

- "What have you eaten today, and when?" BLUNT answered: Potato chips and funyuns at about 5 PM

- "What have you been drinking, how much, and what time was your last drink?" BLUNT answered: a bottle of water.
- "What time do you think it is now?" BLUNT answered: 7pm; the evaluator's time was 01755 hours.
- "When did you last sleep and for how long?" BLUNT answered: last night for about 6 hours
- "Are you sick or injured?" BLUNT answered: No
- "Are you diabetic?" BLUNT stated No.
- "Are you epileptic?" BLUNT stated No.
- "Do you take insulin?" BLUNT stated No
- "Do you have any physical disabilities?" BLUNT answered: No
- "Are you under the care of a doctor/dentist?" BLUNT answered: No;
- "Are you taking any prescription medication or drugs?" BLUNT stated “just marihuana”

BLUNT's attitude during the evaluation was cooperative and carefree. BLUNT displayed unsteady coordination during the evaluation, their speech was slow and thick. A strong odour of cannabis emanated from their breath which became stronger as they spoke.

(5) Psychophysical Signs:

Modified Romberg Balance Test:

During the Modified Romberg Balance Test BLUNT displayed a circular sway which was approximately 3 inches in all directions.

BLUNT estimated the passage of 30 seconds in actual 39 seconds. The expected range is 30 seconds plus or minus 5 seconds.

When asked "How long was that?", BLUNT responded " Ummmm I don’t know".

When asked "How did you arrive at that?", BLUNT responded "I Guessed".

It was noted that BLUNT displayed eyelid tremors

Walk and Turn Test:

During the Instruction stage BLUNT was unable to keep their balance one time by breaking their stance with their left foot stepping to the right. BLUNT placed herself back to the proper position after stepping off the line. BLUNT started too soon 2 times.

On the first nine steps:

- BLUNT took 9 steps as directed.
- BLUNT raised their arms 1 time.
- BLUNT stopped walking twice, after step 7 and then again after step 9.
- BLUNT missed their heel to toe two times, between stop 2 and 3 and between step 4 and 5
- BLUNT did not step off the line

BLUNT did not complete the turn as describes as they stopped and asked “what should I do”

On the second set of nine steps:

- BLUNT took 9 steps as directed.

- BLUNT raised their arms 2 times.
- BLUNT did not step off the line.
- BLUNT missed their heel to toe three times, between step 2 and 3, steps 5 and 6 and steps 6 and 7.
- BLUNT stopped walking once after step 7.

BLUNT was wearing open toe sandals for footwear.

One Leg Stand Test:

While testing BLUNT's left leg:

- BLUNT put their right foot down once at a count of 20
- BLUNT swayed continuously.
- BLUNT used their arms for balance continuously
- BLUNT did not hop
- BLUNT reached a count of 1000-25 in a timed 30 seconds.

While testing BLUNT's right leg:

- BLUNT put their left foot down twice their count of 17 and 22
- BLUNT swayed three times
- BLUNT used their arms for balance three times.
- BLUNT did not hop
- BLUNT reached a count of 1000-26 in a timed 30 seconds

BLUNT was laughing and displayed leg tremors through the entire test.

Finger to Nose Test:

- On the first attempt, BLUNT touched the bridge of their nose centre using the tip of their left index finger.
- On the second attempt, BLUNT touched their right nostril using the tip of their right index finger.
- On the third attempt, BLUNT touched the side of their left nostril using the tip of their left index finger.
- On the fourth attempt, BLUNT touched their right nostril using the tip of their right index finger.
- On the fifth attempt, BLUNT touched their upper lip using the pad of their right index finger.
- On the sixth attempt, BLUNT touched their upper lip using the pad of their left index finger.

Comments: BLUNT displayed eyelid tremors and laughed during the entire test.

(6) Clinical Signs:

Horizontal Gaze Nystagmus: BLUNT did not display horizontal gaze nystagmus

Vertical Gaze Nystagmus: BLUNT did not display vertical gaze nystagmus.

Lack of Convergence: BLUNT was unable to converge their eyes. Both eyes began to converge and then returned to the middle of the eye.

BLUNT advised that they can normally cross their eyes.

Pupil Size:

- BLUNT's left pupil was 5.5 mm in room light, which is above the DRE average range. BLUNT's right pupil was 5.5 mm in room light, which is above the DRE average range (2.5-5.0mm).
- BLUNT's left pupil was 9.0 mm in near total darkness, which is above the DRE average range. BLUNT's' right pupil was 9.0 mm in near total darkness, which is above the DRE average range (5.0-8.5mm).
- BLUNT's left pupil was 5.0 mm in direct light, which is above the DRE average range. BLUNT's right pupil was 5.0 mm in direct light, which is above the DRE average range (2.0-4.5mm).
- BLUNT's pupils displayed a normal reaction to light.
- BLUNT displayed rebound dilation in each pupil as when exposed to direct light the pupil contracted to 5.0 mm and then began to dilate to an end point of 6.5 mm

Pulse Measurements:

The pulse was taken 3 times:

- First pulse: BLUNT's pulse was above the DRE average range at 104 beats per minute (bpm) at 1805 hours.
- Second pulse: BLUNT's pulse was above the DRE average range at 102 beats per minute (bpm) at 1818 hours.
- Third pulse: BLUNT's pulse was above the DRE average range at 102 beats per minute (bpm) at 1837 hours.

The DRE average range for pulse is 60 to 90 beats per minute (bpm).

Blood Pressure:

BLUNT's blood pressure was 154/96 millimetres of Mercury (mmHg). Which is above the DRE average range of 120-140 mmHg (Systolic) / 70-90 mmHg (Diastolic).

Temperature:

BLUNT's body temperature was 38.2 degrees Celsius, which is above the DRE average range of 37 degrees Celsius plus or minus 0.5 degrees Celsius**.**

Muscle Tone:

BLUNT's muscle tone was normal.

(7) Statements: BLUNT stated" I smoked a little weed, what's the big deal?". They advised that they shared a baggie with some friends at around 3pm in White Bear Lake.

(8) Medical Problems or Treatments: BLUNT did not provide any information when asked about medical problems or treatments nor did they advise if they were taking any drugs or medicine

(9) Opinion: It is the opinion of Sergeant BOTHAM, an evaluating officer, that Mary Jane BLUNT's ability to operate a conveyance is impaired by **cannabis.**

(10) Miscellaneous:

- There was nothing noted in BLUNT's nasal area
- During the oral cavity exam, it was noted that there was a green coating on the back of BLUNT's tongue.

BLUNT provided a sample of urine to David BOTHAM pursuant to a demand that was read to BLUNT by Sergeant BOTHAM at 1859 hours. The samples were seized at 1930 hours.

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Cst. A. Oliveira	21367	20-011-0077	RCMP	(Session XXI-#2)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cst. B. Martin	☑ Yes ☐ Yes (not used) ☐ No	Cape Breton RPS	Cst. B. Burrows

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/09/07 @ 1622 hrs	Martin	1720 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 1750 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
1752 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Toker, Bud A.	1988/02/21	Male

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
2020/09/07 @ 1752 hrs @ Glace Bay HQ	Burger & chips Around noon	Big Gulp A couple	15 mins ago

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
about 5 pm / 1758 hrs	Last night 7 or 8 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☑ Yes ☐ No "I just smoke pot"	Cooperative, care-free	Slow, swaying, unsteady

Speech	Breath Odour	Face
Slow, Thick, slurred	Cannabis	Normal

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☐ Normal ☑ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

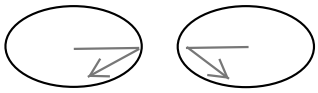
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 94 bpm @ 1812hrs
2. 94 bpm @ 1826hrs
3. 92 bpm @ 1840hrs

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	None	None

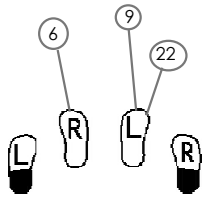
Convergence



Right Eye Left Eye

One Leg Stand

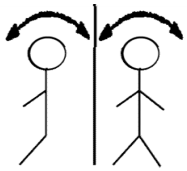
24 /30 25 /30



Leg tremors

Modified Romberg Balance

Approx. 2" 2" Approx. 2" 2"

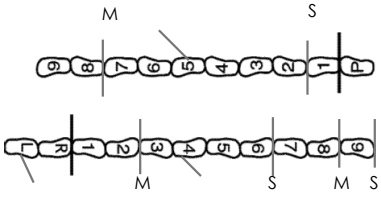


Circular sway & eyelid tremors

Walk and Turn

Cannot keep balance I (1)

Starts too soon Ø



leg tremors, walked slowly. Failed to count out loud

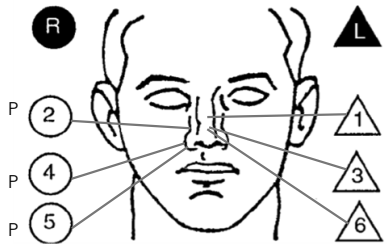
	1st nine	2nd nine
Stops walking	II (2)	I (1)
Misses heel-toe	II (2)	I (1)
Steps off line	I (1)	I (1)
Raises arms	Ø	Ø
Actual steps taken	9	9

L	R	
I (1)	I (1)	Sways while balancing
I (1)	III (3)	Uses arms to balance
Ø	Ø	Hopping
I (1)	II (2)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
24 sec estimated as 30 seconds	Stopped, walked in a circle	N/A	Slip-on boots

Finger to nose

(Draw lines to spots touched)



eyelid tremors

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	6.0mm	9.0mm	5.5-6.5mm
Right Eye	6.0mm	9.0mm	5.5-6.5mm

Rebound dilation	Reaction to light
☑ Yes ☐ No	☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: Nothing noted

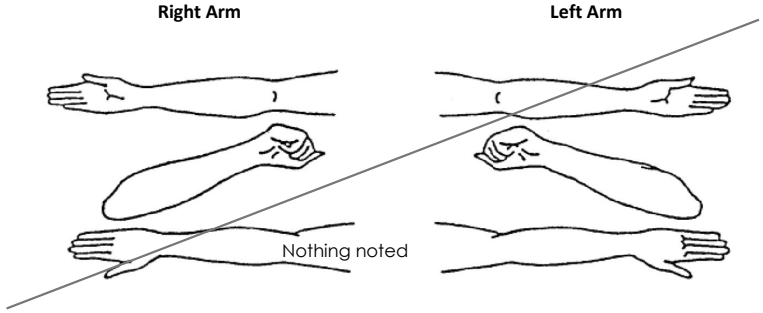
Oral cavity: Green coating on tongue & dry mouth

Blood Pressure	Temperature
168 / 92 mmHg	37.5 °C

Muscle tone: ☑ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I smoke pot. I'm not going to lie to you."	"A good sized bowl"	"About 1 pm"	"Rest area near Rawdon"

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
1850	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☑ Urine ☐ Blood Demand time: 1852 hrs Sample Time: 1915 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
Cst. A. Oliveira		

Opinion of Evaluator

☐ Not Impaired	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anaesthetic	☐ Inhalants	☑ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☑ Cannabis	☐ Training

DRUG INFLUENCE EVALUATION NARRATIVE

(1) Location: The Drug Recognition Evaluation took place entirely at the Glace Bay Headquarters in the county of Victoria and province of Nova Scotia.

(2) Witnesses: Cst. A. OLIVEIRA (from now on referred to in the 1st person) of the Royal Canadian Mounted Police (RCMP) did and recorded the Drug Recognition Evaluation (DRE) of Bud A. TOKER. Cst. B. BURROWS of Cape Breton RPS was present during the totality of the DRE evaluation.

(3) Source: On the 7h day of September 2020 at 17:20hrs, Cst. B. MARTIN from Cape Breton RPS informed me, a Drug Recognition Expert (DRE) that he had arrested Bud A. TOKER (DOB: 1988-02-21) for impaired operation of a conveyance by drugs and read him the DRE demand.

Cst B. MARTIN stated the following information:

- The vehicle was intercepted for speeding 35km above the speed limit on Crowdis Mountain Road.
- The driver identified as Bud A. TOKER was alone in the vehicle, he had an odour of burnt Cannabis coming from inside the vehicle and from his breath.
- TOKER's eyes were bloodshot and eye lids droopy.
- TOKER spoke slowly, with a thick and slurred pronunciation.
- TOKER was read the Standardized Field Sobriety Test (SFST) demand, and he performed poorly during the SFSTs.

(4) First Observations: I observed TOKER for the first time on the 7th of September 2020 at 1750 hrs, in the interview room of the Glace Bay HQ.

TOKER was seated slouched seemed care-free. When TOKER spoke, his articulation was thick and slurring his words, and his speech was slow, when stating "yeah, dude" when given his secondary caution. TOKER had slow movements, for example when he placed his arm on the desk. Furthermore, TOKER had an odour of burnt Cannabis coming from his clothing and his breath. TOKER's eyes were bloodshot, and his eye lids were droopy.

TOKER was asked the following questions:

- "What have you eaten today, and when?" TOKER answered: ''burger and chips''. He stated that it was ''around noon'' when he ate.
- "What have you been drinking, how much, and what time was your last drink?" TOKER stated ''Big Gulp, a couple'', and he specified his last drink was "15 minutes ago".
- "What time do you think it is now?" TOKER answered ''about 5pm'' the actual time was 1758 hrs on Cst. A. OLIVEIRA's smart phone.

- "When did you last sleep and for how long?" TOKER answered: “Last night, 7 or 8 hours”.
- "Are you sick or injured?" TOKER answered: ‘’No’’.
- "Are you diabetic?" TOKER answered: ‘’No’’.
- "Are you epileptic?" TOKER answered: ‘’No’’.
- "Do you take insulin?" TOKER answered: ‘’No’’
- "Do you have any physical disabilities?" TOKER answered “No”
- "Are you under the care of a doctor/dentist?" TOKER answered: ‘’No’’.
- "Are you taking any prescription medication or drugs?" TOKER answered: “I just smoke pot”.

(5) Psychophysical Signs:

Modified Romberg Balance Test: TOKER had a circular sway of 2-inches in all directions. TOKER had eyelid tremors. TOKER opened his eyes, and said “stop” after 24 timed seconds. When asked how long was that? TOKER stated “30 seconds”. When asked, how did you get to that number/time/answer? TOKER stated “I started out one Mississippi, two Mississippi, but I lost my concentration”.

Walk and Turn: TOKER lost his balance once during the instructions, taking his left foot off the line towards his right. TOKER stepped back into the instruction stance after losing his balance. During his first 9 steps, TOKER missed his heel-to-toe steps between step 2 and 3 as well as 8 and 9. TOKER stepped off the line to the right on step 4, and he stopped walking between step 6 & 7, and again on step 9 before making his turn. TOKER made his turn by walking in a circle. During his 2nd set of 9 steps, TOKER stopped walking between step 1 & 2, he stepped off line at step 5 towards his right and he missed his heel-to-toe step between step 7 and 8. TOKER also failed to count his steps out loud, but was reminded to do so by Cst OLIVERA. TOKER had leg tremors and walked slowly.

One Leg Stand: While balancing on his left leg, TOKER placed his right foot down once on his count of 6. TOKER also swayed once and used his arms for balance once. He counted to 1000 and 24 in 30 timed seconds. While balancing on his right leg, TOKER placed his left foot down twice on his count of 9 and 22. TOKER used his arms for balance 3 times and swayed once. TOKER counted to 1000 and 25 in 30 timed seconds. Furthermore, TOKER had leg tremors.

Finger to Nose: TOKER did not touch the tip of his nose with the tip of his index finger on any of the 6 attempts and he had eye lid tremors. On his 1st attempt TOKER touched the bridge of his nose with the tip of his left index finger. On his 2nd attempt TOKER touched the side of his right nostril near the bridge of his nose with the pad of his right index finger. On his 3rd attempt TOKER touched just above the tip of his nose and below the bridge of his nose with the tip of his left index finger. On his 4th attempt TOKER touched the side of his right nostril with the pad of his right index finger. On his 5th attempt TOKER touched the side of his right nostril with the pad of his right index finger. On his final and 6th attempt TOKER touched above the tip of his nose, but below the bridge of his nose with the tip of his left index finger.

(6) Clinical Indicators: TOKER did not have resting Nystagmus, Horizontal Gaze Nystagmus or Vertical Gaze Nystagmus. TOKER did have lack of convergence. Both eyes moved inward then shot out down and to the side. In room light the diameter of TOKER's pupils were 6.0millimitres (mm) in both eyes, which is above the DRE average range of 2.5mm to 5.0mm of diameter for room light. TOKER's pupils had a diameter of 9.0mm in both eyes in near total darkness, which is above the DRE average range of 5.0mm to 8.5mm of diameter for near total darkness. TOKERS pupils were 5.5mm both eyes in direct light which is above the DRE average range of 2.0mm to 4.5mm diameter. However, rebound dilation was present as TOKER's pupils constricted to 5.5mm in diameter in both eyes, prior to dilating to 6.5mm in diameter in both eyes. TOKER's reaction to light was normal (pupils constricted within 1 second). TOKER's pulse was 94 beats per minute (bpm) at 1812hrs, 94bpm at 1826hrs, and 92bpm at 1840hrs. His Systolic blood pressure was 168 millimetres of mercury (mmHg) and his Diastolic blood pressure was 92mmHg, both were above the DRE average range of 120mmHg to 140mmHg for the Systolic blood pressure and 70mmHg to 90mmHg for the Diastolic blood pressure. TOKER's temperature was 37.5 degrees Celsius, which is within the DRE average range of 37.0 degrees Celsius + / -.5 degrees Celsius. Toker's muscle tone was normal, TOKER had nothing in his nasal area. However, his mouth was dry and his tongue had a green coating.

(7) Statements: At the end of the DRE evaluation, TOKER answered the following to the questions I asked him:

- What drugs or medication have you been using? "I smoke pot. I'm not going to lie to you".
- How much? "a good sized bowl".
- Time of use? "about 1 pm".
- Where were the drugs used? "rest area near Rawdon"

TOKER also stated "it relaxed me. It was good weed", and "I smoke anytime I can dude".

(8) Medical Problems / Treatments: There are no medical problems or treatments noted for TOKER.

(9) Opinion: It is the opinion of Cst A OLIVEIRA, a Drug Recognition Expert, that Bud A. TOKER's (DOB: 1988-02-21) ability to operate a conveyance was impaired by the drug category Cannabis.

(10) Miscellaneous: At 18:52hrs, I read the demand for bodily substance (by a DRE) under section 320.28(4)(b) of the CCC to Bud A. TOKER. He provided sample of his urine at 1915hrs.

All times noted in the evaluation are that of Cst OLIVIERA

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Cst. A. Oliveira	21367	20-010-0048	RCMP	(Session XXI-#3)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cst. T. Jones	☑ Yes ☐ Yes (not used) ☐ No	Saint John PF	Cst. P. Burns

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/07/18 @ 1725 hrs	Jones	1750 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 1818 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
1820 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Duby, Sharon A.	1995/12/20	Female

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
2020/07/18 @ 1820 hrs @ SJPF HQ	Sandwich & chips About 6 pm	Energy drink 1 can	4 pm

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
about 5 pm / 1824 hrs	last night about 7 or 8 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☑ Yes ☐ No "just medical marijuana"	Cooperative, relaxed	slow, unsteady

Speech	Breath Odour	Face
slow, thick	cannabis	normal

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☐ Normal ☑ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

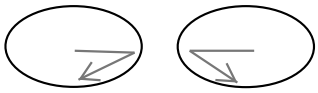
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 96 bpm @ 1830hrs
2. 96 bpm @ 1842hrs
3. 94 bpm @ 1915hrs

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	None	None

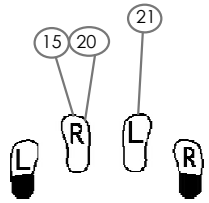
Convergence



Right Eye Left Eye

One Leg Stand

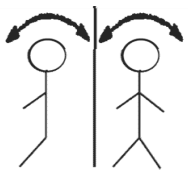
25 /30 24 /30



leg tremors, laughing at times

Modified Romberg Balance

Approx. 2" 2" Approx. 2" 2"

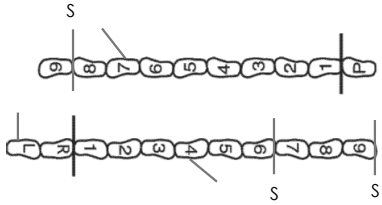


eyelid tremors

Walk and Turn

Cannot keep balance I (1)

Starts too soon Ø



slow movements, laughing at times, leg tremors

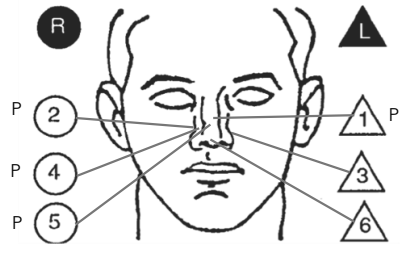
	1st nine	2nd nine
Stops walking	II (2)	I (1)
Misses heel-toe	Ø	Ø
Steps off line	I (1)	I (1)
Raises arms	II (2)	II (2)
Actual steps taken	9	9

L	R	
III (3)	II (2)	Sways while balancing
III (3)	II (2)	Uses arms to balance
Ø	Ø	Hopping
II (2)	I (1)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
22 sec estimated as 30 seconds	Stopped, walked around in a circle	N/A	Lace up hiking boots

Finger to nose

(Draw lines to spots touched)



eyelid tremors

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	6.0mm	8.5mm	6.0-7.5mm
Right Eye	6.0mm	8.5mm	6.0-7.5mm

Rebound dilation ☑ Yes ☐ No

Reaction to light ☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: nothing noted

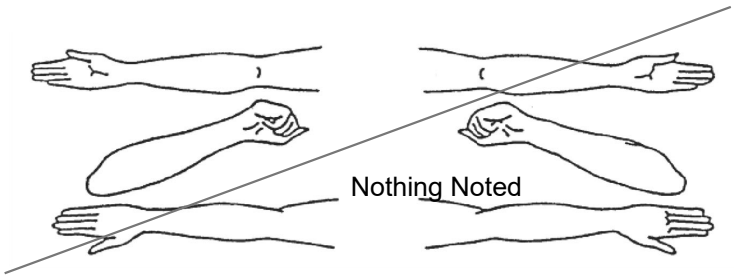
Oral cavity: green coating on tongue

Blood Pressure	Temperature
170 / 94 mmHg	38.5 °C

Muscle tone: ☑ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I use medical marihuana"	"about 2 or 3 grams today"	about 2 hr ago	in car while in the park

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
1930 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☐ Urine ☑ Blood Demand time: 1931 hrs Sample Time: 2000 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # / Date
Cst. A. Oliveira		

Opinion of Evaluator

☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anaesthetic ☐ Inhalants ☑ Operational

☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☑ Cannabis ☐ Training

DRUG INFLUENCE EVALUATION NARRATIVE

(1) Location: The Drug Recognition Evaluation took place entirely at the Saint John Police Force (PF) Headquarters in the county of Saint John and province of New Brunswick.

(2) Witnesses: Cst. A. OLIVEIRA (referred to from now on in the 1st person) of the Royal Canadian Mounted Police (RCMP) did and recorded the Drug Recognition Evaluation (DRE) of Sharon A. DUBY. Cst. P. BURNS was present during the totality of the DRE evaluation.

(3) Source: The subject evaluated was DUBY Sharon A DOB 1995/12/20.

On the 18th day of July 2020 at 17:50hrs, Cst. T. JONES from Saint John PF informed me, a Drug Recognition Expert (DRE) that he had arrested Sharon A. DUBY for impaired operation of a conveyance by drugs and read her the DRE demand.

He stated the following information:

- Vehicle was intercepted for not stopping at a stop sign at the intersection of Park Avenue and Beacon street;
- The driver DUBY was alone in the vehicle and a smell of burnt Cannabis was coming from inside the vehicle and from her breath;
- DUBY had droopy eye lids;
- DUBY also had thick, slow speech and slow movements when handing over documentation from her vehicle;
- DUBY was read the Standard Field Sobriety Test (SFST) demand, and performed poorly on the SFSTs.

(4) First Observations: I observed DUBY for the first time on the 18th of July 2020 at 1818 hrs, in the interview room of the Saint John PF HQ.

DUBY was seated and seemed relaxed. When she spoke her articulation was thick, and her speech was slow, when stating “yeah, I understand, no problem” when given her secondary caution. DUBY had slow movements as observed when she reached to scratch her nose. Furthermore, DUBY had an odour of burnt Cannabis coming from her clothing and her breath. DUBY’s eyes were bloodshot, and her eye lids were droopy.

DUBY was asked the following questions:

- "What have you eaten today, and when?" DUBY answered: ‘’sandwich and chips’’. She stated that it was ‘’about 6pm’’ when he ate.

- "What have you been drinking, how much, and what time was your last drink?" DUBY stated ‘’Energy drink, 1 can’’, and she specified her last drink was at “4pm”.
- "What time do you think it is now?" DUBY answered ‘’about 5pm’’ the actual time was 1824 hrs on Cst. A. OLIVEIRA’s smart phone.
- "When did you last sleep and for how long?" DUBY answered: “Last night, about 7 or 8 hours”.
- "Are you sick or injured?" DUBY answered: ‘’No’’.
- "Are you diabetic?" DUBY answered: ‘’No’’.
- "Are you epileptic?" DUBY answered: ‘’No’’.
- "Do you take insulin?" DUBY answered: ‘’No’’
- "Do you have any physical disabilities?" DUBY answered “No”
- "Are you under the care of a doctor/dentist?" DUBY answered: ‘’No’’.
- "Are you taking any prescription medication or drugs?" DUBY answered: “just medical marihuana”.

(5) Psychophysical Signs:

Modified Romberg Balance Test: DUBY had a 2-inch sway towards each side and a 2-inch sway towards the front and towards the back. She had eye lid tremors. DUBY opened her eyes and said “stop” after 22 timed seconds. When asked how long was that? DUBY stated “about 30 seconds”. When asked, how did you get to that number/time/answer? DUBY stated “I started counting in my head, but I think I lost count”.

Walk and Turn: DUBY lost her balance once during the instructions, taking her left foot off the line towards her left. DUBY placed herself back to the instruction stage after stepping off the line. During her first 9 steps down the line, she stepped off line on step number 4 towards her right. DUBY stopped walking between steps 6 & 7 and she stopped walking again on step 9 prior to making her turn. DUBY made her turn by walking around in a circle. During the 2nd 9 steps on the line, DUBY took her foot off the line on step number 7 towards her right. She stopped walking between steps 8 & 9. DUBY also had leg tremors, was slow moving, and would laugh at times.

One Leg Stand: While standing on her left foot, DUBY placed her foot down twice, once on her count of 15 and once on her count of 20. She also swayed 3 times and used her arms for balance 3 times. She counted to 1000 and 25 in 30 timed seconds. While balancing on her right foot DUBY placed her foot down once on her count of 21. DUBY swayed twice and used arms for balance twice. DUBY had leg tremors during balancing on left and right foot and she would laugh at times.

Finger to Nose: DUBY only managed to touch the tip of the nose with the tip of her left index finger on her 6th attempt. On her 1st attempt DUBY touched the bridge of her nose with the pad of her left index finger. On her 2nd attempt, DUBY touched the side of her right nostril with the pad of her right index finger. On her 3rd attempt DUBY touched the

side of her left nostril with the tip of her left index finger. On her 4th attempt DUBY touched the side of her right nostril with the pad of her right index finger. On her 5th attempt DUBY touched the bridge of her nose with the pad of her right index finger.

(6) Clinical Indicators: DUBY did not have resting Nystagmus, Horizontal Gaze Nystagmus or Vertical Gaze Nystagmus. DUBY did have lack of convergence. DUBY's eyes came in toward the stimulus then shot down and out in a straight line. DUBY state she thought that she could cross her eyes. In room light the diameter of DUBY's pupils were 6.0millimitres (mm) in both eyes, which is above the DRE average range of 2.5mm to 5.0mm of diameter for room light. DUBY's reaction to light was normal (pupils constricted within 1 second). However, rebound dilation was present, her pupils constricted to 6.0mm in diameter in both eyes, prior to dilating to 7.5mm in diameter in both eyes, both the constricted and dilated measurements of DUBY's pupils in direct light were above the DRE average range of 2.0mm to 4.5mm in diameter.

DUBY's pulse was measured at 96 beats per minute (bpm) at 1830 hrs, at 96bpm at 1842 hrs and 94bpm at 1915 hrs. All 3 pulse measurements of DUBY were above the DRE average range of 60bpm to 90bpm. DUBY's Systolic blood pressure was 170millimetres of mercury (mmHg) and Diastolic blood pressure was 94mmHg, which is above the DRE average range of 120mmHg to 140mmHg for Systolic and 70mmHg to 90mmHg for Diastolic. DUBY's body temperature was 38.5 degrees Celsius, which is above the DRE average range of 37 degrees Celsius +/- .5 degrees Celsius. DUBY's muscle tone was normal. Nothing was noted inside her nostrils, but there was a green coating on her tongue.

(7) Statements: At the end of the DRE evaluation, DUBY answered the following to the questions I asked her:

- What drugs or medication have you been using? "I use medical marihuana".
- How much? "about 2 or 3 grams today".
- Time of use? "about 2 hr ago".
- Where were the drugs used? "in car while in the park"

DUBY also stated that she smokes marihuana almost every day and did not think the marihuana had affected her. DUBY admitted to smoking marihuana for the past 5 to 6 years and prefers Indica, because of the relaxing effects.

(8) Medical Problems / Treatments: There are no medical problems or treatments noted for DUBY.

(9) Opinion: It is the opinion of Cst A OLIVEIRA, a Drug Recognition Expert, that Sharon A. DUBY's (DOB: 1995-12-20) ability to operate a conveyance was impaired by the drug category Cannabis.

(10) Miscellaneous: At 1931 hrs, I read the demand for blood sample (by a DRE) under section 320.28(4)(b) of the CCC to Sharon A. DUBY. A sample of her blood was taken at 2000 hrs.

All times in this report unless otherwise indicated noted are that of Cst A. OLIVEIRA

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Estimated time for session: 1 Hour

25 DRE

OVERVIEW OF SIGNS AND SYMPTOMS

LEARNING OBJECTIVES

- Describe the possible effects that may be observed in each Major indicator of drug impairment
- Identify the effects that will most likely be observed with subjects under the influence of
- each drug category

CONTENTS

LEARNING ACTIVITIES

- Interactive Discussion
- Participant Activity

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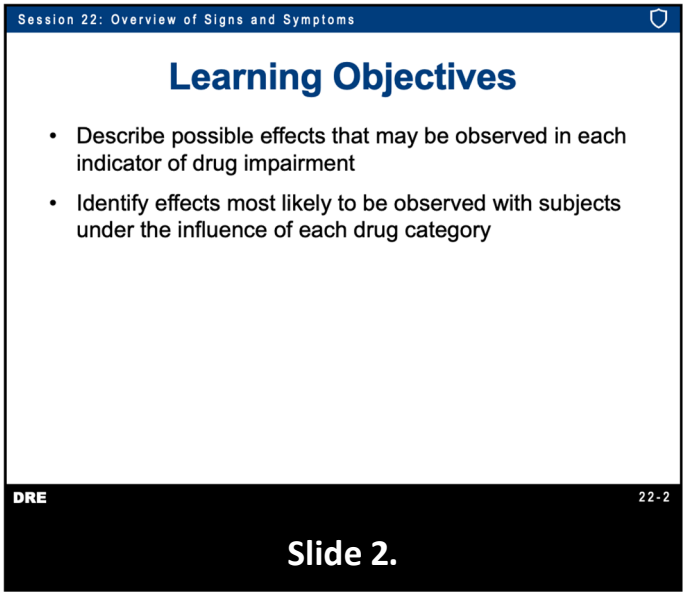
Instructor Note

This exercise will be an interactive activity involving all the participants. This will be used to lead the participants in listing the impairment indicators and completing the form in their participant guides. This will be done for both Major and General Indicators.



Slide 2.

Instructor Note

Briefly review the objectives, content, and activities of this session.

A. The Major and General Indicators and their Possible Effects Associated with the Drug Categories

Slide 3.

For DRE purposes, Major Indicators are physiological signs specifically addressed and are, for the most part, involuntary, reflecting the status of the Central Nervous System (CNS) homeostasis. For DRE purposes, General Indicators are behaviors or observations of the subject observed and not specifically tested for. Both are of equal value in making a decision in the totality of the evaluation.

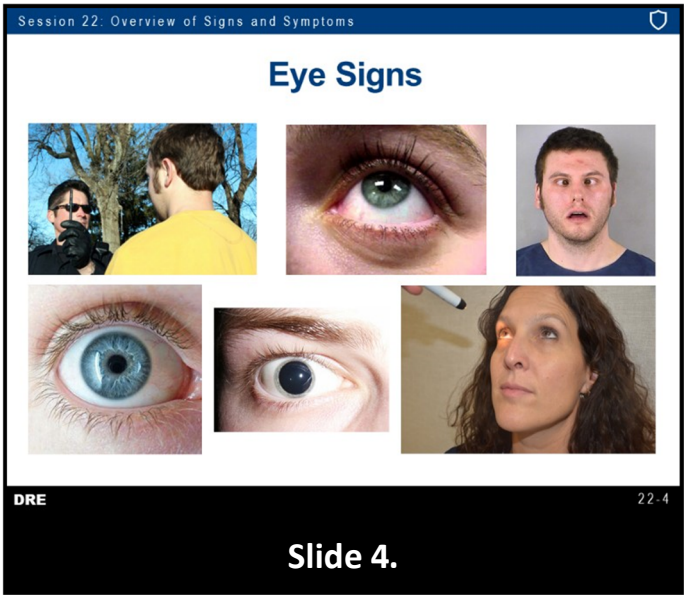
The Major Indicators of drug impairment are:

- Horizontal Gaze Nystagmus (HGN)
- Vertical Gaze Nystagmus (VGN)
- Lack of Convergence (LOC)
- Pupil Size
- Reaction to Light
- Pulse Rate
- Blood Pressure
- Body Temperature
- Muscle Tone

Instructor Note

Point out the first five Major Indicators concern the eyes and three of the last four Major Indicators concern the vital signs.

Announce to the participants: "We will now review all of the possible effects we might observe with each Major Indicator."



Slide 4.

Possible Effects – HGN: Possible effects that might be observed with **nystagmus**. With HGN, there are only two possible effects that might be observed. Either HGN will be **present**. Or it will be **none (meaning it is not present)**. There is no drug that stops HGN. Some drugs cause HGN to be present, others do not; but there is no drug that "cures" HGN.

Possible Effects – VGN:

Instructor Note

Ask participants: "What are the possible effects we might observe with VGN?"

With VGN, there are also only two possible effects. Either it will be **present**. Or it will be **none (meaning it is not present)**.

Possible Effects – LOC:

Instructor Note

Ask participants: "What effects might we observe with LOC?"

For LOC, there are also only two possible effects. Either LOC will be **present**. Or it will be **none (meaning it is not present)**.

Instructor Note

Point out, when we say "Lack of Convergence is present," we mean the eyes are unable to converge or cross properly.

Just as with nystagmus, there is no drug that "cures" LOC.

Possible Effects – Pupil Size

Instructor Note

Ask participants: "What effects might we observe with Pupil Size?"

For **Pupil Size**, there are three possible effects that might be seen. The pupils might be **normal** (within the DRE average ranges). Or, the pupils might be **dilated**. Or, they might be **constricted**.

Possible Effects – Reaction to Light:

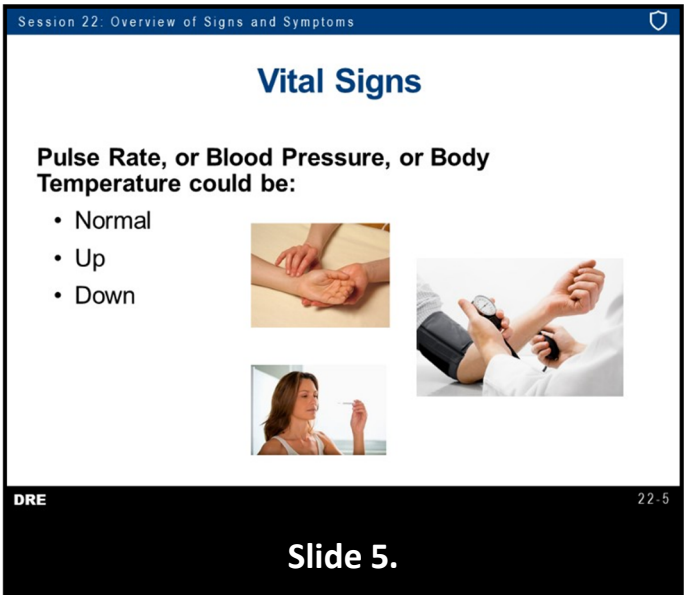
Instructor Note

Ask participants: "What effects might we observe with the pupils' Reaction to Light?"

There are a number of effects that might be observed in the pupils' **Reaction to Light**. The pupils might react in a **normal** manner, i.e., by constricting somewhat in one second or less. Or, the pupils might react **slow**, i.e., by constricting somewhat, but requiring more than one second to do so. Or, little to no reaction visible.

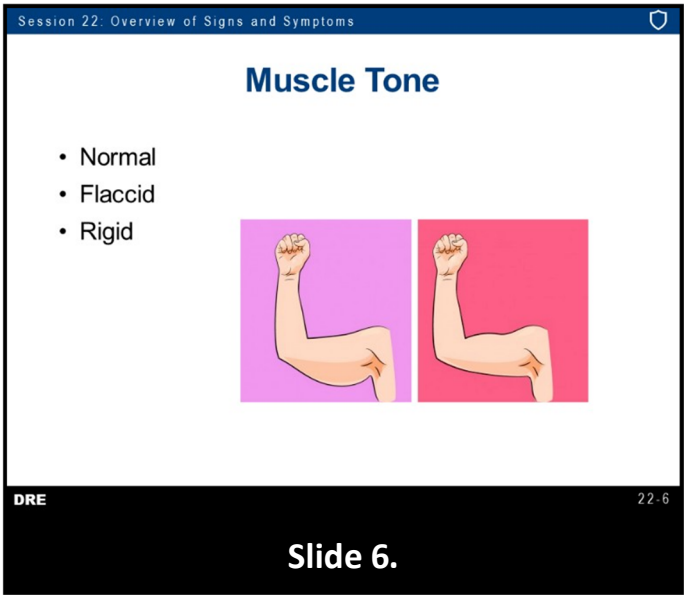
Instructor Note

Inform participants we should not report the "pupils did not react at all," but rather we should report "no visible reaction."



Slide 5.

For each of the **Vital Signs**, there are three possible effects. The pulse rate, or blood pressure, or body temperature could be NORMAL (within the DRE average ranges). Or, it could be **UP**, or it could be **DOWN**. Remember that in the DEC program, the term "normal" is only used a shorthand, and a DRE should always refer to the DRE average ranges when such a range exists.



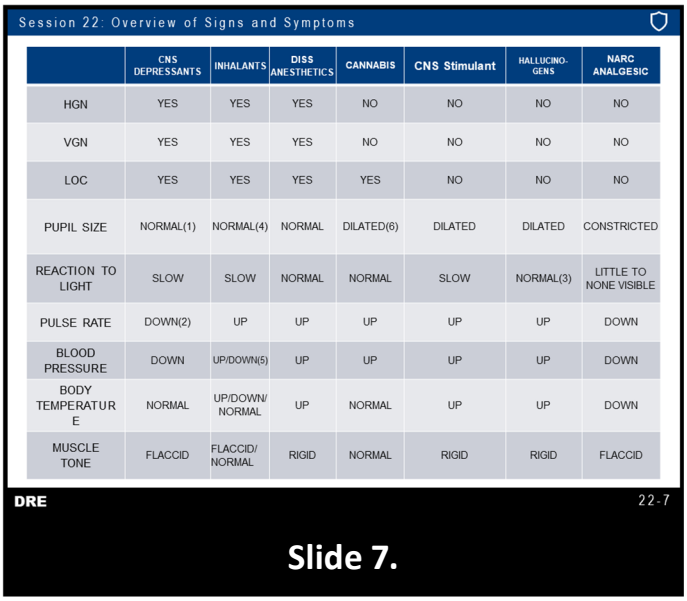
Slide 6.

Ask participants: What effects might we observe with Muscle Tone?

For **Muscle Tone**, there are three possible effects that might be seen: Normal (meaning nothing unusual); Flaccid; Rigid.

Solicit participants' comments and questions about the possible effects of the nine Major Indicators.

B. Effects Associated with the Drug Categories and Developing a Drug Symptomatology Matrix



	CNS DEPRESSANTS	INHALANTS	DISS ANESTHETICS	CANNABIS	CNS Stimulant	HALLUCINO-GENS	NARC ANALGESIC
HGN	YES	YES	YES	NO	NO	NO	NO
VGN	YES	YES	YES	NO	NO	NO	NO
LOC	YES	YES	YES	YES	NO	NO	NO
PUPIL SIZE	NORMAL(1)	NORMAL(4)	NORMAL	DILATED(6)	DILATED	DILATED	CONSTRICTED
REACTION TO LIGHT	SLOW	SLOW	NORMAL	NORMAL	SLOW	NORMAL(3)	LITTLE TO NONE VISIBLE
PULSE RATE	DOWN(2)	UP	UP	UP	UP	UP	DOWN
BLOOD PRESSURE	DOWN	UP/DOWN(5)	UP	UP	UP	UP	DOWN
BODY TEMPERATURE	NORMAL	UP/DOWN/ NORMAL	UP	NORMAL	UP	UP	DOWN
MUSCLE TONE	FLACCID	FLACCID/ NORMAL	RIGID	NORMAL	RIGID	RIGID	FLACCID

Slide 7.

Instructor Note

Ask for a participant to volunteer to state the effects that usually will be seen in a subject under the influence of a CNS Depressant.

Correct the participants' responses as necessary and write the correct effects on the matrix under the CNS Depressant column.

- HGN: present
- VGN: present (i.e., at high dose for that individual)
- LOC: present
- Pupil Size: normal (within the average DRE ranges) except Soma, Quaaludes (Methaqualone), and some antidepressants usually dilate pupils
- Reaction to Light: slow
- Pulse Rate: down except Quaaludes (Methaqualone), ETOH, and some antidepressants may elevate
- Blood Pressure: down
- Body Temperature: normal (within the average DRE ranges)
- Muscle Tone: flaccid

Instructor Note

Emphasize these are the usual effects that will be observed with CNS Depressants, but we cannot always be certain all of these effects will be seen. Thank the "volunteer" participant for his or her help.

Select another volunteer to help with the CNS Stimulant category effects.

Correct the participant's responses as necessary and write the correct effects under the "Stimulant" column.

- HGN: **none** (Not present)
- VGN: **none** (Not present)
- LOC: **none** (Not present)
- Pupil Size: **dilated**
- Reaction to Light: **slow**
- Pulse Rate: **up**
- Blood Pressure: **up**
- Body Temperature: **up**
- Muscle Tone: **rigid**

Emphasize these are the effects usually seen with CNS Stimulants but we can't guarantee all of these effects will be observed in each and every case.

Thank the "volunteer" participant for his or her help.

Select another volunteer to help with the Hallucinogen category effects.

Correct the participant's responses as necessary and write the correct effects under the "Hallucinogens" column.

- HGN: **none** (Not present)
- VGN: **none** (Not present)
- LOC: **none** (Not present)
- Pupil Size: **dilated**
- Reaction to Light: **normal**, certain psychedelic amphetamines may cause slowing
- Pulse Rate: **up**
- Blood Pressure: **up**
- Body Temperature: **up**
- Muscle Tone: **rigid**

Point out "Reaction to Light" is the only major indicator that distinguishes Hallucinogens from CNS Stimulants and "Reaction to Light" is a relatively subtle cue. For this reason, it can be very difficult to differentiate between these two categories. Thank the "volunteer" participant for his or her help.

Instructor Note

Select another volunteer to help with the Dissociative Anesthetic category effects.

Correct the participant's responses as necessary and write the correct effects under the "Dissociative Anesthetic" column.

- HGN: present
- VGN: present (i.e., at high doses; however, it is more common to see VGN in someone under the influence of a Dissociative Anesthetic)
- LOC: present
- Pupil Size: normal (within the DRE average ranges)
- Reaction to Light: normal
- Pulse Rate: up
- Blood Pressure: **up**
- Body Temperature: **up**
- Muscle Tone: **rigid**

Instructor Note

Thank the "volunteer" participant for his or her help.

Instructor Note

Select another volunteer to help with the Narcotic Analgesic category effects.

Correct the participant's responses as necessary and write the correct effects under the "Narcotic Analgesics" column.

- HGN: **none** (Not present)
- VGN: **none** (Not present)
- LOC: **none** (Not present)
- Pupil Size: **constricted**
- Reaction to Light: **little or none visible**
- Pulse Rate: **down**
- Blood Pressure: **down**
- Body Temperature: **down**
- Muscle Tone: **flaccid**

Instructor Note

Thank the "volunteer" participant for his or her help.

Instructor Note

Select another volunteer to help with the Inhalant category effects. Remind volunteer, with Inhalants, many of the effects noted on the Major Indicators will depend upon the specific substance inhaled.

Correct the participant's responses as necessary and write the correct effects under the "Inhalants" column.

- HGN: present
- VGN: present (high dose for that individual)
- LOC: present
- Pupil Size: normal (within the DRE average ranges) but may be dilated
- Reaction to Light: slow
- Pulse Rate: up
- Blood Pressure: up/down (the Volatile Solvents and the Aerosols usually cause blood pressure to be above the average ranges; but the Anesthetic Gases can cause blood pressure to be below the average ranges, even though they elevate the pulse rate)
- Body Temperature: **up/down/normal**
- Muscle Tone: normal or flaccid

Instructor

Thank the "volunteer" participant for his or her help.

Instructor Note

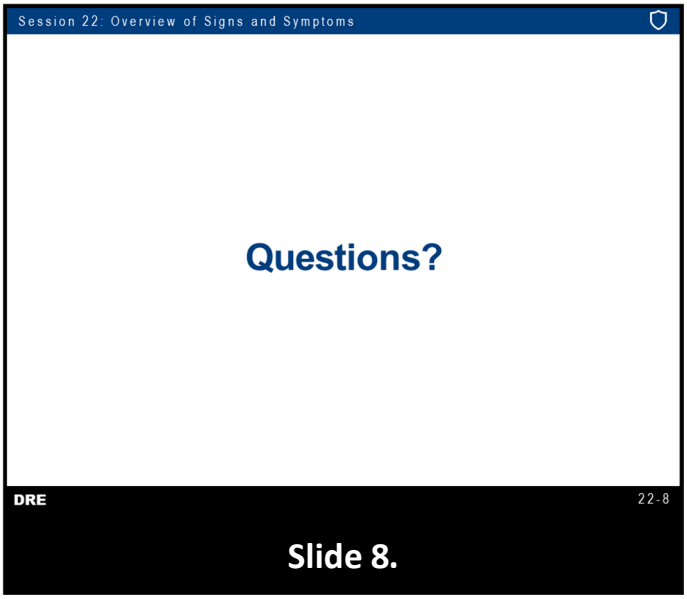
Select another volunteer to help with the Cannabis category effects.

Correct the participant's responses as necessary and write the correct effects under the "Cannabis" column.

- HGN: **none** (not present)
- VGN: **none** (not present)
- LOC: present
- Pupil Size: **dilated or possibly normal** (within the DRE average ranges)
- Reaction to Light: **normal**
- Pulse Rate: **up**
- Blood Pressure: **up**
- Body Temperature: **normal** (within the DRE average ranges)
- Muscle Tone: **normal**

Instructor Note

Thank the "volunteer" participant for his or her help.



Slide 8.

Solicit participants' comments or questions about the drug categories.

Drug Symptomatology Sources: Not all signs and symptoms associated with a drug category will be observed in all subjects in all cases. The excerpts from the references are consistent with DRE instruction and experience.

Stress the above paragraph.

Refer participants to the addendum at the end of Session 13 describing some available scientific literature dealing with drug influence symptomatology. The sources are considered to be reliable sources of drug symptomatology.

Indicators Consistent with Drug Categories

	CNS DEPRESSANTS	INHALANTS	DISSOCIATIVE ANESTHETICS	CANNABIS	CNS STIMULANTS	HALLUCINOGENS	NARCOTIC ANALGESICS
HGN	Present	Present	Present	None	None	None	None
VGN	Present (High Dose)	Present (High Dose)	Present	None	None	None	None
LOC	Present	Present	Present	Present	None	None	None
Pupil Size	Normal (1)	Normal (4)	Normal	Dilated (6)	Dilated	Dilated	Constricted
Reaction to Light	Slow	Slow	Normal	Normal	Slow	Normal (3)	Little or None Visible
Pulse Rate	Down (2)	Up	Up	Up	Up	Up	Down
Blood Pressure	Down	Up/Down (5)	Up	Up	Up	Up	Down
Body Temperature	Normal	Up/Down/Normal	Up	Normal	Up	Up	Down
Muscle Tone	Flaccid	Normal or Flaccid	Rigid	Normal	Rigid	Rigid	Flaccid
General Indicators	Disoriented Droopy eyelids Drowsiness Drunk-like behavior Impaired judgment Relaxed inhibitions Slow, sluggish reactions Thick, slurred speech Uncoordinated Unsteady walk Variety of emotional effects	Bloodshot eyes Confused Disoriented Flushed face Intense headaches Muscle weakness Non-communicative Odor of substance Possible nausea Residue of substance Slow, thick, slurred speech Watery eyes	Blank stare Chemical odor (PCP) Confused Cyclic behavior Disoriented Hallucinations Incomplete verbal responses Increased pain threshold Non-communicative Perspiring Possibly violent Sensory distortions Slow, slurred speech Slowed responses	Bloodshot eyes Body tremors Disoriented Drowsiness Euphoria Eyelid tremors Greenish coating on the tongue Impaired memory Impaired perception of time and distance Incomplete verbal responses Increased appetite Lack of concentration Mood changes Paranoia Rebound dilation Relaxed inhibitions Sedation	Anxiety Body tremors Dry mouth Euphoria Exaggerated reflexes Excited Eyelid tremors Grinding teeth (Bruxism) Hyperactivity Increased alertness Insomnia Irritability Redness to the nasal area Restlessness Runny nose Talkative	Body tremors Dazed appearance Difficulty with speech Disoriented Hallucinations Impaired perception of time and distance Memory loss Nausea Paranoia Perspiring Piloerection Synesthesia Uncoordinated	Depressed Reflexes Difficulty concentrating Droopy eyelids Drowsiness Dry mouth Euphoria Itching Nausea “On the nod” Puncture marks Slow, low, raspy speech Slowed breathing Slow deliberate movements
Duration of Effects	Ambien: 4-5 hours Klonopin: 6-12 hours Xanax: 6-8 hours Others: Vary	Several hours for most volatile solvents Anesthetic gases and aerosols – very short duration	PCP: 4-6 hours DXM: 3-6 hours Ketamine: Up to 2 hours	Smoked: 3-4 hours Edibles: Up to 8 hours	Cocaine: Up to 2 hours Methamphetamine: Up to 12 hours	LSD: 6-8 hours MDMA: 1-3 hours Psilocybin: Up to 5 hours	Fentanyl: 2-3 hours Heroin: 3-5 hours Methadone: 6-8 hours Others: Vary
Usual Methods of Administration	Injected Insufflation Oral	Inhalation	Injected Insufflation Oral Smoked Transdermal	Oral Smoked Transdermal	Injected Insufflation Oral Smoked	Insufflation Oral Smoked Transdermal	Injected Insufflation Oral Smoked Transdermal
Overdose Signs	Clammy skin Coma Rapid, weak pulse Shallow breathing	Cardiac arrhythmia Respiration ceases Nausea/vomiting Risk of death	Coma Seizures	Acute anxiety attacks Excessive vomiting Possible psychosis	Hallucinations Psychosis Violent behavior	Condition similar to heat stroke Convulsions Intense bad “trip”	Cold, clammy skin Coma Convulsions Slow and shallow breathing

FOOTNOTE: These indicators are the most consistent with the category. There may be variations due to individual reaction, dose taken, and drug interactions.

1) Soma, Quaaludes, and some anti-depressants usually dilate
2) ETOH, Quaaludes, and some anti-depressants may elevate
3) Certain psychedelic amphetamines may cause slowing
4) Possibly dilated
5) Down with anesthetic gases, up with volatile solvents and aerosols
6) Possibly normal

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Estimated time for session: 50 Minutes

26 DRE

CURRICULUM VITAE PREPARATION & MAINTENANCE

LEARNING OBJECTIVES

- Describe and discuss the purpose of a Curriculum Vitae (CV)
- Identify the elements of a Curriculum Vitae
- Prepare a basic Curriculum Vitae summarizing relevant training, education, experience, and accomplishments to date
- Update and maintain the Curriculum Vitae

CONTENTS

LEARNING ACTIVITIES

- Instructor-Led Presentations
- Group Work Session
- Reading Assignments

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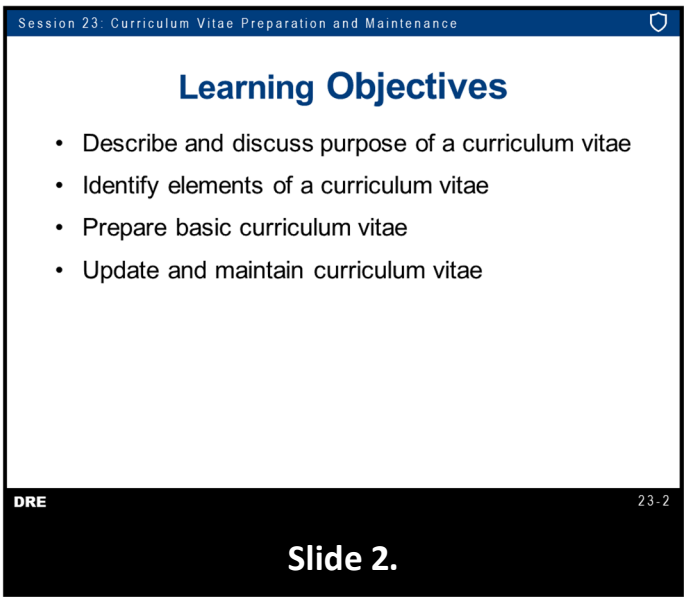
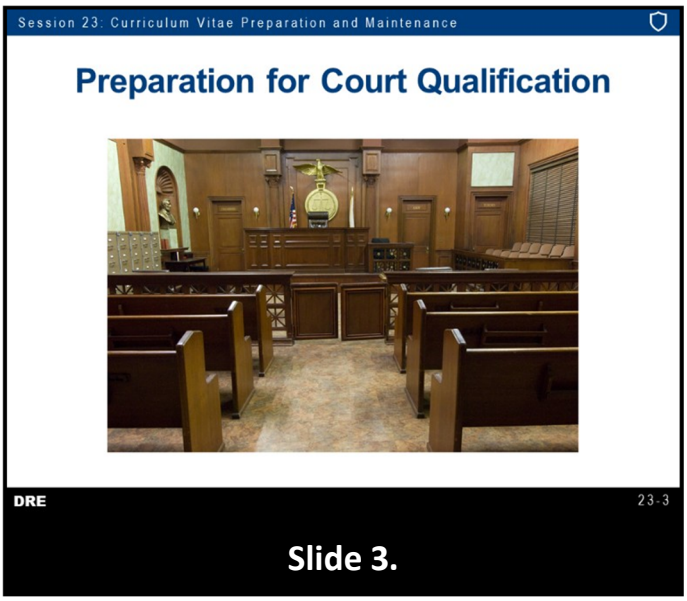


Slide 2.

Instructor Note

Briefly review the objectives, content, and activities of this session.

A. Preparation for Court Qualification



Slide 3.

Prior to testifying and being qualified as an expert witness, there are certain tasks a DRE should perform prior to trial. Being qualified as an expert may be as simple as stating your occupation or take several hours of exhausting questioning by both the Crown and defence attorney.

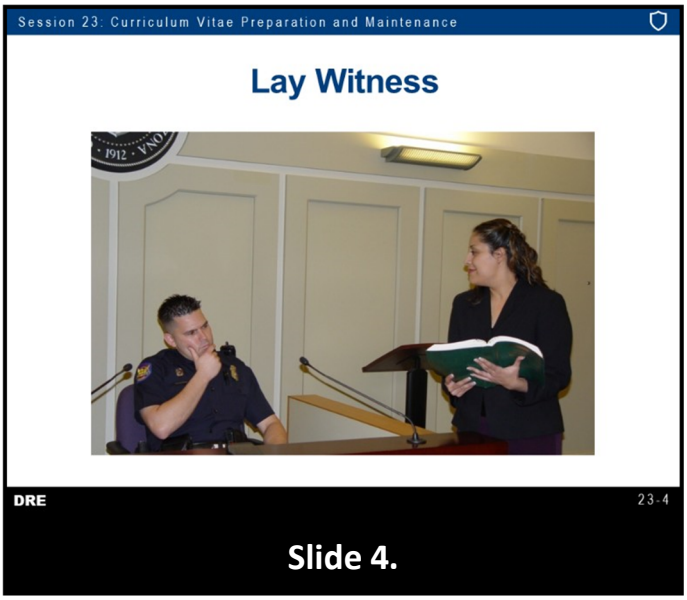
Although knowledge only greater than what the public has is required to qualify you as an expert, your testimony will carry much more "weight" if you have good credentials. Accurate, up-to-date information is essential for an officer who is called upon to give his or her qualification as an expert in any field.

