

Drug Evaluation and Classification in Nova Scotia

Item No. 7.3.2

AND THE IMPACT OF THE LEGALIZATION OF CANNABIS

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Provincial DRE Coordinator "H" Division



Overview

- ▶ Began in LA early '70s to deal with increasing occurrences of drug impairment
- ▶ SFSTs were devised to detect impairment, and have been validated through multiple field validation studies.
- ▶ Bill C-2 of July 2, 2008 allows police officers to conduct SFST and DRE tests by demand.
- ▶ Use throughout Canada, US, and many other countries worldwide.
- ▶ Over 7300 active DRE's in North America with approximately 600 in Canada
- ▶ Overseen by IACP
- ▶ Currently the only tool available to police to determine if subject is impaired by drugs



What is a Standardized Field Sobriety Test?

- ▶ Battery of tests, administered roadside, to detect low level impairment in driving subjects.
- ▶ Tests include:
 - ▶ Horizontal Gaze Nystagmus
 - ▶ Walk and Turn Test
 - ▶ One Leg Stand
- ▶ Used when there is suspicion that driver has ingested drugs/alcohol.
- ▶ Screening/investigative tool to form grounds for arrest. (Equates to Approved Screening Device)





Standardized Field Sobriety Test Worksheet

Check for equal tracking: Equal Unequal

Corrective lens: Glasses None

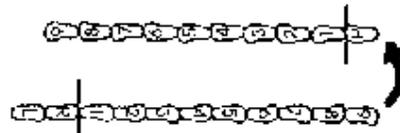
Contacts: Soft Hard

Pupils: Equal Unequal

6		HGN	Left Eye	Right Eye
	* *	Lack of Smooth Pursuit		
	* *	Distinct and Sustained @ Maximum Deviation		
	* *	Angle of Onset		

Vertical Nystagmus Yes No

Walk and Turn Test



* Cannot keep balance

* Starts too soon

1st Nine 2nd Nine

* Stops Walking

* Steps off line

* Misses heel to toe

* Raises Arms

* Actual Steps

Describe turn	Cannot do test (explain)	Type of footwear

One Leg Stand

4



- Puts foot down
- Arms for balance
- Sways
- Hops

BAC

Above 80 mg%

Below 80 mg%

Training Requirements for SFST

- ▶ Four day (32 hour) course consisting of classroom lectures and hands on training with live drinking subjects. (Alcohol workshops)
- ▶ Must demonstrate proficiency on all tests, and pass a twenty question multiple choice test.
- ▶ There is no recertification process for SFSTs. Once trained, an officer can use them indefinitely.
- ▶ 2-3 courses put on each year in “H” Division. (Approximately 24 candidates per course)
- ▶ Candidate selection through callout, and is basically first come, first serve.
- ▶ Number of spots designated for municipal agencies.
- ▶ There are currently upwards of 400 SFST trained officers in Nova Scotia, however many of these officers aren't in frontline policing positions. (About 190 are RCMP and the rest Municipal)

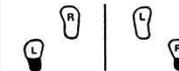
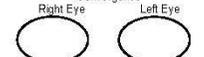
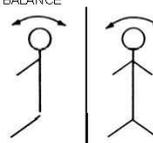
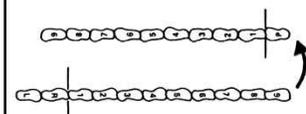
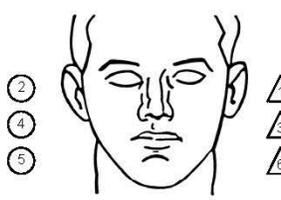
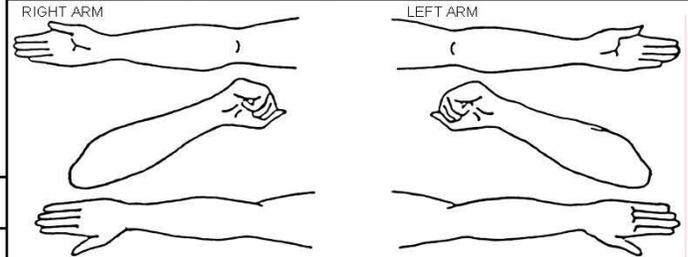
What is a Drug Recognition Evaluation? (Drug Influence Evaluation)

- ▶ 12 step standardized process
- ▶ Used following arrest for impaired driving by drug.
- ▶ Equates to Approved Instrument
- ▶ DREs are also able to determine the category/categories of drug causing impairment.
- ▶ Following evaluation, if an officer believes a subject is impaired, they may make a demand for blood or urine.
- ▶ Samples are analyzed at lab, and results are used to corroborate opinion of DRE.

