



Drug Recognition Expert  
Canadian Combined 9-Day School (Pre-DRE & DRE)

# PARTICIPANT MANUAL

## VOLUME 2 – Sessions 18 to 34

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# 18

## DRE

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### 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

- A. Interpretation Demonstrations.....
- B. Interpretation Practice.....

#### LEARNING ACTIVITIES

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

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## Learning Objectives

- Analyze results of a drug influence evaluation
- Articulate basis for opinion

DRE

15-2

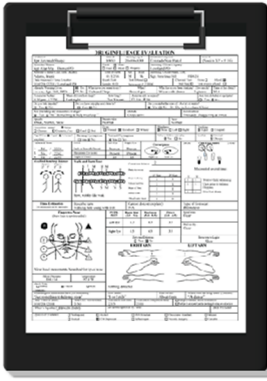
**Slide 2.**

## A. Interpretation Demonstrations

Session 15: Practice - Test Interpretation

**Interpretation Demonstrations**

Case 1:  
Adams



DRE 15-3


**Slide 3.**

This slide shows a medical form titled 'PHYSICIAN EXAMINATION' for Case 1: Adams. The form includes sections for 'History', 'Physical Examination', and 'Diagnosis'. The 'Physical Examination' section contains a table with columns for 'System', 'Findings', and 'Comments'. The 'Diagnosis' section includes a table for 'Differential Diagnosis' and a section for 'Treatment'. There are also anatomical diagrams of the head, neck, and chest.

Session 15: Practice - Test Interpretation

**Interpretation Demonstrations**

Case 2:  
Baker



DRE 15-4

**Slide 4.**


This slide shows a medical form titled 'PHYSICIAN EXAMINATION' for Case 2: Baker. The form includes sections for 'History', 'Physical Examination', and 'Diagnosis'. The 'Physical Examination' section contains a table with columns for 'System', 'Findings', and 'Comments'. The 'Diagnosis' section includes a table for 'Differential Diagnosis' and a section for 'Treatment'. There are also anatomical diagrams of the head, neck, and chest.

## B. Interpretation Practice

Session 15: Practice - Test Interpretation

**Interpretation Demonstrations**

Case 3:  
Charles



DRE 15-5

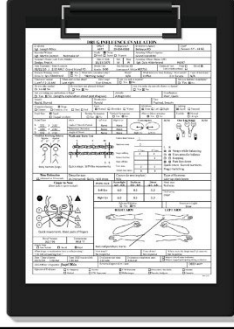
**Slide 5.**

This slide shows a medical form titled 'PHYSICIAN EXAMINATION' for Case 3: Charles. The form includes sections for 'History', 'Physical Examination', and 'Diagnosis'. The 'Physical Examination' section contains a table with columns for 'System', 'Findings', and 'Comments'. The 'Diagnosis' section includes a table for 'Differential Diagnosis' and a section for 'Treatment'. There are also anatomical diagrams of the head, neck, and chest.

Session 15: Practice - Test Interpretation

**Interpretation Demonstrations**

Case 4:  
Dodge



DRE 15-6

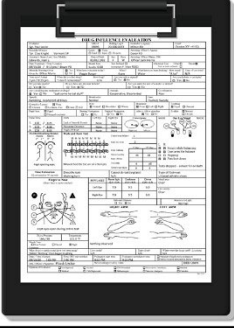
**Slide 6.**

This slide shows a medical form titled 'PHYSICIAN EXAMINATION' for Case 4: Dodge. The form includes sections for 'History', 'Physical Examination', and 'Diagnosis'. The 'Physical Examination' section contains a table with columns for 'System', 'Findings', and 'Comments'. The 'Diagnosis' section includes a table for 'Differential Diagnosis' and a section for 'Treatment'. There are also anatomical diagrams of the head, neck, and chest.

Session 15: Practice - Test Interpretation

**Interpretation Demonstrations**

Case 5:  
Edwards



DRE 15-7

**Slide 7.**

This slide shows a medical form titled 'PHYSICIAN EXAMINATION' for Case 5: Edwards. The form includes sections for 'History', 'Physical Examination', and 'Diagnosis'. The 'Physical Examination' section contains a table with columns for 'System', 'Findings', and 'Comments'. The 'Diagnosis' section includes a table for 'Differential Diagnosis' and a section for 'Treatment'. There are also anatomical diagrams of the head, neck, and chest.

Session 15: Practice - Test Interpretation

**Questions?**

DRE 15-8

**Slide 8.**

This slide is a question slide with the text 'Questions?' in the center.

Evaluator D. Smith		DRE # 000239	Rolling Log # 20-006-0088	Evaluator Agency RCMP		Event/Occ. # (Session XV-#1 IG)
Arresting Officer (Name, ID#) Cst. G. Madsen			SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No	Arresting Officer's Agency Saskatoon PS		Recorder/Witness Sgt. A. Hill
Date & Time of Arrest 2020/10/06 @ 2108 hrs		Charter Rights Given by Madsen		Time DRE Notified 2150 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property	
DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2210 hrs		Date Examined / Time / Location 2020/10/06 @ 2215 hrs @ SPS HQ		What have you eaten today? When? Fish and chips about 6 pm		What have you been drinking? How much? water with dinner 2 glasses
Time now? / Actual 930pm / 2220 hours		When did you last sleep? How long? last night 7 or 8 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you under the care of a doctor or dentist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Dr. Davis, Saskatoon Medical Clinic		
Do you take any medication or drugs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No "something to help me sleep"		Attitude cooperative		Coordination unsteady, staggering at times		
Speech thick, slurred, slow		Breath Odour nothing noted		Face nothing noted		
Corrective Lenses <input checked="" 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 checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Eyelids <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Droopy		Pulse and Time		Convergence		One Leg Stand
1. 56 bpm @ 2230hrs		HGN		Right Eye		26 /30
2. 56 bpm @ 2242hrs		Left		Left Eye		24 /30
3. 54 bpm @ 2255hrs		Right		Right Eye		<p>miscounted several times</p>
		Yes		Yes		
		Yes		Yes		
		Maximum Deviation		Angle of Onset		
		35°		35°		
Modified Romberg Balance		Walk and Turn		Stops walking		
<p>Approx. 2" 2" 3" 3"</p>		<p>slow, wobbly-like walk</p>		Cannot keep balance <u>II (2)</u> Starts too soon <u>0</u>		
				1st nine 2nd nine		
				Stops walking		
				Misses heel-toe		
				Steps off line		
				Raises arms		
				Actual steps taken		
				9		
				9		
Time estimation & questions (p.2) 38 sec estimated as 30 seconds		Describe turn walking turn using both feet		Cannot do test (explain) N/A		Type of footwear 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)	Nasal area nothing noted
<p>slow hand movements, searched for tip of nose</p>		Left Eye	4.5mm	6.5mm	3.5mm	Oral cavity nothing noted
		Right Eye	4.5mm	6.5mm	3.5mm	
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Slow <input type="checkbox"/> Little to none visible		
		Right Arm			Left Arm	
Blood Pressure 104 / 64 mmHg		Temperature 36.8 °C		Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid		
Comments:		What drugs or medication have you been using? "just something to help me sleep"		How much? "1 or 2 pills"		Time of use? about 6 pm
						Where were the drugs used? "at dinner"
Eval. stop time 2310 hrs		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A		Toxicological Sample Demand time: 2312 hrs <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Blood Sample Time: 2345 hrs		Reviewed by (instructor name)
Evaluator Signature <i>D. Smith</i>		Approved by (instructor signature)			DRE # Date	
Opinion of Evaluator		<input type="checkbox"/> Not Impaired		<input type="checkbox"/> Alcohol		<input type="checkbox"/> CNS Stimulant
		<input type="checkbox"/> Medical		<input type="checkbox"/> CNS Depressant		<input type="checkbox"/> Hallucinogen
						<input type="checkbox"/> Dissociative Anaesthetic
						<input type="checkbox"/> Narcotic Analgesic
						<input type="checkbox"/> Inhalants
						<input type="checkbox"/> Cannabis
						<input checked="" type="checkbox"/> Operational
						<input type="checkbox"/> 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 25<sup>th</sup> 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 24<sup>th</sup> Street and make a wide turn onto 25<sup>th</sup> 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 Turn (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 eighth 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 \_\_\_\_\_.

**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.

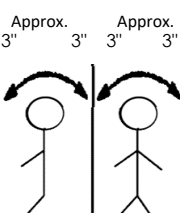
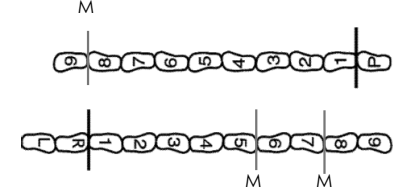
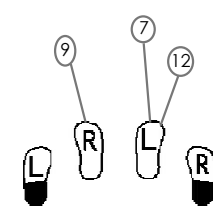
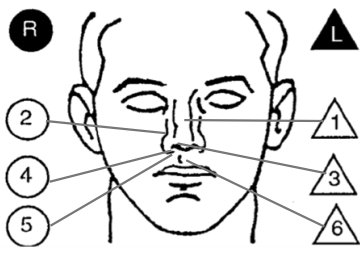
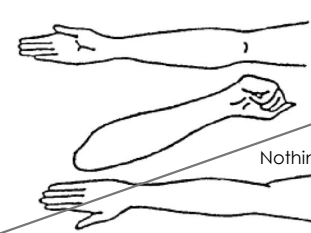
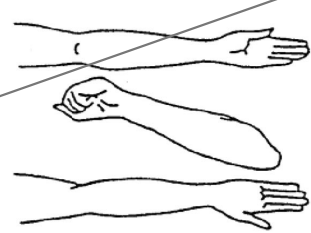
At 2210 hours, I read Mr. Adams the secondary police caution which he understood.

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 Cst. P. Foster		DRE # 22290	Rolling Log # 20-018-0081	Evaluator Agency Saskatoon PS		Event/Occ. # (Session XV-#2 IG)	
Arresting Officer (Name, ID#) Cpl. B. Ferguson			SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No	Arresting Officer's Agency RCMP		Recorder/Witness Cst. H. Janzen	
Date & Time of Arrest 2020/04/29 @ 2110 hrs		Charter Rights Given by Ferguson	Time DRE Notified 2140 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2208 hrs	
Eval. Start time 2215 hrs	Breath Test <input checked="" type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:		Subject's Name (Last, First, Middle) Baker, Samuel E.		Date of Birth 1988/10/15	Gender Male	
Date Examined / Time / Location 2020/04/29 @ 2215 hrs @ Regina PS Det		What have you eaten today? French fries	When? 2 hours ago	What have you been drinking? How much? Water 1 bottle		Time of last drink? N/A	
Time now? / Actual About 8pm / 2218 hrs		When did you last sleep? How long? This morning Maybe 2 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Attitude Cooperative		Coordination Poor, restless		
Speech Rapid, slurred at times		Breath Odour Rancid		Face Nothing noted			
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy		Pulse and Time		HGN		Convergence	
1. 90 bpm @ 2224hrs		Lack of Smooth Pursuit		Left		Right	
2. 92 bpm @ 2235hrs		Maximum Deviation		No		No	
3. 92 bpm @ 2252hrs		Angle of Onset		None		None	
Modified Romberg Balance Approx. 3" 3" 3" 3"  fidgety hands, bruxism		Walk and Turn M  quick, jerky movements. fidgety hands and fingers		Cannot keep balance _____ 0 Starts too soon _____ I (1)		One Leg Stand 40 /30 38 /30  fidgety hands and fingers	
Time estimation & questions (p.2) 21 sec estimated as 30 seconds		Describe turn Quick choppy steps		Cannot do test (explain) N/A		Type of footwear 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)	
Left Eye		6.5mm		8.0mm		6.0mm	
Right Eye		6.5mm		8.0mm		6.0mm	
Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Slow <input type="checkbox"/> Little to none visible		Nasal area Redness		Oral cavity Nothing noted	
Blood Pressure 168 / 92 mmHg		Temperature 38.4 °C		Right Arm 		Left Arm  Nothing noted	
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input checked="" type="checkbox"/> Rigid		Comments:		Reaction to light		Reaction to light	
What drugs or medication have you been using? "Nothing"		How much? N/A		Time of use? N/A		Where were the drugs used? N/A	
Eval. stop time 2315 hrs		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A		Toxicological Sample Demand time: 2315 hrs <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time: 2340 hrs		Reviewed by (instructor name)	
Evaluator Signature Cst. P. Foster 22290		Approved by (instructor signature)		DRE #		Date	
Opinion of Evaluator		<input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input checked="" type="checkbox"/> Operational		<input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input type="checkbox"/> 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 25<sup>th</sup> 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 in room light is 2.5 to 5.0 millimeters (mm). Baker's 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's 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's 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:

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

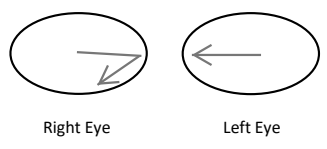
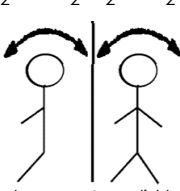
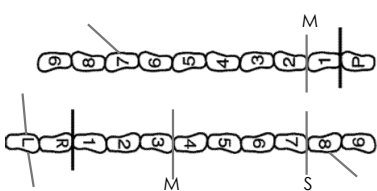
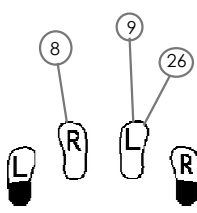
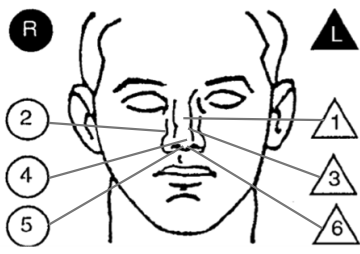
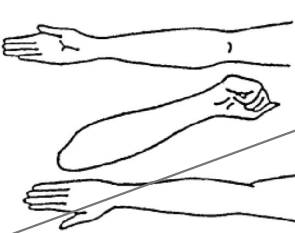
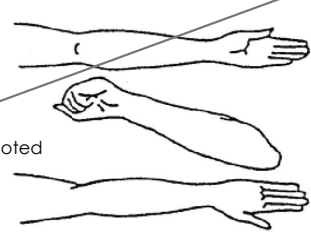
It is the opinion of Constable Patrick Foster, an evaluating officer, that Samuel E. Baker's ability to operate a conveyance was impaired by \_\_\_\_\_.

## 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 Cpl. D. Milette		DRE # 22273	Rolling Log # 20-013-0138	Evaluator Agency RCMP	Event/Occ. # (Session XV-#3 IG)
Arresting Officer (Name, ID#) Sgt. D. Botham		SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency RCMP	Recorder/Witness D. Smith
Date & Time of Arrest 2020/09/17 @ 0005 hrs		Charter Rights Given by Sgt. Botham	Time DRE Notified 0045 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property	DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 0129 hrs
Eval. Start time 0130 hrs	Breath Test <input type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #: 82460 50mg%	Subject's Name (Last, First, Middle) Charles, Mary Jane		Date of Birth 1982/06/13	Gender Female
Date Examined / Time / Location 2020/09/17 @ 0130 hrs @ RCMP Detn		What have you eaten today? Pizza	When? About 6 pm	What have you been drinking? How much? Couple glasses of wine 2	Time of last drink? About 11pm
Time now? / Actual Midnight / 0135 hrs		When did you last sleep? How long? Last night 8 hours	Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Attitude Cooperative, upset at times		Coordination slow unsteady movements	
Speech slow, thick, slurred		Breath Odour beverage alcohol		Face flushed	
Corrective Lenses <input checked="" 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 checked="" type="checkbox"/> Bloodshot <input checked="" type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eyelids <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Droopy	
<b>Pulse and Time</b> 1. 66 bpm @ 0145hrs 2. 64 bpm @ 0214hrs 3. 64 bpm @ 0228hrs		<b>HGN</b> Lack of Smooth Pursuit: Yes Yes Maximum Deviation: Yes Yes Angle of Onset: No No		<b>Convergence</b> 	
<b>Modified Romberg Balance</b> Approx. 2" 2" 2" 2"  circular sway & eyelid tremors		<b>Walk and Turn</b> 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		<b>One Leg Stand</b> 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	
Time estimation & questions (p.2) 32 sec estimated as 30 seconds		Describe turn slow and deliberate		Cannot do test (explain) N/A	
<b>Finger to nose</b> (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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Reaction to light <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Slow <input type="checkbox"/> Little to none visible		
		<b>Right Arm</b> 		<b>Left Arm</b>  nothing noted	
Blood Pressure 120 / 72 mmHg		Temperature 37.5 °C			
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid					
Comments:					
What drugs or medication have you been using? "I smoked some MJ 2 or 3 days ago"		How much? about half a joint		Time of use? in the evening	Where were the drugs used? at home
Eval. stop time 0235 hrs	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A	Toxicological Sample Demand time: 0236 hrs <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Blood Sample Time: 0300 hrs		Reviewed by (instructor name)	
Evaluator Signature <i>D. Milette</i>		Approved by (instructor signature)			DRE # Date
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input type="checkbox"/> 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 17<sup>th</sup>, 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 1 times 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 \_\_\_\_\_.

**(10) Miscellaneous:**

**(11)** There was nothing to note for the nasal area exam.

**(12)** There was nothing to note for the oral cavity exam.

**(13)** 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 Sgt. D Botham		DRE # 17353	Rolling Log # 20-004-0068	Evaluator Agency RCMP		Event/Occ. # (Session XV-#4 IG)	
Arresting Officer (Name, ID#) S/Sgt D. Dickinson			SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No	Arresting Officer's Agency RCMP		Recorder/Witness Cst. P. Ecker	
Date & Time of Arrest 2020/02/22 @ 0108 hrs		Charter Rights Given by S/Sgt Dickinson		Time DRE Notified 0130 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property	DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 0208 hrs	
Eval. Start time 0210 hrs	Breath Test <input checked="" type="checkbox"/> No Grounds <input type="checkbox"/> Refused	Result: Instrument #:		Subject's Name (Last, First, Middle) Dodge, Fred A.		Date of Birth 1975/10/13	
Date Examined / Time / Location 2020/02/22 @ 0210 hrs @ RCMP Detn		What have you eaten today? "nothing today"		When? N/A	What have you been drinking? How much? coffee 2 or 3 cups		
Time now? / Actual 1 am? / 0215 hrs		When did you last sleep? How long? Last night 5 or 6 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (lengthy explanation about past drug use)			Attitude Antagonistic		Coordination poor, quick		
Speech rapid, slurred		Breath Odour Rancid		Face flushed, sweaty			
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy		Eyes		Blindness		Tracking	
Pulse and Time		HGN		Convergence		One Leg Stand	
1. 102 bpm @ 0220hrs		Lack of Smooth Pursuit		Right Eye		38 /30	
2. 100 bpm @ 0232hrs		Maximum Deviation		Left Eye		36 /30	
3. 102 bpm @ 0250hrs		Angle of Onset		Right Eye		36 /30	
Modified Romberg Balance		Walk and Turn		Convergence		One Leg Stand	
Approx. 0" 2" 0" 2"		S S M		Right Eye		38 /30	
body tremors (legs)		quick steps, still like movements		Left Eye		36 /30	
Time estimation & questions (p.2) 22 sec estimated as 30 seconds		Describe turn As instructed, quick & rigid steps		Cannot do test (explain) N/A		Type of footwear Laced up black boots	
Finger to nose (Draw lines to spots touched)		Pupil Size		Room Light (2.5-5.0 mm)		Darkness (5.0-8.5 mm)	
quick movements		Left Eye		6.0 mm		8.5 mm	
		Right Eye		6.0 mm		8.5 mm	
		Rebound dilation		Reaction to light		Direct Light (2.0-4.5 mm)	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Normal <input checked="" type="checkbox"/> Slow <input type="checkbox"/> Little to none visible		Nasal area redness	
		Right Arm		Left Arm		Oral cavity nothing noted	
		2 red puncture marks					
Blood Pressure 162 / 96 mmHg		Temperature 38.0 °C		Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid			
Comments:		What drugs or medication have you been using? "I'm not answering that"		How much? No response		Time of use? No response	
						Where were the drugs used? No response	
Eval. stop time 0305 hrs		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A		Toxicological Sample Demand time: 0306 hrs <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time: 0330 hrs		Reviewed by (instructor name)	
Evaluator Signature Sgt. D Botham		Approved by (instructor signature)		DRE #		Date	
Opinion of Evaluator		<input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input checked="" type="checkbox"/> Operational		<input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input type="checkbox"/> 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. DICKINSON 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

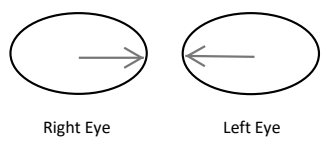
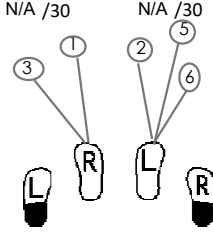
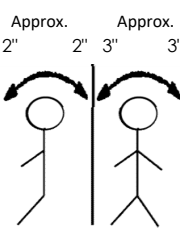
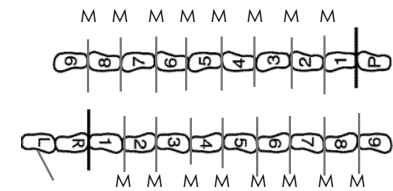
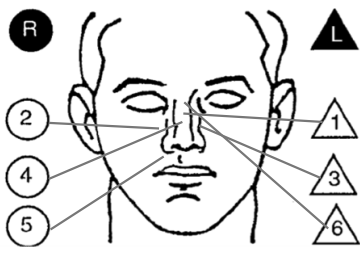
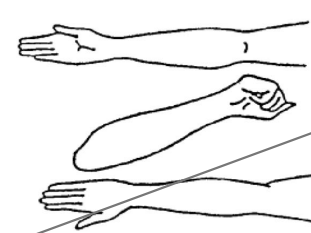
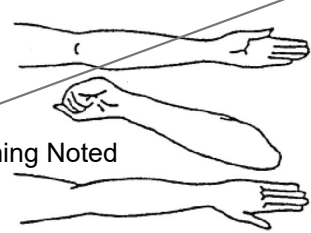
**(9) Opinion:** It is the opinion of Sergeant BOTHAM, an evaluating officer, that Fred DODGE's ability to operate a conveyance is impaired by \_\_\_\_\_.

**(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 Cst. A. Oliveira		DRE # 21367	Rolling Log # 20-006-0072	Evaluator Agency RCMP		Event/Occ. # (Session XV-#5 IG)																
Arresting Officer (Name, ID#) Cst. C. Knight			SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No	Arresting Officer's Agency RCMP		Recorder/Witness N/A																
Date & Time of Arrest 2020/08/15 @ 1905 hrs		Charter Rights Given by Knight		Time DRE Notified 1940 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property																	
DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2008 hrs		Date Examined / Time / Location 2020/08/15 @ 2010 hrs @ RCMP Cells		What have you eaten today? Veggie burger	When? 6 pm	What have you been drinking? How much? water "a lot"																
Time now? / Actual 7 pm / 2015 hrs		When did you last sleep? How long? "I don't remember" Unknown		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
Do you take any medication or drugs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No "Just some herbal stuff"			Attitude cooperative, disoriented		Coordination poor																	
Speech rambling, incoherent at times		Breath Odour nothing noted		Face flushed, sweaty																		
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal																
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy		Iris are blue																				
<b>Pulse and Time</b> 1. 106 bpm @ 2025hrs 2. 102 bpm @ 2038hrs 3. 104bpm @ 2055hrs		<b>HGN</b> Lack of Smooth Pursuit: No (Left), No (Right) Maximum Deviation: No (Left), No (Right) Angle of Onset: None (Left), None (Right)		<b>Convergence</b>  Right Eye      Left Eye		<b>One Leg Stand</b> N/A /30 (Left), N/A /30 (Right)  test stopped - almost fell on both																
<b>Modified Romberg Balance</b> Approx. 2" 2" 3" 3"  kept opening eyes		<b>Walk and Turn</b> Cannot keep balance I (1) Starts too soon II (2)  missed heel to toe on all attempts				<table border="1"> <tr> <td>Stops walking</td> <td>∅</td> <td>∅</td> </tr> <tr> <td>Misses heel-toe</td> <td>Cont</td> <td>Cont</td> </tr> <tr> <td>Steps off line</td> <td>∅</td> <td>∅</td> </tr> <tr> <td>Raises arms</td> <td>III (4)</td> <td>Cont</td> </tr> <tr> <td>Actual steps taken</td> <td>9</td> <td>9</td> </tr> </table>		Stops walking	∅	∅	Misses heel-toe	Cont	Cont	Steps off line	∅	∅	Raises arms	III (4)	Cont	Actual steps taken	9	9
Stops walking	∅	∅																				
Misses heel-toe	Cont	Cont																				
Steps off line	∅	∅																				
Raises arms	III (4)	Cont																				
Actual steps taken	9	9																				
Time estimation & questions (p.2) 62 sec estimated as 30 seconds		Describe turn walking turn		Cannot do test (explain) N/A		Type of footwear Unlaced athletic shoes																
<b>Finger to nose</b> (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)	Nasal area nothing noted																
		Left Eye	7.0 mm	9.5 mm	6.0 mm	Oral cavity nothing noted																
		Right Eye	7.0 mm	9.5 mm	6.0 mm																	
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible																		
		<b>Right Arm</b> 		<b>Left Arm</b> 																		
		Nothing Noted																				
Blood Pressure 166 / 98 mmHg		Temperature 36.8 °C																				
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid																						
Comments:																						
What drugs or medication have you been using? stated "nothing" then began laughing			How much? N/A		Time of use? N/A	Where were the drugs used? N/A																
Eval. stop time 2120 hrs		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A		Toxicological Sample Demand time: 2121 hrs <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Blood Sample Time: 2200 hrs		Reviewed by (instructor name)																
Evaluator Signature <i>Cst. A. Oliveira</i>			Approved by (instructor signature)			DRE # Date																
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input type="checkbox"/> 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 1<sup>st</sup> person) of the Royal Canadian Mounted Police (RCMP) did and recorded the Drug Recognition Evaluation (DRE) of Joan L. EDWARDS.
- (3) Source:** On the 15<sup>th</sup> 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.
- EDWARDS' 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 15<sup>th</sup> 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. EDWARDS' 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 2<sup>nd</sup> 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 2<sup>nd</sup> 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 1<sup>st</sup> attempt EDWARDS touched the bridge of her nose with the tip of her left index finger. On her 2<sup>nd</sup> 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 3<sup>rd</sup> attempt EDWARDS touched the side of her left nostril with the tip of her left index finger. On her 4<sup>th</sup> attempt EDWARDS touched the bridge of her nose with the tip of her right index finger. On her 5<sup>th</sup> attempt EDWARDS touched the space between her upper lip and under her right nostril with the tip of her right index finger. On her 6<sup>th</sup> 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 7.0millimetres (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 \_\_\_\_\_.

**(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.

# 19 DRE

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## 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

- A. Overview of the Category .....
- B. Possible Effects of Dissociative Anesthetics.....
- C. Onset and Duration of Effects.....
- D. Overdose Signs and Symptoms.....
- E. Expected Results of the Evaluation .....
- F. Review of the DEC Program Exemplars.....

### LEARNING ACTIVITIES

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

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## Learning Objectives

- Describe a brief overview of Dissociative Anesthetics, specifically PCP and its analogs
- Identify common drug names and terms
- Identify common methods of administration
- Describe symptoms, observable signs, and other effects
- Describe typical time parameters
- List indicators likely to emerge during the drug influence evaluation

DRE

16-2


**Slide 2.**

## A. Overview of the Category

Session 16: Dissociative Anesthetics

### Overview of Dissociative Anesthetics

- Drugs that inhibit pain by cutting off or dissociating the brain's perception of pain
- Induce a state of sedation, immobility, amnesia, and analgesia



DRE 16-3

**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.

Session 16. Dissociative Anesthetics

## Brief History of PCP

1950's: Developed by Parke-Davis

1963: Patented as "Sernyl"

1965: Discontinued use for humans

1968: Re-patented for animals as "Sernylan"

1978: Banned

DRE 16-4

**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.

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.

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.

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.

## Ketamine

- Analog of PCP
- Brand names of Ketamine: Ketalar, Ketaject, Ketaset, and Vetalar
- Methoxetamine – Analog of Ketamine

DRE

16-5

### Slide 5.

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.



## Dextromethorphan (DXM)

- Synthetically produced
- Found in numerous OTC cough and cold products



DRE

16-6

**Slide 6.**

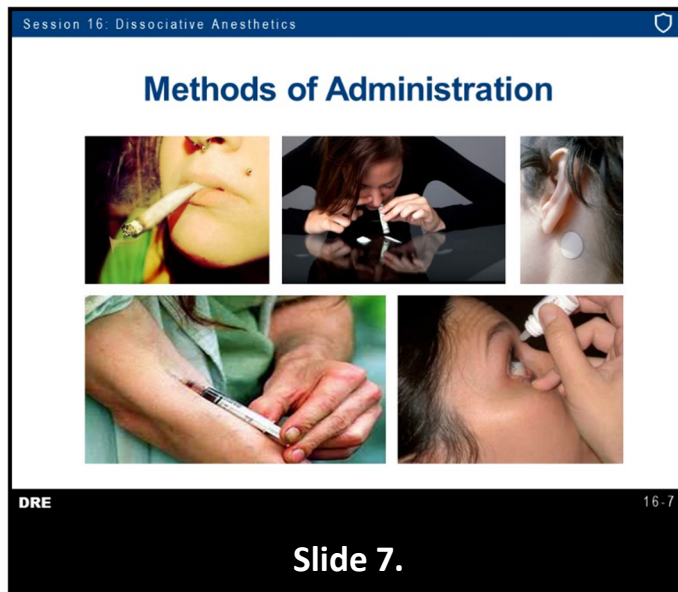
Another drug in this category is Dextromethorphan. It is sometimes referred to as “DXM” and is an ingredient found in numerous over-the-counter (OTC) cough and cold remedies.

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.



*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.

**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.**

*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).

## B. Possible Effects of Dissociative Anesthetics

Session 16: Dissociative Anesthetics

### Possible Effects

- Agitation, anxiety
- Convulsions
- Delirium
- Difficulty with speech
- Elevated blood pressure
- Hallucinations
- Rigid muscle tone
- Violent reactions

DRE 16-8

**Slide 8.**

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

- 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

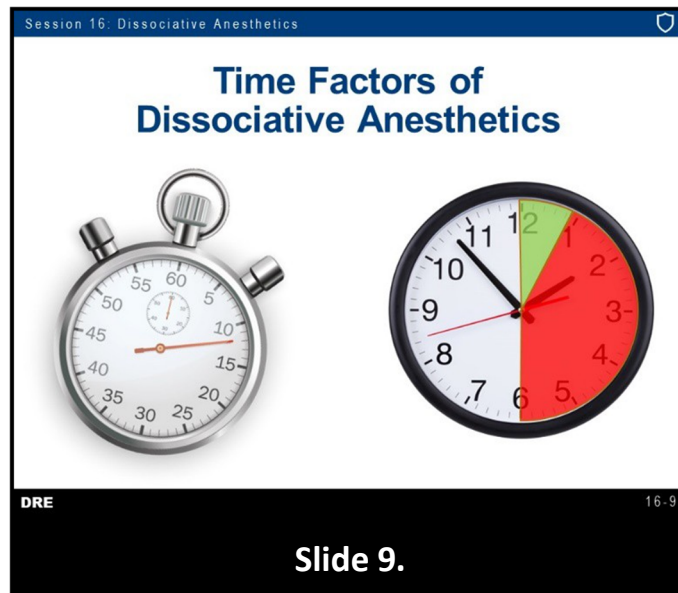
PCP has sometimes been called a psychotomimetic drug; i.e., it produces effects that mimic psychosis, or “craziness.” When the psychosis remains long after the drug has dissipated, we say its effects were psychotogenic, i.e., it didn’t simply mimic craziness, it caused craziness.

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.

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

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.

## C. Onset and Duration of Effects



*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.

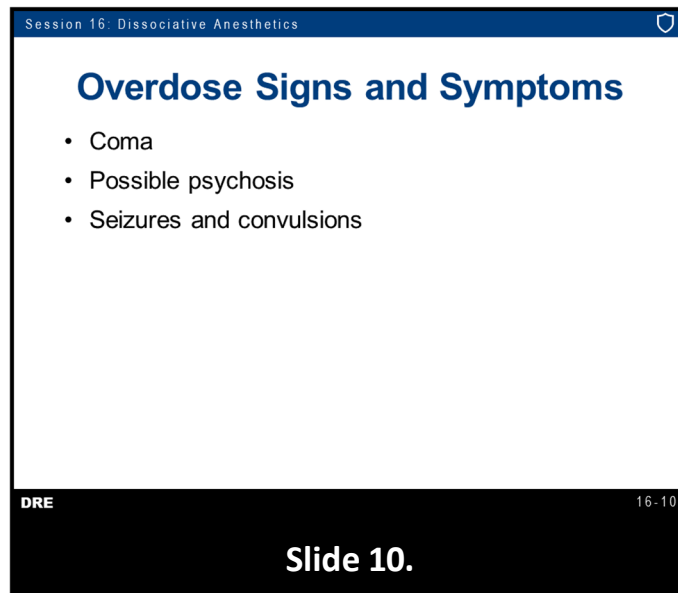
*DXM*: Rapidly absorbed from the gastrointestinal tract and peak plasma concentrations are reached in approximately 2.5 hours. DXM is widely distributed and is rapidly and extensively metabolized by the liver. DXM exerts its antitussive effects within 15 – 30 minutes of oral administration. The duration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

*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.

## D. Overdose Signs and Symptoms



Session 16: Dissociative Anesthetics

### Overdose Signs and Symptoms

- Coma
- Possible psychosis
- Seizures and convulsions

DRE 16-10

**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.

## E. Expected Results of the Evaluation

Session 16: Dissociative Anesthetics

### Dissociative Anesthetic Symptomatology Chart

HGN	Present
VGN	Present
LOC	Present
Pupil Size	Normal
Reaction to Light	Normal
Pulse Rate	Up
Blood Pressure	Up
Temperature	Up
Muscle Tone	Rigid

DRE 16-11

**Slide 11.**

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

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.