Point out it is imperative each officer maintain an ongoing CV to establish their credentials as an expert.

DREs will base their expertise on the following areas:

- Formal education and training
- Relevant experience
- Outside readings and studies

B. Purpose of the Curriculum Vitae (CV)



Slide 4.

The basic purpose of the CV is to record education, training, skills and experience in one document. A CV may be used to establish expert qualifications. Generally, a lay witness can testify to personal knowledge only.

Prior to becoming certified as a DRE, a candidate must prepare a CV.

Point out this generally consists of facts which they observed or witnessed. Witness cannot give an opinion on a matter.

Point out opinions are allowed only if the witness is qualified as an expert.

Slide 5.

A person skilled in some art, trade, science, or profession, having a knowledge of matters not within the knowledge of persons of average education, learning, and experience may assist a judge or jury by expressing an opinion on a state of facts shown by the evidence and based upon his or her special knowledge.

Instructor Note

Source:

People v. Willis, 70 Cal.App. 465, 233 P. 812 (Cal. Ct. App 1924).

A witness is not qualified as an expert witness unless it is shown he or she is familiar with the subject upon which he or she is asked to give an opinion.

Instructor Note

Source:

People v. McLean, 16 Cal.Rptr. 347,56 Cal.2d 660,365 P.2d 403 (1961).

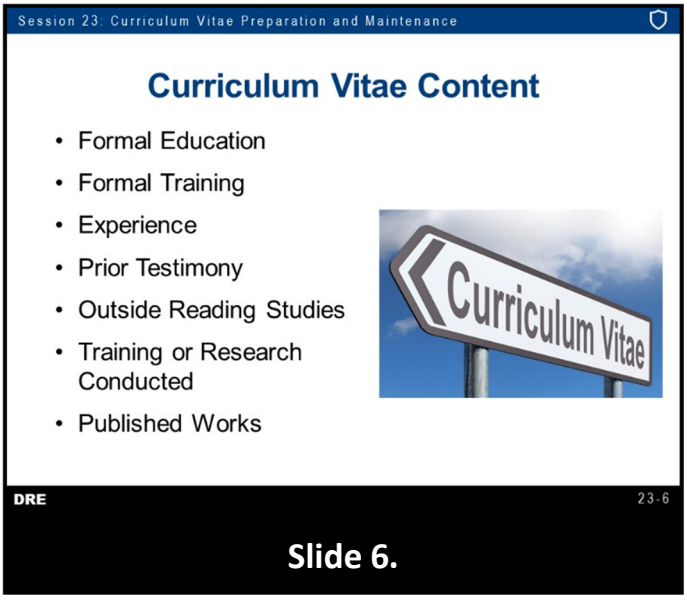
An expert witness' qualification is achieved through Voir Dire Examination. In a law or court context, this is used to question a witness to assess his or her qualifications to be considered an expert in some matter pending before the court. Only the court can determine whether a witness is qualified to testify as an expert. Where a witness is qualified to give expert testimony, any question as to degree of knowledge goes to weight rather than admissibility.

Instructor Note

Source:

People v. Perry, 7 Cal.3d 756, 789-790, 103 Cal.Rptr. 161, 499 P.2d 129 (1972).

C. Curriculum Vitae Content



Slide 6.

Formal Education: Provide a list of formal education, beginning with the most recent:

- Specialized college
  - List dates, length, major topics covered, etc.
  - Highlight classes which provided knowledge or skills in the area of drugs
- University-level courses
  - List dates, instructor, subject(s) covered, credits, etc.
- Colleges and universities attended
  - List dates, instructor, subject(s) covered, credits, etc.
- High school(s) attended
  - List dates – highlight classes which provided knowledge in the area of drugs Formal Training: Provide a list of formal training, beginning with the most recent:
- Lectures and seminars
  - List dates, length, instructor(s), subject(s) covered, etc.
  - Highlight training which provided knowledge or skills in the area of drugs
- Specialized police training or in-service training
  - List dates, length, instructor(s), subject(s) covered, etc. beginning with the most recent
  - Highlight training which provided knowledge or skills in the area of drugs
- Other specialized training
- Police academy (recruit training)
- Military training

Experience: Provide a list of job experience, beginning with the most recent position/assignment:

- Job experience – years
  - List dates, division, duties, etc., include loans to specialized units
- Assignments
  - List agencies, dates, responsibilities, etc.
- Prior law enforcement experience
  - List employer, dates, duties, assignments, etc.
- Other job related experience

Point out the importance of maintaining accurate records for your CV as these records may be discoverable.

Prior Testimony: For bulleted items below, list dates, courts, jurisdiction, judges, charges, case number, case name, areas qualified, etc.

- Municipal court
- Superior court
- Number of times qualified as an expert in drug cases
- Number of times qualified as an expert in other cases

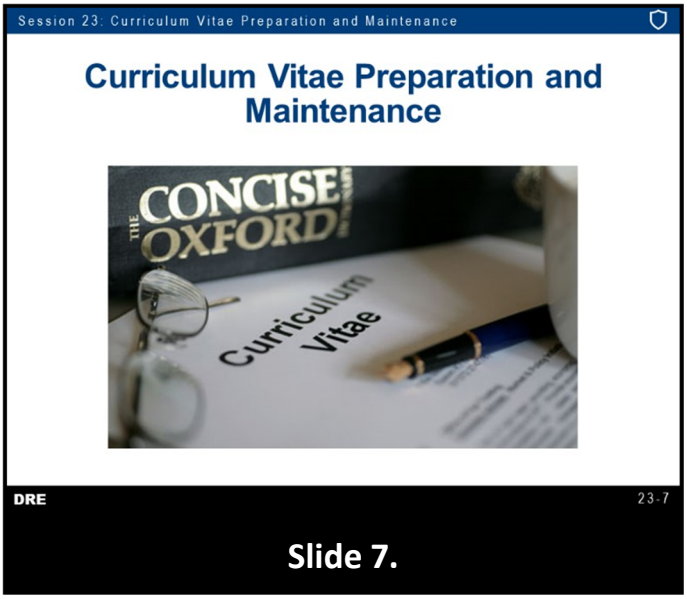
Outside Reading and Studies:

- Drug-related texts read
- List title(s), author(s), subject(s), citation(s), etc.
- Departmental training bulletins
- Journals
- Research papers
- Drug-related videos viewed

Training or Research Conducted (if applicable): List classes, briefings, training officer assignments, etc. where you served as an instructor or coach, etc. or conducted or participated in research, e.g., Alcohol Workshop.

Published Works (if applicable): List all relevant writings you authored or co-authored, including departmental briefing papers, training manuals/bulletins, magazine articles, books, etc.

D. Guidelines for Curriculum Vitae Preparation and Maintenance



Slide 7.

Instructor Note

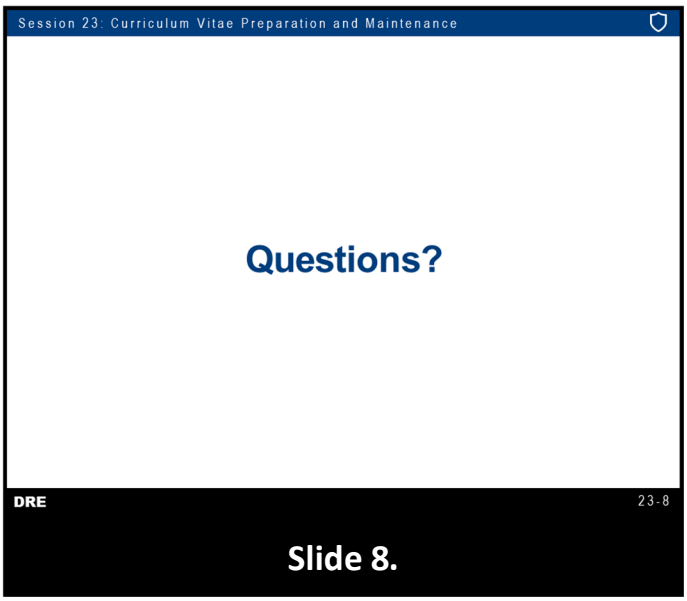
Refer participants to CV examples in their manuals and review steps for preparing the CV and keeping it up-to-date.

List information in chronological order. Formal education should be normal chronological order. Training should be in reverse chronological order (most recent training first). Review and update CV frequently and record date in footer.

Instructor Note

Review the CV examples with the participants.

Note: There is one generic CV template at the end of this session. However, Instructors should provide the candidates one or two more examples, ideally actual instructor CVs, so they can better have an idea of the local preferences.



Slide 8.

Instructor Note

Solicit participants' comments or questions about Curriculum Vitae Preparation and Maintenance.

CURRICULUM VITAE

[YOUR AGENCY LOGO HERE]

[YOUR NAME]

[YOUR POLICE AGENCY]
[YOUR UNIT]
Location of Work or Address
[YOUR DRE NUMBER]

ACADEMIC STANDING:

List your academic standing – High School to University etc.

SERVICE:

List when you became a member, where you worked etc. Include different sections you worked at to this point.

Member of the Royal Canadian Mounted Police since May 11, 2003.

2016-06-21 – Present	Corporal, British Columbia Integrated Impaired Driving Unit (IIDU)
2015-05-26 – 2016-06-21	Constable, British Columbia Impaired Driving Coordinator
2013-01-28 – 2016-06-21	Constable, Vancouver Island / Lower Mainland District DRE Coordinator
2009-07-01 - 2013-01-28	Constable, Chemainus Detachment South Island Traffic Services
2005-08-01 - 2009-06-30	Constable, Chetwynd Detachment South Peace Traffic Services
2003-05-12 - 2005-07-31	Constable, Penticton Municipal Detachment General Duty
2002-11-22 - 2003-05-11	Cadet, Depot Division, Regina, Saskatchewan Recruit Training

Expert Opinion Presented in Court:

Add any information - if you have been deemed an expert by the courts. This may be a category to add to your CV later in your career.

Awards, Commendations, Medals and Recognition:

List any and all awards, medals or recognition you were given, most recent first on the list:

Alexa Team recipient 2020, “All Start team”. Member generated 55 impaired driving charges for this year.

Alexa Team recipient 2019. Member generated 24 impaired driving charges for this year.

TRAINING AND DEVELOPMENT COURSES TAKEN:

List all courses taken with your agency, most recent first on the list:

SPECIALIZED POLICE TRAINING

(most recent training will be at the top of the list)

Date - Drug Recognition Expert Re-certification Course
(these will be future entries when you take the recertification course once every two years)

A one day comprehensive curriculum review, instructing Police Officers on drugs that impair driving. An introduction of updated information on impairment and the signs and symptoms associated to drug use. (Instructor observe evaluation conducted on this date as well – if this was done)

Your Name/Date - received a DRE Certificate from The International Association of Chiefs of Police by successfully completing all requirements of the Drug Evaluation and Classification Program and is recognized as a Drug Recognition Expert.

December 12 to December 16, 2023 – Drug Recognition Expert Certification in Vancouver

A minimum of 12 DRE Evaluations were completed and signed off by an instructor with a minimum of 3 drug categories detected. This is the final stage of becoming a Drug Recognition Expert.

November 28 to December 9, 2023 - Drug Recognition Expert Course (DRE)
(these will be your dates when you have successfully completed this portion of the course)

This combined 9-day course at the Pacific Regional Training Centre (PRTC) in Chilliwack B.C. is designed to improve the investigator's skills to a level of technical investigation and interpretation of evidence found during an impaired driving investigation. It provides a level of knowledge necessary to form an opinion from evidence observed and recorded, and to present that evidence. Subject material covered:

Your Name/ Date - received a Certificate from the Canadian Association of Chiefs of Police for successfully completing the Standardized Field Sobriety Course.

Date of when you took this course - Standardized Field Sobriety (SFST) Test Course

A four day course at the Pacific Region Training Center in Chilliwack, British Columbia. This course is designed to improve the investigator's skills to a level of technical investigation and interpretation of evidence found during an impaired driving investigation. Subject material covered:

Date of when you took this course - Approved Screening Device Operator Course (Alco-Sensor FST)

A half day course on the theory and operation of the Alco-Sensor FST approved screening device.

LAST DATE OF WHEN YOU UPDATED THE FORM

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Estimated time for session: 1 Hour 45 Minutes

27 DRE

ALCOHOL WORKSHOP

LEARNING OBJECTIVES

- Properly administer the eye examinations used in the drug impairment evaluation procedure
- Properly administer psychophysical tests used in the drug impairment evaluation
- procedure
- Observe and record the subject's performance on the eye examinations and psychophysical tests
- Determine the level of impairment based on the results of the subject's eye examinations and psychophysical tests

CONTENTS

LEARNING ACTIVITIES

- Instructor-Led Presentations
- Participant-Led Practice
- Instructor Discussion

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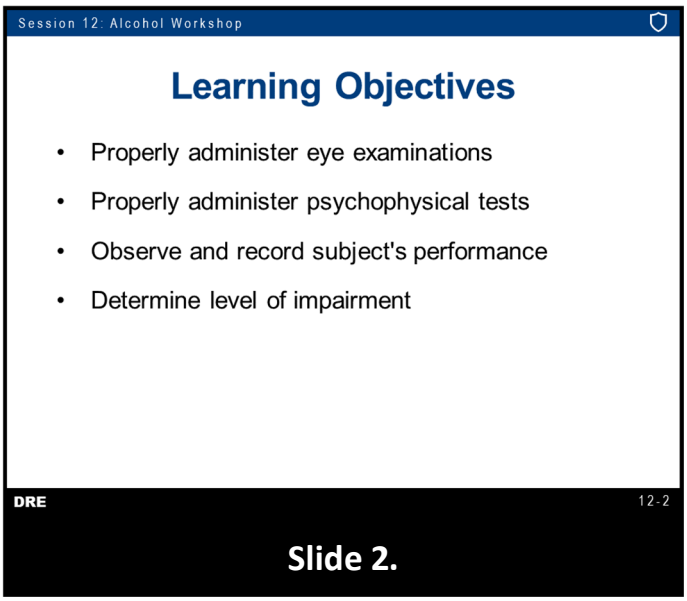
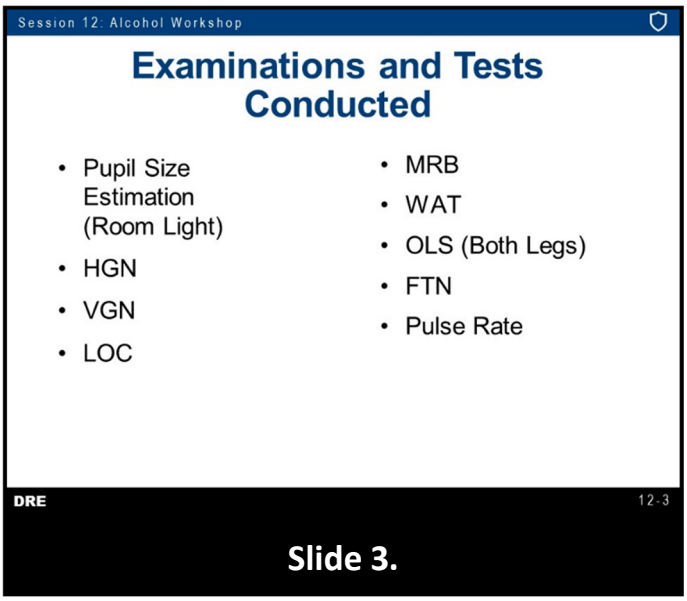


Slide 2.

Instructor Note

Briefly review the objectives, content, and activities of this session.

A. Procedures



Slide 3.

Instructor Note

Participants will work in three- or four-member teams during this session.

Make team assignments.

Each team will administer tests to each volunteer.

The preliminary examinations and psychophysical tests include:

- Pupil Size Estimation (Room Light)
- Horizontal Gaze Nystagmus (HGN)
- Vertical Gaze Nystagmus (VGN)
- Lack of Convergence (LOC)
- Modified Romberg Balance (MRB)
- Walk and Turn (WAT)
- One Leg Stand (OLS) (both legs)
- Finger to Nose (FTN)
- Pulse Rate

For the drug impairment evaluation, it is important to estimate Angle of Onset for HGN and relate it to Blood Alcohol Concentration (BAC).

Results/observations of all tests will be recorded on the Drug Evaluation Report form.

Point out copies of the report form are in the participant guide. Each team will need one report form for each volunteer.

For each volunteer, team members should perform the following duties:

- ***One team member will administer the tests to the volunteer***
- ***One team member will record the results on the report form***
- ***The other team member(s) will assist the test administrator in observing the volunteer's performance on the tests***

Emphasize team members will take turns performing the various duties as they deal with the different volunteers.

Some volunteers will have BACs above 100 mg%, others will have lower BACs. Each group will collectively estimate the BAC of each volunteer they evaluate. The following safety precautions will be strictly enforced: No weapons will be present and Volunteers will not be left unattended at any time.

Solicit participant's questions concerning the procedures for the Alcohol Workshop.

B. Hands-On Practice

Instructor Note

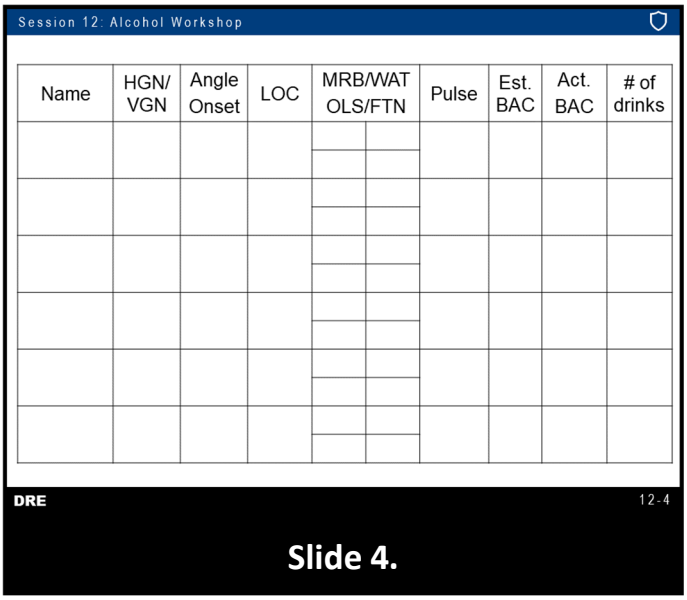
Activity

Test Administration

Test recording:

- ***Monitor teams as they test the volunteers***
- ***Make sure each participant takes at least one turn as a test administrator***
- ***Coach participants, as necessary, to improve their performance as test administrators***
- ***Terminate the hands on practice after 75 minutes or after each team has tested 5 volunteers (whichever occurs first)***

C. Session Wrap-Up



Slide 4.

Instructor Note

Record teams' assessments of each volunteer's probable BAC status on the dry erase board or easel/easel pad (see above slide for a sample dry erase board array).

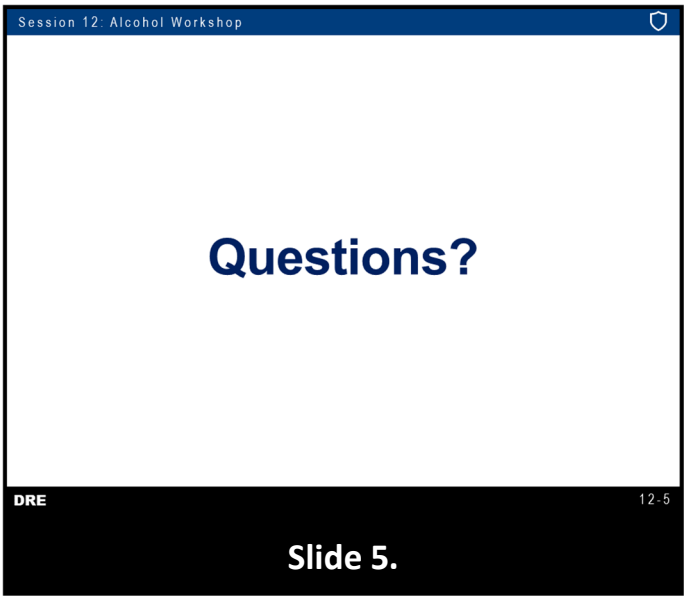
Feedback of Teams' Assessments: Ask each team briefly to describe the evidence that led the members to their conclusions about a particular volunteer's BAC.

Record each volunteer's actual BAC on the dry erase board array.

Instructor Note

Feedback of Volunteers' BACs: Make appropriate comments concerning teams' assessment of the volunteers' BACs. These comments should take into account such factors as absorption and elimination rates, differences in tolerance to alcohol, volunteers' medical conditions, etc.

Discussion



Slide 5.

Instructor Note

Solicit participants' comments or questions concerning the Alcohol Workshop.

CERTIFICATION DRUG IMPAIRMENT EVALUATION

Canada Cert FS v.2023-10

Evaluator	DRE # N/A	Rolling Log #	Evaluator Agency
Supervising Instructor (Name, DRE#)		Instructor Agency	
Witness(es)			

Eval. Start time	Breath Test Result:	No grounds: ☐ Test refused: ☐ Instrument #:	Subject's Name and sequence # **(AS APPEARS ON NAMETAG)**	Date of Birth	Gender

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink

Time now / Actual /	When did you last sleep? How long?	Are you sick or injured? ☐ Yes ☐ No	Are you diabetic or epileptic? ☐ Yes ☐ No

Do you take insulin? ☐ Yes ☐ No	Do you have any physical disabilities? ☐ Yes ☐ No	Are you under the care of a doctor or dentist? ☐ Yes ☐ No

Do you take any medication or drugs? ☐ Yes ☐ No	Attitude:	Coordination:

Speech:	Breath Odour:	Face:

Corrective Lenses: ☐ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	Eyes: ☐ Normal ☐ Bloodshot ☐ Watery	Blindness: ☐ None ☐ Left ☐ Right	Tracking: ☐ Equal ☐ Unequal

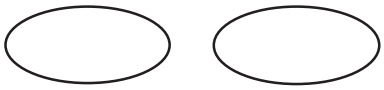
Pupil Sizes: ☐ Equal ☐ Unequal (explain)	Resting Nystagmus ☐ Yes ☐ No	Vertical Nystagmus ☐ Yes ☐ No	Able to follow stimulus ☐ Yes ☐ No	Eyelids ☐ Normal ☐ Droopy

Pulse and Time

1. _____ @ _____
2. _____ @ _____
3. _____ @ _____

HGN	Left	Right
Lack of Smooth Pursuit		
Maximum Deviation		
Angle of Onset		

Convergence



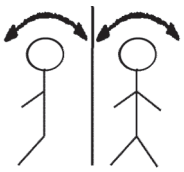
Right Eye Left Eye

One Leg Stand

/30 /30

Modified Romberg Balance

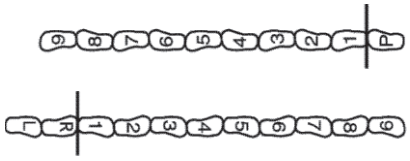
Approx. Approx.



Walk and turn

Cannot keep balance _____

Starts too soon _____



	1st nine	2nd nine
Stops walking		
Misses heel-toe		
Steps off line		
Raises arms		
Actual steps taken		

L	R	
		Sways while balancing
		Uses arms to balance
		Hopping
		Puts foot down

Time estimation _____ estimated as 30 seconds	Describe turn	Cannot do test (explain)	Type of footwear

Finger to nose

(Draw lines to spots touched)

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye			
Right Eye			

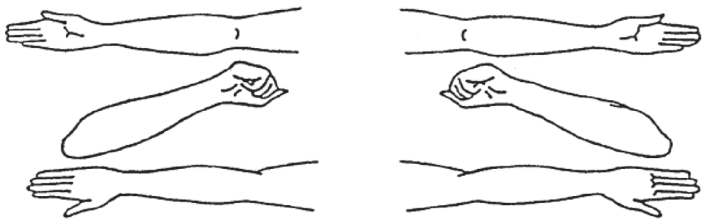
Rebound dilation ☐ Yes ☐ No

Reaction to light ☐ Normal ☐ Slow ☐ Little to none visible

Nasal area

Oral cavity

Right Arm **Left Arm**



Blood Pressure _____/_____	Temperature °C

Muscle tone: ☐ Normal ☐ Flaccid ☐ Rigid

Comments:

CERTIFICATION TRAINING ONLY

Eval. stop time	Toxicological Sample: Urine ☑ Blood -- Oral Fluid -- Test or tests refused --	Reviewer Name	Evaluation Approved ☐ Evaluation NOT Approved (DO NOT SIGN) ☐

Evaluator Signature	Reviewer Signature	DRE # Date:

Opinion of Evaluator: ☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anaesthetic ☐ Inhalants ☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis ☑ Training

NOTES	Rolling log #	Name

NARRATIVE: (1) LOCATION; (2) WITNESSES; (3) SOURCE; (4) FIRST OBSERVATIONS OF SUBJECT; (5) PSYCHOPHYSICAL SIGNS; (6) CLINICAL SIGNS; (7) STATEMENTS; (8) MEDICAL PROBLEMS/TREATMENT; (9) OPINION; (10) MISCELLANEOUS

Estimated time for session: 1 Hour 50 Minutes

28 DRE

DRUG COMBINATIONS

LEARNING OBJECTIVES

- Explain the prevalence of polydrug impairment among drug-impaired subjects and identify common combinations of drugs abused by those subjects
- Describe the possible effects combinations of drugs can produce on the clinical
- indicators of drug impairment
- Define the terms “Null,” “Overlapping,” “Additive,” and “Antagonistic” as they relate to polydrug effects
- Identify the specific effects most likely to be observed in persons under the influence of particular drug combinations
- Describe novel psychoactive substances and their effects

CONTENTS

LEARNING ACTIVITIES

- Instructor-Led Presentations
- Interactive Discussions
- Worksheet Exercise

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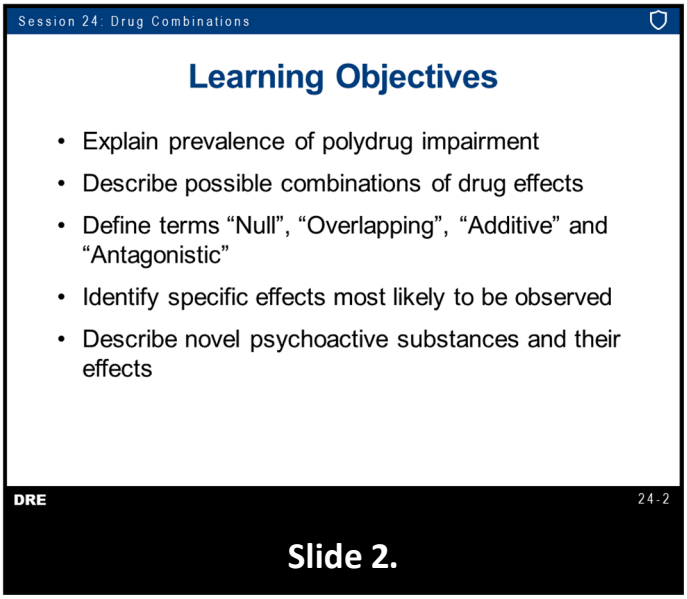
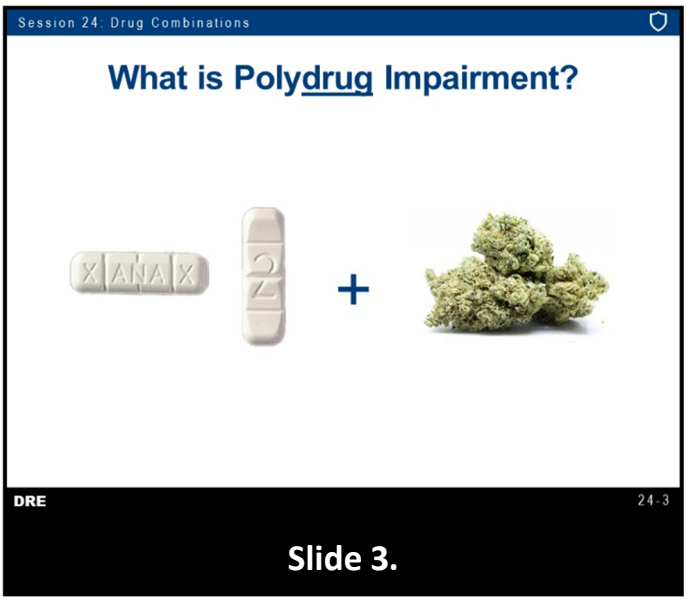


Slide 2.

Instructor Note

Briefly review the objectives, content, and activities of this session.

A. The Prevalence of Polydrug and Polycategory Impairment



Slide 3.

Polydrug impairment means being under the combined influence of two or more different drugs, which may be in the **same or different categories**. In many cases, one substance is used as a base or primary drug with additional drugs to achieve the desired effect(s).

Prevalence of Polydrug Impairment: It is common for a DRE to encounter polydrug users. In the Los Angeles Field Study (1985), 72% of the suspects had two or more drugs in them. If we discount alcohol, nearly half (45%) of the Field Study suspects had two or more other drugs in them.

Instructor Note

Point out 81 of the 173 suspects (47%) in the Los Angeles Field Study had alcohol in combination with one or more other drugs.

When polydrug impairment involves drugs from **two or more drug categories**, it may be referred to as **polycategory impairment**. Polycategory can produce any of the four drug combination effects (Null, Overlapping, Additive, or Antagonistic).

Instructor Note

Polydrug impairment means being under the combined influence of two or more drugs regardless of drug category(s).

For example, a person under the influence of alcohol and Xanax would exhibit polydrug impairment. In this instance, predominantly additive effects would be observed.

Polycategory impairment is defined as being under the combined influence of two or more drugs from different drug categories.

For example, a person under the influence of alcohol and Cannabis would exhibit polycategory impairment. Polycategory can produce any of four drug combination effects (Null, Overlapping, Additive, or Antagonistic).

A common type of polydrug mix is cannabis and alcohol. The combination of alcohol and cannabis produce significantly higher THC levels in the blood than cannabis use alone.

Instructor Note

Source:

Research Shows That Any Dose of Alcohol Combined With Cannabis Significantly Increases Levels of THC in the Blood. (2015, May 27). Retrieved May 16, 2022, from AACC: https://www.aacc.org/media/press-release-archive/2015/alcohol-combined-with-cannabis-significantly-increases-levels-of-thc-in-the-blood

If available, present local data to demonstrate polydrug use in your area/Province.

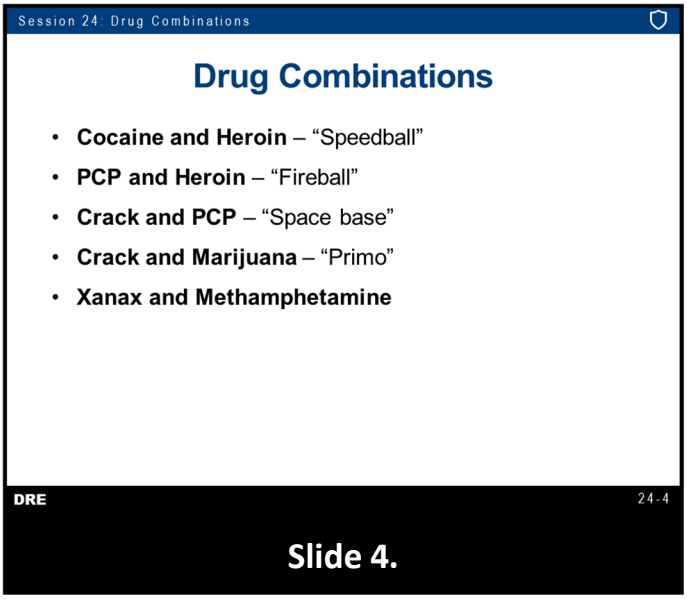
Alcohol is often found in combination with one or more drugs. The NHTSA DRE Data System indicates more than a third of all DRE-reported cases revealed two or more drug categories detected.

Instructor Note

Source: NHTSA DRE Data System

Solicit participants' comments and questions about the prevalence of polydrug impairment.

B. Possible Effects of Drug Combinations



Slide 4.

Let us examine the possible ways in which two or more drug categories might interact.

Some common combinations of drug categories and their street names include:

- Cocaine and Heroin – "Speedball"
- PCP and Heroin – "Fireball"
- Crack and PCP – "Space base"
- Crack and Cannabis – "Primo"
- Xanax and Methamphetamine

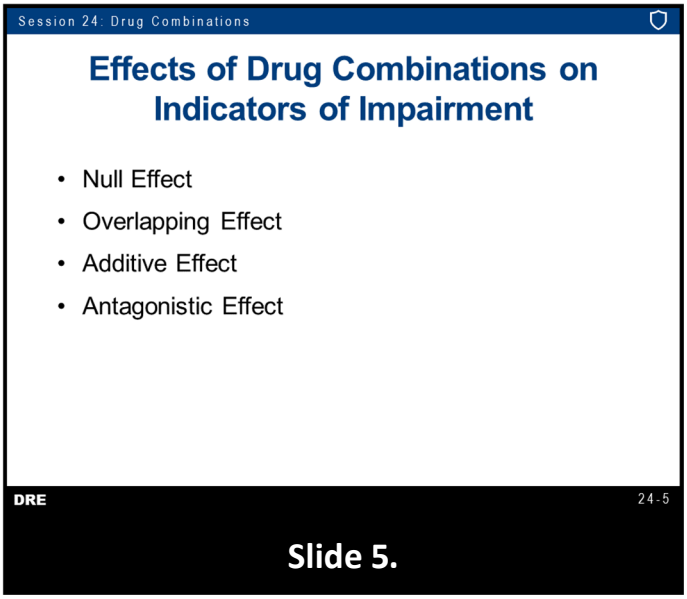
Instructor Note

Website Resource

Point out there are hundreds of street names for drug combinations and the combinations vary and are always evolving.

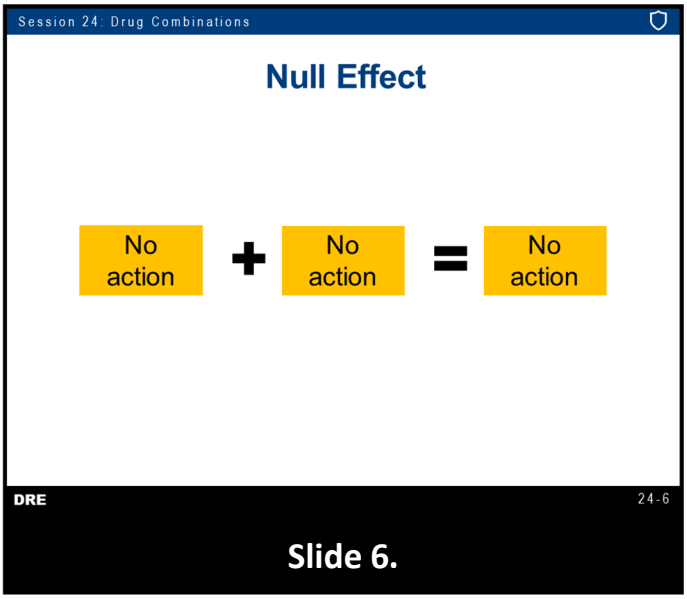
Solicit drug combination street names from participants.

For additional information about slang terms, drug street names refer the participants to: https://www.dea.gov/sites/default/files/2018-07/DIR-022-18.pdf



Slide 5.

There are four effects of drug combinations on indicators of impairment: Null Effect; Overlapping Effect; Additive Effect; Antagonistic Effect.

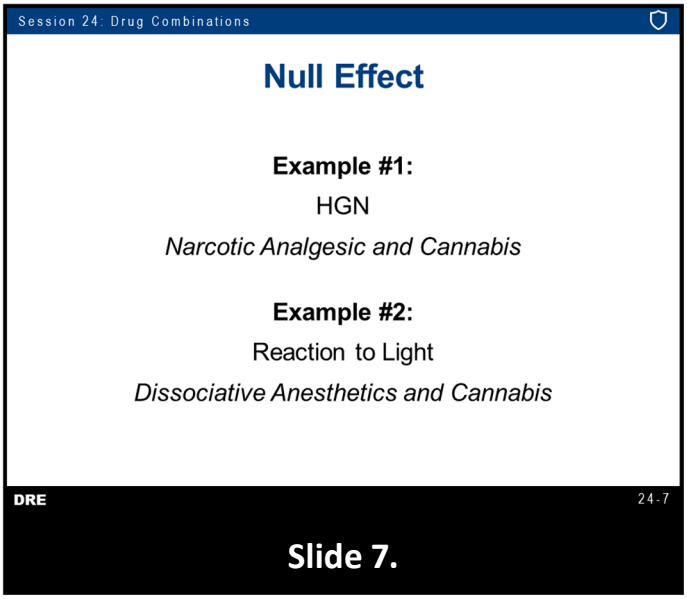


Slide 6.

The first effect is called the Null Effect. This occurs when neither drug affects a particular indicator of impairment, and their combination also will not affect that indicator. This could be described as "No action plus no action equals no action."

Instructor Note

Clarify: "Null Effect" is the combination of no action plus no action equals no action.



Slide 7.

Example #1: Horizontal Gaze Nystagmus (HGN) – Narcotic Analgesic and Cannabis: An example of the Null Effect: Neither drug affects HGN; The combination would not result in HGN being present.

Instructor Note

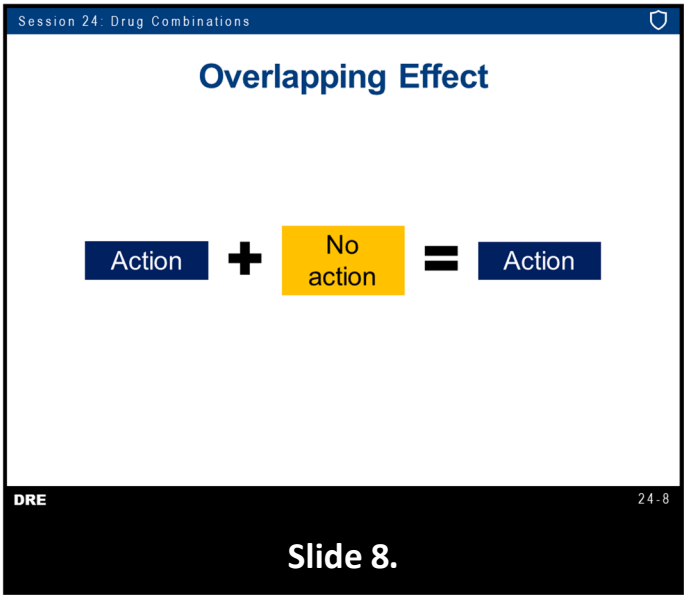
Point out a general principle: if neither drug affects a major indicator, the combination of those two drugs also will not affect that indicator.

Clarification of "Null Effect" – the combination of no action plus no action equals no action.

Example #2: Reaction to Light - Dissociative Anesthetics and Cannabis: Another example of the Null Effect: Neither drug affects reaction to light.

Instructor Note

Ask participants to suggest a specific combination of drugs that will exhibit the Null Effect on Pupil Size.

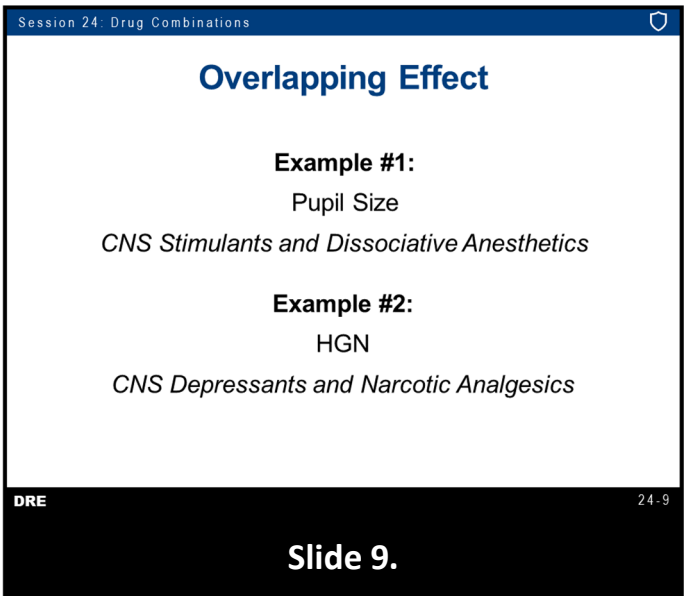


Slide 8.

The second effect is called the Overlapping Effect. This occurs when one drug causes an affect and the other does not. This could be described as "action plus no action equals action."

Instructor Note

Clarify: "Overlapping Effect" - action plus no action equals action.



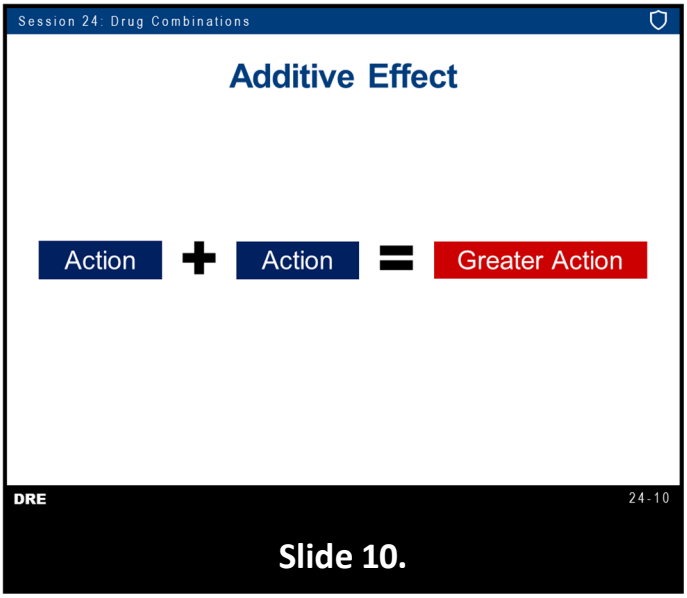
Slide 9.

Example #1: Pupil Size - CNS Stimulants and Dissociative Anesthetics: One drug affects pupil size, but the other does not. CNS Stimulants dilate pupils, Dissociative Anesthetics do not affect pupil size. Therefore, pupils should be dilated.

Instructor Note

(Prior to showing Example 2 on slide) Ask a participant to give an example of a specific combination of drugs that will produce an "Overlapping Effect" on HGN.

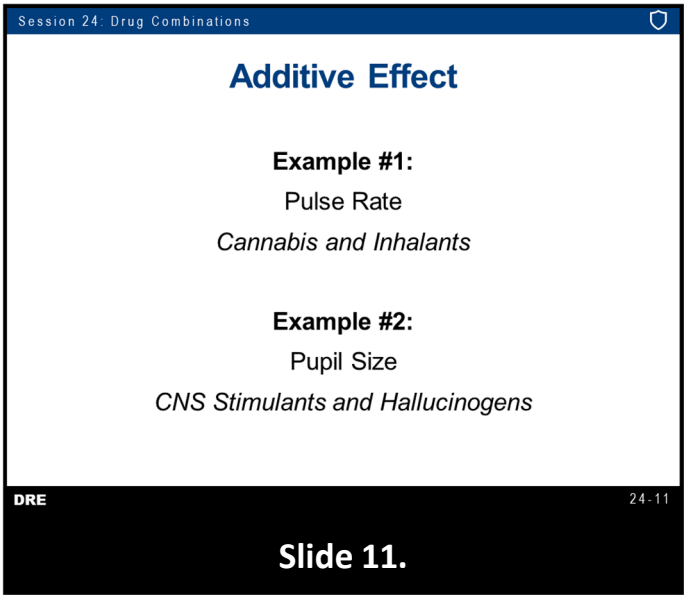
Example #2: HGN - CNS Depressants and Narcotic Analgesics: A CNS Depressant will cause HGN, but a Narcotic Analgesic will not cause HGN; a person under the combined influence of a CNS Depressant and a Narcotic Analgesic will usually have HGN.



The third effect is called the Additive Effect. This occurs when the drugs independently affect some indicator in the same way and their use in combination will also affect the indicator and the effect may be reinforced. This could be described as "action plus the same action produces reinforced action."

Instructor Note

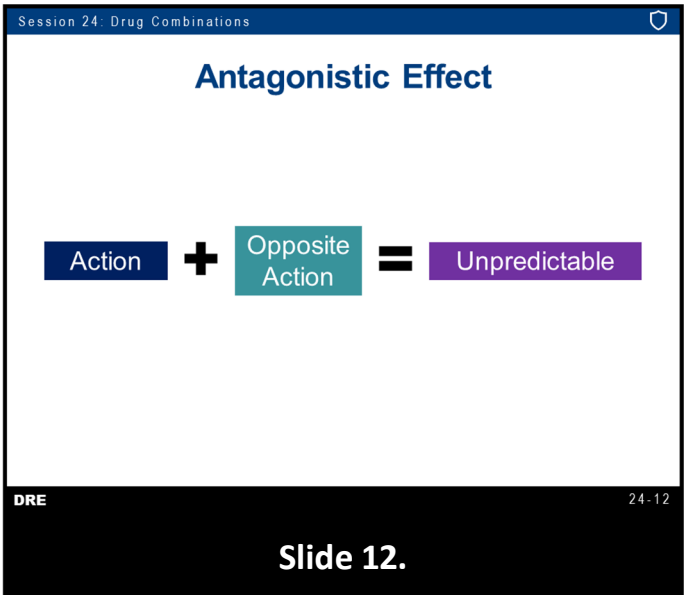
Clarification of the "Additive Effect" – action plus the same action produces reinforced action.



Slide 11.

Example #1: Pulse Rate - Cannabis and Inhalants: Cannabis and Inhalants both elevate pulse rate. Therefore, pulse rate should be elevated, or up.

Example #2: Pupil Size - CNS Stimulants and Hallucinogens: CNS Stimulants and Hallucinogens both dilate the pupils. Therefore, pupils should be dilated.



Slide 12.

The fourth effect is called the Antagonistic Effect. This occurs when a drug causes an action and another causes an opposite action, the effect cannot be predicted. This can be described as "action versus opposite action – an unpredictable outcome."

Instructor Note

Clarification of "Antagonistic Effect" – action versus opposite action: an unpredictable outcome.

When two drugs produce an "Antagonistic Effect," they tend to try to override or compete with the effect of the other drug(s).

Instructor Note

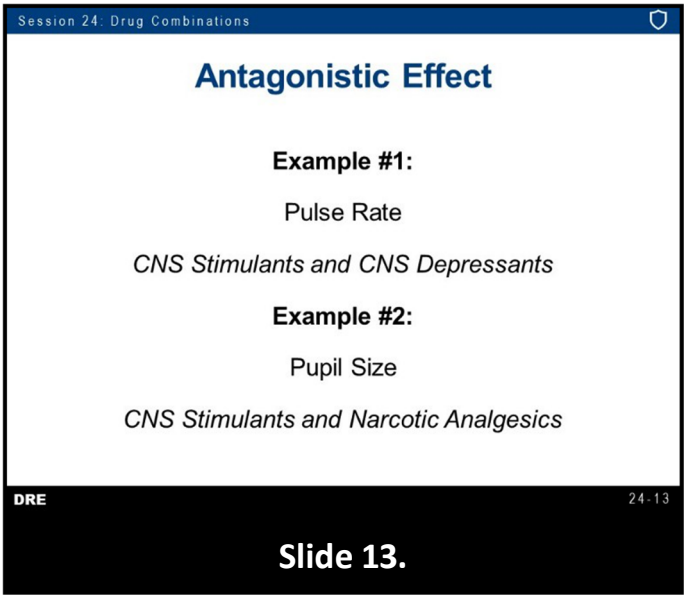
Point out a common example is when a person takes a "speedball" (Heroin plus Cocaine), the two drugs try to compete with their effects on the pupil size.

Whichever drug is more psychoactive at the time determines what likely will be observed. This is based upon the potency of the drug, the quantity administered, the time of administration, and the onset and duration of effects.

There is not an Antagonistic Effect for: HGN; Vertical Gaze Nystagmus (VGN); LOC; Reaction to Light.

Instructor Note

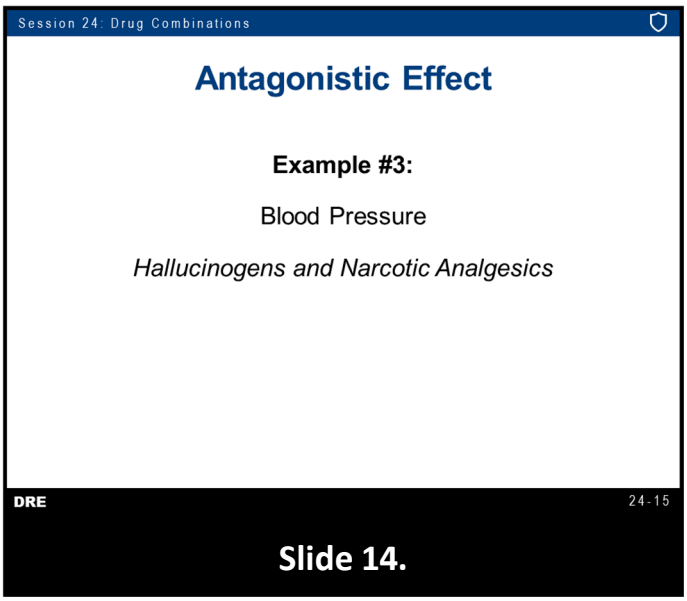
Question participants as to why this would be the case.



Slide 13.

Example #1: Pulse Rate - CNS Stimulants and CNS Depressants: CNS Stimulants elevate pulse rate; CNS Depressants depress pulse rate. Therefore, pulse rate will be up, down or within the DRE average ranges.

Example #2: Pupil Size - CNS Stimulants and Narcotic Analgesics: Pupil Size. CNS Stimulants dilate pupils, Narcotic Analgesics constrict pupils. Pupil size will be dilated, constricted or within the DRE average ranges.



Slide 14.

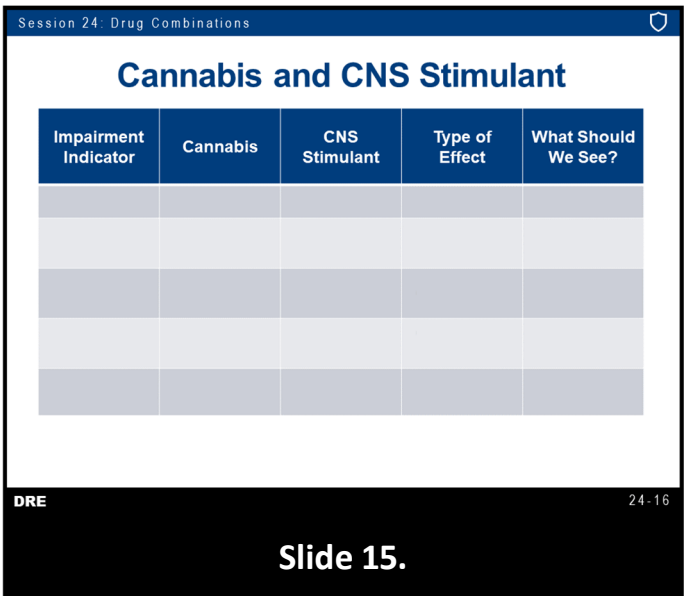
Example #3: Blood Pressure- Hallucinogens and Narcotic Analgesics: Hallucinogens elevate blood pressure; Narcotic Analgesics lowers blood pressure. Blood pressure will be up, down or within the DRE average ranges

With an "Antagonistic Effect," we just can't predict what we will see. In summary, when drugs from two or more drug categories are taken together, they tend to produce a combination of Null Effects, Overlapping Effects, Additive Effects and Antagonistic Effects.

Instructor Note

Solicit participants' questions about the Null, Overlapping, Additive and Antagonistic Effects.

Proceed to the following slides of drug combinations involving the input from the participants.



Slide 15.

HGN: A specific example: consider a person who is under the influence of a combination of Cannabis and a CNS Stimulant.

Ask participants: "Will you see HGN with this particular combination?"

Neither Cannabis nor a CNS Stimulant causes HGN.

Point out the combination of Cannabis and CNS Stimulant produces a Null Effect on HGN.

This is a case of no action plus no action equals no action. This is an example of the Null Effect. We will not see HGN with this combination.

Ask participants: "Will we see VGN?"

VGN: Neither Cannabis nor a CNS Stimulant causes VGN. This is another Null Effect. We won't see VGN.

Ask participants "What will we see when we examine LOC?"

LOC: Cannabis causes LOC; a CNS Stimulant does not.

Point out the combination of Cannabis and CNS Stimulant produces an Overlapping Effect on LOC.

This is a case of action plus no action equal's action. We will see LOC with this combination.

Ask participants: "What will we see when we examine pupil size?"

Pupil Size: CNS Stimulants dilate pupils; Cannabis either dilates pupils or has no effect on them.

Point out the combination of Cannabis and CNS Stimulant produces either an Additive Effect or an Overlapping Effect on pupil size.

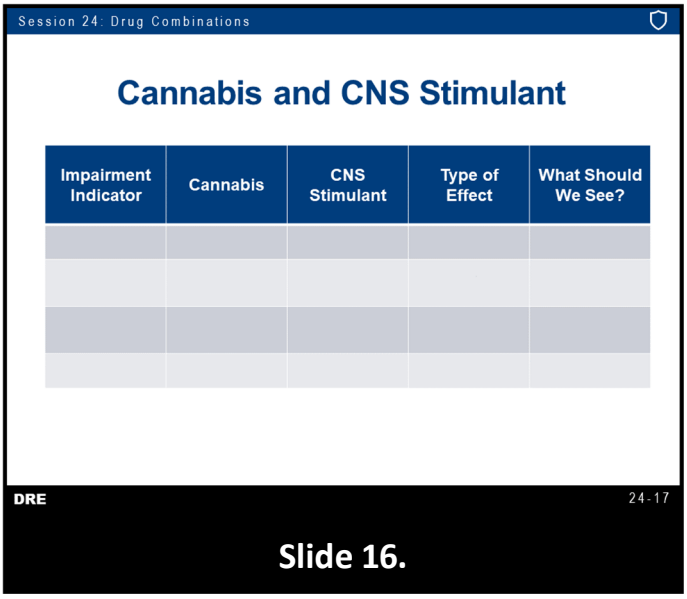
This may be a case of action plus no action equal's action. Or it may be a case of action plus same action reinforces action. In either case, we should see dilated pupils with this combination.

Instructor Note

Point out the term "normal" in Exception 6 refers to a pupil size within the DRE average ranges.

Ask participants: "What should we see when we examine the pupils' reaction to light?"

Reaction to Light: CNS Stimulants slow the pupils' Reaction to Light; Cannabis usually doesn't affect the pupils' reaction. Here we have another Overlapping Effect. We should observe a slowed reaction of the pupils.



Slide 16.

Instructor Note

Ask participants: "What should we see when we measure this person's pulse rate?"

Pulse Rate: Both Cannabis and CNS Stimulants usually elevate pulse rate. This is an Additive Effect. We should see a pulse rate that is up or elevated.

Instructor Note

Ask participants: "What should we see when we measure this person's blood pressure?"

Blood Pressure: Cannabis usually causes blood pressure to be up or elevated; so, does a CNS Stimulant. This is another Additive Effect. We should see a blood pressure that is up or elevated.

Instructor Note

Ask participants: "What can we expect to find when we check this person's temperature?"

Body Temperature: Cannabis usually does not affect body temperature. But CNS Stimulants usually elevate temperature.

Instructor Note

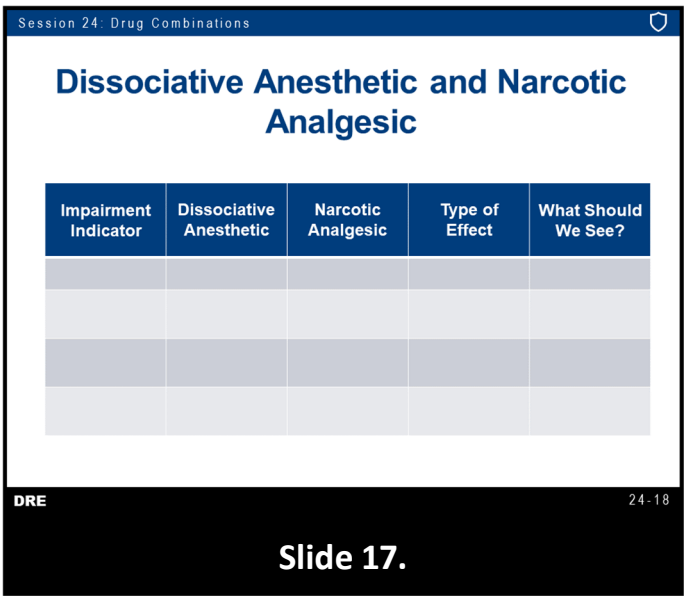
Point out Cannabis in combination with CNS Stimulant produces an Overlapping Effect on body temperature.