12 Step Standardized Process

- ▶ Breath Alcohol Test (If applicable)
- ▶ Interview of Arresting Officer
- ▶ Preliminary Examination
- ▶ Eye Exams
- ▶ Divided Attention Tests
- ▶ Clinical Indicators
- ▶ Dark Room Checks
- ▶ Check for Muscle Tone
- ▶ Check for Injection Marks
- ▶ Interview
- ▶ Opinion
- ▶ Toxicological Sample



DRUG INFLUENCE EVALUATION		EVALUATOR:	DRE NO.:	ROLLING LOG NO.:								
RECORDER/WITNESS	CRASH: <input type="checkbox"/> None	FILE #										
	<input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property											
ARRESTEE'S NAME (LAST, FIRST, M)	DOB (YY-MM-DD)	AGE	SEX	ARRESTING OFFICER (NAME, SERIAL/REG #)								
DATE EXAMINED/TIME/LOCATION	BREATH RESULTS: <input type="checkbox"/> Refused	CHEMICAL TEST <input type="checkbox"/> Refused										
	Results	Instrument #	<input type="checkbox"/> Urine <input type="checkbox"/> Oral fluid <input type="checkbox"/> Blood									
CHARTER WARNING GIVEN: <input type="checkbox"/> Yes <input type="checkbox"/> No	What have you eaten today? When?	What have you been drinking? How Much?		Time of last drink?								
Given by:												
Times now? When did you last sleep? How long?	Are you sick or injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you diabetic or epileptic? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Do you take insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you under the care of a doctor/dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Are you taking any medication or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No	ATTITUDE	COORDINATION										
SPEECH	BREATH ODOR	FACE										
CORRECTIVE LENS: <input type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts, if so <input type="checkbox"/> Hard <input type="checkbox"/> Soft	Eyes: <input type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery	Blindness: <input type="checkbox"/> None <input type="checkbox"/> L. Eye <input type="checkbox"/> R. Eye	Tracking: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal									
PUPIL SIZE: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)	Vertical Nystagmus: <input type="checkbox"/> Yes <input type="checkbox"/> No	Able to follow stimulus: <input type="checkbox"/> Yes <input type="checkbox"/> No	Eyelids: <input type="checkbox"/> Normal <input type="checkbox"/> Droopy									
PULSE & TIME 1. _____ / _____ 2. _____ / _____ 3. _____ / _____	HGN Lack of Smooth Pursuit <input type="checkbox"/> Yes <input type="checkbox"/> No Maximum Deviation <input type="checkbox"/> Yes <input type="checkbox"/> No Angle of Onset	Left Eye <input type="checkbox"/> Yes <input type="checkbox"/> No Right Eye <input type="checkbox"/> Yes <input type="checkbox"/> No	ONE LEG STAND 									
		Convergence Right Eye Left Eye 										
MODIFIED ROMBERG BALANCE 	WALK AND TURN TEST 	Cannot keep balance _____ Starts too soon _____ Stops Walking _____ Misses Heel-Toe _____ Steps off Line _____ Raises Arms _____ Actual Steps Taken _____		1 st Nine 2 nd Nine <table border="1" style="width:100%;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> <input type="checkbox"/> Sways while balancing <input type="checkbox"/> Uses arms to balance <input type="checkbox"/> Hopping <input type="checkbox"/> Puts foot down								
INTERNAL CLOCK _____ Estimated as 30 sec.	Describe Turn	Cannot do Test (explain)	Type of Footwear									
<input type="radio"/> Right <input type="radio"/> Left Draw lines to spots touched 	PUPIL SIZE	Room (2.5-5.0)	Darkness (5.0-8.5)	Direct (2.0-4.5)	NASAL AREA							
	Left Eye				ORAL CAVITY							
	Right Eye				REACTION TO LIGHT							
	Pupillary Unrest <input type="checkbox"/> Yes <input type="checkbox"/> No	REBOUND DILATION <input type="checkbox"/> Yes <input type="checkbox"/> No										
BLOOD PRESSURE: _____ / _____	TEMP _____ °	RIGHT ARM LEFT ARM 										
MUSCLE TONE: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid	ATTACH PHOTOS OF FRESH PUNCTURE MARKS											
Comments:	What medicine or drug have you been using? How much?	Time of use?	Where were the drugs used? (Location)									
DATE/TIME OF ARREST	TIME DRE NOTIFIED	EVAL START TIME	TIME COMPLETED									
MEMBERS SIGNATURE	SERIAL/REG. #	REVIEWED BY:										
OPINION OF EVALUATOR:	<input type="checkbox"/> NOT IMPAIRED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> STIMULANT <input type="checkbox"/> DISSOCIATIVE ANESTHETIC <input type="checkbox"/> INHALANT <input type="checkbox"/> OPERATIONAL	<input type="checkbox"/> MEDICAL <input type="checkbox"/> DEPRESSANT <input type="checkbox"/> HALLUCINOGEN <input type="checkbox"/> NARCOTIC ANALGESIC <input type="checkbox"/> CANNABIS <input type="checkbox"/> TRAINING										