## General Indicators

- Blank stare
- Disoriented
- Hallucinations
- Incomplete verbal responses
- Increased pain threshold
- Non-Communicative
- Perspiring
- Possibly violent
- Sensory distortions
- Slow, slurred speech

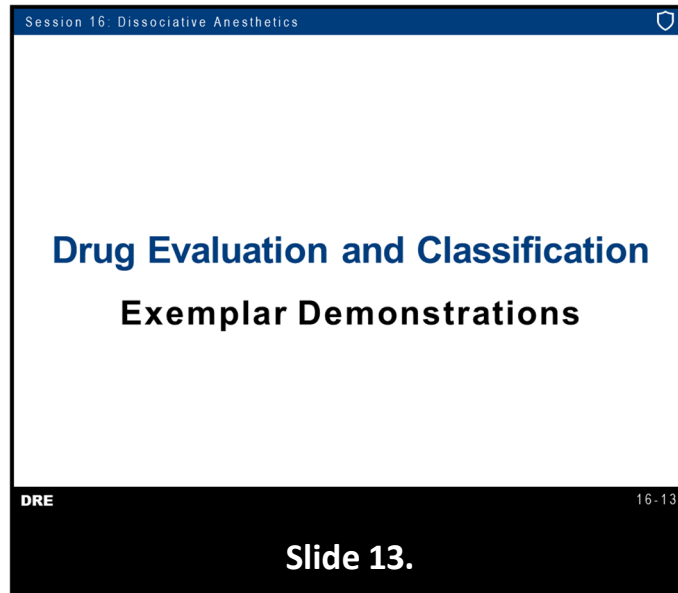
DRE

16-12

### Slide 12.

- Blank stare
- Confusion
- Chemical odour (PCP)
- Cyclic behavior (PCP) varying between passive/calm, irritated/agitated, and aggressive/combatative, 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

## F. Review of the DEC Program Exemplars



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

Session 16 Dissociative Anesthetics

## Dissociative Anesthetic



DRE 16-14

**Slide 14.**

Session 16 Dissociative Anesthetics

## Questions?

DRE 16-15

**Slide 15.**



## 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?

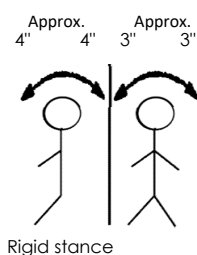
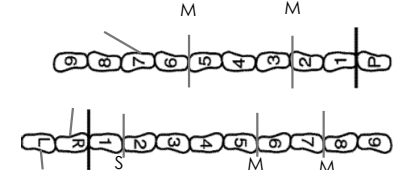
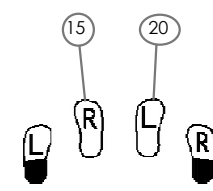
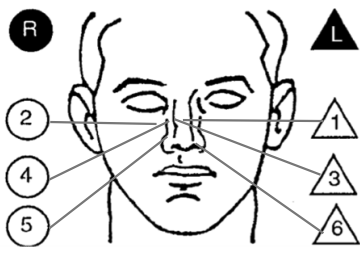
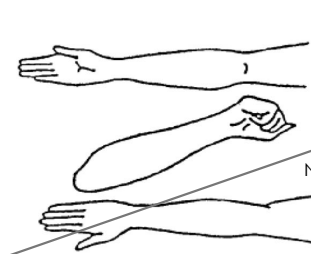
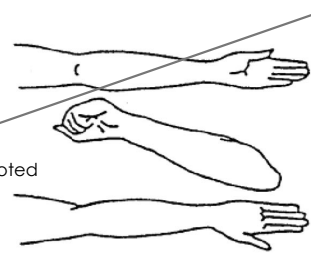
DRE

16-16

**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?

Evaluator Sgt D Botham		DRE # 17353	Rolling Log # 20-014-0048	Evaluator Agency RCMP		Event/Occ. # (Session XVI - #1)			
Arresting Officer (Name, ID#) Cpl T Sundell		SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency RCMP		Recorder/Witness Cst B Findlayson			
Date & Time of Arrest 2020/12/31 @ 1915 hrs		Charter Rights Given by Sundell	Time DRE Notified 1955 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2019 hrs			
Eval. Start time 2020 hrs	Breath Test <input checked="" type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:		Subject's Name (Last, First, Middle) Dexing, Delbert R.		Date of Birth 1989/03/09	Gender Male			
Date Examined / Time / Location 2020/12/31 @ 2020 hrs @ Winnipeg PD		What have you eaten today? Fried Chicken	When? About noon	What have you been drinking? How much? Water "Lots"		Time of last drink? N/A			
Time now? / Actual 2 pm / 2025 hrs		When did you last sleep? How long? (Long pause) Last night - 2 hours		Are you sick or injured? <input type="checkbox"/> Yes <input type="checkbox"/> No (No response)		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input type="checkbox"/> No (No response)			
Do you take insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No (No response)		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "I'm not sick"		Are you under the care of a doctor or dentist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No "I don't think so"					
Do you take any medication or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No (No response)		Attitude Cooperative, Passive		Coordination Slow, Rigid					
Speech Slow, confused, Incomplete sentences		Breath Odour Chemical like		Face Flushed, sweaty, blank stare at times					
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal			
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Vertical Nystagmus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy		Pulse and Time		HGN		Convergence			
1. 110 bpm @ 2035hrs		Lack of Smooth Pursuit		Left		Right			
2. 112 bpm @ 2058hrs		Maximum Deviation		Yes		Yes			
3. 110 bpm @ 2118hrs		Angle of Onset		Imm		Imm			
Modified Romberg Balance 		Walk and Turn 		Cannot keep balance II (2)		One Leg Stand N/A /30 N/A /30 			
Approx. 4" 4" 3" 3"		Rigid, slow steps. Reminded to count steps out loud.		Starts too soon II (2)		Rigid, stiff movements. Tests stopped after putting foot down			
Time estimation & questions (p.2) 48 sec estimated as 30 seconds		Describe turn Rigid steps using both feet		Cannot do test (explain) N/A		Type of footwear Slip on boots			
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 Nothing noted.			
Slow, rigid movements. Kept finger in place.		Left Eye	5.0mm	7.0mm	4.0mm	Oral cavity Nothing noted.			
Blood Pressure 180 / 98 mmHg		Right Eye	5.0mm	7.0mm	4.0mm	Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Temperature 38.0 °C		Reaction to light <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible		Right Arm 				Left Arm 	
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input checked="" type="checkbox"/> Rigid		Nothing noted		Comments: None				Nothing noted	
What drugs or medication have you been using? No response, laughed out loud		How much? No response		Time of use? N/A		Where were the drugs used? N/A			
Eval. stop time 2130 hrs	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A	Toxicological Sample <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood		Demand time: 2131 hrs Sample Time: 2200 hrs		Reviewed by (instructor name)			
Evaluator Signature <i>Sgt. D. Botham</i>		Approved by (instructor signature)				DRE # Date			
Opinion of Evaluator		<input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input checked="" type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input checked="" type="checkbox"/> Operational		<input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input type="checkbox"/> 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.

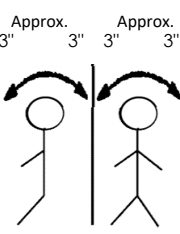
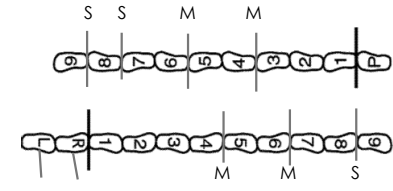
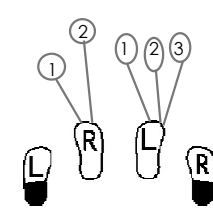
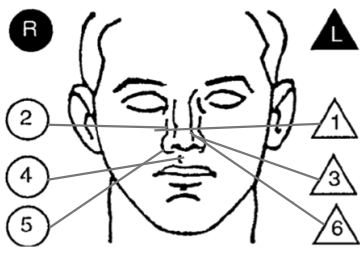
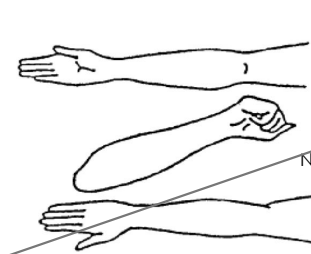
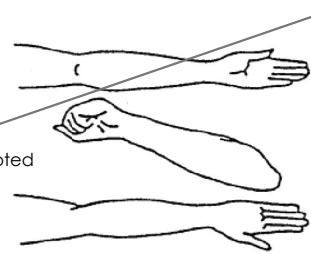
**(8) Medical Problems or Treatments:** DEXING did not provide any information when asked about medical problems or treatments nor did he advise if he was taking any drugs or medicine

**(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 D. Smith		DRE # 00001	Rolling Log # 20-015-0142	Evaluator Agency RCMP		Event/Occ. # (Session XVI - #2)	
Arresting Officer (Name, ID#) Cpl. D. Milette		SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency RCMP		Recorder/Witness Cst. P. Foster	
Date & Time of Arrest 2020/05/02 @ 2200 hrs		Charter Rights Given by Cpl. Milette		Time DRE Notified 2240 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		
DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2309 hrs		Date of Birth 1988/0824		Gender Female			
Date Examined / Time / Location 2020/05/02@ 2310 hrs@ Halifax RPS HQ		What have you eaten today? Chicken Sandwich		When? No response	What have you been drinking? How much? Water "A lot"		
Time of last drink? N/A		Time now? / Actual 10 pm / 2315 hrs		When did you last sleep? How long? No response		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No No response		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "I'm not sick"			
Do you take any medication or drugs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No "I smoke pot sometimes"		Attitude Indifferent, Disoriented		Coordination Poor, Slow, Rigid			
Speech Slow, Thick, Delayed		Breath Odour Chemical		Face Flushed, sweaty			
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy		Pulse and Time		HGN		Convergence	
1. 102 bpm @ 2322hrs		Lack of Smooth Pursuit		Yes		Yes	
2. 100 bpm @ 2330hrs		Maximum Deviation		Yes		Yes	
3. 104 bpm @ 2342hrs		Angle of Onset		Imm		Imm	
Modified Romberg Balance Approx. 3" 3" 3" 3"  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		One Leg Stand N/A /30 N/A /30  Test stopped after nearly falling down.	
Time estimation & questions (p.2) 42 sec estimated as 30 seconds		Describe turn Slow, rigid walking turn		Cannot do test (explain) N/A		Type of footwear 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)	Nasal area Nothing noted.	
		Left Eye	4.0mm	6.0mm	3.0mm		
		Right Eye	4.0mm	6.0mm	3.0mm	Oral cavity Nothing noted.	
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible			
		Right Arm 		Left Arm  Nothing noted			
Blood Pressure 188 / 92 mmHg		Temperature 98.2 °C					
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input checked="" type="checkbox"/> Rigid		Comments:					
What drugs or medication have you been using? No response		How much? No response		Time of use? No response		Where were the drugs used? No response	
Eval. stop time 2358 hrs		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A		Toxicological Sample Demand time: 2359 hrs <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Blood Sample Time: 0045 hrs		Reviewed by (instructor name)	
Evaluator Signature <i>D. Smith</i>		Approved by (instructor signature)				DRE # Date	
Opinion of Evaluator		<input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input checked="" type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Operational		<input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input checked="" type="checkbox"/> 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 turn 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 Turn, 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. Sherms 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 then 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 touched 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 rigid.

**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 any 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.

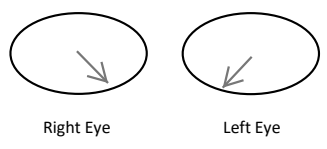
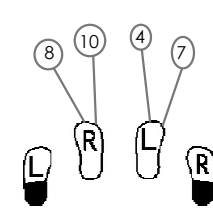
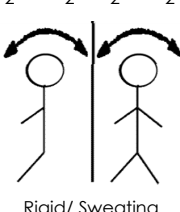
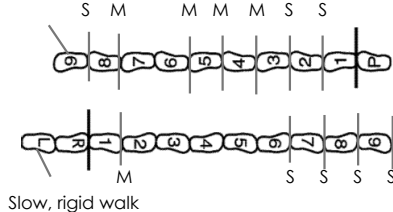
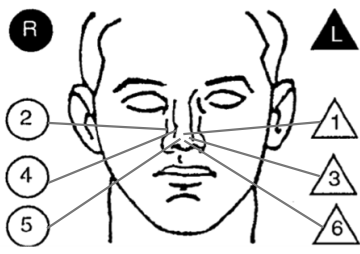
At 2309 hours, I read Ms. Sherms the secondary police caution which she understood.

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 Cpl. D. Milette		DRE # 22273	Rolling Log # 20-011-0042	Evaluator Agency RCMP		Event/Occ. # (Session XVI - #3)																
Arresting Officer (Name, ID#) Cpl. R. Kavanaugh		SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency RCMP		Recorder/Witness Cst. B. Burrows																
Date & Time of Arrest 2020/09/28 @ 2018 hrs		Charter Rights Given by Cpl Kavanaugh		Time DRE Notified 2120 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property																	
DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2144 hrs		Date of Birth 2002/09/06		Gender Female																		
Eval. Start time 2145 hrs		Breath Test <input checked="" type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:		Subject's Name (Last, First, Middle) Krystal, K.J.																		
Date Examined / Time / Location 2020/09/28 @ 2145 hrs @ Rawdon Det		What have you eaten today? When? "Eat? Pizza" (long pause) "About 7"		What have you been drinking? How much? Juice & Water No response		Time of last drink? N/A																
Time now? / Actual Don't know / 2150 hrs		When did you last sleep? How long? (Long pause)"Yes" No response		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Long pause) "None that I remember"		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Long pause) "No doctor"																		
Do you take any medication or drugs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Long pause) "Weed sometimes" (laughed)		Attitude Cooperative, Passive		Coordination Poor, Rigid																		
Speech Slow, low, delayed		Breath Odour Nothing noted		Face Flushed, sweaty																		
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal																
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy																						
<b>Pulse and Time</b> 1. <u>106 bpm @ 2158hrs</u> 2. <u>102 bpm @ 2212hrs</u> 3. <u>106 bpm @ 2225hrs</u>		<b>HGN</b> Lack of Smooth Pursuit: Yes Yes Maximum Deviation: Yes Yes Angle of Onset: Imm Imm		<b>Convergence</b> 		<b>One Leg Stand</b> N/A /30 N/A /30 																
<b>Modified Romberg Balance</b> Approx. 2" 2" Approx. 2" 2"  Rigid/ Sweating		<b>Walk and Turn</b> Cannot keep balance <input checked="" type="checkbox"/> (1) Starts too soon <input type="checkbox"/> 0  Slow, rigid walk		1st nine 2nd nine Stops walking: <input checked="" type="checkbox"/> (4) <input checked="" type="checkbox"/> (3) Misses heel-toe: <input checked="" type="checkbox"/> (1) <input checked="" type="checkbox"/> (4) Steps off line: <input type="checkbox"/> <input checked="" type="checkbox"/> (1) Raises arms: cont cont Actual steps taken: 9 9		Test stopped, nearly fell on both <table border="1"> <tr> <td>L</td> <td>R</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> (1)</td> <td><input checked="" type="checkbox"/> (1)</td> <td>Sways while balancing</td> </tr> <tr> <td>cont</td> <td>cont</td> <td>Uses arms to balance</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hopping</td> </tr> <tr> <td><input checked="" type="checkbox"/> (2)</td> <td><input checked="" type="checkbox"/> (2)</td> <td>Puts foot down</td> </tr> </table>		L	R		<input checked="" type="checkbox"/> (1)	<input checked="" type="checkbox"/> (1)	Sways while balancing	cont	cont	Uses arms to balance	<input type="checkbox"/>	<input type="checkbox"/>	Hopping	<input checked="" type="checkbox"/> (2)	<input checked="" type="checkbox"/> (2)	Puts foot down
L	R																					
<input checked="" type="checkbox"/> (1)	<input checked="" type="checkbox"/> (1)	Sways while balancing																				
cont	cont	Uses arms to balance																				
<input type="checkbox"/>	<input type="checkbox"/>	Hopping																				
<input checked="" type="checkbox"/> (2)	<input checked="" type="checkbox"/> (2)	Puts foot down																				
Time estimation & questions (p.2) 40 sec estimated as 30 seconds		Describe turn Stopped. Needed directions		Cannot do test (explain) N/A		Type of footwear Red high top athletic shoes																
<b>Finger to nose</b> (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)	Nasal area Nothing noted																
		Left Eye	4.5mm	6.5mm	3.5mm																	
		Right Eye	4.5mm	6.5mm	3.5mm	Oral cavity Nothing noted																
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible																		
Blood Pressure 176 / 98 mmHg		Temperature 38.0 °C		<b>Right Arm</b>																		
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input checked="" type="checkbox"/> Rigid		Comments:		<b>Left Arm</b> Nothing noted																		
What drugs or medication have you been using? (Long pause) "Some K."		How much? No response		Time of use? No response		Where were the drugs used? No response																
Eval. stop time 2250 hrs		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A		Toxicological Sample Demand time: 2252 hrs <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time: 2302 hrs		Reviewed by (instructor name)																
Evaluator Signature <i>Cpl D. Milette</i>		Approved by (instructor signature)				DRE # Date																
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input checked="" type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input checked="" type="checkbox"/> 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 Turn 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.

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Cpl. Denis Milette  
Drug Recognition Expert #22273

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# DRE

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## MID-COURSE REVIEW

### CONTENTS

A. Drugs, Drug Categories, and the Drug Influence Evaluation .....	
B. Eyes and Clinical indicators.....	
C. Physiology.....	
D. Questions and Answers .....	

### LEARNING ACTIVITIES

- Instructor/Participant Dialogues
- Participant-Led Demonstrations

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## A. Drugs, Drug Categories, and the Drug Impairment Evaluation

Mid-Course Review: Drugs, Drug Categories, and the Drug Influence Evaluation

### Drugs, Drug Categories, and the Drug Influence Evaluation

- Define the word “drug”
- Name the seven drug categories
- Name the four subcategories of CNS Depressants
- Name the three subcategories of CNS Stimulants
- Name the two sub-categories of Narcotic Analgesics

DRE MID-2

**Slide 2.**

Define the word “drug.”

Name the seven drug categories.

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

Name the four subcategories of CNS Stimulants.

Name the two sub-categories of Narcotic Analgesics.

Mid-Course Review: Drugs, Drug Categories, and the Drug Influence Evaluation

### Identify the Drug Category for:

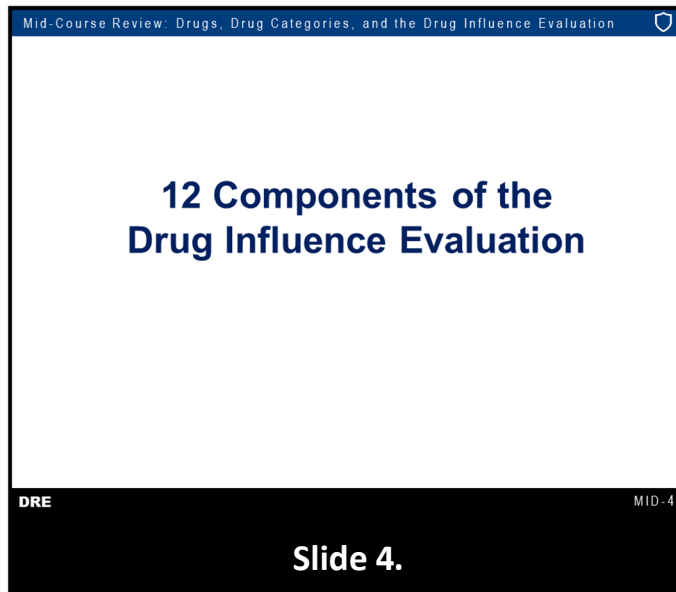
- Desoxyn
- Secobarbital
- Fentanyl
- Alprazolam
- Phenyl Cyclohexyl Piperidine
- “Ecstasy”
- ETOH
- Demerol
- Psilocybin

DRE MID-3

**Slide 3.**

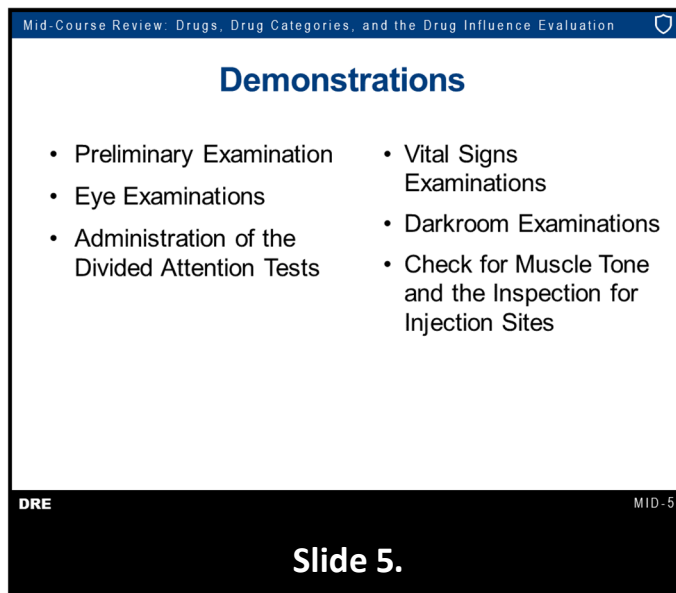
Identify the category for each of the listed drugs.

Desoxyn, Secobarbital (Seconal), Fentanyl, Alprazolam (Xanax), Phenyl Cyclohexyl Piperidine, “Ecstasy” (MDMA), ETOH, Demerol, Psilocybin



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

---



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

Mid-Course Review: Drugs, Drug Categories, and the Drug Influence Evaluation

### Identify the Drug Category for:

- Morphine
- Adderall
- Chlordiazepoxide
- Ketamine
- Oxycodone
- Ritalin
- Bufotenine
- Methaqualone

DRE MID-6

**Slide 6.**

Identify the category for each of the listed drugs.

Morphine, Adderall, Chlordiazepoxide, Ketamine, Oxycodone, Ritalin, Bufotenine, Methaqualone

---

## B. Eyes and Vital Signs

Mid-Course Review: Drugs, Drug Categories, and the Drug Influence Evaluation

### Eye Exams

**Horizontal Gaze Nystagmus (HGN)**

DRE MID-7

**Slide 7.**

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

Name the categories of drugs that cause HGN.

Mid-Course Review: Drugs, Drug Categories, and the Drug Influence Evaluation

## Eye Exams

### Vertical Gaze Nystagmus (VGN)

DRE MID-8

**Slide 8.**

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

Name the test always administered immediately after VGN.

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

---

Mid-Course Review: Drugs, Drug Categories, and the Drug Influence Evaluation

## Eye Exams

### Pupil Size and Rebound Dilation

- Name the lighting conditions under which we make estimations of pupil size
- Name the other things a DRE looks for while shining the light directly into the subject's eye

DRE MID-9

**Slide 9.**

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

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

Mid-Course Review: Drugs, Drug Categories, and the Drug Influence Evaluation

## Eye Exams

### Pupil Size and Rebound Dilation

- How quickly must the pupil start to constrict if it is considered to exhibit normal reaction to light?
- Define Rebound Dilation
- State the DRE average ranges of pupil size for the three lighting conditions

DRE MID-10

**Slide 10.**

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

Define Rebound Dilation.

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

---

Mid-Course Review: Drugs, Drug Categories, and the Drug Influence Evaluation

## What Do These Terms Mean?

- Miosis
- Mydriasis
- Ptosis

DRE MID-11

**Slide 11.**

Define each of the listed terms.

Miosis

Mydriasis

Ptosis

## Pupil Dilation and Constriction

- What categories of drugs cause dilation of the pupils?
- What categories of drugs cause constriction?

DRE

MID-12

**Slide 12.**

What categories of drugs cause dilation of the pupils?

What categories of drugs cause constriction?

Mid-Course Review: Drugs, Drug Categories, and the Drug Influence Evaluation

### More Drugs to Categorize

- Oxycodone
- Halcion
- Gabapentin
- Peyote
- Ritalin
- Diazepam
- Dexedrine
- Codeine
- Lorazepam

DRE MID-13

**Slide 13.**

Identify the category for each of the listed drugs.

Oxycodone, Halcion, Gabapentin, Peyote, Ritalin, Diazepam, Dexedrine, Codeine, Lorazepam

---

Mid-Course Review: Drugs, Drug Categories, and the Drug Influence Evaluation

### Circulatory System Review

- Define "Pulse"
- Define "Pulse Rate"
- Define "Artery"
- Define "Vein"

DRE MID-14

**Slide 14.**

Define "Pulse."

Define "Pulse Rate."

Define "Artery."

Define "Vein."

Mid-Course Review: Drugs, Drug Categories, and the Drug Influence Evaluation

## Where Are These Pulse Points Located?

- Radial
- Brachial
- Carotid

DRE MID-15

**Slide 15.**

Radial

Brachial

Carotid

Mid-Course Review: Drugs, Drug Categories, and the Drug Influence Evaluation

## Pulse Point Location

- What is the normal range of adult pulse rate?
- Name the drug categories that usually cause elevated pulse rate.
- Name the drug categories that usually cause lowered pulse rate.

DRE MID-16

**Slide 16.**

What is the normal range of adult pulse rate?

Name the drug categories that usually cause elevated pulse rate.

Name the drug categories that usually cause lowered pulse rate.

## Blood Pressure Review

- Define “Blood Pressure”
- How often does a person’s blood pressure change?
- When does the blood pressure reach its highest value?
- When does the blood pressure reach its lowest value?

DRE

MID-17

**Slide 17.**

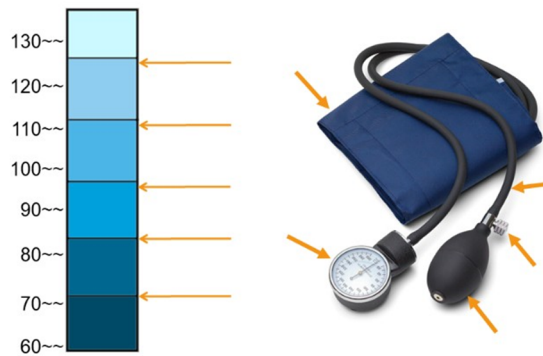
Define “Blood Pressure.”

How often does a person’s blood pressure change?

When does the blood pressure reach its highest value?

When does the blood pressure reach its lowest value?

## Blood Pressure Review



DRE

MID-18


**Slide 18.**

Name the two medical instruments used to measure blood pressure.

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

Mid-Course Review: Drugs, Drug Categories, and the Drug Influence Evaluation

## Blood Pressure Review



DRE MID-19

**Slide 19.**

What does this “Hg” mean?

In what units is blood pressure measured?

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

---

Mid-Course Review: Drugs, Drug Categories, and the Drug Influence Evaluation

## Drugs and Blood Pressure

- Name the drug categories that usually cause a lowered blood pressure
- Name the drug categories that elevate blood pressure

DRE MID-20

**Slide 20.**

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

Name the drug categories that elevate blood pressure.

### Some Technical Terms to Define

- Systolic
- Diastolic
- Bradycardia
- Tachycardia
- Hypertension
- Hypotension

DRE

MID-21

**Slide 21.**

State the meaning of each of the listed terms.

Systolic, Diastolic, Bradycardia, Tachycardia, Hypertension, Hypotension

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### Blood Pressure Measurement

- State the normal range of systolic blood pressure.
- State the normal range of diastolic blood pressure.

DRE

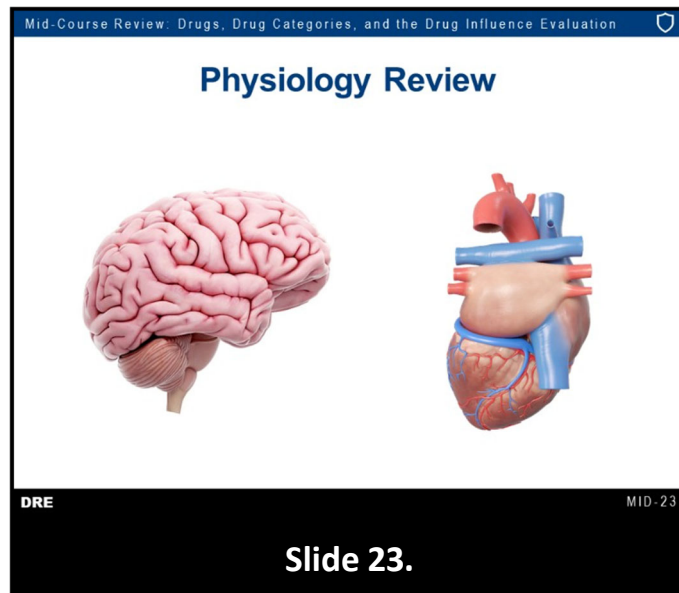
MID-22

**Slide 22.**

State the normal range of systolic blood pressure.

State the normal range of diastolic blood pressure.

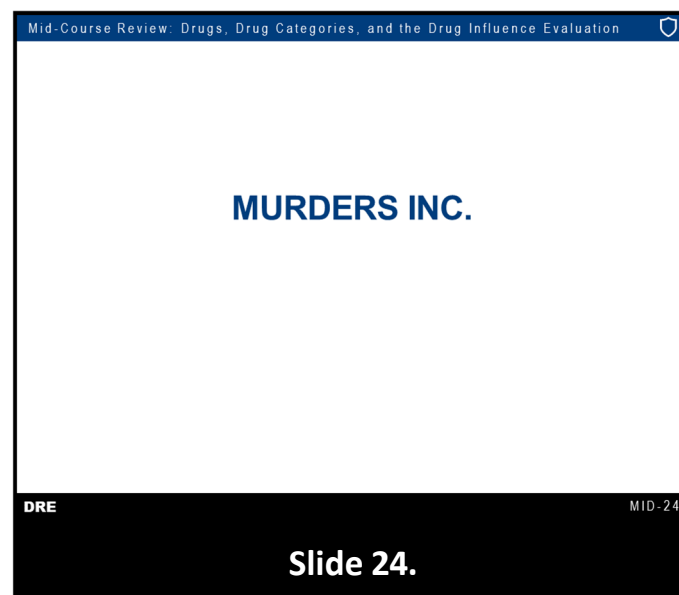
## C. Physiology

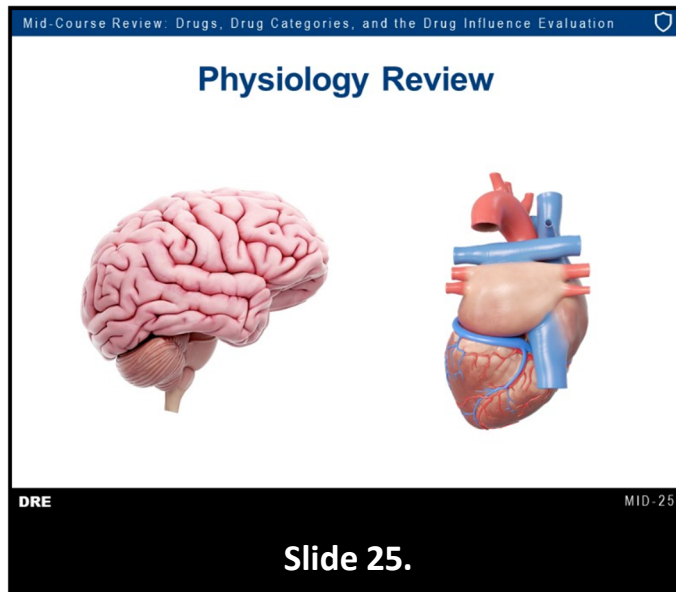


Define "Physiology."

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

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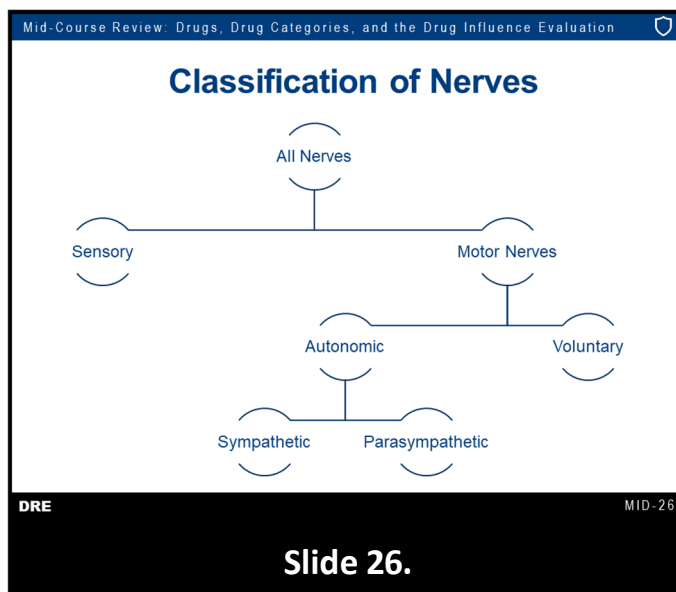
State the word that means “dynamic balance involving levels of salts, water, sugars and other materials in the body’s fluids.”

Which artery carries blood from the heart to the lungs?

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

What are the Pulmonary veins?

What is unique about the Pulmonary veins?



What do these terms mean?

Sensory, Motor Nerves, Voluntary, Autonomic, Sympathetic, Parasympathetic

Mid-Course Review: Drugs, Drug Categories, and the Drug Influence Evaluation

## More Technical Terms to Define

- Neuron
- Synapse
- Neurotransmitter
- Axon
- Dendrite

DRE MID-27

**Slide 27.**

Define each of the listed terms.

Neuron, Synapse, Neurotransmitter, Axon, Dendrite

---

#### D. Questions and Answers

Mid-Course Review: Drugs, Drug Categories, and the Drug Influence Evaluation

## Questions?

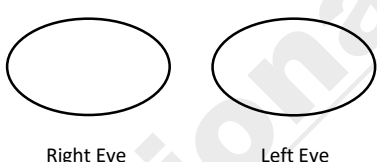
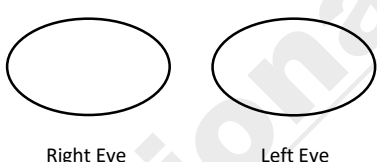


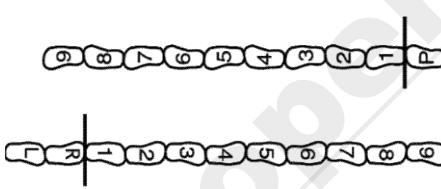


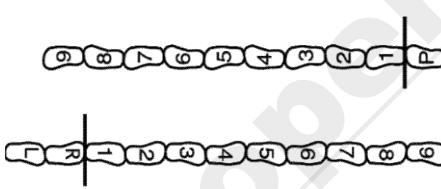
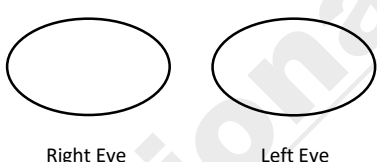


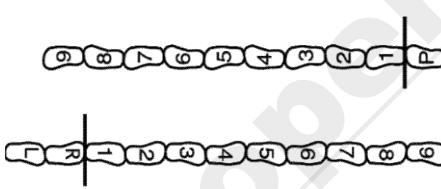
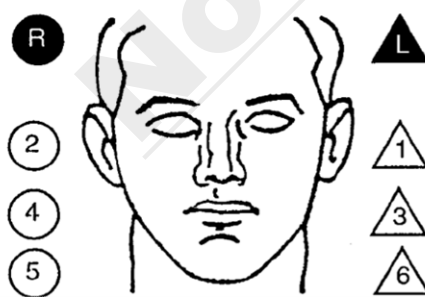
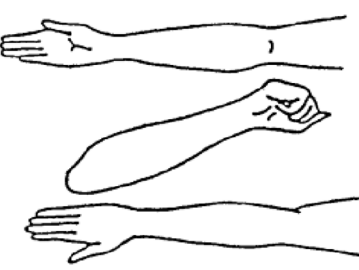
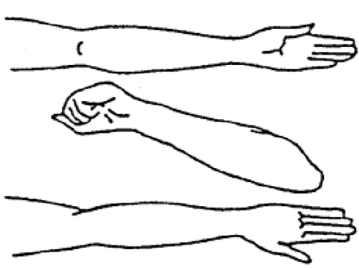
DRE MID-28

**Slide 28.**



# DRUG IMPAIRMENT EVALUATION

Drug Influence Evaluation Form v.2021-03

Evaluator		DRE #	Rolling Log #	Evaluator Agency		Event/Occ. #																																																																																							
Arresting Officer (Name, ID#)		SFST Trained <input type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency		Recorder/Witness																																																																																							
Date & Time of Arrest	Charter Rights Given by		Time DRE Notified	Crash <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																							
Eval. Start time	Breath Test <input type="checkbox"/> No Grounds <input type="checkbox"/> 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? <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 or dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																									
Do you take any medication or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			Attitude		Coordination																																																																																								
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Eyelids <input type="checkbox"/> Normal <input type="checkbox"/> Droopy		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Pulse and Time</th> <th colspan="2">HGN</th> <th colspan="2">Convergence</th> <th colspan="2">One Leg Stand</th> </tr> <tr> <td colspan="2">1. _____ @ _____</td> <td colspan="2">Lack of Smooth Pursuit</td> <td colspan="2" rowspan="3">  </td> <td colspan="2" rowspan="3"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;">/30</td> <td style="width:50%; text-align:center;">/30</td> </tr> <tr> <td style="text-align:center;">L</td> <td style="text-align:center;">R</td> </tr> <tr> <td style="text-align:center;">L</td> <td style="text-align:center;">R</td> </tr> </table> </td> </tr> <tr> <td colspan="2">2. _____ @ _____</td> <td colspan="2">Maximum Deviation</td> </tr> <tr> <td colspan="2">3. _____ @ _____</td> <td colspan="2">Angle of Onset</td> </tr> </table>		Pulse and Time		HGN		Convergence		One Leg Stand		1. _____ @ _____		Lack of Smooth Pursuit				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;">/30</td> <td style="width:50%; text-align:center;">/30</td> </tr> <tr> <td style="text-align:center;">L</td> <td style="text-align:center;">R</td> </tr> <tr> <td style="text-align:center;">L</td> <td style="text-align:center;">R</td> </tr> </table>		/30	/30	L	R	L	R	2. _____ @ _____		Maximum Deviation		3. _____ @ _____		Angle of Onset		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2">Modified Romberg Balance</th> <th colspan="2">Walk and Turn</th> </tr> <tr> <td colspan="2">           Approx.  Approx.  </td> <td colspan="2">  </td> </tr> <tr> <td colspan="2" rowspan="5"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Cannot keep balance _____</td> <td>Stops walking</td> <td>1st nine</td> <td>2nd nine</td> </tr> <tr> <td>Starts too soon _____</td> <td>Misses heel-toe</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Steps off line</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Raises arms</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Actual steps taken</td> <td></td> <td></td> </tr> </table> </td> <td colspan="2"> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;">L</td> <td style="width:50%; text-align:center;">R</td> </tr> <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> </td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Sways while balancing</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Uses arms to balance</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Hopping</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">Puts foot down</td> </tr> </table>		Modified Romberg Balance		Walk and Turn		Approx.  Approx. 				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Cannot keep balance _____</td> <td>Stops walking</td> <td>1st nine</td> <td>2nd nine</td> </tr> <tr> <td>Starts too soon _____</td> <td>Misses heel-toe</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Steps off line</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Raises arms</td> <td></td> <td></td> </tr> <tr> <td></td> <td>Actual steps taken</td> <td></td> <td></td> </tr> </table>		Cannot keep balance _____	Stops walking	1st nine	2nd nine	Starts too soon _____	Misses heel-toe				Steps off line				Raises arms				Actual steps taken			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align:center;">L</td> <td style="width:50%; text-align:center;">R</td> </tr> <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>		L	R											Sways while balancing				Uses arms to balance				Hopping				Puts foot down	
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# 20 DRE

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## 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

- A. Overview of the Category .....
- B. Possible Effects of Narcotic Analgesics .....
- C. Onset and Duration of Effects.....
- D. Overdose Signs and Symptoms.....
- E. Expected Results of the Evaluation .....
- F. Injection Site Examination.....
- G. Expected Locations of Injection Marks.....
- H. Conclusion.....
- I. Review of the DEC Program Exemplars.....