This is another case of action plus no action equals action. We can expect to see an elevated temperature with this combination.

Muscle Tone: Cannabis usually does not affect muscle tone. CNS Stimulants cause muscle tone to be rigid. This is another case of action plus no action equals action. We can expect to see rigid muscle tone with this combination.

Instructor Note

Point out this particular combination produces no Antagonistic Effects.



Slide 17.

Another specific example: consider a person under the influence of a combination of a Dissociative Anesthetic and a Narcotic Analgesic.

Ask participants: "What will we see when we examine this person for HGN?"

HGN: A Dissociative Anesthetic causes HGN, Narcotic Analgesics do not. This is an Overlapping Effect. We can expect to see HGN with this subject.

Ask participants: "What will we see when we examine this person for VGN?"

VGN: A Dissociative Anesthetic should cause VGN. A Narcotic Analgesic will not cause VGN. This is another Overlapping Effect. We should see VGN in this subject.

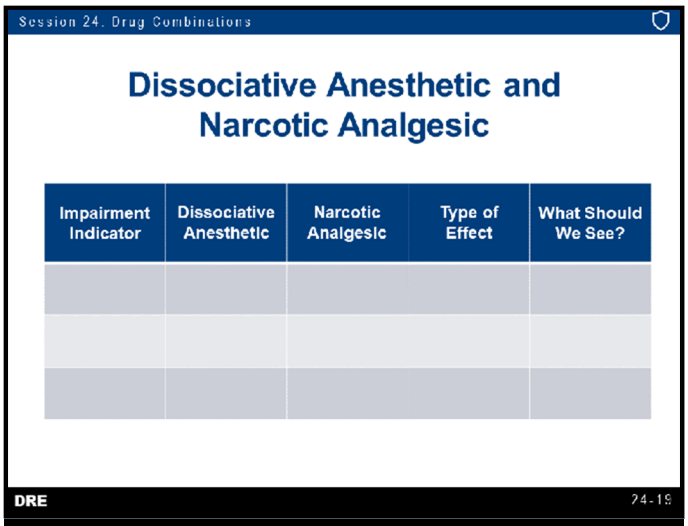
Ask participants: "Can we expect to see a LOC?"

LOC: A Dissociative Anesthetic causes LOC; Narcotic Analgesics do not. Another Overlapping Effect. We can expect to see LOC.

Ask participants: "What are we likely to see when we check the size of this subject's pupils?"

Pupil Size: A Dissociative Anesthetic doesn't affect pupil size, but a Narcotic Analgesic constricts pupils. This is another Overlapping Effect. We can expect to see constricted pupils with this subject.

Remind participants the term "Normal" refers to the DRE average ranges or "expected ranges" for the pupil sizes.



Slide 18.

Instructor Note

Ask participants: "What are we likely to observe when we check the reaction of this subject's pupils to light?"

Reaction to Light: A Dissociative Anesthetic doesn't affect pupil's Reaction to Light; but a Narcotic Analgesic usually produces a "little or nonvisible" reaction.

Instructor Note

Point out the combination of Dissociative Anesthetics and a Narcotic Analgesic produces Overlapping Effects on all major eye indicators of drug impairment.

This, too, is an Overlapping Effect. We can expect a "little or nonvisible" reaction in this subject's pupils.

Instructor Note

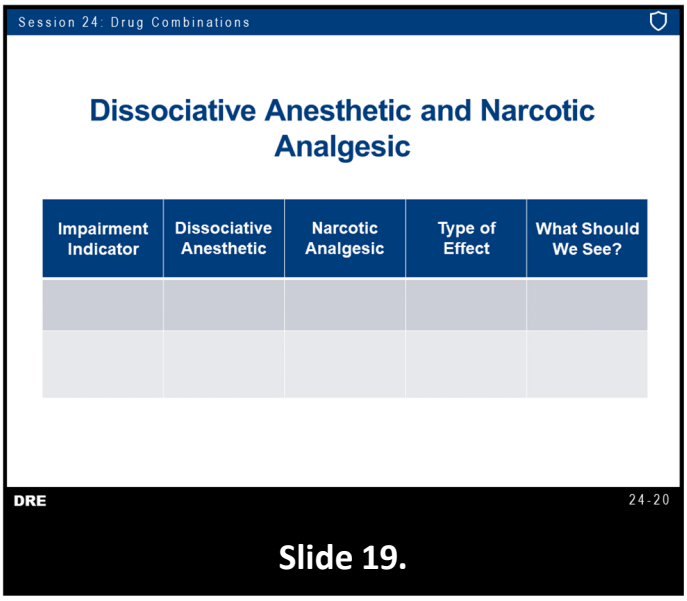
Ask participants: "What can we expect to find when we check this subject's pulse rate?

Pulse Rate: A Dissociative Anesthetic usually causes pulse rate to be elevated; a Narcotic Analgesic usually produces a depressed or lower pulse rate. This is our first Antagonistic Effect. We cannot predict what this subject's pulse rate will be. The pulse rate could be elevated, or depressed, or within the DRE average ranges. This subject's pulse rate will depend on many factors, including: How much of each drug was taken; How and when each drug was taken; How tolerant the subject is of each drug.

Instructor Note

Ask participants: "What are we likely to find when we check this subject's blood pressure?"

Blood Pressure: A Dissociative Anesthetic usually elevates blood pressure; a Narcotic Analgesic usually lowers blood pressure. This is another Antagonistic Effect. We can't predict what the blood pressure will be. It could be above DRE average ranges, below DRE average ranges, or within the DRE average ranges.



Slide 19.

Instructor Note

Ask participants: "What are we likely to find when we check this subject's temperature?"

Temperature: A Dissociative Anesthetic usually elevates temperature; a Narcotic Analgesic usually lowers it. This, too, is an Antagonistic Effect. The temperature could be elevated (up), or depressed (down) or within the DRE average range.

Instructor Note

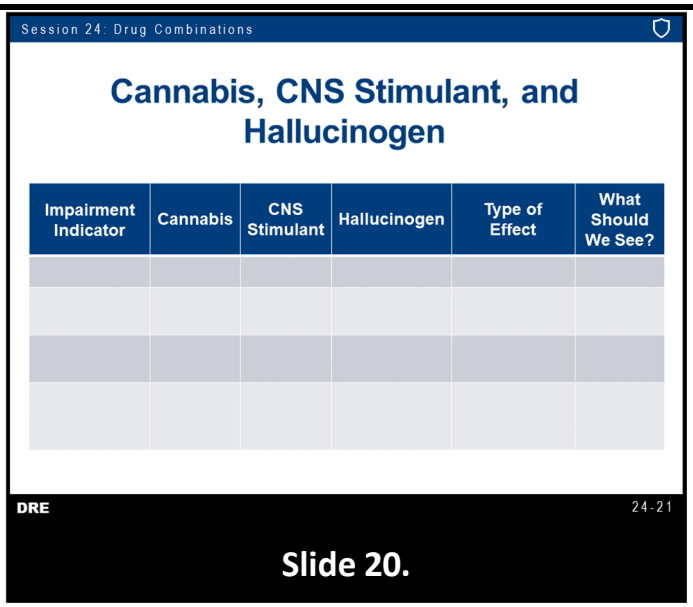
Point out the combination of a Dissociative Anesthetic and Narcotic Analgesics produce Antagonistic Effects on all three vital signs.

Point out the term "Normal" refers to the DRE average range for body temperature which is 98.6 degrees plus or minus 1 degree.

Ask the participants: What are we likely to find when we check this subject's muscle tone?

Muscle Tone: A Dissociative Anesthetic usually causes rigid muscle tone. A Narcotic Analgesic usually causes flaccid muscle tone. This is an Antagonistic Effect. Muscle tone could be normal, rigid, or flaccid.

Solicit participants' comments and questions about the combination of a Dissociative Anesthetic and a Narcotic Analgesic.



Slide 20.

Another specific example: consider a person under the influence of Cannabis, a CNS Stimulant, and a Hallucinogen.

HGN: None of the three categories causes HGN. This is an example of the Null Effect.

VGN: None of the three drug categories cause VGN, another example of the Null Effect.

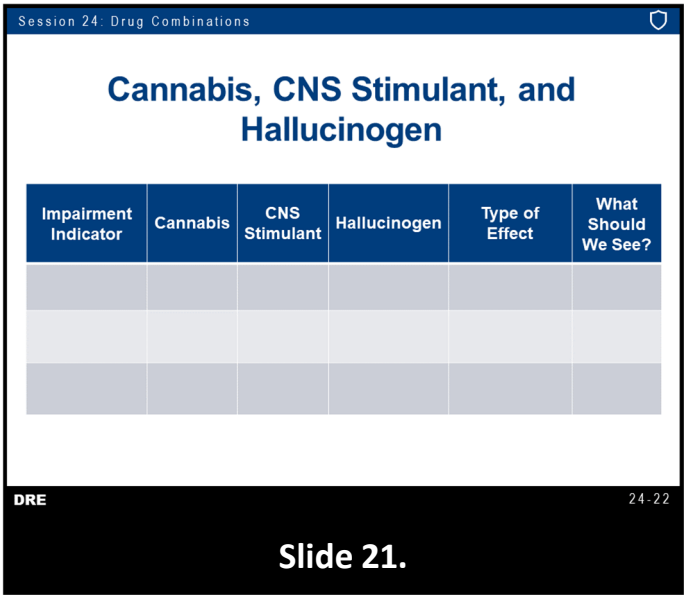
LOC: Cannabis causes a LOC while CNS Stimulants and Hallucinogens do not. This is an example of an Overlapping Effect and LOC should be present.

Pupil Size: Cannabis usually dilates pupils. CNS Stimulants and Hallucinogens also dilate the pupils. This is an example of an Additive or Overlapping Effect.

Ask participants: What effect will take place and the result?

The pupils should be dilated.

Remind participants the term "Normal" refers to pupil sizes within the DRE average ranges or "expected ranges" for a healthy, non-impaired person.



Slide 21.

Reaction to Light: Cannabis does not affect the Reaction to Light. CNS Stimulants will slow down the reaction. Most Hallucinogens, with some exceptions, will cause a normal Reaction to Light. This is an example of either an Overlapping or Additive Effect.

Instructor Note

Ask participants: What effect would take place and the result.

We could probably see a slow Reaction to Light.

Instructor Note

Remind participants certain psychedelic amphetamines may cause a slowed reaction to light. (Exception #3).

Pulse Rate: Cannabis will normally elevate the pulse rate as will CNS Stimulants and Hallucinogens. This is an example of an Additive Effect.

Instructor Note

Ask participants: What effect would take place and the result.

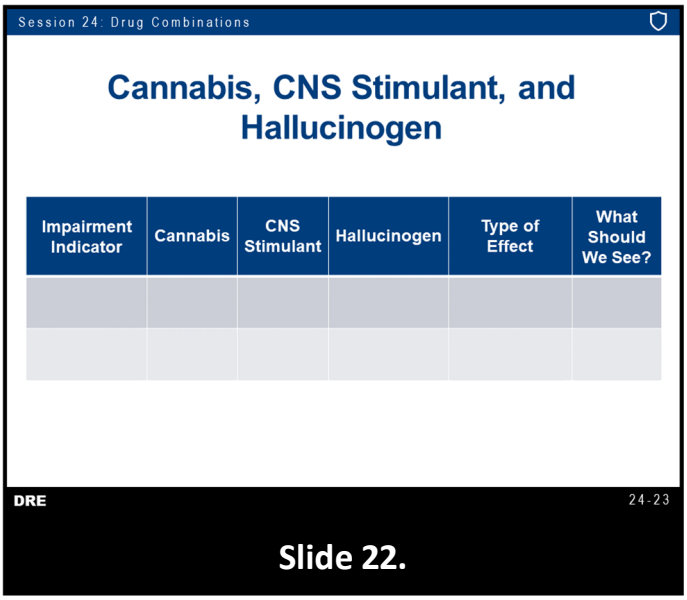
The result would be an elevated pulse rate.

Blood Pressure: All three drug categories will elevate blood pressure. This is an example of an Additive Effect.

Instructor Note

Ask participants: What effect would take place and the result.

Blood pressure should be elevated with this combination.



Slide 22.

Body Temperature: Cannabis usually causes a body temperature in the average range. CNS Stimulants and Hallucinogens elevate body temperature. This would be an example of an Additive or Overlapping Effect.

Instructor Note

Ask participants: What effect would take place and the result?

The body temperature should be elevated with this combination.

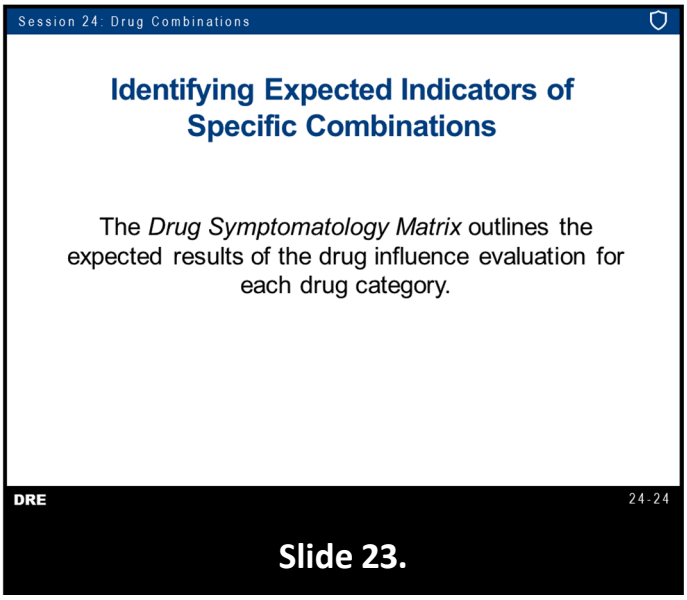
Muscle Tone: Cannabis causes a normal muscle tone, while CNS Stimulants and Hallucinogens will cause rigid muscle tone. This would be an example of an Additive or an Overlapping Effect.

Instructor Note

Ask participants: What effect would take place and the result?

The muscle tone should be rigid with this combination.

C. Identifying Expected Indicators of Specific Combinations



Slide 23.

Instructor Note

Direct the participants' attention to the Drug Symptomatology Matrix found in their participant guide. A copy also appears for your reference in your instructor guide.

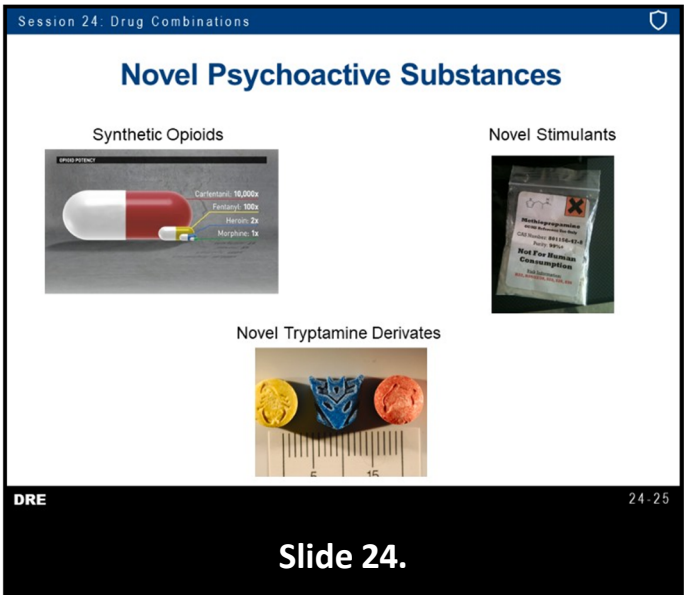
Drug Symptomatology Matrix: The Matrix outlines the expected results of the drug impairment evaluation for each drug category.

Instructor Note

We will refer to the drug matrix to help us interpret what we are likely to see when we examine drug combinations.

Remind participants we "never say never" and we "always avoid saying always" when it comes to signs and symptoms of drugs. The Matrix summarizes what we usually see but doesn't guarantee we will always see exactly that, or every indicator.

D. Novel Psychoactive Substances



Slide 24.

Novel Psychoactive Substances (NPS) include Synthetic Cannabinoids, Cathinone Derivatives, Psychedelic Phenethylamines, novel Stimulants, novel Synthetic Opioids, Tryptamine Derivatives, psychoactive plants/herbs, and many more. The ever-increasing number of NPS emerging and the parallel changes in drug scenarios represent a challenge for DREs. Subjects under the influence of an NPS may exhibit effects of a drug combination.

Users are typically attracted by these substances due to their intense psychoactive effects and unlikely detection in routine drug screenings. These drugs act on a range of neurotransmitter receptors including Dopamine, Cannabinoid, and Opioid receptors, resulting in effects from multiple drug categories.

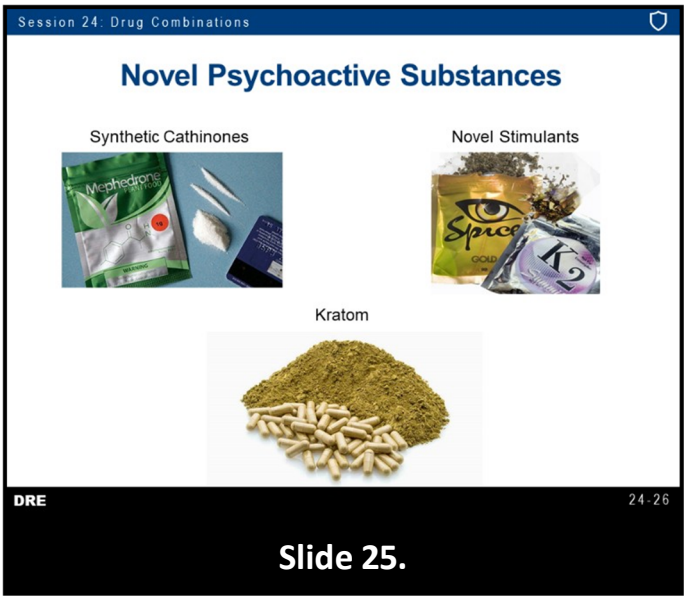
Following are examples of Novel Psychoactive Substances.

Synthetic Cannabinoids – Generally dried plant base sprayed with a mixture of synthetic Cannabimimetic compounds. Within any given package, there may be a range of different psychoactive compounds. Batches of the same brand may also possess highly variable concentrations. The popularity of these drugs in recent years has been driven by the lack of legal restrictions in many States. Hundreds of different Synthetic Cannabinoids have been synthesized with effects sometimes over 100 times greater than THC – leading to drastically varying effects. Examples of Synthetic Cannabinoids include JWH-018, JWH-133, and HU-210 and are sold under product names such as Spice, K-2, Kronic, and others.

Instructor Note

Note: A "Cannabimimetic compound" is a substance that has similar pharmacological effects to Cannabis.

Drugs such as JWH-018, JWH-133, and HU-210 are named based upon the researcher or the research facility. The "JWH" compounds were identified by John W. Huffman and "HU" compounds were researched at Hebrew University.



Slide 25.

Synthetic Cathinones are structurally similar to amphetamines and chemically related to cathinone, with subtle variations that alter their chemical properties, potency, pharmacokinetics and pharmacodynamics. Their popularity was driven by the lack of legal restrictions and difficulties detecting the drug in routine drug screens. Each synthetic cathinone has variable effects and potency levels. Examples of synthetic cathinones include MDPV, methcathinone, mephedrone, and methylone.

Novel Stimulants include substances similar to amphetamine-type stimulants, methamphetamine analogs, and cocaine substitutes. Stimulants prevent the transport of dopamine or they can induce or enhance the release of Serotonin. Examples of Novel Stimulants include “Bath Salts,” “Flakka,” “Cloud Nine,” and others.

Synthetic Opioids share with Morphine most of their clinical pharmacological effects, including analgesia, sedation, euphoria and risk of respiratory depression. Examples of Synthetic Opioids include U-47700, AH-7921, and the Fentanyl analogs.

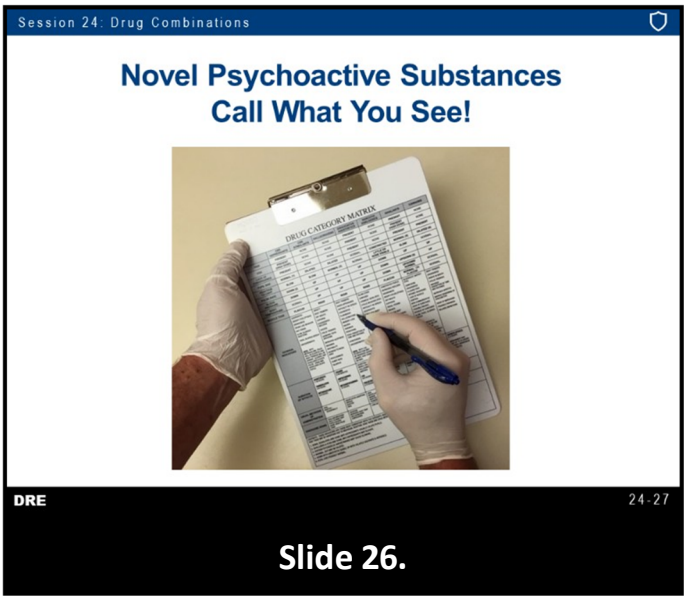
Novel Tryptamine Derivatives can cause visual hallucinations, alterations in sensory perception, distortion of body image, depersonalization, anxiety, and panic. Examples of tryptamine derivatives are 4-HO-MET, 5-MeO-DET, and NMT.

Kratom (Mitragyna Speciosa) is produced from the leaves of tropical trees native to Indonesia, Malaysia, Thailand, and other areas of Southeast Asia. Kratom is often used for its stimulant and analgesic effects including feelings of euphoria, relief of chronic pain, treatment of depression and anxiety, and to fight fatigue. At low doses, it has a stimulant effect, increasing alertness, talkativeness, and outward behaviors. At high doses, it delivers Opioid-like effects, inhibits smooth muscle control, and reduces pain. In the U.S., it is easily obtained and is most likely to be consumed in tea or chewed. It is not a federally controlled substance in the U.S. but is illegal in some States and several countries.

Instructor Note

Source:

Couper, F., Huestis, M., Fulford, J., Perkinson, N., Miller, S., Katz, A., Symoun, J., Raymond, P., & Smither, D.D. (2023). *Drugs and Human Performance Fact Sheets* [Unpublished manuscript]. National Highway Traffic Safety Administration.



Slide 26.

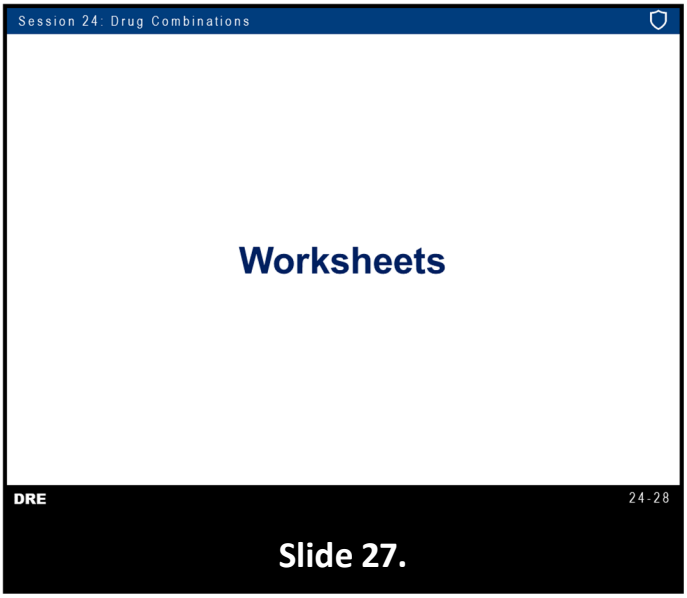
NPS may appear to a DRE similar to a polycategory case, though the effects in this case are actually only caused by the NPS drug. "Polycategory" refers to administering drugs from two or more drug categories simultaneously. DREs are reminded that their opinion should be based upon the evidence they collect during the evaluation, and there will be occasions when the symptomatology of NPS impairment could mimic multiple drug categories. If the DRE observes impairment that appears as multiple drug categories, he/she should include the relevant drug categories in their opinion. For example, Spice is considered to be a synthetic cannabinoid. The unique drug effects of some synthetic cannabinoids may include symptomatology associated with more than one category of drugs. Likewise, synthetic cathinones are considered to be a CNS Stimulant, yet the variations in the chemicals may similarly cause a user to exhibit the signs of multiple drug categories.

Although NPS drugs are presented within the category the drug was intended to mimic, it is possible the indicators observed by a DRE may not always fit within that category. A DRE should render an opinion based upon the unique evidence observed during the drug impairment evaluation, and, if the observations are consistent with more than one drug category, should include them in the final opinion. A DRE should call the category(ies) based upon the indicators exhibited. For example, if a DRE opines Hallucinogens, and is clearly able to articulate the observed signs and symptoms of this category, then the DRE should call Hallucinogens.

Toxicology may fail to confirm the presence of Hallucinogens; however, the DRE should be able to articulate the basis for opining Hallucinogens. Remember: toxicology supports the DRE's opinion, it does not confirm it.

Instructor Note

Encourage participants to "call what you see" during the evaluation. NPS drugs can be considered correct opinions in more than one DRE drug category.



Slide 27.

Instructor Note

Assign participants to work in three-member teams. Direct participants' attention to the three worksheets located at the end of Session 24 in their Participant Guide.

Remind participants to consider the matrix exceptions while completing all the worksheets.

Instruct the teams they have only 15 minutes to fill out all three worksheets (5 minutes per worksheet).

Solicit participants' questions about this assignment.

Tell the teams to start working. Terminate their work after 15 minutes.

Worksheet #1: Alcohol (BAC 60 mg%) and

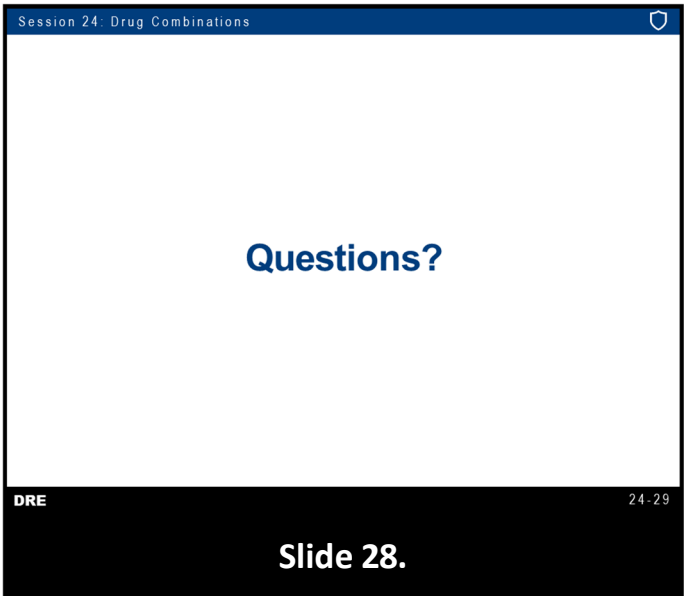
Cannabis Worksheet #2: Cannabis and CNS

Depressant Worksheet #3: CNS Depressant and

CNS Stimulant

Instructor Note

Discussion of Worksheets: For each worksheet, select a team member to lead the discussion. Critique and correct the participants' analyses of the drug combinations, as appropriate.



Slide 28.

Instructor Note

Solicit participants' comments and questions about Drug Combinations.

Specific Examples of Drug Combinations: An Exercise for the Participant

On the final five pages of this session, you will find examples of specific drug combinations. The expected results for the first two of these combinations (Cannabis and Stimulants, and Dissociative Anesthetic and Narcotic Analgesic) have been worked out for you. Study those examples, then complete the work sheets for the three remaining combinations.

CANNABIS AND CNS STIMULANT
IN COMBINATION

Impairment Indicator	Effect Due to Cannabis	Effect Due to CNS Stimulant	Type of Combined Effect	Expected Result
Horizontal Gaze Nystagmus	None	None	Null	None
Vertical Gaze Nystagmus	None	None	Null	None
Lack of Convergence	Present	None	Overlapping	Present
Pupil Size	Dilated or Normal	Dilated	Overlapping or Additive	Dilated
Reaction to Light	Normal	Slow	Overlapping	Slow
Pulse Rate	Up	Up	Additive	Up
Blood Pressure	Up	Up	Additive	Up
Body Temperature	Normal	Up	Overlapping	Up
Muscle Tone	Normal	Rigid	Overlapping	Rigid

DISSOCIATIVE ANESTHETIC AND NARCOTIC ANALGESIC IN COMBINATION

Impairment Indicator	Effect Due to Dissociative Anesthetic	Effect Due to Narcotic Analgesic	Type of Combined Effect	Expected Result
Horizontal Gaze Nystagmus	Present	None	Overlapping	Present
Vertical Gaze Nystagmus	Present	None	Overlapping	Present
Lack of Convergence	Present	None	Overlapping	Present
Pupil Size	Normal	Constricted	Overlapping	Constricted
Reaction to Light	Normal	Little or None Visible	Overlapping	Little or None Visible
Pulse Rate	Up	Down	Antagonistic	Down/Normal/Up
Blood Pressure	Up	Down	Antagonistic	Down/Normal/Up
Body Temperature	Up	Down	Antagonistic	Down/Normal/Up
Muscle Tone	Rigid	Flaccid	Antagonistic	Rigid/Flaccid/ Normal

WORKSHEET #

INSTRUCTOR: ALCOHOL (BAC 60 mg%) AND CANNABIS

Impairment Indicator	Effect Due to Alcohol	Effect Due to Cannabis	Type of Combined Effect*	Expected Result
Horizontal Gaze Nystagmus	Present	None	Overlapping	Present
Vertical Gaze Nystagmus	Present (High Doses)	None	Null/Overlapping	None/Present
Lack of Convergence	Present	Present	Additive	Present
Pupil Size	Normal	Dilated (6)	Overlapping/Null	Dilated/Normal
Reaction to Light	Slow	Normal	Overlapping	Slow
Pulse Rate	Up/Down (ETOH may elevate)	Up	Additive/ Antagonistic	Up/Normal/Down
Blood Pressure	Down	Up	Antagonistic	Up/Normal/Down
Body Temperature	Normal	Normal	Null	Normal
Muscle Tone	Flaccid	Normal	Overlapping	Flaccid

*Null; Overlapping; Additive; or, Antagonistic

WORKSHEET #
INSTRUCTOR: CANNABIS AND CNS DEPRESSANT

Impairment Indicator	Effect Due to Cannabis	Effect Due to CNS Depressant	Type of Combined Effect*	Expected Result
Horizontal Gaze Nystagmus	None	Present	Overlapping	Present
Vertical Gaze Nystagmus	None	Present (High Dose)	Overlapping/Null	Present/None
Lack of Convergence	Present	Present	Additive	Present
Pupil Size	Dilated (6)	Normal (1)	Overlapping/Null/ Additive	Dilated/Normal
Reaction to Light	Normal	Slow	Overlapping	Slow
Pulse Rate	Up	Down (2)	Antagonistic/Additive	Up/Down/Normal
Blood Pressure	Up	Down	Antagonistic	Up/Down/Normal
Body Temperature	Normal	Normal	Null	Normal
Muscle Tone	Normal	Flaccid	Overlapping	Flaccid

*Null; Overlapping; Additive; or, Antagonistic

WORKSHEET #
INSTRUCTOR: CNS STIMULANT AND CNS DEPRESSANT

Impairment Indicator	Effect Due to CNS Stimulant	Effect Due to CNS Depressant	Type of Combined Effect*	Expected Result
Horizontal Gaze Nystagmus	None	Present	Overlapping	Present
Vertical Gaze Nystagmus	None	Present (High Dose)	Overlapping/Null	Present/None
Lack of Convergence	None	Present	Overlapping	Present
Pupil Size	Dilated	Normal (1)	Overlapping/Additive	Dilated
Reaction to Light	Slow	Slow	Additive	Slow
Pulse Rate	Up	Down (2)	Antagonistic/Additive	Up/Down/Normal
Blood Pressure	Up	Down	Antagonistic	Up/Down/Normal
Body Temperature	Up	Normal	Overlapping	Up
Muscle Tone	Rigid	Flaccid	Antagonistic	Rigid/Flaccid/ Normal

*Null; Overlapping; Additive; or, Antagonistic

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Estimated time for session: 45 Minutes

29 DRE

PRACTICE: TEST INTERPRETATION

LEARNING OBJECTIVES

- Analyze results of a drug impairment evaluation
- Articulate basis for the opinion

CONTENTS

LEARNING ACTIVITIES

- Small-Group Practice
- Participant-Led Presentations

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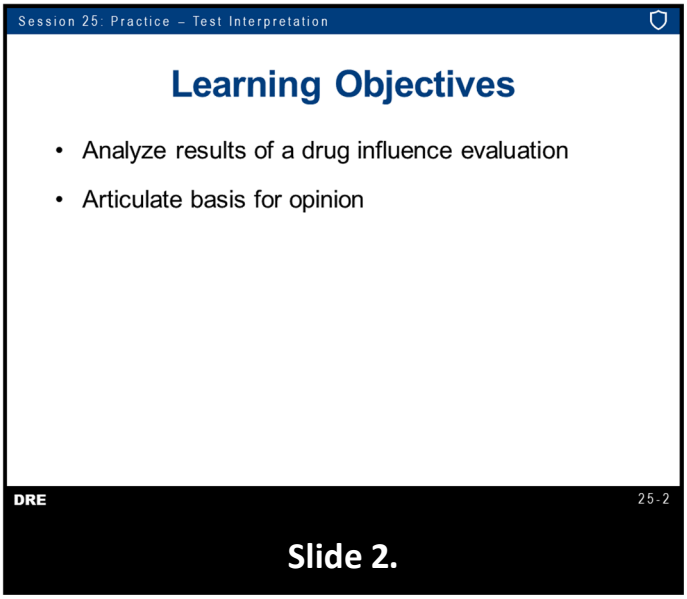


Slide 2.

Instructor Note

Briefly review the objectives, content, and activities of this session.

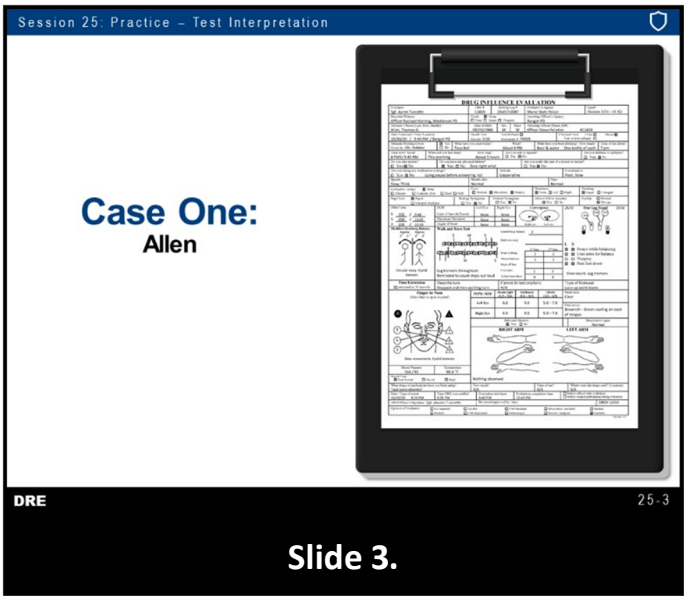
A. Interpretation Practice

Instructor Note

Activity

Instructions

1. ***Assign participants to work in teams of three to four members.***
2. ***Each participant will review <u>all</u> five exemplars (Cases 1-5 Allen, Brown, Cole, Davis, and Elliott).***
3. ***The groups are to discuss the evidence among themselves and reach a conclusion concerning the category of drugs, if any.***
4. ***Each group will present their conclusions to the class.***



Slide 3.

Instructor Note

***Preliminary Examination:** Review the results of the Preliminary Examination of Subject Allen. Ask participants: "What category or categories of drugs would produce preliminary examination results consistent with this exemplar?" Probe to draw out the basis for participants' responses.*

***Eye Examinations:** Review the results of the Eye Examinations of Subject Allen. Ask participants to discuss the category or categories of drugs that would cause these eye examination results.*

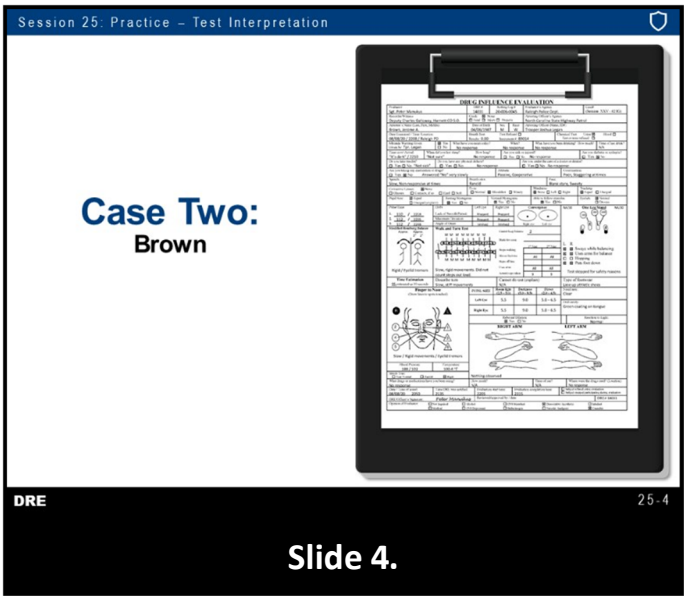
***Psychophysical Tests:** Review the results of the Psychophysical Tests of Subject Allen. Ask participants to discuss the category or categories of drugs that would produce these psychophysical results.*

***Vital Signs Examinations:** Review the results of the Vital Signs Examinations of Subject Allen. Ask participants to discuss the category or categories of drugs that would produce these results.*

***Dark Room Examinations:** Review the results of the Dark Room Examinations of Subject Allen. Ask participants to discuss the category or categories of drugs that would produce these results.*

***Other Evidence:** Review the results of the examinations for injection sites and muscle tone and of the final interview of Subject Allen.*

1. *Ask participants to comment on the category or categories of drugs that would be consistent with all of the evidence on this exemplar.*
2. *Opinions of Evaluator: Point out the evidence indicates Subject Allen is under the influence of Cannabis.*
3. *Solicit participants' questions concerning this demonstration.*



Slide 4.

Instructor Note

***Preliminary Examination:** Review the results of the Preliminary Examination of Subject Brown. Ask participants: "What category or categories of drugs would produce preliminary examination results consistent with this exemplar?" Probe to draw out the basis for participants' responses.*

***Eye Examinations:** Review the results of the Eye Examinations of Subject Brown. Ask participants to discuss the category or categories of drugs that would cause these eye examination results.*

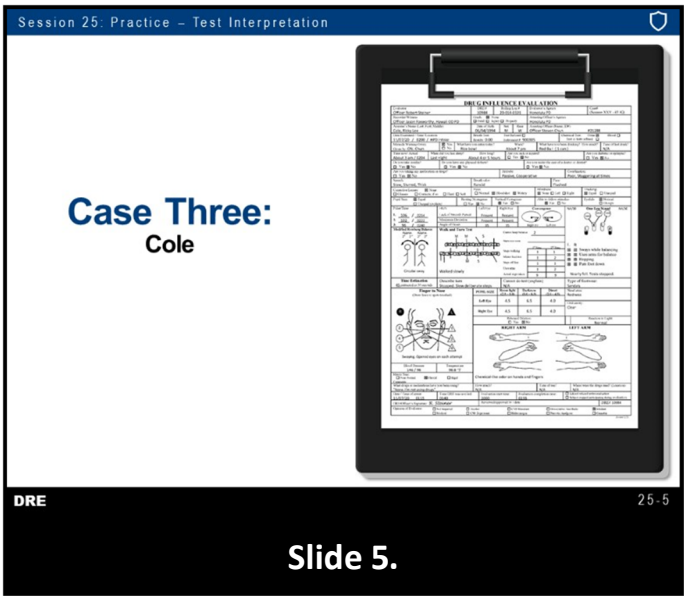
***Psychophysical Tests:** Review the results of the Psychophysical Tests of Subject Brown. Ask participants to discuss the category or categories of drugs that would produce these psychophysical results.*

***Vital Signs Examinations:** Review the results of the Vital Signs Examinations of Subject Brown. Ask participants to discuss the category or categories of drugs that would produce these results.*

***Dark Room Examinations:** Review the results of the Dark Room Examinations of Subject Brown. Ask participants to discuss the category or categories of drugs that would produce these results.*

***Other Evidence:** Review the results of the examinations for injection sites and muscle tone, and of the final interview of Subject Brown.*

1. *Ask participants to comment on the category or categories of drugs that would be consistent with all of the evidence on this exemplar.*
2. *Opinions of Evaluator: Point out the evidence indicates Subject Brown is under the influence of a Dissociative Anesthetic and Cannabis.*
3. *Solicit participants' questions concerning this demonstration.*



Slide 5.

Instructor Note

***Preliminary Examination:** Review the results of the Preliminary Examination of Subject Cole. Ask participants: "What category or categories of drugs would produce preliminary examination results consistent with this exemplar?" Probe to draw out the basis for participants' responses.*

***Eye Examinations:** Review the results of the Eye Examinations of Subject Cole. Ask participants to discuss the category or categories of drugs that would cause these eye examination results.*

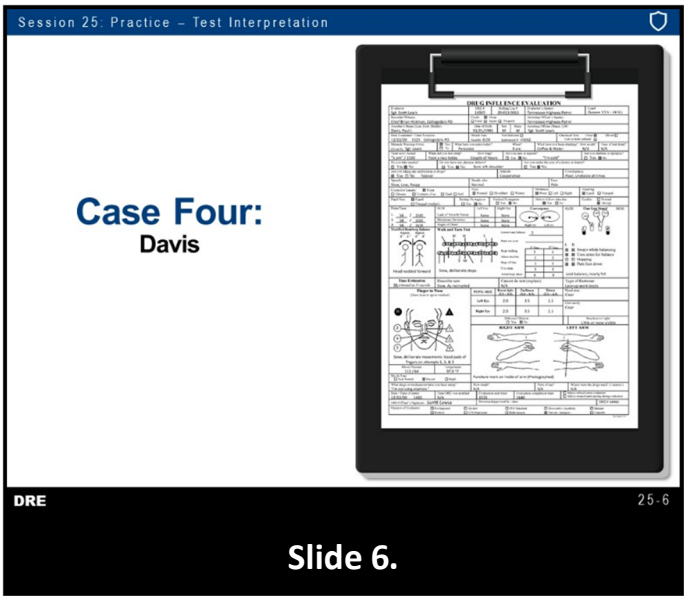
***Psychophysical Tests:** Review the results of the Psychophysical Tests of Subject Cole. Ask participants to discuss the category or categories of drugs that would produce these psychophysical results.*

***Vital Signs Examinations:** Review the results of the Vital Signs Examinations of Subject Cole. Ask participants to discuss the category or categories of drugs that would produce these results.*

***Dark Room Examinations:** Review the results of the Dark Room Examinations of Subject Cole. Ask participants to discuss the category or categories of drugs that would produce these results.*

***Other Evidence:** Review the results of the examinations for injection sites and muscle tone, and of the final interview of Subject Cole.*

1. *Ask participants to comment on the category or categories of drugs that would be consistent with all of the evidence on this exemplar.*
2. *Opinions of Evaluator: Point out the evidence indicates Subject Cole is under the influence of an Inhalant.*
3. *Solicit participants' questions concerning this demonstration.*



Slide 6.

Instructor Note

***Preliminary Examination:** Review the results of the Preliminary Examination of Subject Davis. Ask participants: "What category or categories of drugs would produce preliminary examination results consistent with this exemplar?" Probe to draw out the basis for participants' responses.*

***Eye Examinations:** Review the results of the Eye Examinations of Subject Davis. Ask participants to discuss the category or categories of drugs that would cause these eye examination results.*

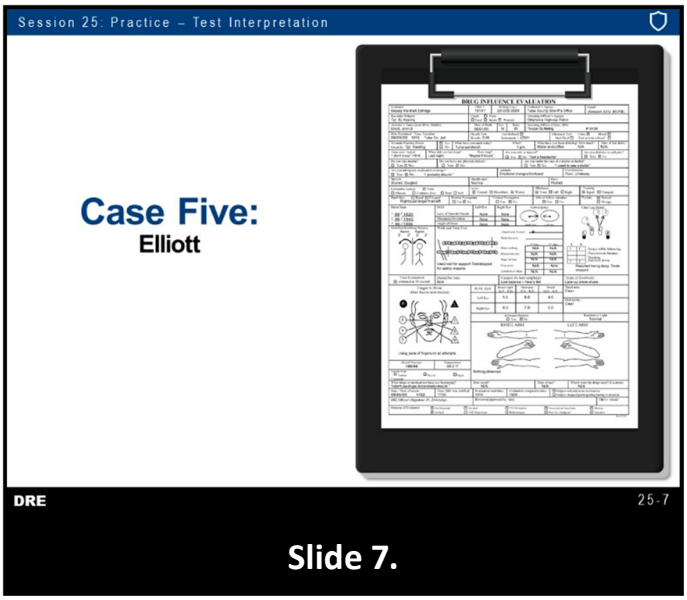
***Psychophysical Tests:** Review the results of the Psychophysical Tests of Subject Davis. Ask participants to discuss the category or categories of drugs that would produce these psychophysical results.*

***Vital Signs Examinations:** Review the results of the Vital Signs Examinations of Subject Davis. Ask participants to discuss the category or categories of drugs that would produce these results.*

***Dark Room Examinations:** Review the results of the Dark Room Examinations of Subject Davis. Ask participants to discuss the category or categories of drugs that would produce these results.*

***Other Evidence:** Review the results of the examinations for injection sites and muscle tone, and of the final interview of Subject Davis.*

1. *Ask participants to comment on the category or categories of drugs that would be consistent with all of the evidence on this exemplar.*
2. *Opinions of Evaluator: Point out the evidence indicates Subject Davis is under the influence of a Narcotic Analgesic.*
3. *Solicit participants' questions concerning this demonstration.*



Slide 7.

Instructor Note

***Preliminary Examination:** Review the results of the Preliminary Examination of Subject Elliott. Ask participants: "What category or categories of drugs would produce preliminary examination results consistent with this exemplar?" Probe to draw out the basis for participants' responses.*

***Eye Examinations:** Review the results of the Eye Examinations of Subject Elliott. Ask participants to discuss the category or categories of drugs that would cause these eye examination results.*

***Psychophysical Tests:** Review the results of the Psychophysical Tests of Subject Elliott. Ask participants to discuss the category or categories of drugs that would produce these psychophysical results.*

***Vital Signs Examinations:** Review the results of the Vital Signs Examinations of Subject Elliott. Ask participants to discuss the category or categories of drugs that would produce these results.*

***Dark Room Examinations:** Review the results of the Dark Room Examinations of Subject Elliott. Ask participants to discuss the category or categories of drugs that would produce these results.*

***Other Evidence:** Review the results of the examinations for injection sites and muscle tone, and of the final interview of Subject Elliott.*

1. *Ask participants to comment on the category or categories of drugs that would be consistent with all of the evidence on this exemplar.*
2. *Opinions of Evaluator: Point out the evidence indicates Subject Elliott is under the influence of a medical impairment.*
3. *Solicit participants' questions concerning this demonstration.*

Slide 8.

Instructor Note

Solicit participants' comments and questions concerning this practice session.

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Cst. P. Foster	22290	20-017-0087	Saskatoon Police Service	(Session XXV - #1 IG)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cst. T. Graham	☑ Yes ☐ Yes (not used) ☐ No	Saskatoon PS	N/A

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/10/30 @ 2020 hrs	Graham	2025 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 2139 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
2140 hrs	☐ No Grounds ☐ Refused Result: Instrument #: ASD# 215267 0 mg%	Allen, Thomas G.	1988/09/03	Male

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
2020/10/30 @ 2140 hrs @ SPS Detn	Taco Bell	About 4 pm	Beer & Water One bottle of each	7 pm

Time now? / Actual	When did you last sleep?	How long?	Are you sick or injured?	Are you diabetic or epileptic?
8 pm? / 2145 hrs	This morning	About 5 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☑ Yes ☐ No Sore right wrist	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No (Long pause before answering no)	Cooperative	Poor, slow

Speech	Breath Odour	Face
Slow, thick	Nothing noted	Nothing noted

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☐ Normal ☑ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

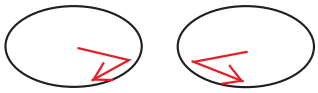
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 102 bpm @ 2148hrs
2. 100 bpm @ 2202hrs
3. 100 bpm @ 2230hrs

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	None	None

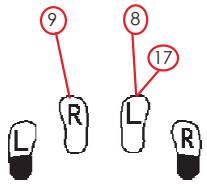
Convergence



Right Eye Left Eye

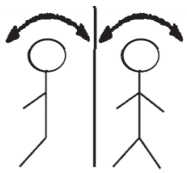
One Leg Stand

26 /30 23 /30



Modified Romberg Balance

Approx. 2" 2" Approx. 2" 2"

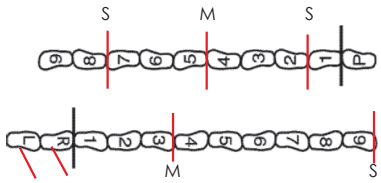


Circular sway, eyelid tremors

Walk and Turn

Cannot keep balance II (2)

Starts too soon ø



Leg tremors throughout, reminded to count steps

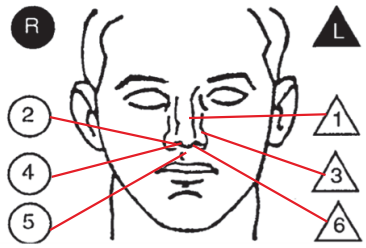
	1st nine	2nd nine
Stops walking	I (1)	II (2)
Misses heel-toe	I (1)	I (1)
Steps off line	ø	ø
Raises arms	II (2)	III (3)
Actual steps taken	9	9

L	R	
I (1)	I (1)	Sways while balancing
I (1)	I (1)	Uses arms to balance
ø	ø	Hopping
I (1)	II (2)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
38 sec estimated as 30 seconds	Stopped, then a walking turn	N/A	Laced up boots

Finger to nose

(Draw lines to spots touched)



Slow movements, eyelid tremors

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	6.0 mm	9.0 mm	5.0-7.0 mm
Right Eye	6.0 mm	9.0 mm	5.0-7.0 mm

Rebound dilation ☑ Yes ☐ No

Reaction to light ☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: Nothing noted

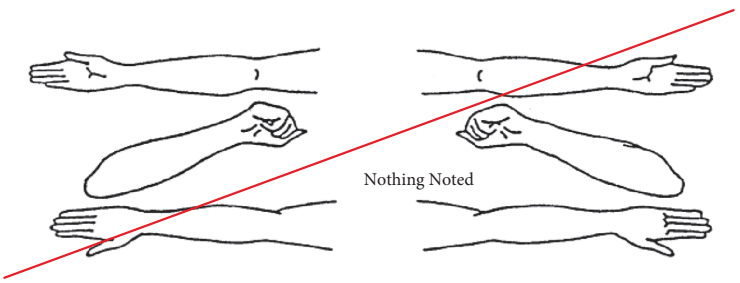
Oral cavity: Brownish - green coating on back of the tongue

Blood Pressure	Temperature
164 / 92 mmHg	38.2 °C

Muscle tone: ☑ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



Nothing Noted

What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"Just some vitamins"	N/A	N/A	N/A

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
2245 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☑ Urine ☐ Blood Demand time: 2247 hrs Sample Time: 2300 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
P. Foster		

Opinion of Evaluator

☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anaesthetic ☐ Inhalants ☑ Operational

☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☑ Cannabis ☐ Training

Drug Impairment Evaluation

This is the detailed narrative report of Constable Patrick Foster, a Regular member of the Saskatoon Police Service, Badge #657, DRE Number 22290. Cst Foster is currently on Patrol working at 76 25th Street East, Saskatoon, Saskatchewan. Cst Foster is credentialed by the International Association of Chiefs of Police (IACP) as a Drug Recognition Expert (DRE Certification Expiry Date: 2023-10-20).

(1) Location: The evaluation of Thomas G. ALLEN was conducted by Constable (Cst) P. Foster, at Saskatoon Police Service (SPS) building in Saskatoon, Saskatchewan on October 3rd, 2020.

(2) Witnesses: N/A

(3) Source: The subject evaluated was Thomas G. ALLEN, date of birth 1988/09/03.

Interview of the arresting officer – Cst. T. Graham:

At 2025 hrs on October 3rd, 2020 Cst. GRAHAM requested a DRE for an evaluation for an individual suspected of being under the influence of drugs. Upon my arrival Saskatoon Police Service, Cst. GRAHAM advised he observed a vehicle travelling West on East Avenue with no headlights on. Cst. GRAHAM then observed the vehicle drifting over the centre divider line. Cst. GRAHAM conducted a roadside stop of the vehicle to check on the driver's licence status, registration of the vehicle and to investigate the sobriety of the driver. Cst. GRAHAM learned the driver had a valid driver licence and motor vehicle registration. The identity of the driver was confirmed to be Thomas G. ALLEN.
Cst. GRAHAM spoke with ALLEN roadside and observed ALLEN to be disorientated. ALLEN had slow and lethargic movements when dealing with Cst. GRAHAM. ALLEN was slow to reply to Cst. GRAHAM's questions, and when ALLEN did reply, ALLEN's responses were thick and slurred.
Cst. GRAHAM gave ALLEN a Mandatory Alcohol Screening (MAS) test demand. ALLEN provided a breath sample and the result of that reading was 0 milligrams (mg) of alcohol in 100 millilitres (ml) of blood.
Cst. GRAHAM suspected ALLEN to be under the influence of a drug and had ALLEN exit his vehicle so she could administer a Standard Field Sobriety Test (SFST). Cst. GRAHAM noted that ALLEN had poor balance and coordination when exiting the vehicle.

Cst. GRAHAM formed her grounds to believe that ALLEN was operating a conveyance while impaired by a drug, after performing poorly on SFST. ALLEN was arrested and transported by Cst. GRAHAM to Saskatoon Police Service detention for the DRE exam to be conducted.

The DRE demand was provided at 2025 hours.

(4) First Observations:

I read ALLEN the DRE secondary Caution at 2139 hrs. ALLEN stated, “Yes” when asked if he understood.

ALLEN was first observed by Cst. Foster in the detention area of Saskatoon Police Service when Cst. GRAHAM and ALLEN arrived.

The following things were observed at this time:

- ALLEN’s eyelids were droopy
- ALLEN’s eyes were bloodshot.
- ALLEN breath had no odour present.
- ALLEN displayed equal tracking in both eyes.
- ALLEN was able to follow the stimulus.
- ALLEN's pupil size was equal.
- ALLEN did not have any resting nystagmus.
- ALLEN was not wearing any glasses or contact lenses.

ALLEN was asked the following questions:

- "What have you eaten today, and when?" ALLEN answered: “Taco BELL at 4 pm.”
- "What have you been drinking, how much, and what time was your last drink?" ALLEN answered: “Beer and Water, 1 bottle of each around 7 pm.”
- "What time do you think it is now?" ALLEN answered: “8 pm”; the evaluator's time was 2145 hours (945 pm).
- "When did you last sleep and for how long?" ALLEN answered: “This morning for about 5 hours.”
- "Are you sick or injured?" ALLEN answered: “No.”
- "Are you diabetic?" ALLEN answered: “No.”
- "Are you epileptic?" ALLEN answered: “No.”
- "Do you take insulin?" ALLEN answered: “No.”
- "Do you have any physical disabilities?" ALLEN answered: “Sore right wrist."
- Are you under the care of a doctor/dentist?" ALLEN answered: “No.”
- "Are you taking any prescription medication or drugs?" ALLEN had a long pause and then stated: “No.”

The other following observations of ALLEN were made:

- ALLEN's attitude was: Cooperative.
- ALLEN's coordination was: Poor, Slow.
- ALLEN's speech was: Slow and thick.
- ALLEN had no odor on his breath.
- ALLEN's face – Nothing noted.

(5) Psychophysical Signs:

Modified Romberg Balance Test:

- ALLEN had a 2-inch circular sway front to back and side to side.
- ALLEN estimated the passage of 30 seconds in 38 seconds. The expected range is 30 seconds plus or minus 5 seconds.
- When asked "How long was that?" ALLEN responded "30 seconds".
- When asked "How did you arrive at that?" ALLEN responded "I counted to 30 in my head".

Comments: ALLEN had eyelid tremors throughout test.

Walk and Turn Test:

- ALLEN was in laced up boots during the examination.

During the instructions stage:

- ALLEN could not keep balance twice during the instructional stage as he stepped to the right with his right foot and stepped right with his left foot. ALLEN returned to the instruction stance after stepping off the line".