Seven (7) Drug Categories

- ▶ **Central Nervous System Depressants**
- ▶ **Inhalants**
- ▶ **Dissociative Anesthetic**
- ▶ **Cannabis**
- ▶ **Central Nervous System Stimulants**
- ▶ **Hallucinogens**
- ▶ **Narcotic Analgesics**



	DEPRESSANTS	INHALANTS	DISSOCIATIVE ANESTHETICS	CANNABIS	STIMULANTS	HALLUCINOGENS	NARCOTIC ANALGESICS
HORIZONTAL GAZE NYSTAGMUS	YES	YES	YES	NO	NO	NO	NO
VERTICAL GAZE NYSTAGMUS	YES (HIGH DOSE)*	YES (HIGH DOSE)*	YES	NO	NO	NO	NO
LACK OF CONVERGENCE	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 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	FLACCID	RIGID	NORMAL	RIGID	RIGID	FLACCID

* high dose for that particular individual

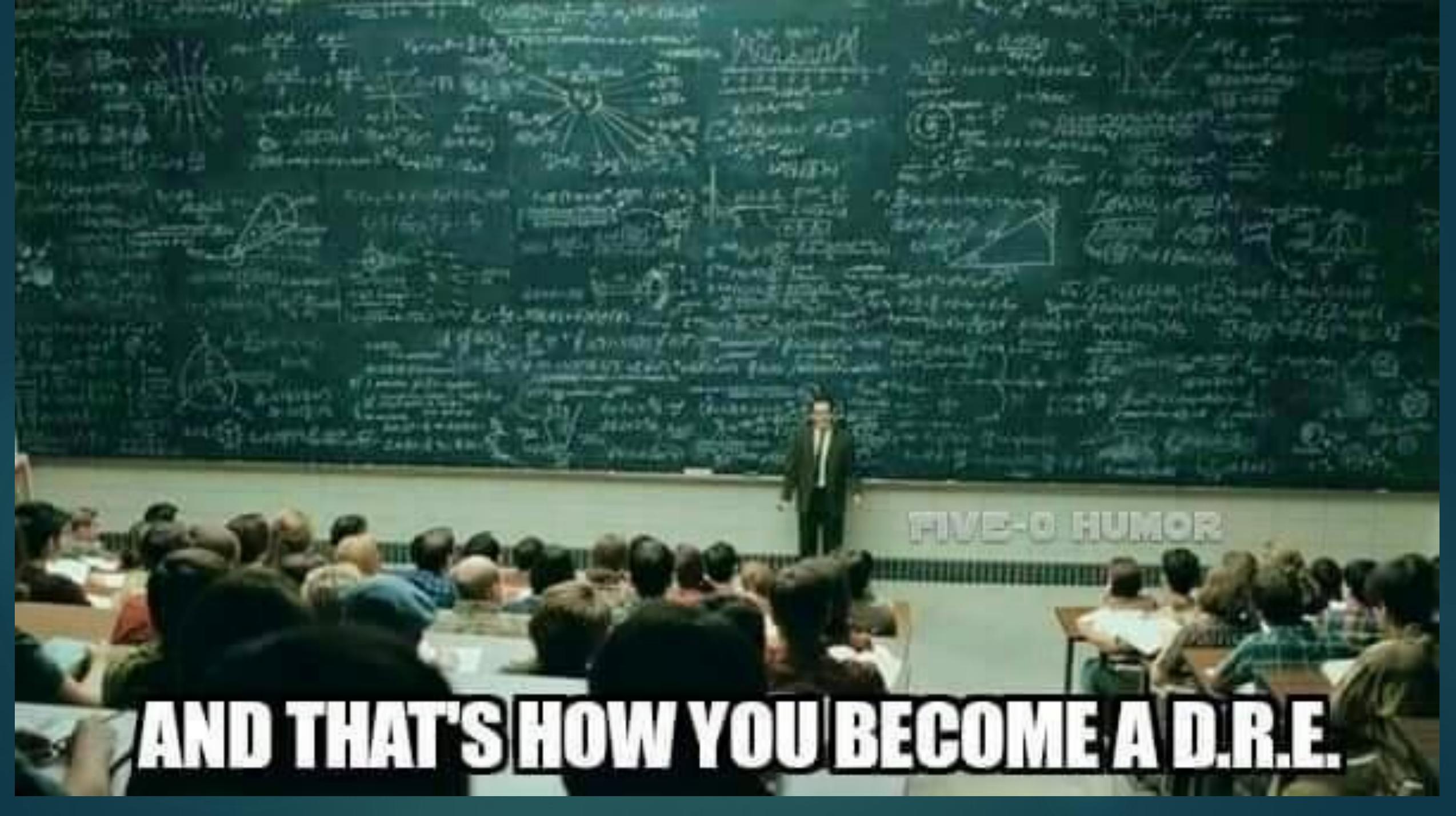
1. SOMA, Quaaludes and some anti-depressants usually dilate pupils.
2. Quaaludes and ETOH and some anti-depressants may elevate.
3. Certain psychedelic amphetamines may cause slowing