### LEARNING ACTIVITIES

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

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Session 17. Narcotic Analgesics

## Learning Objectives

- Describe a brief overview of the Narcotic Analgesic category of drugs
- Identify common drug names and terms
- Identify common methods of administration
- Describe symptoms, observable signs, and other effects

DRE 17-2

**Slide 2.**

Session 17. Narcotic Analgesics

## Learning Objectives

- Describe typical time parameters
- List indicators likely to emerge during the drug influence evaluation
- Describe procedures for examining and evaluating injection sites

DRE 17-3

**Slide 3.**

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### A. Overview of the Category

Session 17. Narcotic Analgesics

## Overview of Narcotic Analgesics

- Narcotic – a drug derived from Opium, or produced synthetically, that relieves pain but also induces euphoria, alters mood, and produces sedation
- “Analgesic” – a medication or drug that relieves pain.

DRE 17-4

**Slide 4.**

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.

Session 17: Narcotic Analgesics

## Types of Narcotic Analgesics

- Opiates
  - Natural alkaloids
  - Opium derivatives
- Opioids
  - Synthetics



DRE 17-5

**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.”

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.

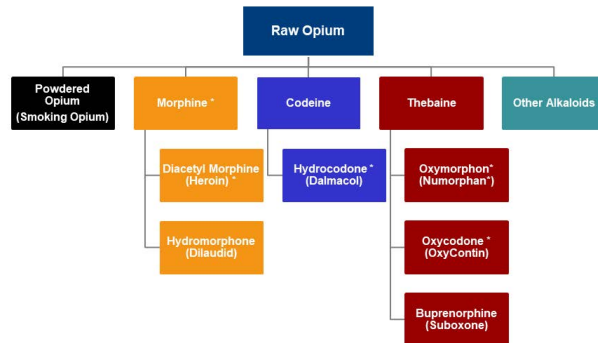
### Three Characteristics Common to All Narcotic Analgesics

- Relieve pain
- Produce withdrawal signs and symptoms
- Suppress withdrawal signs and symptoms

### 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.

### Commonly-Abused Opiates and Derivatives



### Slide 7.

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

Session 17: Narcotic Analgesics

## Synthetic Opioids

DRE 17-8

**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, remifentanyl, and sufentanil) are Schedule II drugs, while illicitly produced fentanyl analogs are Schedule I drugs.” Many other fentanyl analogs are available illicitly.

Session 17: Narcotic Analgesics

## Methods of Administration

- Orally
- Smoked
- Snorted
- Suppositories
- Injected
- Transdermal (Patches)

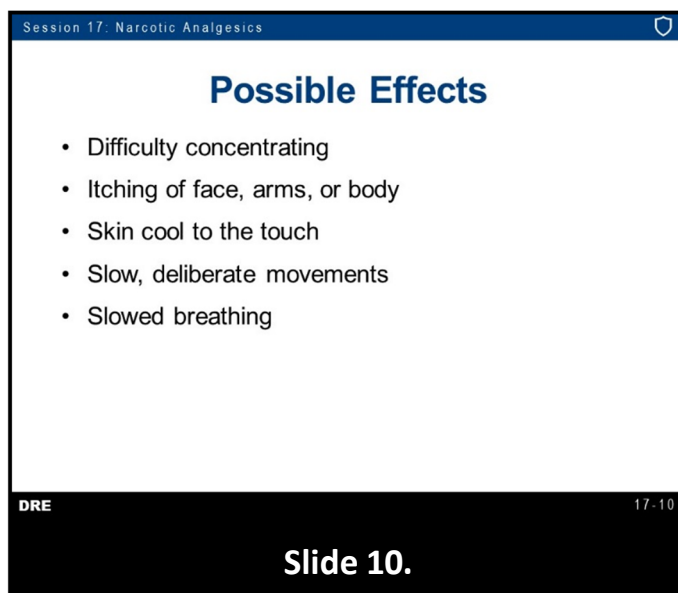
DRE 17-9

**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.

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

## B. Possible Effects of Narcotic Analgesics



Session 17: Narcotic Analgesics

### Possible Effects

- Difficulty concentrating
- Itching of face, arms, or body
- Skin cool to the touch
- Slow, deliberate movements
- Slowed breathing

DRE 17-10

**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.

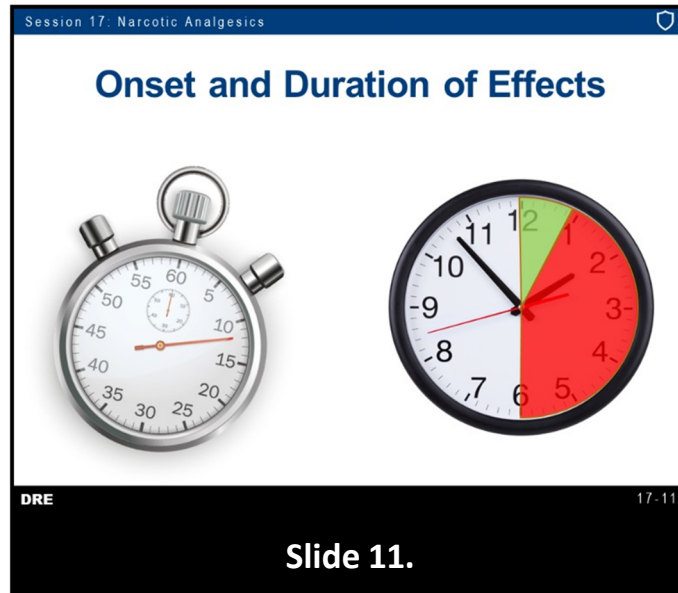
Their head will slump forward until the chin rests on the chest. In this condition, the user usually can be aroused easily and will be sufficiently alert to respond to questions.

**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.

## C. Onset and Duration of Effects



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.

**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.

**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.

**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.

Session 17. Narcotic Analgesics

## Withdrawal

**Early symptoms:**

- Aches
- Chills
- Insomnia
- Nausea

DRE 17-12

**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.

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”.

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

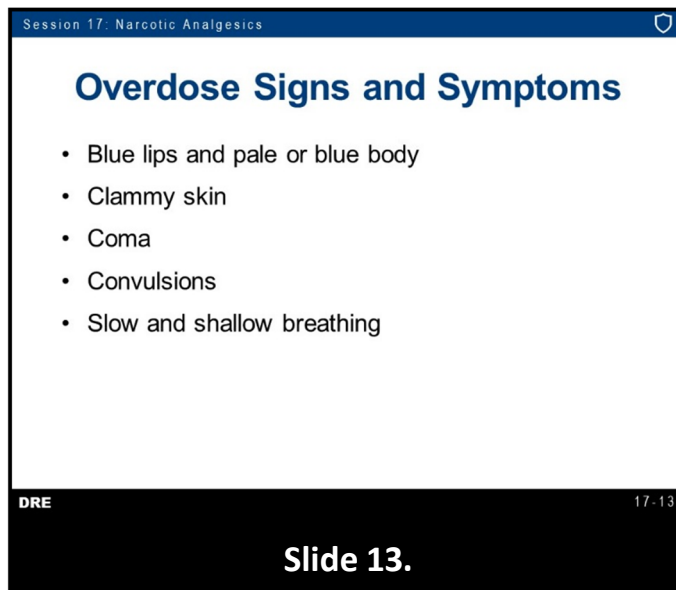
The Drugs and Human Performance Fact Sheets report later withdrawal symptoms “include drug craving, restlessness, irritability, dysphoria, loss of appetite, tremors, severe sneezing, diarrhea, nausea and vomiting, elevated heart rate and blood pressure, chills alternating with flushing and excessive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

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

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.

## D. Overdose Signs and Symptoms



Session 17: Narcotic Analgesics

### Overdose Signs and Symptoms

- Blue lips and pale or blue body
- Clammy skin
- Coma
- Convulsions
- Slow and shallow breathing

DRE 17-13

**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.

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.

## E. Expected Results of the Evaluation

Session 17: Narcotic Analgesics

### Narcotic Analgesic Symptomatology Chart

HGN	None
VGN	None
LOC	None
Pupil Size	Constricted
Reaction to Light	Little or None Visible
Pulse Rate	Down
Blood Pressure	Down
Temperature	Down
Muscle Tone	Flaccid

DRE 17-14

**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*

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. Muscle tone will be flaccid.

*Dark Room:* Pupil size generally will be constricted.

Pupil reaction to light will be little or none visible.

## General Indicators

- Depressed reflexes
- Droopy eyelids
- Drowsiness
- Dry mouth
- Euphoria
- Itching
- Nausea
- “On the nod”
- Puncture marks
- Slowed reflexes
- Slow, low, raspy speech
- Slowed breathing

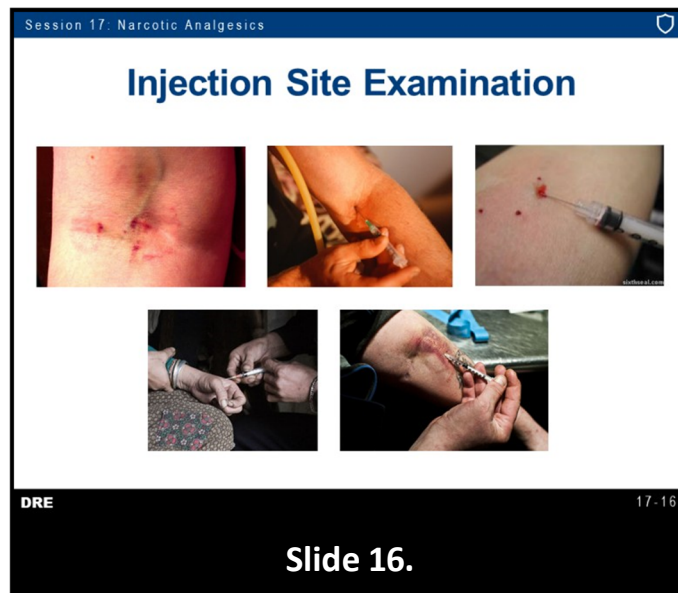
DRE

17-15

**Slide 15.**

- Depressed reflexes
- Droopy eyelids (Ptosis)
- Drowsiness
- Dry mouth
- Euphoria
- Itching – caused by the release of Histamines
- Nausea
- “On the nod”
- Puncture marks
- Slowed reflexes
- Slow, low, raspy speech
- Slowed breathing

## F. Injection Site Examination



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”.

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.



## Injection Sites and Equipment



DRE

17-17

### 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.



## Non-Medical Injection Site

Over a vein

- Usually multiple marks in various stages of healing
- Injection sites may be jagged

DRE

17-18

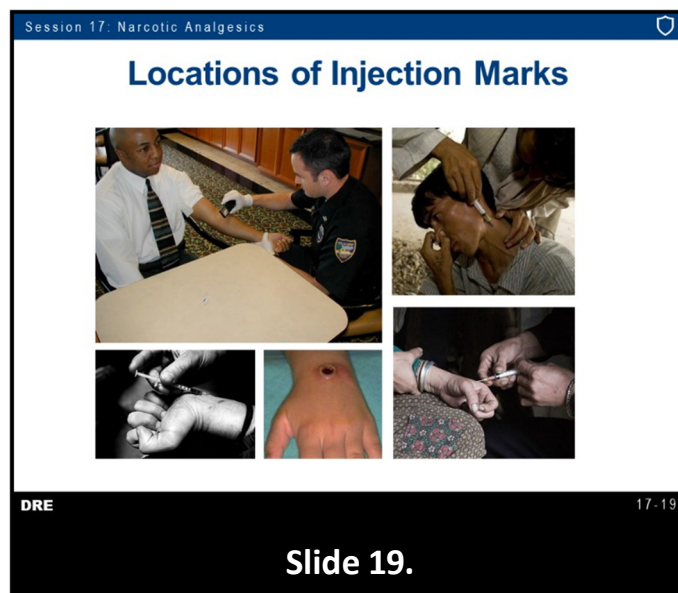
**Slide 18.**

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



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.

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.

## Puncture Healing

“Scabbing”  
and  
“Trap Dooring”



DRE

17-20

**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.

Session 17: Narcotic Analgesics

## Classifying Age of Puncture Wounds

- **Fresh** – Under 12 hours after injection
- **Early** – 12 - 96 hours after injection



DRE 17-21

**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.

## H. Conclusion

Session 17: Narcotic Analgesics

## Conclusion



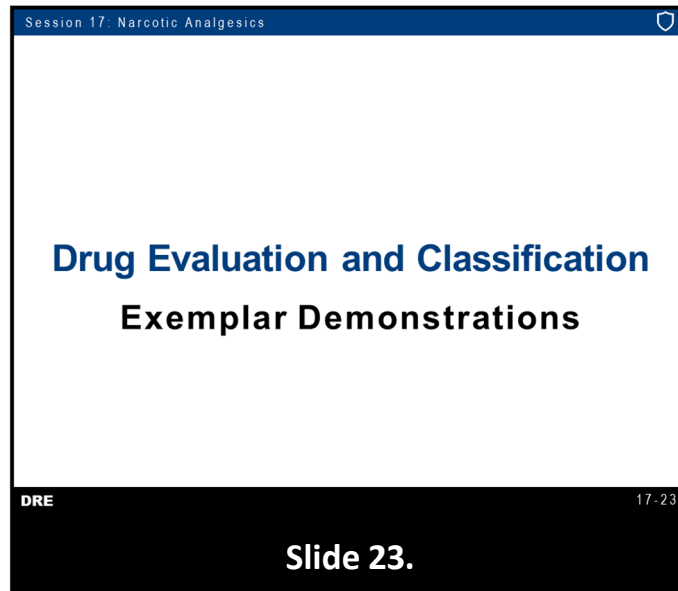
DRE 17-22

**Slide 22.**

The injection site examination may reveal evidence of recent use.

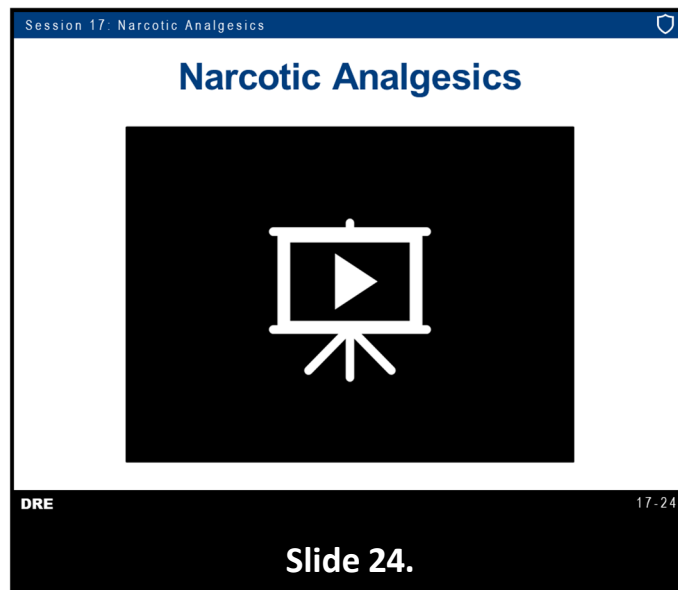
The presence of marks, however, doesn't mean drug impairment or impairment at the time of the evaluation. Conducting an injection site examination is a skill. As with all skills, such as taking blood pressure, competency improves with practice.

## I. Review of the DEC Program Exemplars



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

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**Questions?**

**Slide 25.**

Session 17: Narcotic Analgesics

## 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?

DRE 17-26

**Slide 26.**

### Test Your Knowledge

1. What are the two subcategories of Narcotic Analgesics?
  2. What three distinguishing characteristics do all Narcotic Analgesics share?
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- 

Session 17: Narcotic Analgesics

## Test Your Knowledge

4. What is Methadone commonly used to treat?
5. An analgesic is a drug that \_\_\_\_\_?
6. What subcategory does Demerol belong?

DRE 17-27

**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?

## Session 20 Appendix

*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.

*Codeine:* Codeine is another natural alkaloid of Opium. Its technical name is Methyldorphine. 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.”

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.

*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.

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.

*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.

**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.

Methadone is used extensively in "maintenance programs" as a substitute for Heroin for addicts undergoing therapy and treatment.

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.

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.

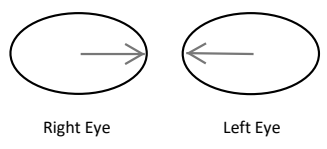
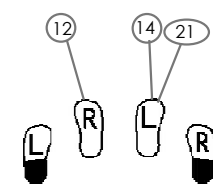
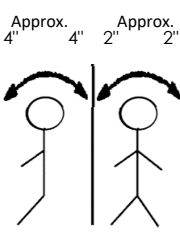
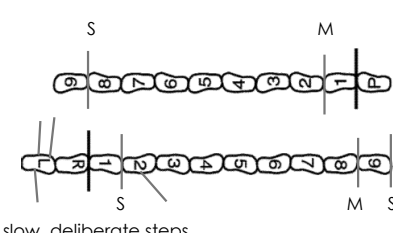
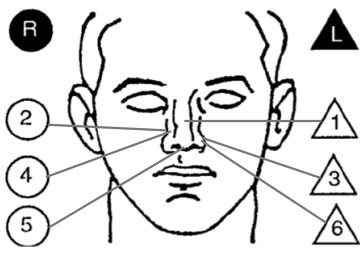
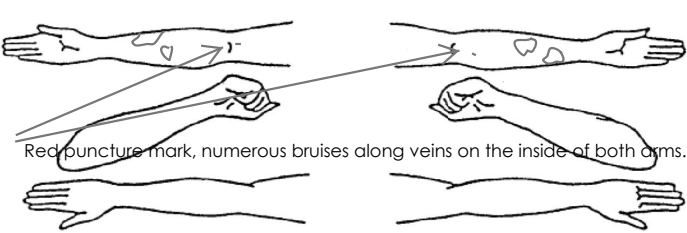
Fentanyl citrate injections are administered intravenously, intramuscularly, spinally, or epidurally for potent analgesia and anesthesia.

**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.

Evaluator Sgt. D. Botham		DRE # 17353	Rolling Log # 20-005-0112	Evaluator Agency RCMP		Event/Occ. # (Session XVII - #1)																									
Arresting Officer (Name, ID#) Cpl. R. Ross		SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency Weyburn PS		Recorder/Witness N/A																									
Date & Time of Arrest 2020/01/23 @ 1350 hrs		Charter Rights Given by R. Ross	Time DRE Notified 1430 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1504 hrs																									
Eval. Start time 1505 hrs	Breath Test <input checked="" type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:		Subject's Name (Last, First, Middle) Schmack, Charlie		Date of Birth 1987/05/14	Gender Male																									
Date Examined / Time / Location 2020/01/23 @ 1505 hrs @ Weyburn PS		What have you eaten today? Nothing	When? N/A	What have you been drinking? How much? Just coffee 4 or 5 cups		Time of last drink? N/A																									
Time now? / Actual About 4pm / 1508 hrs		When did you last sleep? How long? Last night 5 or 6 hours	Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																										
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																											
Do you take any medication or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No "You tell me"		Attitude Cooperative, passive		Coordination Poor, relaxed, unstable																											
Speech Low, raspy		Breath Odour Nothing noted		Face Pale																											
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal																									
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																									
Eyelids <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Droopy																															
<b>Pulse and Time</b> 1. <u>56 bpm @ 1518hrs</u> 2. <u>52 bpm @ 1538hrs</u> 3. <u>52 bpm @ 1550hrs</u>		<b>HGN</b> Lack of Smooth Pursuit: No (Left), No (Right) Maximum Deviation: No (Left), No (Right) Angle of Onset: None (Left), None (Right)		<b>Convergence</b>  Right Eye      Left Eye		<b>One Leg Stand</b> 20 /30      22 /30  Counted slowly L      R <table border="1"> <tr><td>Cont</td><td>Cont</td><td rowspan="2">Sways while balancing</td></tr> <tr><td>Cont</td><td>Cont</td></tr> <tr><td>∅</td><td>∅</td><td>Uses arms to balance</td></tr> <tr><td>∅</td><td>∅</td><td>Hopping</td></tr> <tr><td>I (1)</td><td>II (2)</td><td>Puts foot down</td></tr> </table>		Cont	Cont	Sways while balancing	Cont	Cont	∅	∅	Uses arms to balance	∅	∅	Hopping	I (1)	II (2)	Puts foot down										
Cont	Cont	Sways while balancing																													
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∅	∅	Uses arms to balance																													
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I (1)	II (2)	Puts foot down																													
<b>Modified Romberg Balance</b>  On the nod, licking lips		<b>Walk and Turn</b> Cannot keep balance: III (3) Starts too soon: ∅  slow, deliberate steps <table border="1"> <tr><th colspan="2">1st nine</th><th colspan="2">2nd nine</th></tr> <tr><td>Stops walking</td><td>II (2)</td><td>I (1)</td><td>I (1)</td></tr> <tr><td>Misses heel-toe</td><td>I (1)</td><td>I (1)</td><td>I (1)</td></tr> <tr><td>Steps off line</td><td>I (1)</td><td>∅</td><td>∅</td></tr> <tr><td>Raises arms</td><td>I (1)</td><td>II (2)</td><td>∅</td></tr> <tr><td>Actual steps taken</td><td>9</td><td>9</td><td>∅</td></tr> </table>				1st nine		2nd nine		Stops walking	II (2)	I (1)	I (1)	Misses heel-toe	I (1)	I (1)	I (1)	Steps off line	I (1)	∅	∅	Raises arms	I (1)	II (2)	∅	Actual steps taken	9	9	∅	Type of footwear Lace up boots	
1st nine		2nd nine																													
Stops walking	II (2)	I (1)	I (1)																												
Misses heel-toe	I (1)	I (1)	I (1)																												
Steps off line	I (1)	∅	∅																												
Raises arms	I (1)	II (2)	∅																												
Actual steps taken	9	9	∅																												
Time estimation & questions (p.2) 44 sec estimated as 30 seconds		Describe turn Slow, deliberate steps as described		Cannot do test (explain) N/A		Type of footwear Lace up boots																									
<b>Finger to nose</b> (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)	Nasal area nothing noted																									
		Left Eye	2.0 mm	2.5 mm	2.0 mm																										
		Right Eye	2.0 mm	2.5 mm	2.0 mm	Oral cavity nothing noted																									
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input type="checkbox"/> Slow <input checked="" type="checkbox"/> Little to none visible																											
Blood Pressure 110 / 64 mmHg		Temperature 36.4 °C		<b>Right Arm</b> <b>Left Arm</b>  Red puncture mark, numerous bruises along veins on the inside of both arms.																											
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid		Comments:																													
What drugs or medication have you been using? "I don't use drugs, I'm just tired."		How much? N/A		Time of use? N/A		Where were the drugs used? N/A																									
Eval. stop time 1600 hrs	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A	Toxicological Sample <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Blood		Demand time: 1601 hrs Sample Time: 1700 hrs		Reviewed by (instructor name)																									
Evaluator Signature <i>Sgt. D. Botham</i>		Approved by (instructor signature)				DRE # Date																									
<b>Opinion of Evaluator</b>		<input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input checked="" type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input type="checkbox"/> 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. SCHMACK 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

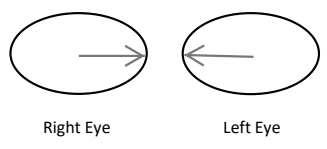
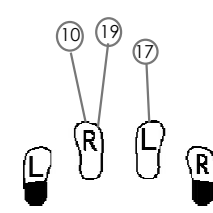
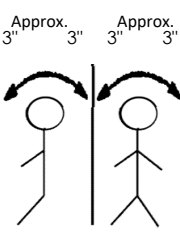
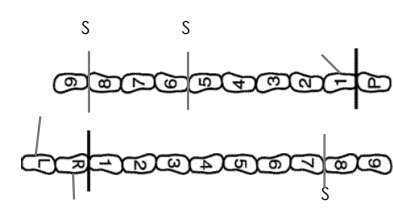
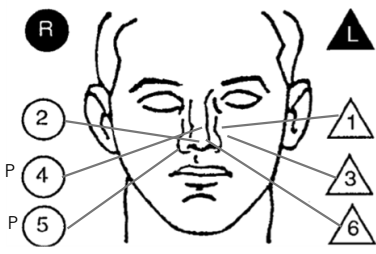
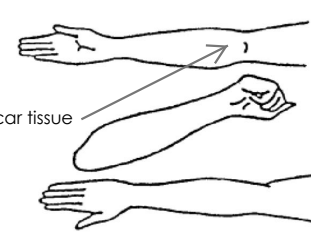
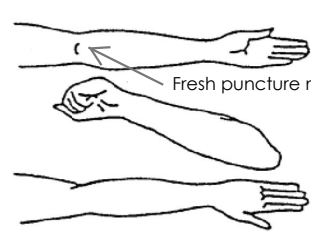
**(9) Opinion:** It is the opinion of Sergeant BOTHAM, an evaluating officer, that Charlie SCHMACK's ability to operate a conveyance is impaired by **narcotic analgesics**.

**(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 D. Smith		DRE # 00001	Rolling Log # 20-009-0045	Evaluator Agency RCMP		Event/Occ. # (Session XVII - #2)																			
Arresting Officer (Name, ID#) Sgt. R. Davis			SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency Edmonton PS	Recorder/Witness N/A																			
Date & Time of Arrest 2020/07/05 @ 1840 hrs		Charter Rights Given by Sgt. Davis		Time DRE Notified 1815 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property																				
DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1838 hrs																									
Eval. Start time 1840 hrs	Breath Test <input checked="" type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:		Subject's Name (Last, First, Middle) Wynn, Hara		Date of Birth 1987/04/10	Gender Female																			
Date Examined / Time / Location 2020/07/05 @ 1815 hrs @ Edmonton HQ		What have you eaten today? "Couple of candy bars"		When? 3 pm	What have you been drinking? How much? Water, Big Gulp A couple																				
Time now? / Actual 7 pm / 1845 hrs		When did you last sleep? How long? Last night "A few hours"		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																				
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "No, no medicine"			Attitude Cooperative		Coordination Poor, sluggish, Unstable																				
Speech Low, Raspy		Breath Odour Nothing noted			Face Pale																				
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery			Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right																				
Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal																									
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
Eyelids <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Droopy																									
<b>Pulse and Time</b> 1. <u>56 bpm @ 1855hrs</u> 2. <u>52 bpm @ 1908hrs</u> 3. <u>52 bpm @ 1920hrs</u>		<b>HGN</b> Lack of Smooth Pursuit: No, No Maximum Deviation: No, No Angle of Onset: No, No		<b>Convergence</b>  Right Eye      Left Eye		<b>One Leg Stand</b> 24 /30      22 /30  Counted slowly. Scratching arms and face.																			
<b>Modified Romberg Balance</b>  Counted slow, on the nod.		<b>Walk and Turn</b> Cannot keep balance: II (2) Starts too soon: 0  Walked slowly with deliberate steps				<table border="1"> <tr> <td></td> <td>1st nine</td> <td>2nd nine</td> </tr> <tr> <td>Stops walking</td> <td>I (1)</td> <td>II (2)</td> </tr> <tr> <td>Misses heel-toe</td> <td>0</td> <td>0</td> </tr> <tr> <td>Steps off line</td> <td>0</td> <td>I (1)</td> </tr> <tr> <td>Raises arms</td> <td>I (1)</td> <td>III (3)</td> </tr> <tr> <td>Actual steps taken</td> <td>9</td> <td>9</td> </tr> </table>			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
	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																							
Time estimation & questions (p.2) 44 sec estimated as 30 seconds		Describe turn Slow, deliberate steps		Cannot do test (explain) N/A		Type of footwear Athletic shoes																			
<b>Finger to nose</b> (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)	Nasal area Nothing noted																			
		Left Eye	2.0mm	2.5mm	1.5mm																				
		Right Eye	2.0mm	2.5mm	1.5mm	Oral cavity White coating. Dry lips																			
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input type="checkbox"/> Slow <input checked="" type="checkbox"/> Little to none visible																					
		<b>Right Arm</b>  Scar tissue		<b>Left Arm</b>  Fresh puncture marks																					
Blood Pressure 108 / 66 mmHg		Temperature 36.4 °C																							
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid																									
Comments:																									
What drugs or medication have you been using? "I'm not going to answer that"			How much? N/A		Time of use? N/A	Where were the drugs used? N/A																			
Eval. stop time 1935 hrs	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A	Toxicological Sample Demand time: 1935 hrs <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time: 2100 hrs			Reviewed by (instructor name)																				
Evaluator Signature <i>D. Smith</i>			Approved by (instructor signature)			DRE # Date																			
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input checked="" type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input checked="" type="checkbox"/> 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 5<sup>th</sup>, 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 Cst P. Foster		DRE # 22290	Rolling Log # 20-010-0057	Evaluator Agency Saskatoon Police Service		Event/Occ. # (Session XVII - #3)																													
Arresting Officer (Name, ID#) Sgt R. Davis			SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No	Arresting Officer's Agency Saskatoon PS		Recorder/Witness Cst. A. Belanger																													
Date & Time of Arrest 2020/05/20 @ 1915 hrs		Charter Rights Given by Cst Belanger		Time DRE Notified 1940 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property																														
DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2028 hrs		Date Examined / Time / Location 2020/05/20 @ 2030 hrs @ Detention		What have you eaten today? Cheeseburger	When? 1 pm	What have you been drinking? How much? Monster One can																													
Time now? / Actual 9 pm / 2035 hrs	When did you last sleep? How long? Last night About 9 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																														
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "sore elbow"		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																															
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "I used to take pain pills"			Attitude Cooperative		Coordination Poor, slow, unsteady																														
Speech Slow, thick		Breath Odour Nothing noted		Face Pale (Beard)																															
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal																													
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																													
Eyelids <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Droopy		Pulse and Time		HGN		Convergence																													
1. 58 bpm @ 2042hrs		2. 56 bpm @ 2115hrs		3. 56 bpm @ 2130hrs		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Left</td> <td>Right</td> </tr> <tr> <td>No</td> <td>No</td> </tr> <tr> <td>No</td> <td>No</td> </tr> <tr> <td>None</td> <td>None</td> </tr> </table>		Left	Right	No	No	No	No	None	None																				
Left	Right																																		
No	No																																		
No	No																																		
None	None																																		
<p>Approx. 2" 2" 2" 2"</p> <p>Scratching arms</p>		<p>Walk and Turn</p> <p>Cannot keep balance II (2)</p> <p>Starts too soon 0</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>Stops walking</td> <td>0</td> <td>0</td> </tr> <tr> <td>Misses heel-toe</td> <td>II (2)</td> <td>I (1)</td> </tr> <tr> <td>Steps off line</td> <td>I (1)</td> <td>II (2)</td> </tr> <tr> <td>Raises arms</td> <td>III (4)</td> <td>II (2)</td> </tr> <tr> <td>Actual steps taken</td> <td>9</td> <td>9</td> </tr> </table> <p>1st nine 2nd nine</p>		Stops walking	0	0	Misses heel-toe	II (2)	I (1)	Steps off line	I (1)	II (2)	Raises arms	III (4)	II (2)	Actual steps taken	9	9	<p>One Leg Stand</p> <p>23 /30 21 /30</p> <p>Slow count</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>L</td> <td>R</td> <td></td> </tr> <tr> <td>Cont</td> <td>Cont</td> <td>Sways while balancing</td> </tr> <tr> <td>Cont</td> <td>Cont</td> <td>Uses arms to balance</td> </tr> <tr> <td>0</td> <td>0</td> <td>Hopping</td> </tr> <tr> <td>I (1)</td> <td>II (2)</td> <td>Puts foot down</td> </tr> </table>		L	R		Cont	Cont	Sways while balancing	Cont	Cont	Uses arms to balance	0	0	Hopping	I (1)	II (2)	Puts foot down
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Blood Pressure 112 / 64 mmHg	Temperature 36.8 °C																																		
What drugs or medication have you been using? "I used to take pain pills"		How much? A couple pills a day		Time of use? Couple weeks		Where were the drugs used? N/A																													
Eval. stop time 2145 hrs		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A		Toxicological Sample Demand time: 2147 hrs <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time: 2200 hrs		Reviewed by (instructor name)																													
Evaluator Signature <i>Cst P. Foster</i>			Approved by (instructor signature)			DRE # Date																													
Opinion of Evaluator		<input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input checked="" type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input type="checkbox"/> 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 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 in 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:

- 1<sup>st</sup> pulse was 58 beats per minute (BPM) taken at 2042 hours, which is below the DRE average range;
- 2<sup>nd</sup> pulse was 56 BPM taken at 2115 hours, which is below the DRE average range;
- 3<sup>rd</sup> 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\*\***

# 21

## DRE

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### 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

- A. Interpretation Demonstrations.....
- B. Interpretation Practice.....

#### LEARNING ACTIVITIES

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

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## Learning Objectives

- Analyze results of a complete drug influence evaluation and identify category(ies) of drugs affecting individual examined
- Articulate basis for drug category identification

DRE

18-2

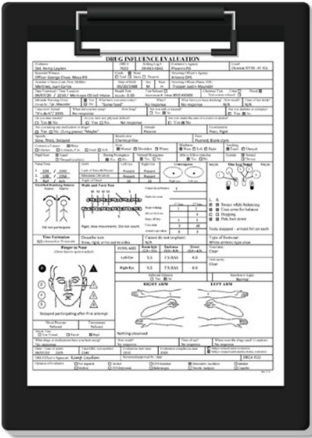
**Slide 2.**

## A. Interpretation Demonstrations

Session 18: Practice - Test Interpretation

**Practice: Test Interpretation**

**Case No. 1:  
Martinez**



DRE 18-3

**Slide 3.**

Case No.1: Martinez

*Preliminary Examination:* Review the results of the preliminary examination of subject Martinez.

*Eye Examinations:* Review the results of the eye examination of subject Martinez.

*Psychophysical Tests:* Review the results of the psychophysical tests of subject Martinez.

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

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

*Other Evidence:* Review the results of the examinations for injection sites and muscle rigidity and of the final interview of subject Martinez.