On the first set of nine steps:

- ALLEN took 9 steps as instructed.
- ALLEN stopped walking after step number 9.
- ALLEN missed heel to toe once, between steps 3 and 4.
- ALLEN raised his arms twice during the first 9 steps.

Turn:

- The turn was not performed as described: ALLEN stopped after step 9, then did a walking turn and did not keep his front foot on the line as instructed.

On the second set of nine steps:

- ALLEN took 9 steps as instructed.
- ALLEN stopped walking on steps 1 and 7.
- ALLEN missed heel to toe once between steps 4 and 5.
- ALLEN raised his arms three during the first 9 steps.

Comments: During the test, ALLEN had leg tremors throughout both sets of 9 steps. I also had to remind ALLEN to count his steps out loud as he would start then stop counting

One Leg Stand Test:

While testing ALLEN's left leg:

- ALLEN put his right foot down 1 time on count number: 9
- ALLEN used his arms 1 time to balance.
- ALLEN swayed 1 time while balancing.

- ALLEN reached a count of 26 in a timed 30 seconds.

While testing ALLEN's right leg:

- ALLEN put his right foot down 2 times on count number: 8 and 17.
- ALLEN used his arms 1 time to balance.
- ALLEN swayed 1 time while balancing.
- ALLEN reached a count of 23 in a timed 30 seconds.

Comments: ALLEN counted slowly and had leg tremors throughout the examination.

Finger to Nose Test:

- On attempts 1 through 6, ALLEN missed the tip of nose his nose with the tip of his finger and all 6 attempts.
- On the first attempt, ALLEN missed the tip of his nose with the tip of his finger. ALLEN touched his upper middle nose using the tip of his left index finger.
- On the second attempt, ALLEN missed the tip of nose with the tip of his finger. ALLEN touched the right side of his lower nostril using the tip of his right index finger.
- On the third attempt, missed the tip of nose with the tip of his finger. ALLEN touched the left side of his lower nostril using the tip of his left index finger.
- On the fourth attempt, ALLEN missed the tip of nose with the tip of his finger. ALLEN touched the right side of his lower nostril using the tip of his right index finger.
- On the fifth attempt, ALLEN missed the tip of nose with the tip of his finger. ALLEN touched the spot between his upper lip and base of his nose using the tip of his right index finger.
- On the sixth attempt, ALLEN missed the tip of nose with the tip of his finger. ALLEN actually inserted his finger into his left nostril using the tip of his left index finger.

Comments: ALLEN had eyelid tremors and very slow movements throughout the examination.

(6) Clinical Signs:

Horizontal Gaze Nystagmus**:** Horizontal gaze nystagmus was not present.

Vertical Gaze Nystagmus: ALLEN did not display vertical gaze nystagmus.

Lack of Convergence: ALLEN was not able to converge his eyes. The right eye convergence characteristic was: pupil directly left towards the middle but rolled back towards the bottom/centre. The left eye convergence characteristic was: pupil directly left towards the middle but rolled back towards the bottom/centre.

Comments: ALLEN advised that he can normally cross his eyes.

Pupil Size**:**

The DRE average range for pupil size in room light is 2.5 to 5.0 mm:

ALLEN's left eye pupil was 6.0 mm in room light, which is above the DRE average range. ALLEN's right eye pupil was 6.0 mm in room light, which is above the DRE average range.

The DRE average range for pupil size in near total darkness is 5.0 to 8.5 mm:

ALLEN's left eye pupil was 9.0 mm in near total darkness, which is above the DRE average range. ALLEN's right eye pupil was 9.0 mm in near total darkness, which is above the DRE average range.

Comments: UV light was not used to measure pupil size.

The DRE average range for pupil size in direct light is 2.0 to 4.5 mm:

ALLEN's left eye pupil was 5.0 mm, which rebounded to 7.0 mm in direct light, which is above the DRE average range. ALLEN's right eye pupil was 5.0 mm, which rebounded to 7.0 mm in direct light, which is above the DRE average range**.**

Comments: ALLEN's pupils displayed a normal reaction to light. ALLEN displayed rebound dilation of 5.0 mm to 7.0 mm in both eyes

Pulse Measurements**:**

ALLEN's pulse was taken 3 times:

- First pulse: ALLEN's pulse was above the DRE average range of 60-90 beats per minute. ALLEN's first pulse reading was at 102 beats per minute (bpm) at 2148 hours.

- Second pulse: ALLEN's pulse was above the DRE average range of 60-90 beats per minute. ALLEN's second pulse reading was at 100 beats per minute (bpm) at 2202 hours.

- Third pulse: ALLEN's pulse was above the DRE average range of 60-90 beats per minute. ALLEN's third pulse reading was at 100 beats per minute (bpm) at 2230 hours.

Blood Pressure**:** ALLEN's blood pressure was 164/92 millimetres of Mercury (mmHg).

ALLEN's systolic blood pressure was 164 millimetres of Mercury (mmHg), which is above the DRE average range. The DRE average range for systolic blood pressure is 120 to 140 mmHg.

ALLEN's diastolic blood pressure was 92 millimetres of Mercury (mmHg), which is above the DRE average range. The DRE average range for diastolic blood pressure is 70 to 90 mmHg.

Temperature**:** Using an oral thermometer, Cst. Foster measured ALLEN's body temperature. The DRE average range for body temperature is 37° Celsius plus or minus 0.5° Celsius.

ALLEN's body temperature was 38.2° Celsius, which is above the DRE average range.

Muscle Tone**:** ALLEN's muscle tone was normal

(7) Statements: At the end of the evaluation, I asked ALLEN, what drugs or medications had he been using? ALLEN replied, "Just some vitamins."

(8) Medical Problems or Treatments: ALLEN stated he had no injuries but then stated that his sore right wrist was a disability when asked about any disabilities. ALLEN advised that he was not under the care of any doctors or a dentist currently.

Drugs and Medicine: ALLEN advised he was not on any medications or drugs.

(9) Opinion: It is the opinion of Constable P. Foster, an evaluating officer, that Thomas G. ALLEN's ability to operate a conveyance is impaired by Cannabis.

(10) Miscellaneous:

Nasal Area Examination:

- Cst. Foster examined the nasal area of ALLEN and nothing was noted.

Oral Cavity Examination:

- Cst. Foster examined the oral cavity of ALLEN and observed a brownish-green coating on the back of ALLEN's tongue.

Comments: Cst. Foster did not detect any odor on ALLEN's breath.

Injection Mark Examination:

- No puncture marks were observed

Cst. Foster formed his opinion that Thomas G. ALLEN's ability to operate a conveyance was impaired at 2225 hours.

Cst. Foster read ALLEN the DRE Urine Sample Demand at 2234 hours.

ALLEN provided a sample of urine to Cst. P. Foster pursuant to a demand at 2300 hours.

The urine sample was observed by Constable P. Foster, who immediately seized the urine, secured the exhibit in the locked exhibit freezer.

All times in this report unless otherwise noted are that of Constable P. Foster

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Sgt. D. Botham	17353	20-006-0045	RCMP	(Session XXV - #2 IG)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cpl. D. Milette	☑ Yes ☐ Yes (not used) ☐ No	RCMP	N/A

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/08/08 @ 2050 hrs	Milette	2135 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 2203 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
2205 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Brown, Jerome A.	1987/04/06	Male

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
2020/08/08 @ 2205 hrs @ RCMP Cells	No response	No response	No response	N/A

Time now? / Actual	When did you last sleep?	How long?	Are you sick or injured?	Are you diabetic or epileptic?
"it's dark" / 2210 hrs	"Not sure"	No response	☐ Yes ☐ No No response	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☐ No "Not sick"	☐ Yes ☐ No No response	☐ Yes ☐ No No response

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No Answered "no" very slowly	Passive, cooperative	Poor, staggering at times

Speech	Breath Odour	Face
Slow, non-responsive at times	Rancid	Blank stare, sweaty

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☐ Normal ☑ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

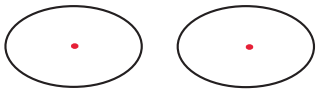
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 110 bpm @ 2218hrs
2. 112 bpm @ 2235hrs
3. 112 bpm @ 2248hrs

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	Yes	Yes
Angle of Onset	Imm	Imm

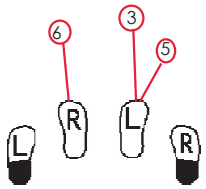
Convergence



Right Eye Left Eye

One Leg Stand

N/A /30 N/A /30

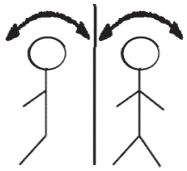


Test stopped for safety reasons

L	R	
IIII (4)	I (1)	Sways while balancing
III (3)	I (1)	Uses arms to balance
ø	ø	Hopping
I (1)	II (2)	Puts foot down

Modified Romberg Balance

Approx. 0" 0" Approx. 2" 2"

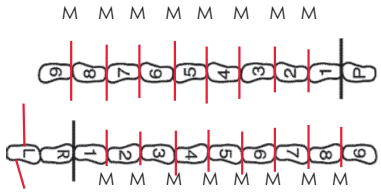


Rigid, eyelid tremors

Walk and Turn

Cannot keep balance II (2)

Starts too soon ø



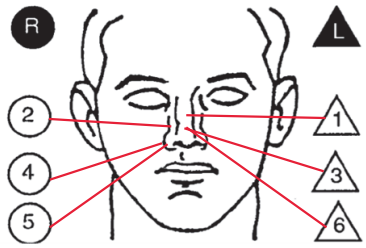
Slow, rigid movements. Did not count steps out loud

	1st nine	2nd nine
Stops walking	ø	ø
Misses heel-toe	Cont	Cont
Steps off line	ø	ø
Raises arms	Cont	Cont
Actual steps taken	9	9

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
55 sec estimated as 30 seconds	Slow, stiff movements	N/A	Laced up athletic shoes

Finger to nose

(Draw lines to spots touched)



Slow, rigid movements, eyelid tremors

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	5.5 mm	9.0 mm	5.0-6.5 mm
Right Eye	5.5 mm	9.0 mm	5.0-6.5 mm

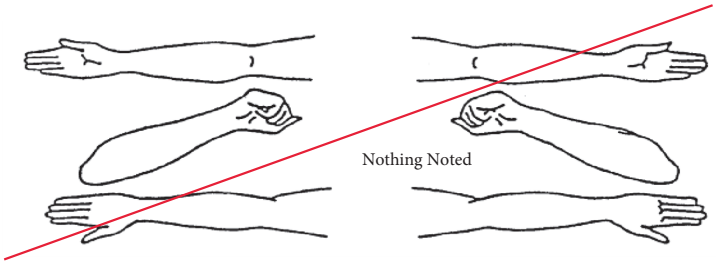
Rebound dilation ☑ Yes ☐ No

Reaction to light ☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: Nothing noted

Oral cavity: green coating on tongue

Right Arm **Left Arm**



Nothing Noted

Blood Pressure	Temperature
188 / 102 mmHg	39.0 °C

Muscle tone: ☐ Normal ☐ Flaccid ☑ Rigid

Comments:

What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
No response	N/A	N/A	N/A

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
2315 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☑ Urine ☐ Blood Demand time: 2316 hrs Sample Time: 2345 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
D. Botham		

Opinion of Evaluator

☐ Not Impaired	☐ Alcohol	☐ CNS Stimulant	☑ Dissociative Anaesthetic	☐ Inhalants	☑ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☑ Cannabis	☐ Training

Drug Impairment Evaluation

Narrative: (1) Location; (2) Witnesses; (3) Source; (4) First Observations of Subject (5) Psychophysical Signs; (6) Clinical Sign; (7) Statements; (8) Medical Problems/Treatments; (9) Opinion; (10) Miscellaneous

This is the detailed narrative report of Sergeant David BOTHAM, a Regular Member of the Royal Canadian Mounted Police, Reg. No. 51775, DRE No. 17353. Sergeant BOTHAM is currently attached to National Traffic Services at 73 Leikin Dr, Ottawa, Ontario. Sergeant BOTHAM is credentialed by the International Association of Chiefs of Police (IACP) as a Drug Recognition Expert (DRE) and DRE Instructor (DRE Certification Expiry Date: 2024-08-01).

(1) Location: The evaluation of Jerome A BROWN was conducted by Sgt. BOTHAM, at RCMP National Headquarters at 73 Leikin Dr, Ottawa Ontario.

(2) Witnesses: This evaluation was not witnessed

(3) Source: The subject evaluated was Jerome A BROWN, date of birth 1987-04-06.

Interview of the arresting officer – On August 8th, 2020 at approximately 2030 hours (Milette's time) Cpl Denis Milette observed a pink Volvo s60 at the intersection of Bank and Mitch Owens in Ottawa Ontario. The Volvo did not have a licence plate and was stopped in the middle of the intersection and not moving. Cpl Milette activated the emergency equipment on the police vehicle and asked the driver, later identified as Jerome BROWN to move the vehicle out of the intersection via the loud hailer. The vehicle did not move. Cpl Milette approached the driver's door and observed the lone occupant and driver gripping the steering wheel extremely tightly and staring straight ahead in what Cpl Milette described as a "thousand-yard stare" Cpl Milette asked the driver to exit the vehicle and the driver complied. Cpl Milette observed the driver to have bloodshot eyes and he appeared very sweaty. BROWN was unable to keep their balance having a very unsteady gait taking two steps to the right for every step forward. Cpl Milette arrested BROWN for impaired operation of a conveyance and provided BROWN their charter rights, police caution and DRE demand at 2050hours (Milette's time)

Sergeant BOTHAM was notified at 2135 hours.

BROWN spoke to counsel prior to the evaluation commencing.

(4) First Observations: A breath test was not taken as there was no reason to suspect that alcohol had been consumed. BROWN was first observed by Sgt Botham in the cell block of RCMP National Headquarters at 2150 hours. Cpl Botham read BROWN the secondary police caution at approximately 2203 hours. When asked if he understood BROWN stated "Yes". The following things were observed at that time:

BROWNS's eyes appeared very bloodshot and they displayed equal tracking. BROWN was able to follow stimulus with their eyes and their pupil size was noted as equal. BROWN displayed resting nystagmus and their eyelids were normal. BROWN displayed resting nystagmus. BROWN stared straight ahead as almost like he was looking through Sgt Botham. BROWN was extremely sweaty and his speech was slow and at times BROWN was non-responsive.

BROWN was asked the following questions:

- "What have you eaten today, and when?" BROWN did not respond.
- "What have you been drinking, how much, and what time was your last drink?" BROWN did not respond
- "What time do you think it is now?" BROWN answered: “Its dark” at 2210 hours on Sgt Botham’s watch.
- "When did you last sleep and for how long?" BROWN answered: Not sure to when did you last sleep and did not respond to how long.
- "Are you sick or injured?" BROWN did not respond but starred straight ahead.
- "Are you diabetic?" BROWN stated no.
- “Do you take insulin?” Brown stated “Not sick”
- "Are you epileptic?" BROWN did not respond.
- ""Do you have any physical disabilities?" BROWN did not respond
- "Are you under the care of a doctor/dentist?" BROWN did not respond
- "Are you taking any prescription medication or drugs?" BROWN stated “no” very slowly as it sounded like “nnnooooooooooooooo”

BROWN's attitude during the evaluation was passive yet cooperative. BROWN displayed poor coordination and staggered at times during the evaluation, their speech was slow and at times non-responsive to questions. A rancid odour emanated from their breath.

(5) Psychophysical Signs:

Modified Romberg Balance Test:

During the Modified Romberg Balance Test BROWN displayed a side to side sway which was approximately 2 inches in either direction from the center point.

BROWN estimated the passage of 30 seconds in actual 55 seconds. The expected range is 30 seconds plus or minus 5 seconds.

When asked "How long was that?", BROWN did not respond and starred straight ahead ".

When asked "How did you arrive at that?", BROWN did not respond

It was noted that BROWN displayed eyelid tremors and appeared very rigid.

Walk and Turn Test:

During the Instruction stage BROWN was unable to keep their balance two times by breaking thier stance with his left foot stepping to the right and then with their left foot stepping to the left. BROWN was instructed to get back to the instruction stage stance each time he stepped off the line”.

BROWN did not start to soon.

On the first nine steps:

- BROWN took 9 steps as directed.
- BROWN raised their arms continuously
- BROWN did not stop walking

- BROWN missed their heel to toe eight times, between every step from 1 to 9 – continuously.

BROWN completed the turn as described using slow stiff movements”

On the second set of nine steps:

- BROWN took 9 steps as directed.
- BROWN raised their arms continuously.
- BROWN did not step off the line.
- BROWN missed their heel to toe eight times, on every step from 1 to 9 – continuously.
- BROWN did not stop walking

BROWN was wearing laced up athletic shoes. They displayed slow and rigid movements throughout the test. BROWN did not count their steps out loud as directed in the instruction stage.

One Leg Stand Test:

While testing BROWN's left leg:

- BROWN put their right foot down once at a count of 1000-6
- BROWN swayed 4 times
- BROWN used their arms for 3 times
- BROWN did not hop
- BROWN did not complete the test as it was stopped for safety as BROWN fell down completely when they put their foot down at a count of 1000-6

While testing BROWN's right leg:

- BROWN put their left foot down twice their count of 1000-3 and 1000-5
- BROWN swayed once
- BROWN used their arms for balance once time.
- BROWN did not hop
- BROWN did not complete the test as it was stopped for safety as Brown fell down on the floor after they put their foot down at a count of 1000-5.

Finger to Nose Test:

- On the first attempt, BROWN touched the bridge of their nose centre using the tip of their left index finger.
- On the second attempt, BROWN touched their right side of their nose using the tip of their right index finger.
- On the third attempt, BROWN touched the middle of their nose using the tip of their left index finger.
- On the fourth attempt, BROWN touched their right nostril using the tip of their right index finger.
- On the fifth attempt, BROWN touched their right nostril using the tip of their right index finger.
- On the sixth attempt, BROWN touched the middle of their nose using the tip of their left index finger.

Comments: BROWN displayed slow and rigid movements and displayed eyelid tremors during the test.

(6) Clinical Signs:

Horizontal Gaze Nystagmus: BROWN displayed horizontal gaze nystagmus, there was a lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation and an immediate angle of onset of nystagmus in both eyes. BROWN displayed resting nystagmus

Vertical Gaze Nystagmus: BROWN displayed vertical gaze nystagmus.

Lack of Convergence: BROWN was unable to converge their eyes. Both eyes did not converge at all and BROWN starred straight ahead

BROWN did not respond when asked if they could converge their eyes.

BROWN displayed resting nystagmus.

Pupil Size:

- BROWN's left pupil was 5.5 mm in room light, which is above the DRE average range. BROWN's right pupil was 5.5 mm in room light, which is above the DRE average range (2.5-5.0mm).
- BROWN's left pupil was 9.0 mm in near total darkness, which is above the DRE average range. BROWN's' right pupil was 9.0 mm in near total darkness, which is above the DRE average range (5.0-8.5mm).
- BROWN's left pupil was 5.0 mm in direct light, which is above the DRE average range. BROWN's right pupil was 5.0 mm in direct light, which is above the DRE average range (2.0-4.5mm).
- BROWN displayed rebound dilation in each pupil as when exposed to direct light the pupil contracted to 5.0 mm and then began to dilate to an end point of 6.5 mm
- BROWN's pupils displayed a normal reaction to light.

Pulse Measurements:

The pulse was taken 3 times:

- First pulse: BROWN's pulse was above the DRE average range at 110 beats per minute (bpm) at 2218 hours.
- Second pulse: BROWN's pulse was above the DRE average range at 112 beats per minute (bpm) at 2235 hours.
- Third pulse: BROWN's pulse was above the DRE average range at 112 beats per minute (bpm) at 2248 hours.

The DRE average range for pulse is 60 to 90 beats per minute (bpm).

Blood Pressure:

BROWN's blood pressure was 188/102 millimetres of Mercury (mmHg). Which is above the DRE average range of 120-140 (Systolic) / 70-90 mmHg. (Diastolic)

Temperature:

BROWN's body temperature was 39.0 degrees Celsius, which is above the DRE average range of 37 degrees Celsius plus or minus 0.5 degrees Celsius**.**

Muscle Tone:

BROWN's muscle tone was rigid.

(7) Statements: BROWN did not respond when asked what drugs or medications have you been using.

(8) Medical Problems or Treatments: BROWN did not provide any information when asked about medical problems or treatments nor did they advise if they were taking any drugs or medicine

(9) Opinion: It is the opinion of Sergeant BOTHAM, an evaluating officer, that Jerome A BROWN's ability to operate a conveyance is impaired by a D**issociative Anaesthetic** and C**annabis.**

(10) Miscellaneous:

- There was nothing noted in BROWN's nasal area
- During the oral cavity exam, it was noted that there was a green coating on BROWN's tongue.

BROWN provided a sample of urine to David BOTHAM pursuant to a demand that was read to BROWN by Sergeant BOTHAM at 2316 hours. The samples were seized at 2345 hours.

All times in this report unless otherwise noted are that of Sgt David Botham

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Cpl. D. Milette	22273	20-014-0101	RCMP	(Session XXV - #3 IG)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cst. P. Foster	☑ Yes ☐ Yes (not used) ☐ No	Saskatoon PS	N/A

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/11/07 @ 0115 hrs	Foster	0140 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 0159 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
0200 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Cole, Ricky Lee	1994/06/04	Male

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
2020/11/07 @ 0200 hrs @ RCMP Cells	Rice bowl About 7 pm	Red Bull 1 can	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
About 3am / 0204 hrs	Last night About 4 or 5 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No	Passive, cooperative	Poor, staggering at times

Speech	Breath Odour	Face
Slow, slurred, thick	Rancid	Flushed

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☐ Normal ☑ Bloodshot ☑ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

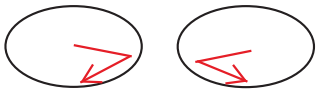
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 106 bpm @ 0214hrs
2. 102 bpm @ 0222hrs
3. 96 bpm @ 0240hrs

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	Yes	Yes
Angle of Onset	35°	35°

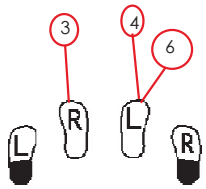
Convergence



Right Eye Left Eye

One Leg Stand

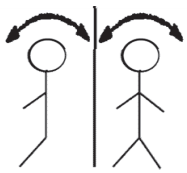
N/A /30 N/A /30



Tests stopped for safety

Modified Romberg Balance

Approx. 2" 2" Approx. 2" 2"

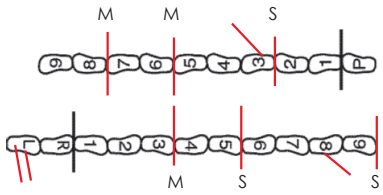


Circular sway

Walk and Turn

Cannot keep balance II (2)

Starts too soon ø



Walked slowly

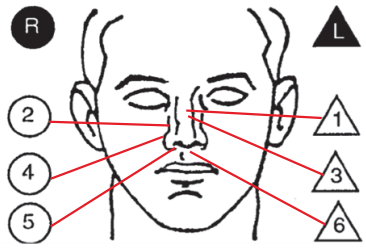
	1st nine	2nd nine
Stops walking	II (2)	I (1)
Misses heel-toe	I (1)	II (2)
Steps off line	I (1)	I (1)
Raises arms	I (1)	II (2)
Actual steps taken	9	9

L	R	
		Sways while balancing
		Uses arms to balance
		Hopping
I (1)	II (2)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
45 sec estimated as 30 seconds	Stopped, slow deliberate steps	N/A	Sandals

Finger to nose

(Draw lines to spots touched)



Swaying, opened eyes on each attempt

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	4.5 mm	6.5 mm	4.0 mm
Right Eye	4.5 mm	6.5 mm	4.0 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: Redness

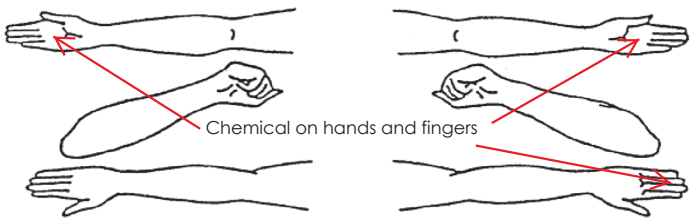
Oral cavity: Nothing noted

Blood Pressure	Temperature
146 / 98 mmHg	39.0 °C

Muscle tone: ☐ Normal ☑ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



Chemical on hands and fingers

What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"None, I'm not using drugs"	N/A	N/A	N/A

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
0255 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☑ Urine ☐ Blood Demand time: 0256 hrs Sample Time: 0309 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
D. Milette		

Opinion of Evaluator

☐ Not Impaired	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anaesthetic	☑ Inhalants	☑ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	☐ Training

DRUG INFLUENCE EVALUATION NARRATIVE

This is the detailed narrative report of Cpl. Denis Milette, a Regular Member of the Royal Canadian Mounted Police Saskatoon Detachment (badge. No. 53639), DRE No. 22273 and currently attached to General Duty. I am credentialed by the International Association Chiefs of Police (IACP) as a Drug Recognition Expert and my certification expiry date is September 17, 2022.

NARRATIVE: (1) Location; (2) Witnesses; (3) Source; (4) First Observation Of Subject; (5) Psychophysical Tests; (6) Clinical Signs; (7) Statements; (8) Medical Problems/ Treatment; (9) Opinion; (10) Miscellaneous

Subject: **Ricky Lee Cole**
Date: **2020-11-07**
File: **2020183652**

The Drug Influence Evaluation conducted by a Drug Recognition Expert, an evaluating officer under the Criminal Code, is a 12-step procedure that follows a standardized, systematic evaluation of a driver to determine if a driver is impaired by drug(s). There are seven (7) categories of drugs that can cause impairment, and at the end of the evaluation, the DRE will be able to determine which category or categories of drugs were used by the driver. A toxicological sample, such as blood or urine, will be taken and analyzed to corroborate the DRE's determination.

The seven categories are:

1. Central Nervous System Depressants
2. Inhalants
3. Dissociative Anesthetics
4. Cannabis
5. Central Nervous System Stimulants
6. Hallucinogens
7. Narcotic Analgesics

1) LOCATION: The evaluation of Ricky Cole was conducted in a room within the cell block of the RCMP Detachment located at 400 Brand Place Saskatoon, Saskatchewan.

2) WITNESSES: The evaluation was witnessed by Cst. Brennan Burrows of Saskatoon Police Service.

3) SOURCE: Cst. Foster stopped the suspect's vehicle for failing to stop at a red light at 8th Street East and Preston Avenue. He stated that the suspect's speech was slurred and thick. He also had difficulty concentrating and appeared confused. Cst. Foster requested the Mr. Cole to submit to SFSTs, which he agreed to do. Cst. Foster observed six clues of HGN and also observed VGN. The suspect had difficulty completing the W&T and OLS tests and nearly fell several times while attempting them. Cst. Foster did not detect an odor of an alcoholic beverage on the

suspect's breath but did smell a strong chemical odor on his hands and clothing. The suspect was arrested for impaired operation of a conveyance.

4) FIRST OBSERVATION OF SUBJECT: I first observed Mr. Cole at the RCMP Detachment in the Interview/Booking Room. He appeared passive and cooperative. His speech was slow, thick-tongued, and at times slurred. His balance appeared to be poor and he was unsteady on his feet. He swayed and wobbled as he stood and walked. Numerous times he steadied himself against the wall and the interview table. His face was flushed, and his eyes were bloodshot and watery. I introduced myself and asked if he would participate in a drug evaluation. He was slow to respond and appeared to have concentration problems. He agreed to the evaluation and stated, "Yeah, okay." When standing near him, I detected a chemical odor on his clothing and his breath was rancid. Mr. Cole was asked what time it was and he believed it was 300 am when it was actually 204 am.

5) PSYCHOPHYSICAL TESTS:

There are four psychophysical tests: The Modified Romberg Balance, the Walk and Turn, the One Leg Stand, and the Finger to Nose tests. By administering these tests, a DRE can accurately determine if a subject's psychomotor and/or divided attention skills are impaired.

Modified Romberg Balance: *(DRE average range 30 seconds plus or minus 5 seconds)*

Mr. Cole thought 30 seconds past however; it was actually a recorded 45 seconds. Mr. Cole said it was 30 seconds and when asked how he got to that number Mr. Cole paused and said he counted in his head.

Mr. Cole has a circular sway where he swayed approximately 2 inches to the front and back and as well as swayed approximately 2 inches each to the left and right.

Walk and Turn Test: This test has been validated through extensive research by the U.S. National Highway Traffic Safety Administration (NHTSA). It is a divided attention task consisting of an Instruction stage and a Walking stage. The DRE will carefully observe the driver's performance for eight specific clues:

1. Cannot balance during the instructions
2. Starts too soon
3. Stops while walking
4. Does not touch heel-to-toe
5. Steps off the line
6. Uses arms for balance
7. Turns in a manner different than instructed
8. Takes the wrong number of steps

During the instruction stage, Mr. Cole could not keep his balance two times as he broke his stance both times with his left foot to his right and did not start too soon.

During the first 9 heel to toe steps, Mr. Cole raised his arms for balance once, stopped walking twice on his fifth and ninth steps, missed touching his heel to toe once between step three and four, stepped off line once to his right on his eight step and took nine steps.

Mr. Cole completed the turn as instructed however he stopped and appeared to be confused before completing the turn with slow deliberate steps.

During the second 9 heel to toe steps, Mr. Cole stopped walking once on his second step, raised his arms for balance twice, missed touching his heel to toe twice between steps five and six as well as steps seven and eight, stepped off line once to the right on his third step before finishing the test by taking 9 steps.

During the test Mr. Cole walked slowly.

One Leg Stand Test: This test has also been validated through NHTSA's research program, and is a divided attention test consisting of an Instruction stage and a Balancing and Counting stage. In this test, there are four specific clues:

1. Sways while balancing
2. Uses arms for balance
3. Hops
4. Puts foot down

While balancing on his left leg, Mr. Cole raised his right foot and at his count of three the test was stopped for safety as Mr. Cole nearly fell.

While balancing on his right leg, Mr. Cole put his foot down twice on his count of four and six at which time the test was stopped for safety as Mr. Cole nearly fell.

Finger to Nose Test: On attempt one, Mr. Cole touched the upper portion of his nose. On attempt two, Mr. Cole touched the right side of his nose. On attempts three, Mr. Cole touched the upper portion of his nose. On attempt four, Mr. Cole touched the right side of his nose. On attempt five, Mr. Cole trounced his upper lip at the entrance of his right nostril. On attempt six, Mr. Cole touched his upper lip.

During the test Mr. Cole was swaying and opened his eyes on each attempt.

6) CLINICAL SIGNS: In the eye examination, the DRE examines the subject for Horizontal Gaze Nystagmus (HGN), Vertical Gaze Nystagmus (VGN) and for a lack of convergence. A subject lacks convergence if their eyes are unable to converge toward the bridge of their nose when a stimulus is moved inward. Depressants, Inhalants, and Dissociative Anesthetics, the so-called "DID drugs", may cause HGN. In addition, the Depressants and Inhalants may cause VGN when taken in higher doses for that individual. The DID drugs, as well as cannabis (marijuana), may also cause a lack of convergence.

The DRE also takes the subject's blood pressure, temperature and pulse. Some drug categories may elevate the vital signs. Others may lower them. Vital signs provide valuable evidence of the presence and influence of a variety of drugs.

The DRE estimates the subject's pupil sizes under three different lighting conditions with a measuring device called a pupilometer. The device will assist the DRE in determining whether the subject's pupils are dilated, constricted, or normal. Some drugs increase pupil size (dilate), while others may decrease (constrict) pupil size. The DRE also checks for the eyes' reaction to light. Certain drugs may slow the eyes' reaction to light.

Horizontal Gaze Nystagmus Test: Horizontal Gaze Nystagmus and Vertical Nystagmus were both present.

Mr. Cole displayed lack of smooth pursuit, distinct and sustained nystagmus at maximum deviation and an angle of onset of approximately 35 degree in both eyes.

Mr. Cole was not wearing corrective lenses, is not blind, did not display resting nystagmus, was able to follow the stimulus (pen), eyelids were normal, pupil size were equal, eyes were bloodshot and watery and displayed equal tracking.

Convergence: Mr. Cole was able to follow the stimulus and displayed lack of convergence. Both left and right eyes initially converged but then bounced back and dropped to the bottom of their respective eye sockets.

This test was performed twice with the same results each time.

Heart Rate: Mr. Cole's pulse was above the DRE average range of 60-90 beats per minute (bpm) at all three measurements: 106 bpm at 0214hrs, 102 bpm at 0222hrs and 96 bpm at 0240hrs.

Blood Pressure: Mr. Cole's blood pressure was measured to be 146 millimeters of mercury (mmHg) over 98 mmHg. The DRE average range for the systolic pressure is 120-140mmHg, and the DRE average range for diastolic blood pressure is 70-90mmHg. Mr. Cole's blood pressure was above the DRE average range for both the systolic and diastolic measurements.

Pupils: Mr. Cole's pupils were measured to be within the DRE average range and his reaction to light was normal.

Mr. Cole's pupils were measured to be 4.5 millimeters (mm) in both eyes in room light within the DRE average range being 2.5 – 5.0mm. His pupils were measured to be 6.5mm in both eyes in near total darkness with the DRE average range being 5.0 – 8.5mm. In direct light Mr. Cole's pupils were measured to be 4.0mm in both eyes.

A UV light was not used during the evaluation and Mr. Cole did not display rebound dilation.

Body Temperature: Mr. Cole's temperature was measured using an oral thermometer with a digital display reading of 39.0 degrees Celsius, which is above the DRE average range of 37 degrees Celsius plus or minus 0.5 degrees Celsius.

Muscle Tone: Mr. Cole muscle tone was ridgid.

7) STATEMENTS: Mr. Cole denied using any medications or drugs. He admitted smoking marijuana occasionally but claimed he had not smoked marijuana in over a month. When asked about other impairing substances, he did not respond.

8) MEDICAL PROBLEMS/TREATMENT: Mr. Cole did not disclose ant medical problems.

9) OPINION: In my opinion as a Drug Recognition Evaluator, Ricky Cole's ability to operate a conveyance was impaired by an Inhalant.

10) MISCELLANEOUS:

During the oral and nasal cavity examination Mr. Cole's nasal area was red.

During the injection marks examinations chemicals were observed on both hands and fingers.

The evaluation began November 7, 2020 at 0200 hours and was completed at 0255 hours.

At 0256 hours, I advise Mr. Cole of my opinion and read the Bodily Substance Demand for a sample of his urine, which he understood.

Mr. Cole provided a sample of his urine at 0309 hours. I seized the urine sample and secured it in the exhibit locker fridge within Saskatoon RCMP Detachment.

No grounds existed for a breath alcohol sample and a demand for breath was not made.

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
D. Smith	010101	20-013-0063	RCMP	(Session XXV - #4 IG)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
D. Smith	☑ Yes ☐ Yes (not used) ☐ No	RCMP	N/A

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/12/22 @ 1430 hrs	D. Smith	N/A	☑ None ☐ Fatal ☐ Injury ☐ Property	☐ Yes ☑ No

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
1525 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Davis, Paul J.	1985/01/21	Male

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
2020/12/22 @ 1525 @ RCMP Det Detn	Pancakes	9 am	Coffee & Water N/A	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
"5 pm" / 1530 hrs	Took a nap today Couple of hours	☐ Yes ☑ No "I'm cold"	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No Sore left shoulder	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☑ Yes ☐ No Tylenol	Cooperative	Poor, unstable at times

Speech	Breath Odour	Face
Slow, low and raspy	Nothing noted	Pale

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

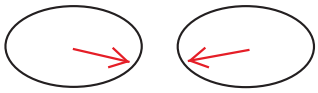
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 56 bpm @ 1540hrs
2. 58 bpm @ 1550hrs
3. 56 bpm @ 1618hrs

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	None	None

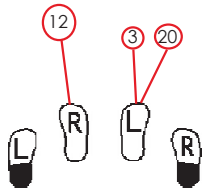
Convergence



Right Eye Left Eye

One Leg Stand

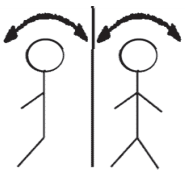
21 /30 22 /30



Lost balance, nearly fell

Modified Romberg Balance

Approx. 4" 4" Approx. 4" 4"

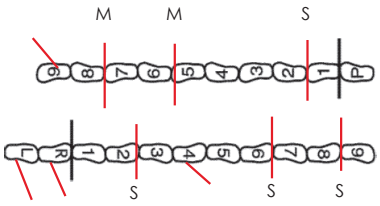


Head nodded forward

Walk and Turn

Cannot keep balance II (2)

Starts too soon ∅



Slow, deliberate steps

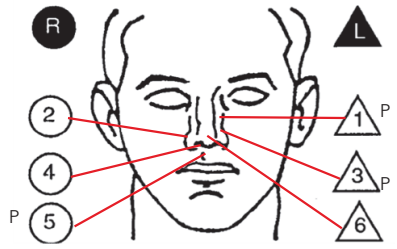
	1st nine	2nd nine
Stops walking	III (3)	I (1)
Misses heel-toe	I (1)	II (2)
Steps off line	I (1)	I (1)
Raises arms	III (3)	III (3)
Actual steps taken	9	9

L	R	
I (1)	I (1)	Sways while balancing
I (1)	I (1)	Uses arms to balance
∅	∅	Hopping
I (1)	II (2)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
58 sec estimated as 30 seconds	Slow, as instructed	N/A	Laced up work boots

Finger to nose

(Draw lines to spots touched)



Slow deliberate movements.

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	2.0 mm	2.5 mm	1.5 mm
Right Eye	2.0 mm	2.5 mm	1.5 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☐ Slow ☑ Little to none visible

Nasal area: Nothing noted

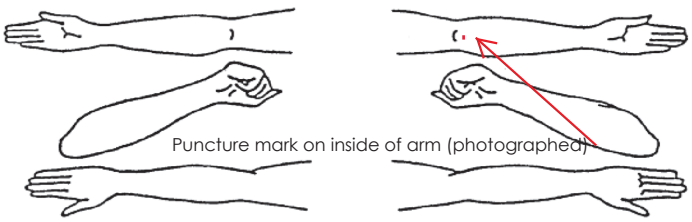
Oral cavity: Nothing noted

Blood Pressure	Temperature
112 / 64 mmHg	36.8 °C

Muscle tone: ☐ Normal ☑ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



Puncture mark on inside of arm (photographed)

What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I'm not using anymore"	N/A	N/A	N/A

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
1640 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☑ Urine ☐ Blood Demand time: 1640 hrs Sample Time: 1905 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
D. Smith		

Opinion of Evaluator

☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anaesthetic ☐ Inhalants ☑ Operational

☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☑ Narcotic Analgesic ☐ Cannabis ☐ Training

DRUG INFLUENCE EVALUATION NARRATIVE

Cst. D'Arcy Smith **DRE # 10101**

This is the detailed narrative report of Cst. D'Arcy Smith, a Regular Member of the Royal Canadian Mounted Police (Reg. No. 45678), DRE No. 10101. I am currently attached to H Division RCMP Traffic Services working from the Antigonish RCMP Detachment. I am credentialed by the International Association Chiefs of Police (IACP) as a Drug Recognition Expert and my certification expiry date is November 7, 2021.

NARRATIVE: (1) Location; (2) Witnesses; (3) Source; (4) First Observation Of Subject; (5) Psychophysical Tests; (6) Clinical Signs; (7) Statements; (8) Medical Problems/ Treatment; (9) Opinion; (10) Miscellaneous

Subject: **Paul Davis 1985-01-21**
Date: **2020-December- 22**
File: **20201220671**

The Drug Influence Evaluation conducted by a Drug Recognition Expert, an evaluating officer under the Criminal Code, is a 12-step procedure that follows a standardized, systematic evaluation of a driver to determine if a driver is impaired by drug(s). There are seven (7) categories of drugs that can cause impairment, and at the end of the evaluation, the DRE will be able to determine which category or categories of drugs were used by the driver. A toxicological sample, such as blood or urine, will be taken and analyzed to corroborate the DRE's determination.

The seven categories are:
1. Central Nervous System Depressants
2. Inhalants
3. Dissociative Anesthetics
4. Cannabis
5. Central Nervous System Stimulants
6. Hallucinogens
7. Narcotic Analgesics

1) LOCATION:
The evaluation of subject Paul Davis was conducted in a room within the Antigonish RCMP Detachment in Antigonish, Antigonish County, Nova Scotia.

2) WITNESSES:
The evaluation was witnessed by Cpl. Robert Kavanaugh.

3) SOURCE:
I located the suspect slumped over the steering wheel of his vehicle parked along the shoulder of Highway 316. When I approached the vehicle, I observed that it was in gear and the engine was running. The vehicle was up against a roadside cement barrier and was not moving. I knocked on the driver's window and the suspect leaned back, opened his eyes and appeared to be startled by my presence. He was asked to roll down his window and put the vehicle into Park, which he did after noticeably fumbling with the window control and the transmission lever. The suspect was coherent but appeared dazed and confused. When asked, he stated he was not sure where he was. I noted that his speech was slow, low, and raspy. His movements were also slow and deliberate. I noted that his pupils were constricted. When I had him exit the vehicle, his movements were slow, and he was unsteady on his feet and he used the side of his vehicle as support. I did not detect an odor of alcoholic beverage on his breath. When asked, he stated he was feeling alright, but a little tired. He stated he was not sick and was not injured. There were no overt indicators of a medical problem. I attempted to administer SFSTs at roadside, which included the HGN, VGN, Walk and Turn and One Leg Stand tests. He did not exhibit HGN or VGN. He was uncoordinated during the Walk and Turn and One Leg Stand tests. Throughout the testing, he had difficulty maintaining his balance and displayed poor coordination. After completing the SFSTs, the suspect was placed under arrest for impaired operation of a conveyance. When placing the suspect into custody I observed what appeared to be a bloody spot on his forearm area on the inside of his left shirt sleeve. When asked about the bloody spot, he stated that he had cut himself on a nail earlier in the day. After being placed in my patrol vehicle, the suspect appeared to be "on the nod" at times. His head would slump forward, and his eyes would slowly close. The suspect was read his right which he stated he understood. While securing his vehicle, I located a syringe laying on the passenger side floorboard. The syringe was seized as evidence. After securing his vehicle, the suspect was transported to the Antigonish RCMP Detachment for a Drug Influence Evaluation.

4) FIRST OBSERVATION OF SUBJECT:
I first observed the suspect in the vehicle roadside slumped over the steering wheel. Once at the Detachment, the suspect was having difficulty keeping his eyes open and his head was continually nodding forward. I noted that he had droopy eyelids and his pupils were constricted. When he spoke, his voice was slow, low, and raspy. He was continually scratching his face and arms, and he complained of being cold. I explained the DRE process and asked if would participate in the evaluation, which he agreed to do by stating, "Yeah, okay, whatever." The suspect continued to appear to be "on the nod" and numerous times I had to repeat my questions and wait for his delayed responses. When asked if he was taking any medications or drugs, the suspect indicated that he sometimes takes Tylenol for a sore shoulder. The suspect said that he is not a diabetic or epileptic. He stated several times he was cold and at times felt nauseous. The room temperate was set at approximately 20 degrees, which is the normal setting for the time of year. His face was pale, and he did not have any distinctive breath odor. When asked, he stated he did not need any medical attention. I noted that the suspect was wearing jeans, a long sleeve plaid shirt and

black lace-up boots. When asked, he told me he thought it was about 5:00 PM when the actual time was 3:30 PM. He stated he last slept earlier in the day taking a nap but did not say when.

5) PSYCHOPHYSICAL TESTS:

There are four psychophysical tests: The Modified Romberg Balance, the Walk and Turn, the One Leg Stand, and the Finger to Nose tests. By administering these tests, a DRE can accurately determine if a subject's psychomotor and/or divided attention skills are impaired.

Modified Romberg Balance: *(DRE average range 30 seconds plus or minus 5 seconds)*

Mr. Davis thought 30 seconds passed in a recorded 58 seconds. Mr. Davis said it was 30 seconds and that he just counted in his head.

Mr. Davis swayed four inches to both the front and back as well as a four inches sway to both the left and right with his head nodded forward.

Walk and Turn Test:
During the instruction stage, Mr. Davis did not start too soon but could not keep his balance two times breaking his stance to the right.

During the first 9 heel to toe steps, Mr. Davis raised his arms three times, stepped off line once to his right on his fourth step, stopped walking three times on steps two, six and eight, missed touching heel to toe once between steps three and four and took 9 steps.

Mr. Davis completed the turn as instructed with slow steps.

During the second 9 heel to toe steps, Mr. Davis stopped walking once after step one, stepped off line once to his right on his ninth step, raised his arms three times and missed touching his heel to toe two times between steps five and six as well as steps seven and eight before finishing the test with taking 9 steps.

Mr. Davis was wearing laced up work boots and during the test his steps were slow and deliberate.

One Leg Stand Test:
While balancing on his left leg, Mr. Davis used his arms for balance once, swayed while balancing once, put his foot down once on his count of twelve and did not hop during the test.

Mr. Davis counted to a total of 21 in a recorded 30 seconds.

While balancing on his right leg, Mr. Davis swayed while balancing and used his arms for balance once time each, put his foot down two times on his count of three and twenty and did not hop.

Mr. Davis counted to a total of 22 in a recorded 30 seconds.

During both tests, Mr. Davis lost his balance and nearly fell.

Finger to Nose Test: On attempt one Mr. Davis touched the upper left side of his nose with the pad of his finger. On attempt two, Mr. Davis touched to the right side of his nose. On attempts three, Mr. Davis touched the left side his nose with the pad of his finger. On attempts four, Mr. Davis touched the opening of his right nostril. On attempt five, Mr. Davis touched his upper lip wit the pad of his finger. On attempt six, Mr. Davis touched the tip of his nose.

During the test Mr. Davis' hand movements were slow and deliberate.

6) CLINICAL SIGNS: In the eye examination, the DRE examines the subject for Horizontal Gaze Nystagmus (HGN), Vertical Gaze Nystagmus (VGN) and for a lack of convergence. A subject lacks convergence if their eyes are unable to converge toward the bridge of their nose when a stimulus is moved inward. Depressants, Inhalants, and Dissociative Anesthetics, the so-called "DID drugs", may cause HGN. In addition, the Depressants and Inhalants may cause VGN when taken in higher doses for that individual. The DID drugs, as well as cannabis (marijuana), may also cause a lack of convergence.

The DRE also takes the subject's blood pressure, temperature and pulse. Some drug categories may elevate the vital signs. Others may lower them. Vital signs provide valuable evidence of the presence and influence of a variety of drugs.

The DRE estimates the subject's pupil sizes under three different lighting conditions with a measuring device called a pupilometer. The device will assist the DRE in determining whether the subject's pupils are dilated, constricted, or normal. Some drugs increase pupil size (dilate), while others may decrease (constrict) pupil size. The DRE also checks for the eyes' reaction to light. Certain drugs may slow the eyes' reaction to light.

Horizontal Gaze Nystagmus Test: Horizontal Gaze Nystagmus and Vertical Nystagmus were not present.

Mr. Davis was not wearing glasses, is not blind, did not display resting nystagmus, was able to follow the stimulus (pen), eyes were normal, eyelids were droopy, pupils' size were equal, eyes were normal and displayed equal tracking.

Convergence: Mr. Davis was able to follow the stimulus and did not display lack of convergence. The test was completed twice with the same results each time.

Pulse Rate: Mr. Davis' pulse was below (down) the DRE average range of 60-90 beats per minute (bpm) at all three measurements: 56 bpm at 1540hrs, 58 bpm at 1550 hrs and 56 bpm at 1618 hrs.

Blood Pressure: Mr. Davis' blood pressure was measured to be 112 millimeters of mercury (mmHg) over 64 mmHg. The DRE average range for the systolic pressure is 120-140mmHg, and the DRE average range for diastolic blood pressure is 70-90mmHg. Mr. Davis' blood pressure was below (down) the DRE average range for both the systolic and diastolic measurements.

Pupils: Mr. Davis' pupils were measured to be outside the DRE average range (constricted) in both room light and near total darkness. His reaction to light was little to none.

Mr. Davis' pupils were measured to be 2.0 millimeters (mm) in both eyes in room light below (constricted) the DRE average range being 2.5 – 5.0mm. His pupils were measured to be 2.5mm in both eyes in near total darkness below (constricted) the DRE average range being 5.0 – 8.5mm. In direct light his pupils were measured to be 1.5mm in both eyes being below the DRE average range of 2.0 - 4.5mm.

Rebound dilation was not displayed.
UV light was not used during the evaluation.

Body Temperature: Mr. Davis temperature was measured using an oral thermometer with a digital display reading of 36.8 degrees Celsius, which is within the DRE average range of 37 degrees Celsius plus or minus 0.5 degrees Celsius.

Muscle Tone: Mr. Davis muscle tone was flaccid.

7) STATEMENTS:

Mr. Davis admitted that he once used prescription pain pills, but stated, "I'm not using them anymore." He denied any illicit drug use, stating he does not use drugs

8) MEDICAL PROBLEMS/TREATMENT:

Mr. Davis said he hurt his shoulder about two or three months ago while moving pallets at work but was not under doctor's care for the injury. When asked if he needed medical assistance for his shoulder or any other medical condition he may be experiencing, he stated, "No, I'm okay. Thanks for asking." During the evaluation, no medical issues or concerns were detected, and none were mentioned by the suspect.

9) OPINION:

In my opinion as an evaluating officer at the conclusion of this evaluation, Paul Davis ability to operate a conveyance was impaired by a Narcotic Analgesic.

10) MISCELLANEOUS:

At the conclusion of the evaluation I had reasonable grounds to believe Mr. Davis was impaired to make a bodily substance demand.

Mr. Davis nasal area and oral cavity was examined and there was nothing noted.

No grounds existed for a breath alcohol sample and a demand for breath was not made.

The Drug Influence Evaluation started at 1525 hours and finished at 1640 hours.

I explained my opinion to Mr. Davis and read the bodily substance urine demand at 1640 hrs. Mr. Davis told me right away that he was unable to urinate. I explained that he would need to at least try and was given water to assist with his trying.

At 1905 hours, Mr. Davis provided a sample of his urine that was seized and placed in the fridge within the exhibit locker of the Antigonish RCMP Detachment.

_____

Constable D'Arcy Smith
Drug Recognition Expert #10101

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Cst. P. Foster	22290	21-009-0084	Saskatoon Police Service	(Session XXV - #5 IG)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cst. W. Trelnuk #755	☑ Yes ☐ Yes (not used) ☐ No	SPS	N/A

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2021/09/05 @ 1722 hrs	Trelnuk	1750 hrs	☐ None ☐ Fatal ☐ Injury ☑ Property	☑ Yes ☐ No 1809 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
1810 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Elliott, John B.	1990/04/10	Male

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
2021/09/05 @ 1810 hrs @ SPS Detn	Tuna sandwich About 1 pm	Water & Coffee N/A	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
Don't know / 1816 hrs	Last night "Maybe 5 hours"	☐ Yes ☑ No "Got a headache"	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No "I used to see a doctor"

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No "I probably should"	Emotional, confused	Poor, unsteady

Speech	Breath Odour	Face
Slurred, thick and confused	Nothing noted	Flushed

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

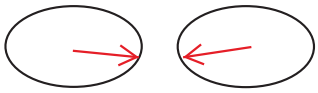
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 68 bpm @ 1820hrs
2. 68 bpm @ 1840hrs
3. 68 bpm @ 1850hrs

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	None	None

Convergence



Right Eye Left Eye

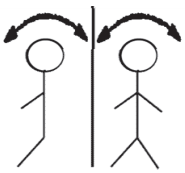
One Leg Stand

N/A /30 N/A /30

Claimed to be dizzy, tests stopped for safety reasons

Modified Romberg Balance

Approx. Approx.

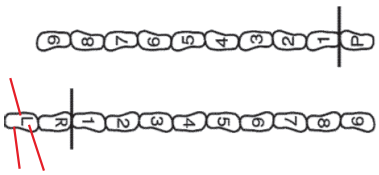


Test stopped for safety

Walk and Turn

Cannot keep balance III (3)

Starts too soon ø



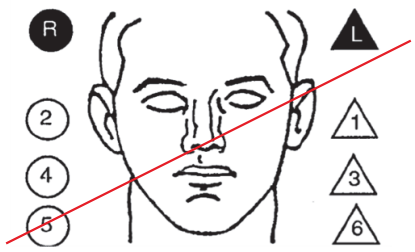
	1st nine	2nd nine
Stops walking		
Misses heel-toe		
Steps off line		
Raises arms		
Actual steps taken		

L	R	
		Sways while balancing
		Uses arms to balance
		Hopping
		Puts foot down

Time estimation & questions (pg2)	Describe turn	Cannot do test (explain)	Type of footwear
__N/A__ estimated as 30 secs	N/A	Used wall for support, dizzy, test stopped.	Laced up dress shoes

Finger to nose

(Draw lines to spots touched)



Tests stopped for safety reasons, falling down when closed eyes and tilted head back

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	5.0 mm	6.0 mm	4.0 mm
Right Eye	6.0 mm	7.0 mm	5.0 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: Nothing noted

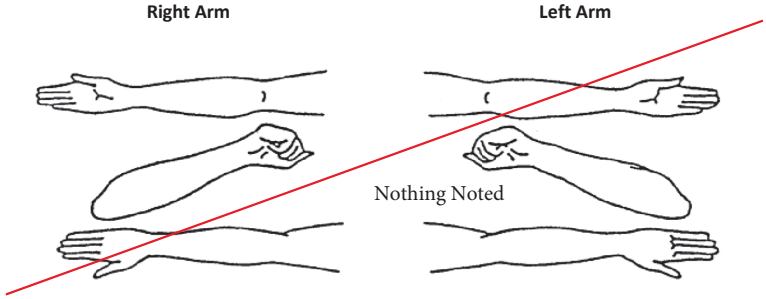
Oral cavity: Nothing noted

Blood Pressure	Temperature
188 / 98 mmHg	39.0 °C

Muscle tone: ☑ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



Nothing Noted

What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I don't use drugs, but probably should"	N/A	N/A	N/A

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
1920 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☐ Urine ☐ Blood Demand time: N/A Sample Time: N/A	

Evaluator Signature	Approved by (instructor signature)	DRE # / Date
P. Foster, Esq		

Opinion of Evaluator

☐ Not Impaired	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anaesthetic	☐ Inhalants	☑ Operational
☑ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	☐ Training

Drug Impairment Evaluation

This is the detailed narrative report of Constable Patrick Foster, a regular member of the Saskatoon Police Service, Badge #657, DRE Number 22290. Cst Foster is currently a Collision Reconstructionist in the Collision Analyst Unit – Special Uniform Operations at 76 25th Street East, Saskatoon, Saskatchewan. Cst Foster is credentialed by the International Association of Chiefs of Police (IACP) as a Drug Recognition Expert (DRE Certification Expiry Date: 2023-10-20).

1. **Location**: The evaluation of John B. Elliott was conducted by Constable Foster #657, at SPS Headquarters located at 76 25th Street East, Saskatoon, Saskatchewan on September 5, 2021.

2. **Witnesses**: This evaluation was witnessed by Cst. W. Trelnuk #755 of the Saskatoon Police Service.

3. **Source**: The subject evaluated was John B. Elliott DOB 1990/04/10.

Interview of the arresting officer Cst Trelnuk #755: Cst Trelnuk determined the driver, John Elliott, had been involved in a minor collision in a construction zone on Highway 11. Construction workers at the scene reported that Elliott was acting strangely and appeared to be confused and disoriented. When Cst Trelnuk arrived at the scene, he found Elliott wandering along the roadway near his vehicle. Elliott's speech was slurred and gurgled, at times incoherent. He also had difficulties maintaining his balance and several times staggered as he walked. Trelnuk determined Elliott was uninjured and had him perform SFST's pursuant to his demand. Elliott performed poorly, was arrested, and provided the DRE demand at 1748 hours.

4. **First Observations**:

A breath test was not taken as there was no reason to believe alcohol was consumed or an impairing factor in this investigation. I first observed Elliott as he approached the breath room, where we would conduct the evaluation. The secondary caution was provided verbatim at 1809 hours to which he replied "yea" to understanding. The following things were observed at that time:

- Elliott's eyes were watery;
- Elliott displayed equal tracking;
- Elliott's pupil size appeared to be equal;
- Resting nystagmus was not present;
- Elliott was able to follow the stimulus;
- Elliott's eyelids were not droopy.

Elliott was asked the following questions:

- "What have you eaten today, and when?" Elliott replied with "tuna sandwich" and indicated he ate at "about 1 pm";
- "What have you been drinking, how much, and what time was your last drink?" Elliott stated had drunk coffee and water;

- What time do you think it is now?" Elliott stated "I don't even know at all" the investigators time was 1332 hours;
- "When did you last sleep, and for how long?" Elliott stated he had slept "last night" and "maybe 5 hours";
- "Are you sick or injured?" Elliott answered no and "got a headache";
- "Are you diabetic or epileptic?" Elliott answered no;
- "Do you take insulin?" Elliott answered no;
- "Do you have any physical disabilities?" Elliott answered no;
- "Are you under the care of a doctor or dentist?" Elliott said "I used to see a doctor";
- "Are you taking any prescription medication or drugs?" Elliott said "I probably should".