4. Normal but may be dilated.
5. Down with anaesthetic gases, up with volatile solvents and aerosols
6. Pupil size possibly normal

Training Requirements for DRE

- ▶ Two weeks of classroom lectures and practical testing on live drinking subjects, followed by 100 question multiple choice exam.
- ▶ Certification process:
 - ▶ 12 evaluations on subjects who have ingested drugs. (Currently Phoenix or Jacksonville)
 - ▶ Final Knowledge Exam
- ▶ Once certified as a DRE, an officer must complete the following every two years:
 - ▶ Four Drug Influence Evaluations
 - ▶ One must be witnessed by an Instructor.
 - ▶ Attend eight hours of training related to drug impaired driving.





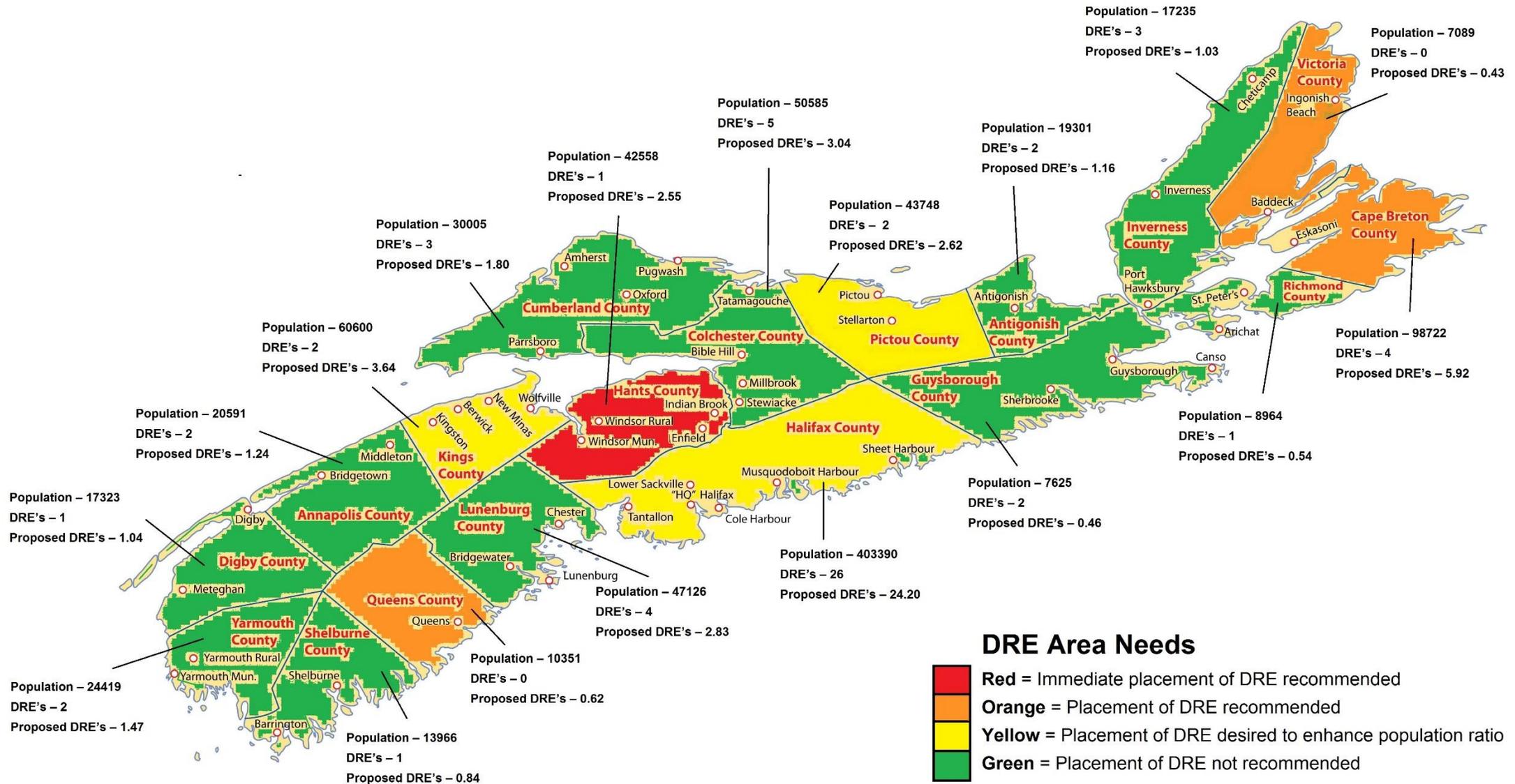
FIVE-O HUMOR

AND THAT'S HOW YOU BECOME A D.R.E.

Selection of DRE Candidates

- ▶ Recently, candidates from NS (five to six per year) attend National Courses in Jacksonville and Phoenix.
- ▶ Selection based on operational requirements, (population, geographical location) as well as rationales provided by applicants. (Panel/committee)
- ▶ Candidates must also sign letter of agreement, committing to at least three years in DRE program.
- ▶ Currently, a Provincial (Nova Scotia) course is being considered, and may be taking place in the fall.

Nova Scotia DREs



DRE Officers in Nova Scotia

- ▶ Needs assessment model by the Canadian Centre on Substance Abuse: recommends 6 DRE trained officers per 100 000 population. (Up to 8 in rural areas)