*Opinion of the Evaluator*

## B. B. Interpretation Practice

Session 18: Practice - Test Interpretation

**Practice: Test Interpretation**

Case No. 2:  
Groves




DRE 18-4

**Slide 4.**

Session 18: Practice - Test Interpretation

**Practice: Test Interpretation**

Case No. 3:  
Hatos



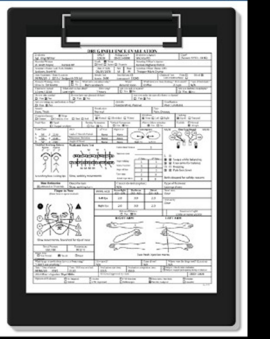
DRE 18-5

**Slide 5.**

Session 18: Practice - Test Interpretation

**Practice: Test Interpretation**

Case No. 4:  
Jackson




DRE 18-6

**Slide 6.**

Session 18: Practice - Test Interpretation

**Practice: Test Interpretation**

Case No. 5:  
Stevens



DRE 18-7

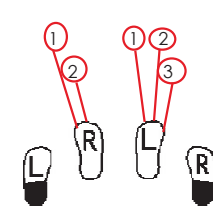
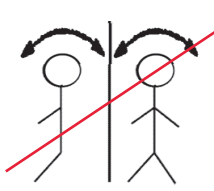
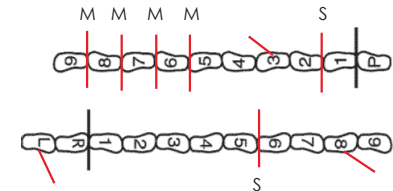
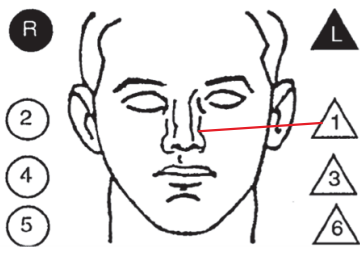
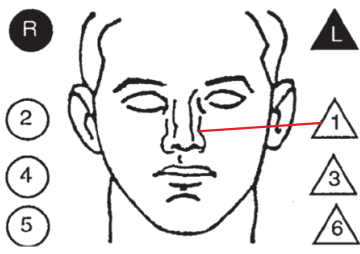
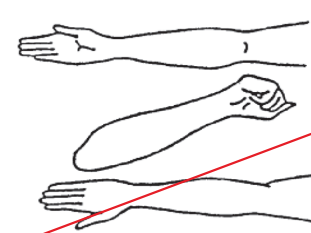
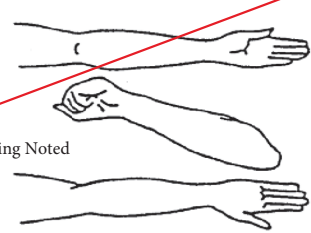
**Slide 7.**

Session 18: Practice - Test Interpretation

**Questions?**

DRE 18-8

**Slide 8.**

Evaluator Cst. P Foster 657		DRE # 22290	Rolling Log # 20-015-0142	Evaluator Agency Saskatoon PS		Event/Occ. # (Session XVIII - #1 IG)	
Arresting Officer (Name, ID#) Cpl D. Milette			SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No	Arresting Officer's Agency RCMP		Recorder/Witness N/A	
Date & Time of Arrest 2020/09/07 @ 2105 hrs		Charter Rights Given by Milette	Time DRE Notified 2140 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2208 hrs	
Eval. Start time 2210 hrs	Breath Test <input checked="" type="checkbox"/> No Grounds <input type="checkbox"/> Refused	Result: Instrument #:		Subject's Name (Last, First, Middle) Martinez, Juan Carlos		Date of Birth 1988/05/20	
Date Examined / Time / Location 2020/09/07 @ 2210 hrs @ SPS Det		What have you eaten today? "Some food"	When? No response	What have you been drinking? How much? No response	Time of last drink? N/A		
Time now? / Actual "It's dark" / 2213hrs		When did you last sleep? How long? No response		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No No response			Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you take any medication or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No (long pause) "Maybe"			Attitude Passive		Coordination Poor, rigid		
Speech Slow, thick, delayed		Breath Odour Chemical-like		Face Flushed, blank stare			
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Vertical Nystagmus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy		Eyes		Blindness		Tracking	
Pulse and Time		HGN		Convergence		One Leg Stand	
1. 104 bpm @ 2240hrs		Lack of Smooth Pursuit		Right Eye		N/A /30	
2. 108 bpm @ 2256hrs		Maximum Deviation		Left Eye		N/A /30	
3. 108 bpm @ 2301hrs		Angle of Onset					
Modified Romberg Balance Approx.  test stopped for safety		Walk and Turn  failed to count aloud		Cannot keep balance I ① Starts too soon <del>Ø</del>		tests stopped for safety - nearly fell for both L and R	
Time estimation & questions (p.2) N/A estimated as 30 seconds		Describe turn Slow, rigid, arms out to the side		Cannot do test (explain) N/A		Type of footwear 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)	Nasal area Nothing noted	
		Left Eye	5.5 mm	7.5 mm UV	4.0 mm	Oral cavity Nothing noted	
		Right Eye	5.5 mm	7.5 mm UV	4.0 mm		
Blood Pressure 160 / 110 mmHg		Temperature 38.4 °C		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible	
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input checked="" type="checkbox"/> Rigid		Comments:		Right Arm 		Left Arm  Nothing Noted	
What drugs or medication have you been using? No response		How much? No response		Time of use? No response		Where were the drugs used? No response	
Eval. stop time 2305 hrs	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A	Toxicological Sample <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Blood		Demand time: 2307 hrs Sample Time: 2330 hrs		Reviewed by (instructor name)	
Evaluator Signature <i>P Foster</i>			Approved by (instructor signature)			DRE # Date	
Opinion of Evaluator		<input type="checkbox"/> Not Impaired		<input type="checkbox"/> Alcohol		<input type="checkbox"/> Operational	
		<input type="checkbox"/> Medical		<input type="checkbox"/> CNS Depressant		<input type="checkbox"/> Training	
		<input type="checkbox"/> CNS Stimulant		<input type="checkbox"/> Hallucinogen		<input type="checkbox"/> Dissociative Anaesthetic	
		<input type="checkbox"/> Narcotic Analgesic		<input type="checkbox"/> Inhalants		<input type="checkbox"/> Cannabis	

## 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 25<sup>th</sup> 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 25<sup>th</sup> 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 51<sup>st</sup> 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 in 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:

- 1<sup>st</sup> pulse, taken at 2240 hours was 104 beats per minute (BPM) which is above the DRE average range of 60-90 BPM.
- 2<sup>nd</sup> pulse, taken at 2256 hours was 108 BPM, which is above the DRE average range.
- 3<sup>rd</sup> 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.

Martinez'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 \_\_\_\_\_.

**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\*\***

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Patrick Foster, Constable

Saskatoon Police Service

DRE# 22290

Evaluator D. Smith		DRE # 012345	Rolling Log # 20-019-0112	Evaluator Agency RCMP		Event/Occ. # (Session XVIII - #2 IG)	
Arresting Officer (Name, ID#) Sgt. D. Botham		SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency RCMP		Recorder/Witness N/A	
Date & Time of Arrest 2020/09/15 @ 1640 hrs		Charter Rights Given by Botham	Time DRE Notified 1705 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1728 hrs	
Eval. Start time 1730 hrs	Breath Test <input checked="" type="checkbox"/> No Grounds <input type="checkbox"/> Refused	Result:		Subject's Name (Last, First, Middle) Groves, Robert R.		Date of Birth 1987/08/10	
Date Examined / Time / Location 2020/09/15 @ 1730 hrs @ RCMP Det		What have you eaten today? When? Avocado toast, extra avocado "About noon"		What have you been drinking? How much? "Just coffee" 2 or 3 cups		Time of last drink? N/A	
Time now? / Actual About 8pm / 1735 hrs		When did you last sleep? How long? Last night 4 or 5 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No "Sore back"		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Do you take any medication or drugs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No "I took a couple of pills for my back"			Attitude Cooperative, relaxed		Coordination Poor, unsteady		
Speech Mumbling, slow, slurred at times (ie. "Ssaskatchewan")		Breath Odour Nothing noted		Face Nothing noted			
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eyelids <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Droopy		Pulse and Time		HGN		Convergence	
1. 58 bpm @ 1742hrs		Lack of Smooth Pursuit		Left		Right	
2. 56 bpm @ 1758hrs		Maximum Deviation		No		No	
3. 56 bpm @ 1815hrs		Angle of Onset		No		No	
Modified Romberg Balance Approx. 3" 3" 3" 3" 		Walk and Turn Cannot keep balance <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ② Starts too soon <input type="checkbox"/> <input type="checkbox"/>		1st nine		2nd nine	
		Slow, deliberate movements		Stops walking <input type="checkbox"/> <input type="checkbox"/>		Stops walking <input type="checkbox"/> <input type="checkbox"/>	
				Misses heel-toe <input checked="" type="checkbox"/> ② <input checked="" type="checkbox"/> ①		Misses heel-toe <input checked="" type="checkbox"/> ① <input checked="" type="checkbox"/> ②	
				Steps off line <input checked="" type="checkbox"/> ② <input checked="" type="checkbox"/> ②		Steps off line <input checked="" type="checkbox"/> ② <input checked="" type="checkbox"/> ②	
				Raises arms <input checked="" type="checkbox"/> ③ <input checked="" type="checkbox"/> ②		Raises arms <input checked="" type="checkbox"/> ③ <input checked="" type="checkbox"/> ②	
				Actual steps taken 9		Actual steps taken 9	
Time estimation & questions (p.2) 36 sec estimated as 30 seconds		Describe turn Slow, but as instructed		Cannot do test (explain) N/A		Type of footwear Laced up running shoes	
Finger to nose (Draw lines to spots touched) 		Pupil Size		Room Light (2.5-5.0 mm)		Darkness (5.0-8.5 mm)	
		Left Eye		2.0 mm		3.0 mm	
		Right Eye		2.0 mm		3.0 mm	
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input type="checkbox"/> Slow <input checked="" type="checkbox"/> Little to none visible			
Slow hand and arm movement, searched for tip of nose. Moved head forwards		Right Arm		Left Arm			
		Nothing Noted					
Blood Pressure 118 / 62 mmHg		Temperature 37.0 °C					
Muscle tone: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Flaccid <input type="checkbox"/> Rigid							
Comments:							
What drugs or medication have you been using? "A couple pills for my back"		How much? "Just two"		Time of use? About 2 pm		Where were the drugs used? At home	
Eval. stop time 1845 hrs	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A	Toxicological Sample <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood		Demand time: 1845 hrs Sample Time: 1915 hrs		Reviewed by (instructor name)	
Evaluator Signature <i>D. Smith</i>				Approved by (instructor signature)		DRE # Date	
Opinion of Evaluator							
<input type="checkbox"/> Not Impaired		<input type="checkbox"/> Alcohol		<input type="checkbox"/> CNS Stimulant		<input type="checkbox"/> Dissociative Anaesthetic	
<input type="checkbox"/> Medical		<input type="checkbox"/> CNS Depressant		<input type="checkbox"/> Hallucinogen		<input type="checkbox"/> Narcotic Analgesic	
						<input type="checkbox"/> Inhalants	
						<input type="checkbox"/> Cannabis	
						<input checked="" type="checkbox"/> 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 injured, 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

\_\_\_\_\_.

**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.

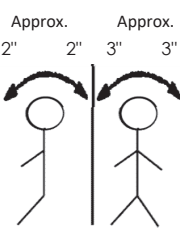
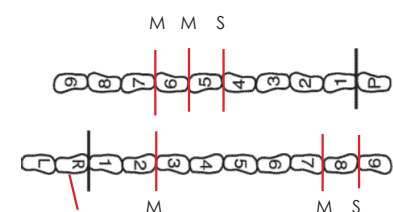
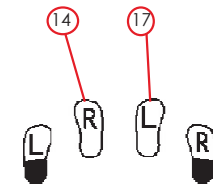
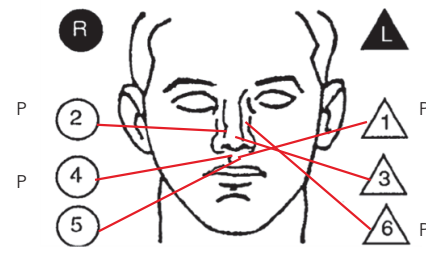
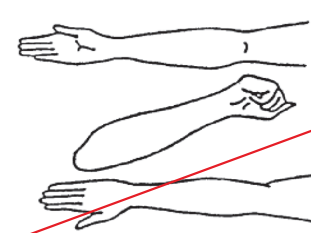
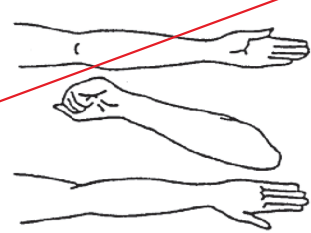
No grounds existed for a breath alcohol sample and a demand for breath was not made.

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.

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Constable D'Arcy Smith  
Drug Recognition Expert #012345

Evaluator Cpl. D. Milette		DRE # 22273	Rolling Log # 20-011-0058	Evaluator Agency RCMP		Event/Occ. # (Session XVIII - #3 IG)	
Arresting Officer (Name, ID#) Cst. T. Jones			SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No	Arresting Officer's Agency Saint John PF		Recorder/Witness N/A	
Date & Time of Arrest 2020/07/22 @ 2015 hrs		Charter Rights Given by T. Jones		Time DRE Notified 2050 hours	Crash <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input checked="" type="checkbox"/> Property	DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2110 hrs	
Eval. Start time 2110 hrs	Breath Test <input type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #: 01357 (Intox EC/IR II) 0 mg%		Subject's Name (Last, First, Middle) Hatos, Carlos Miguel		Date of Birth 1979/07/13	Gender Male	
Date Examined / Time / Location 2020/07/22 @ 2110 hrs @ Saint John HQ		What have you eaten today? Chicken sandwich	When? About 5 pm	What have you been drinking? How much? Beer 1 bottle		Time of last drink? 6 pm	
Time now? / Actual 10 pm / 2115 hrs		When did you last sleep? How long? Today 2-3 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "That's a loaded question"			Attitude Cooperative, restless		Coordination Quick, jerky, poor		
Speech Rapid, slurred		Breath Odour Rancid		Face Flushed, sweaty			
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy		Pulse and Time		HGN		Convergence	
1. 108 bpm @ 2122hrs		Lack of Smooth Pursuit		Left		Right	
2. 106 bpm @ 2135hrs		Maximum Deviation		No		No	
3. 106 bpm @ 2150hrs		Angle of Onset		None		None	
Modified Romberg Balance Approx. 2" 2" 3" 3"  Fidgety fingers		Walk and Turn M M S  Quick steps, slammed heels to toes		Cannot keep balance I (1) Starts too soon ∅		One Leg Stand 38 /30 41 /30  Counted quick, leg tremors fidgety fingers	
Time estimation & questions (p.2) 23 sec estimated as 30 seconds		Describe turn Quick steps, spun around		Cannot do test (explain) N/A		Type of footwear 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)	
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Slow <input type="checkbox"/> Little to none visible		Nasal area Redness		Oral cavity Missing teeth/tooth decay	
Blood Pressure 166 / 84 mmHg		Temperature 39.0 °C		Right Arm 		Left Arm 	
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input checked="" type="checkbox"/> Rigid		Comments:		Reaction to light		Reaction to light	
What drugs or medication have you been using? "No man, I'm clean"		How much? N/A		Time of use? N/A		Where were the drugs used? N/A	
Eval. stop time 2215 hrs		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A		Toxicological Sample Demand time: 2216 hrs <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time: 2230 hrs		Reviewed by (instructor name)	
Evaluator Signature <i>Denis Milette</i>		Approved by (instructor signature)		DRE #		Date	
Opinion of Evaluator		<input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Operational		<input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input checked="" type="checkbox"/> 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 22<sup>nd</sup>, 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:**

### Modified Romberg Balance Test:

- 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' 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 \_\_\_\_\_.

**(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

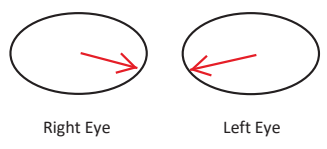
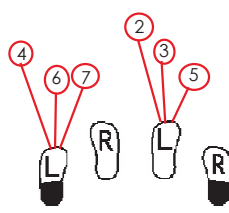
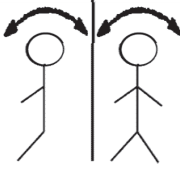
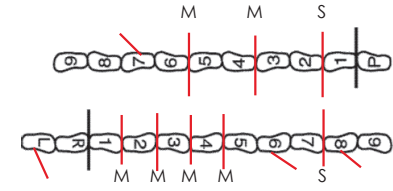
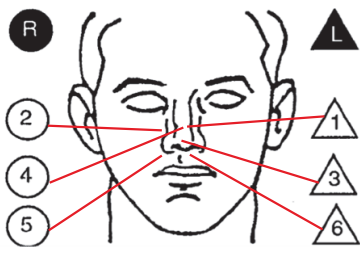
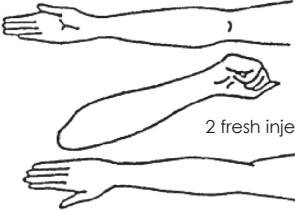
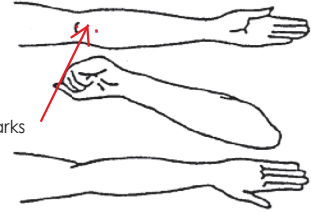
Cpl. Milette formed his opinion that Carlos Miguel HATOS' ability to operate a conveyance was impaired at 2216 hours.

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 Cst. A. Oliveira		DRE # 21367	Rolling Log # 20-015-0098	Evaluator Agency RCMP		Event/Occ. # (Session XVIII - #4 IG)	
Arresting Officer (Name, ID#) Cst. B. Gallant			SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No	Arresting Officer's Agency RCMP		Recorder/Witness N/A	
Date & Time of Arrest 2020/07/18 @ 2015 hrs		Charter Rights Given by Ballant	Time DRE Notified 2110 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2213 hrs	
Eval. Start time 2215 hrs	Breath Test <input checked="" type="checkbox"/> No Grounds <input type="checkbox"/> Refused	Result: Instrument #:		Subject's Name (Last, First, Middle) Jackson, Scott M.		Date of Birth 1978/06/15	
Date Examined / Time / Location 2020/07/18 @ 2215 hrs @ RCMP Det		What have you eaten today? Ham sandwich	When? Around noon	What have you been drinking? How much? Coffee 2 cups		Time of last drink? N/A	
Time now? / Actual 10 pm / 2218 hrs		When did you last sleep? How long? Last night 7 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Attitude Cooperative, passive		Coordination Poor, unstable		
Speech Slow, thick		Breath Odour Nothing noted			Face Pale, droopy		
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery			Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eyelids <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Droopy					
<b>Pulse and Time</b> 1. <u>54 bpm</u> @ <u>2230hrs</u> 2. <u>54 bpm</u> @ <u>2245hrs</u> 3. <u>52 bpm</u> @ <u>2302hrs</u>		<b>HGN</b> Lack of Smooth Pursuit: No (Left), No (Right) Maximum Deviation: No (Left), No (Right) Angle of Onset: None (Left), None (Right)		<b>Convergence</b>  Right Eye      Left Eye		<b>One Leg Stand</b> N/A /30      N/A /30  Stopped for safety reasons	
<b>Modified Romberg Balance</b> Approx. 3"      Approx. 3"  Scratching face, licking lips		<b>Walk and Turn</b> 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: III (4)    II (2) Steps off line: II (2)    I (1) Raises arms: II (2)    III (3) Actual steps taken: 9    9	
Time estimation & questions (p.2) 39 sec estimated as 30 seconds		Describe turn As described, Slow walking on turn		Cannot do test (explain) N/A		Type of footwear Laced up shoes	
<b>Finger to nose</b> (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)	Nasal area Nothing noted	
		Left Eye	2.0 mm	3.0 mm	2.0 mm		
		Right Eye	2.0 mm	3.0 mm	2.0 mm	Oral cavity Nothing noted	
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input type="checkbox"/> Slow <input checked="" type="checkbox"/> Little to none visible			
		<b>Right Arm</b> 		<b>Left Arm</b>  2 fresh injections marks			
Blood Pressure 122 / 68 mmHg		Temperature 37.2 °C					
Muscle tone: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Flaccid <input type="checkbox"/> Rigid							
Comments:							
What drugs or medication have you been using? "I didn't use anything"			How much? N/A		Time of use? N/A	Where were the drugs used? N/A	
Eval. stop time 2310 hrs	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A	Toxicological Sample <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Blood		Demand time: 2310 hrs Sample Time: 2340 hrs	Reviewed by (instructor name)		
Evaluator Signature <i>A. Oliveira</i>			Approved by (instructor signature)			DRE # Date	
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input checked="" type="checkbox"/> 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 1<sup>st</sup> 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 18<sup>th</sup> 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 18<sup>th</sup> 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 2<sup>nd</sup> 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 3<sup>rd</sup> attempt. On his 1<sup>st</sup> attempt JACKSON touched the bridge of his nose with the tip of his left index finger. On his 2<sup>nd</sup> 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 4<sup>th</sup> attempt JACKSON touched the bridge of his nose with the tip of his right index finger. On his 5<sup>th</sup> 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 2.0 millimetres (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 122 millimetres 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.

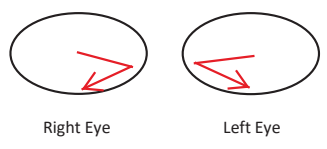
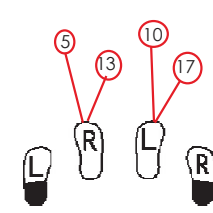
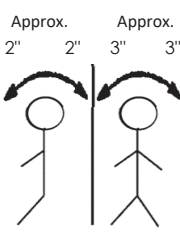
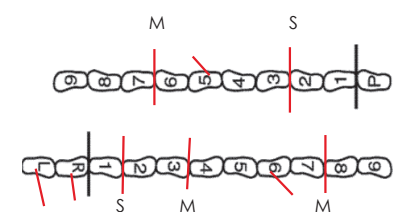
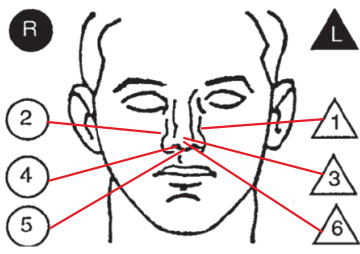
**(8) Medical Problems / Treatments:** There are no medical problems or treatments noted for JACKSON.

**(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

\_\_\_\_\_.

**(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 Sgt. D. Botham		DRE # 17353	Rolling Log # 20-015-0044	Evaluator Agency RCMP	Event/Occ. # (Session XVIII - #5 IG)		
Arresting Officer (Name, ID#) Cst. M. Shea		SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency RNC	Recorder/Witness N/A		
Date & Time of Arrest 2020/11/17 @ 1826 hrs		Charter Rights Given by M. Shea	Time DRE Notified 1900 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property	DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1929 hrs		
Eval. Start time 1930 hrs	Breath Test <input checked="" type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:	Subject's Name (Last, First, Middle) Stevens, William A.		Date of Birth 1985/04/14	Gender Female		
Date Examined / Time / Location 2020/11/17 @ 1930 hrs @ RNC HQ		What have you eaten today? Ham sandwich & salad	When? About noon	What have you been drinking? How much? Just some water 1 glass	Time of last drink? N/A		
Time now? / Actual 630 pm / 1935 hrs		When did you last sleep? How long? Last night About 8 hours	Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "Just tired"		Are you under the care of a doctor or dentist? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Dr. Frank for "anxiety issues"			
Do you take any medication or drugs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No "Some pills the doctor gave me"		Attitude Cooperative		Coordination Poor, unsteady			
Speech Slurred, thick		Breath Odour Nothing noted		Face Nothing noted			
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right	Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal		
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Vertical Nystagmus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy		
<b>Pulse and Time</b> 1. <u>52 bpm @ 1944hrs</u> 2. <u>56 bpm @ 1955hrs</u> 3. <u>56 bpm @ 2020hrs</u>		<b>HGN</b> Lack of Smooth Pursuit: Yes Yes Maximum Deviation: Yes Yes Angle of Onset: 35° 35°		<b>Convergence</b>  Right Eye      Left Eye		<b>One Leg Stand</b> 24 /30      26 /30  Counted slowly	
<b>Modified Romberg Balance</b> Approx. 2" 2" 3" 3" 		<b>Walk and Turn</b> Cannot keep balance: II (2) Starts too soon: <del>Ø</del>  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) 36 sec estimated as 30 seconds		Describe turn Lost balance to the right		Cannot do test (explain) N/A		Type of footwear Dress shoes	
<b>Finger to nose</b> (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 Nothing noted	
		Left Eye	4.5 mm	6.5 mm	4.0 mm		
		Right Eye	4.5 mm	6.5 mm	4.0 mm	Oral cavity Nothing noted	
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Slow <input type="checkbox"/> Little to none visible			
Blood Pressure 120 / 66 mmHg		Temperature 38.5 °C					
Muscle tone: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Flaccid <input type="checkbox"/> Rigid							
Comments:							
What drugs or medication have you been using? "Some medicine for anxiety" (Could not recall name)		How much? "A couple of pills"		Time of use? "About 5 pm"	Where were the drugs used? "At home"		
Eval. stop time 2035 hrs	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A	Toxicological Sample Demand time: 2035 hrs <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time: 2041 hrs		Reviewed by (instructor name)			
Evaluator Signature <i>D. Botham</i>		Approved by (instructor signature)				DRE # Date	
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input checked="" type="checkbox"/> 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:**

### Modified Romberg Balance Test:

- 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 gave." 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 \_\_\_\_\_.

## **(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\*\***

# 22 DRE

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## 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

- A. Overview of the Category .....
- B. Possible Effects of Inhalants.....
- C. Onset and Duration of Effects.....
- D. Overdose Signs and Symptoms.....
- E. Expected Results of the Evaluation .....
- F. Review of the DEC Program Exemplars.....

### LEARNING ACTIVITIES

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

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Session 19: Inhalants

## Learning Objectives

- Describe a brief overview of the Inhalant category of drugs
- Identify common drug names and terms
- Identify common methods of administration
- Describe symptoms, observable signs, and other effects
- Describe typical time parameters
- List indicators likely to emerge during a drug influence evaluation

DRE 19-2

**Slide 2.**

### A. Overview of the Category

Session 19: Inhalants

## Overview of Inhalants



DRE 19-3

**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.



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.

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.



## Abused Aerosols



DRE

19-5

### 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.

All of these abused Aerosols contain various hydrocarbon gases that produce drug effects.



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.

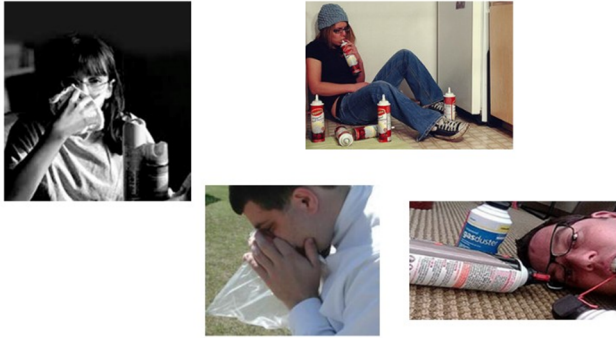
Other common Inhalants in this subcategory are Amyl Nitrite, Butyl Nitrite, and Isobutyl Nitrite. Nitrites are vasodilating substances, formally used medically to relieve heart-related chest pain. They have since been replaced by other medications. Isobutyl Nitrite and Butyl Nitrite have essentially 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.

Session 19: Inhalants

## Methods of Administration



DRE 19-7

**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.

## B. Possible Effects of Inhalants

Session 19: Inhalants

## Possible Effects

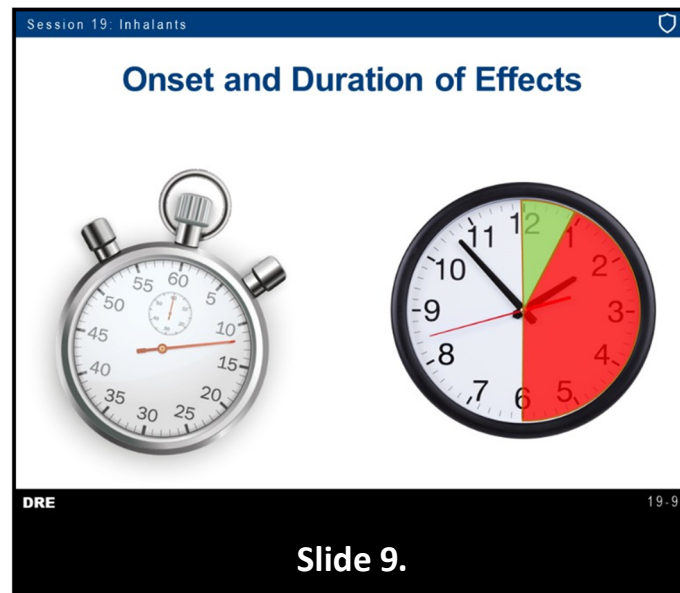
- Bizarre thoughts
- Dizziness and numbness
- Drowsiness
- Excessive salivation
- Floating sensations
- Hallucinations
- Impaired perceptions of time and distance

DRE 19-8

**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



Inhalants' effects are felt virtually immediately.

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



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.

## E. Expected Results of the Evaluation

Session 19: Inhalants

### Inhalants Symptomatology Chart

HGN	Present
VGN	Present (High dose for that individual)
LOC	Present
Pupil Size	Normal <sup>(4)</sup>
Reaction to Light	Slow
Pulse Rate	Up
Blood Pressure	Up/Down <sup>(5)</sup>
Temperature	Up, Down or Normal
Muscle Tone	Normal or Flaccid

<sup>(4)</sup> Possibly dilated  
<sup>(5)</sup> Down with anesthetic gases –  
Up with volatile solvents and aerosols

DRE 19-11

**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.

Vertical Gaze Nystagmus (VGN) may be present.

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.

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.

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.


Muscle Tone: Muscle tone can be either normal or flaccid. Anesthetic gases normally cause the muscles to be flaccid.

Session 19: Inhalants

## Evaluation of Subjects Under the Influence of Inhalants

**General Indicators:**

- Bloodshot eyes
- Confused
- Flushed face, possibly sweating
- Odor of the inhaled substance
- Slow, thick, slurred speech
- Watery eyes



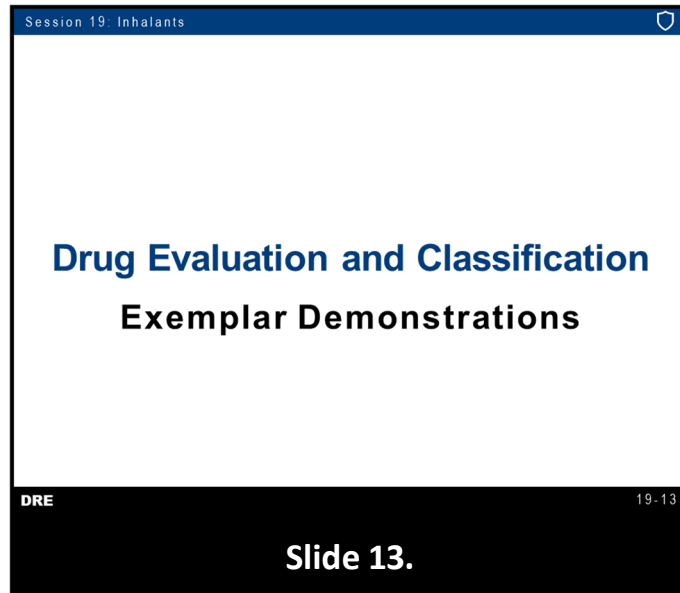
DRE 19-12

**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.

## F. Review of the DEC Program Exemplars



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

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**Questions?**

**Slide 15.**



## 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.

DRE

19-16

### 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.

Evaluator Cst P Foster		DRE # 22290	Rolling Log # 20-008-0062	Evaluator Agency Saskatoon PS		Event/Occ. # (Session XIX-#1)	
Arresting Officer (Name, ID#) Cst. C. Schaefer #555			SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No	Arresting Officer's Agency Saskatoon PS		Recorder/Witness Sgt. R. Keleman	
Date & Time of Arrest 2020/09/04 @ 2135 hrs		Charter Rights Given by Schaefer #555		Time DRE Notified 2136 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		
DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2239 hrs		Date of Birth 1990/06/10		Date of Birth 1990/06/10		Gender Male	
Eval. Start time 2240 hrs		Breath Test <input checked="" type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:		Subject's Name (Last, First, Middle) Whippets, Walter Huffen		Time of last drink? N/A	
Date Examined / Time / Location 2020/09/04 @ 2240 hrs @ SPS HQ		What have you eaten today? "Couple of hot dogs"		When? About 4 pm	What have you been drinking? How much? Dr. Pepper 2 bottles		
Time now? / Actual 9pm? / 2242 hrs		When did you last sleep? How long? This morning 4 or 5 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Attitude Cooperative		Coordination Poor, Unstable		
Speech Slurred, confused		Breath Odour Rancid		Face Flushed, Gold paint on chin			
Corrective Lenses <input checked="" 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 checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy		Pulse and Time		HGN		Convergence	
1. 104 bpm @ 2248hrs		Lack of Smooth Pursuit		Yes		Yes	
2. 100 bpm @ 2310hrs		Maximum Deviation		Yes		Yes	
3. 96 bpm @ 2332hrs		Angle of Onset		40°		40°	
Modified Romberg Balance Approx. 4" 4" 4" 4"  Extreme sway, used wall		Walk and Turn  Lost balance 3 times, nearly fell test stopped for safety.		Cannot keep balance III (3) Starts too soon 0'		One Leg Stand N/A /30 N/A /30  Nearly fell, stopped test for safety	
Time estimation & questions (p.2) 22 sec estimated as 30 seconds		Describe turn Did not complete.		Cannot do test (explain) Nearly fell after three steps, stopped for safety		Type of footwear 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)	
Left Eye		4.0 mm		7.0 mm		3.5 mm	
Right Eye		4.0 mm		7.0 mm		3.5 mm	
Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Slow <input type="checkbox"/> Little to none visible		Nasal area Redness		Oral cavity Red	
Blood Pressure 174 / 72 mmHg		Temperature 37.8 °C		Right Arm  gold smears on hands		Left Arm  gold smears on hands	
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid		Comments:		Time of use? Prior to stop		Where were the drugs used? In the park	
What drugs or medication have you been using? "I did a little Gold, but nothing else"		How much? "about 2 cans"		Time of use? Prior to stop		Where were the drugs used? In the park	
Eval. stop time 2345 hrs		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A		Toxicological Sample Demand time: 2347 hrs <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Blood Sample Time: 0015 hrs		Reviewed by (instructor name)	
Evaluator Signature <i>Cst P. Foster</i>		Approved by (instructor signature)		DRE #		Date	
Opinion of Evaluator		<input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input checked="" type="checkbox"/> Inhalants <input checked="" type="checkbox"/> Operational		<input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input type="checkbox"/> 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 3<sup>rd</sup> 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 in 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:

- 1<sup>st</sup> pulse was 104 beats per minute (BPM) taken at 2248 hours, which is above the DRE average range;
- 2<sup>nd</sup> pulse was 100 BPM taken at 2310 hours, which is above the DRE average range;
- 3<sup>rd</sup> 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:**

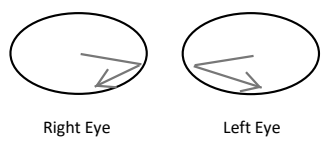
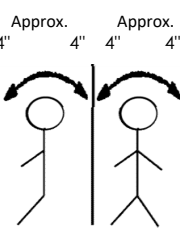
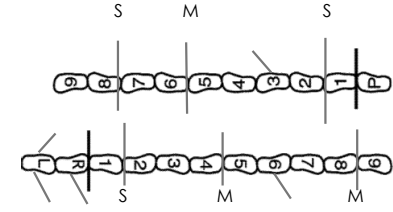
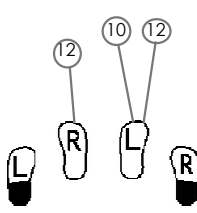
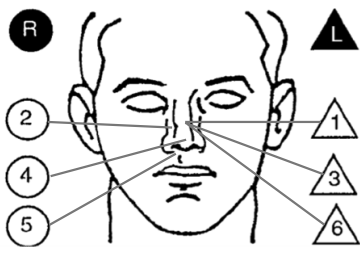
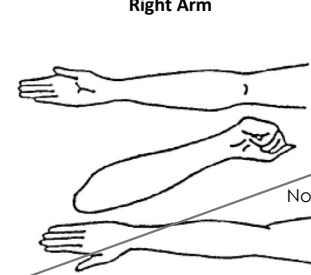
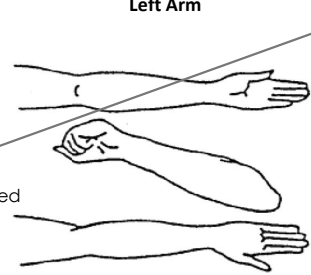
- On examination of the nasal area, it appeared to be reddened;
- There was a redness inside his mouth, noted during the oral cavity exam; &
- There was nothing to note by way of puncture or injection marks, however there was gold paint smears on both his hands.