The following further observations were made:

- Elliott was emotional and confused;
- Elliott had poor slow and unsteady movements; &
- Nothing was noted about his breath odour.

5. **Psychophysical Signs**:

Modified Romberg Balance Test:

- The script was delivered to Elliott, however when he closed his eyes and tilted his head back he became very unsteady and the test was stopped for safety reasons.

Walk and Turn Test

- Elliott was wearing black laced up dress shoes during the test.

During the instruction stage:

- Elliott was unable to keep his balance on 3 occasions. Elliott's left foot stepped off one time to the left and two times to the right. Elliott returned to the instruction stance after stepping off the line each time. It took several explanations and script deliveries to have him in the proper position for the WAT.

The test was stopped for safety reasons.

One Leg Stand

- While testing Elliott's left leg he claimed to be dizzy and was unable to complete this test. This test was stopped for safety reasons.

- While testing Elliott's right leg he once again said he was dizzy and simply couldn't balance. The test was attempted but stopped for safety reasons.

Finger to Nose Test:

- Elliott was unable to complete this test. When he was directed to close his eyes and tilt his head back, he was nearly falling down. The test was stopped for safety reasons.

6. Clinical Signs:

Horizontal Gaze Nystagmus: During the HGN testing, nystagmus not present.

Vertical Gaze Nystagmus: Elliott did not display VGN.

Lack of Convergence: Elliott was able to converge his eyes.

Pupil Size:

The DRE average range for pupil size is room light is 2.5 to 5.0 millimeters (mm). Elliott's left eye was 5.0 mm in room light. His right pupil was 6.0 mm. The left pupil was within the DRE average range and his right eye was above the DRE average range.

The DRE average range for pupil size in near total darkness is 5.0 to 8.5 mm. Elliott's left eye was measured at 6.0mm and his right eye pupil was 7.0 mm. Both pupils were within the DRE average range.

The DRE average range for pupil size in direct light is 2.0 to 4.5 mm. Elliott's left eye was measured at 4.0 mm and his right eye pupil was 5.0 mm. The left eye pupil was within the DRE average range, the right eye pupil was above the DRE average range.

His pupils displayed a normal reaction to light.

Elliott did not display rebound dilation.

Pulse Measurements:

The pulse was taken 3 times:

- 1st pulse, taken at 1820 hours was 68 beats per minute (BPM) which is within the DRE average range of 60-90 BPM;
- 2nd pulse, taken at 1840 hours was 68 BPM which is within the average DRE range; &
- 3rd pulse, taken at 1850 hours was 68 BPM which is within the average DRE range.

Blood Pressure: Elliott's blood pressure was 188/98 Millimeters in Mercury (mmHg).

Elliott's systolic blood pressure was above the DRE average range, which is 120 - 140 mmHg. His diastolic blood pressure was 98 mmHg which is above the diastolic DRE average range of 70-90 mmHg.

Temperature: Elliott's body temperature was 39.0° Celsius.

His temperature was taken with an oral thermometer. Elliott's body temperature was above the DRE average range of 37° Celsius, plus or minus 0.5 degree.

Muscle Tone: Elliott's muscle tone was normal.

7. Statements:

Elliott denied any drug use and stated "I don't use drugs, but probably should."

8. Medical Problems or Treatments:

It appears as though there may be a head injury due to the minor collision which alerted witnesses to contact police. Due to unequal pupil size which was noted during the eye examinations, and it was inexplicable by Elliott. He was released without charges and provided with immediate medical attention.

Drugs and Medicine: Nothing Noted**.**

9. **Opinion:** It is the opinion of Constable Patrick Foster, an evaluating officer, that John B. Elliott's ability to operate a conveyance is not impaired, and due to a medical situation.

10. Miscellaneous:

- Nothing noted in nasal or oral cavity.

All times in this report unless otherwise indicated noted are that of Cst Patrick Foster

_____

Patrick Foster, Constable

Saskatoon Police Service

DRE# 22290

Estimated time for session: 50 Minutes

30 DRE

PREPARING THE NARRATIVE REPORT

LEARNING OBJECTIVES

- Discuss the essential elements of the drug impairment evaluation report
- Prepare a clear and concise drug impairment evaluation report

CONTENTS

LEARNING ACTIVITIES

- Instructor-Led Presentations
- Interactive Discussion

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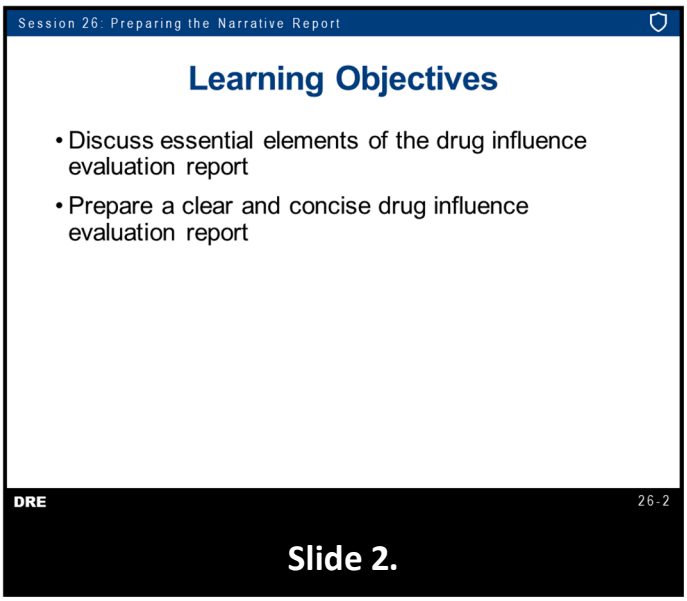
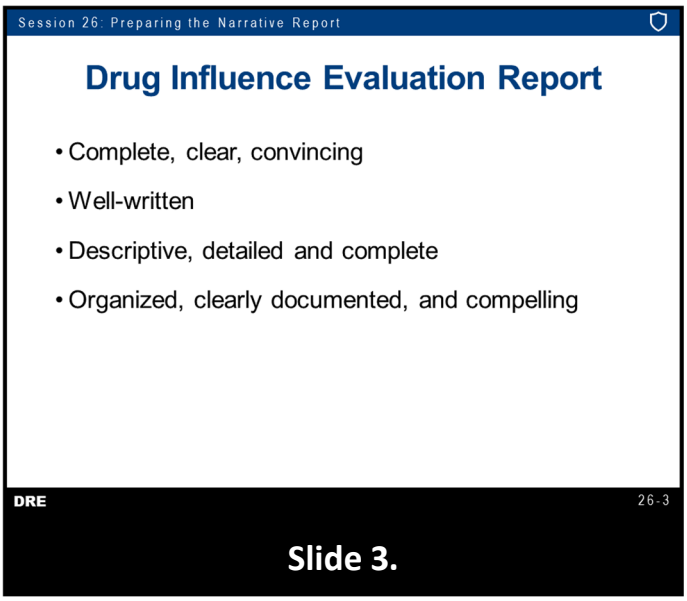


Slide 2.

Instructor Note

Briefly review the objectives, content, and activities of this session.

A. Components of the Process



Slide 3.

Successful prosecution depends on how clearly, completely, and convincingly the DRE presents their observations, measurements, and conclusions. A well-written, clear, and convincing drug impairment evaluation report increases the likelihood that the case will be properly adjudicated. A prosecutor is more likely to file the charge if the evidence is organized, clearly documented, and compelling.

Instructor Note

Point out prosecutor's decision is generally based on the offence/arrest report and, consequently, if they cannot find the information they need, they are more likely to plea bargain or dismiss the charge.

The defence is less likely to contest the charge when the report is descriptive, detailed, and complete.

Instructor Note

Point out evidence gathered during the drug influence evaluation is rarely challenged when it is well documented on the evaluation form and backed up by a detailed narrative report.

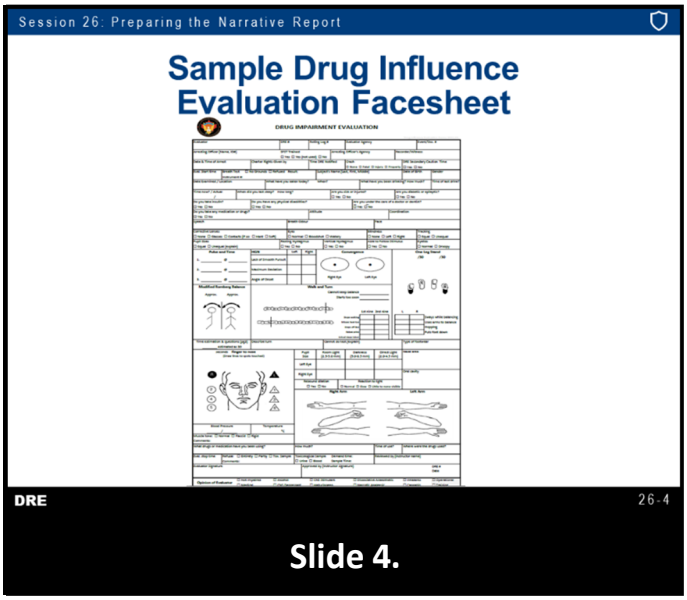
B. Components of the Drug impairment Evaluation Report

The Drug impairment Evaluation Facesheet is part of your drug impairment evaluation report; but it is not the entire report. The Facesheet contains some very important information, for example, the subject's pulse rate was elevated on all three measurements, the subject's eyes failed to converge, and the subject's pupils were constricted.

Instructor Note

Point out some of the key information on the sample Facesheet.

However, it is important to remember the DRE Facesheet does not contain all of the important information available concerning this subject.



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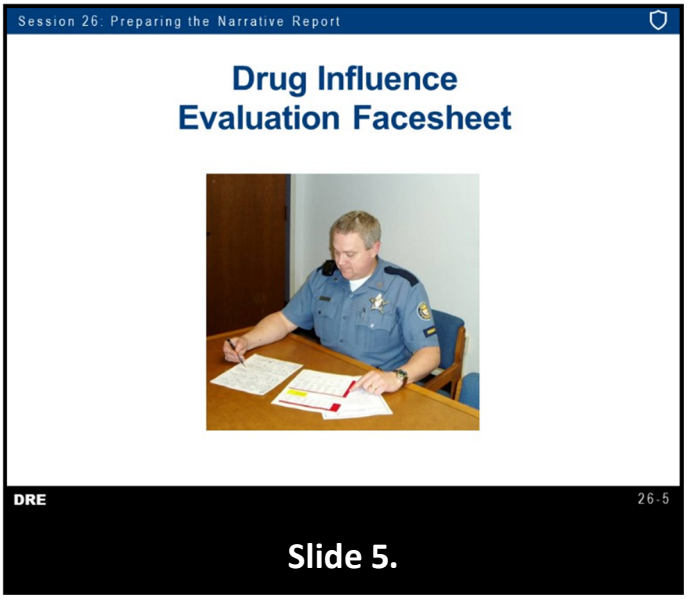


Slide 5.

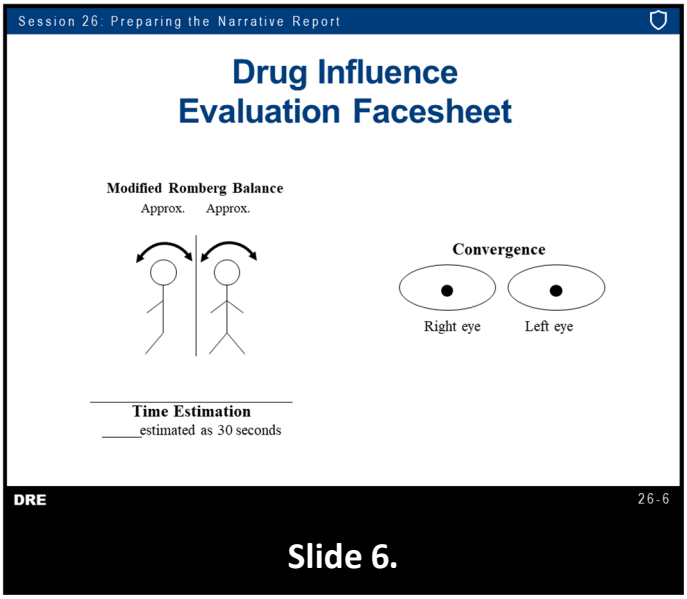
Most importantly, the Drug impairment Evaluation Facesheet is a technical document. Trained DREs know how to complete and interpret the Facesheet. Boxes on the Facesheet should not be left blank. It is recommended "N/A", "Nothing noted" or something equally unambiguous be used.

Instructor Note

Ask participants to suggest some important information that might be available that wouldn't appear on the Facesheet.

Examples include information obtained during the interview of the arresting officer, elaborate or lengthy statements made by the subject, paraphernalia found in the subject's possession, etc.

Many Crowns, judges, and jurors won't know how to interpret the Facesheet. It is up to you to take all of the information you work so hard to obtain and put it into a clear, easily understood, report so Crown counsel, the judge, and the jury will understand what you observed and what it means.



Slide 6.

To ensure the information contained on the Facesheet is systematic and standardized, the results of the tests should be recorded as follow below.

Lack of Convergence (LOC): A dot should be made where the pupil starts and draw an arrow to indicate the movement and where the pupil stops. Note that in the event the eyes did not move exactly the same way in your two "passes", the important information is the end position (could or could not converge), not the movement itself. Draw the diagram that illustrates best your observation.

Modified Romberg Balance (MRB): The first figure indicates the sway from front to back and should be estimated in inches or centimetres from center.

Instructor Note

Show the participants an example.

Remind them in their participant guides are a complete description of the correct way to mark their evaluations.

The second figure indicates the sway from side to side and is estimated in inches or centimetres from center.

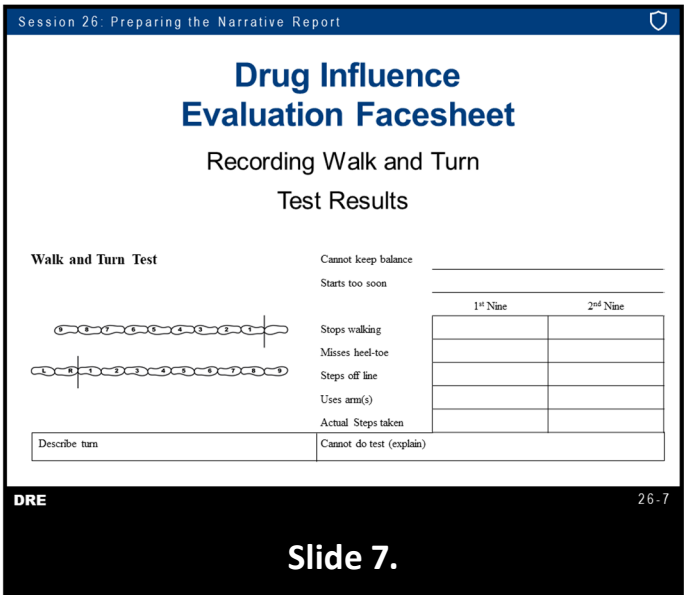
Instructor Note

Show the participants an example.

Put the approximate distance from center the subject's sways on either end of the arrows. If the subject exhibits a circular sway, record the approximate number of inches or centimetres from center in a way that clearly shows it was circular. Record actual elapsed time of the time estimation.

DREs are not limited to only documenting the above evidence during the test. DREs are encouraged to record sufficient evidence to deliver effective testimony in court.

Demonstrate how each clue is to be documented using easel/easel pad or dry erase board.



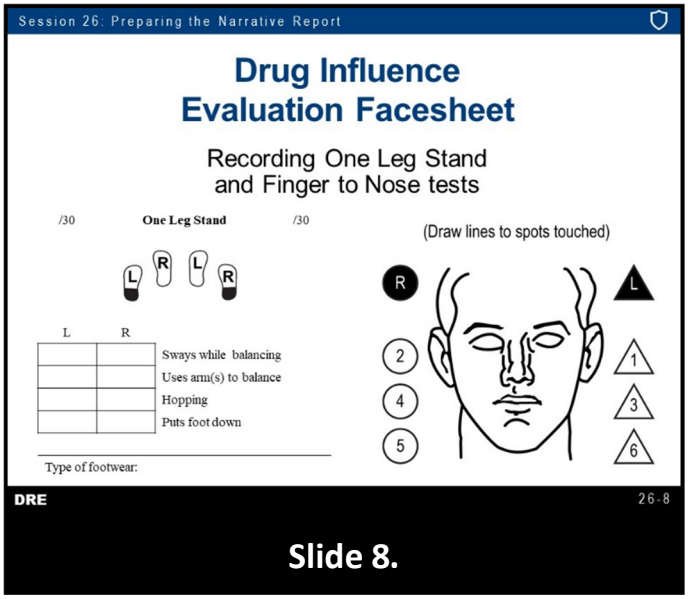
Slide 7.

Walk and Turn (WAT): The first two – cannot keep balance and starts too soon – are observed during the instruction stage. If the subject breaks the heel-to-toe stance, indicate it with a dash mark from the foot that moved, in the approximate direction of the movement. Also note if they went back to the instructional position on their own or if you had to direct them. Remember that they must break the stance to count as a clue, but any sway or use of arms should be documented nonetheless.

Indicate the number of times the subject stops, misses heel-to- toe, steps off line, or uses arm(s) for balance. Record the actual number of steps taken. If the subject takes additional steps, draw in the additional steps to reflect the actual number of steps taken (if too many steps occur to neatly include, ensure to keep track and record in a way you can refer to afterwards). If the subject takes less than nine steps, place an (x) in the missing steps. If the subject stops walking, indicate where with a vertical slash mark between the two steps where they stopped, and an "S" under that mark. If the subject steps off the line, indicate with half of a slash mark at an angle in the direction the step was off the line. If the subject misses heel-to-toe, indicate with a vertical slash mark between which steps the heel-to-toe was missed and an "M" under that mark. Describe the turn in a way that will allow you to recollect it if done improperly. If it was adequate, write "As described" or "As instructed". Tally the number of clues with check marks where applicable. If the subject exhibits a clue for the entire test, indicate with "throughout", "continuous" or a similar unambiguous term.

DREs are not limited to only documenting the above evidence during the test. DREs are encouraged to record sufficient evidence to deliver effective testimony in court; the more notes the better.

Demonstrate how each clue is to be documented using easel/easel pad or dry erase board.



Slide 8.

Demonstrate how each clue is to be documented using easel/easel pad or dry erase board.

One Leg Stand (OLS): Indicate in the OLS box the number the subject counted to when the foot touched the floor (if applicable). It is not necessary to place the number where the foot touched down. Check marks should be made to indicate the number of times the subject swayed, used arms, hopped, or put foot down. If the subject exhibits a clue for the entire test, indicate with "throughout", "continuous" or a similar unambiguous term. Indicate how far the subject counted in 30 seconds in the top area of the box above the foot raised. If the subjects restarts the count on every foot drop, indicate the highest number they got to and properly document they were resetting, contrary to instructed. Add any other indicators observed such as tremors, falling, etc. Remember that the foot with the black heel is the one they are standing on.

Demonstrate how each clue is to be documented using easel/easel pad or dry erase board.

Finger to Nose (FTN): A line must be drawn to the appropriate triangle or circle to indicate where the subject touched their nose. Suggestion – If the DRE draws the line from the place where the subject touched to the triangle/circle, it enables them to draw a straighter line

DREs are not limited to only documenting the above evidence during the test. DREs are encouraged to record sufficient evidence to deliver effective testimony in court.

Instructor Note

Solicit participants' comments and questions about the Narrative Report.

C. Drug impairment Evaluation Narrative Report Components

Slide 9.

The Canadian Drug impairment Evaluation Narrative Report format contains 10 components. Note that while generally following the structure of the facesheet, the report sections are not always chronologically ordered.

First component – Location: For example, where the evaluation was conducted. If the valuation was video recorded, indicate it here.

Second component – Witnesses: List the person(s) - and their agency - who were present for all or part of the evaluation. List officers who helped to conduct the evaluation, who observed the evaluation, who were there for officer safety, etc. Also include any instructors who witnessed the evaluation.

Third component – Source. This section includes any and all information which the DRE gather prior to getting in contact with the subject, or the various steps done prior to the evaluation if the DRE is the arresting officer. This includes but is not limited to:

- Interview of the Arresting Officer: List when you were first notified of the request for the drug impairment evaluation. Summarize the information you were given at that time. Detail the information provided by the arresting officer. Get as much information on the circumstances of the arrest as you can. A good way to proceed is to walk the arresting officer through the three phases of impaired detection to help them provide you all of their grounds and observations.

- Breath Alcohol Test: If you have come to suspect the subject had alcohol in their body and read the DRE Breath Demand, document it here with their BAC. List who was the Qualified Technician and the time/place the test was administered. Note that even if the breath test was conducted later on in the evaluation, you still indicate it under this section (non-chronologically) but clearly indicate at which point you made the demand and what lead you to your grounds.

Fourth component – Initial Observation of the Subject: Describe where you first saw the subject. Describe noteworthy aspects of your initial observations. List the findings of the Preliminary Examination of the subject. Be as descriptive as necessary and avoid generic notes.

Fifth component – Psychophysical Indicators of Impairment: Summarize performance of the MRB, WAT, OLS, and FTN tests. Describe any relevant behaviors on the tests not included on the Facesheet. Document any other pertinent observations made during the tests, such as eyelid tremors, leg tremors, miscounting, etc.

Point out DREs should document as much information as possible about any reported medical issues claimed by the subject and if medical treatment is warranted, it should be arranged, or at least offered.

Sixth component – Clinical Indicators of Impairment

Point out in this section of the DRE's report the word "average" or words "average ranges" refers to the results of the specific test within the DRE average range(s).

Eye Signs: Briefly summarize your observations of Horizontal Gaze Nystagmus (HGN), Vertical Gaze Nystagmus (VGN), LOC, Pupil Size, Reaction to Light, and appearance of the subject's eyes.

Vital Signs: Briefly summarize the subject's pulse rate, blood pressure, and temperature.

Seventh component – Subject's Statements and other Observations: Document any volunteered or spontaneous statements. Record any statements made as a result of your interview. Include any admissions or denial of drug use, time, location drugs were used, and any statements made relating to the subject's perception of their impairment, if applicable.

Remind participants to contact their local Crowns to confirm if there are any special instructions for Rights and Caution during the evaluation.

Eighth component – Medical Problems and Treatment: Describe your observations or indications of any apparent injury or illness affecting the subject. Describe any statements of injury or illness. Summarize any medical treatment offered to the subject.

Ninth component – DRE Opinion: here you write your opinion on the impairment and probable categories. This opinion **must** be written in the following form:

Write on an easel/easel pad or dry erase board the proper wording of the DRE's opinion: "It is the opinion of [your name], a Drug Recognition Expert, that the subject's ability to operate a conveyance is impaired by [drug category(ies)]..."

"It is the opinion of [your name], a Drug Recognition Expert, that the subject's ability to operate a conveyance is impaired by [drug category(ies)]."

Remind participants anytime they have a positive BAC reading, they must list alcohol (ETOH) as part of the opinion.

Tenth component – Miscellaneous: any information or observations that are not included in the previous nine sections come here. This will include but not limited to:

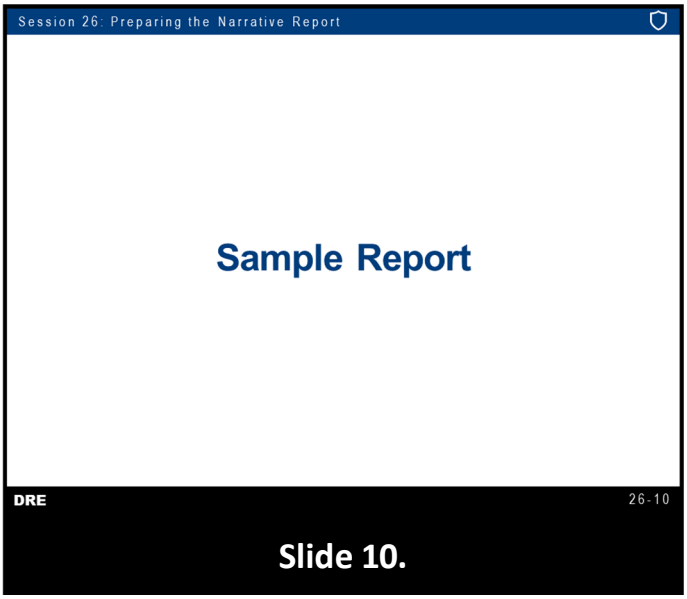
- Signs of Administration: Record the results of examinations of oral and nasal cavities. Document the results of examinations for injection marks. Document any odors detected on subject's breath, hands, clothing, etc. Document physical debris of drugs or drug paraphernalia found on subject's person.
- Toxicological Sample: What sample was obtained; The time the sample was collected (if known); Information on who collected the sample or observed the collection of the sample; Where the sample was taken and to whom it was given; If the subject refused to provide a sample, state that fact.

If available, show participants a copy of a toxicology request form they will be using.

State the type of sample (urine, blood, etc.) obtained from the subject.

- Drugs or drug paraphernalia found in the subject's possession, additional charges, etc.

D. Sample Report



Slide 10.

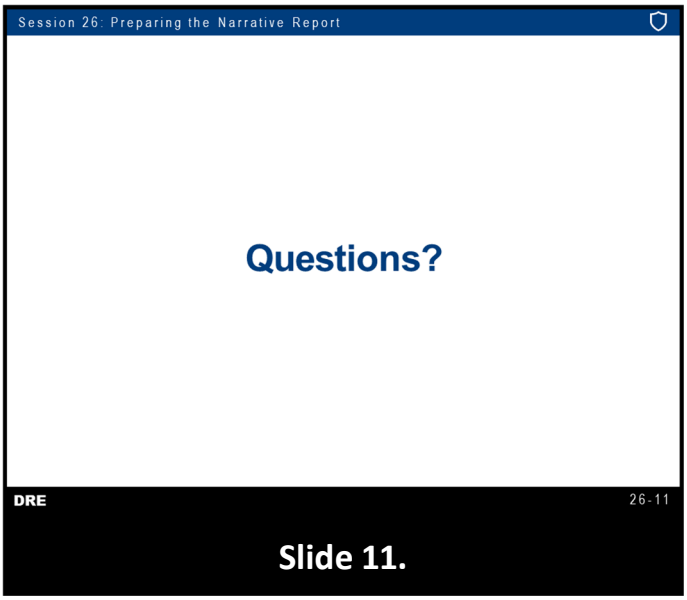
Instructor Note

Direct the participants' attention to the Sample Drug Influence Evaluation Report (Roach) in their participant guide.

A copy of this report is found at the end of this session, for your reference. This report is a suggested guide for preparing clear, concise, detailed reports. Even if your Province or Crowns requires a different narrative report format, you should still include all 10 reporting components in a detailed manner.

Instructor Note

Briefly review all thirteen components of the report with the participants, including the proper terminology for the DRE's opinion.



Slide 11.

Instructor Note

Solicit their comments and questions about the Narrative Report.

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
Cst. A. Oliveira	21367	20-018-0155	RCMP	(Session XXVI)

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
Cst. B. Martin	☑ Yes ☐ Yes (not used) ☐ No	Cape Breton Regional	Cst. B. Burrows

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
2020/09/07 @ 1615 hrs	Martin	1620 hrs	☑ None ☐ Fatal ☐ Injury ☐ Property	☑ Yes ☐ No 1729 hrs

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
1730 hrs	☑ No Grounds ☐ Refused Result: Instrument #:	Roach, Robert D.	1990/04/20	Male

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
2020/09/07 @ 1730 hrs @ CBRP Detn	Burger, Doritos & cookies	About 4 pm	Iced Tea & Water 3 or 4 cups	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
6 pm? / 1733 hrs	Last night About 8 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☑ Yes ☐ No Sore back	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☑ Yes ☐ No "I smoke pot for my back and to relax"	Cooperative, carefree	Slow, unsteady

Speech	Breath Odour	Face
Slow, thick, low	Cannabis	Nothing noted

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☐ Normal ☑ Bloodshot ☑ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

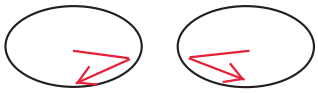
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 98 bpm @ 1740hrs
2. 96 bpm @ 1753hrs
3. 98 bpm @ 1812hrs

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	None	None

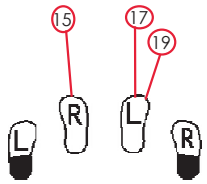
Convergence



Right Eye Left Eye

One Leg Stand

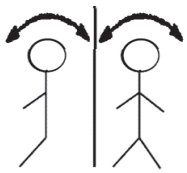
24 /30 22 /30



leg tremors, counted improperly

Modified Romberg Balance

Approx. 3" 3" Approx. 3" 3"

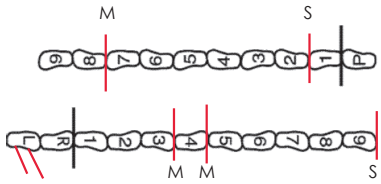


circular sway, eyelid tremors

Walk and Turn

Cannot keep balance II (2)

Starts too soon Ø



Walked slowly, leg tremors

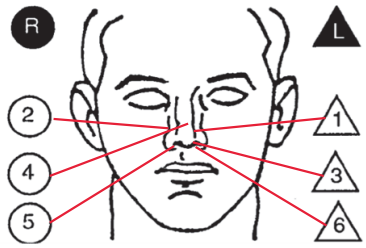
	1st nine	2nd nine
Stops walking	I (1)	I (1)
Misses heel-toe	II (2)	I (1)
Steps off line	Ø	Ø
Raises arms	I (1)	III (3)
Actual steps taken	9	9

L	R	
I (1)	I (1)	Sways while balancing
II (2)	I (1)	Uses arms to balance
Ø	Ø	Hopping
I (1)	II (2)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
42 sec estimated as 30 seconds	Walking in circle with several small steps	N/A	Brown laced up hiking boots

Finger to nose

(Draw lines to spots touched)



Slow movements, eyelid tremors, laughing

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	6.0 mm	9.0 mm	5.0 -7.0 mm
Right Eye	6.0 mm	9.0 mm	5.0 -7.0 mm

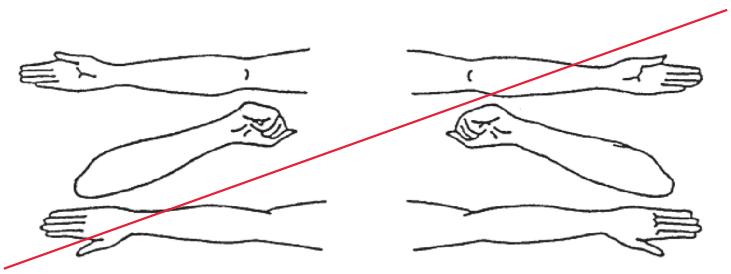
Rebound dilation ☑ Yes ☐ No

Reaction to light ☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: Nothing noted

Oral cavity: Green and brown coating on tongue

Right Arm **Left Arm**



Blood Pressure	Temperature
162 / 98 mmHg	37.4 °C

Muscle tone: ☑ Normal ☐ Flaccid ☐ Rigid

Comments:

What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I smoke pot to chill out"	"Shared a bowl with friends"	10am & 1pm	"At the lake & in my car"

Eval. stop time	Refusal	Toxicological Sample	Reviewed by (instructor name)
1825 hrs	☐ Entirety ☐ Partly ☐ Tox. Sample Comments: N/A	☑ Urine ☐ Blood Demand time: 1826 hrs Sample Time: 1900 hrs	

Evaluator Signature	Approved by (instructor signature)	DRE # Date
A. Oliveira		

Opinion of Evaluator

☐ Not Impaired	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anaesthetic	☐ Inhalants	☑ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☑ Cannabis	☐ Training

DRUG INFLUENCE EVALUATION NARRATIVE

Narrative: (1) Location; (2) Witnesses; (3) Source; (4) First Observations of Subject (5) Psychophysical Signs; (6) Clinical Sign; (7) Statements; (8) Medical Problems/Treatments; (9) Opinion; (10) Miscellaneous

(1) Location: The Drug Recognition Evaluation took place entirely at the Cape Breton Regional Detachment in the county of Victoria and province of Nova Scotia.

(2) Witnesses: Cst. A. OLIVEIRA (from now on referred to in the 1st person) of the Royal Canadian Mounted Police (RCMP) did and recorded the Drug Recognition Evaluation (DRE) of Robert D. ROACH. Cst. B. BURROWS of Cape Breton RPS was present during the totality of the DRE evaluation.

(3) Source: On the 7h day of September 2020 at 17:30hrs, Cst. B. MARTIN from Cape Breton RPS informed me, a Drug Recognition Expert (DRE) that he had arrested Robert D. ROACH (DOB: 1990-04-20) for impaired operation of a conveyance by drugs and read him the DRE demand.

He stated the following information:

- The vehicle was intercepted for weaving across the median on Crowdis Mountain Road, when emergency lights activated the vehicle took 1km prior to stopping.
- The driver identified as Robert D. ROACH was alone in the vehicle, he had bloodshot, watery eyes and droopy eye lids.
- ROACH had slow movements when handing over documentation and seemed confused, repeatedly asking why he was pulled over.
- ROACH was read the Standard Field Sobriety Test (SFST) demand, and he performed poorly during the SFSTs.
- ROACH had an odour of burnt Cannabis coming from his clothing and breath.

(4) First Observations: I observed ROACH for the first time on the 7th of September 2020 at 17:29hrs, in the interview room of the Cape Breton Regional Detachment.

ROACH was seated slouched seemed care-free. When ROACH spoke, after I asked him if he understood the secondary police caution after I read to him at 17:29hrs, his articulation was thick, his speech was slow, and his voice was of a low tone difficult to hear exactly what he was saying. ROACH had slow and unsteady movements, when ROACH used his arms and legs to pull himself up on the chair to sit more upright. Furthermore, ROACH had an odour of burnt Cannabis coming from his clothing and his breath. ROACH's eyes were bloodshot and watery, and ROACH's eye lids were droopy.

ROACH was asked the following questions:

- "What have you eaten today, and when?" ROACH answered: ''burger, Doritos and cookies''. ROACH stated that it was ''about 4pm'' when he ate.
- "What have you been drinking, how much, and what time was your last drink?" ROACH stated ''Iced tea and water, 3 or 4 cups''. ROACH did not know at what time his last drink was.
- "What time do you think it is now?" ROACH answered ''6pm'' the actual time was 17:33hrs on Cst. A. OLIVEIRA's smart phone.
- "When did you last sleep and for how long?" ROACH answered: "Last night, about 8 hours".
- "Are you sick or injured?" ROACH answered: ''No''.
- "Are you diabetic?" ROACH answered: ''No''.
- "Are you epileptic?" ROACH answered: ''No''.
- "Do you take insulin?" ROACH answered: ''No''
- "Do you have any physical disabilities?" ROACH answered "Yes, sore back"
- "Are you under the care of a doctor/dentist?" ROACH answered: ''No''.
- "Are you taking any prescription medication or drugs?" ROACH answered: "Yes, I smoke pot for my back and to relax".

(5) Psychophysical Signs:

Modified Romberg Balance Test: ROACH had a circular sway of 3-inches in all directions. ROACH had eye lid tremors. ROACH opened his eyes, and said "stop" after 42 timed seconds. When asked how long was that? ROACH stated "30 seconds". When asked, how did you get to that number/time/answer? ROACH stated "I just counted in my head".

Walk and Turn: ROACH lost his balance twice during the instructions, taking his left foot off the line towards his right 2 twice. Each time, ROACH put himself back to the instruction stage. During his first 9 steps, ROACH missed his heel-to-toe steps between step 3 and 4 as well as between 4 and 5. He stopped walking at step 9 and he raised his arms for balance once during the first 9 steps. ROACH made his turn not as described by walking in a circle with several small steps. During his 2nd set of 9 steps, ROACH stopped walking between step 1 & 2, ROACH missed his heel-to-toe step between step 7 and 8. ROACH also raised his arms 3 times. ROACH also had leg tremors and walked slowly.

One Leg Stand: While balancing on his left foot, ROACH placed his right foot down once on his count of 15. ROACH also swayed once and used his arms for balance twice. ROACH counted to 24 in 30 timed seconds. While balancing on his right foot, ROACH placed his left foot down twice on his count of 17 and 19. ROACH used his arms for balance once and swayed once. ROACH counted to 22 in 30 timed seconds. Furthermore, ROACH had leg tremors and he did not count as instructed, he counted "1-2-3" and so on.

Finger to Nose: ROACH did not touch the tip of his nose with the tip of his index finger once on 6 attempts and he had eye lid tremors. On his 1st attempt ROACH touched the side of his left nostril with the tip of his left index finger. On his 2nd attempt ROACH touched the side of his right nostril with the tip of his right index finger. On his 3rd

attempt ROACH touched underneath his left nostril with the tip of his left index finger. On his 4th attempt ROACH touched the bridge of his nose with the tip of his right index finger. On his 5th attempt ROACH touched underneath his right nostril with the tip of his right index finger. On his final and 6th attempt ROACH touched underneath his left nostril with the tip of his left index finger. He had slow movements, and ROACH kept on laughing.

(6) Clinical Indicators: ROACH did not have resting Nystagmus, Horizontal Gaze Nystagmus or Vertical Gaze Nystagmus. ROACH did have lack of convergence. During the LOC test, ROACHE's eyes came inward then shot out downward and away. In room light the diameter of ROACH's pupils were 6.0millimitres (mm) in both eyes, which is above the DRE average range of 2.5mm to 5.0mm of diameter for room light. ROACH's pupils had a diameter of 9.0mm in both eyes in near total darkness, which is above the DRE average range of 5.0mm to 8.5mm of diameter for near total darkness. ROACH's reaction to light was normal (pupils constricted within 1 second). However, rebound dilation was present, ROACH's pupils constricted to 5.0mm in diameter in both eyes, prior to dilating to 7.0mm in diameter in both eyes, both the constricted and dilated measurements of ROACH's pupils in direct light were above the DRE average range of 2.0mm to 4.5mm in diameter. ROACH's pulse was 98 beats per minute (bpm) at 17:40hrs, 96bpm at 17:53hrs, and 98bpm at 18:12hrs. His Systolic blood pressure was 162millimetres of mercury (mmHg) and his Diastolic blood pressure was 98mmHg, both were above the DRE average range of 120mmHg to 140mmHg for the Systolic blood pressure and 70mmHg to 90mmHg for the Diastolic blood pressure. ROACH's temperature was 37.4 degrees Celsius, which is within the DRE average range of 37.0 degrees Celsius + / - .5 degrees Celsius. ROACH's muscle tone was normal, ROACH had nothing in his nasal area. However, ROACH had green and brown coating on his tongue.

(7) Statements: At the end of the DRE evaluation, ROACH answered the following to the questions I asked him:

- What drugs or medication have you been using? "I smoke pot to chill out".
- How much? "shared a bowl with friends".
- Time of use? "10am and 1pm".
- Where were the drugs used? "At lake and in my car".

(8) Medical Problems / Treatments: The only health issue stated by ROACH is a sore back, ROACH is not under treatment by any doctor or dentist.

(9) Opinion: It is the opinion of Cst A. OLIVEIRA a Drug Recognition Expert that Robert D. ROACH's (DOB: 1990-04-20) ability to operate a conveyance is impaired by the drug category Cannabis

(10) Miscellaneous: At 1826 hrs, Cst A. OLIVEIRA read the demand for urine sample (by a DRE) under section 320.28(4)(b) of the CCC to Robert D. ROACH. A sample of ROACH's urine was taken at 1900 hrs.

All times in this report unless otherwise noted are that of Cst A. OLIVEIRA

Estimated time for session: 2 Hours

31 DRE

PRACTICE: TEST ADMINISTRATION

LEARNING OBJECTIVES

- Administer selected portions of the examinations that constitute the drug impairment evaluation
- Describe the evaluation procedures
- Document the results of the examinations

CONTENTS

LEARNING ACTIVITIES

- Instructor-Led Demonstrations
- Instructor-Led Coaching
- Participant-Led Coaching

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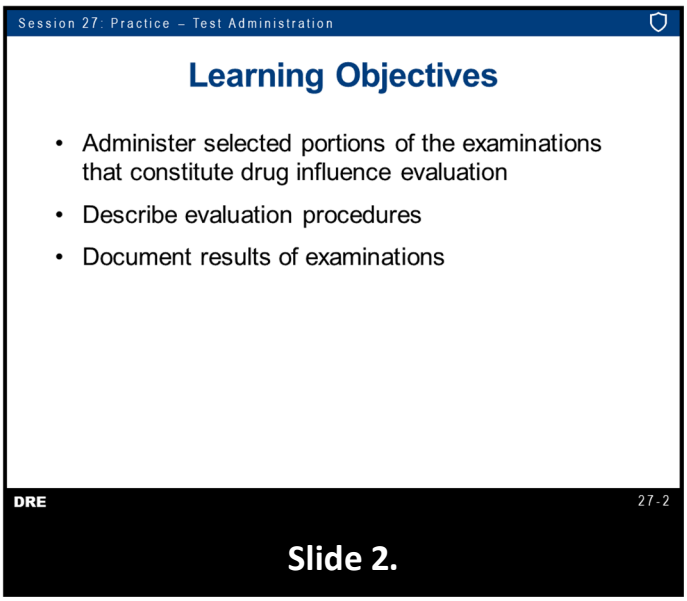
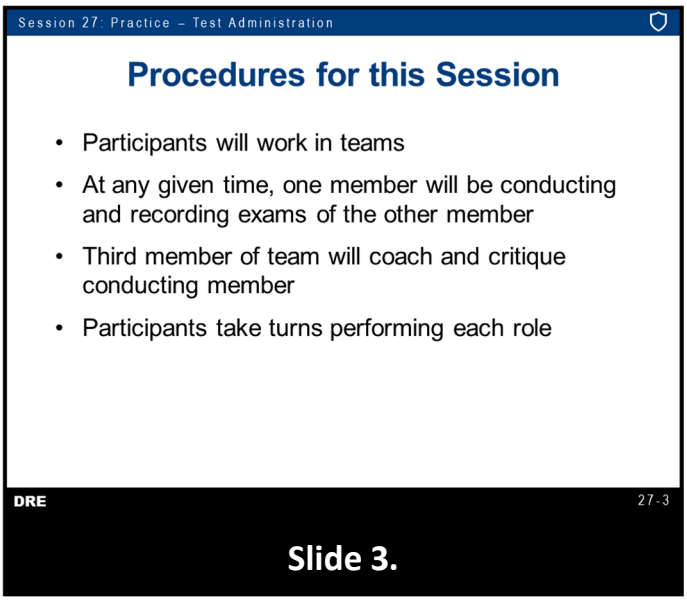


Slide 2.

Instructor Note

Briefly review the objectives, content, and activities of this session.

A. Procedures for this Session



Slide 3.

Participants will work in two or three member teams.

Instructor Note

Three member teams are preferable. However, no four-member teams should be constructed. Thus, for example, if the class has 25 participants, assign 7 three-member teams and 2 two-member teams.

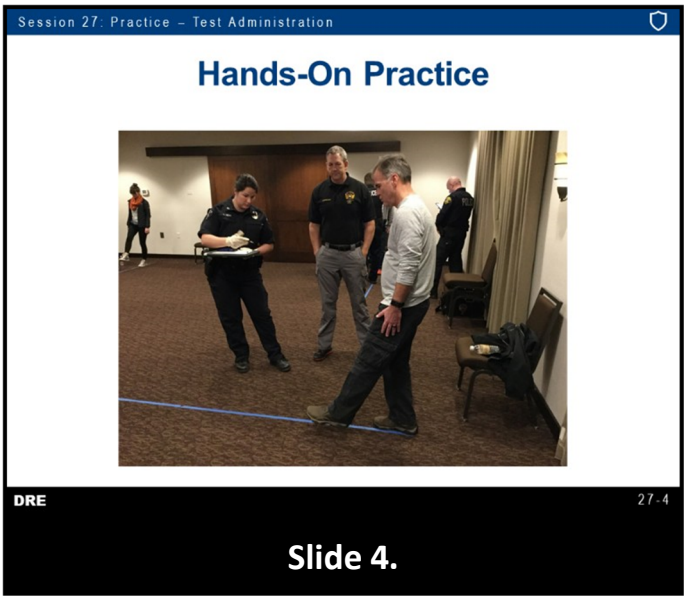
Make team assignments.

At any given time, one member of the team will be engaged in conducting and recording examinations of another member. The third member of the team will help coach and critique the participant who is conducting the examinations. Participants will take turns serving as test administrator, test subject, and coach.

Instructor Note

Emphasize participants can help each other learn by pointing out errors of omission or commission.

B. Hands-On Practice



Slide 4.

Instructor Note

Instruct participants to begin their practice.

Monitor the teams and offer encouragement and constructive criticism, as appropriate.

Make sure each participant serves as the test administrator for at least one complete drug influence evaluation.

Drug impairment Evaluation: For this practice session, each participant will conduct a complete drug impairment evaluation.

Instructor Note

Instruct participants to review the standardized drug influence evaluation form in their guide.

Begin with the Preliminary Examination.

For practical purposes, not all 12-steps will be completed in this Session. Provide information to participants regarding steps one and two.

Ask all of the prescribed questions.

Conduct the initial check of the eyes.

Check the pulse for the first time.

Conduct the test of Horizontal Gaze Nystagmus (HGN), Vertical Gaze Nystagmus (VGN), and Lack of Convergence (LOC).

Point out when conducting the HGN test, the "coach" should check the participant administrator's ability to estimate angles of 30, 40, and 45 degrees. If available, a template should be used for this check.

Administer the four divided attention psychophysical tests: Modified Romberg Balance (MRB) test; Walk and Turn (WAT) test; One Leg Stand (OLS) test; Finger to Nose (FTN) test.

Point out it will not be necessary for the participant (subject) actually to perform these tests (except for FTN). It will suffice for the participant (administrator) simply to give the test instructions accurately and completely.

Check the vital signs: Blood pressure; Temperature; Check the pulse for the second time.

Dark Room Examinations: Conduct the dark room examinations.

Point out for this practice session these examinations will not actually be given in the dark.

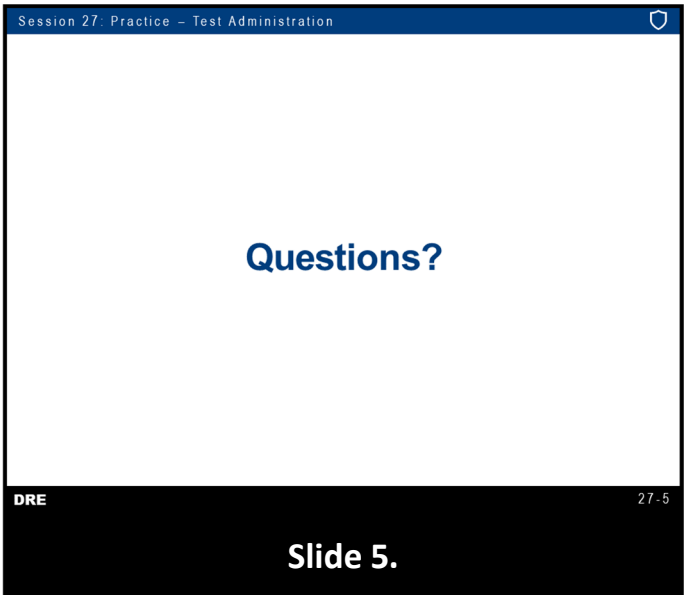
Check for muscle tone.

Examine the participant's (subject's) neck, arms, and ankles for signs of injection.

Check the pulse for the third time.

Solicit participants' questions concerning procedures for this practice session.

C. Session Wrap-Up



Slide 5.

Instructor Note

Solicit participants' comments and questions concerning Test Administration.

CERTIFICATION DRUG IMPAIRMENT EVALUATION

Canada Cert FS v.2023-01

Evaluator	DRE # N/A	Rolling Log #	Evaluator Agency	
Supervising Instructor (Name, DRE#)		Instructor Agency		
Witness(es)				

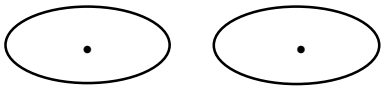
Eval. Start time	Breath Test Result:	No grounds: ☐ Test refused: ☐ Instrument #:	Subject's Name and sequence # (AS APPEARS ON NAMETAG)	Date of Birth	Gender
Date Examined / Time / Location	What have you eaten today? When?		What have you been drinking? How much?	Time of last drink	
Time now / Actual /	When did you last sleep? How long?		Are you sick or injured? ☐ Yes ☐ No	Are you diabetic or epileptic? ☐ Yes ☐ No	
Do you take insulin? ☐ Yes ☐ No	Do you have any physical disabilities? ☐ Yes ☐ No		Are you under the care of a doctor or dentist? ☐ Yes ☐ No		
Do you take any medication or drugs? ☐ Yes ☐ No	Attitude:		Coordination:		
Speech:	Breath Odour:		Face:		
Corrective Lenses: ☐ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	Eyes: ☐ Normal ☐ Bloodshot ☐ Watery		Blindness: ☐ None ☐ Left ☐ Right	Tracking: ☐ Equal ☐ Unequal	
Pupil Sizes: ☐ Equal ☐ Unequal (explain)	Resting Nystagmus ☐ Yes ☐ No	Vertical Nystagmus ☐ Yes ☐ No	Able to follow stimulus ☐ Yes ☐ No	Eyelids ☐ Normal ☐ Droopy	

Pulse and Time

1. _____ @ _____
2. _____ @ _____
3. _____ @ _____

HGN	Left	Right
Lack of Smooth Pursuit		
Maximum Deviation		
Angle of Onset		

Convergence



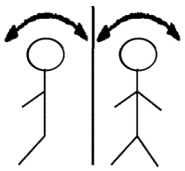
Right Eye Left Eye

One Leg Stand

/30 /30

Modified Romberg Balance

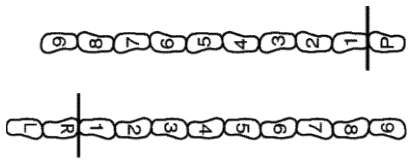
Approx. Approx.



Walk and turn

Cannot keep balance _____

Starts too soon _____



	1st nine	2nd nine
Stops walking		
Misses heel-toe		
Steps off line		
Raises arms		
Actual steps taken		

L	R	
		Sways while balancing
		Uses arms to balance
		Hopping
		Puts foot down

Time estimation _____ estimated as 30 seconds	Describe turn	Cannot do test (explain)	Type of footwear

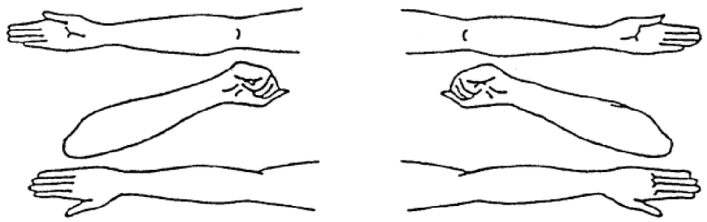
Finger to nose

(Draw lines to spots touched)

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)	Nasal area
Left Eye				
Right Eye				Oral cavity

Rebound dilation ☐ Yes ☐ No	Reaction to light ☐ Normal ☐ Slow ☐ Little to none visible

Right Arm **Left Arm**



Blood Pressure _____/_____	Temperature °C

Muscle tone: ☐ Normal ☐ Flaccid ☐ Rigid

Comments:

CERTIFICATION TRAINING ONLY

Eval. stop time	Toxicological Sample: Urine ☑ Blood -- Oral Fluid -- Test or tests refused --	Reviewer Name	Evaluation Approved ☐ Evaluation NOT Approved (DO NOT SIGN) ☐
Evaluator Signature		Reviewer Signature	DRE # Date:

Opinion of Evaluator: ☐ Not Impaired ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anaesthetic ☐ Inhalants ☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ☐ Cannabis ☑ Training

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Estimated time for session: 1 Hour 30 Minutes

32 DRE

CASE PREPARATION AND TESTIMONY

LEARNING OBJECTIVES

- Conduct a thorough pre-trial review of all evidence and prepare for testimony
- Provide clear, accurate, and descriptive direct testimony concerning drug impairment evaluations
- Respond effectively and appropriately to cross examine in DRE cases

CONTENTS

LEARNING ACTIVITIES

- Instructor-Led Presentations
- Instructor-Led Demonstrations
- Reading Assignments

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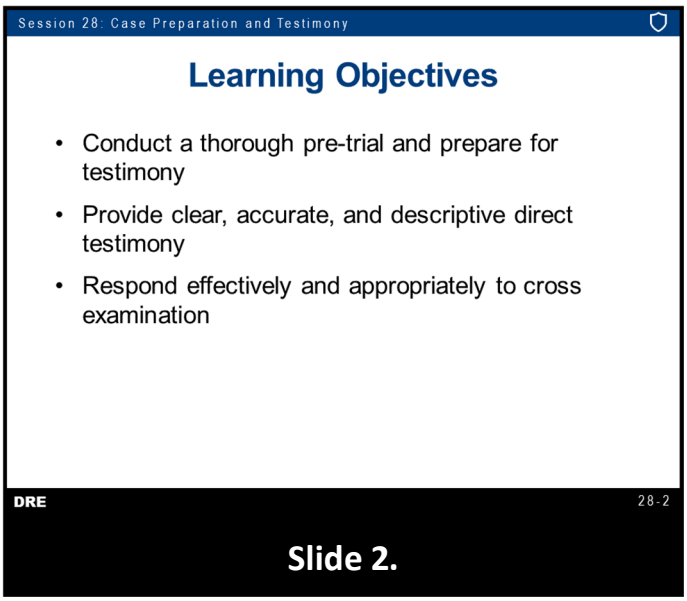


Slide 2.

Instructor Note

Briefly review the objectives, content, and activities of this session.

A. Guidelines for Case Preparation

Slide 3.

Content Preparation to present your case in court begins during your initial investigation. The quality of your investigation and documentation will ultimately determine your ability to accurately present information during trial.

Instructor Note

Point out it is especially important to take complete and accurate notes of your investigation and observations. Complete documentation of this information is essential.

When you receive the trial notice, you should schedule a pre-trial conference with the Crown counsel. In the pre-trial conference, you will: review all records and reports associated with the case; review all evidence and your conclusion; review notes with arresting officer; review any weak areas; clarify or resolve any discrepancies; review questions Crowns will be asking; review typical tactics the prosecutor expect the defence to use; and, review your Curriculum Vitae (CV) and credentials.

If a pre-trial conference is not possible, identify the main points of the case and discuss them with Crown during the few minutes before the trial. It is very important to meet with Crowns that have never been exposed to the Drug Evaluation and Classification (DEC) Program before trial to explain it cannot be treated like a typical Impaired trial. You must explain there are different protocols for alcohol vs. DRE cases.

B. Guidelines for Direct Testimony

Slide 4.

As per the Supreme Court of Canada, by reason of their training and experience, a DRE undoubtedly possesses expertise on determining drug impairment that is outside the expertise and knowledge of the trier of fact (R. v. Bingley SCC 2017). This decision came down to the following:

- The trial judge is not obliged to hold a voir dire to determine the admissibility of DRE evidence.
- No Mohan analysis required. Doing so would be “absurd”, “waste of Judicial resources”.
- The focus of the analysis must be on the DRE’s administration of the evaluation, not on the reliability of the steps underlining the evaluation.
- The trial judge remains the “gate keeper” of evidence and retains the discretion to exclude DRE evidence.
- The DRE’s evidence does not presume the ultimate issue of guilt, it is merely one piece of the picture for the judge or jury to consider.

In other words, the science behind a Drug Impairment Evaluation should not be challenged. However, the DRE's application of said science and their adherence to DRE training certainly can.

This ruling paved the way to Bill C-46 which revised the Criminal Code impaired operation dispositions, including codifying DRE evidence admissibility in Court: while not naming DREs as experts outright, you nonetheless no longer need to be deemed an expert to provide opinion-based evidence once certified. That is not to say that it *cannot* happen, simply that it is not necessary.

If that were to be the case, then a Mohan analysis will likely be involved, where you will be asked to provide credentials of expertise.

An expert witness' qualification is achieved through Voir Dire Examination. In a law or court context, this is used to question a witness to assess his or her qualifications to be considered an expert in some matter pending before the court.