- ▶ MINIMUM number of 55 DREs is required to adequately serve NS. (Up to 70)
- ▶ Currently, we have 68 trained officers in NS. (39 RCMP, plus eight other agencies) This makes of 11% of officers in all of Canada.
- ▶ 16 of those are currently “expired”, and of those, 8 aren’t expected to re-certify.
- ▶ So, realistically, we currently have 52 active DREs, with 8 expected to re-certify in the near future.
- ▶ We also have 15 DRE instructors. (9 RCMP)

Issues with this model?

- ▶ Doesn't take into account rural vs. urban setting
- ▶ It is based on county populations, so for a large geographical area with varying densities, (Halifax, for instance) it is more difficult to gauge. (For instance, there are no trained officers in Musquodoboit or Sheet Harbour)
- ▶ Doesn't take agency/police force into account
- ▶ Doesn't take into account that some officers are more active and/or more readily available to conduct tests than others
- ▶ Doesn't take into account that some officers are not in operational positions

Current Statistics for Nova Scotia

- ▶ We have 11% of DREs, but only conducted 6% of evaluations.
- ▶ We are averaging 1.82 evaluations per officer, compared with the national average of 3.17.
- ▶ Evaluations conducted over the last three years are as follows:
 - ▶ 2016 – 120 operational evaluations (84 charges)
 - ▶ 2015 – 129 operational evaluations (100 charges)
 - ▶ 2014 – 170 operational evaluations (108 charges)



Solution?