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 Cst. P Foster 657		DRE # 22290	Rolling Log # 20-009-0032	Evaluator Agency Saskatoon PS	Event/Occ. # (Session XIX - #2)															
Arresting Officer (Name, ID#) Cst. B Collins 6690		SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency Saskatoon PS	Recorder/Witness Cpl. C Lund															
Date & Time of Arrest 2020/10/24 @ 0100 hrs	Charter Rights Given by Collins	Time DRE Notified 0115 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 0129 hrs															
Eval. Start time 0130 hrs	Breath Test <input checked="" type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:	Subject's Name (Last, First, Middle) Poppers, Jack Dunn		Date of Birth 2002/09/10	Gender Male															
Date Examined / Time / Location 2020/10/24 @ 0130 hrs @ SPS Detn		What have you eaten today? Fried Chicken	When? About 6 pm	What have you been drinking? How much? Water Couple of bottles	Time of last drink? N/A															
Time now? / Actual Midnight / 0135 hrs	When did you last sleep? How long? Yesterday afternoon 4 hours	Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "Nope, drugs are bad for you dude"		Attitude Cooperative		Coordination Poor, staggering at times																
Speech Slow, Slurred		Breath Odour Chemical-like		Face Flushed, Sweaty																
Corrective Lenses <input checked="" 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 checked="" type="checkbox"/> Bloodshot <input checked="" type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right																
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy																		
<b>Pulse and Time</b> 1. <u>98 bpm @ 0143hrs</u> 2. <u>96 bpm @ 0158hrs</u> 3. <u>92 bpm @ 0220hrs</u>		<b>HGN</b> Lack of Smooth Pursuit: Yes Yes Maximum Deviation: Yes Yes Angle of Onset: 35° 35°		<b>Convergence</b>  Right Eye      Left Eye																
<b>Modified Romberg Balance</b>  kept eyes open		<b>Walk and Turn</b> Cannot keep balance: III (3) Starts too soon: 0  1st nine: I (1) II (2) 2nd nine: II (2) II (2) Stops walking: I (1) II (2) Misses heel-toe: I (1) II (2) Steps off line: III (3) II (2) Raises arms: III (3) II (2) Actual steps taken: 9 9		<b>One Leg Stand</b> N/A /30      N/A /30  Nearly Fell, test stopped for Safety <table border="1"> <tr> <td>L</td> <td>R</td> <td></td> </tr> <tr> <td>II (2)</td> <td>II (2)</td> <td>Sways while balancing</td> </tr> <tr> <td>III (3)</td> <td>III (3)</td> <td>Uses arms to balance</td> </tr> <tr> <td>0</td> <td>0</td> <td>Hopping</td> </tr> <tr> <td>I (1)</td> <td>II (2)</td> <td>Puts foot down</td> </tr> </table>		L	R		II (2)	II (2)	Sways while balancing	III (3)	III (3)	Uses arms to balance	0	0	Hopping	I (1)	II (2)	Puts foot down
L	R																			
II (2)	II (2)	Sways while balancing																		
III (3)	III (3)	Uses arms to balance																		
0	0	Hopping																		
I (1)	II (2)	Puts foot down																		
Time estimation & questions (p.2) 36 sec estimated as 30 seconds		Describe turn Lost balance to the left		Cannot do test (explain) N/A																
Type of footwear Hiking type boots																				
<b>Finger to nose</b> (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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Slow <input type="checkbox"/> Little to none visible																
		<b>Right Arm</b> 		<b>Left Arm</b> 																
		Nothing noted																		
Blood Pressure 144 / 94 mmHg		Temperature 38.0 °C																		
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid																				
Comments:																				
What drugs or medication have you been using? "Dust off and some other stuff"		How much? Not sure		Time of use? About midnight	Where were the drugs used? Friends house															
Eval. stop time 0235 hrs	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A	Toxicological Sample Demand time: 0236 hrs <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Blood Sample Time: 0315 hrs		Reviewed by (instructor name)																
Evaluator Signature <i>Cst. P Foster 22290</i>		Approved by (instructor signature)			DRE # Date															
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input checked="" type="checkbox"/> Inhalants <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input type="checkbox"/> 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 25<sup>th</sup> 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 25<sup>th</sup> 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 45<sup>th</sup> 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 in 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:

- 1<sup>st</sup> pulse, taken at 0143 hours was 98 beats per minute (BPM) which is above the DRE average range of 60-90 BPM.
- 2<sup>nd</sup> pulse, taken at 0158 hours was 96 BPM, which is above the DRE average range.
- 3<sup>rd</sup> 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.

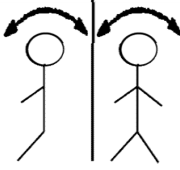
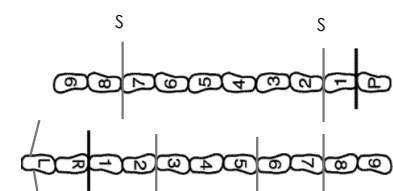
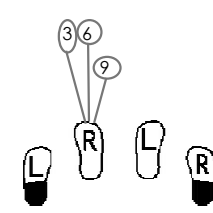
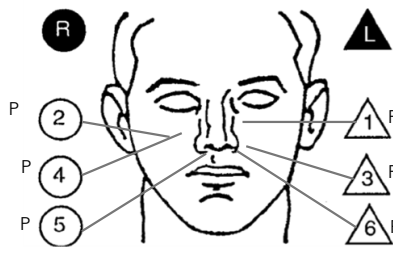
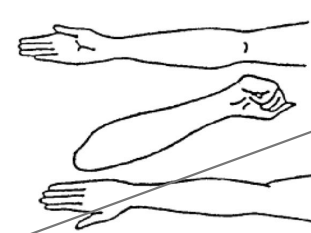
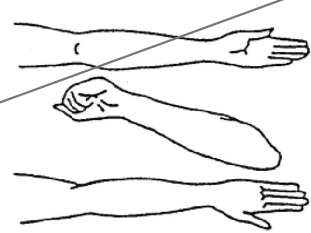
**\*\*All times in this report unless otherwise indicated noted are that of Cst Patrick Foster\*\***

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Patrick Foster, Constable

Saskatoon Police Service

DRE# 22290

Evaluator Cpl D. Milette		DRE # 22273	Rolling Log # 20-013-0062	Evaluator Agency RCMP		Event/Occ. # (Session XIX-#3)	
Arresting Officer (Name, ID#) Sgt J. Malenfant		SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency RCMP		Recorder/Witness Cst B. Burrows	
Date & Time of Arrest 2020/06/14 @ 2015 hrs		Charter Rights Given by Malenfant	Time DRE Notified 2100 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2133 hrs	
Eval. Start time 2135 hrs	Breath Test <input checked="" type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:		Subject's Name (Last, First, Middle) Huffer, Misty Kay		Date of Birth 1999/06/10	Gender Female	
Date Examined / Time / Location 2020/06/14 @ 2135 hrs @ Ottawa Detn		What have you eaten today? Pizza	When? About 7 pm	What have you been drinking? How much? Rockstar Energy Drink One can		Time of last drink? N/A	
Time now? / Actual Midnight / 2140 hrs		When did you last sleep? How long? Last night About 8 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "I don't do drugs"		Attitude Cooperative, Indifferent		Coordination Poor			
Speech Slurred, Rambling		Breath Odour Chemical-like		Face Flushed			
Corrective Lenses <input checked="" 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 checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy		Pulse and Time		HGN		Convergence	
1. <u>96 bpm</u> @ <u>2145hrs</u>		Lack of Smooth Pursuit		Yes		Yes	
2. <u>94 bpm</u> @ <u>2155hrs</u>		Maximum Deviation		Yes		Yes	
3. <u>92 bpm</u> @ <u>2218hrs</u>		Angle of Onset		40°		40°	
Modified Romberg Balance Approx. 3" 3" 3" 3"  laughing during test		Walk and Turn  Reminded to count aloud. Laughed several times		Cannot keep balance <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> ② Starts too soon <input checked="" type="checkbox"/> ①		One Leg Stand 38 /30 N/A /30  Nearly fell, right foot not attempted for safety reasons	
Time estimation & questions (p.2) 33 sec estimated as 30 seconds		Describe turn Slow and deliberate, as instructed		Cannot do test (explain) N/A		Type of footwear 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)	Nasal area Redness	
Left Eye		5.0 mm	7.5 mm	3.5 mm			
Right Eye		5.0 mm	7.5 mm	3.5 mm	Oral cavity Red		
Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Slow <input type="checkbox"/> Little to none visible					
Blood Pressure 118 / 62 mmHg		Temperature 38.0 °C		Right Arm 		Left Arm 	
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid		Chemical like smell on hands and clothes					
Comments:		What drugs or medication have you been using? "I did some whippets with friends"		How much? "Don't remember"		Time of use? About 8 pm	
						Where were the drugs used? Friend's house	
Eval. stop time 2230 hrs		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A		Toxicological Sample Demand time: 2231 hrs <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Blood Sample Time: 2300 hrs		Reviewed by (instructor name)	
Evaluator Signature <i>Cpl D. Milette</i>		Approved by (instructor signature)				DRE # Date	
Opinion of Evaluator		<input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input checked="" type="checkbox"/> Inhalants <input checked="" type="checkbox"/> Operational		<input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input type="checkbox"/> 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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# 23

# DRE

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## 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

- A. Procedures for this Session .....
- B. Pulse Measurements .....
- C. Blood Pressure Measurements .....
- D. Temperature .....
- E. Session Wrap-Up .....

### LEARNING ACTIVITIES

- Instructor-Led Presentations
- Participant Hands-On Practice
- Instructor-Led Coaching
- Participant-Led Coaching

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Session 20: Practice – Vital Signs Examinations

## Learning Objectives

- Conduct examinations of pulse, blood pressure, and temperature
- Describe vital signs examination procedures
- Document results of vital signs examinations


DRE 20-2

**Slide 2.**

### A. Procedures for this Session

Session 20: Practice – Vital Signs Examinations

## Vital Signs Measurement Practice



DRE 20-3

**Slide 3.**

*Team Assignments:* Participants will work in three or four member teams.

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.

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.

*Pulse Measurements*

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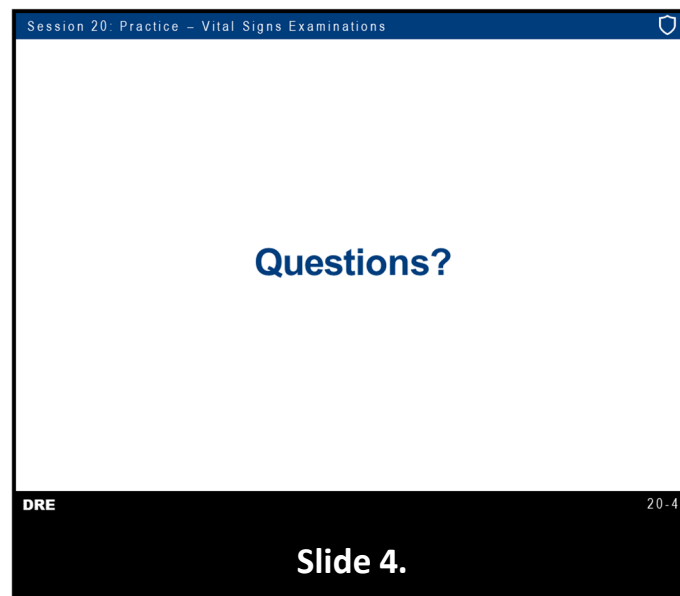
## C. Blood Pressure Measurements

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## D. Temperature

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## E. Session Wrap-Up



## VITAL SIGNS EXAMINATIONS DATA SHEET

EXAMINER'S NAME: \_\_\_\_\_

DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

### PULSE MEASUREMENTS

SUBJECT'S NAME \_\_\_\_\_

TIME \_\_\_\_\_

PULSE POINT USED \_\_\_\_\_

BEATS PER MINUTES \_\_\_\_\_

### BLOOD PRESSURE MEASUREMENTS

SUBJECT'S NAME \_\_\_\_\_

TIME \_\_\_\_\_

SYSTOLIC/DIASTOLIC \_\_\_\_\_

TEMPERATURE \_\_\_\_\_

SUBJECT'S NAME \_\_\_\_\_

TIME \_\_\_\_\_

PULSE POINT USED \_\_\_\_\_

BEATS PER MINUTES \_\_\_\_\_

SUBJECT'S NAME \_\_\_\_\_

TIME \_\_\_\_\_

SYSTOLIC/DIASTOLIC \_\_\_\_\_

TEMPERATURE \_\_\_\_\_

SUBJECT'S NAME \_\_\_\_\_

TIME \_\_\_\_\_

PULSE POINT USED \_\_\_\_\_

BEATS PER MINUTES \_\_\_\_\_

SUBJECT'S NAME \_\_\_\_\_

TIME \_\_\_\_\_

SYSTOLIC/DIASTOLIC \_\_\_\_\_

TEMPERATURE \_\_\_\_\_

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# 24 DRE

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## 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

- A. Overview of the Category .....
- B. Possible Effects of Cannabis.....
- C. Onset and Duration of Effects.....
- D. Overdose Signs and Symptoms.....
- E. Expected Results of the Evaluation .....
- F. Review of the DEC Program Exemplars.....

### LEARNING ACTIVITIES

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

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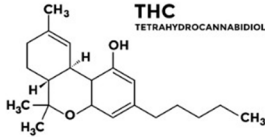

## Learning Objectives

- Describe a brief overview of Cannabis
- Identify common names and terms
- Identify common methods of administration
- Describe symptoms, observable signs, and other effects
- Describe typical time parameters
- List indicators likely to emerge during drug influence evaluation

## A. Overview of the Category

Session 21. Cannabis

### Overview of Cannabis



**THC**  
TETRAHYDROCANNABIDIOL

DRE 21-3

**Slide 3.**

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). Marijuana 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.

The primary psychoactive ingredient in Cannabis is Delta-9 Tetrahydrocannabinol.

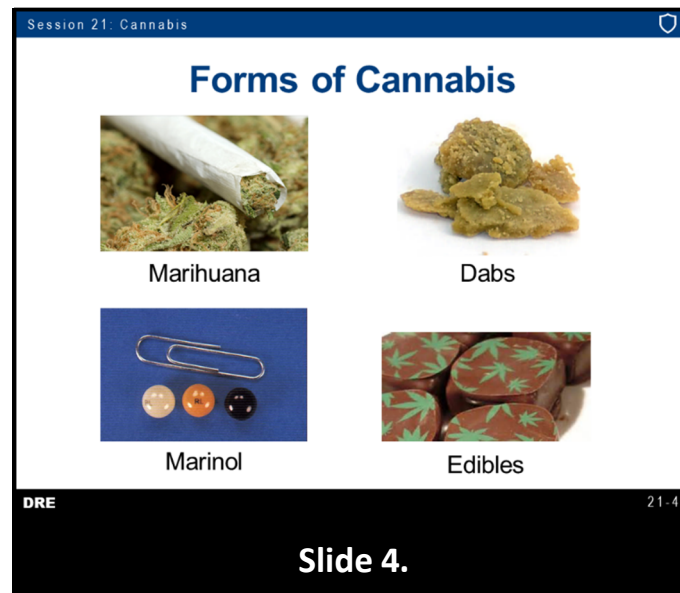
THC is found principally in the leaves and flowers of the plant, rather than in the stem or branches.

Different varieties of the Cannabis have different concentrations of THC.

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.



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%.

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.

**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 drying 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.

Session 21: Cannabis

## Synthetic Cannabinoid Products

Synthetic cannabinoid products typically include:

- Olive colored herbs
- Combination of herbs
- Plant materials



DRE 21-5

**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.

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.

Session 21: Cannabis

## Possible Medical Cannabis Applications

- Lowers intraocular pressure
- Suppresses nausea
- Inhibits seizures
- Appetite enhancer
- Muscle relaxant
- Tumor growth retardant



DRE 21-6

**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.

Session 21: Cannabis

## THC Levels

- **Marihuana** – 14.8% (2019)
- **Hash** – 20-60% (2019)
- **Hash Oil** – 51.5% (2019)
- **Concentrates** – Vary

DRE 21-7

**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.

**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.”



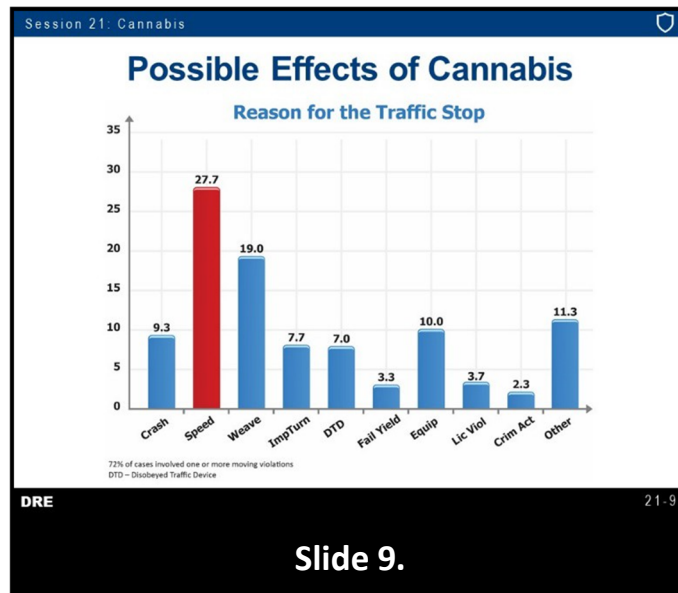
Cannabis usually is smoked.

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.

## B. Possible Effects of Cannabis



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.**

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.

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.

According to the Columbia University School of Public Health, the risk of an automobile collision is almost 2.7 times higher among Cannabis users than non-users. The more Cannabis smoked in terms of frequency and potency, the greater likelihood of a collision.



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.

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.

Session 21: Cannabis

## Cannabis Effects on Executive Function

- Attention
- Concentration
- Decision-making
- Impulsivity
- Inhibition

- Reaction Time
- Risk Taking
- Verbal Fluency
- Working Memory

DRE 21-10

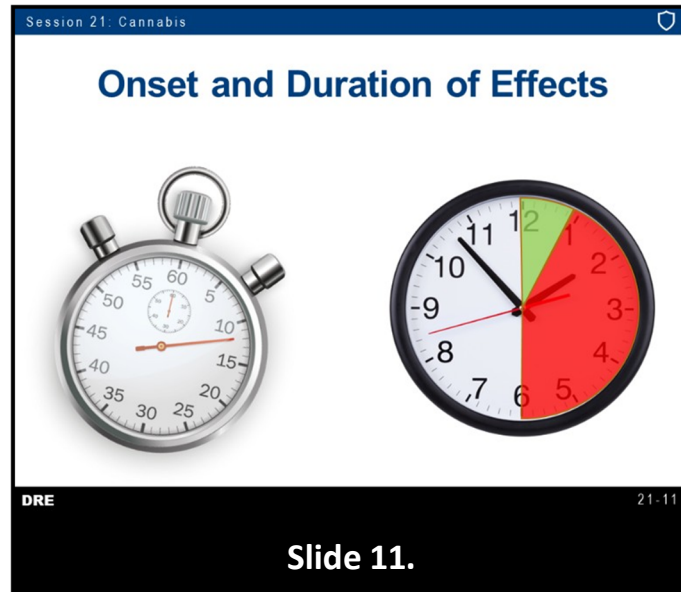
**Slide 10.**

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.”

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.

## C. Onset and Duration of Effects



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.

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.

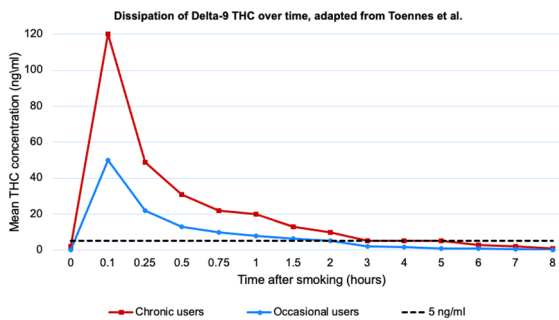
Generally, the person will feel "normal" within 3-4 hours after smoking Cannabis. The user may be impaired long after the euphoric feelings have ceased.

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.



## Onset and Duration of Cannabis

Smoked THC Time-Concentration Curve



DRE

21-12

**Slide 12.**

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.

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.

Urine tests may indicate the presence of inactive THC metabolites for up to a month. This could vary depending upon the frequency of use.

Session 21. Cannabis

## Metabolites of THC

- **Hydroxy THC**
  - Causes Impairment and Euphoria
- **Carboxy THC**
  - Not psychoactive

DRE 21-13

**Slide 13.**

There are two important metabolites, or chemical by-products, of THC. 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

Session 21. Cannabis

## Overdose Signs and Symptoms

- Anxiety
- Excessive Vomiting
- Possible Psychosis

DRE 21-14

**Slide 14.**

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.

Session 21: Cannabis

## Long Term Effects

- Acute anxiety attacks
- Chronic Bronchitis
- Chronic reduction of attention span
- Lowering of Testosterone
- Lung damage
- Possible birth defects

DRE 21-15

**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.

## E. Expected Results of the Evaluation

Session 21: Cannabis

### Cannabis Symptomatology Chart

HGN	None
VGN	None
LOC	Present
Pupil Size	Dilated <sup>(6)</sup>
Reaction to Light	Normal
Pulse Rate	Up
Blood Pressure	Up
Temperature	Normal
Muscle Tone	Normal

<sup>(6)</sup> Possibly normal

DRE 21-16

**Slide 16.**

*Observable Evidence of Impairment: Major Indicators:* Neither Horizontal Gaze Nystagmus (HGN) or Vertical Gaze Nystagmus (VGN) will generally be present.

Lack of Convergence (LOC) will generally be present.

Performance on the Modified Romberg Balance (MRB), WAT, OLS, and FTN tests will generally be impaired.

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%).

Session 21: Cannabis

## Evaluation of Subjects Under the Influence of Cannabis

**General Indicators:**

- Bloodshot eyes
- Body tremors
- Disoriented
- Dry mouth and throat
- Euphoria



DRE 19-17

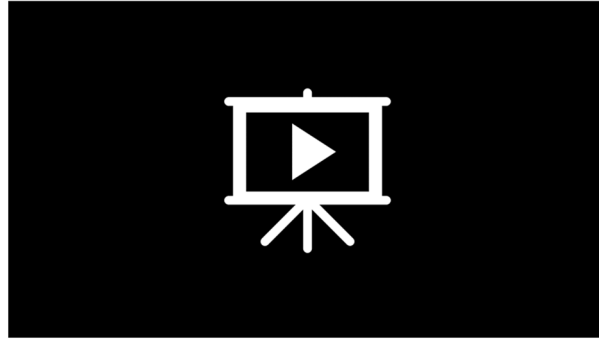
**Slide 17.**

*General Indicators:*

- Bloodshot eyes
- Body tremors
- Disoriented
- Drowsiness
- Dry mouth and throat
- Euphoria



## General Indicators



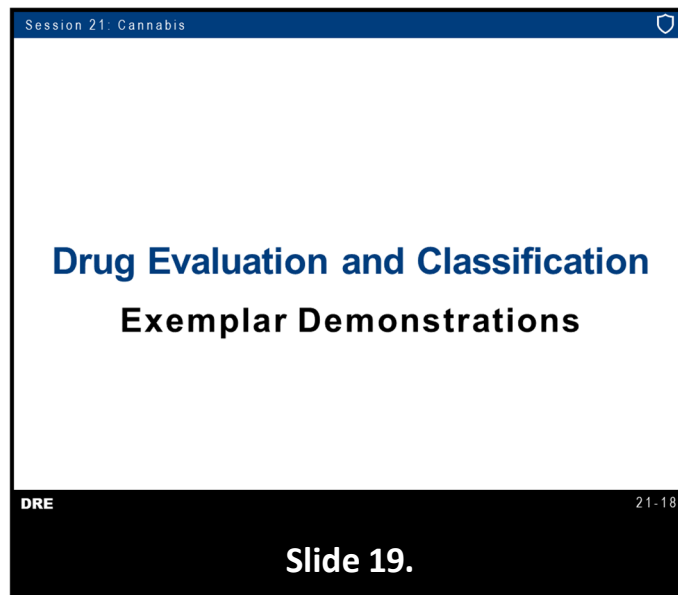
DRE

21-19

### Slide 18.

- 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
- Odour of Cannabis
- Panic reactions
- Paranoia
- Relaxed inhibitions
- Sedation

## F. Review of the DEC Program Exemplars



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

---





**Questions?**

**Slide 21.**



## 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.

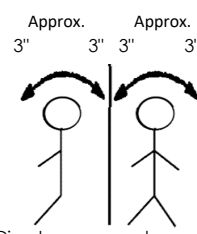
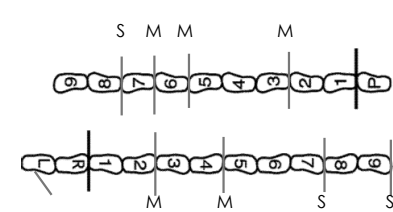
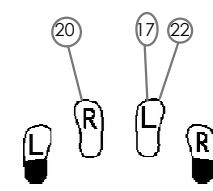
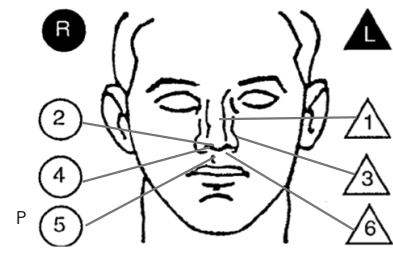
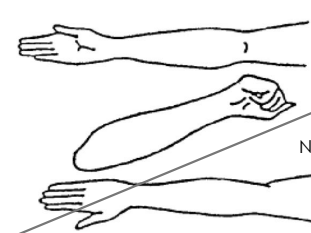
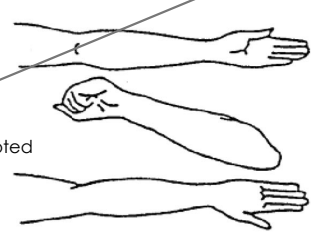
DRE

21-22

**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.

Evaluator Sgt. D. Botham		DRE # 17353	Rolling Log # 20-012-0097	Evaluator Agency RCMP		Event/Occ. # (Session XXI-#1)	
Arresting Officer (Name, ID#) Cpl. D. Milette		SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency RCMP		Recorder/Witness Cst. P. Foster	
Date & Time of Arrest 2020/04/20 @ 1620 hrs		Charter Rights Given by Cpl. Milette		Time DRE Notified 1720 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		
DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1750 hrs		Date of Birth 1990/10/20		Gender Female			
Date Examined / Time / Location 2020/04/20 2 1753 hrs @ RCMP Det		What have you eaten today? Potato chips & Funyuns		When? About 5 pm		What have you been drinking? How much? Water a bottle	
Time of last drink? N/A		Time now? / Actual 7 pm / 1755 hrs		When did you last sleep? How long? Last night about 6 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take any medication or drugs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No "just marihuana"		Attitude Cooperative, carefree		Coordination Unsteady			
Speech Slow, Thick		Breath Odour Marihuana		Face Normal			
Corrective Lenses <input checked="" 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 checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eyelids <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Droopy		Pulse and Time		HGN		Convergence	
1. 104 bpm @ 1805hrs		Lack of Smooth Pursuit		Left		Right	
2. 102 bpm @ 1818hrs		Maximum Deviation		No		No	
3. 102 bpm @ 1837hrs		Angle of Onset		None		None	
Modified Romberg Balance Approx. 3" 3" 3" 3"  Circular sway and eyelid tremors		Walk and Turn  Laughing out loud, swaying and leg tremors throughout		Cannot keep balance I (1) Starts too soon II (2)		One Leg Stand 25 /30 26 /30  laughing, leg tremors	
Time estimation & questions (p.2) 39 sec estimated as 30 seconds		Describe turn Stopped, asked what to do		Cannot do test (explain) N/A		Type of footwear 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)	
Left Eye		5.5mm		9.0mm		5.0-6.5 mm	
Right Eye		5.5mm		9.0mm		5.0-6.5 mm	
Nasal area Nothing noted		Oral cavity Green coating on back of the tongue		Rebound dilation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Reaction to light <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible	
Blood Pressure 154 / 96 mmHg		Temperature 38.2 °C		Right Arm 		Left Arm  Nothing noted	
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid		Comments:		Time of use? Around 3pm		Where were the drugs used? White Bear Lake	
What drugs or medication have you been using? "I smoked a little weed. What's the big deal?"		How much? "Shared a baggie with friends"		Time of use? Around 3pm		Where were the drugs used? White Bear Lake	
Eval. stop time 1855hrs		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A		Toxicological Sample Demand time: 1859 hrs <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time: 1930 hrs		Reviewed by (instructor name)	
Evaluator Signature Sgt. D. Botham		Approved by (instructor signature)		DRE #		Date	
Opinion of Evaluator		<input type="checkbox"/> Not Impaired		<input type="checkbox"/> Alcohol		<input type="checkbox"/> CNS Stimulant	
<input type="checkbox"/> Medical		<input type="checkbox"/> CNS Depressant		<input type="checkbox"/> Hallucinogen		<input type="checkbox"/> Narcotic Analgesic	
		<input type="checkbox"/> Dissociative Anaesthetic		<input type="checkbox"/> Inhalants		<input checked="" type="checkbox"/> Operational	
		<input checked="" type="checkbox"/> Cannabis		<input type="checkbox"/> 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 Gussed".

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 Cst. A. Oliveira		DRE # 21367	Rolling Log # 20-011-0077	Evaluator Agency RCMP		Event/Occ. # (Session XXI-#2)																																				
Arresting Officer (Name, ID#) Cst. B. Martin			SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No	Arresting Officer's Agency Cape Breton RPS		Recorder/Witness Cst. B. Burrows																																				
Date & Time of Arrest 2020/09/07 @ 1622 hrs		Charter Rights Given by Martin	Time DRE Notified 1720 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1750 hrs																																				
Eval. Start time 1752 hrs	Breath Test <input checked="" type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:		Subject's Name (Last, First, Middle) Toker, Bud A.		Date of Birth 1988/02/21	Gender Male																																				
Date Examined / Time / Location 2020/09/07 @ 1752 hrs @ Glace Bay HQ		What have you eaten today? Burger & chips	When? Around noon	What have you been drinking? How much? Big Gulp A couple		Time of last drink? 15 mins ago																																				
Time now? / Actual about 5 pm / 1758 hrs		When did you last sleep? How long? Last night 7 or 8 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																				
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Corrective Lenses <input checked="" 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 checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal																																				
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																				
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## 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 1<sup>st</sup> 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 7<sup>h</sup> 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 7<sup>th</sup> 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 2<sup>nd</sup> 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 1<sup>st</sup> attempt TOKER touched the bridge of his nose with the tip of his left index finger. On his 2<sup>nd</sup> 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 3<sup>rd</sup> 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 4<sup>th</sup> attempt TOKER touched the side of his right nostril with the pad of his right index finger. On his 5<sup>th</sup> attempt TOKER touched the side of his right nostril with the pad of his right index finger. On his final and 6<sup>th</sup> 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 6.0 millimetres (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. TOKER's 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"

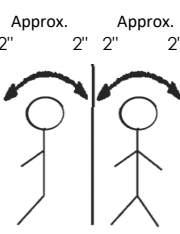
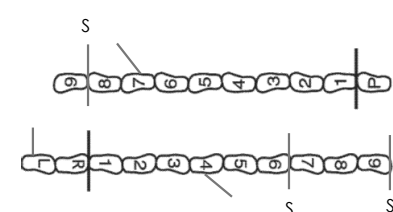
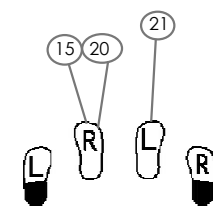
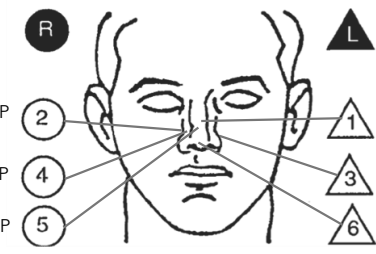
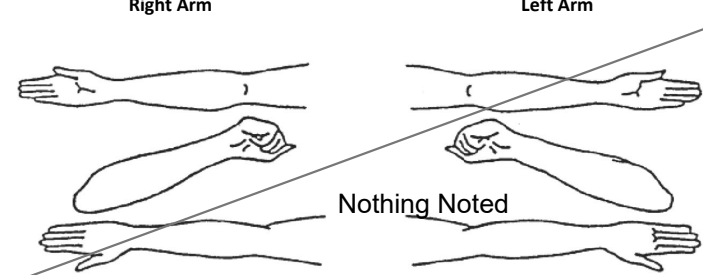
TOKER also stated "it relaxed me. It was good weed", and "I smoke anytime I can dude".

**(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 Cst. A. Oliveira		DRE # 21367	Rolling Log # 20-010-0048	Evaluator Agency RCMP		Event/Occ. # (Session XXI-#3)	
Arresting Officer (Name, ID#) Cst. T. Jones			SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No	Arresting Officer's Agency Saint John PF		Recorder/Witness Cst. P. Burns	
Date & Time of Arrest 2020/07/18 @ 1725 hrs		Charter Rights Given by Jones		Time DRE Notified 1750 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		
DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1818 hrs		Date Examined / Time / Location 2020/07/18 @ 1820 hrs @ SJPF HQ		What have you eaten today? Sandwich & chips	When? About 6 pm	What have you been drinking? How much? Energy drink 1 can	
Time of last drink? 4 pm		Time now? / Actual about 5 pm / 1824 hrs		When did you last sleep? How long? last night about 7 or 8 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take any medication or drugs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No "just medical marijuana"			Attitude Cooperative, relaxed		Coordination slow, unsteady		
Speech slow, thick		Breath Odour cannabis		Face normal			
Corrective Lenses <input checked="" 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 checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eyelids <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Droopy		Pulse and Time		HGN		Convergence	
1. 96 bpm @ 1830hrs		Lack of Smooth Pursuit		Left		Right	
2. 96 bpm @ 1842hrs		Maximum Deviation		No		No	
3. 94 bpm @ 1915hrs		Angle of Onset		None		None	
Modified Romberg Balance Approx. 2" 2" 2" 2"  eyelid tremors		Walk and Turn  slow movements, laughing at times, leg tremors		Cannot keep balance I (1) Starts too soon Ø		One Leg Stand 25 /30 24 /30  leg tremors, laughing at times	
Time estimation & questions (p.2) 22 sec estimated as 30 seconds		Describe turn Stopped, walked around in a circle		Cannot do test (explain) N/A		Type of footwear 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)	
Left Eye		6.0mm		8.5mm		6.0-7.5mm	
Right Eye		6.0mm		8.5mm		6.0-7.5mm	
Nasal area nothing noted		Rebound dilation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Reaction to light <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible			
Oral cavity green coating on tongue		Right Arm		Left Arm			
Blood Pressure 170 / 94 mmHg		Temperature 38.5 °C		Nothing Noted 			
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid		Comments:					
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	
Eval. stop time 1930 hrs		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A		Toxicological Sample Demand time: 1931 hrs <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Blood Sample Time: 2000 hrs		Reviewed by (instructor name)	
Evaluator Signature Cst. A. Oliveira		Approved by (instructor signature)				DRE # Date	
Opinion of Evaluator		<input type="checkbox"/> Not Impaired		<input type="checkbox"/> Alcohol		<input type="checkbox"/> CNS Stimulant	
<input type="checkbox"/> Medical		<input type="checkbox"/> CNS Depressant		<input type="checkbox"/> Hallucinogen		<input type="checkbox"/> Dissociative Anaesthetic	
						<input type="checkbox"/> Inhalants	
						<input checked="" type="checkbox"/> Operational	
						<input checked="" type="checkbox"/> Cannabis	
						<input type="checkbox"/> 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 1<sup>st</sup> 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 18<sup>th</sup> 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 18<sup>th</sup> 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 marijuana".

#### (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 2<sup>nd</sup> 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 6<sup>th</sup> attempt. On her 1<sup>st</sup> attempt DUBY touched the bridge of her nose with the pad of her left index finger. On her 2<sup>nd</sup> attempt, DUBY touched the side of her right nostril with the pad of her right index finger. On her 3<sup>rd</sup> attempt DUBY touched the

side of her left nostril with the tip of her left index finger. On her 4<sup>th</sup> attempt DUBY touched the side of her right nostril with the pad of her right index finger. On her 5<sup>th</sup> 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 6.0millimetres (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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# 25

# DRE

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## 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

- A. The Major and General Indicators and their Possible Effects Associated with the Drug Categories.....
- B. Effects Associated with the Drug Categories and Developing a Drug Symptomatology Matrix

### LEARNING ACTIVITIES

- Interactive Discussion
- Participant Activity

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## Learning Objectives

- Describe possible effects that may be observed in each indicator of drug impairment
- Identify effects most likely to be observed with subjects under the influence of each drug category

DRE

22-2

**Slide 2.**

## A. The Major and General Indicators and their Possible Effects Associated with the Drug Categories



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



**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:**

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:**

For LOC, there are also only two possible effects. Either LOC will be **present**. Or it will be **none (meaning it is not present)**.

Just as with nystagmus, there is no drug that “cures” LOC.

**Possible Effects – 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:**


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.

Session 22. Overview of Signs and Symptoms

## Vital Signs

Pulse Rate, or Blood Pressure, or Body Temperature could be:

- Normal
- Up
- Down



DRE 22-5


**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.

Session 22. Overview of Signs and Symptoms

## Muscle Tone

- Normal
- Flaccid
- Rigid



DRE 22-6

**Slide 6.**

For **Muscle Tone**, there are three possible effects that might be seen: Normal (meaning nothing unusual); Flaccid; Rigid.

## B. Effects Associated with the Drug Categories and Developing a Drug Symptomatology Matrix

Session 22: Overview of Signs and Symptoms

	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

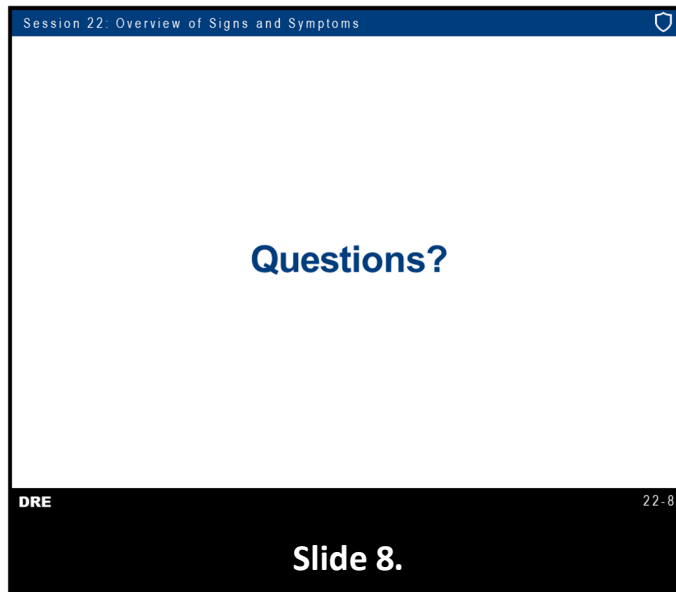
DRE 22-7

**Slide 7.**

- 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
- 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

- 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**
- 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**
- 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**

- 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
- 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**



*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.