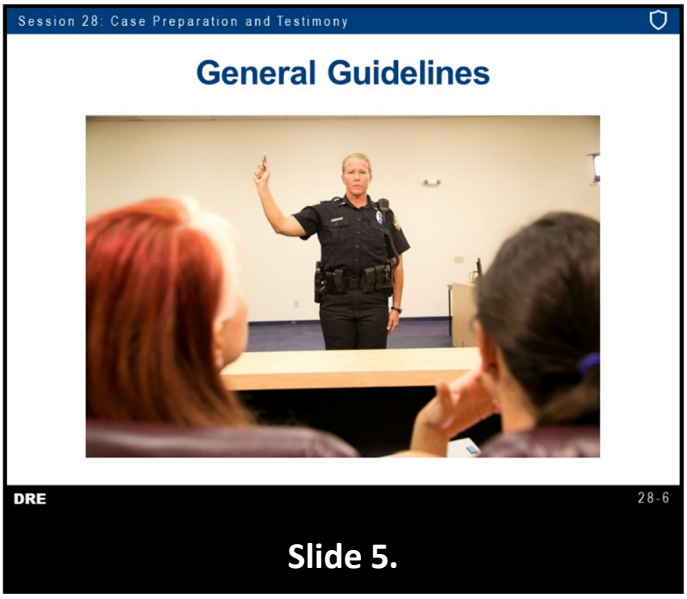
Note that being qualified as an expert in the past does not automatically qualify you as an expert in a particular court case.

Point out officers should document all previous cases where they were qualified as an expert.

Whether in a Voir Dire or testifying as a "regular" DRE, relate training and experience to the drug category being tried (e.g., CNS Depressant, Cannabis, etc.). This increases your credibility regardless of the legal status granted to you.

Document and record all evaluations conducted. Establish ratio of evaluations that resulted in a finding the subject was not under the influence. Highlight the number of times you have seen a person under the influence of the drug(s) in question and have observed the symptomatology, etc.

Ability to answer specific questions with confidence, skill, and exactness will bolster a professional image in the eyes of the judge and/or jury. To prepare for possible DRE-related testimony, a DRE should be prepared to answer the following: What is a DRE? What is involved in the DEC training program? How do DREs properly identify the drug category or categories? How do DREs explain their opinion? What are the components of a drug impairment evaluation?



Slide 5.

The basic job is to present the findings of your investigation the suspect was under the influence of a drug or some combination of drugs. Keep this in mind at all times. Don't be afraid to say "I don't know".

Instructor Note

Point out the officer is not expected to be an expert on all aspects of all drugs.

When you get questioned by defence:

- If you don't understand the question, or are unsure how to answer, simply ask counsel or the judge to repeat or reword the question.
- Take a moment to think about the question and your reply. Answer the question to the best of your ability/memory. If you need to look up more details from your notes, ask the court if you can do so.

Testify to only what you know. Remember, an expert witness can rely on hearsay to develop his or her expertise. Avoid contact with the defence counsel unless you advised Crown. Don't be upset if Crown and defence appear friendly to each other.

Remind participants both sides have a specific role to play in the case at hand, but that does not preclude a personal or professional relationship.

Remember, sometimes the focus is on an officer's demeanor as much as the content of testimony.

Point out the DRE should be polite and courteous during testimony. Do not become agitated as a result of defence questions. Do not take personal issue with defence statements, stick to the facts.

Do not bring manuals or articles into court for reference. Review materials before court to become familiar with contents. Explain technical terms in layman's language. For example, Horizontal Gaze Nystagmus (HGN) means an involuntary jerking of the eyes occurring as the eyes gaze to the side. Pay attention to what evidence or testimony can be and is excluded.

Point out if the officer testifies on subject matter that was excluded, it could result in a mistrial.

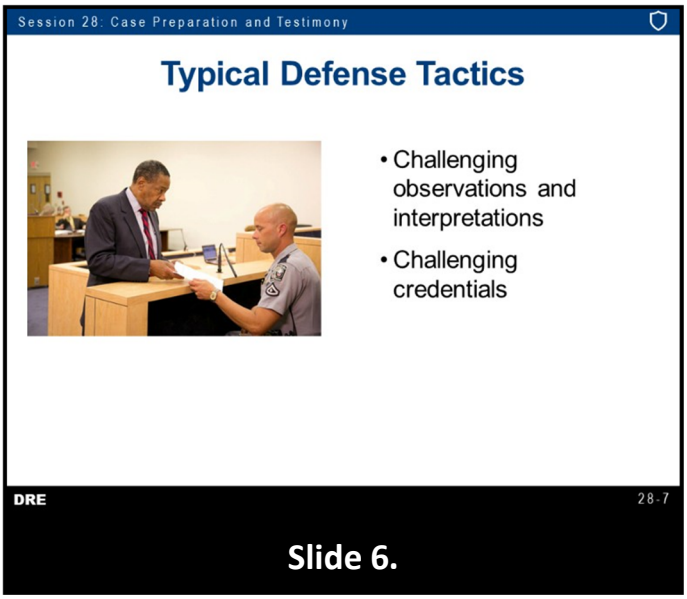
When describing subject's performance on Standardized Field Sobriety Tests (SFSTs), explicitly describe exactly what the subject did or neglected to do. Avoid using the terms "pass" or "fail". Describe the subject's actual performance. The defence may try to challenge you on this point.

Point out if terms "normal" or "within normal" are used in the DRE report, be prepared to describe what those terms mean and how they relate to the DRE average ranges (i.e., pupil size, pulse, blood pressure, etc.).

Results of subject's performance are describable evidence. Be sure to emphasize all evidence is taken into account before forming an opinion. If defence attorney asks a "why" question, take the opportunity to explain in great detail if appropriate.

Point out this suggestion does not mean the officer should embellish his or her testimony…be careful not to open any doors for the defence.

C. Typical Defence Tactics



Slide 6.

Instructor Note

Point out defence's job is to try and create a "reasonable doubt." Don't take it personally. They may be familiar with your training curricula.

The defence relies on several factors to discredit your testimony. Defence will challenge your observations and interpretations, and focus on individual aspects of the evaluation instead of the totality. They will attempt to show the signs, symptoms, and behaviors observed have other explanations. Defence may challenge your credentials. A DRE has both formal training resulting in a high degree of knowledge and experience in applying knowledge, resulting in a skill.

Instructor Note

Point out if the defence can discredit your training and/or experience, your testimony will have little "weight" with the court.

By demonstrating the officer lacks depth of knowledge in the drug field by contrasting his or her knowledge with the defence expert's knowledge. The trial tactic is to show the officer does not have the expertise to accurately determine the cause of intoxication/impairment because of inadequate formal training which lessens the value of his/her field experience and increases likelihood he/she is mistaken in his/her conclusion. Get your facts straight and stick to them.

Some examples of challenging your credibility are listed below.

Inconsistencies: Arresting officer's and examining officer's testimony must be complimentary. Any differences must be explained.

Comparison with past testimony: Try to get copies of transcripts of previous trials to review your strong/weak points. If possible, review your testimony with Crown counsel.

Testimony at odds with other established experts: Do your homework…review the literature. Explain any differences, if possible.

Lack of recall: Try to be prepared, but don't be afraid to say "I don't know". Be honest.

By demonstrating the officer incorrectly performed part of the evaluation, resulting in an erroneous conclusion.

Point out the evaluation should be performed systematically and in according to standard, or "by the book", each and every time it is conducted.

The role of the hired defence witness is to propose alternative theories regarding the evidence of the case. Their qualifications or expertise may vary greatly. The prosecutor's role is to address alternative theories and may elicit testimony from the DRE for this purpose.

Typical Defence Questions: The defence may challenge certain aspects of the drug impairment evaluation. For example, a defence attorney may cross examine you regarding pupil examinations:

- Where the examination took place
- How dark was the examining room
- The size or power of the penlight
- Where the accused was placed in relationship to the examiner
- Where the penlight was directed during the examination
- Where the accused was looking during the examination
- How many times each pupil was checked
- Are there any physical illnesses or conditions that manifest the same signs as the drug(s) in question

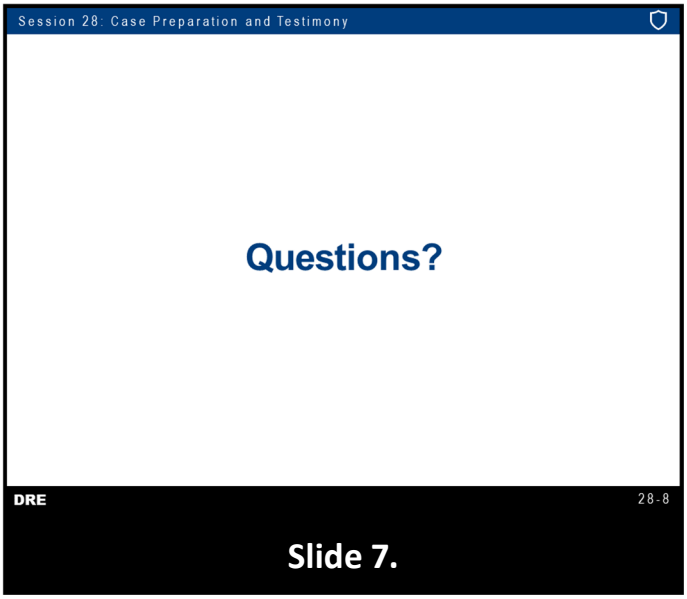
Point out the list of possible answers is almost interminable.

Time permitting, select a few participants to practice testifying and answering general questions that may be posed in a DRE trial.

DREs should be prepared to answer the following:

- What is a DRE?
- What is involved in the DEC training program?
- How do DREs properly identify the drug category or categories?
- How do DREs explain their opinion?
- What are the components of a drug impairment evaluation?

DRE instructors are encouraged to include additional relevant questions in this exercise.



Slide 7.

Instructor Note

Solicit participants' comments and questions concerning Case Preparation and Testimony.

DRE DEFENCE CROSS EXAMINATION QUESTIONS

The following are representative of questions the defence may use to challenge the DRE's in court. (The accused is identified as Miss Alicia Ann Ace.)

Missing Symptoms/Normals

This line of questions attempts to elicit the fact that the accused did not have all of the expected signs or symptoms of the drug (s) in question.

Officer, you were taught that bruxism or grinding of the teeth is a sign of CNS Stimulant influence, isn't it? Miss Ace didn't have that sign, did she?

The defence may also focus on those signs or symptoms that were normal, and were therefore, not consistent with the drug in question.

Officer, you learned the normal range of temperature in DRE training, didn't you? And that range is 98.6 plus or minus one degree, isn't it? What was Miss Ace's temperature? (98) 98 is within normal ranges, isn't it? Miss Ace's temperature was normal, wasn't it? CNS Stimulants cause elevated temperature, don't they? Miss Ace's was not elevated, was it?

Alternative Explanations

The defence elicits alternative explanations for the signs and symptoms of the drug (s) in question. These alternative explanations usually deal with medical conditions, stress, a motor vehicle collision, etc.

Officer, an elevated pulse rate can be caused by things other than drugs, can't it? Excitement may cause it? Stress may cause it? Being involved in a motor vehicle collision is stressful, isn't it? And being involved in a motor vehicle collision may cause elevated pulse, right? Being interviewed in the early morning by three police officers is stressful? And that may also cause the pulse to be elevated, can't it?

Accused's Normals

The defence attempts to emphasize the fact that not everyone is so-called normal, that normal is subjective.

Officer, you were taught the normal range for pulse in DRE training, weren't you? And you agree that not all people fall in that normal range, don't you? That there are people with pulse rates above normal that aren't on drugs, right? A person's pulse changes over time, doesn't it? You don't know what Miss Ace's normal pulse is, do you? It could be in the normal range, right? But it could be above or below the normal range – normally for her, isn't that so?

Doctor Cop

The line of questioning challenges the credibility of the officer's teachers – that they are police officers, rather than medical professionals.

Officer, the teachers in this DRE school weren't doctors, were they? They weren't nurses either? Toxicologists? Pharmacologists? Paramedics? They were police officer, right?

Just a Cop

This line of questioning challenges the DRE's credentials – that they are "just a cop." This infers that the DRE evaluation is actually a medical evaluation that should be undertaken only by a medical professional.

Officer, you're not a doctor, are you? A toxicologist? A pharmacologist? A nurse? A physiologist? You don't have a degree in chemistry, do you? You're a police officer, right?

The Unknown

By causing the officer to state that they don't know how a sign or symptom is caused, the defence attacks the officer's credibility. This line of questioning challenges the officer's expertise, by implying that a real expert would know these things.

Officer, you don't know how CNS Stimulants dilate the pupil, do you? You don't know how alcohol supposedly causes nystagmus, do you? You don't know how CNS Stimulants supposedly elevate the heart rate, do you?

Guessing Game

This tactic attacks the DRE's opinion as a subjective guess, a belief, rather than objective. Guesses can be wrong.

Officer, your opinion in a DRE case is subjective, isn't it? It's a belief on your part? You've made these beliefs in DRE cases in the past, haven't you? A sometimes toxicology didn't find the drug you predicted, isn't that so? And, in fact, sometimes, toxicology didn't find any drug, isn't that so? And so, sometimes your opinion is not correct, right? Sometimes, you guess wrong?

Estimated time for session: 2 Hours 30 Minutes

DRE

REVIEW OF DRE SCHOOL

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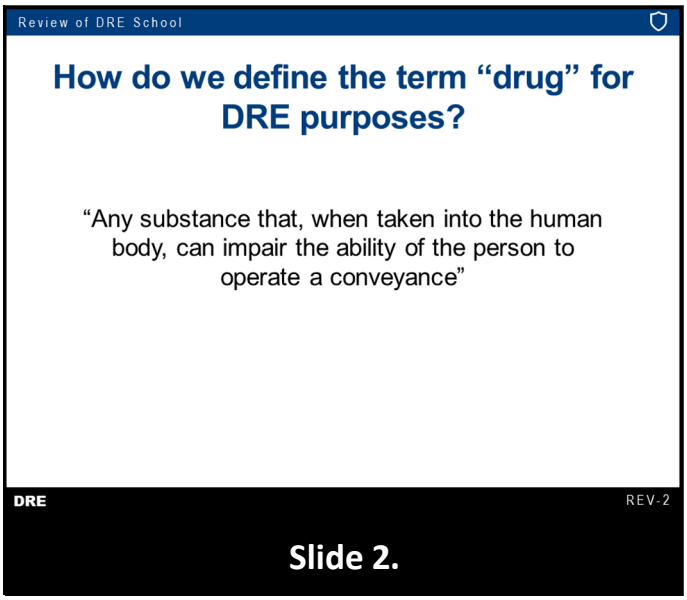
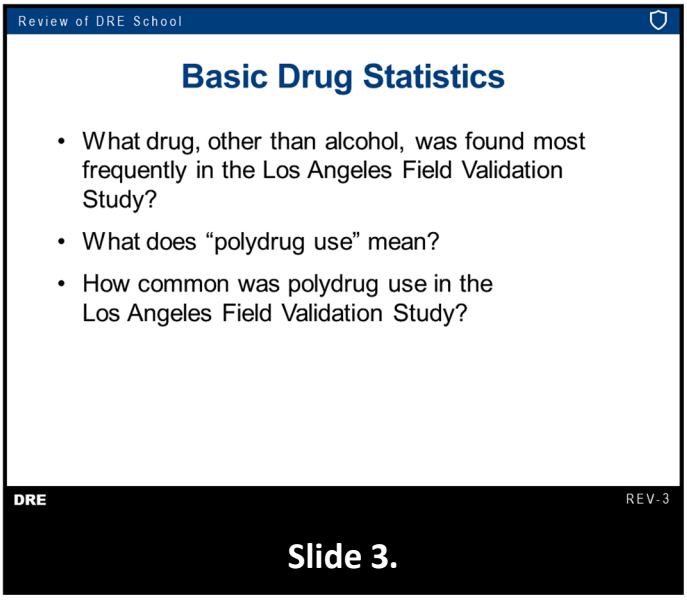


Slide 2.

How do we define the term "drug" for Drug Recognition Expert (DRE) purposes?

Instructor Note

"Any substance that, when taken into the human body, can impair the ability of the person to operate a conveyance."



Slide 3.

What drug, other than alcohol, was found most frequently in the Los Angeles Field Validation Study?

Instructor Note

PCP

What does “polydrug use” mean?

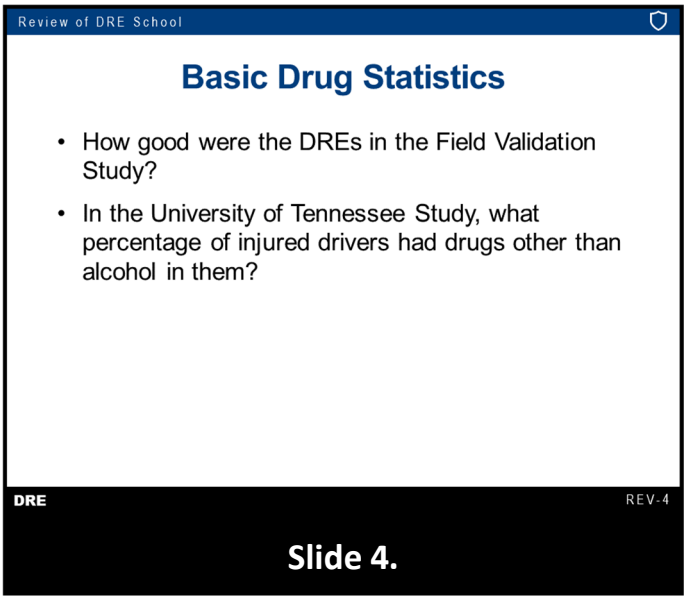
Instructor Note

Administering two or more drugs.

How common was polydrug use in the Los Angeles Field Validation Study?

Instructor Note

More than 70% of the subjects had two or more drug categories in them.



Slide 4.

How good were the DREs in the Field Validation Study?

Instructor Note

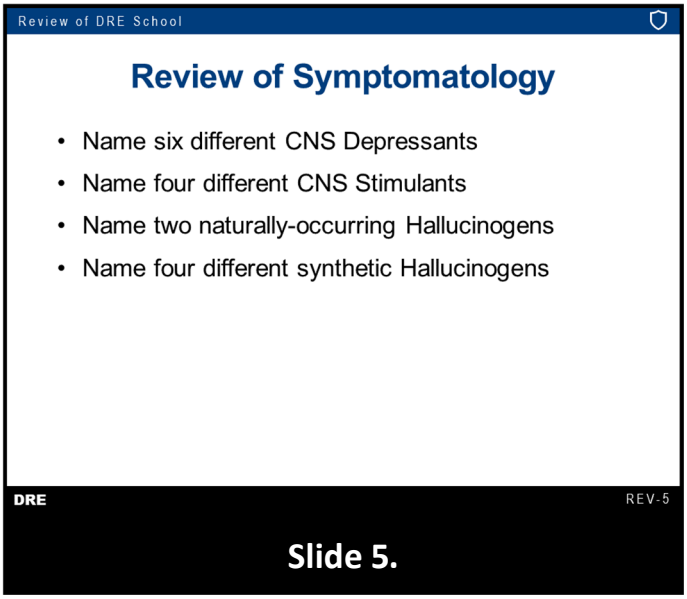
Nearly 80% of the time when the DREs said a particular category of drugs was present, that category was found in the subject’s blood.

In 92.5% of the subjects, the DREs correctly identified at least one of the categories that were present.

In the University of Tennessee Study, what percentage of injured drivers had drugs other than alcohol in them?

Instructor Note

40% of those drivers had evidence of other drugs in their urine.



Slide 5.

Name six different Central Nervous System (CNS) Depressants.

Instructor Note

Alprazolam, Butalbital, Carisoprodol, Diazepam, Gabapentin, Fluvoxamine, Methaqualone, Secobarbital, (Refer to lists in Session 9)

Name four different CNS Stimulants.

Instructor Note

Amphetamines, Cocaine, Cathinone, Methamphetamine, Methylphenidate (Refer to list in Session 10)

Name two naturally-occurring Hallucinogens.

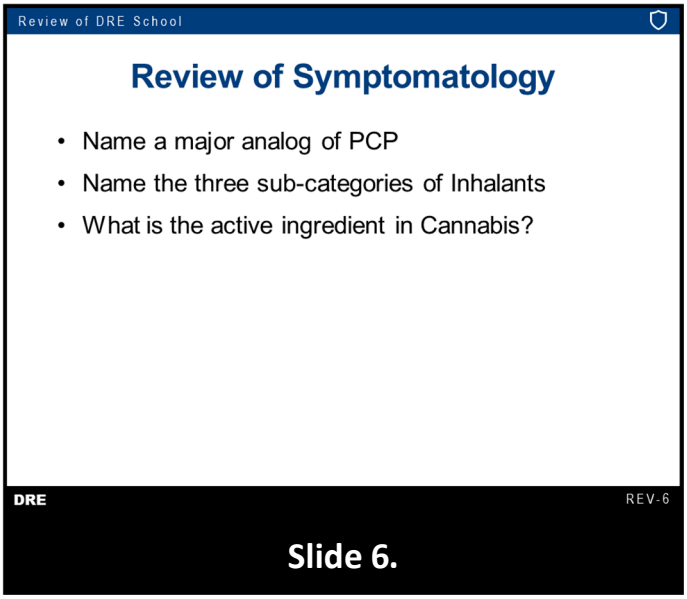
Instructor Note

Bufotenine, Peyote, Psilocybin, Nutmeg

Name four different synthetic Hallucinogens.

Instructor Note

LSD, MDMA, DMY, MDA, 2C-B (Refer to lists in Session 14)



Slide 6.

Name a major analog of PCP.

Instructor Note

Ketamine

Name the three sub-categories of Inhalants.

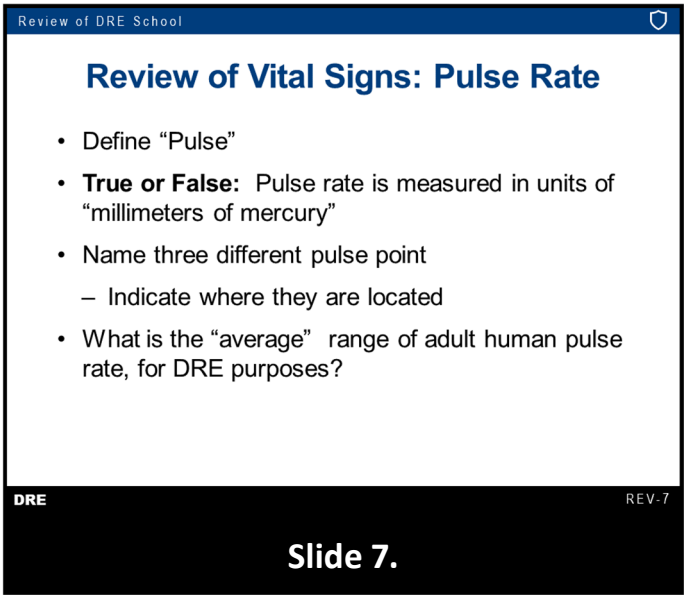
Instructor Note

Volatile Solvents, Aerosols, Anesthetic Gases

What is the active ingredient in Cannabis?

Instructor Note

THC



Slide 7.

Define "Pulse".

Instructor Note

The rhythmic dilation and relaxation of an artery that results from the beating of the heart.

True or False: Pulse rate is measured in units of "millimeters of mercury".

Instructor Note

FALSE: pulse rate is measured in "beats per minute".

Name three different pulse points and indicate where they are located.

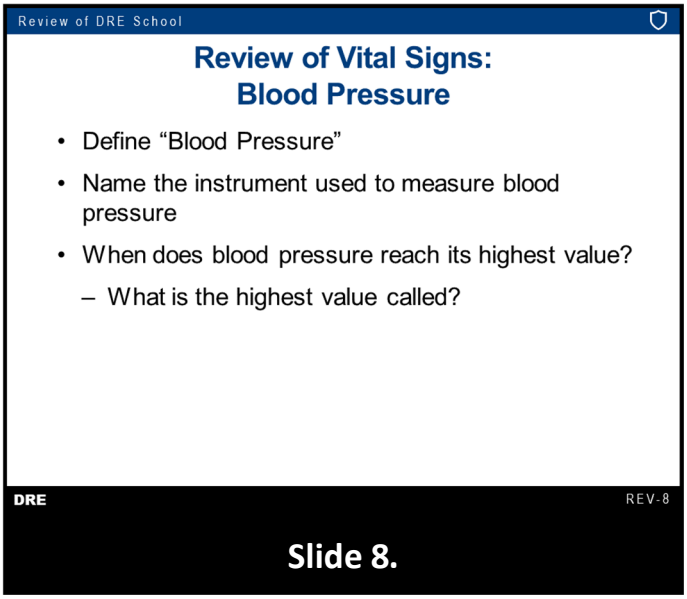
Instructor Note

Radial, Brachial and Carotid pulse points

What is the "average" range of adult human pulse rate, for DRE purposes?

Instructor Note

60-90 beats per minute



Slide 8.

Define “Blood Pressure”.

Instructor Note

The force that the circulating blood exerts on the walls of the arteries.

Name the instrument used to measure blood pressure.

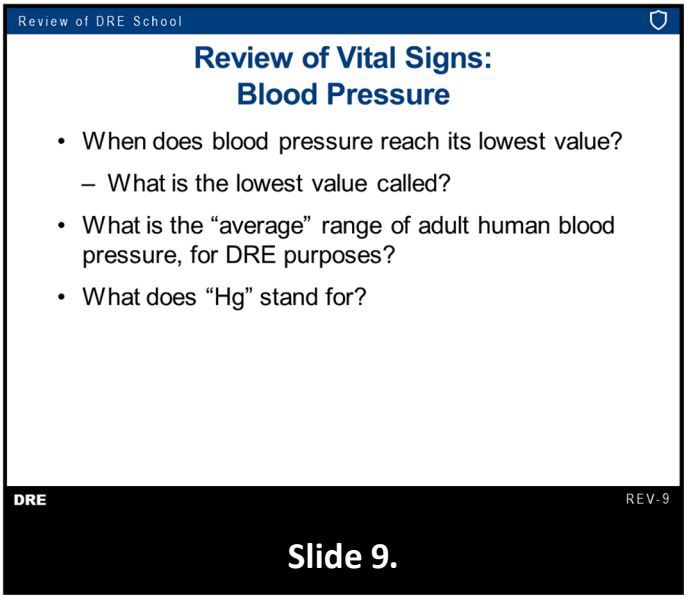
Instructor Note

Sphygmomanometer

When does blood pressure reach its highest value? What is the highest value called?

Instructor Note

The systolic pressure is reached when the heart contracts and pushes blood into the arteries.



Slide 9.

When does blood pressure reach its lowest value? What is the lowest value called?

Instructor Note

The diastolic pressure is reached when the heart is fully expanded.

What is the "average" range of adult human blood pressure, for DRE purposes?

Instructor Note

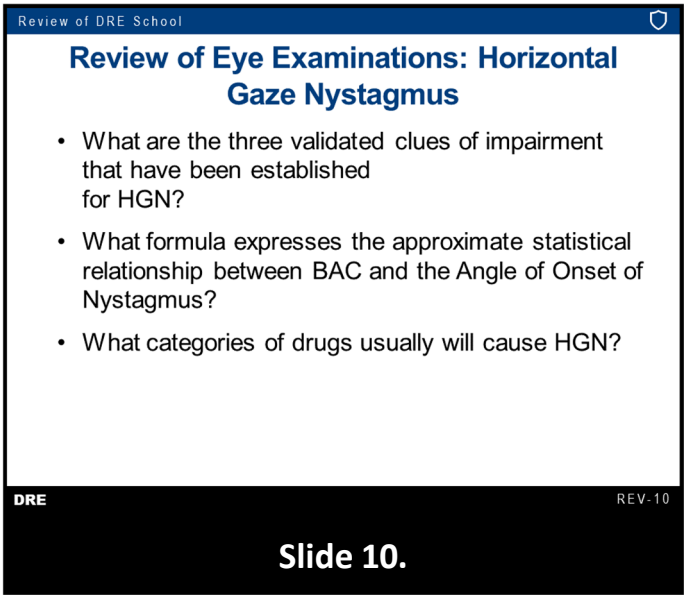
Systolic: 120-140mmHg

Diastolic: 70-90mmHg

What does "Hg" stand for?

Instructor Note

Chemical symbol for mercury ("Hydrargyrum", Latin word for "Mercury"). Blood pressure is measured in millimeters of mercury.



Slide 10.

What are the three clues of impairment that have been established for HGN?

Instructor Note

Lack of Smooth Pursuit

Distinct and Sustained Nystagmus at Maximum Deviation

Angle of Onset of Nystagmus

What formula expresses the approximate statistical relationship between BAC and the Angle of Onset of Nystagmus?

Instructor Note

BAC = (50 – Angle of Onset) x 10

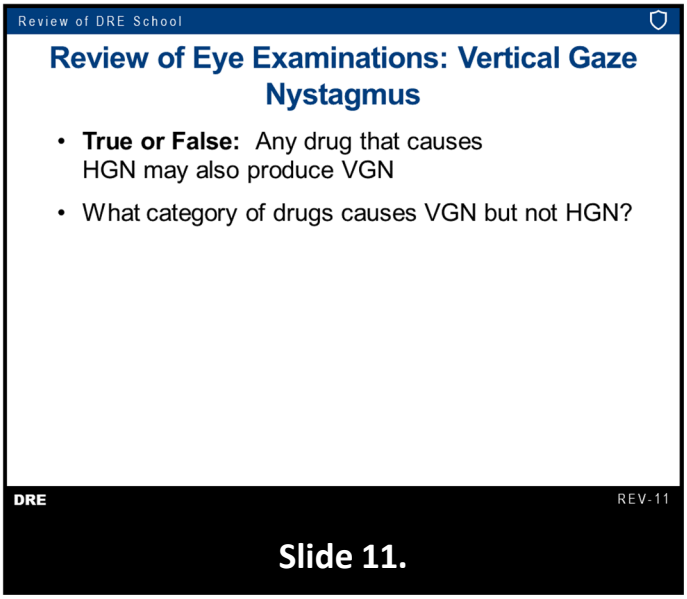
What categories of drugs usually will cause HGN?

Instructor Note

CNS Depressants

Dissociative Anesthetics

Inhalants



Slide 11.

True or False: Any drug that causes HGN may also produce VGN.

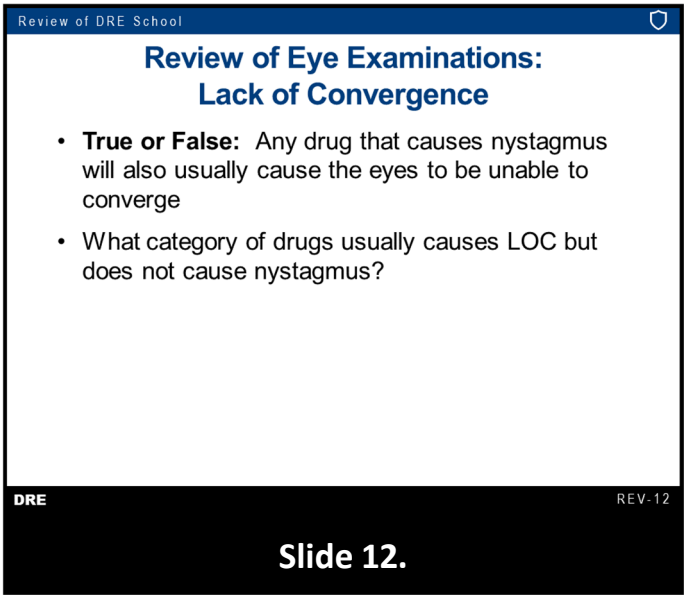
Instructor Note

TRUE: All drugs that cause HGN will cause VGN, if the dose is large enough.

What category of drugs causes VGN but not HGN?

Instructor Note

No drug causes VGN but not HGN.



Slide 12.

True or False: Any drug that causes nystagmus will also usually cause the eyes to be unable to converge.

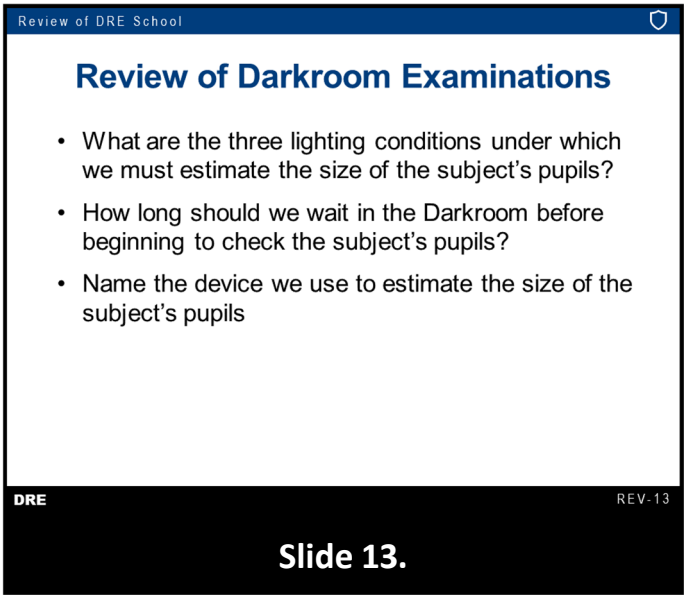
Instructor Note

TRUE: CNS Depressants, Dissociative Anesthetics and Inhalants usually cause the eyes to be unable to converge.

What category of drugs usually causes LOC but does not cause nystagmus?

Instructor Note

CANNABIS usually causes LOC but doesn't cause nystagmus.



Slide 13.

What are the three lighting conditions under which we must estimate the size of the subject's pupils?

Instructor Note

Room Light

Near Total Darkness

Direct Light

How long should we wait in the Darkroom before beginning to check the subject's pupils?

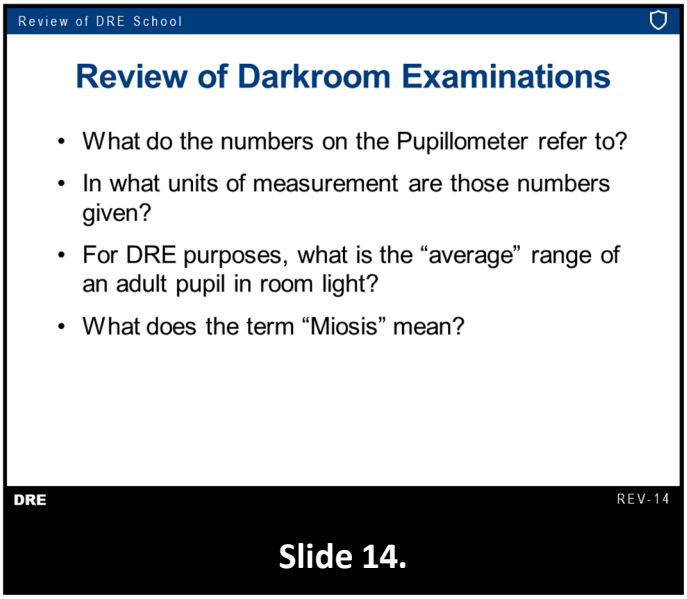
Instructor Note

At least 90 seconds.

Name the device we use to estimate the size of the subject's pupils.

Instructor Note

Pupillometer



Slide 14.

What do the numbers on the Pupillometer refer to?

Instructor Note

The diameters of the dark circles/semi-circles.

In what units of measurement are those numbers given?

Instructor Note

In millimeters.

For DRE purposes, what is the "average" range of an adult pupil in room light?

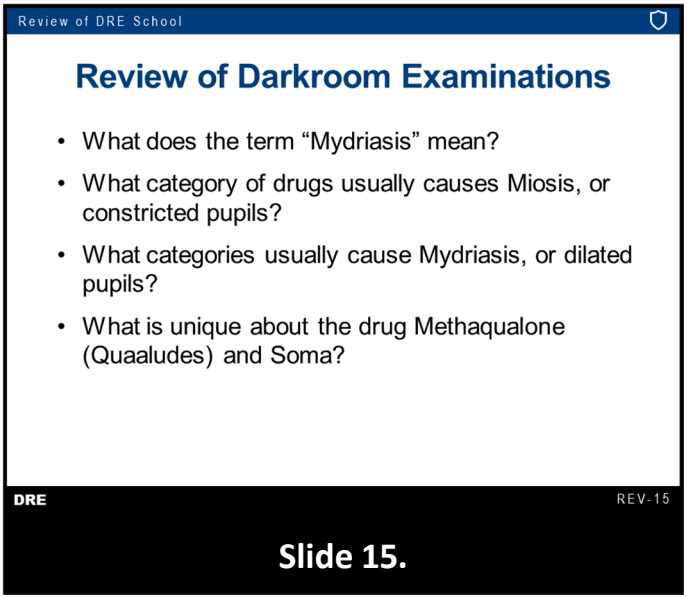
Instructor Note

The diameter of the pupil normally ranges from 2.5 to 5.0 mm.

What does the term "Miosis" mean?

Instructor Note

"Miosis" means an abnormally small or constricted pupil.



Slide 15.

What does the term “Mydriasis” mean?

Instructor Note

“Mydriasis” means an abnormally large or dilated pupil.

What category of drugs usually causes Miosis, or constricted pupils?

Instructor Note

Narcotic Analgesics usually cause pupils to constrict below the DRE average range.

What categories usually cause Mydriasis, or dilated pupils?

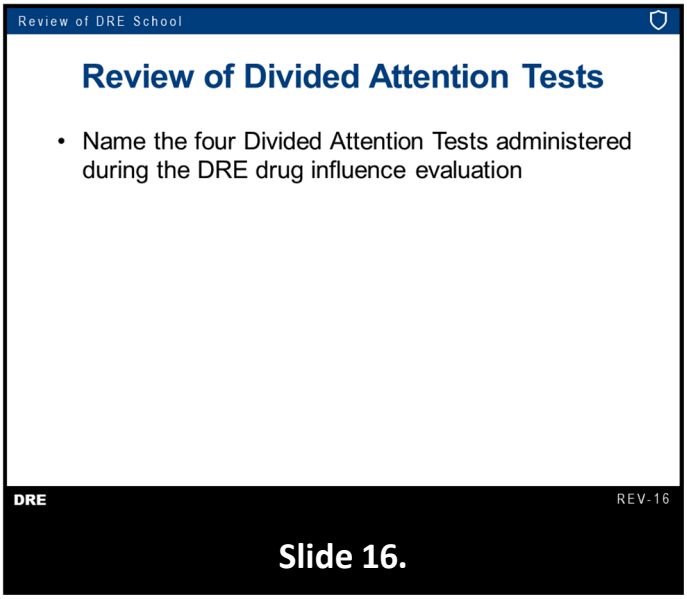
Instructor Note

CNS Stimulants and Hallucinogens usually cause pupils to dilate above the DRE average range. Cannabis also may cause dilation. Certain CNS Depressants and some inhalants may also cause pupil dilation.

What is unique about the drug Methaqualone (Quaaludes) and Soma?

Instructor Note

Both are CNS Depressants that cause pupil dilation.



Name the four Divided Attention Tests administered during the DRE drug impairment evaluation.

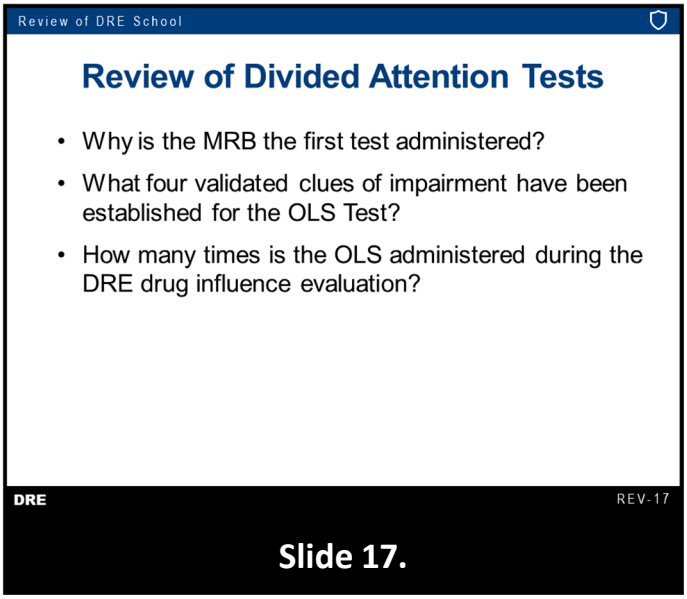
Instructor Note

Modified Romberg Balance

Walk and Turn

One Leg Stand

Finger to Nose



Slide 17.

Why is the Modified Romberg Balance (MRB) the first test administered?

Instructor Note

For standardization.

What four validated clues of impairment have been established for the One Leg Stand (OLS) Test?

Instructor Note

Sways while balancing

Uses arm(s) to balance

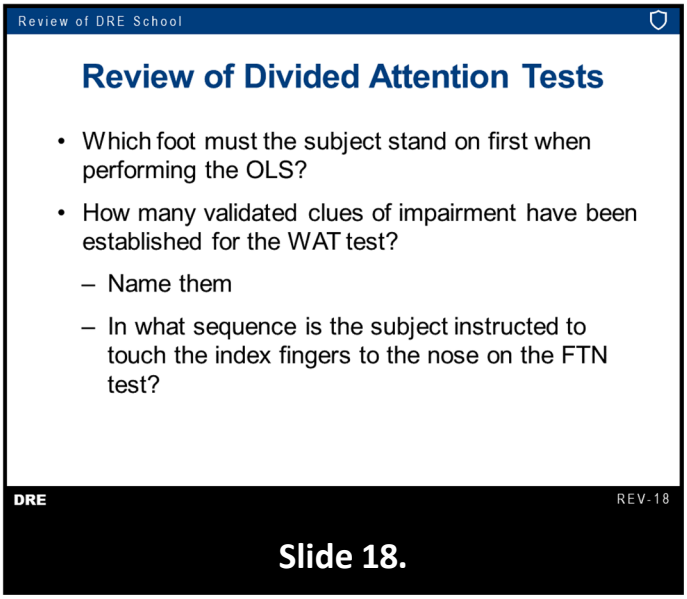
Hopping

Puts the foot down

How many times is the OLS administered during the DRE drug impairment evaluation?

Instructor Note

Twice



Which foot must the subject stand on first when performing the OLS?

Instructor Note

Left

How many validated clues of impairment have been established for the Walk and Turn (WAT) test? Name them.

Instructor Note

Eight validated clues

Cannot keep balance during the instructions

Starts too soon

Stops while walking

Does not touch heel-to-toe

Steps off the line

Uses arm(s) to balance

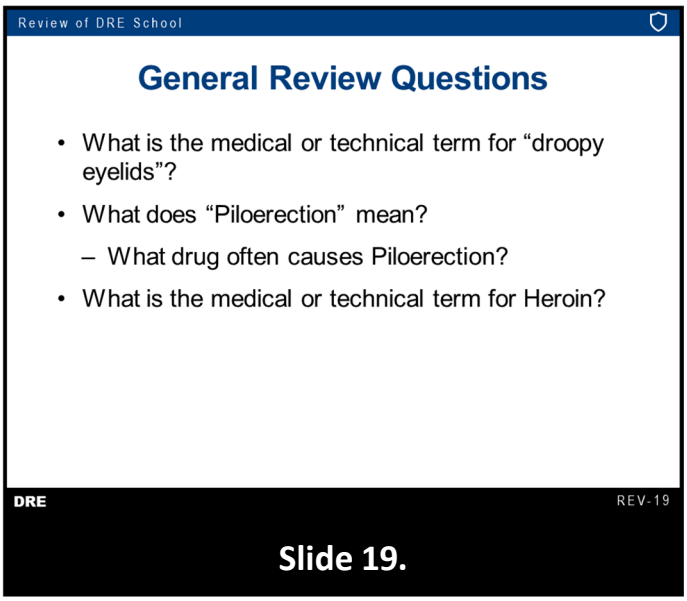
Improper turn

Incorrect number of steps

In what sequence is the subject instructed to touch the index fingers to the nose on the Finger to Nose (FTN) test?

Instructor Note

Left, Right, Left, Right, Right, Left



Slide 19.

What is the medical or technical term for “droopy eyelids”?

Instructor Note

Ptosis

What does “Piloerection” mean? What drug often causes Piloerection?

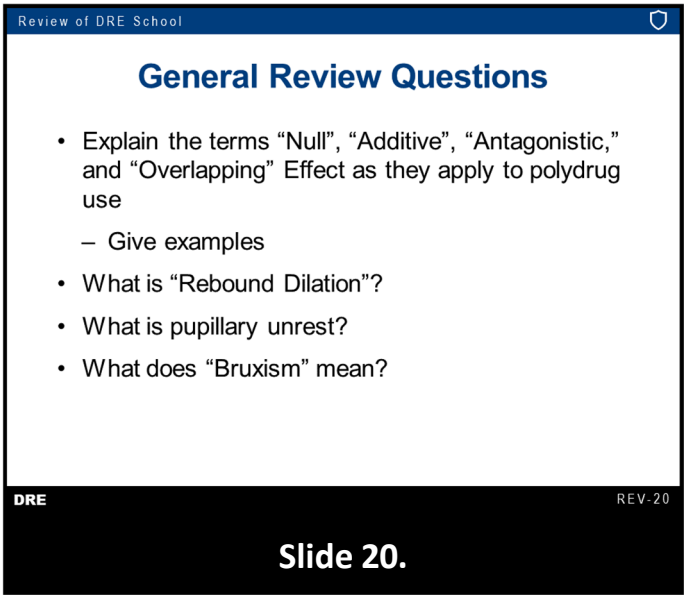
Instructor Note

“Piloerection” means “Hair Standing Up”, or “Goose Bumps”. It is often caused by LSD.

What is the medical or technical term for Heroin?

Instructor Note

Diacetyl Morphine



Slide 20.

Explain the terms “Null”, “Additive”, “Antagonistic,” and “Overlapping” Effect as they apply to polydrug use. Give examples.

Instructor Note

“Null”: neither drug affects some specific indicator

“Additive”: the two drugs produce some identical effects

“Antagonistic”: the two drugs produce some directly opposite effects

“Overlapping”: one drug affects some symptom the other doesn’t affect, and vice versa.

What is “Rebound Dilation”?

Instructor Note

“Rebound Dilation” is a period of pupillary constriction followed by a period of pupillary dilation where the pupil steadily increases in size and does not return to its original size.

What is pupillary unrest?

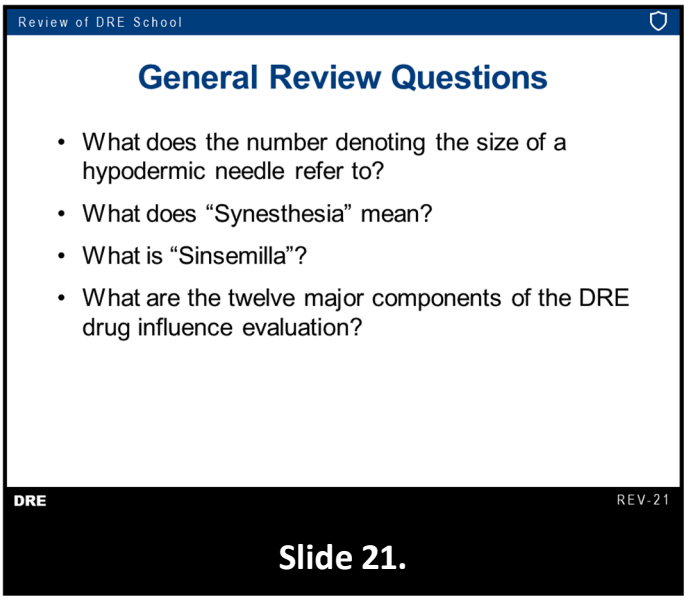
Instructor Note

The continuous change in the size of the pupils that may be observed under room or steady light conditions.

What does “Bruxism” mean?

Instructor Note

Grinding the teeth.



Slide 21.

What does the number denoting the size of a hypodermic needle refer to?

Instructor Note

The inside diameter of the needle.

What does "Synesthesia" mean?

Instructor Note

A mixing of senses, i.e. hearing colors or seeing sounds.

What is "Sinsemilla"?

Instructor Note

A variety of cannabis with a high concentration of THC.

What are the twelve major components of the DRE drug impairment evaluation?

Instructor Note

Breath Alcohol Test

Interview of Arresting Officer

Preliminary Examination

Examinations of the Eyes

Divided Attention Tests

Vital Signs Examinations

Dark Room Examinations

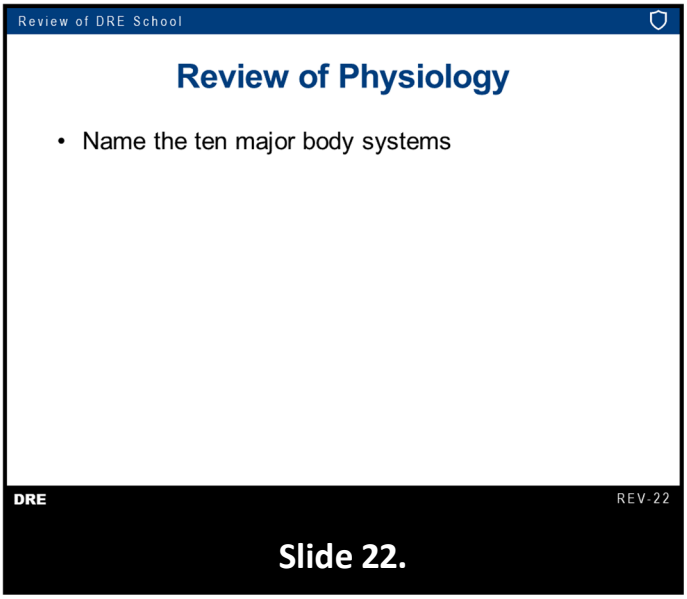
Examination for Muscle Tone

Examination for Injection Sites

Subject's Statements

Opinion of the Evaluator

Toxicological Examination



Slide 22.

Name the ten major body systems.

Instructor Note

M is for Muscular System

U is for Urinary System

R is for Respiratory System

D is for Digestive System

E is for Endocrine System

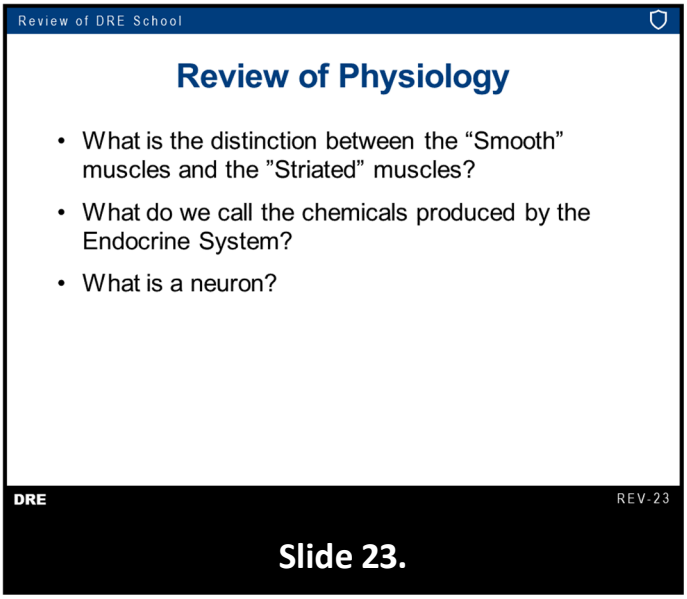
R is for Reproductive System

S is for Skeletal System

I is for Integumentary System

N is for Nervous System

C is for Circulatory System



What is the distinction between the "Smooth" muscles and the "Striated" muscles?

Instructor Note

We consciously control the Striated; we don't consciously control the Smooth.

What do we call the chemicals produced by the Endocrine System?

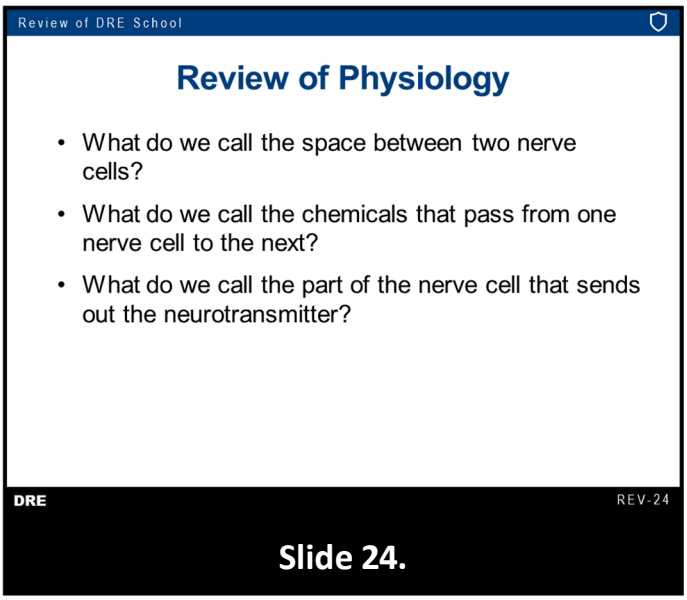
Instructor Note

Hormones

What is a neuron?

Instructor Note

A nerve cell.



Slide 24.

What do we call the space between two nerve cells?

Instructor Note

Synapse, or synaptic gap

What do we call the chemicals that pass from one nerve cell to the next?

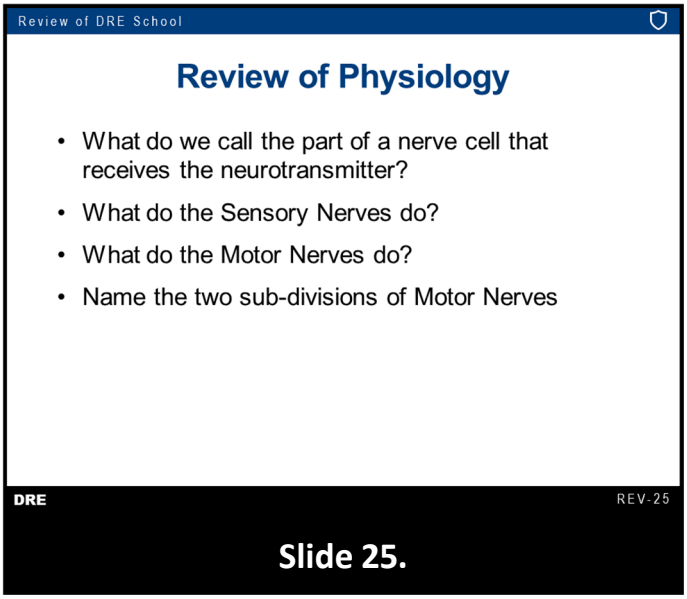
Instructor Note

Neurotransmitters

What do we call the part of the nerve cell that sends out the neurotransmitter?

Instructor Note

Axon



Slide 25.

What do we call the part of a nerve cell that receives the neurotransmitter?

Instructor Note

Dendrite

What do the Sensory Nerves do?

Instructor Note

Carry messages to the brain, from the sense organs, pain sensors, etc.

What do the Motor Nerves do?

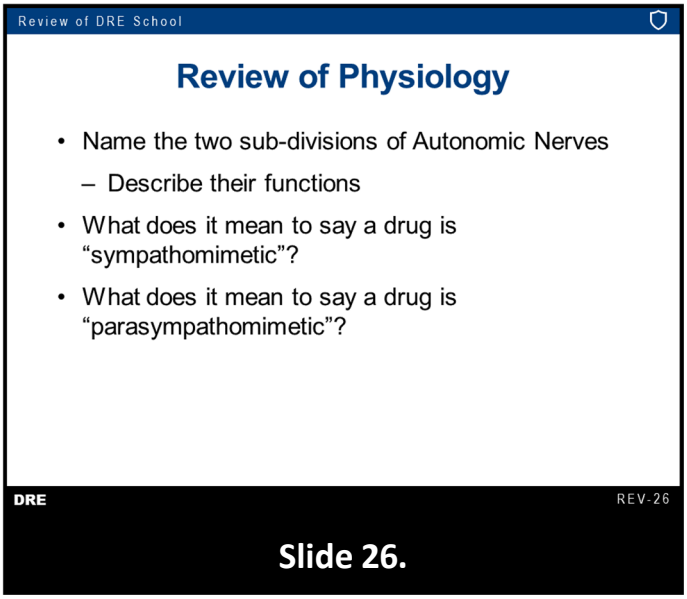
Instructor Note

Carry messages from the brain, to the muscles, etc.

Name the two sub-divisions of Motor Nerves.

Instructor Note

Voluntary (control striated muscles) and Autonomic (control smooth muscles).



Slide 26.

Name the two sub-divisions of Autonomic Nerves and describe their functions.

Instructor Note

Sympathetic (command the body's response to fear, excitement, etc.), and Parasympathetic (promote the body's tranquil activities).

What does it mean to say a drug is "sympathomimetic"?