- ▶ DRE officers can't be expected to apprehend all drug-impaired drivers
- ▶ SFST trained officers are required to apprehend suspects, and then engage/utilize DRE trained officers
- ▶ Hundreds of SFST trained officers in Nova Scotia, however many of them, after being trained, do not utilize their training effectively.
- ▶ Many reasons for this, but a common one is that they lack confidence due to lapses in testing.
- ▶ All DRE and SFST members have been contacted regarding "refresher" or "re-certification" sessions, in hopes that this will improve the number of evaluations being conducted.
- ▶ In Halifax, an online course is being considered, to be taken yearly.
- ▶ The proposed Provincial course could mean training more local officers in DRE.

Legalization of Cannabis

ON APRIL 13TH, 2017, BILL C-45, ALSO KNOWN AS THE CANNABIS ACT, WAS INTRODUCED. THE PURPOSE OF THE BILL IS TO DE-CRIMINALIZE CANNABIS, AND IT IS EXPECTED TO TAKE EFFECT ON JULY 1ST, 2018. IT ALLOWS FOR USE BY INDIVIDUALS 18 AND OVER, AND POSSESSION OF 30 GRAMS.



Case Studies

Washington

- ▶ Legalized in 2012 - THC involved in 24.9% of all impaired driving cases in 2013
- ▶ 48% increase in 2014 in drivers involved in fatal crashes who tested positive for marijuana
- ▶ Half of the THC-positive drivers were also impaired by alcohol (over 80 mg%)
- ▶ Largest increase in THC-positive drivers was among males 21-25 years of age

Colorado

- ▶ Medical marijuana commercialized in 2009 – 48% increase in marijuana-related traffic deaths compared to pre-commercialization years (2006-2008)
- ▶ Recreational marijuana legalized in 2013 – 41% increase in marijuana-related traffic deaths in 2013-2014 compared with 2009-2012.
- ▶ Retail marijuana business begins in 2014 – 32% increase in marijuana-related traffic deaths in just one year
- ▶ Colorado State – 77% of DUIs involved marijuana
- ▶ Denver PD – 100% increase in marijuana DUIs from 2013 to 2014

Bill C-46: An Act to amend the Criminal Code

- ▶ 2-5ng of THC/per ml of blood within two hours of driving would result in a summary conviction criminal offence.
- ▶ More than 5ng, or 2.5ng combined with 50mg% BAC would be a hybrid offences with punishments similar to those of current impaired driving laws.
- ▶ Increased fines and penalties for all impaired driving related offences
- ▶ Mandatory alcohol screening at roadside for all lawful traffic stops (No further grounds required)
- ▶ Use of Oral Fluid Screening Devices with reasonable suspicion of drugs.
- ▶ Blood tests for drug-driving offences if grounds exist. (No evaluation required)

Oral Fluid Screening Devices

- ▶ If legislation approved, Oral Fluid Screening Devices, along with per-se limits and provincial administrative sanctions, will provide officers with an additional, useful tool for apprehending impaired drivers.
- ▶ The RCMP is working with Public Safety to incorporate Oral Fluid devices into “arsenal” of Impaired Driving detection tools. (SFST, ASD, DRE)

Drager DT5000



Alere DDS2



Securetec DrugRead



Limitations, and the Need for DREs

Oral Fluid Screening Devices

- ▶ Only test for presence and do not provide a quantity.
- ▶ Don't test for all drugs
- ▶ Don't prove impairment
- ▶ Expensive (\$3000 + \$40 per test)

Blood Tests

- ▶ Don't test for all drugs
- ▶ No always practicable
- ▶ Lengthy process
- ▶ Require phlebotomist
- ▶ Don't prove impairment

Scenarios

Driver is inexperienced drug user, and is impaired by drug, despite being below "per se" limit

Driver has taken small quantities of several different drugs, below "per se" limits, resulting in impairment

Driver is arrested for impaired driving in a very rural area. No doctor or blood technician is available

Driver smokes small amount of THC, and is sober due to tolerance, but is subjected to arrest/blood testing

Driver is impaired by a drug that is not detected by Screening Devices

Questions?



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