### 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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# 26

# DRE

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## 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

- A. Preparation for Court Qualification .....
- B. Purpose of the Curriculum Vitae (CV) .....
- C. Curriculum Vitae Content .....
- D. Guidelines for Curriculum Vitae Preparation and Maintenance .....

### LEARNING ACTIVITIES

- Instructor-Led Presentations
- Group Work Session
- Reading Assignments

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## Learning Objectives

- Describe and discuss purpose of a curriculum vitae
- Identify elements of a curriculum vitae
- Prepare basic curriculum vitae
- Update and maintain curriculum vitae

DRE

23-2

**Slide 2.**

### A. Preparation for Court Qualification



## Preparation for Court Qualification



DRE

23-3

**Slide 3.**

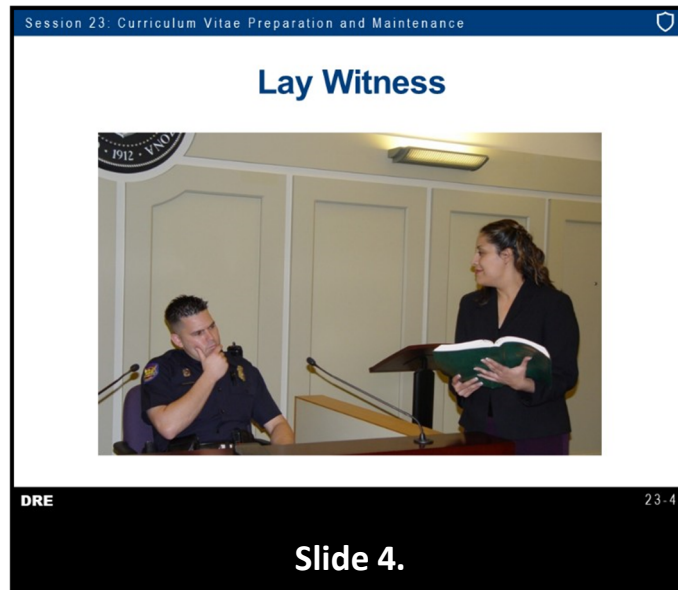
Prior to testifying and being qualified as an expert witness, there are certain tasks a DRE should perform prior to trial. Being qualified as an expert may be as simple as stating your occupation or take several hours of exhausting questioning by both the Crown and defence attorney.

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.

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)

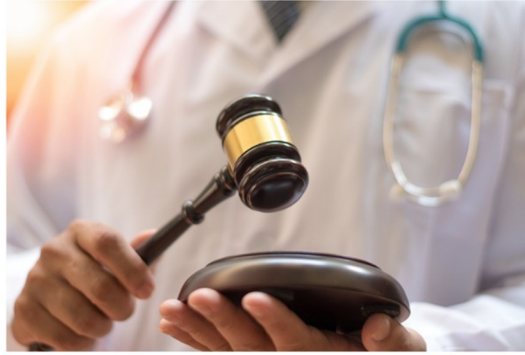


The basic purpose of the CV is to record education, training, skills and experience in one document. A CV may be used to establish expert qualifications. Generally, a lay witness can testify to personal knowledge only.

Prior to becoming certified as a DRE, a candidate must prepare a CV.



## Expert Witness



DRE

23-5

### 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.

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.


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.

## C. Curriculum Vitae Content

Session 23: Curriculum Vitae Preparation and Maintenance

### Curriculum Vitae Content

- Formal Education
- Formal Training
- Experience
- Prior Testimony
- Outside Reading Studies
- Training or Research Conducted
- Published Works



DRE 23-6

**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

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

Session 23: Curriculum Vitae Preparation and Maintenance

### Curriculum Vitae Preparation and Maintenance



DRE 23-7

**Slide 7.**

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.

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Session 23: Curriculum Vitae Preparation and Maintenance

### Questions?

DRE 23-8

**Slide 8.**

# **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***

# 27

## DRE

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### 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

- A. Procedures .....
- B. Hands-On Practice.....
- C. Session Wrap-Up.....

#### LEARNING ACTIVITIES

- Instructor-Led Presentations
- Participant-Led Practice
- Instructor Discussion

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Session 12: Alcohol Workshop

## Learning Objectives

- Properly administer eye examinations
- Properly administer psychophysical tests
- Observe and record subject's performance
- Determine level of impairment

DRE 12-2

**Slide 2.**

---

A. Procedures

Session 12: Alcohol Workshop

## Examinations and Tests Conducted

- Pupil Size Estimation (Room Light)
- HGN
- VGN
- LOC
- MRB
- WAT
- OLS (Both Legs)
- FTN
- Pulse Rate

DRE 12-3

**Slide 3.**

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).

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.

---

## B. Hands-On Practice

---

## C. Session Wrap-Up

Name	HGN/ VGN	Angle Onset	LOC	MRB/WAT OLS/FTN	Pulse	Est. BAC	Act. BAC	# of drinks

DRE 12-4

**Slide 4.**



**Questions?**

**DRE**

12-5

**Slide 5.**

# CERTIFICATION DRUG IMPAIRMENT EVALUATION

Canada Cert FS v.2023-10

Evaluator		DRE # <b>N/A</b>	Rolling Log #	Evaluator Agency	
Supervising Instructor (Name, DRE#)			Instructor Agency		
Witness(es)					
Eval. Start time	Breath Test Result:	No grounds: <input type="checkbox"/> Test refused: <input type="checkbox"/>	Subject's Name and sequence # (AS APPEARS ON NAMETAG)		Date of Birth
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? <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 or dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you take any medication or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			Attitude:		Coordination:
Speech:		Breath Odour:		Face:	
Corrective Lenses: <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"/> Left <input type="checkbox"/> Right	
Pupil Sizes: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input type="checkbox"/> No		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	
<b>Pulse and Time</b>		<b>HGN</b>		<b>Convergence</b>	
1. _____ @ _____		Lack of Smooth Pursuit			
2. _____ @ _____		Maximum Deviation			
3. _____ @ _____		Angle of Onset			
<b>Modified Romberg Balance</b>		<b>Walk and turn</b>			
Approx.  Approx.		Cannot keep balance _____ Starts too soon _____			
		1st nine		2nd nine	
		Stops walking			
		Misses heel-toe			
		Steps off line			
		Raises arms			
		Actual steps taken			
Time estimation _____ estimated as 30 seconds		Describe turn		Cannot do test (explain)	
				Type of footwear	
<b>Finger to nose</b> (Draw lines to spots touched)		Pupil Size		Room Light (2.5-5.0 mm)	
		Left Eye		Darkness (5.0-8.5 mm)	
		Right Eye		Direct Light (2.0-4.5 mm)	
		Nasal area		Oral cavity	
		Rebound dilation <input type="checkbox"/> Yes <input type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible	
		<b>Right Arm</b>		<b>Left Arm</b>	
Blood Pressure _____ / _____		Temperature _____ °C			
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid					
Comments:					

## CERTIFICATION TRAINING ONLY

Eval. stop time	Toxicological Sample: Urine <input checked="" type="checkbox"/> Blood -- Oral Fluid -- Test or tests refused --	Reviewer Name	Evaluation Approved <input type="checkbox"/> Evaluation NOT Approved (DO NOT SIGN) <input type="checkbox"/>
Evaluator Signature		Reviewer Signature	DRE # Date:
Opinion of Evaluator:			
<input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input checked="" type="checkbox"/> Training			



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# 28

# DRE

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## 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

- A. The Prevalence of Polydrug and Polycategory Impairment .....
- B. Possible Effects of Drug Combinations .....
- C. Identifying Expected Indicators of Specific Combinations.....
- D. Novel Psychoactive Substances .....

### LEARNING ACTIVITIES

- Instructor-Led Presentations
- Interactive Discussions
- Worksheet Exercise

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## Learning Objectives

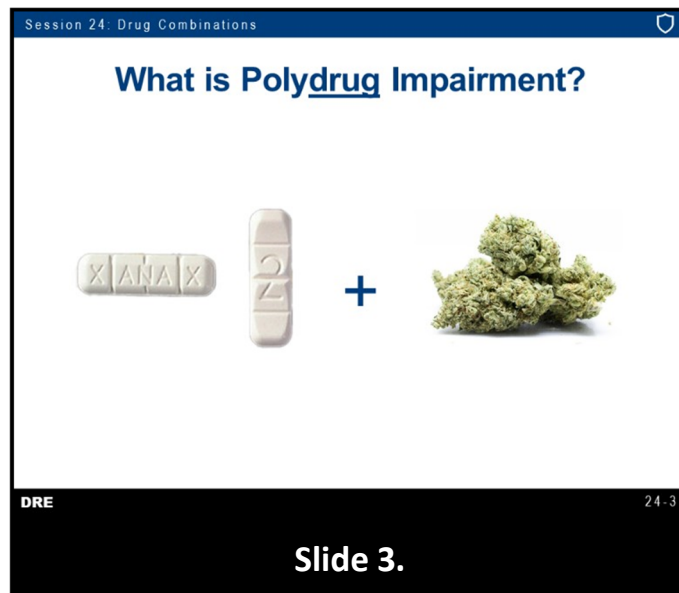
- Explain prevalence of polydrug impairment
- Describe possible combinations of drug effects
- Define terms “Null”, “Overlapping”, “Additive” and “Antagonistic”
- Identify specific effects most likely to be observed
- Describe novel psychoactive substances and their effects

DRE

24-2

**Slide 2.**

## A. The Prevalence of Polydrug and Polycategory Impairment



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).

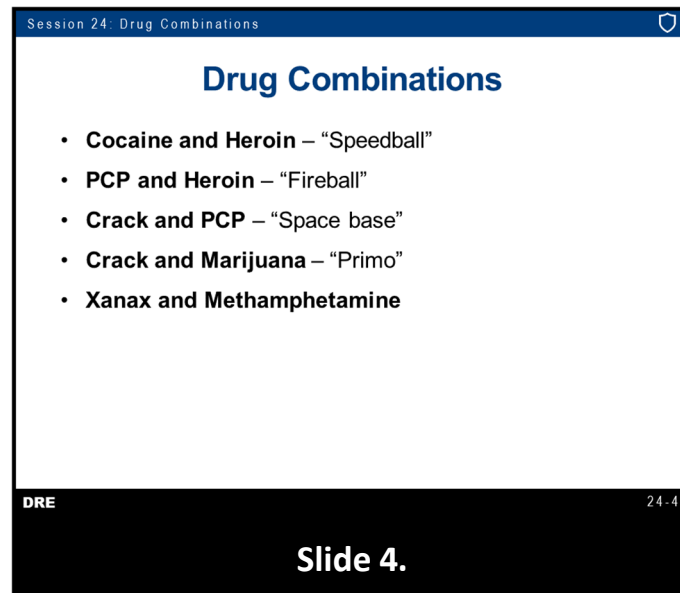
Prevalence of Polydrug Impairment: It is common for a DRE to encounter polydrug users. In the Los Angeles Field Study (1985), 72% of the suspects had two or more drugs in them. If we discount alcohol, nearly half (45%) of the Field Study suspects had two or more other drugs in them.

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).

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.

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.

## B. Possible Effects of Drug Combinations



Session 24 Drug Combinations

### Drug Combinations

- **Cocaine and Heroin** – “Speedball”
- **PCP and Heroin** – “Fireball”
- **Crack and PCP** – “Space base”
- **Crack and Marijuana** – “Primo”
- **Xanax and Methamphetamine**

DRE 24-4

**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

Session 24: Drug Combinations

## Effects of Drug Combinations on Indicators of Impairment

- Null Effect
- Overlapping Effect
- Additive Effect
- Antagonistic Effect

DRE 24-5

**Slide 5.**

There are four effects of drug combinations on indicators of impairment: Null Effect; Overlapping Effect; Additive Effect; Antagonistic Effect.

---

Session 24: Drug Combinations

## Null Effect

No action + No action = No action

DRE 24-6

**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.”

Session 24: Drug Combinations

## Null Effect

**Example #1:**  
HGN  
*Narcotic Analgesic and Cannabis*

**Example #2:**  
Reaction to Light  
*Dissociative Anesthetics and Cannabis*

DRE 24-7

**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.

Example #2: Reaction to Light - Dissociative Anesthetics and Cannabis: Another example of the Null Effect: Neither drug affects reaction to light.

---

Session 24: Drug Combinations

## Overlapping Effect

Action + No action = Action

DRE 24-8

**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.”

Session 24: Drug Combinations

## Overlapping Effect

**Example #1:**  
Pupil Size  
*CNS Stimulants and Dissociative Anesthetics*

**Example #2:**  
HGN  
*CNS Depressants and Narcotic Analgesics*

DRE 24-9

**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.

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.

Session 24: Drug Combinations

## Additive Effect

Action + Action = Greater Action

DRE 24-10

**Slide 10.**

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.”

Session 24 Drug Combinations

## Additive Effect

**Example #1:**  
Pulse Rate  
*Cannabis and Inhalants*

**Example #2:**  
Pupil Size  
*CNS Stimulants and Hallucinogens*

DRE 24-11

**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.

Session 24: Drug Combinations

## Antagonistic Effect

Action + Opposite Action = Unpredictable

DRE 24-12

**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.”

When two drugs produce an “Antagonistic Effect,” they tend to try to override or compete with the effect of the other drug(s).

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.

Session 24: Drug Combinations

## Antagonistic Effect

**Example #1:**  
Pulse Rate  
*CNS Stimulants and CNS Depressants*

**Example #2:**  
Pupil Size  
*CNS Stimulants and Narcotic Analgesics*

DRE 24-13

**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.

Session 24: Drug Combinations

## Antagonistic Effect

**Example #3:**  
Blood Pressure  
*Hallucinogens and Narcotic Analgesics*

DRE 24-15

**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.

Session 24 Drug Combinations

## Cannabis and CNS Stimulant

Impairment Indicator	Cannabis	CNS Stimulant	Type of Effect	What Should We See?

**Slide 15.**

HGN: A specific example: consider a person who is under the influence of a combination of Cannabis and a CNS Stimulant.

Neither Cannabis nor a CNS Stimulant causes 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.

VGN: Neither Cannabis nor a CNS Stimulant causes VGN. This is another Null Effect. We won't see VGN.

LOC: Cannabis causes LOC; a CNS Stimulant does not.

This is a case of action plus no action equal's action. We will see LOC with this combination.

Pupil Size: CNS Stimulants dilate pupils; Cannabis either dilates pupils or has no effect on them.

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.

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.

Session 24 Drug Combinations

## Cannabis and CNS Stimulant

Impairment Indicator	Cannabis	CNS Stimulant	Type of Effect	What Should We See?

DRE24-17

Slide 16.

**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.

**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.

**Body Temperature:** Cannabis usually does not affect body temperature. But CNS Stimulants usually elevate 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.



## Dissociative Anesthetic and Narcotic Analgesic

Impairment Indicator	Dissociative Anesthetic	Narcotic Analgesic	Type of Effect	What Should We See?

DRE

24-18

### Slide 17.

Another specific example: consider a person under the influence of a combination of a Dissociative Anesthetic and a Narcotic Analgesic.

HGN: A Dissociative Anesthetic causes HGN, Narcotic Analgesics do not. This is an Overlapping Effect. We can expect to see HGN with this subject.

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.

LOC: A Dissociative Anesthetic causes LOC; Narcotic Analgesics do not. Another Overlapping Effect. We can expect to see LOC.

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.

Session 24 - Drug Combinations

## Dissociative Anesthetic and Narcotic Analgesic

Impairment Indicator	Dissociative Anesthetic	Narcotic Analgesic	Type of Effect	What Should We See?

DRE74-19

**Slide 18.**

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.

This, too, is an Overlapping Effect. We can expect a "little or nonvisible" reaction in this subject's pupils.

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.

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.

Session 24 Drug Combinations

## Dissociative Anesthetic and Narcotic Analgesic

Impairment Indicator	Dissociative Anesthetic	Narcotic Analgesic	Type of Effect	What Should We See?

DRE24-20

Slide 19.

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.

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.

Session 24: Drug Combinations

## Cannabis, CNS Stimulant, and Hallucinogen

Impairment Indicator	Cannabis	CNS Stimulant	Hallucinogen	Type of Effect	What Should We See?

DRE 24-21

### 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.

The pupils should be dilated.



## Cannabis, CNS Stimulant, and Hallucinogen

Impairment Indicator	Cannabis	CNS Stimulant	Hallucinogen	Type of Effect	What Should We See?

DRE

24-22

### 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.

We could probably see a slow Reaction to Light.

Pulse Rate: Cannabis will normally elevate the pulse rate as will CNS Stimulants and Hallucinogens. This is an example of an Additive Effect.

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.

Blood pressure should be elevated with this combination.



## Cannabis, CNS Stimulant, and Hallucinogen

Impairment Indicator	Cannabis	CNS Stimulant	Hallucinogen	Type of Effect	What Should We See?

DRE

24-23

**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.

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.

The muscle tone should be rigid with this combination.

## C. Identifying Expected Indicators of Specific Combinations

Session 24: Drug Combinations

### Identifying Expected Indicators of Specific Combinations

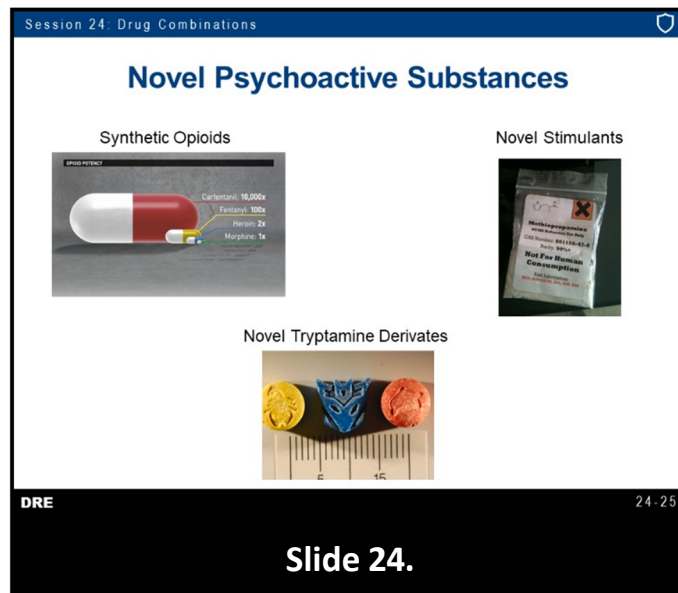
The *Drug Symptomatology Matrix* outlines the expected results of the drug influence evaluation for each drug category.

DRE 24-24

**Slide 23.**

*Drug Symptomatology Matrix:* The Matrix outlines the expected results of the drug impairment evaluation for each drug category.

## D. Novel Psychoactive Substances

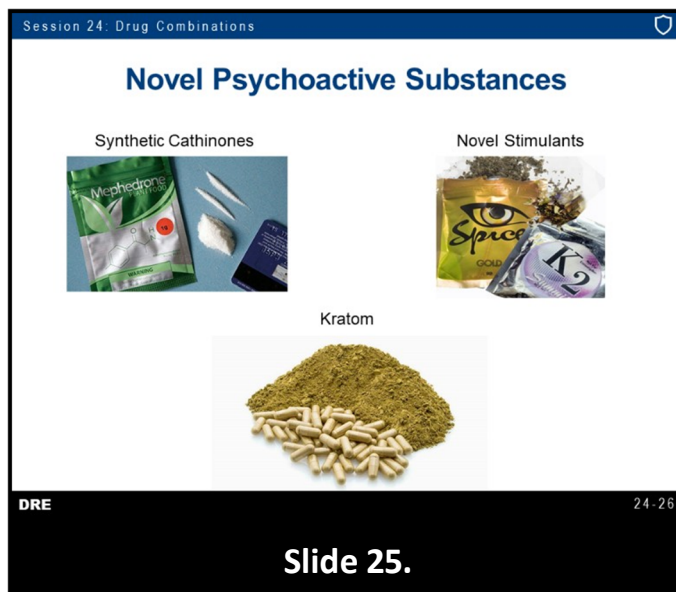


Novel Psychoactive Substances (NPS) include Synthetic Cannabinoids, Cathinone Derivatives, Psychedelic Phenethylamines, novel Stimulants, novel Synthetic Opioids, Tryptamine Derivatives, psychoactive plants/herbs, and many more. The ever-increasing number of NPS emerging and the parallel changes in drug 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.



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 methyone.

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.

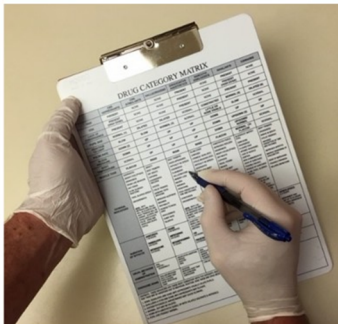
Synthetic Opioids share with Morphine most of their clinical pharmacological effects, including analgesia, sedation, euphoria and risk of respiratory depression. Examples of Synthetic Opioids include U-47700, AH-7921, and the Fentanyl analogs.

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.



## Novel Psychoactive Substances Call What You See!



DRE

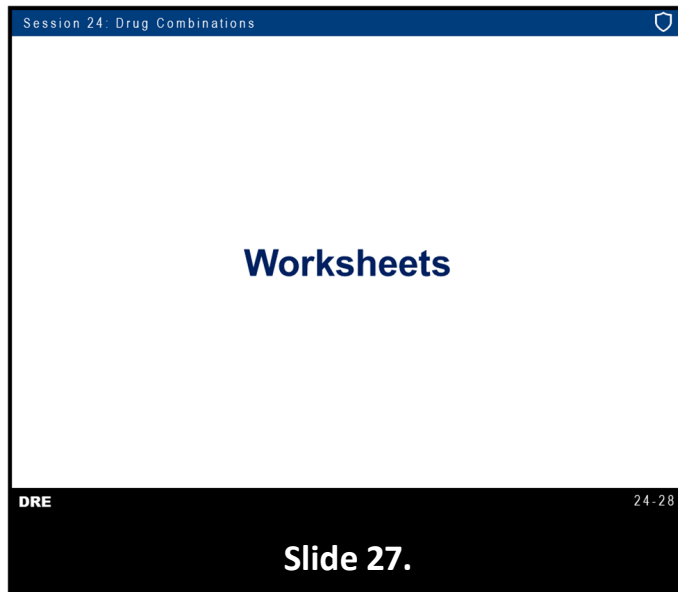
24-27

### 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.

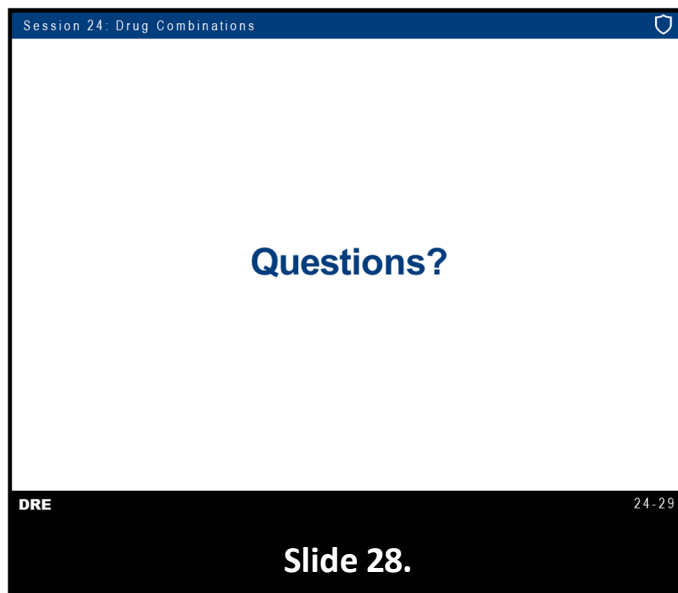
Although NPS drugs are presented within the category the drug was intended to mimic, it is possible the indicators observed by a DRE may not always fit within that category. A DRE should render an opinion based upon the unique evidence observed during the drug impairment evaluation, and, if the observations 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.



Worksheet #1: Alcohol (BAC 60 mg%) and  
Cannabis Worksheet #2: Cannabis and CNS  
Depressant Worksheet #3: CNS Depressant and  
CNS Stimulant

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### **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**

<b>Impairment Indicator</b>	<b>Effect Due to Cannabis</b>	<b>Effect Due to CNS Stimulant</b>	<b>Type of Combined Effect</b>	<b>Expected Result</b>
<b>Horizontal Gaze Nystagmus</b>	None	None	Null	None
<b>Vertical Gaze Nystagmus</b>	None	None	Null	None
<b>Lack of Convergence</b>	Present	None	Overlapping	Present
<b>Pupil Size</b>	Dilated or Normal	Dilated	Overlapping or Additive	Dilated
<b>Reaction to Light</b>	Normal	Slow	Overlapping	Slow
<b>Pulse Rate</b>	Up	Up	Additive	Up
<b>Blood Pressure</b>	Up	Up	Additive	Up
<b>Body Temperature</b>	Normal	Up	Overlapping	Up
<b>Muscle Tone</b>	Normal	Rigid	Overlapping	Rigid

**DISSOCIATIVE ANESTHETIC AND NARCOTIC ANALGESIC  
IN COMBINATION**

<b>Impairment Indicator</b>	<b>Effect Due to Dissociative Anesthetic</b>	<b>Effect Due to Narcotic Analgesic</b>	<b>Type of Combined Effect</b>	<b>Expected Result</b>
<b>Horizontal Gaze Nystagmus</b>	Present	None	Overlapping	Present
<b>Vertical Gaze Nystagmus</b>	Present	None	Overlapping	Present
<b>Lack of Convergence</b>	Present	None	Overlapping	Present
<b>Pupil Size</b>	Normal	Constricted	Overlapping	Constricted
<b>Reaction to Light</b>	Normal	Little or None Visible	Overlapping	Little or None Visible
<b>Pulse Rate</b>	Up	Down	Antagonistic	Down/Normal/Up
<b>Blood Pressure</b>	Up	Down	Antagonistic	Down/Normal/Up
<b>Body Temperature</b>	Up	Down	Antagonistic	Down/Normal/Up
<b>Muscle Tone</b>	Rigid	Flaccid	Antagonistic	Rigid/Flaccid/ Normal

**WORKSHEET #**  
**INSTRUCTOR: ALCOHOL (BAC 60 mg%) AND CANNABIS**

<b>Impairment Indicator</b>	<b>Effect Due to Alcohol</b>	<b>Effect Due to Cannabis</b>	<b>Type of Combined Effect*</b>	<b>Expected Result</b>
<b>Horizontal Gaze Nystagmus</b>				
<b>Vertical Gaze Nystagmus</b>				
<b>Lack of Convergence</b>				
<b>Pupil Size</b>				
<b>Reaction to Light</b>				
<b>Pulse Rate</b>				
<b>Blood Pressure</b>				
<b>Body Temperature</b>				
<b>Muscle Tone</b>				

\*Null; Overlapping; Additive; or, Antagonistic

**WORKSHEET #**  
**INSTRUCTOR: CANNABIS AND CNS DEPRESSANT**

<b>Impairment Indicator</b>	<b>Effect Due to Cannabis</b>	<b>Effect Due to CNS Depressant</b>	<b>Type of Combined Effect*</b>	<b>Expected Result</b>
<b>Horizontal Gaze Nystagmus</b>				
<b>Vertical Gaze Nystagmus</b>				
<b>Lack of Convergence</b>				
<b>Pupil Size</b>				
<b>Reaction to Light</b>				
<b>Pulse Rate</b>				
<b>Blood Pressure</b>				
<b>Body Temperature</b>				
<b>Muscle Tone</b>				

\*Null; Overlapping; Additive; or, Antagonistic

**WORKSHEET #**  
**INSTRUCTOR: CNS STIMULANT AND CNS DEPRESSANT**

<b>Impairment Indicator</b>	<b>Effect Due to CNS Stimulant</b>	<b>Effect Due to CNS Depressant</b>	<b>Type of Combined Effect*</b>	<b>Expected Result</b>
<b>Horizontal Gaze Nystagmus</b>				
<b>Vertical Gaze Nystagmus</b>				
<b>Lack of Convergence</b>				
<b>Pupil Size</b>				
<b>Reaction to Light</b>				
<b>Pulse Rate</b>				
<b>Blood Pressure</b>				
<b>Body Temperature</b>				
<b>Muscle Tone</b>				

\*Null; Overlapping; Additive; or, Antagonistic

# 29

## DRE

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### PRACTICE: TEST INTERPRETATION

#### LEARNING OBJECTIVES

- Analyze results of a drug impairment evaluation
- Articulate basis for the opinion

#### CONTENTS

- A. Interpretation Practice.....

#### LEARNING ACTIVITIES

- Small-Group Practice
- Participant-Led Presentations

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## Learning Objectives

- Analyze results of a drug influence evaluation
- Articulate basis for opinion

DRE

25-2

Slide 2.

### A. Interpretation Practice



## Case One: Allen



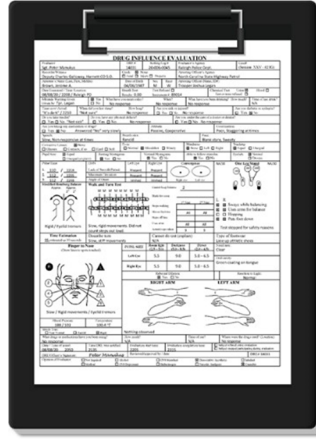
DRE

25-3

Slide 3.



### Case Two: Brown



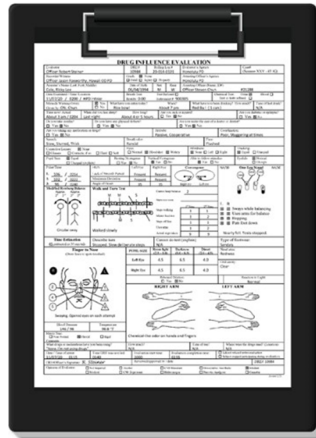
DRE

25-4

Slide 4.



### Case Three: Cole



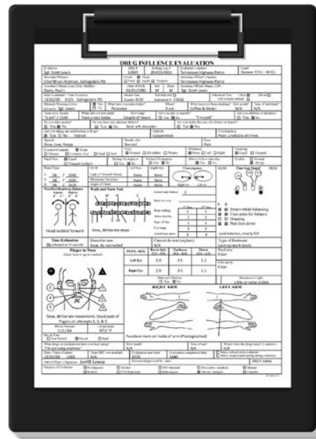
DRE

25-5

Slide 5.



### Case Four: Davis



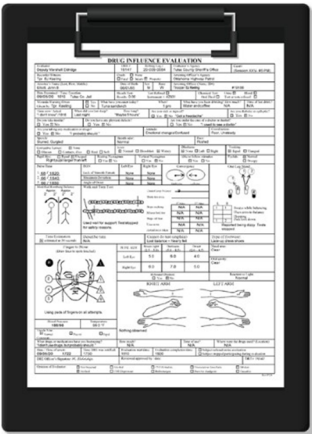
DRE

25-6

Slide 6.

Session 25 Practice - Test Interpretation

**Case Five:  
Elliott**



DRE 25-7

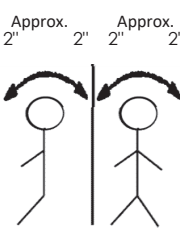
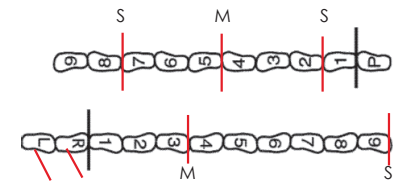
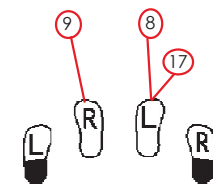
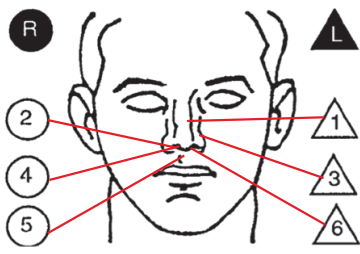
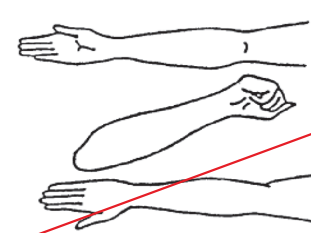
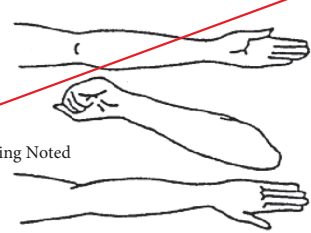
**Slide 7.**

Session 18 Practice - Test Interpretation

**Questions?**

DRE 18-8

**Slide 8.**

Evaluator Cst. P. Foster		DRE # 22290	Rolling Log # 20-017-0087	Evaluator Agency Saskatoon Police Service		Event/Occ. # (Session XXV - #1 IG)	
Arresting Officer (Name, ID#) Cst. T. Graham			SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No	Arresting Officer's Agency Saskatoon PS		Recorder/Witness N/A	
Date & Time of Arrest 2020/10/30 @ 2020 hrs		Charter Rights Given by Graham	Time DRE Notified 2025 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2139 hrs	
Eval. Start time 2140 hrs	Breath Test <input type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #: ASD# 215267 0 mg%	Subject's Name (Last, First, Middle) Allen, Thomas G.		Date of Birth 1988/09/03	Gender Male		
Date Examined / Time / Location 2020/10/30 @ 2140 hrs @ SPS Detn		What have you eaten today? Taco Bell	When? About 4 pm	What have you been drinking? How much? Beer & Water One bottle of each		Time of last drink? 7 pm	
Time now? / Actual 8 pm? / 2145 hrs		When did you last sleep? How long? This morning About 5 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sore right wrist		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Long pause before answering no)			Attitude Cooperative		Coordination Poor, slow		
Speech Slow, thick		Breath Odour Nothing noted		Face Nothing noted			
Corrective Lenses <input checked="" 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 checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eyelids <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Droopy		Pulse and Time		HGN		Convergence	
1. 102 bpm @ 2148hrs		Lack of Smooth Pursuit		Left		Right	
2. 100 bpm @ 2202hrs		Maximum Deviation		No		No	
3. 100 bpm @ 2230hrs		Angle of Onset		None		None	
Modified Romberg Balance Approx. 2" 2" 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		One Leg Stand 26 /30 23 /30  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) 38 sec estimated as 30 seconds		Describe turn Stopped, then a walking turn		Cannot do test (explain) N/A		Type of footwear 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)	Nasal area Nothing noted	
Left Eye		6.0 mm	9.0 mm	5.0-7.0 mm	Oral cavity Brownish - green coating on back of the tongue		
Right Eye		6.0 mm	9.0 mm	5.0-7.0 mm	Rebound dilation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Reaction to light <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible		Right Arm 		Left Arm  Nothing Noted			
Blood Pressure 164 / 92 mmHg		Temperature 38.2 °C		Muscle tone: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid			
Comments: None		What drugs or medication have you been using? "Just some vitamins"		How much? N/A		Time of use? N/A	
Where were the drugs used? N/A		Eval. stop time 2245 hrs		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A		Toxicological Sample Demand time: 2247 hrs <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time: 2300 hrs	
Reviewed by (instructor name)		Evaluator Signature <i>P. Foster</i>		Approved by (instructor signature)		DRE # Date	
Opinion of Evaluator		<input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input checked="" type="checkbox"/> Operational		<input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input type="checkbox"/> 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 25<sup>th</sup> 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 3<sup>rd</sup>, 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 3<sup>rd</sup>, 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 \_\_\_\_\_.