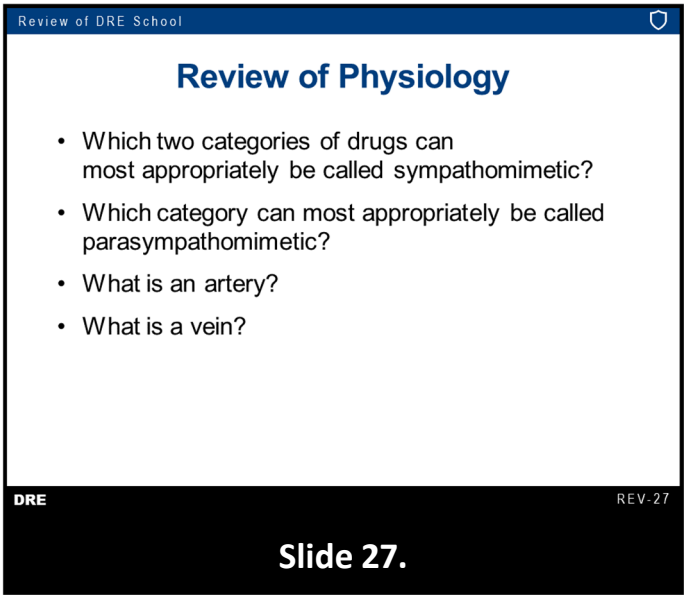
Instructor Note

It means the drug's effects mimic those caused by messages transmitted along sympathetic nerves (excitement, agitation, arousal, etc.).

What does it mean to say a drug is "parasympathomimetic"?

Instructor Note

The drug's effects mimic those caused by messages transmitted along parasympathetic nerves (relaxation, calm, sleep, etc.).



Slide 27.

Which two categories of drugs can most appropriately be called sympathomimetic?

Instructor Note

CNS Stimulants and Hallucinogens

Which category can most appropriately be called parasympathomimetic?

Instructor Note

Narcotic Analgesics

Clarification: Cannabis, Dissociative Anesthetics, and Inhalants have some sympathomimetic characteristics, but not as many as do the CNS Stimulants and Hallucinogens. CNS Depressants have parasympathomimetic characteristics, but not as many as the Narcotic Analgesics.

What is an artery?

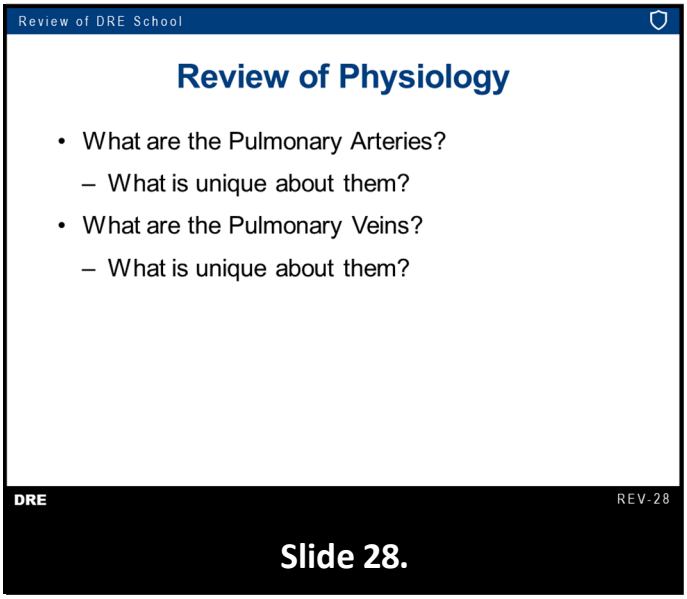
Instructor Note

Strong, elastic blood vessel that carries blood from the heart to the body's tissues and organs.

What is a vein?

Instructor Note

Blood vessel that carries blood back to the heart from tissues and organs.



Slide 28.

What are the Pulmonary Arteries, and what are unique about them?

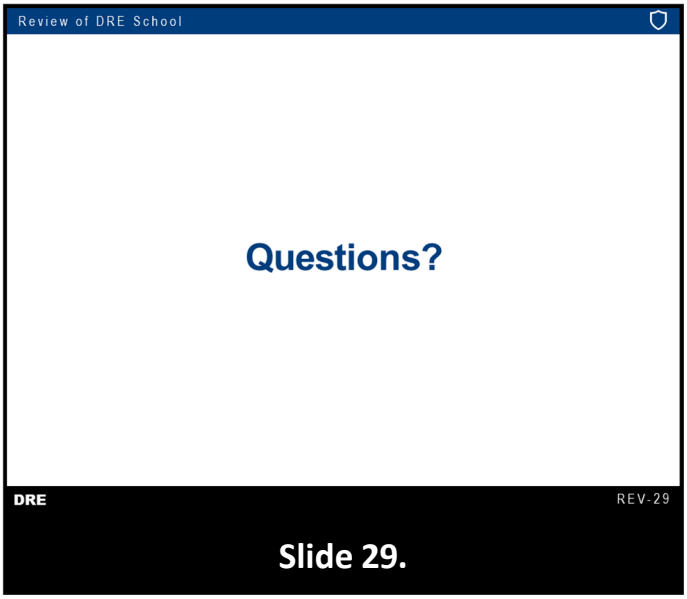
Instructor Note

They are the arteries that carry blood from the heart to the lungs. They are the only arteries that carry blood depleted of oxygen.

What are the Pulmonary Veins and what is unique about them?

Instructor Note

They are the veins that carry blood back to the heart from the lungs. They are the only veins that carry blood rich in oxygen.



Slide 29.

Instructor Note

Solicit participants' comments and questions concerning the Review of the DRE School.

A SELF-TEST FOR REVIEW AND STUDY

Circle the letters corresponding to the correct answers. Note that some questions have **more than one** correct answer.

1. Suppose you examine a suspect that you know is under the combined influence of Demerol and Thorazine. Which of the following would you **not** expect to find in that suspect? (Circle all that you wouldn't expect to see.)

    A. Tachycardia is present
    B. Horizontal Gaze Nystagmus is present
    C. Hypotension is present
    D. Mydriasis is present
    E. Lack of Convergence is present

2. The Autonomic Nervous System has **sympathetic** nerves and _____ nerves.

    A. parasympathetic
    B. metasympathetic
    C. postsympathetic
    D. mesosympathetic
    E. pilosympathetic

3. Suppose you examine a suspect that you know is under the combined influence of Ketamine and Methamphetamine, and you observe that he or she exhibits Horizontal Gaze Nystagmus. This is an example of ....

    A. a Synergistic Effect
    B. an Antagonistic Effect
    C. the Null Effect
    D. an Overlapping Effect
    E. an Additive Effect

4. The technical term meaning "constricted pupils" is ....

    A. Mydriasis
    B. Occulosis
    C. Miosis
    D. Bruxism
    E. Ptosis

5. **Xanax** is an example of ….

    A. a natural hallucinogen
    B. an Antipsychotic
    C. a Sedative-hypnotic
    D. a synthetic hallucinogen
    E. an Antidepressant

6. **Fentanyl** is an example of ….

    A. an Opioid
    B. an Analog of Phencyclidine
    C. a Natural Alkaloid of Opium
    D. an Opium Derivative
    E. a non-Amphetamine-based Stimulant

7. Which of the following ordinarily <u>will</u> cause Horizontal Gaze Nystagmus? (Circle <u>all</u> that usually cause nystagmus.)

    A. Methamphetamine
    B. Valium
    C. The combination of Cocaine and Xanax
    D. The combination of Cannabis and LSD
    E. The combination of Heroin and Dilaudid

8. **Ritalin** is an example of ….

    A. a CNS Stimulant
    B. a Narcotic Analgesic
    C. a Hallucinogen
    D. a CNS Depressant
    E. an Analog of Phencyclidine

9. Suppose you examine a suspect that you <u>know</u> is under the combined influence of Heroin and PCP and you observe that he or she exhibits **miosis**. This is most likely due to ....

    A. the “Downside” of Heroin
    B. an Overlapping Effect between the two drugs
    C. an Antagonistic Effect between the two drugs
    D. an Additive Effect between the two drugs
    E. the “Downside” of PCP

10. Which of the following usually will be true in a subject who is under the influence of a Hallucinogen? (Circle all that usually will be true.)

    A. Pupils will be constricted
    B. Body temperature will be elevated
    C. Eyes will be unable to converge
    D. Blood pressure will be elevated
    E. Horizontal Gaze Nystagmus will be present

11. Which of the following is not classified as a Hallucinogen? (Circle all that **are not** Hallucinogens.)

    A. ETOH
    B. DOM
    C. MDMA
    D. 2CB
    E. THC

12. Which of the following ordinarily will leave body temperature within the DRE average range? (Circle all that usually don't affect body temperature.)

    A. CNS Stimulants
    B. Dissociative Anesthetics
    C. Cannabis
    D. CNS Depressants
    E. All of the above **usually do** affect body temperature

13. Suppose you examine a suspect that you know is under the combined influence of Percodan and Cannabis, and you find that the suspect's pulse rate is 74 bpm. This is most likely due to ....

    A. an Additive Effect between the two drugs
    B. the "Downside" of Cannabis
    C. an Overlapping Effect between the two drugs
    D. an Antagonistic Effect between the two drugs
    E. the "Downside" of Percodan

14. How many distinct, validated clues have been established for the Modified Romberg Balance test?

    A. Eight
    B. Six
    C. Four
    D. Three
    E. There are **no validated** clues for that test

15. A person under the combined influence of Ritalin and LSD usually will have above normal blood pressure. This is an example of ....

    A. an Overlapping Effect
    B. a Synergistic Effect
    C. the Null Effect
    D. an Additive Effect
    E. an Antagonistic Effect

16. The gap between two nerve cells is called the ....

    A. Vesicle
    B. Neuron
    C. Synapse
    D. Dendrite
    E. Axon

17. **"Ptosis"** most nearly means ....

    A. Dilated pupils
    B. Grinding the teeth
    C. Constricted pupils
    D. Droopy eyelids
    E. Goose bumps

18. How many distinct, validated clues have been established for the Walk and Turn test?

    A. Eight
    B. Six
    C. Four
    D. Three
    E. There are **no validated** clues for that test.

19. Which of the following are not subcategories of Inhalants? (Circle all that are not proper names for Inhalant Subcategories.)

    A. Fluorocarbons
    B. Anesthetic Gases
    C. Aerosols
    D. Volatile Solvents
    E. Propellants

20. **Phencyclidine** is best described as ….

    A. parasympathomimetic
    B. an antidepressant
    C. a cellular stimulant
    D. psychotophobic
    E. a dissociative anesthetic

21. Which of the following usually **will not cause** the pupils to dilate? (Circle <u>all</u> that usually do not cause dilation.)

    A. MDMA
    B. Methaqualone
    C. Desoxyn
    D. Peyote
    E. Ketamine

22. Which subcategory or subcategories of Inhalants usually cause blood pressure to **be depressed**? (Circle <u>all</u> that usually cause a depressed pressure.)

    A. Anesthetic Gases
    B. Propellants
    C. Volatile Solvents
    D. Aerosols
    E. Fluorocarbons

23. Which of the following are **Natural Alkaloids** of opium? (Circle <u>all</u> that are Natural Alkaloids.)

    A. Lortab
    B. Dilaudid
    C. Codeine
    D. Thebaine
    E. Hycodan

24. **"Crank"** is a street name for ….

    A. Heroin
    B. Cocaine
    C. PCP
    D. Methamphetamine
    E. LSD

25. Which of the following are **not validated clues** for the One Leg Stand test? (Circle <u>all</u> that aren't validated clues.)

    A. Hopping
    B. Uses arm(s) to balance
    C. Putting the foot down
    D. Failing to count out loud
    E. Sways while balancing

26. Which of the following would be considered **sympathomimetic** drugs? (Circle <u>all</u> that are sympathomimetic.)

    A. MDMA
    B. Dexedrine
    C. Xanax
    D. Oxycontin
    E. Desoxyn

27. Suppose you examine a suspect, and you observe **all** of the following: Horizontal Gaze Nystagmus is present, with an onset of approximately 30 degrees; BAC is 0.00; eyes are unable to converge; pupil size is 5.5 mm in near-total darkness and 3.5 mm in direct light; pupil reaction to light is within normal; pulse rate is 100 bpm; blood pressure is 148/96; body temperature is 99.8 degrees. In your opinion, this suspect is under the influence of ....

    A. a combination of a CNS Depressant and a CNS Stimulant
    B. a CNS Depressant alone
    C. a Dissociative Anesthetic alone
    D. a combination of a Dissociative Anesthetic and a CNS Stimulant
    E. a combination of a CNS Depressant and Cannabis

28. The only artery that carries **de-oxygenated** blood is the _____ artery.

    A. Carotid
    B. Brachial
    C. Pulmonary
    D. Radial
    E. Coronal

29. Suppose a subject is under the influence of **Oxycodone** and nothing else. Indicate whether each of the following will be true or false:

    A. T F Horizontal Gaze Nystagmus will not be present
    B. T F Pupils will be constricted
    C. T F Bradycardia will be present
    D. T F Eyes will be able to converge
    E. T F Hypotension will be present

30. **"Bruxism"** most nearly means ....

    A. Dilated pupils
    B. Grinding the teeth
    C. Constricted pupils
    D. Droopy eyelids
    E. Goose bumps

31. Suppose a suspect is under the influence of a combination of Cannabis and Cocaine, but nothing else. Indicate whether each of the following will be true or false:

    A. T F Pulse rate will be elevated
    B. T F Pupils will be dilated
    C. T F Horizontal Gaze Nystagmus will be present
    D. T F Eyes will be able to converge
    E. T F Blood pressure will be elevated

32. How many distinct, validated clues have been established for the Finger to Nose test?

    A. Eight
    B. Six
    C. Four
    D. Three
    E. There are **no validated** clues for this test.

33. The drug _____ is an example of a Sedative-hypnotic depressant. (Circle all that are Sedative-hypnotics.)

    A. Prozac
    B. Valium
    C. Haldol
    D. Ambien
    E. Xanax

ANSWER KEY FOR THE SELF-TEST

1. Correct answers are A and D.
   Demerol (Meperidine) is a Narcotic Analgesic, Thorazine is a CNS Depressant. The combination should **not produce** elevated heart rate (Tachycardia) nor dilated pupils (Mydriasis). But HGN and LOC should be present, due to the Depressant, Thorazine. And, lowered blood pressure (Hypotension) should be present as an Additive Effect of both drugs.

2. Correct answer is A, **parasympathetic**.

3. Correct answer is D, **Overlapping**.
   Ketamine is an analog of PCP, a drug that usually does cause HGN. Methamphetamine is a CNS Stimulant, a type of drug that doesn't affect nystagmus (Dissociative Anesthetic). This is a case of **action plus no action equals action**, i.e., an Overlapping Effect.

4. Correct answer is C, **Miosis**.

5. Correct answer is C, **Sedative-hypnotic**.

6. Correct answer is A, **Opioid**.

7. Correct answers are B and C.
   Valium is a CNS Depressant, which of course causes nystagmus. The combination of Cocaine and Xanax gives us a Stimulant and a Depressant (Xanax), which causes nystagmus via an Overlapping Effect. None of the other drugs mentioned cause nystagmus: Methamphetamine is a Stimulant; LSD is a Hallucinogen; Heroin and Dilaudid are Narcotics; Cannabis, of course, is its own category.

8. Correct answer is A, **CNS Stimulant**.

9. Correct answer is B, **Overlapping**.
   Heroin, a Narcotic, causes constriction of the pupils (Miosis); PCP does not affect pupil size. This is another case of **action plus no action equals action**.

10. Correct answers are B and D.
    Hallucinogens are **sympathomimetic** drugs, and therefore usually elevate the vital signs. But they have no effect on either nystagmus or LOC. And, instead of constricting the pupils, Hallucinogens usually cause pupils to dilate.

11. Correct answers are A and E.
    ETOH is the chemical name for Ethyl Alcohol, the common beverage form of alcohol that remains the most commonly-abused drug. **THC** is the primary active ingredient in Cannabis. But "MDMA" (also known as "Ecstasy") and "DOM" (also known as "STP") and 2CB **are** Hallucinogens.

12. Correct answers are C and D, **Cannabis and Depressants**.

13. Correct answer is D, **Antagonistic**.
    A pulse rate of 74 bpm is within the DRE average range. Percodan, a Narcotic Analgesic, usually lowers the pulse, while Cannabis usually elevates the pulse. The Antagonistic Effect of the two drugs has put this subject's pulse into a precarious, and probably temporary, state of balance.

14. Correct answer is E, **no validated clues**.
    It is important to understand that, when we say there are no validated clues for MRB Test, that does **not mean** that the test is invalid. It simply means that we do not have the research data to attest that specific clues on that test are statistically reliable indicators of impairment. Those kinds of research data, at the present time, are available only for HGN, WAT, and OLS.

15. Correct answer is D, **Additive**.
    Ritalin (a Stimulant) and LSD (a Hallucinogen) both usually elevate blood pressure.

16. Correct answer is C, **Synapse**.

17. Correct answer is D, **Droopy Eyelids**.

18. Correct answer is A, **Eight**.
    Of the eight **validated** clues for WAT, two may be observed during the Instruction Stage of the test. They are <u>can't keep balance</u> (which means the suspect breaks away from the heel-to-toe stance) and <u>starts too soon</u>. The other six clues pertain to the Walking Stage of the test. They include:

    <u>misses heel-to-toe</u>
    <u>uses arm(s) to balance</u>
    <u>steps off line</u>
    <u>stops walking</u>
    <u>turns improperly</u>
    <u>takes the wrong number of steps</u>

    Although these eight are the only <u>validated</u> clues for WAT, they aren't the only things that might be observed that could serve as evidence of impairment. All of your observations of the suspect are important.

19. Correct answers are A and E, **Fluorocarbons and Propellants**.
    The only proper names for subcategories of Inhalants are Volatile Solvents, Aerosols and Anesthetic Gases.

20. Correct answer is E, **Dissociative Anesthetic**.

21. Correct answer is E, **Ketamine**.
    Ketamine is an analog of PCP, a drug that doesn't affect pupil size. MDMA and Peyote are Hallucinogens, and Desoxyn is a CNS Stimulant; all of those dilate pupils. Methaqualone is a very special CNS Depressant; unlike almost all other Depressants, Methaqualone does affect pupil size (by dilating the pupils).

22. Correct answer is A, **Anesthetic Gases**.
    Volatile Solvents and Aerosols usually produce an elevated blood pressure. "Fluorocarbons" and "Propellants" are, of course, not proper names for subcategories of Inhalants.

23. Correct answers are C and D, **Codeine and Thebaine**.
    Lortab, Dilaudid and Hycodan are all **opium derivatives**. Dilaudid derives from Morphine, and Hycodan and Lortab from Codeine.

24. Correct answer is D, **Methamphetamine**.

25. Correct answer is D, **Failing to Count Out Loud**.
    Hopping, Uses Arm(s) to Balance, Putting the Foot Down and Sways While Balancing are the four (and only four) **validated** clues of impairment for OLS.

26. Correct answers are A, B and E: **MDMA, Dexedrine and Desoxyn**.
    Dexedrine and Desoxyn are members of the Amphetamine family of CNS Stimulants. MDMA is a "Psychedelic Amphetamine" belonging to the Hallucinogens. CNS Stimulants and Hallucinogens are the two categories that make up the **sympathomimetic** drugs. That means they simulate the responses that the body makes to messages conveyed along the **sympathetic** nerves, i.e., elevated vital signs, dilated pupils, etc. Three other categories, namely the Inhalants, Phencyclidine and Cannabis have **some** sympathomimetic characteristics, but they are not considered to be fully sympathomimetic, and not to the degree of the CNS Stimulants and Hallucinogens. Xanax and Oxycontin aren't even close to being sympathomimetic. Xanax (a Depressant) and Oxycontin (a Narcotic) are better described as wholly or partially **parasympathomimetic**.

27. Correct answer is C, **a Dissociative Anesthetic**.
    Dissociative Anesthetics, by themselves, can account for all of the observations listed. Dissociative Anesthetics cause nystagmus and LOC; they do not affect pupil size, so the pupils remain within the normal range; they do not affect the reaction of the pupils to light; they usually elevate all three vital signs.

    A Depressant, by itself, could not account for the elevated vitals, and usually would slow the pupils' reaction to light.

    If we had a combination of a Depressant and a Stimulant, we'd expect to see the pupils dilated beyond the normal range (due to an Overlapping Effect), and we'd expect to see the reaction of the pupils slowed (due to an Additive Effect). Also, although it is possible that the vital signs could all be elevated with a combination of Depressant and Stimulant, we'd probably expect to see some "moderation" of the vitals due to an Antagonistic Effect.

    If we had a combination of a Dissociative Anesthetic and a Stimulant, we could expect to see pupil dilation and some slowing of the reaction to light, due to Overlapping Effects.

    If we had a combination of a Dissociative Anesthetic and a Stimulant, we could expect to see an elevated body temperature, since both of those drugs elevate temperature.

28. Correct answer is C, **Pulmonary**.

29. Correct answers are:
    (A) True: **no nystagmus** will be present
    (B) True: we will see miosis, or **constricted pupils**
    (C) True: we will find a slow pulse, or **Bradycardia**
    (D) True: we won't see a Lack of Convergence, so the eyes **will be able to converge**
    (E) True: we will find a lowered blood pressure, or **Hypotension**
    Oxycodone is a Narcotic Analgesic, and these observations will be consistent with impairment by Narcotics.

30. Correct answer is B, **Grinding the Teeth**

31. Correct answers are:
    (A) True: An Additive Effect will **elevate the pulse** for this combo
    (B) True: **pupils will dilate** due to an Overlapping or Additive Effect
    (C) False: neither drug causes nystagmus, so the Null Effect will also **cause no nystagmus**
    (D) False: Cannabis causes LOC, so the Overlapping Effect means the **eyes won't converge**
    (E) True: An Additive Effect will **elevate the blood pressure**

32. Correct answer is E, **no validated clues**

33. Correct answers are B, D, and E: **Valium, Ambien,** and **Xanax**

Estimated time for session: 2 Hours

33 DRE

CLASSIFYING A SUSPECT (ROLE PLAY)

LEARNING OBJECTIVES

- Conduct a complete drug impairment evaluation using the systematic and standardized 12-step process
- Compile a complete, clear, and accurate report documenting the results of the drug
- influence evaluation

CONTENTS

LEARNING ACTIVITIES

- Interview Practice
- Note-Taking Practice
- Small Group Work Session
- Instructor-Led Presentations
- Participant-Led Presentations
- Instructor-Led Critiques

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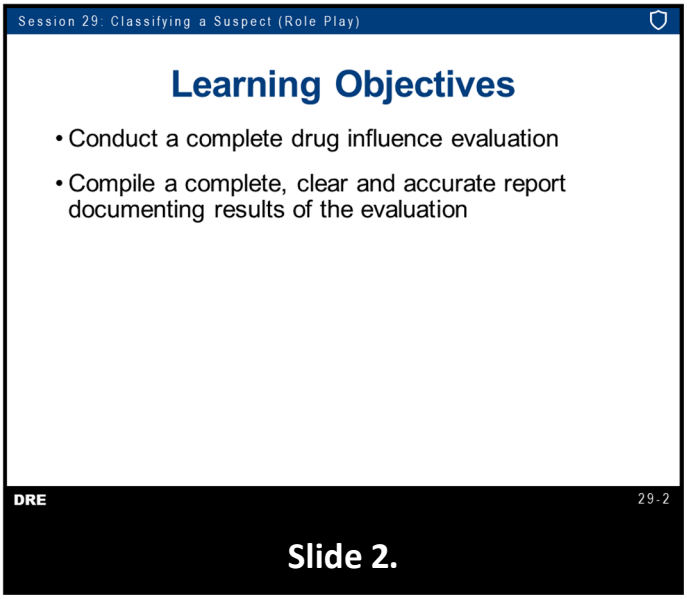
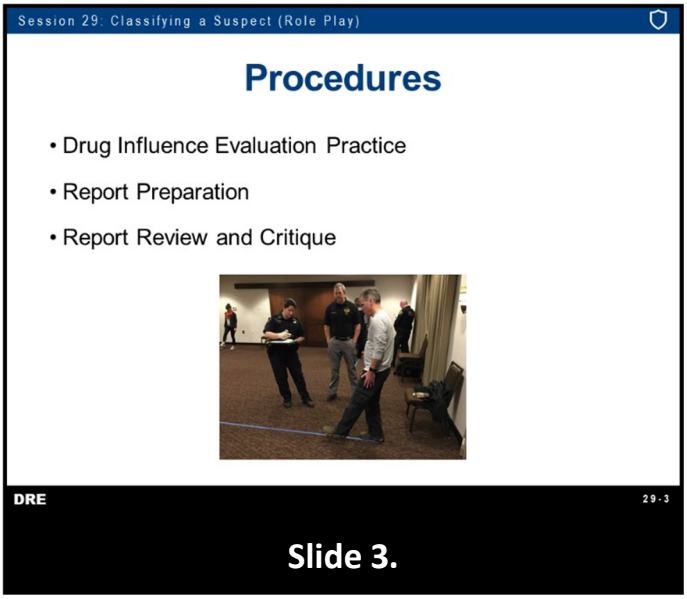


Slide 2.

Instructor Note

Briefly review the objectives, content, and activities of this session. The goal of this session is to prepare the DRE participants for Certification Training by simulating evaluations they will be completing during field certification training. Participants will administer a complete drug influence evaluation and prepare a complete narrative report. The report will be reviewed by a DRE instructor for coaching and critique. Instructors should determine the most efficient use of the time allotted to ensure that participants complete the objectives and receive optimal benefit from this session.

A. Scenarios: Simulated Examinations



Slide 3.

Team Assignments: Assign the participants to teams of 2-4 members.

The total number of participant teams should not be more than the number of role players participating in this session. Otherwise, one or more teams would be unoccupied during major portions of this segment.

Explain procedures to the participants.

Each team will examine as many as possible of the role players until the time scheduled for this segment elapses.

Each examination will be carried out fully; nothing will be omitted except for the Breath Alcohol Test, the interview of the Arresting Officer and the Toxicological Examination.

At certain points in the evaluation, the role player will inform the team what to record. For example: the role players will instruct the teams concerning the evidence to be recorded from the HGN test.

All data will be recorded on the standard Drug impairment Evaluation Form.

Some role players will be simulating the signs and symptoms of exactly one category of drugs. Clarification: Role player Alpha might be simulating a person who is under the influence of a CNS Stimulant only. Role player Delta might be simulating a person under the influence of an Inhalant only.

Some role players may be simulating the signs and symptoms of two or more categories in combination. Role player Bravo might be simulating someone who is under the influence of both Dissociative Anesthetic and Cannabis. It is possible one or more role players may be simulating persons who are not under the influence of any drugs.

At the completion of each evaluation, the team will discuss the evidence obtained and reach a consensus concerning the category or categories of drugs present.

During the assigned time in this session, each participant will prepare and present a complete narrative report on one role player. The narrative will be presented to a DRE instructor for critique.

The instructor role player will review those reports pertaining to his/her role player.

Verify all participants understand the procedures.

Solicit participants' questions concerning the procedures.

Drug Influence Evaluation Practice: Assign a role player to each team. Example: "Alpha" to team #1, "Bravo" to team #2, "Charlie" to team #3, etc.

As each team completes the entire evaluation, the team will hand over its role player to the next team. That is, team #1 hand off to team #2, team #2 to team #3, etc.

Make sure each participant fully conducts an entire evaluation of at least one role player.

Allow the practice to continue until each participant has completed an entire evaluation on at least one role player. The writing of the narrative report should be completed within the time allotted for this session.

B. Report Preparation Practice

Assignments: Each participant is to prepare a narrative report for one role player evaluated by the team.

Verify each team understands who is to be the subject of the report.

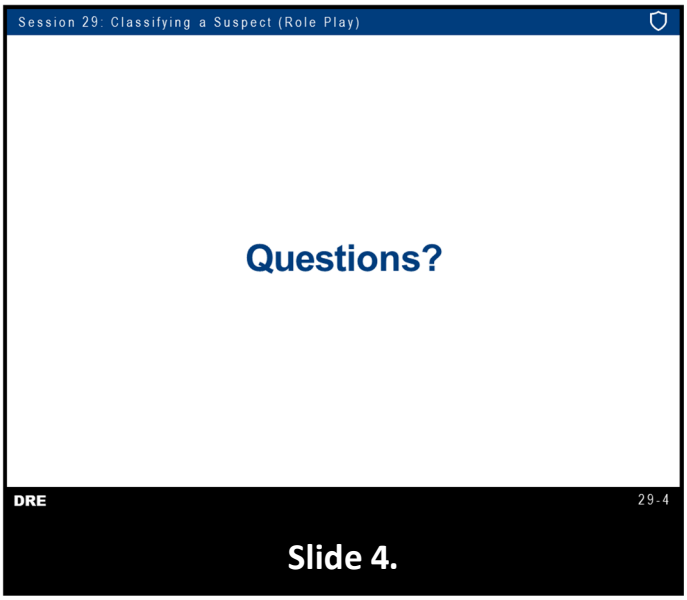
C. Report Review and Critique

Report Presentation: Each participant should submit their report to the respective role player on whom the evaluation was conducted for review and feedback.

Inquire whether other teams that evaluated this same role player reached a different conclusion about the drug category or categories.

Review and offer constructive feedback on the narrative reports.

If necessary, this segment can be conducted simultaneously in two separate classrooms, with half of the teams present in each classroom, to allow all reports to be presented and critiqued within the allotted time.



Slide 4.

Instructor Note

Solicit participants' comments and questions concerning Classifying a Suspect.

ROLE PLAY SCENARIOS

SUBJECT	DRUG CATEGORY
Alpha	Not impaired
Bravo	Cannabis
Charlie	Dissociative Anesthetic (PCP)
Delta	Narcotic Analgesic
Echo	Narcotic Analgesic and CNS Depressant
Foxtrot	Cannabis
Golf	CNS Stimulant
Hotel	Dissociative Anesthetic and Cannabis
India	Inhalant
Juliet	Alcohol (ETOH) only (BAC = 0.06)
Kilo	Narcotic Analgesic and ETOH (BAC = 0.05)
Lima	CNS Stimulant and ETOH (BAC = 0.03)

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
				Session 29 - #1 IG

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
	☐ Yes ☐ Yes (not used) ☐ No		

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
			☐ None ☐ Fatal ☐ Injury ☐ Property	☐ Yes ☐ No

Eval. Start time	Breath Test ☐ No Grounds ☐ Refused Result: Instrument #:	Subject's Name (Last, First, Middle)	Date of Birth	Gender
		ALPHA		

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
	"cereal"	"this morning"	"just coffee"	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
/	"2 days ago" "5 hours"	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No	cooperative, passive	slow

Speech	Breath Odour	Face
nothing noted	nothing noted	nothing noted

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☐ Normal ☑ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

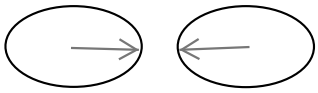
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 80 bpm @
2. 76 bpm @
3. 76 bpm @

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	No	No

Convergence



Right Eye Left Eye

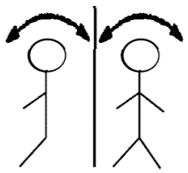
One Leg Stand

30 /30 32 /30

L	R	
0	I (1)	Sways while balancing
0	0	Uses arms to balance
0	0	Hopping
0	0	Puts foot down

Modified Romberg Balance

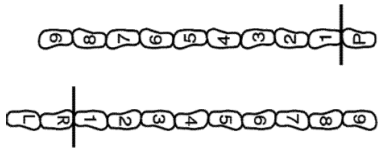
Approx. 1'' 1'' Approx. 0'' 0''



Walk and Turn

Cannot keep balance 0

Starts too soon 0



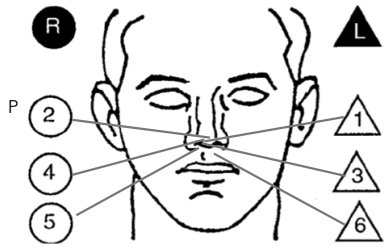
slow walk, no clues observed

	1st nine	2nd nine
Stops walking	0	0
Misses heel-toe	0	0
Steps off line	0	0
Raises arms	0	0
Actual steps taken	9	9

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
32 sec estimated as 30 seconds	slow but correct	N/A	Laced up runners

Finger to nose

(Draw lines to spots touched)



Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	4.5 mm	6.5 mm	3.5 mm
Right Eye	4.5 mm	6.5 mm	3.5 mm

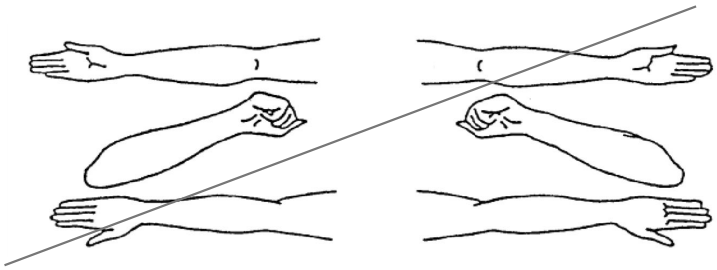
Rebound dilation ☐ Yes ☑ No

Reaction to light ☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: nothing noted

Oral cavity: nothing noted

Right Arm **Left Arm**



Blood Pressure	Temperature
128 / 84 mmHg	37.8 °C

Muscle tone: ☑ Normal ☐ Flaccid ☐ Rigid

Comments:

What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"Nothing, i just need some sleep"	N/A	N/A	N/A

Eval. stop time	Refusal ☐ Entirety ☐ Partly ☐ Tox. Sample Comments:	Toxicological Sample ☐ Urine ☐ Blood	Demand time: Sample Time:	Reviewed by (instructor name)

Evaluator Signature	Approved by (instructor signature)	DRE # Date

Opinion of Evaluator

☑ Not Impaired	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anaesthetic	☐ Inhalants	☐ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	☑ Training

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
				Session 29 - #2 IG

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
	☐ Yes ☐ Yes (not used) ☐ No		

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
			☐ None ☐ Fatal ☐ Injury ☐ Property	☐ Yes ☐ No

Eval. Start time	Breath Test ☐ No Grounds ☐ Refused Result: Instrument #:	Subject's Name (Last, First, Middle)	Date of Birth	Gender
		BRAVO		

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
	"bag of chips"	"noon"	"Juice" 3 or 4 bottles	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
/	"Last night" 8 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No	carefree, cooperative	fair, unsteady at times

Speech	Breath Odour	Face
slow	nothing noted	nothing noted

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☐ Normal ☑ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

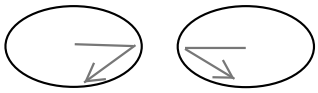
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 120 bpm @ _____
2. 116 bpm @ _____
3. 118 bpm @ _____

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	No	No

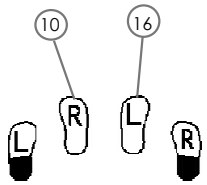
Convergence



Right Eye Left Eye

One Leg Stand

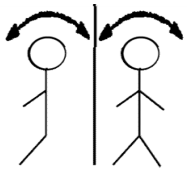
26 /30 24 /30



leg tremors

Modified Romberg Balance

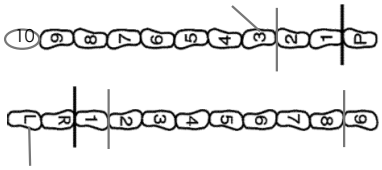
Approx. 2" 2" Approx. 3" 3"



Walk and Turn

Cannot keep balance I (1)

Starts too soon I (1)



walked slowly, leg tremors

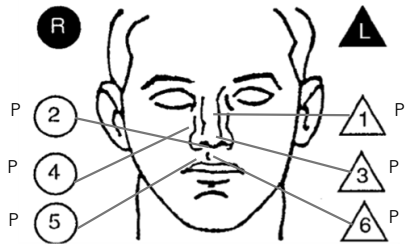
	1st nine	2nd nine
Stops walking	I (1)	I (1)
Misses heel-toe	I (1)	0
Steps off line	0	I (1)
Raises arms	II (2)	III (3)
Actual steps taken	9	10

L	R	
0	I (1)	Sways while balancing
I (1)	I (1)	Uses arms to balance
0	0	Hopping
I (1)	I (1)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
22 sec estimated as 30 seconds	slow	N/A	

Finger to nose

(Draw lines to spots touched)



eyelid tremors

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	6.5 mm	8.5 mm	5.5 mm
Right Eye	6.5 mm	8.5 mm	5.5 mm

Nasal area: nothing noted

Oral cavity: green coating

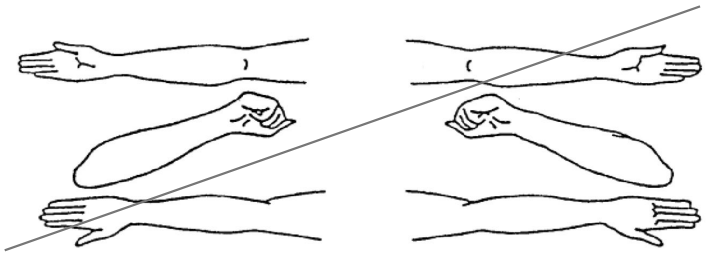
Rebound dilation	Reaction to light
☐ Yes ☑ No	☑ Normal ☐ Slow ☐ Little to none visible

Blood Pressure	Temperature
168 / 100 mmHg	37.8 °C

Muscle tone: ☑ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"nothing man, it's all good"	N/A	N/A	N/A

Eval. stop time	Refusal ☐ Entirety ☐ Partly ☐ Tox. Sample Comments:	Toxicological Sample ☐ Urine ☐ Blood	Demand time: Sample Time:	Reviewed by (instructor name)

Evaluator Signature	Approved by (instructor signature)	DRE # Date

Opinion of Evaluator

☐ Not Impaired	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anaesthetic	☐ Inhalants	☐ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☑ Cannabis	☑ Training

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
				Session 29 - #3 IG

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
	☐ Yes ☐ Yes (not used) ☐ No		

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
			☐ None ☐ Fatal ☐ Injury ☐ Property	☐ Yes ☐ No

Eval. Start time	Breath Test ☐ No Grounds ☐ Refused Result: Instrument #:	Subject's Name (Last, First, Middle)	Date of Birth	Gender
		CHARLIE		

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
	"Today?" (Long pause) "No"	"Drink?" "No"	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
/	"This morning" 4 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No	dazed and confused	slow, rigid movements

Speech	Breath Odour	Face
slow to respond, confused	chemical like odour	sweaty

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

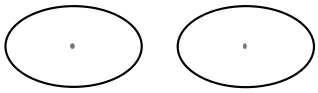
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 112 bpm @ _____
2. 116 bpm @ _____
3. 114 bpm @ _____

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	Yes	Yes
Angle of Onset	30°	30°

Convergence



Right Eye Left Eye

stared straight ahead

One Leg Stand

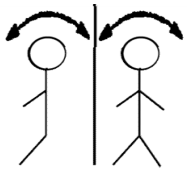
38 /30 24 /30

leg tremors

L	R	
I 1	I 1	Sways while balancing
I 1	I 1	Uses arms to balance
0	0	Hopping
0	0	Puts foot down

Modified Romberg Balance

Approx. 2" 2" Approx. 3" 3"

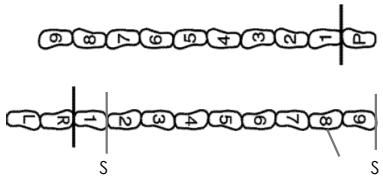


rigid

Walk and Turn

Cannot keep balance 0

Starts too soon I (1)



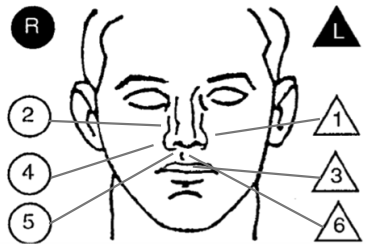
stiff rigid movements

	1st nine	2nd nine
Stops walking	II (2)	N/A
Misses heel-toe	0	N/A
Steps off line	I (1)	N/A
Raises arms	III (3)	N/A
Actual steps taken	9	N/A

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
_____ estimated as 30 seconds	Did not attempt the turn	stopped after 1st 9	flip flops

Finger to nose

(Draw lines to spots touched)



slow rigid movement

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	4.5 mm	6.5 mm	3.5 mm
Right Eye	4.5 mm	6.5 mm	3.5 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: nothing noted

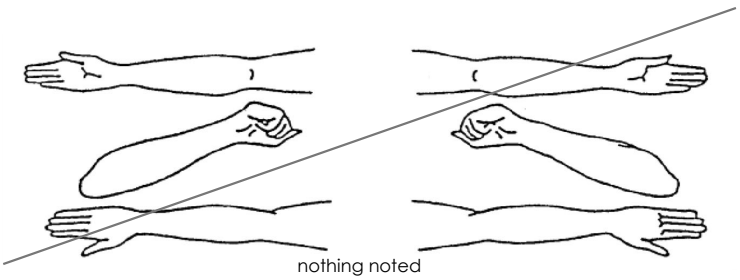
Oral cavity: nothing noted

Blood Pressure	Temperature
172 / 102 mmHg	98.0 °C

Muscle tone: ☐ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



nothing noted

What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"Drugs... Nothing man"	N/A	N/A	N/A

Eval. stop time	Refusal ☐ Entirety ☐ Partly ☐ Tox. Sample Comments:	Toxicological Sample ☐ Urine ☐ Blood	Demand time: Sample Time:	Reviewed by (instructor name)

Evaluator Signature	Approved by (instructor signature)	DRE # Date

Opinion of Evaluator

☐ Not Impaired	☐ Alcohol	☐ CNS Stimulant	☑ Dissociative Anaesthetic	☐ Inhalants	☐ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	☑ Training

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
				Session 29 - #4 IG

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
	☐ Yes ☐ Yes (not used) ☐ No		

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
			☐ None ☐ Fatal ☐ Injury ☐ Property	☐ Yes ☐ No

Eval. Start time	Breath Test ☐ No Grounds ☐ Refused Result: Instrument #:	Subject's Name (Last, First, Middle)	Date of Birth	Gender
		DELTA		

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
	"I didn't eat today"	"Just some water today"	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
/	"I don't know"	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No	Passive, cooperative	Slow, sluggish, Unstable

Speech	Breath Odour	Face
Slow to respond, low	nothing noted	nothing noted, continually rubbing face

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

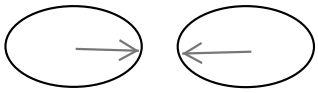
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 52 bpm @
2. 50 bpm @
3. 50 bpm @

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	No	No

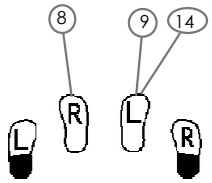
Convergence



Right Eye Left Eye

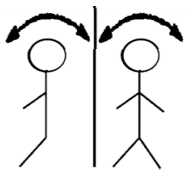
One Leg Stand

22 /30 24 /30



Modified Romberg Balance

Approx. 3" 3" Approx. 3" 3"

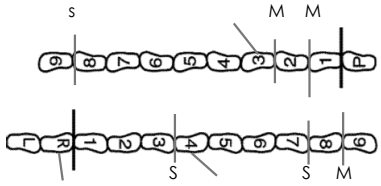


scratching arms

Walk and Turn

Cannot keep balance I (1)

Starts too soon 0



slow wobbly walk

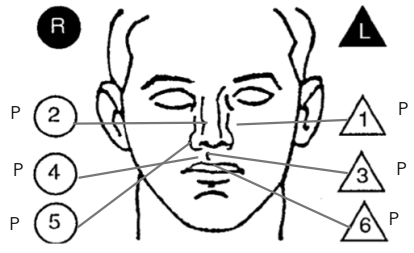
	1st nine	2nd nine
Stops walking	II (2)	I (1)
Misses heel-toe	I (1)	II (2)
Steps off line	I (1)	I (1)
Raises arms	III (3)	I (1)
Actual steps taken	9	9

L	R	
I (1)	I (1)	Sways while balancing
I (1)	I (1)	Uses arms to balance
0	0	Hopping
I (1)	I (1)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
62 sec estimated as 30 seconds	slow, deliberate turn	N/A	

Finger to nose

(Draw lines to spots touched)



slow movements

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	2.0 mm	3.5 mm	2.0 mm
Right Eye	2.0 mm	3.5 mm	2.0 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☐ Slow ☑ Little to none visible

Nasal area: nothing noted

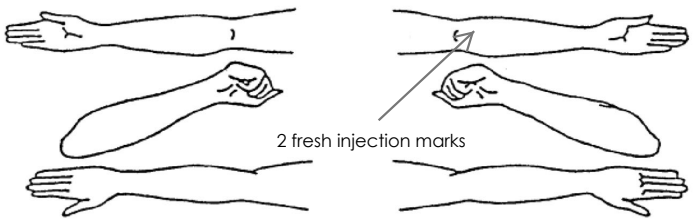
Oral cavity: white coating, dry

Blood Pressure	Temperature
102 / 52 mmHg	37.0 °C

Muscle tone: ☐ Normal ☑ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"Honest man, I'm clean"	N/A	N/A	N/A

Eval. stop time	Refusal ☐ Entirety ☐ Partly ☐ Tox. Sample Comments:	Toxicological Sample ☐ Urine ☐ Blood	Demand time: Sample Time:	Reviewed by (instructor name)

Evaluator Signature	Approved by (instructor signature)	DRE # Date

Opinion of Evaluator

☐ Not Impaired	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anaesthetic	☐ Inhalants	☐ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☑ Narcotic Analgesic	☐ Cannabis	☐ Training

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
				Session 29 - #5 IG

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
	☐ Yes ☐ Yes (not used) ☐ No		

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
			☐ None ☐ Fatal ☐ Injury ☐ Property	☐ Yes ☐ No

Eval. Start time	Breath Test ☐ No Grounds ☐ Refused Result: Instrument #:	Subject's Name (Last, First, Middle)	Date of Birth	Gender
		ECHO		

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
	"Nothing today"	"Water & Juice" "Couple bottles"	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
/	Last night About 3 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No "Not anymore"	Normal	Poor, staggering

Speech	Breath Odour	Face
Slurred, mumbling at times	Nothing noted	Nothing noted

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

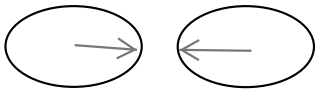
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 48 bpm @
2. 46 bpm @
3. 46 bpm @

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	Yes	Yes
Angle of Onset	40°	40°

Convergence



Right Eye Left Eye

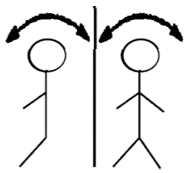
One Leg Stand

n/a /30 n/a /30

both tests stopped

Modified Romberg Balance

Approx. 3" 3" Approx. 3" 3"

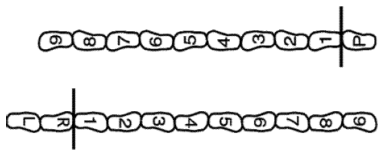


head nodded forward, slow & deliberate movements

Walk and Turn

Cannot keep balance III 3

Starts too soon 0



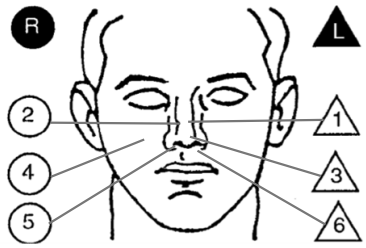
	1st nine	2nd nine
Stops walking		
Misses heel-toe		
Steps off line		
Raises arms		
Actual steps taken		

L	R	
I 1	I 1	Sways while balancing
I 1	I 1	Uses arms to balance
I 1	I 1	Hopping
0	0	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
65 sec estimated as 30 seconds	N/A	stopped; subj nearly fell during instructions	

Finger to nose

(Draw lines to spots touched)



head nodded forward, slow and deliberate movements

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	2.5 mm	3.5 mm	2.0 mm
Right Eye	2.5 mm	3.5 mm	2.0 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☐ Slow ☑ Little to none visible

Nasal area: nothing noted

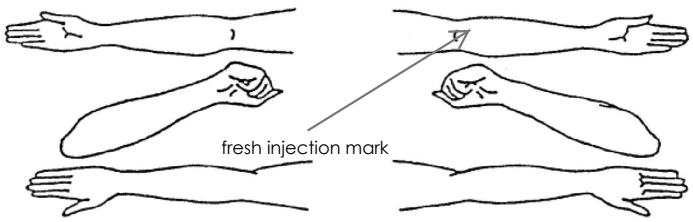
Oral cavity: nothing noted

Blood Pressure	Temperature
104 / 60 mmHg	37.2 °C

Muscle tone: ☐ Normal ☑ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I stopped using about 2 years ago"	N/A	N/A	N/A

Eval. stop time	Refusal ☐ Entirety ☐ Partly ☐ Tox. Sample Comments:	Toxicological Sample ☐ Urine ☐ Blood	Demand time: Sample Time:	Reviewed by (instructor name)

Evaluator Signature	Approved by (instructor signature)	DRE # Date

Opinion of Evaluator

☐ Not Impaired	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anaesthetic	☐ Inhalants	☐ Operational
☐ Medical	☑ CNS Depressant	☐ Hallucinogen	☑ Narcotic Analgesic	☐ Cannabis	☑ Training

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
	☐ Yes ☐ Yes (not used) ☐ No		

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
			☐ None ☐ Fatal ☐ Injury ☐ Property	☐ Yes ☐ No

Eval. Start time	Breath Test ☐ No Grounds ☐ Refused Result: Instrument #:	Subject's Name (Last, First, Middle)	Date of Birth	Gender
		FOXTROT		

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
	"Brownies" "2 hours ago"	"Arizona Iced Tea" 1 can	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
/	Last night About 8 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No "No medicine"	Cooperative, carefree, relaxed	poor, unsteady

Speech	Breath Odour	Face
slurred, talkative	nothing noted	nothing noted

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☐ Normal ☑ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

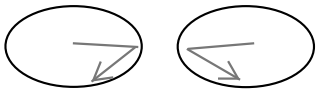
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 112 bpm @ _____
2. 116 bpm @ _____
3. 116 bpm @ _____

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	No	No

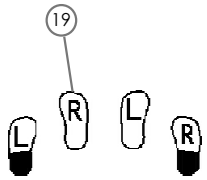
Convergence



Right Eye Left Eye

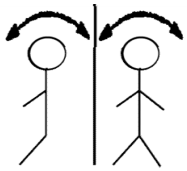
One Leg Stand

25 /30 23 /30



Modified Romberg Balance

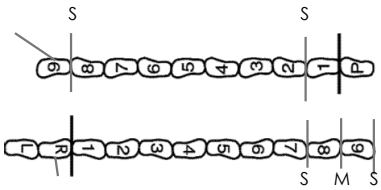
Approx. 3" 3" Approx. 3" 3"



Walk and Turn

Cannot keep balance I (1)

Starts too soon 0



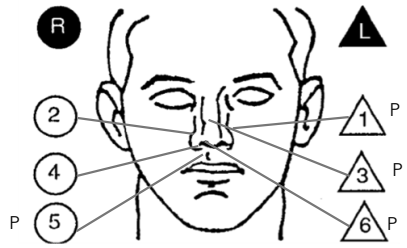
	1st nine	2nd nine
Stops walking	II (2)	II (2)
Misses heel-toe	I (1)	0
Steps off line	0	I (1)
Raises arms	II (2)	III (3)
Actual steps taken	9	9

L	R	
I (1)	I (1)	Sways while balancing
I (1)	I (1)	Uses arms to balance
I (1)	0	Hopping
I (1)	0	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
22 sec estimated as 30 seconds	slow, laughed when turning	N/A	lace up shoes

Finger to nose

(Draw lines to spots touched)



eyelid tremors

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	5.5 mm	8.0 mm	5.0 mm
Right Eye	5.5 mm	8.0 mm	5.0 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: nothing noted

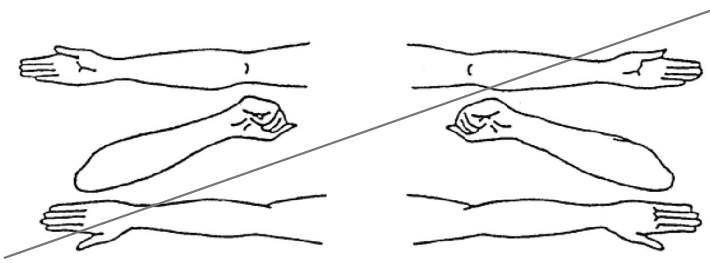
Oral cavity: raised taste buds, green coating

Blood Pressure	Temperature
164 / 98 mmHg	37.5 °C

Muscle tone: ☑ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I'm not taking drugs" (laughed)	N/A	N/A	N/A

Eval. stop time	Refusal ☐ Entirety ☐ Partly ☐ Tox. Sample Comments:	Toxicological Sample ☐ Urine ☐ Blood	Demand time: Sample Time:	Reviewed by (instructor name)

Evaluator Signature	Approved by (instructor signature)	DRE # Date

Opinion of Evaluator

☐ Not Impaired	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anaesthetic	☐ Inhalants	☐ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☑ Cannabis	☑ Training

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
	☐ Yes ☐ Yes (not used) ☐ No		

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
			☐ None ☐ Fatal ☐ Injury ☐ Property	☐ Yes ☐ No

Eval. Start time	Breath Test ☐ No Grounds ☐ Refused Result: Instrument #:	Subject's Name (Last, First, Middle)	Date of Birth	Gender
		GOLF		

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking?	How much?	Time of last drink?
	Beef jerky & pepperoni	4 pm	Red Bull	1 can	N/A

Time now? / Actual	When did you last sleep?	How long?	Are you sick or injured?	Are you diabetic or epileptic?
/	2 days ago	About 3 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No "Am I under arrest?"	Excited, animated	Jittery, quick, unsteady

Speech	Breath Odour	Face
Talkative, rapid	Rancid	Sweaty

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

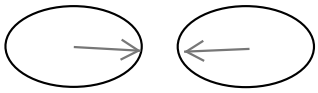
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 112 bpm @ _____
2. 106 bpm @ _____
3. 110 bpm @ _____

HGN	Left	Right
Lack of Smooth Pursuit	No	No
Maximum Deviation	No	No
Angle of Onset	No	No

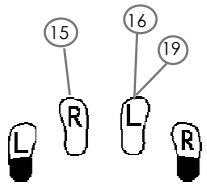
Convergence



Right Eye Left Eye

One Leg Stand

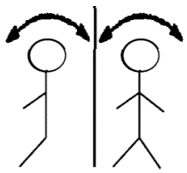
38 /30 42 /30



counted quickly, slurred #'s

Modified Romberg Balance

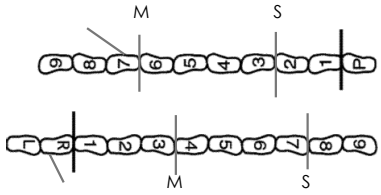
Approx. 3" 3" Approx. 3" 3"



eyelid tremors

Walk and Turn

Cannot keep balance I (1)
Starts too soon I (1)



took quick steps, slammed heel to toe on steps

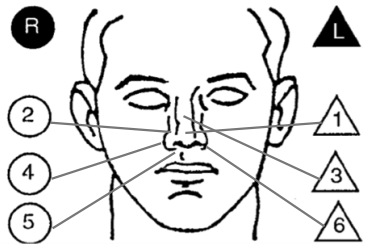
	1st nine	2nd nine
Stops walking	I (1)	I (1)
Misses heel-toe	I (1)	I (1)
Steps off line	0	I (1)
Raises arms	II (2)	III (3)
Actual steps taken	9	9

L	R	
I (1)	I (1)	Sways while balancing
I (1)	I (1)	Uses arms to balance
I (1)	0	Hopping
I (1)	II (2)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
22 sec estimated as 30 seconds	slow, laughed when turning	N/A	

Finger to nose

(Draw lines to spots touched)



quick and jerky movements

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	6.5 mm	8.5 mm	5.5 mm
Right Eye	6.5 mm	8.5 mm	5.5 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☑ Slow ☐ Little to none visible

Nasal area: redness

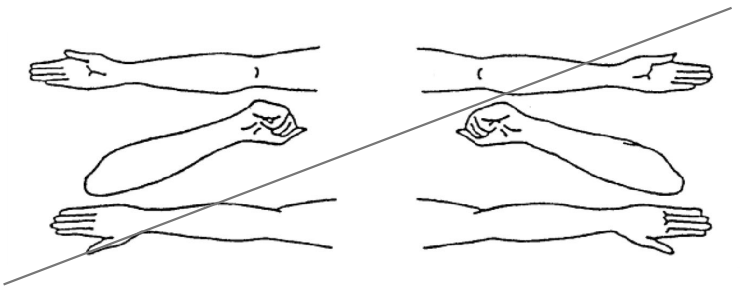
Oral cavity: nothing noted

Blood Pressure	Temperature
174 / 102 mmHg	38.4 °C

Muscle tone: ☐ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I'm not answering that"	N/A	N/A	N/A

Eval. stop time	Refusal ☐ Entirety ☐ Partly ☐ Tox. Sample Comments:	Toxicological Sample ☐ Urine ☐ Blood	Demand time: Sample Time:	Reviewed by (instructor name)

Evaluator Signature	Approved by (instructor signature)	DRE # Date

Opinion of Evaluator

☐ Not Impaired	☐ Alcohol	☑ CNS Stimulant	☐ Dissociative Anaesthetic	☐ Inhalants	☐ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	☑ Training

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
	☐ Yes ☐ Yes (not used) ☐ No		

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
			☐ None ☐ Fatal ☐ Injury ☐ Property	☐ Yes ☐ No

Eval. Start time	Breath Test ☐ No Grounds ☐ Refused Result: Instrument #:	Subject's Name (Last, First, Middle)	Date of Birth	Gender
		HOTEL		

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
	"I don't remember"	"Uh... some juice I think"	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
/	No response	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☐ No No response

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☐ No No response	Indifferent	Poor, staggering

Speech	Breath Odour	Face
Slow, deliberate, incomplete responses	Chemical-like	Flushed

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☐ Normal ☑ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

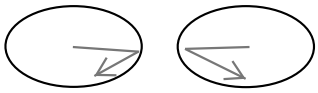
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☑ Yes ☐ No	☑ Yes ☐ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 112 bpm @ _____
2. 114 bpm @ _____
3. 120 bpm @ _____

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	Yes	Yes
Angle of Onset	Imm	Imm

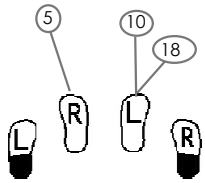
Convergence



Right Eye Left Eye

One Leg Stand

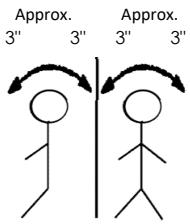
22 /30 26 /30



leg tremors, reminded to count

L	R	
I (1)	I (1)	Sways while balancing
I (1)	I (1)	Uses arms to balance
0	0	Hopping
I (1)	II (2)	Puts foot down

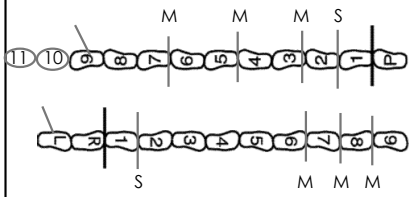
Modified Romberg Balance



circular sway, eyelid tremors

Walk and Turn

Cannot keep balance I (1)
Starts too soon I (1)



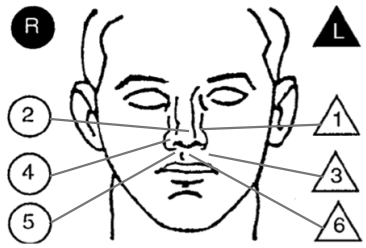
rigid movements, did not count steps out loud

	1st nine	2nd nine
Stops walking	I (1)	I (1)
Misses heel-toe	III (3)	III (3)
Steps off line	I (1)	I (1)
Raises arms	III (3)	III (3)
Actual steps taken	9	11

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
52 sec estimated as 30 seconds	Staggered to the right	N/A	Boots

Finger to nose

(Draw lines to spots touched)



had to be reminded to remove his finger each time

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	7.0 mm	9.0 mm	6.5 -7.5 mm
Right Eye	7.0 mm	9.0 mm	6.5 -7.5 mm

Rebound dilation ☑ Yes ☐ No

Reaction to light ☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: nothing noted

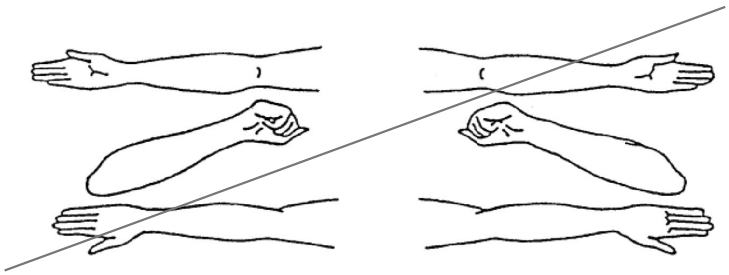
Oral cavity: green coating on tongue, raised taste buds

Blood Pressure	Temperature
184 / 112 mmHg	39.0 °C

Muscle tone: ☐ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
No response	N/A	N/A	N/A

Eval. stop time	Refusal ☐ Entirety ☐ Partly ☐ Tox. Sample Comments:	Toxicological Sample ☐ Urine ☐ Blood	Demand time: Sample Time:	Reviewed by (instructor name)

Evaluator Signature	Approved by (instructor signature)	DRE # Date

Opinion of Evaluator

☐ Not Impaired	☐ Alcohol	☐ CNS Stimulant	☑ Dissociative Anaesthetic	☐ Inhalants	☐ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☑ Cannabis	☑ Training

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
				Session 29 - #9 IG

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
	☐ Yes ☐ Yes (not used) ☐ No		

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
			☐ None ☐ Fatal ☐ Injury ☐ Property	☐ Yes ☐ No

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
	☐ No Grounds ☐ Refused Result: Instrument #:	INDIA		

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
	"Cheese Sandwich" Noon	"Mountain Dew" "A couple"	N/A

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
/	"This morning" "2 hours"	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No "I've got a headache"	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No "I smoke weed sometimes"	Cooperative, confused	Poor, staggering

Speech	Breath Odour	Face
Low, slow, mumbling	Solvent-like odour	Flushed

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☐ Normal ☑ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

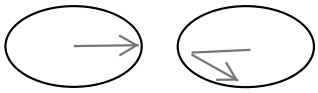
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 96 bpm @
2. 92 bpm @
3. 88 bpm @

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	Yes	Yes
Angle of Onset	30°	30°

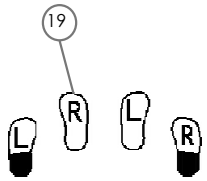
Convergence



Right Eye Left Eye

One Leg Stand

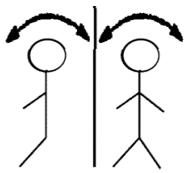
22 /30 26 /30



Nearly fell

Modified Romberg Balance

Approx. 3" 3" Approx. 3" 3"

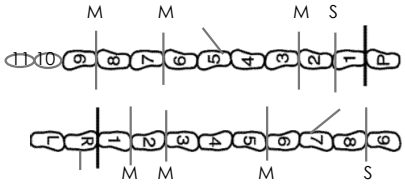


Circular sway, eyelid tremors

Walk and Turn

Cannot keep balance I (1)

Starts too soon I (1)



Rigid movements, did not count aloud

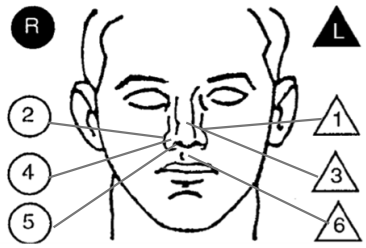
	1st nine	2nd nine
Stops walking	I (1)	I (1)
Misses heel-toe	III (3)	III (3)
Steps off line	I (1)	I (1)
Raises arms	III (3)	III (3)
Actual steps taken	9	11

L	R	
I (1)	I (1)	Sways while balancing
I (1)	I (1)	Uses arms to balance
0	0	Hopping
I (1)	0	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
40 sec estimated as 30 seconds	Staggered, lost balance.	N/A	Boots

Finger to nose

(Draw lines to spots touched)



Had to be reminded to touch his nose

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	5.0 mm	7.0 mm	4.0 mm
Right Eye	5.0 mm	7.0 mm	4.0 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☑ Slow ☐ Little to none visible

Nasal area: Redness, runny nose

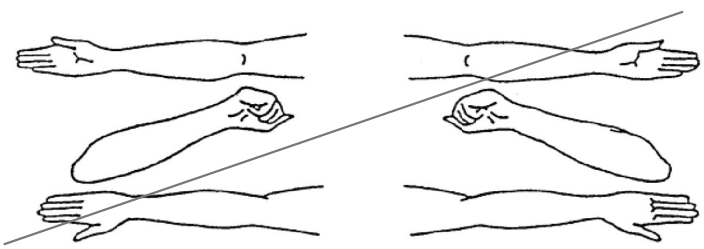
Oral cavity: Red

Blood Pressure	Temperature
184 / 112 mmHg	39.0 °C

Muscle tone: ☑ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"Nothing tonight"	N/A	N/A	N/A

Eval. stop time	Refusal	Toxicological Sample	Demand time:	Reviewed by (instructor name)
	☐ Entirety ☐ Partly ☐ Tox. Sample Comments:	☐ Urine ☐ Blood	Sample Time:	

Evaluator Signature	Approved by (instructor signature)	DRE # Date

Opinion of Evaluator

☐ Not Impaired	☐ Alcohol	☐ CNS Stimulant	☐ Dissociative Anaesthetic	☑ Inhalants	☐ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	☐ Training

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
				Session #29 - #10 IG

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
	☐ Yes ☐ Yes (not used) ☐ No		

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
			☐ None ☐ Fatal ☐ Injury ☐ Property	☐ Yes ☐ No

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
	☐ No Grounds ☐ Refused Result: Instrument #: 12345 60mg%	JULIET		

Date Examined / Time / Location	What have you eaten today?	When?	What have you been drinking? How much?	Time of last drink?
	"Cereal"	"About 7 am"	"Beer" "A couple"	"Hour ago"

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
/	"Last night" "8 hours"	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No	Cooperative, withdrawn	Unsteady

Speech	Breath Odour	Face
Low, mumbling	Alcoholic beverage	Flushed

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☐ Normal ☑ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

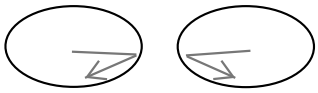
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 82 bpm @
2. 80 bpm @
3. 80 bpm @

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	Yes	Yes
Angle of Onset	45°	45°

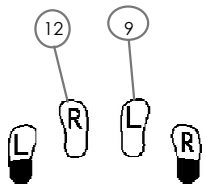
Convergence



Right Eye Left Eye

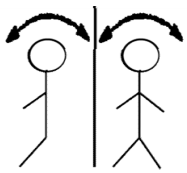
One Leg Stand

32 /30 28 /30



Modified Romberg Balance

Approx. 3" 3" Approx. 3" 3"

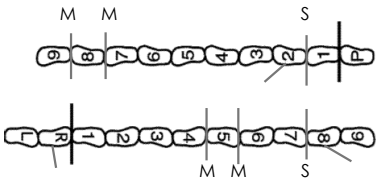


Circular sway, eyelid tremors

Walk and Turn

Cannot keep balance I (1)

Starts too soon 0



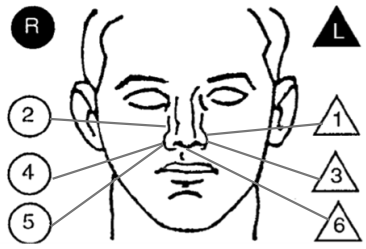
	1st nine	2nd nine
Stops walking	I (1)	I (1)
Misses heel-toe	II (2)	II (2)
Steps off line	I (1)	I (1)
Raises arms	I (1)	II (2)
Actual steps taken	9	9

L	R	
I (1)	I (1)	Sways while balancing
I (1)	I (1)	Uses arms to balance
0	I (1)	Hopping
I (1)	I (1)	Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
36 sec estimated as 30 seconds	Slow turn	N/A	Laced up shoes

Finger to nose

(Draw lines to spots touched)



Slow movements

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	4.5 mm	6.0 mm	3.5 mm
Right Eye	4.5 mm	6.0 mm	3.5 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☑ Normal ☐ Slow ☐ Little to none visible

Nasal area: Nothing noted

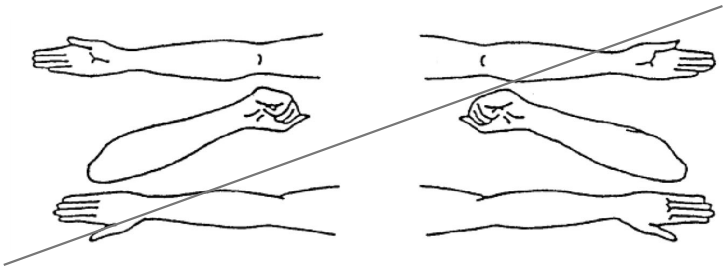
Oral cavity: Nothing noted

Blood Pressure	Temperature
128 / 84 mmHg	38.2 °C

Muscle tone: ☐ Normal ☑ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I just had a couple beers"	N/A	N/A	N/A

Eval. stop time	Refusal	Toxicological Sample	Demand time:	Reviewed by (instructor name)
	☐ Entirety ☐ Partly ☐ Tox. Sample	☐ Urine ☐ Blood	Sample Time:	
	Comments:			

Evaluator Signature	Approved by (instructor signature)	DRE #
		Date

Opinion of Evaluator

☐ Not Impaired	☑ Alcohol	☐ CNS Stimulant	☐ Dissociative Anaesthetic	☐ Inhalants	☐ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	☑ Training

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
				Session 29 - #11 IG

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
	☐ Yes ☐ Yes (not used) ☐ No		

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
			☐ None ☐ Fatal ☐ Injury ☐ Property	☐ Yes ☐ No

Eval. Start time	Breath Test ☐ No Grounds ☐ Refused Result:	Subject's Name (Last, First, Middle)	Date of Birth	Gender
	Instrument #: 01234 50 mg%	KILO		

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
	Chicken dinner 6 pm	Wine 2 glasses	2 hours ago

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
/	Last night 6 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No	Cooperative, drowsy acting	Unsteady, slow

Speech	Breath Odour	Face
Slow, low, mumbling	alcoholic beverage	Flushed, dry mouth, licking lips

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

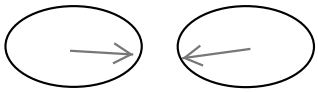
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☐ Normal ☑ Droopy

Pulse and Time

1. 60 bpm @
2. 58 bpm @
3. 58 bpm @

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	No	No
Angle of Onset	None	None

Convergence



Right Eye Left Eye

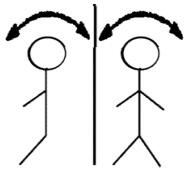
One Leg Stand

N/A /30 N/A /30

Nearly fell, stopped for safety

Modified Romberg Balance

Approx. 2" 2" Approx. 3" 3"

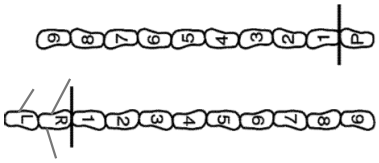


Head nodded forward

Walk and Turn

Cannot keep balance III (3)

Starts too soon 0



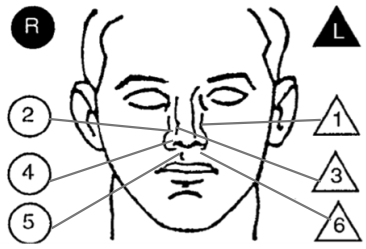
	1st nine	2nd nine
Stops walking		
Misses heel-toe		
Steps off line		
Raises arms		
Actual steps taken		

L	R	
		Sways while balancing
		Uses arms to balance
		Hopping
		Puts foot down

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
40 sec estimated as 30 seconds	N/A	Lost balance 3 times, test stopped	Slip on shoes

Finger to nose

(Draw lines to spots touched)



Slow movements

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	1.5 mm	2.0 mm	1.5 mm
Right Eye	1.5 mm	2.0 mm	1.5 mm

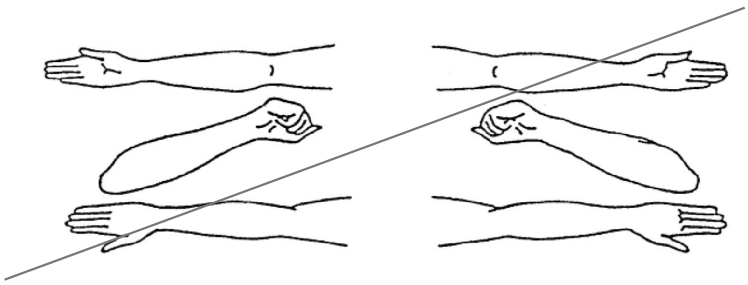
Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☐ Slow ☑ Little to none visible

Nasal area: Nothing noted

Oral cavity: Nothing noted

Right Arm **Left Arm**



Blood Pressure	Temperature
108 / 64 mmHg	37.0 °C

Muscle tone: ☐ Normal ☑ Flaccid ☐ Rigid

Comments:

What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"I just drank some wine, but I'm not drunk."	N/A	N/A	N/A

Eval. stop time	Refusal ☐ Entirety ☐ Partly ☐ Tox. Sample	Toxicological Sample Demand time:	Reviewed by (instructor name)
	Comments:	☐ Urine ☐ Blood Sample Time:	

Evaluator Signature	Approved by (instructor signature)	DRE # Date

Opinion of Evaluator

☐ Not Impaired	☑ Alcohol	☐ CNS Stimulant	☐ Dissociative Anaesthetic	☐ Inhalants	☐ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☑ Narcotic Analgesic	☐ Cannabis	☑ Training

Evaluator	DRE #	Rolling Log #	Evaluator Agency	Event/Occ. #
				Session 29 - #12 IG

Arresting Officer (Name, ID#)	SFST Trained	Arresting Officer's Agency	Recorder/Witness
	☐ Yes ☐ Yes (not used) ☐ No		

Date & Time of Arrest	Charter Rights Given by	Time DRE Notified	Crash	DRE Secondary Caution Time
			☐ None ☐ Fatal ☐ Injury ☐ Property	☐ Yes ☐ No

Eval. Start time	Breath Test	Subject's Name (Last, First, Middle)	Date of Birth	Gender
	☐ No Grounds ☐ Refused Result: Instrument #: 02485 30 mg%	LIMA		

Date Examined / Time / Location	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?
	Pizza 7 pm	Beer 2 bottles	3 hours ago

Time now? / Actual	When did you last sleep? How long?	Are you sick or injured?	Are you diabetic or epileptic?
/	Yesterday 3 hours	☐ Yes ☑ No	☐ Yes ☑ No

Do you take insulin?	Do you have any physical disabilities?	Are you under the care of a doctor or dentist?
☐ Yes ☑ No	☐ Yes ☑ No	☐ Yes ☑ No

Do you take any medication or drugs?	Attitude	Coordination
☐ Yes ☑ No	Anxious, restless	Jittery, Unsteady

Speech	Breath Odour	Face
Loud, rapid, slurred	Alcoholic beverage	Nothing noted

Corrective Lenses	Eyes	Blindness	Tracking
☑ None ☐ Glasses ☐ Contacts (if so: ☐ Hard ☐ Soft)	☑ Normal ☐ Bloodshot ☐ Watery	☑ None ☐ Left ☐ Right	☑ Equal ☐ Unequal

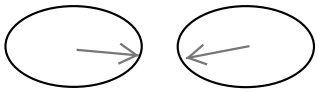
Pupil Sizes	Resting Nystagmus	Vertical Nystagmus	Able to Follow Stimulus	Eyelids
☑ Equal ☐ Unequal (explain)	☐ Yes ☑ No	☐ Yes ☑ No	☑ Yes ☐ No	☑ Normal ☐ Droopy

Pulse and Time

1. 102 bpm @
2. 100 bpm @
3. 102 bpm @

HGN	Left	Right
Lack of Smooth Pursuit	Yes	Yes
Maximum Deviation	No	No
Angle of Onset	None	None

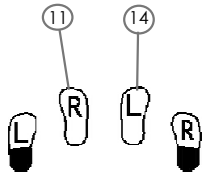
Convergence



Right Eye Left Eye

One Leg Stand

22 /30 24 /30

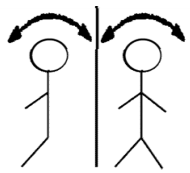


Counted quickly

L	R	
I (1)	I (1)	Sways while balancing
I (1)	I (1)	Uses arms to balance
0	0	Hopping
I (1)	I (1)	Puts foot down

Modified Romberg Balance

Approx. 2" 2" Approx. 3" 3"

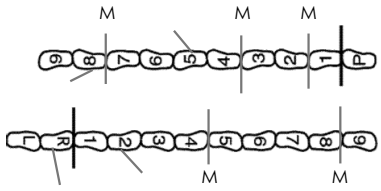


Bruxism, eyelid tremors

Walk and Turn

Cannot keep balance I (1)

Starts too soon I (1)



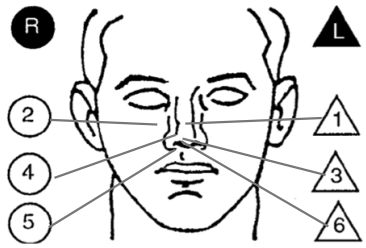
Walked quickly, abrupt steps

	1st nine	2nd nine
Stops walking	0	0
Misses heel-toe	II (2)	III (3)
Steps off line	I (1)	II (2)
Raises arms	III (3)	III (3)
Actual steps taken	9	9

Time estimation & questions (p.2)	Describe turn	Cannot do test (explain)	Type of footwear
22 sec estimated as 30 seconds	Quick spin	N/A	Slip on boots

Finger to nose

(Draw lines to spots touched)



Quick, jerky movements, jammed fingers to nose

Pupil Size	Room Light (2.5-5.0 mm)	Darkness (5.0-8.5 mm)	Direct Light (2.0-4.5 mm)
Left Eye	7.5 mm	9.0 mm	6.0 mm
Right Eye	7.5 mm	9.0 mm	6.0 mm

Rebound dilation ☐ Yes ☑ No

Reaction to light ☐ Normal ☑ Slow ☐ Little to none visible

Nasal area: Redness, no nostil hair on right side

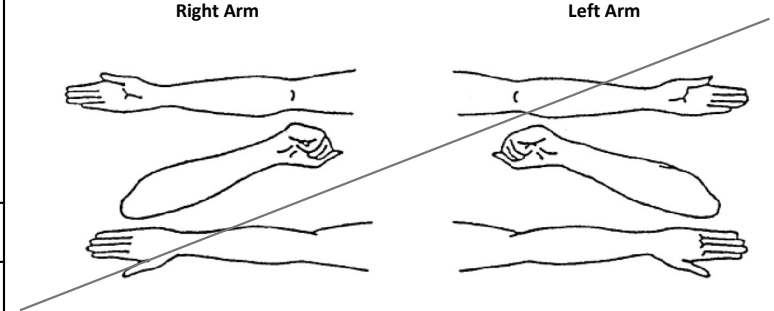
Oral cavity: Nothing noted

Blood Pressure	Temperature
170 / 100 mmHg	39.4 °C

Muscle tone: ☐ Normal ☐ Flaccid ☐ Rigid

Comments:

Right Arm **Left Arm**



What drugs or medication have you been using?	How much?	Time of use?	Where were the drugs used?
"Nothing, just a couple of beers man."	N/A	N/A	N/A

Eval. stop time	Refusal	Toxicological Sample	Demand time:	Reviewed by (instructor name)
	☐ Entirety ☐ Partly ☐ Tox. Sample	☐ Urine ☐ Blood	Sample Time:	
	Comments:			

Evaluator Signature	Approved by (instructor signature)	DRE #
		Date

Opinion of Evaluator

☐ Not Impaired	☑ Alcohol	☑ CNS Stimulant	☐ Dissociative Anaesthetic	☐ Inhalants	☐ Operational
☐ Medical	☐ CNS Depressant	☐ Hallucinogen	☐ Narcotic Analgesic	☐ Cannabis	☑ Training

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Estimated time for session: 2 Hours 30 Minutes

34 DRE

TRANSITION TO THE CERTIFICATION PHASE OF TRAINING

LEARNING OBJECTIVES

- Demonstrate the knowledge and skills the course was intended to help develop
- Summarize the key topics covered
- Offer comments and suggestions for course improvement
- Prepare for Field Certification Training
- Understand the steps involved in the Drug Recognition Expert (DRE) certification process

CONTENTS

LEARNING ACTIVITIES

- Participant-Led Presentations
- Participants' Anonymous Critique of Course
- Knowledge Examination
- Instructor-Led Presentation

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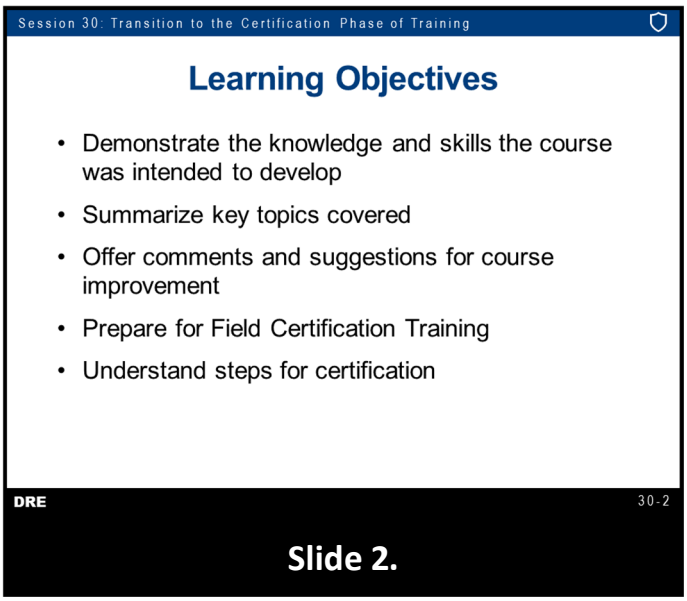
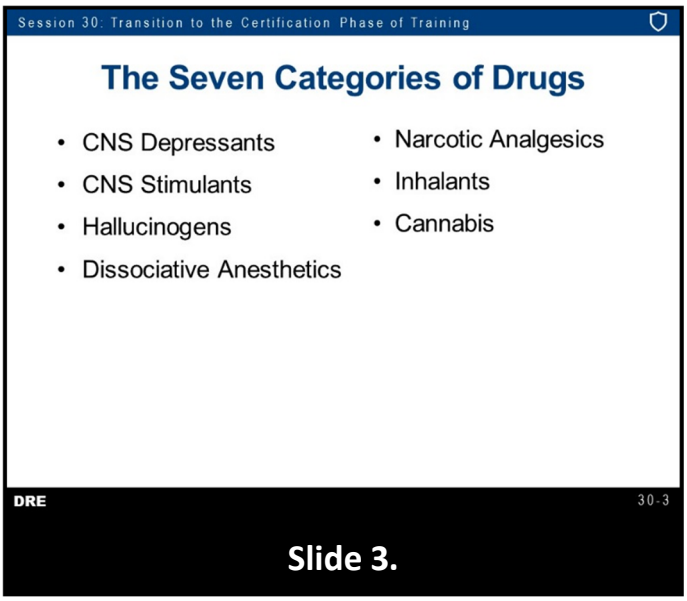


Slide 2.

Instructor Note

Briefly review the objectives, content, and activities of this session.

A. Summary



Slide 3.

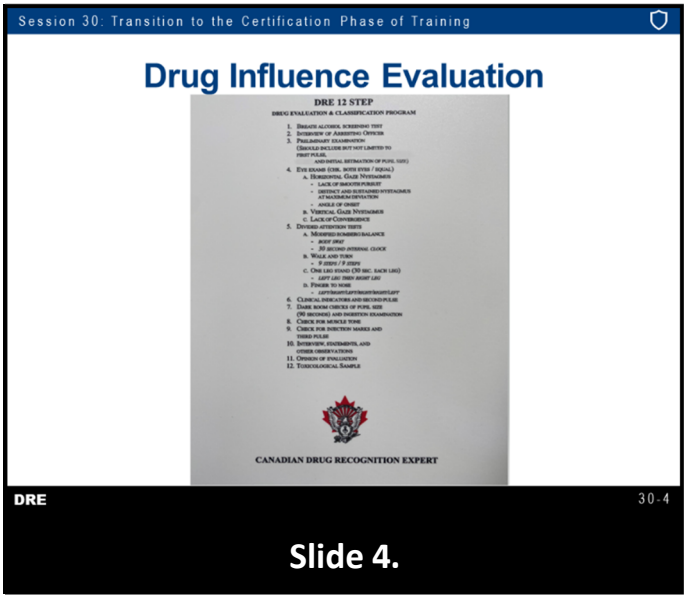
Instructor Note

Ask participants to name the seven categories.

Make sure all categories are named, then reveal the bottom of the slide with the list.

The Seven Categories of Drugs are:

- Central Nervous System (CNS) Depressants
- Inhalants
- Dissociative Anesthetics
- Cannabis
- CNS Stimulants
- Hallucinogens
- Narcotic Analgesics



Slide 4.

Instructor Note

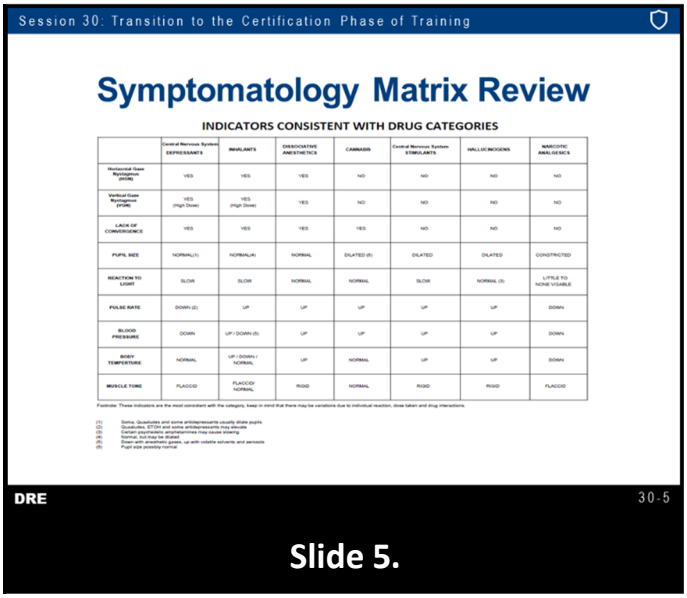
Ask participants to name the components of the procedure. Make sure all components are named then reveal the bottom portion of the slide with the components listed.

The components of the Drug impairment Evaluation Procedure are:

- Breath Alcohol Test
- Interview of Arresting Officer
- Preliminary Examination
- Examinations of Eyes
- Divided Attention Tests
- Vital Signs Examinations
- Dark Room Examinations
- Check for Muscle Tone
- Inspection for Injection Sites
- Statements and Observations
- Opinion of the Evaluator
- Toxicological Examination

Instructor Note

Ask participants to discuss the kinds of evidence/information gleaned from each component.



Slide 5.

Instructor Note

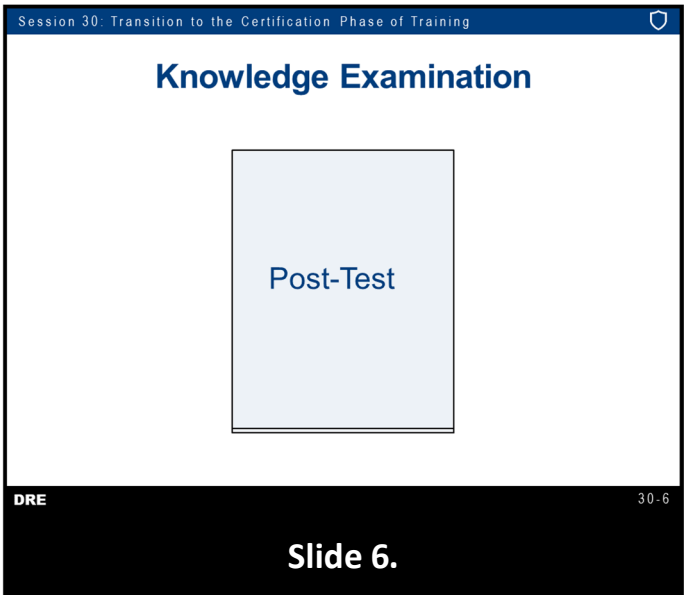
Symptomatology Matrix Review: Instruct participants to turn to the symptomatology chart in their guides.

Briefly summarize and review the major signs and symptoms associated with each drug category. Reveal each category one at a time and conduct the review.

Solicit participants' questions concerning the major content topics of the course.

Inform the participants the final exam in a "closed book" test. Instruct them to put all books and notes away.

B. Post-Test



Slide 6.

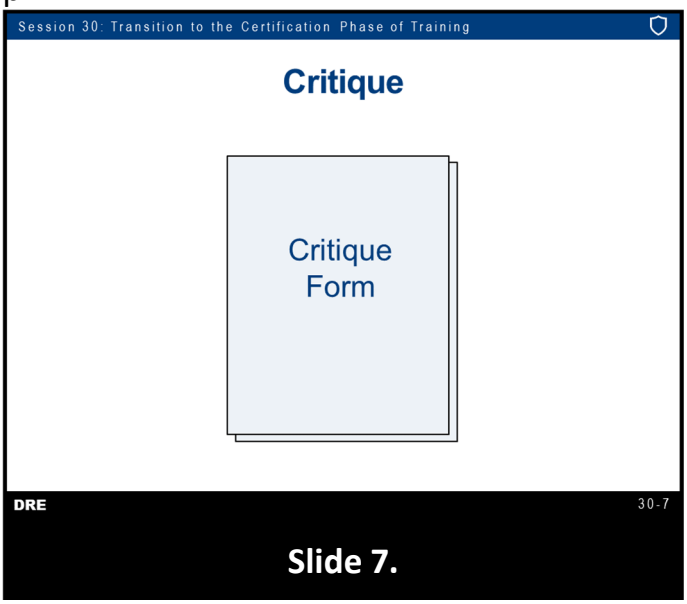
Knowledge Examination: Distribute post-test knowledge examination.

Allow participants approximately 80 minutes to complete the knowledge examination.

Collect the completed knowledge examination.

Grade the knowledge examinations.

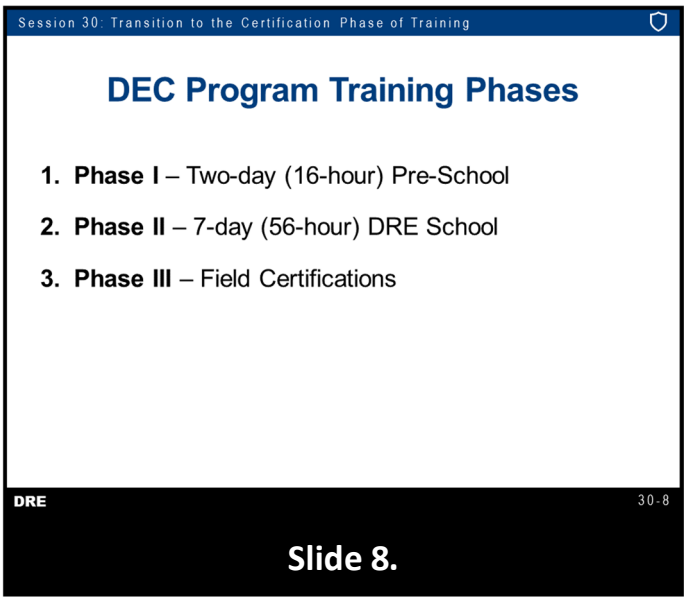
C. Session Wrap-Up



Slide 7.

Critique: Hand-out critique forms to the participants for completion.

D. Certification Training Assignments and Schedule



Slide 8.

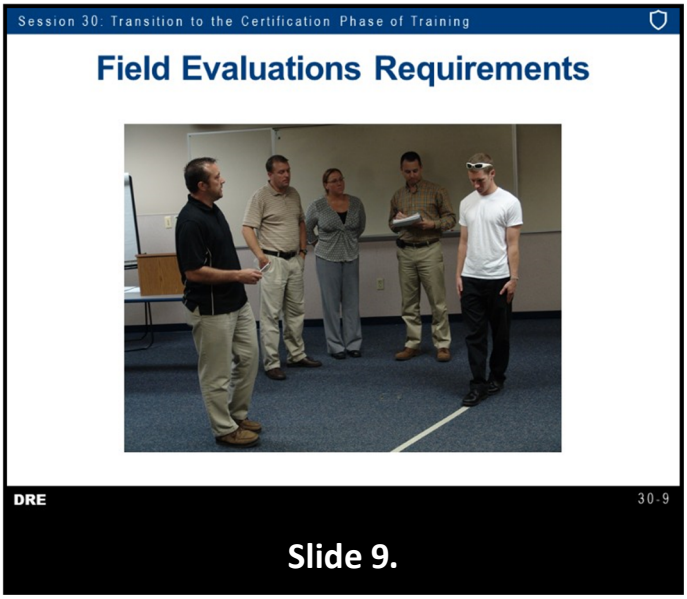
Instructor Note

Remind participants of the three phases of training needed to complete their certification process:

Phase I – Pre-School

Phase II – 7-Day School

Phase III – Field Certifications



Slide 9.

Instructor Note

Review with participants the International Association of Chiefs of Police (IACP) International Standards for DRE certification.

IACP Standard 1.10 requires the candidate DRE satisfactorily complete a minimum of twelve (12) evaluations, identifying subjects under the influence of at least three of the drug categories. All three categories must be supported by toxicology.

The candidate DRE must also act as the evaluator for at least six evaluations. All evaluations, either administered or observed, must be written in their entirety, including the narrative report, and documented on the candidate's Rolling Log.

Canadian Standards require candidate DREs to have toxicology samples from all subjects evaluated during the certification process.

The candidate DRE cannot be certified unless the opinion concerning the drug category(ies) is supported by toxicology for 75 percent of the evaluations (administered or observed).

Field certification evaluations must be observed and supervised by a DRE instructor to count towards minimum certification requirements. The evaluation must be observed in its entirety and the instructor who observed the entire evaluation must review the Facesheet and narrative report. Once this report is approved, only this instructor should sign-off on the observed evaluation.

Slide 10.

Instructor Note

Remind participants of what will be needed for the field certifications.

DRE Kits

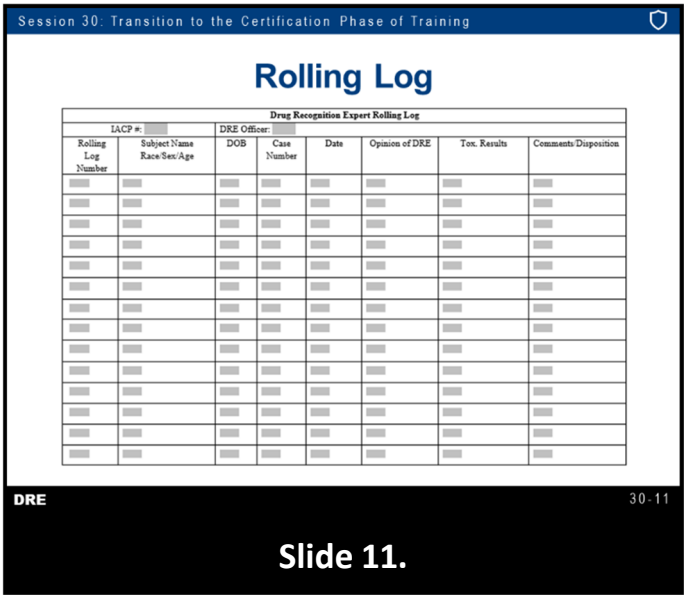
- Certification Progress Log
- DRE Participant Guide
- Rolling Log
- A "prepared mind"

Instructor Note

Emphasize the importance of attending DRE Field Certification Training with a positive attitude, patience, and a commitment for success. Expect long workdays.

Remind participants DRE field certifications must be completed as soon as possible following completion of the classroom training.

Remind participants by the time they have completed field certification(s), they shall have prepared a Curriculum Vitae (CV) and had it reviewed.



Slide 11.

Every DRE should maintain a list of all evaluations conducted during their career. These should include, at a minimum, training evaluations, enforcement evaluations, and any evaluation in which they participate. This Log illustrates the DRE's experience relative to drug impairment recognition. The Rolling Log number is a format consisting of three sets of numbers separated by a hyphen. The first two digits are the two-digit year when the evaluation was conducted (i.e., 22-, or 23-, etc.). The second set of digits is a three-digit number for the total number of drug impairment evaluations conducted within the current year. For example, the first evaluation conducted in the year will "001," followed by "002," etc. This number will reset at the beginning of the next calendar year.

The final set of numbers is a four-digit number that represents the total number of evaluations conducted in the DRE's career. This number continues to accrue and does NOT reset each year.

An example of a Rolling Log number would be:

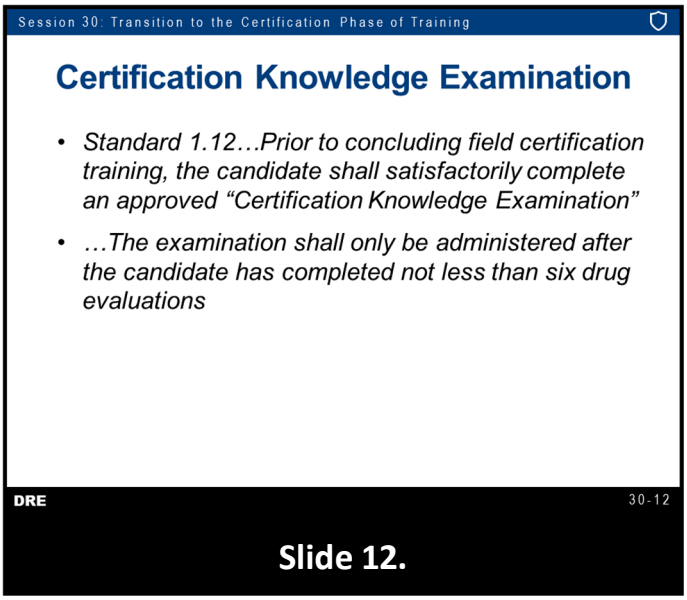
- 21-001-0001 (the first evaluation ever conducted by a DRE, which occurred in calendar year 2021)
- 23-001-0049 (the first drug impairment evaluation this DRE conducted in 2023, but it is the 49th evaluation of his/her career).

Each drug impairment evaluation will receive a DRE Rolling log number that is specifically generated based upon the number of evaluations conducted by that DRE.

Instructor Note

Provide additional examples of Rolling Log numbers to assist participants in understanding the determination of Rolling Log numbers.

DREs should record the basic information about each evaluation in their Rolling Log, including the opinion as to which drug category or categories were involved. When the toxicology results are received, the DRE should enter all of the specific drugs in the appropriate column, including drugs that were not in the original opinion.



Slide 12.

- Standard 1.12…Prior to concluding field certification training, the candidate shall satisfactorily complete the IACP approved "Certification Knowledge Examination"
- …The examination shall only be administered after the candidate has completed not less than six drug evaluations

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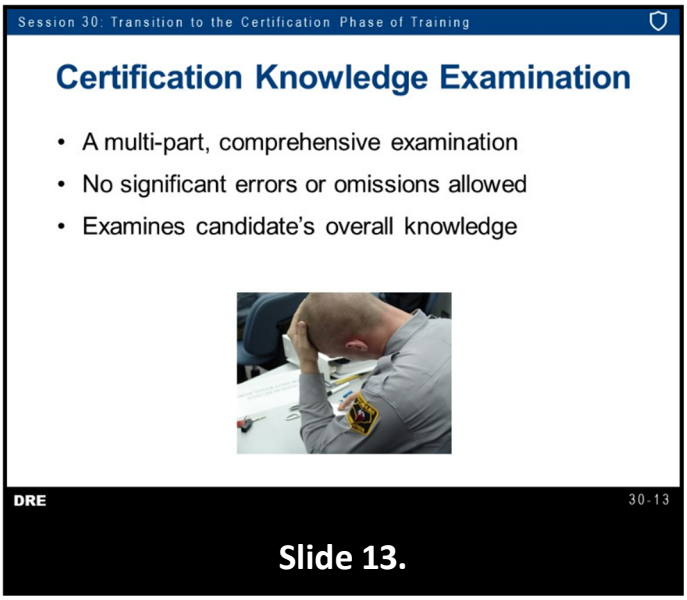


Slide 13.

Prior to concluding the certification process, the candidate DRE must satisfactorily complete the IACP-approved Certification Knowledge Examination. The Certification Knowledge Examination is a multi-part comprehensive examination where the participant cannot make significant errors or omissions.

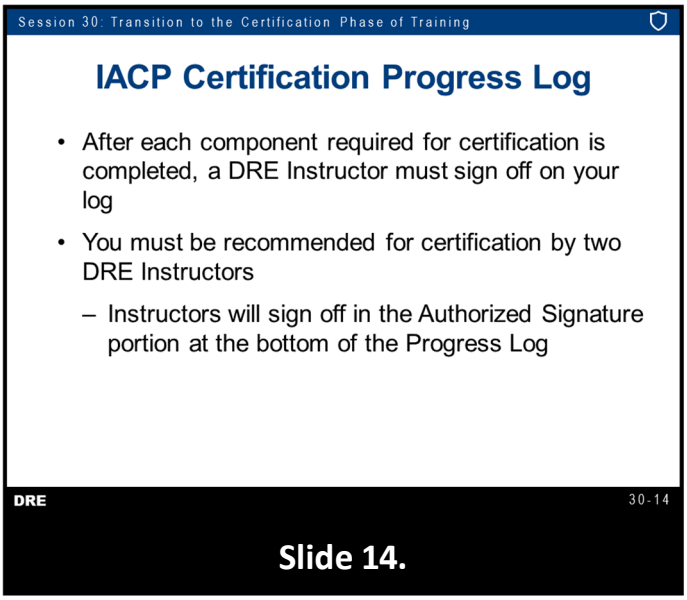
Examination consists of five parts which tests the candidate DRE's knowledge of the drug symptomatology matrix, drug effects, drug combinations, and report writing skills.

Prior to the start of the "Final Knowledge Examination", all candidates will submit a package containing all their certification documents and work (logs, facesheets, narratives, etc.) for review, ensuring that each candidate meets all the appropriate IACP minimum Standards to both write the CKE and further complete certification.

There is no time limit to complete the CKE and candidates should be ready for a full day of examination.

Each exam will be reviewed by at least two instructors. Again, there can be no significant errors or omissions at all in the copy handed in for review. Once the reviewed, the student *may* be provided a face-to-face interview to clarify minor points which may be missing or unclear. Candidates should not expect to be interviewed at all and as such write everything required in their CKE copy.

Once a candidate has successfully completed the CKE, they must ensure to get endorsed by two instructors who support the candidate in becoming a DRE. These are not necessarily the same instructors who reviewed their CKE, and they must have supervised at least one of their certification evaluations each ("hands-on" only).



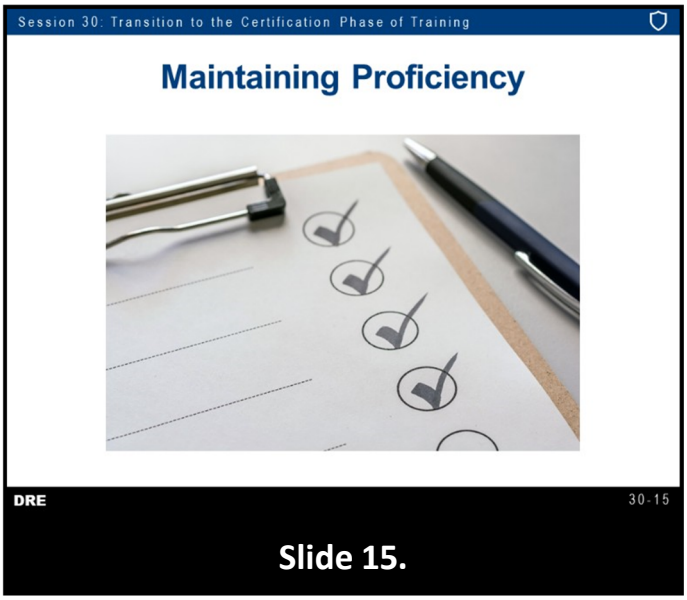
Slide 14.

After each component required for certification is completed, a DRE Instructor must sign off on the DRE candidate's log.

Instructor Note

Remind participants only the instructor who observed the evaluation can sign-off on the evaluation.

The candidate DRE must be recommended for certification by two DRE instructors.



Slide 15.

DRE certification is for a period of two years. IACP International Standard 3.4 …A DRE shall demonstrate continuing proficiency by:

- Performing a minimum of four (4) acceptable drug evaluations since the last date of certification, one of which must be observed by a DRE instructor

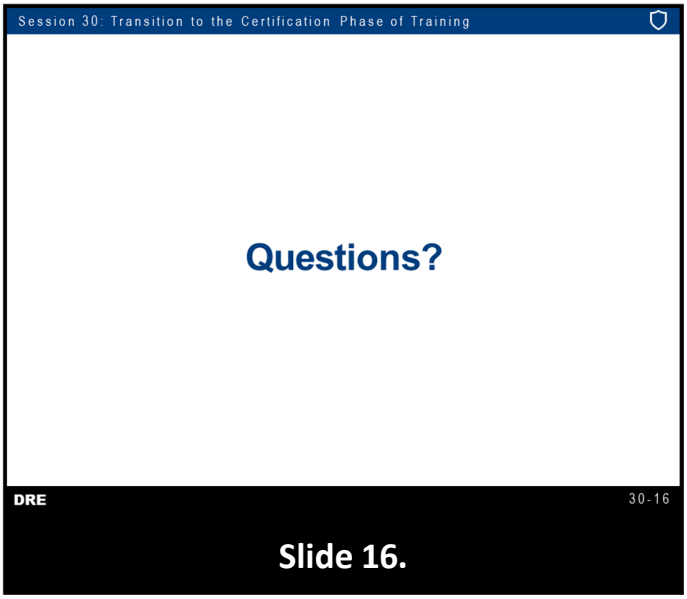
Instructor Note

DEC Program state coordinators may require evaluations to be entered into the NHTSA DRE Data System as a condition for recertification.

- Completing a minimum of eight (8) hours of approved re-certification training
- Presenting an updated Curriculum Vitae (CV) and Rolling Log to the appropriate coordinator for review

Instructor Note

Advise candidates that it is their responsibility to maintain their certifications in the future. They must also advise their respective provincial coordinators of any agency change.



Slide 16.

Solicit questions from participants regarding the Transition to the Certification Phase of Training.

E. Closing Remarks

Slide 17.

Closing remarks will be offered by appropriate representatives of the department of faculty.

Drug Recognition Expert Rolling Log							
IACP #:		DRE Officer:					
Rolling Log Number	Subject Name Race/Sex/Age	DOB	Case Number	Date	Opinion of DRE	Tox. Results	Comments/Disposition

INSTRUCTOR'S GUIDELINES FOR THE FINAL EXAMINATION

ADMINISTERING THE FINAL EXAMINATION: The NHTSA/IACP approved Final Examination (Form A) is administered at the completion of this training. Each participant must receive one copy of the examination and an answer sheet. To guard against loss of a copy of the examination, do not simply hand over a large supply of examinations to the first row of participants and ask them to "pass them back". Instead, instructors must physically hand a single copy to each individual participant. EMPHASIZE THAT PARTICIPANTS MUST WRITE NOTHING ON THE EXAMINATION ITSELF. When a participant completes the test, make sure you collect their copy of the examination along with the answer sheet. Carefully inspect the copy of the examination to make sure nothing has been written on it. Destroy completely any copies that have been marked in any way.

GRADING THE EXAMINATION: The Final Examination contains 100 multiple choice questions. A participant must correctly answer at least 80 questions to pass the examination and progress to Certification Training. A participant who is totally correct on at least 80 questions passes. A participant who answers 21 or more questions incorrectly fails.

WHAT DO WE DO WHEN A PARTICIPANT FAILS? The International Standards established for this program by IACP, and endorsed by NHTSA, grant every participant who fails the Final Examination one additional attempt to pass. BUT PLEASE NOTE THAT SOME OF THE STATES AND LAW ENFORCEMENT AGENCIES PARTICIPATING IN THE DRUG EVALUATION AND CLASSIFICATION PROGRAM HAVE ADOPTED A MORE EXACTING STANDARD. For example, some agencies will not allow a "failed" participant a second attempt unless he or she scored at least 70 on the first attempt.

All participating agencies have the right to set standards that are more stringent than those promulgated by IACP. Therefore, when a participant fails the Final Examination, your first duty is to determine whether the participant qualifies for a second attempt.
Assuming a "failed" participant qualifies, the second attempt cannot occur sooner than two weeks following the completion of the school and must occur not later than four weeks after the School end. In other words, there is an enforced waiting period of two weeks, to provide time for remedial study; then, there is a two week "window of opportunity". NO EXCEPTION CAN BE MADE TO THIS.

During the two-week waiting period, the participant is expected to study the guide and their class notes. Tutoring by certified DRE instructors is permissible and encouraged. However, if you tutor a "failed" participant, be sure that you do not simply "teach the test". DO NOT GO OVER THE FINAL EXAMINATION WITH THE PARTICIPANT. DO NOT LET HIM OR HER KNOW WHICH QUESTIONS WERE ANSWERED INCORRECTLY. Do use the available quizzes and other study guides to help tutor the participant. These include the "Challenge Quiz" found at the end of the PRE-School Participant's Guide; the Pre-test for this School; the five quizzes that are used in this School; and the "Self-Test for Review and Study" that is found at the end of Session 28 of the DRE School Participant's Guide.

One thing that the “failed” participant cannot do during the two-week waiting period is formally enroll in Certification Training. It is permissible for him or her to attend Certification Training events as an observer. But the “failed” participant cannot administer any subject evaluations, nor can they serve as the recorder for any evaluations. And, of course, the “failed” participant will receive absolutely no credit for any evaluations they observe.

The second attempt at the Final Examination must employ Form B Final Written Examination. If the participant correctly answers at least 80 questions on the second attempt, they pass. If the score is 79 or lower, or if the two to four week “window” elapses and the participant has not been re-tested, they irrevocably fail, and are no longer a participant in the Drug Evaluation and Classification Program. The only way that the participant can be re-admitted to the Program would be to enroll in another DRE School, complete it in its entirety, and pass the Final Examination.

DRUG EVALUATION AND CLASSIFICATION PROGRAM
FIELD CERTIFICATION INSTRUCTOR OBSERVATION

Date: _____ Time: _____ DRE Student: _____

Evaluation #: _____ Test Subject: _____

Scribe: _____ Observer: _____

	Errors of Omission	Errors of Commission
Preliminary Examination:	[ ] None Observed	[ ] None Observed
Comments/Observations:		
Eye Examination:	[ ] None Observed	[ ] None Observed
Comments/Observations:		
Psychophysical Tests:	[ ] None Observed	[ ] None Observed
Comments/Observations:		
Vital Signs:	[ ] None Observed	[ ] None Observed
Comments/Observations:		
Dark Room Examination:	[ ] None Observed	[ ] None Observed
Comments/Observations:		

Opinion of Student: _____ Agree [ ] Disagree [ ]

Toxicology Sample: [ ] Urine [ ] Blood [ ] Other Result: _____

Comments: _____

DRE Instructor: _____ DRE#: _____
IACP Rev 10/15

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Preliminary Training for Drug Evaluation and Classification
Course Critique

For items 1-6, please select your level of agreement with the following statements. Include any additional information in the space provided.

Item	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. I can define the term "drug" and name the seven drug categories. Comments:_____ _____	O	O	O	O	O
2. I can identify the twelve major components of the drug recognition process. Comments:_____ _____	O	O	O	O	O
3. I can administer and interpret the psychophysical tests used in a drug evaluation. Comments:_____ _____	O	O	O	O	O
4. I can conduct the eye examinations used in the evaluations. Comments:_____ _____	O	O	O	O	O
5. I can check the vital signs used in the evaluation. Comments:_____ _____	O	O	O	O	O
6. I can list the major signs and symptoms associated with each drug category. Comments:_____ _____	O	O	O	O	O

Please rate how helpful each workshop session was for <u>you personally</u>.

Item	Poor	Fair	Good	Very Good	Excellent
Overview of the Drug Evaluation and Classification Procedures	O	O	O	O	O
The Psychophysical Tests	O	O	O	O	O
The Eye Examinations	O	O	O	O	O
Alcohol Workshop	O	O	O	O	O
Examination of Vital Signs	O	O	O	O	O
Overview of Signs and Symptoms	O	O	O	O	O
Alcohol as a Drug	O	O	O	O	O
Preparing for the DRE School	O	O	O	O	O

Please mark the appropriate word to indicate your agreement or disagreement with each of the following statements.

Item	Agree	Disagree	Not Sure
I wish we had more practice with drinking volunteers.	O	O	O
There was too much “war story” telling in this course.	O	O	O
I know have a much better idea as to what the drug recognition process is all about.	O	O	O
The course was at least one-half day too long.	O	O	O
I got a great deal of practical, useful information from this course.	O	O	O
I’m still confused as to what the drug recognition process is.	O	O	O
I think I could do a pretty good job conducting a drug evaluation right now, without additional training.	O	O	O
The course should have been at least one-half day long.	O	O	O
We spent too much time with the volunteer drinker session.	O	O	O
Some of the practice sessions were dragged out a bit too much.	O	O	O
Instructors were not as well prepared as they should have been.	O	O	O
The course was a good review, but it really didn’t teach me anything new.	O	O	O
I am very glad that I attended this course.	O	O	O

The instructors seemed to be more interested in practicing their teaching skills than in seeing to it that we learned what we were supposed to learn.	O	O	O
This course was not quite as good as I expected it to be.	O	O	O

If you absolutely had to delete one session or topic from this course, what would it be?

_____

_____

If you could add one new topic or session to this course, what would it be?

_____

_____

	Poor	Fair	Good	Very Good	Excellent
Please rate the overall quality of the course.	O	O	O	O	O

Please rate your instructors for this course. Rate the instructor(s) by selecting the appropriate response:

Instructor Name	Poor	Below Average	Average	Above Average	Excellent
Comments:	O	O	O	O	O
Comments: _____ _____	O	O	O	O	O
Comments:	O	O	O	O	O
Comments: _____ _____	O	O	O	O	O
Comments:	O	O	O	O	O

Name (optional): _____