## **(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

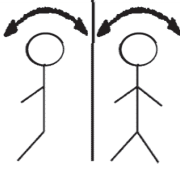
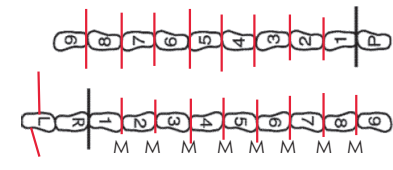
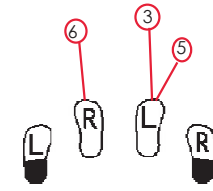
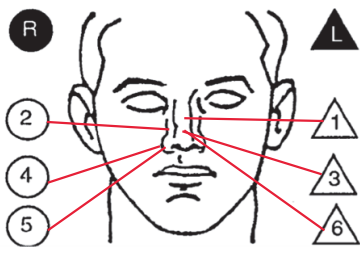
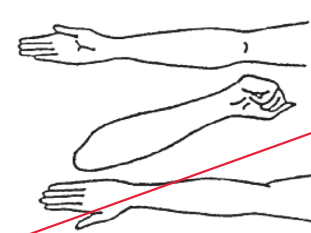
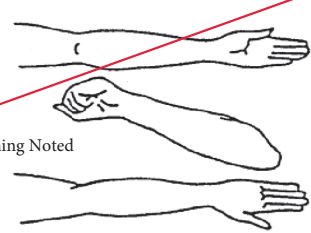
Cst. Foster formed his opinion that Thomas G. ALLEN's ability to operate a conveyance was impaired at 2225 hours.

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 Sgt. D. Botham		DRE # 17353	Rolling Log # 20-006-0045	Evaluator Agency RCMP		Event/Occ. # (Session XXV - #2 IG)	
Arresting Officer (Name, ID#) Cpl. D. Milette			SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No	Arresting Officer's Agency RCMP		Recorder/Witness N/A	
Date & Time of Arrest 2020/08/08 @ 2050 hrs		Charter Rights Given by Milette	Time DRE Notified 2135 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2203 hrs	
Eval. Start time 2205 hrs	Breath Test <input checked="" type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:	Subject's Name (Last, First, Middle) Brown, Jerome A.		Date of Birth 1987/04/06	Gender Male		
Date Examined / Time / Location 2020/08/08 @ 2205 hrs @ RCMP Cells		What have you eaten today? No response	When? No response	What have you been drinking? How much? No response		Time of last drink? N/A	
Time now? / Actual "it's dark" / 2210 hrs		When did you last sleep? How long? "Not sure" No response		Are you sick or injured? <input type="checkbox"/> Yes <input type="checkbox"/> No No response		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No "Not sick"		Do you have any physical disabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No No response		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No No response			
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Answered "no" very slowly			Attitude Passive, cooperative		Coordination Poor, staggering at times		
Speech Slow, non-responsive at times		Breath Odour Rancid		Face Blank stare, sweaty			
Corrective Lenses <input checked="" 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 checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Vertical Nystagmus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy		Pulse and Time		HGN		Convergence	
1. 110 bpm @ 2218hrs		Lack of Smooth Pursuit		Yes		Yes	
2. 112 bpm @ 2235hrs		Maximum Deviation		Yes		Yes	
3. 112 bpm @ 2248hrs		Angle of Onset		Imm		Imm	
Modified Romberg Balance Approx. 0" 0" 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		One Leg Stand N/A /30 N/A /30  Test stopped for safety reasons L R III (4) I (1) Sways while balancing III (3) I (1) Uses arms to balance Ø Ø Hopping I (1) II (2) Puts foot down	
Time estimation & questions (p.2) 55 sec estimated as 30 seconds		Describe turn Slow, stiff movements		Cannot do test (explain) N/A		Type of footwear 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)	Nasal area Nothing noted	
Left Eye		5.5 mm	9.0 mm	5.0-6.5 mm	Oral cavity green coating on tongue		
Right Eye		5.5 mm	9.0 mm	5.0-6.5 mm	Rebound dilation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Reaction to light <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible		Right Arm 		Left Arm  Nothing Noted			
Blood Pressure 188 / 102 mmHg		Temperature 39.0 °C		Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input checked="" type="checkbox"/> Rigid			
Comments:		What drugs or medication have you been using? No response		How much? N/A		Time of use? N/A	
Where were the drugs used? N/A		Eval. stop time 2315 hrs		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A		Toxicological Sample Demand time: 2316 hrs <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time: 2345 hrs	
Reviewed by (instructor name)		Evaluator Signature <i>D. Botham</i>		Approved by (instructor signature)		DRE # Date	
Opinion of Evaluator		<input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input checked="" type="checkbox"/> Operational		<input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input type="checkbox"/> 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 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 stared 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 \_\_\_\_\_.

**(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 Cpl. D. Milette		DRE # 22273	Rolling Log # 20-014-0101	Evaluator Agency RCMP		Event/Occ. # (Session XXV - #3 IG)	
Arresting Officer (Name, ID#) Cst. P. Foster		SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency Saskatoon PS		Recorder/Witness N/A	
Date & Time of Arrest 2020/11/07 @ 0115 hrs		Charter Rights Given by Foster		Time DRE Notified 0140 hrs		Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property	
Date Examined / Time / Location 2020/11/07 @ 0200 hrs @ RCMP Cells		What have you eaten today? Rice bowl		When? About 7 pm		What have you been drinking? How much? Red Bull 1 can	
Time now? / Actual About 3am / 0204 hrs		When did you last sleep? How long? Last night About 4 or 5 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Attitude Passive, cooperative		Coordination Poor, staggering at times			
Speech Slow, slurred, thick		Breath Odour Rancid		Face Flushed			
Corrective Lenses <input checked="" 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 checked="" type="checkbox"/> Bloodshot <input checked="" type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy		Eyes		Blindness		Tracking	
Pulse and Time		HGN		Convergence		One Leg Stand	
1. 106 bpm @ 0214hrs		Lack of Smooth Pursuit		Right Eye		N/A /30	
2. 102 bpm @ 0222hrs		Maximum Deviation		Left Eye		N/A /30	
3. 96 bpm @ 0240hrs		Angle of Onset		Right Eye		N/A /30	
Modified Romberg Balance		Walk and Turn		Right Eye		One Leg Stand	
Approx. 2" 2" 2" 2"		Cannot keep balance II (2)		Right Eye		N/A /30	
Circular sway		Starts too soon /		Left Eye		N/A /30	
Walked slowly		Stops walking II (2) I (1)		Right Eye		N/A /30	
		Misses heel-toe I (1) II (2)		Left Eye		N/A /30	
		Steps off line I (1) I (1)		Right Eye		N/A /30	
		Raises arms I (1) II (2)		Left Eye		N/A /30	
		Actual steps taken 9 9		Right Eye		N/A /30	
Time estimation & questions (p.2) 45 sec estimated as 30 seconds		Describe turn Stopped, slow deliberate steps		Cannot do test (explain) N/A		Type of footwear Sandals	
Finger to nose (Draw lines to spots touched)		Pupil Size		Room Light (2.5-5.0 mm)		Darkness (5.0-8.5 mm)	
Swaying, opened eyes on each attempt		Left Eye		4.5 mm		6.5 mm	
		Right Eye		4.5 mm		4.0 mm	
		Rebound dilation		Reaction to light		Direct Light (2.0-4.5 mm)	
		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible		Nasal area Redness	
		Right Arm		Left Arm		Oral cavity Nothing noted	
		Chemical on hands and fingers		Chemical on hands and fingers			
Blood Pressure 146 / 98 mmHg		Temperature 39.0 °C					
Muscle tone: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Flaccid <input type="checkbox"/> Rigid		Comments:					
What drugs or medication have you been using? "None, I'm not using drugs"		How much? N/A		Time of use? N/A		Where were the drugs used? N/A	
Eval. stop time 0255 hrs		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A		Toxicological Sample <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood		Demand time: 0256 hrs Sample Time: 0309 hrs	
Reviewed by (instructor name)		Evaluator Signature D. Milette		Approved by (instructor signature)		DRE # Date	
Opinion of Evaluator		<input type="checkbox"/> Not Impaired		<input type="checkbox"/> Alcohol		<input type="checkbox"/> CNS Stimulant	
		<input type="checkbox"/> Medical		<input type="checkbox"/> CNS Depressant		<input type="checkbox"/> Hallucinogen	
		<input type="checkbox"/> Dissociative Anaesthetic		<input type="checkbox"/> Narcotic Analgesic		<input type="checkbox"/> Inhalants	
		<input type="checkbox"/> Cannabinoids		<input type="checkbox"/> Training		<input checked="" type="checkbox"/> Operational	

## 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 8<sup>th</sup> 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 eighth 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 attempt 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 touched 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 rigid.

**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 any medical problems.

**9) OPINION:** In my opinion as a Drug Recognition Evaluator, Ricky Cole's ability to operate a conveyance was impaired by \_\_\_\_\_.

**10) MISCELLANEOUS:**

During the oral and nasal cavity examination Mr. Cole's nasal area was red.

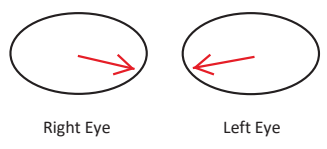
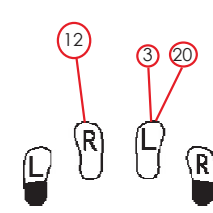
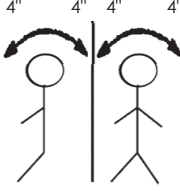
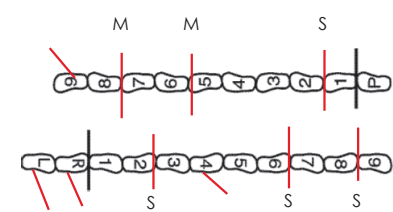
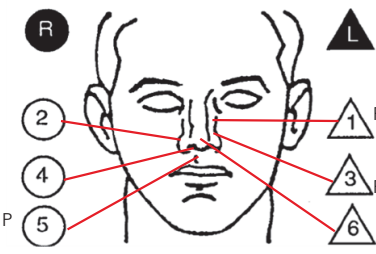
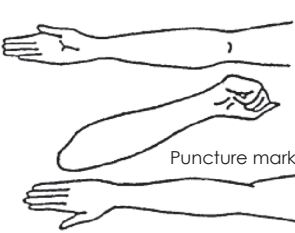
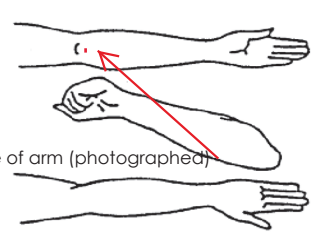
During the injection marks examinations chemicals were observed on both hands and fingers.

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 D. Smith		DRE # 010101	Rolling Log # 20-013-0063	Evaluator Agency RCMP		Event/Occ. # (Session XXV - #4 IG)	
Arresting Officer (Name, ID#) D. Smith		SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency RCMP		Recorder/Witness N/A	
Date & Time of Arrest 2020/12/22 @ 1430 hrs		Charter Rights Given by D. Smith		Time DRE Notified N/A	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		
Date Examined / Time / Location 2020/12/22 @ 1525 @ RCMP Det Detn		What have you eaten today? Pancakes		When? 9 am	What have you been drinking? How much? Coffee & Water N/A		
Time now? / Actual "5 pm" / 1530 hrs		When did you last sleep? How long? Took a nap today Couple of hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "I'm cold"		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Sore left shoulder		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Do you take any medication or drugs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Tylenol		Attitude Cooperative		Coordination Poor, unstable at times			
Speech Slow, low and raspy		Breath Odour Nothing noted		Face Pale			
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pulse and Time</b> 1. <u>56 bpm</u> @ <u>1540hrs</u> 2. <u>58 bpm</u> @ <u>1550hrs</u> 3. <u>56 bpm</u> @ <u>1618hrs</u>		<b>HGN</b> Lack of Smooth Pursuit: No (Left), No (Right) Maximum Deviation: No (Left), No (Right) Angle of Onset: None (Left), None (Right)		<b>Convergence</b> 		<b>One Leg Stand</b> 21 /30      22 /30 	
<b>Modified Romberg Balance</b> Approx. 4"    Approx. 4"    Approx. 4"    Approx. 4"  Head nodded forward		<b>Walk and Turn</b> Cannot keep balance: II (2) Starts too soon: Ø  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 Ø    Ø    Hopping I (1)    II (2)    Puts foot down	
Time estimation & questions (p.2) 58 sec estimated as 30 seconds		Describe turn Slow, as instructed		Cannot do test (explain) N/A		Type of footwear Laced up work boots	
<b>Finger to nose</b> (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)	Nasal area Nothing noted	
		Left Eye	2.0 mm	2.5 mm	1.5 mm		
		Right Eye	2.0 mm	2.5 mm	1.5 mm	Oral cavity Nothing noted	
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input type="checkbox"/> Slow <input checked="" type="checkbox"/> Little to none visible			
		<b>Right Arm</b> 		<b>Left Arm</b> 			
Blood Pressure 112 / 64 mmHg		Temperature 36.8 °C					
Muscle tone: <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Flaccid <input type="checkbox"/> Rigid							
Comments:							
What drugs or medication have you been using? "I'm not using anymore"		How much? N/A		Time of use? N/A		Where were the drugs used? N/A	
Eval. stop time 1640 hrs		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A		Toxicological Sample Demand time: 1640 hrs <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time: 1905 hrs		Reviewed by (instructor name)	
Evaluator Signature <i>D. Smith</i>			Approved by (instructor signature)			DRE # Date	
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input type="checkbox"/> 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 \_\_\_\_\_.

## **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.

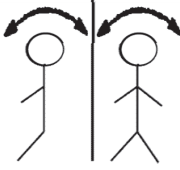
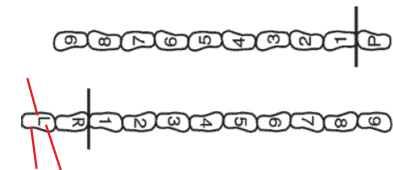
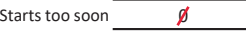

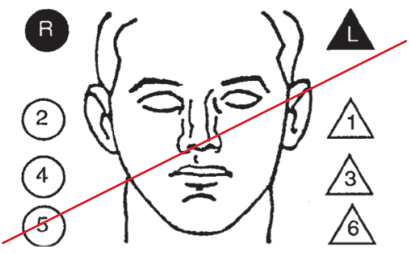
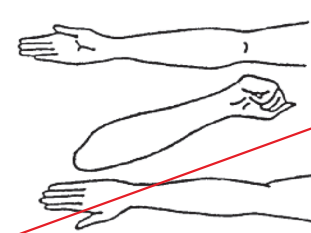
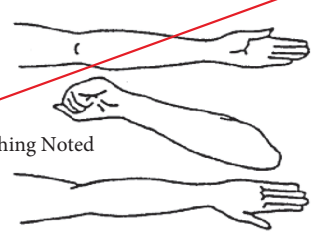
The Drug Influence Evaluation started at 1525 hours and finished at 1640 hours.

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.

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Constable D'Arcy Smith  
Drug Recognition Expert #10101

Evaluator Cst. P. Foster		DRE # 22290	Rolling Log # 21-009-0084	Evaluator Agency Saskatoon Police Service		Event/Occ. # (Session XXV - #5 IG)	
Arresting Officer (Name, ID#) Cst. W. Treluk #755			SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No	Arresting Officer's Agency SPS		Recorder/Witness N/A	
Date & Time of Arrest 2021/09/05 @ 1722 hrs		Charter Rights Given by Treluk	Time DRE Notified 1750 hrs	Crash <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input checked="" type="checkbox"/> Property		DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1809 hrs	
Eval. Start time 1810 hrs	Breath Test <input checked="" type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:		Subject's Name (Last, First, Middle) Elliott, John B.		Date of Birth 1990/04/10	Gender Male	
Date Examined / Time / Location 2021/09/05 @ 1810 hrs @ SPS Detn		What have you eaten today? Tuna sandwich	When? About 1 pm	What have you been drinking? How much? Water & Coffee N/A		Time of last drink? N/A	
Time now? / Actual Don't know / 1816 hrs		When did you last sleep? How long? Last night "Maybe 5 hours"		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "Got a headache"		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "I used to see a doctor"			
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "I probably should"			Attitude Emotional, confused		Coordination Poor, unsteady		
Speech Slurred, thick and confused		Breath Odour Nothing noted		Face Flushed			
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy		Pulse and Time		HGN		Convergence	
1. 68 bpm @ 1820hrs		Lack of Smooth Pursuit		Left		Right	
2. 68 bpm @ 1840hrs		Maximum Deviation		No		No	
3. 68 bpm @ 1850hrs		Angle of Onset		None		None	
Modified Romberg Balance Approx.  Approx. Test stopped for safety		Walk and Turn  Cannot keep balance III ③ Starts too soon 		1st nine 2nd nine		One Leg Stand N/A /30 N/A /30  Claimed to be dizzy, tests stopped for safety reasons	
Time estimation & questions (pg2) _N/A_ estimated as 30 secs		Describe turn N/A		Cannot do test (explain) Used wall for support, dizzy, test stopped.		Type of footwear 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)	
Left Eye		5.0 mm		6.0 mm		4.0 mm	
Right Eye		6.0 mm		7.0 mm		5.0 mm	
Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible		Nasal area Nothing noted		Oral cavity Nothing noted	
Blood Pressure 188 / 98 mmHg		Temperature 39.0 °C		Right Arm 		Left Arm  Nothing Noted	
Muscle tone: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid		Comments:		Nothing Noted			
What drugs or medication have you been using? "I don't use drugs, but probably should"		How much? N/A		Time of use? N/A		Where were the drugs used? N/A	
Eval. stop time 1920 hrs		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A		Toxicological Sample Demand time: N/A <input type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time: N/A		Reviewed by (instructor name)	
Evaluator Signature <i>P. Foster, Esq</i>		Approved by (instructor signature)		DRE #		Date	
Opinion of Evaluator		<input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input checked="" type="checkbox"/> Operational		<input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input type="checkbox"/> 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 25<sup>th</sup> 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 25<sup>th</sup> Street East, Saskatoon, Saskatchewan on September 5, 2021.
2. **Witnesses:** This evaluation was witnessed by Cst. W. Trelbuk #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 Trelbuk #755:* Cst Trelbuk 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 Trelbuk 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. Trelbuk 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 in 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:

- 1<sup>st</sup> pulse, taken at 1820 hours was 68 beats per minute (BPM) which is within the DRE average range of 60-90 BPM;
- 2<sup>nd</sup> pulse, taken at 1840 hours was 68 BPM which is within the average DRE range; &
- 3<sup>rd</sup> 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 impaired by \_\_\_\_\_.

## 10. Miscellaneous:

- Nothing noted in nasal or oral cavity.

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

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Patrick Foster, Constable

Saskatoon Police Service

DRE# 22290

# 30 DRE

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## 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

- A. Components of the Process .....
- B. Components of the Drug Influence Evaluation Report.....
- C. Drug Influence Evaluation Narrative Report Components .....
- D. Sample Report.....

### LEARNING ACTIVITIES

- Instructor-Led Presentations
- Interactive Discussion

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Session 26: Preparing the Narrative Report

## Learning Objectives

- Discuss essential elements of the drug influence evaluation report
- Prepare a clear and concise drug influence evaluation report

DRE 26-2

### A. Components of the Process

Session 26: Preparing the Narrative Report

## Drug Influence Evaluation Report

- Complete, clear, convincing
- Well-written
- Descriptive, detailed and complete
- Organized, clearly documented, and compelling

DRE 26-3

**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.

The defence is less likely to contest the charge when the report is descriptive, detailed, and complete.

## 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.

However, it is important to remember the DRE Facesheet does not contain all of the important information available concerning this subject.

Session 26. Preparing the Narrative Report


### Sample Drug Influence Evaluation Facesheet

DRE 26-4

**Slide 4.**

Session 26: Preparing the Narrative Report

## Drug Influence Evaluation Facesheet



DRE 26-5

**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.

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.

Session 26: Preparing the Narrative Report

## Drug Influence Evaluation Facesheet

**Modified Romberg Balance**  
Approx.    Approx.

**Convergence**

Right eye    Left eye

---

**Time Estimation**  
\_\_\_\_\_ estimated as 30 seconds

**DRE** 26-6

### 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.

The second figure indicates the sway from side to side and is estimated in inches or centimetres from center.

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.

Session 26: Preparing the Narrative Report

## Drug Influence Evaluation Facesheet

### Recording Walk and Turn Test Results

**Walk and Turn Test**

Cannot keep balance \_\_\_\_\_  
 Starts too soon \_\_\_\_\_

	1 <sup>st</sup> Nine	2 <sup>nd</sup> Nine
Stops walking		
Misses heel-toe		
Steps off line		
Uses arm(s)		
Actual Steps taken		

Describe turn \_\_\_\_\_  
 Cannot do test (explain) \_\_\_\_\_

**DRE** 26-7

## 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.

Session 26: Preparing the Narrative Report

## Drug Influence Evaluation Facesheet

### Recording One Leg Stand and Finger to Nose tests


/30 **One Leg Stand** /30



L	R	
		Sways while balancing
		Uses arm(s) to balance
		Hopping
		Puts foot down

Type of footwear: \_\_\_\_\_

(Draw lines to spots touched)



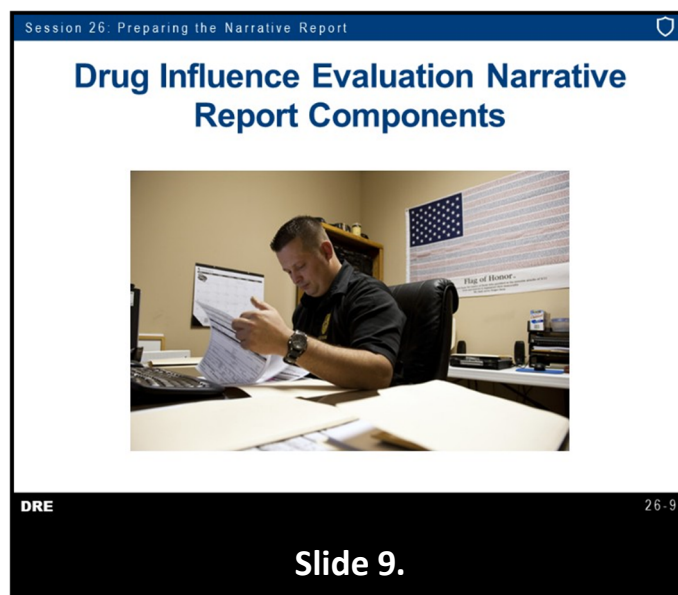
**DRE** 26-8

### Slide 8.

**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.

**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.

## C. Drug impairment Evaluation Narrative Report Components



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.

Sixth component – Clinical Indicators of Impairment

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.

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.

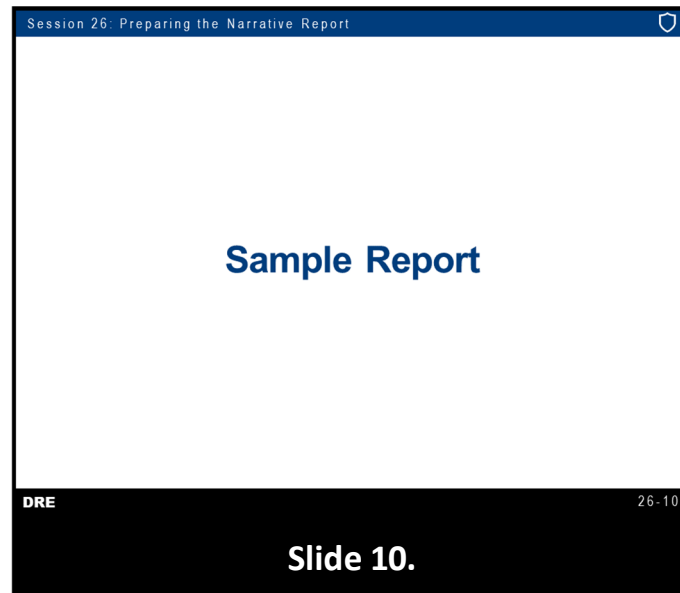
Ninth component – DRE Opinion: here you write your opinion on the impairment and probable categories. This opinion must be written in the following form:

*"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)]."*

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:

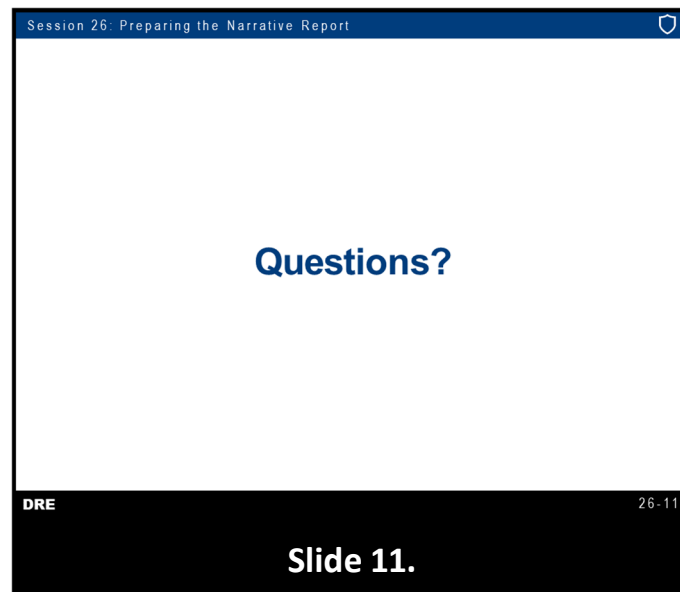
- Signs of Administration: Record the results of examinations of oral and nasal cavities. Document the results of examinations for injection marks. Document any odors detected on subject's breath, hands, clothing, etc. Document physical debris of drugs or drug paraphernalia found on subject's person.
- 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.
- Drugs or drug paraphernalia found in the subject's possession, additional charges, etc.

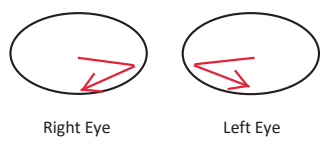
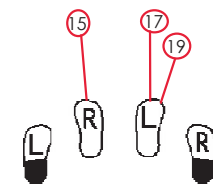
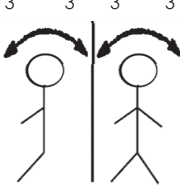
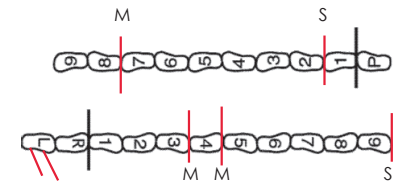
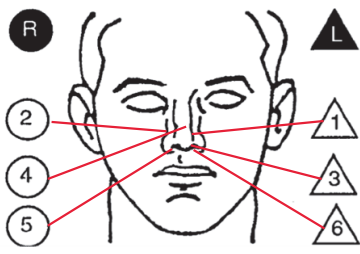
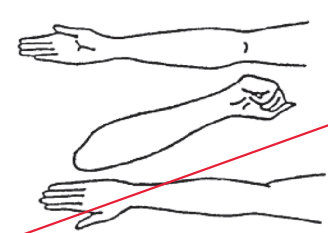
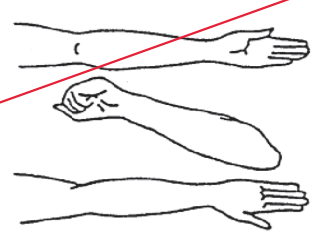
## D. Sample Report



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.

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Evaluator Cst. A. Oliveira		DRE # 21367	Rolling Log # 20-018-0155	Evaluator Agency RCMP		Event/Occ. # (Session XXVI)
Arresting Officer (Name, ID#) Cst. B. Martin		SFST Trained <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency Cape Breton Regional		Recorder/Witness Cst. B. Burrows
Date & Time of Arrest 2020/09/07 @ 1615 hrs		Charter Rights Given by Martin	Time DRE Notified 1620 hrs	Crash <input checked="" type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 1729 hrs
Eval. Start time 1730 hrs	Breath Test <input checked="" type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:		Subject's Name (Last, First, Middle) Roach, Robert D.		Date of Birth 1990/04/20	Gender Male
Date Examined / Time / Location 2020/09/07 @ 1730 hrs @ CBRP Detn		What have you eaten today? Burger, Doritos & cookies	When? About 4 pm	What have you been drinking? How much? Iced Tea & Water 3 or 4 cups		Time of last drink? N/A
Time now? / Actual 6 pm? / 1733 hrs		When did you last sleep? How long? Last night About 8 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Sore back		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you take any medication or drugs? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No "I smoke pot for my back and to relax"			Attitude Cooperative, carefree		Coordination Slow, unsteady	
Speech Slow, thick, low		Breath Odour Cannabis		Face Nothing noted		
Corrective Lenses <input checked="" 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 checked="" type="checkbox"/> Bloodshot <input checked="" type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Pulse and Time</b> 1. <u>98 bpm @ 1740hrs</u> 2. <u>96 bpm @ 1753hrs</u> 3. <u>98 bpm @ 1812hrs</u>		<b>HGN</b> Lack of Smooth Pursuit: No Left, No Right Maximum Deviation: No Left, No Right Angle of Onset: None Left, None Right		<b>Convergence</b> 		<b>One Leg Stand</b> 24 /30      22 /30  leg tremors, counted improperly
<b>Modified Romberg Balance</b> Approx. 3" 3"      Approx. 3" 3"  circular sway, eyelid tremors		<b>Walk and Turn</b> Cannot keep balance <u>II (2)</u> Starts too soon <u>Ø</u>  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
Time estimation & questions (p.2) 42 sec estimated as 30 seconds		Describe turn Walking in circle with several small steps		Cannot do test (explain) N/A		Type of footwear Brown laced up hiking boots
<b>Finger to nose</b> (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)	Nasal area Nothing noted
		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	Oral cavity Green and brown coating on tongue
		Rebound dilation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Reaction to light <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible		
		<b>Right Arm</b> 		<b>Left Arm</b> 		
Blood Pressure 162 / 98 mmHg		Temperature 37.4 °C				
Muscle tone: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid						
Comments:						
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 & 1pm	Where were the drugs used? "At the lake & in my car"
Eval. stop time 1825 hrs	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments: N/A	Toxicological Sample Demand time: 1826 hrs <input checked="" type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time: 1900 hrs		Reviewed by (instructor name)		
Evaluator Signature <i>A.Oliveira</i>			Approved by (instructor signature)			DRE # Date
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input type="checkbox"/> 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 1<sup>st</sup> 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 7<sup>h</sup> 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 7<sup>th</sup> 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 2<sup>nd</sup> 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 1<sup>st</sup> attempt ROACH touched the side of his left nostril with the tip of his left index finger. On his 2<sup>nd</sup> attempt ROACH touched the side of his right nostril with the tip of his right index finger. On his 3<sup>rd</sup>

attempt ROACH touched underneath his left nostril with the tip of his left index finger. On his 4<sup>th</sup> attempt ROACH touched the bridge of his nose with the tip of his right index finger. On his 5<sup>th</sup> attempt ROACH touched underneath his right nostril with the tip of his right index finger. On his final and 6<sup>th</sup> 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, ROACH's eyes came inward then shot out downward and away. In room light the diameter of ROACH's pupils were 6.0 millimetres (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 162 millimetres 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\*\***

# 31

# DRE

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## 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**

- A. Procedures for this Session .....
- B. Hands-On Practice .....
- C. Session Wrap-Up .....

**LEARNING ACTIVITIES**

- Instructor-Led Demonstrations
- Instructor-Led Coaching
- Participant-Led Coaching

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Session 27 Practice – Test Administration

## Learning Objectives

- Administer selected portions of the examinations that constitute drug influence evaluation
- Describe evaluation procedures
- Document results of examinations

DRE 27-2

**Slide 2.**

---

### A. Procedures for this Session

Session 27 Practice – Test Administration

## Procedures for this Session

- Participants will work in teams
- At any given time, one member will be conducting and recording exams of the other member
- Third member of team will coach and critique conducting member
- Participants take turns performing each role

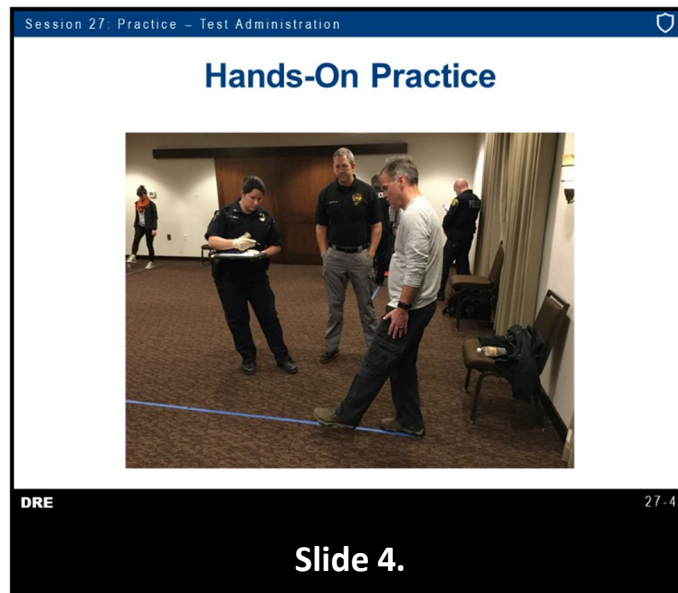
DRE 27-3

**Slide 3.**

Participants will work in two or three member teams.

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.

## B. Hands-On Practice



Drug impairment Evaluation: For this practice session, each participant will conduct a complete drug impairment evaluation.

Begin with the Preliminary Examination.

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).

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.

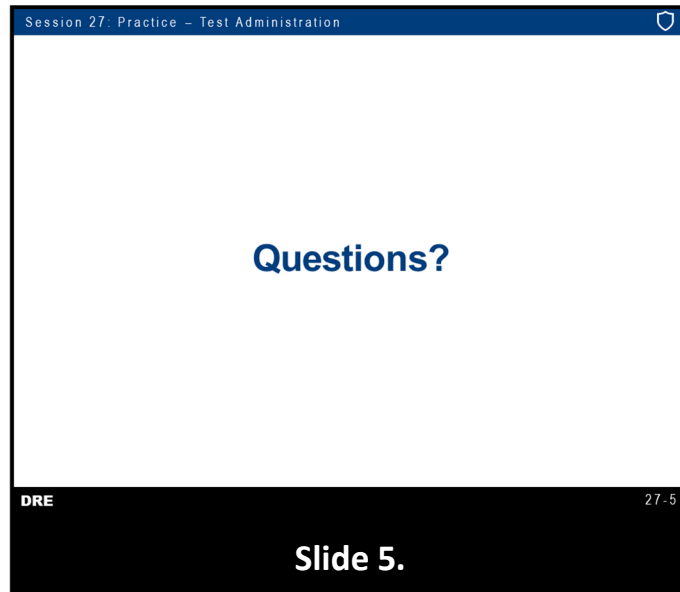
Check the vital signs: Blood pressure; Temperature; Check the pulse for the second time. Dark Room Examinations: Conduct the dark room examinations.

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.

## C. Session Wrap-Up



# CERTIFICATION DRUG IMPAIRMENT EVALUATION

Canada Cert FS v.2023-01

Evaluator		DRE # <b>N/A</b>	Rolling Log #	Evaluator Agency																			
Supervising Instructor (Name, DRE#)		Instructor Agency																					
Witness(es)																							
Eval. Start time	Breath Test Result:	No grounds: <input type="checkbox"/> Test refused: <input type="checkbox"/>	Subject's Name and sequence # (AS APPEARS ON NAMETAG)		Date of Birth																		
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? <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 or dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
Do you take any medication or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No			Attitude:		Coordination:																		
Speech:		Breath Odour:		Face:																			
Corrective Lenses: <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"/> Left <input type="checkbox"/> Right																			
Pupil Sizes: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input type="checkbox"/> No		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																			
<b>Pulse and Time</b>		<b>HGN</b>		<b>Convergence</b>																			
1. _____ @ _____		Lack of Smooth Pursuit																					
2. _____ @ _____		Maximum Deviation																					
3. _____ @ _____		Angle of Onset																					
<b>Modified Romberg Balance</b>		<b>Walk and turn</b>																					
Approx.  Approx.		Cannot keep balance _____ Starts too soon _____																					
		Stops walking _____ Misses heel-toe _____ Steps off line _____ Raises arms _____ Actual steps taken _____																					
		<table border="1" style="width: 100%; text-align: center;"> <tr> <td></td> <td>1st nine</td> <td>2nd nine</td> </tr> <tr> <td>Stops walking</td> <td></td> <td></td> </tr> <tr> <td>Misses heel-toe</td> <td></td> <td></td> </tr> <tr> <td>Steps off line</td> <td></td> <td></td> </tr> <tr> <td>Raises arms</td> <td></td> <td></td> </tr> <tr> <td>Actual steps taken</td> <td></td> <td></td> </tr> </table>					1st nine	2nd nine	Stops walking			Misses heel-toe			Steps off line			Raises arms			Actual steps taken		
	1st nine	2nd nine																					
Stops walking																							
Misses heel-toe																							
Steps off line																							
Raises arms																							
Actual steps taken																							
		<table border="1" style="width: 100%; text-align: center;"> <tr> <td></td> <td>L</td> <td>R</td> </tr> <tr> <td>Sways while balancing</td> <td></td> <td></td> </tr> <tr> <td>Uses arms to balance</td> <td></td> <td></td> </tr> <tr> <td>Hopping</td> <td></td> <td></td> </tr> <tr> <td>Puts foot down</td> <td></td> <td></td> </tr> </table>					L	R	Sways while balancing			Uses arms to balance			Hopping			Puts foot down					
	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																			
<b>Finger to nose</b> (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		Nasal area																			
		Right Eye		Oral cavity																			
		Rebound dilation <input type="checkbox"/> Yes <input type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible																			
		<b>Right Arm</b>		<b>Left Arm</b>																			
Blood Pressure _____ / _____		Temperature _____ °C																					
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid																							
Comments:																							

## CERTIFICATION TRAINING ONLY

Eval. stop time	Toxicological Sample: Urine <input checked="" type="checkbox"/> Blood -- Oral Fluid -- Test or tests refused --	Reviewer Name	Evaluation Approved <input type="checkbox"/> Evaluation NOT Approved (DO NOT SIGN) <input type="checkbox"/>
Evaluator Signature		Reviewer Signature	DRE # Date:
Opinion of Evaluator: <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input checked="" type="checkbox"/> Training			

# 32

# DRE

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## 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

- A. Guidelines for Case Preparation .....
- B. Guidelines for Direct Testimony .....
- C. Typical Defence Tactics .....

### LEARNING ACTIVITIES

- Instructor-Led Presentations
- Instructor-Led Demonstrations
- Reading Assignments

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Session 28. Case Preparation and Testimony

## Learning Objectives

- Conduct a thorough pre-trial and prepare for testimony
- Provide clear, accurate, and descriptive direct testimony
- Respond effectively and appropriately to cross examination

DRE 28-2

**Slide 2.**

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### A. Guidelines for Case Preparation

Session 28. Case Preparation and Testimony

## Preparation



DRE 28-3

**Slide 3.**

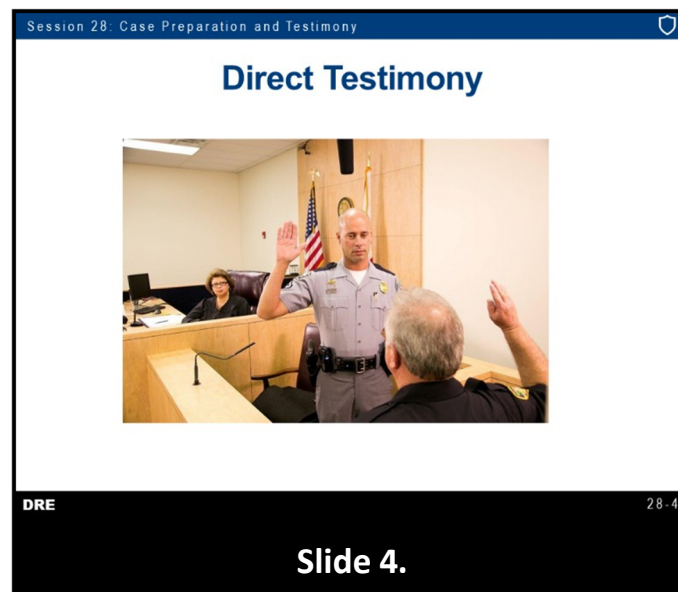
Content Preparation to present your case in court begins during your initial investigation. The quality of your investigation and documentation will ultimately determine your ability to accurately present information during trial.

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.

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## B. Guidelines for Direct Testimony



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.


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?

Session 28: Case Preparation and Testimony

## General Guidelines



DRE 28-6

**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".

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.

Remember, sometimes the focus is on an officer's demeanor as much as the content of testimony.

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.


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.

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.

## C. Typical Defence Tactics

Session 28. Case Preparation and Testimony

### Typical Defense Tactics



- Challenging observations and interpretations
- Challenging credentials

DRE 28-7

**Slide 6.**

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.

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.

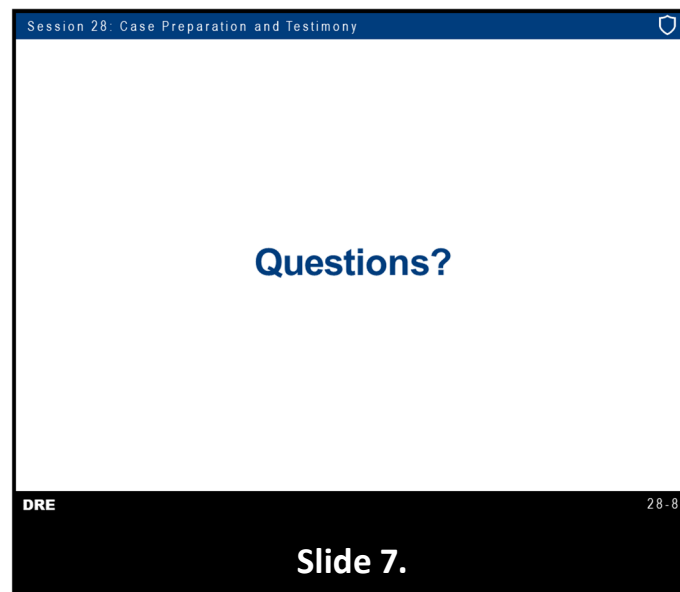
The role of the hired defence witness is to propose alternative theories regarding the evidence of the case. Their qualifications or expertise may vary greatly. The prosecutor's role is to address alternative theories and may elicit testimony from the DRE for this purpose.

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

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 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

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## REVIEW OF DRE SCHOOL

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Review of DRE School

## How do we define the term “drug” for DRE purposes?

“Any substance that, when taken into the human body, can impair the ability of the person to operate a conveyance”

DRE REV-2

**Slide 2.**

How do we define the term “drug” for Drug Recognition Expert (DRE) purposes?

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Review of DRE School

## Basic Drug Statistics

- What drug, other than alcohol, was found most frequently in the Los Angeles Field Validation Study?
- What does “polydrug use” mean?
- How common was polydrug use in the Los Angeles Field Validation Study?

DRE REV-3

**Slide 3.**

What drug, other than alcohol, was found most frequently in the Los Angeles Field Validation Study?

What does “polydrug use” mean?

How common was polydrug use in the Los Angeles Field Validation Study?

Review of DRE School

## Basic Drug Statistics

- How good were the DREs in the Field Validation Study?
- In the University of Tennessee Study, what percentage of injured drivers had drugs other than alcohol in them?

DRE REV-4

**Slide 4.**

How good were the DREs in the Field Validation Study?

In the University of Tennessee Study, what percentage of injured drivers had drugs other than alcohol in them?

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Review of DRE School

## Review of Symptomatology

- Name six different CNS Depressants
- Name four different CNS Stimulants
- Name two naturally-occurring Hallucinogens
- Name four different synthetic Hallucinogens

DRE REV-5

**Slide 5.**

Name six different Central Nervous System (CNS) Depressants.

Name four different CNS Stimulants.

Name two naturally-occurring Hallucinogens.

Name four different synthetic Hallucinogens.

Review of DRE School

## Review of Symptomatology

- Name a major analog of PCP
- Name the three sub-categories of Inhalants
- What is the active ingredient in Cannabis?

DRE REV-6

**Slide 6.**

Name a major analog of PCP.

Name the three sub-categories of Inhalants.

What is the active ingredient in Cannabis?

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Review of DRE School

## Review of Vital Signs: Pulse Rate

- Define "Pulse"
- **True or False:** Pulse rate is measured in units of "millimeters of mercury"
- Name three different pulse point
  - Indicate where they are located
- What is the "average" range of adult human pulse rate, for DRE purposes?

DRE REV-7

**Slide 7.**

Define "Pulse".

True or False: Pulse rate is measured in units of "millimeters of mercury".

Name three different pulse points and indicate where they are located.

What is the "average" range of adult human pulse rate, for DRE purposes?

Review of DRE School

### Review of Vital Signs: Blood Pressure

- Define “Blood Pressure”
- Name the instrument used to measure blood pressure
- When does blood pressure reach its highest value?
  - What is the highest value called?

DRE REV-8

**Slide 8.**

Define “Blood Pressure”.

Name the instrument used to measure blood pressure.

When does blood pressure reach its highest value? What is the highest value called?

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Review of DRE School

### Review of Vital Signs: Blood Pressure

- When does blood pressure reach its lowest value?
  - What is the lowest value called?
- What is the “average” range of adult human blood pressure, for DRE purposes?
- What does “Hg” stand for?

DRE REV-9

**Slide 9.**

When does blood pressure reach its lowest value? What is the lowest value called?

What is the “average” range of adult human blood pressure, for DRE purposes?

What does “Hg” stand for?

Review of DRE School

## Review of Eye Examinations: Horizontal Gaze Nystagmus

- What are the three validated clues of impairment that have been established for HGN?
- What formula expresses the approximate statistical relationship between BAC and the Angle of Onset of Nystagmus?
- What categories of drugs usually will cause HGN?

DRE REV-10

**Slide 10.**

What are the three clues of impairment that have been established for HGN?

What formula expresses the approximate statistical relationship between BAC and the Angle of Onset of Nystagmus?

What categories of drugs usually will cause HGN?

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Review of DRE School

## Review of Eye Examinations: Vertical Gaze Nystagmus

- **True or False:** Any drug that causes HGN may also produce VGN
- What category of drugs causes VGN but not HGN?

DRE REV-11

**Slide 11.**

True or False: Any drug that causes HGN may also produce VGN.

What category of drugs causes VGN but not HGN?

Review of DRE School

## Review of Eye Examinations: Lack of Convergence

- **True or False:** Any drug that causes nystagmus will also usually cause the eyes to be unable to converge
- What category of drugs usually causes LOC but does not cause nystagmus?

DRE REV-12

**Slide 12.**

True or False: Any drug that causes nystagmus will also usually cause the eyes to be unable to converge.

What category of drugs usually causes LOC but does not cause nystagmus?

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Review of DRE School

## Review of Darkroom Examinations

- What are the three lighting conditions under which we must estimate the size of the subject's pupils?
- How long should we wait in the Darkroom before beginning to check the subject's pupils?
- Name the device we use to estimate the size of the subject's pupils

DRE REV-13

**Slide 13.**

What are the three lighting conditions under which we must estimate the size of the subject's pupils?

How long should we wait in the Darkroom before beginning to check the subject's pupils?

Name the device we use to estimate the size of the subject's pupils.

Review of DRE School

## Review of Darkroom Examinations

- What do the numbers on the Pupillometer refer to?
- In what units of measurement are those numbers given?
- For DRE purposes, what is the “average” range of an adult pupil in room light?
- What does the term “Miosis” mean?

DRE REV-14

**Slide 14.**

What do the numbers on the Pupillometer refer to?

In what units of measurement are those numbers given?

For DRE purposes, what is the “average” range of an adult pupil in room light?

What does the term “Miosis” mean?

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Review of DRE School

## Review of Darkroom Examinations

- What does the term “Mydriasis” mean?
- What category of drugs usually causes Miosis, or constricted pupils?
- What categories usually cause Mydriasis, or dilated pupils?
- What is unique about the drug Methaqualone (Quaaludes) and Soma?

DRE REV-15

**Slide 15.**

What does the term “Mydriasis” mean?

What category of drugs usually causes Miosis, or constricted pupils?

What categories usually cause Mydriasis, or dilated pupils?

What is unique about the drug Methaqualone (Quaaludes) and Soma?

Review of DRE School

## Review of Divided Attention Tests

- Name the four Divided Attention Tests administered during the DRE drug influence evaluation

DRE REV-16

**Slide 16.**

Name the four Divided Attention Tests administered during the DRE drug impairment evaluation.

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Review of DRE School

## Review of Divided Attention Tests

- Why is the MRB the first test administered?
- What four validated clues of impairment have been established for the OLS Test?
- How many times is the OLS administered during the DRE drug influence evaluation?

DRE REV-17

**Slide 17.**

Why is the Modified Romberg Balance (MRB) the first test administered?

What four validated clues of impairment have been established for the One Leg Stand (OLS) Test?

How many times is the OLS administered during the DRE drug impairment evaluation?

Review of DRE School

## Review of Divided Attention Tests

- Which foot must the subject stand on first when performing the OLS?
- How many validated clues of impairment have been established for the WAT test?
  - Name them
  - In what sequence is the subject instructed to touch the index fingers to the nose on the FTN test?

DRE REV-18

**Slide 18.**

Which foot must the subject stand on first when performing the OLS?

How many validated clues of impairment have been established for the Walk and Turn (WAT) test? Name them.

In what sequence is the subject instructed to touch the index fingers to the nose on the Finger to Nose (FTN) test?

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Review of DRE School

## General Review Questions

- What is the medical or technical term for “droopy eyelids”?
- What does “Piloerection” mean?
  - What drug often causes Piloerection?
- What is the medical or technical term for Heroin?

DRE REV-19

**Slide 19.**

What is the medical or technical term for “droopy eyelids”?

What does “Piloerection” mean? What drug often causes Piloerection?

What is the medical or technical term for Heroin?

Review of DRE School

## General Review Questions

- Explain the terms “Null”, “Additive”, “Antagonistic,” and “Overlapping” Effect as they apply to polydrug use
  - Give examples
- What is “Rebound Dilation”?
- What is pupillary unrest?
- What does “Bruxism” mean?

DRE REV-20

**Slide 20.**

Explain the terms “Null”, “Additive”, “Antagonistic,” and “Overlapping” Effect as they apply to polydrug use. Give examples.

What is “Rebound Dilation”?

What is pupillary unrest?

What does “Bruxism” mean?

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Review of DRE School

## General Review Questions

- What does the number denoting the size of a hypodermic needle refer to?
- What does “Synesthesia” mean?
- What is “Sinsemilla”?
- What are the twelve major components of the DRE drug influence evaluation?

DRE REV-21

**Slide 21.**

What does the number denoting the size of a hypodermic needle refer to?

What does “Synesthesia” mean?

What is “Sinsemilla”?

What are the twelve major components of the DRE drug impairment evaluation?

Review of DRE School

## Review of Physiology

- Name the ten major body systems

DRE REV-22

**Slide 22.**

Name the ten major body systems.

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Review of DRE School

## Review of Physiology

- What is the distinction between the "Smooth" muscles and the "Striated" muscles?
- What do we call the chemicals produced by the Endocrine System?
- What is a neuron?

DRE REV-23

**Slide 23.**

What is the distinction between the "Smooth" muscles and the "Striated" muscles?

What do we call the chemicals produced by the Endocrine System?

What is a neuron?

Review of DRE School

## Review of Physiology

- What do we call the space between two nerve cells?
- What do we call the chemicals that pass from one nerve cell to the next?
- What do we call the part of the nerve cell that sends out the neurotransmitter?

DRE REV-24

**Slide 24.**

What do we call the space between two nerve cells?

What do we call the chemicals that pass from one nerve cell to the next?

What do we call the part of the nerve cell that sends out the neurotransmitter?

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Review of DRE School

## Review of Physiology

- What do we call the part of a nerve cell that receives the neurotransmitter?
- What do the Sensory Nerves do?
- What do the Motor Nerves do?
- Name the two sub-divisions of Motor Nerves

DRE REV-25

**Slide 25.**

What do we call the part of a nerve cell that receives the neurotransmitter?

What do the Sensory Nerves do?

What do the Motor Nerves do?

Name the two sub-divisions of Motor Nerves.

Review of DRE School

## Review of Physiology

- Name the two sub-divisions of Autonomic Nerves
  - Describe their functions
- What does it mean to say a drug is “sympathomimetic”?
- What does it mean to say a drug is “parasympathomimetic”?

DRE REV-26

**Slide 26.**

Name the two sub-divisions of Autonomic Nerves and describe their functions.

What does it mean to say a drug is “sympathomimetic”?

What does it mean to say a drug is “parasympathomimetic”?

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Review of DRE School

## Review of Physiology

- Which two categories of drugs can most appropriately be called sympathomimetic?
- Which category can most appropriately be called parasympathomimetic?
- What is an artery?
- What is a vein?

DRE REV-27

**Slide 27.**

Which two categories of drugs can most appropriately be called sympathomimetic?

Which category can most appropriately be called parasympathomimetic?

What is an artery?

What is a vein?

Review of DRE School

## Review of Physiology

- What are the Pulmonary Arteries?
  - What is unique about them?
- What are the Pulmonary Veins?
  - What is unique about them?

DRE REV-28

**Slide 28.**

What are the Pulmonary Arteries, and what are unique about them?  
What are the Pulmonary Veins and what is unique about them?

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Review of DRE School

## Questions?

DRE REV-29

**Slide 29.**

### 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. metasymphathetic
  - 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 will cause Horizontal Gaze Nystagmus? (Circle all 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 know 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. psychotrophic
- E. a dissociative anesthetic

21. Which of the following usually **will not cause** the pupils to dilate? (Circle all 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 all 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 all 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 all 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 all 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 can’t keep balance (which means the suspect breaks away from the heel-to-toe stance) and starts too soon. The other six clues pertain to the Walking Stage of the test. They include:

misses heel-to-toe

uses arm(s) to balance

steps off line

stops walking

turns improperly

takes the wrong number of steps

Although these eight are the only validated 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, **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**

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# 33 DRE

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## 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**

- A. Scenarios: Simulated Examinations .....
- B. Report Preparation Practice.....
- C. Report Review and Critique .....

**LEARNING ACTIVITIES**

- Interview Practice
- Note-Taking Practice
- Small Group Work Session
- Instructor-Led Presentations
- Participant-Led Presentations
- Instructor-Led Critiques

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## Learning Objectives

- Conduct a complete drug influence evaluation
- Compile a complete, clear and accurate report documenting results of the evaluation

DRE

29-2

**Slide 2.**

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### A. Scenarios: Simulated Examinations



## Procedures

- Drug Influence Evaluation Practice
- Report Preparation
- Report Review and Critique



DRE

29-3

**Slide 3.**

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.

## B. Report Preparation Practice

Assignments: Each participant is to prepare a narrative report for one role player evaluated by the team.

## 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.

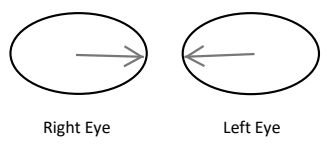

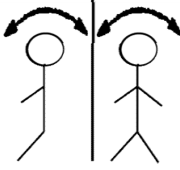
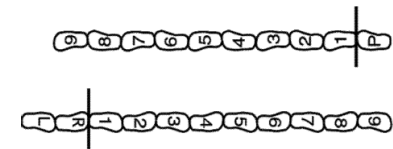
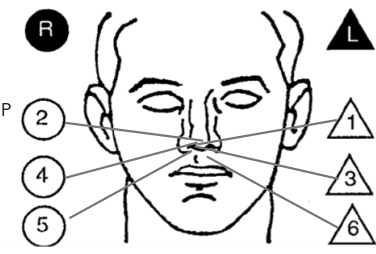
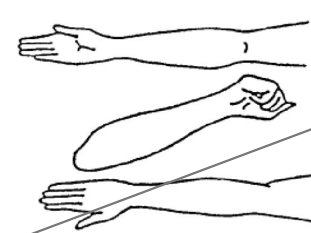
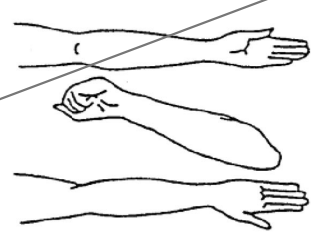


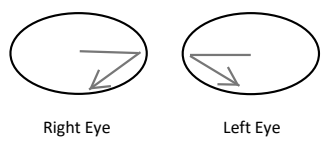
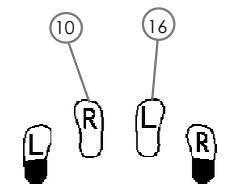
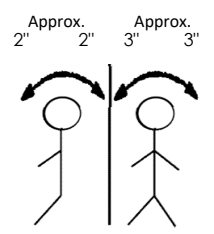
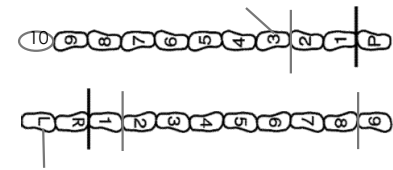
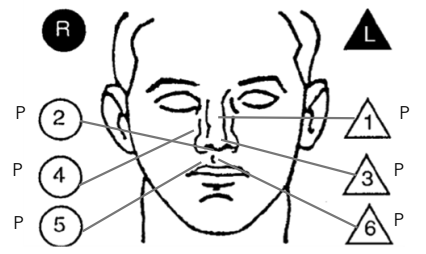
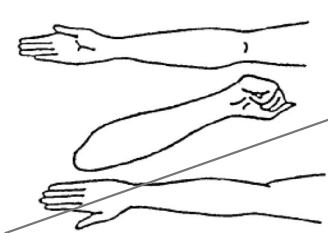
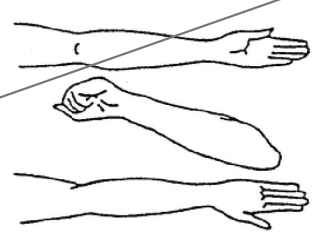
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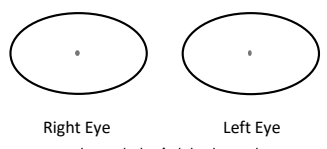

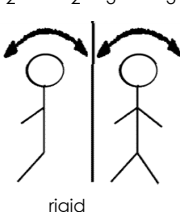
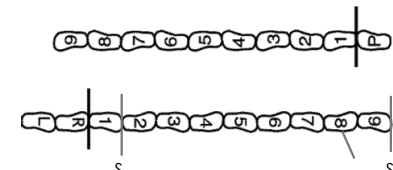
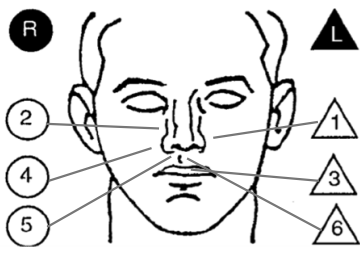
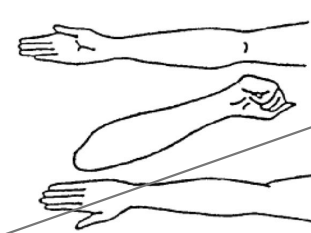
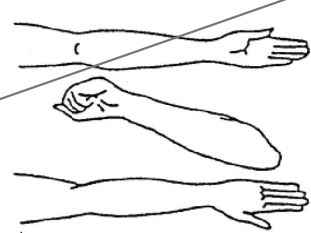
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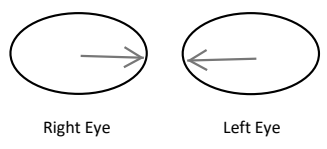
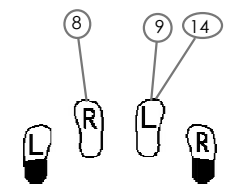
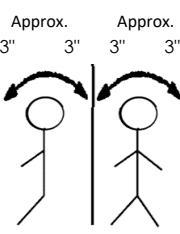
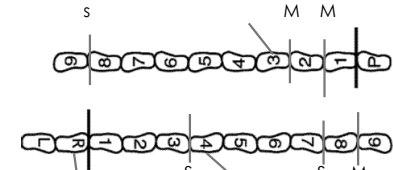
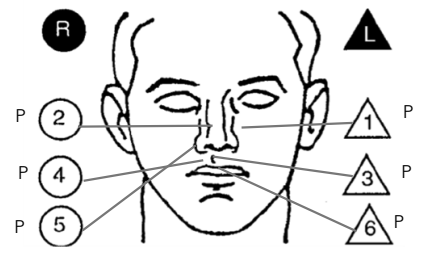
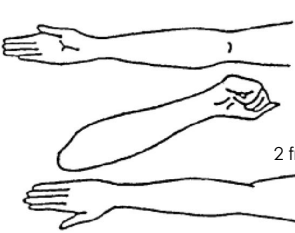
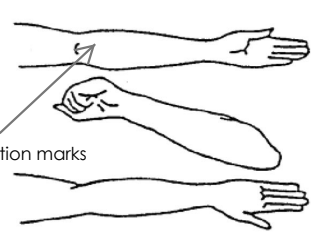
## ROLE PLAY SCENARIOS

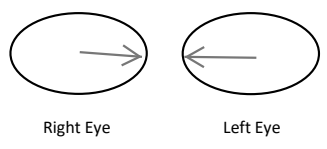

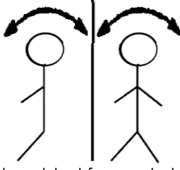
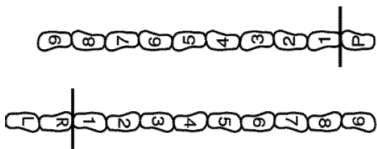
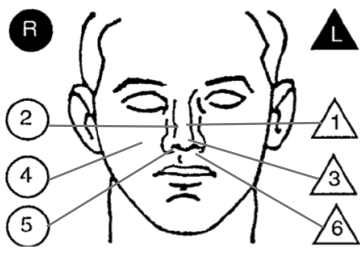
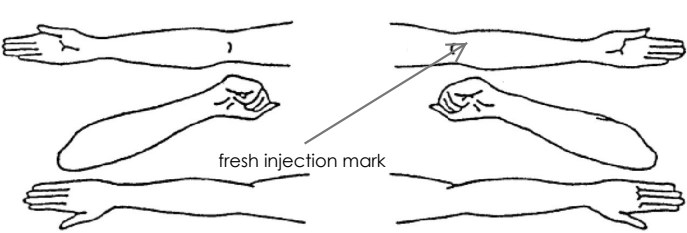
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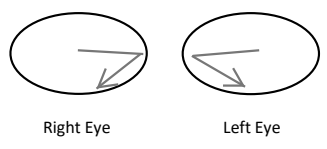
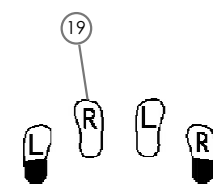
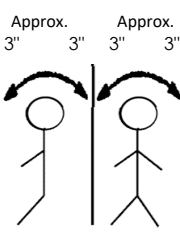
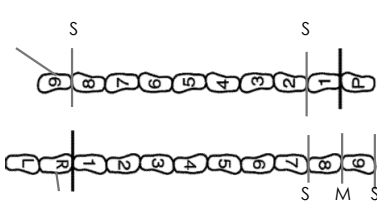
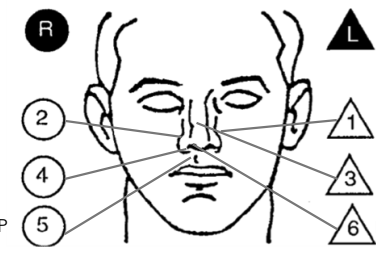
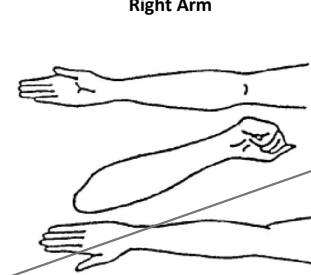
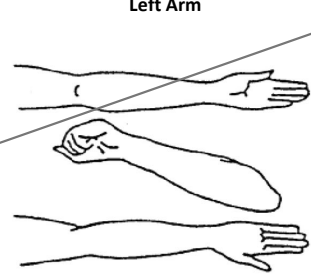
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Date & Time of Arrest		Charter Rights Given by		Time DRE Notified	Crash <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Eval. Start time	Breath Test <input type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:		Subject's Name (Last, First, Middle) ALPHA			Date of Birth	Gender																		
Date Examined / Time / Location		What have you eaten today? "cereal"		When? "this morning"	What have you been drinking? How much? "just coffee"		Time of last drink? N/A																		
Time now? / Actual /		When did you last sleep? How long? "2 days ago" "5 hours"		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																				
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Attitude cooperative, passive		Coordination slow																				
Speech nothing noted		Breath Odour nothing noted			Face nothing noted																				
Corrective Lenses <input checked="" 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 checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Watery			Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal																		
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
<b>Pulse and Time</b> 1. <u>80 bpm</u> @ _____ 2. <u>76 bpm</u> @ _____ 3. <u>76 bpm</u> @ _____		<b>HGN</b> Lack of Smooth Pursuit: No    No Maximum Deviation: No    No Angle of Onset: No    No		<b>Convergence</b>  Right Eye    Left Eye		<b>One Leg Stand</b> 30 /30    32 /30 																			
<b>Modified Romberg Balance</b> Approx. 1"    1"    0"    0" 		<b>Walk and Turn</b> Cannot keep balance: _____ 0 Starts too soon: _____ 0  slow walk, no clues observed <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td>1st nine</td> <td>2nd nine</td> </tr> <tr> <td>Stops walking</td> <td>0</td> <td>0</td> </tr> <tr> <td>Misses heel-toe</td> <td>0</td> <td>0</td> </tr> <tr> <td>Steps off line</td> <td>0</td> <td>0</td> </tr> <tr> <td>Raises arms</td> <td>0</td> <td>0</td> </tr> <tr> <td>Actual steps taken</td> <td>9</td> <td>9</td> </tr> </table>							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
	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) 32 sec estimated as 30 seconds		Describe turn slow but correct		Cannot do test (explain) N/A		Type of footwear Laced up runners																			
<b>Finger to nose</b> (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 nothing noted																			
		Left Eye	4.5 mm	6.5 mm	3.5 mm																				
		Right Eye	4.5 mm	6.5 mm	3.5 mm	Oral cavity nothing noted																			
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible																					
		<b>Right Arm</b> 			<b>Left Arm</b> 																				
Blood Pressure 128 / 84 mmHg		Temperature 37.8 °C																							
Muscle tone: <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid																									
Comments:																									
What drugs or medication have you been using? "Nothing, i just need some sleep"			How much? N/A		Time of use? N/A		Where were the drugs used? N/A																		
Eval. stop time	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample	Toxicological Sample Demand time: <input type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time:			Reviewed by (instructor name)																				
Evaluator Signature			Approved by (instructor signature)				DRE # Date																		
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input checked="" type="checkbox"/> Training																									

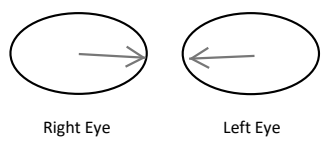
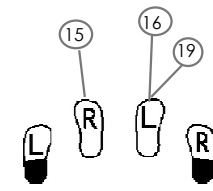
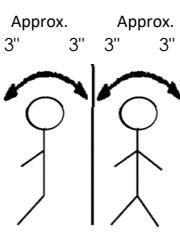
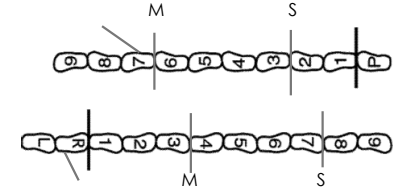
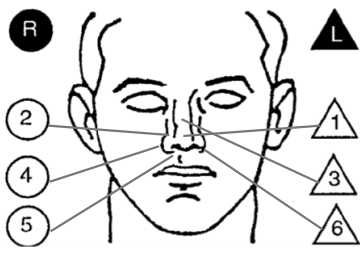
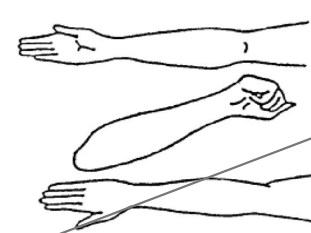
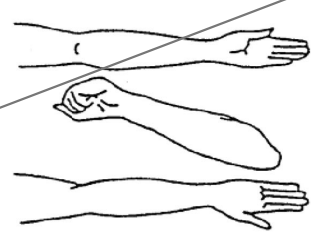
Evaluator		DRE #	Rolling Log #	Evaluator Agency		Event/Occ. # Session 29 - #2 IG											
Arresting Officer (Name, ID#)			SFST Trained <input type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency		Recorder/Witness										
Date & Time of Arrest		Charter Rights Given by		Time DRE Notified	Crash <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input type="checkbox"/> Yes <input type="checkbox"/> No										
Eval. Start time	Breath Test <input type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:		Subject's Name (Last, First, Middle) BRAVO			Date of Birth	Gender										
Date Examined / Time / Location		What have you eaten today? "bag of chips"		When? "noon"	What have you been drinking? How much? "Juice" 3 or 4 bottles		Time of last drink? N/A										
Time now? / Actual /		When did you last sleep? How long? "Last night" 8 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No											
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Attitude carefree, cooperative		Coordination fair, unsteady at times												
Speech slow		Breath Odour nothing noted			Face nothing noted												
Corrective Lenses <input checked="" 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 checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Watery			Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal										
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No											
<b>Pulse and Time</b> 1. <u>120 bpm</u> @ _____ 2. <u>116 bpm</u> @ _____ 3. <u>118 bpm</u> @ _____		<b>HGN</b> Lack of Smooth Pursuit: No Left, No Right Maximum Deviation: No Left, No Right Angle of Onset: No Left, No Right		<b>Convergence</b> 		<b>One Leg Stand</b> 26 /30      24 /30 											
<b>Modified Romberg Balance</b> 		<b>Walk and Turn</b> Cannot keep balance: I (1) Starts too soon: I (1) 				leg tremors <table border="1" style="display: inline-table;"> <tr><td>L</td><td>R</td></tr> <tr><td>0</td><td>I (1)</td></tr> <tr><td>I (1)</td><td>I (1)</td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>I (1)</td><td>I (1)</td></tr> </table> Sways while balancing Uses arms to balance Hopping Puts foot down		L	R	0	I (1)	I (1)	I (1)	0	0	I (1)	I (1)
L	R																
0	I (1)																
I (1)	I (1)																
0	0																
I (1)	I (1)																
Time estimation & questions (p.2) <u>22 sec</u> estimated as 30 seconds		Describe turn slow		Cannot do test (explain) N/A		Type of footwear											
<b>Finger to nose</b> (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 nothing noted											
		Left Eye	6.5 mm	8.5 mm	5.5 mm												
		Right Eye	6.5 mm	8.5 mm	5.5 mm	Oral cavity green coating											
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible													
		<b>Right Arm</b> 			<b>Left Arm</b> 												
Blood Pressure <u>168 / 100</u> mmHg		Temperature <u>37.8</u> °C															
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid																	
Comments:																	
What drugs or medication have you been using? "nothing man, it's all good"			How much? N/A		Time of use? N/A		Where were the drugs used? N/A										
Eval. stop time	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample	Toxicological Sample Demand time: <input type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time:			Reviewed by (instructor name)												
Evaluator Signature			Approved by (instructor signature)				DRE # Date										
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input checked="" type="checkbox"/> Training																	

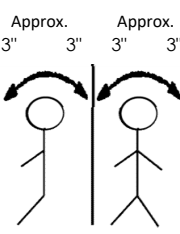
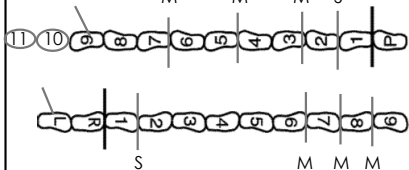
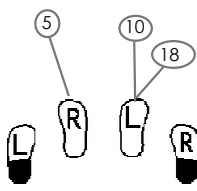
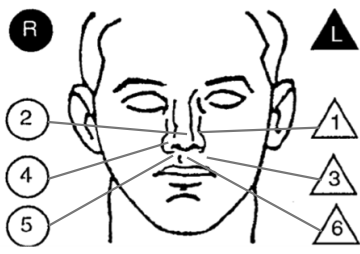
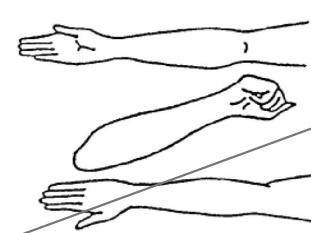
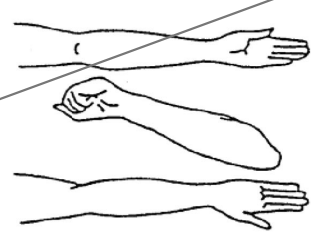
Evaluator		DRE #	Rolling Log #	Evaluator Agency		Event/Occ. # Session 29 - #3 IG																																	
Arresting Officer (Name, ID#)			SFST Trained <input type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency		Recorder/Witness																																
Date & Time of Arrest		Charter Rights Given by		Time DRE Notified	Crash <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input type="checkbox"/> Yes <input type="checkbox"/> No																																
Eval. Start time	Breath Test <input type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:		Subject's Name (Last, First, Middle) CHARLIE			Date of Birth	Gender																																
Date Examined / Time / Location		What have you eaten today? "Today?" (Long pause) "No"		When?	What have you been drinking? How much? "Drink?" "No"		Time of last drink? N/A																																
Time now? / Actual /		When did you last sleep? How long? "This morning" 4 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																	
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																		
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Attitude dazed and confused		Coordination slow, rigid movements																																		
Speech slow to respond, confused		Breath Odour chemical like odour			Face sweaty																																		
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery			Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal																																
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Vertical Nystagmus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																																	
<b>Pulse and Time</b> 1. <u>112 bpm</u> @ _____ 2. <u>116 bpm</u> @ _____ 3. <u>114 bpm</u> @ _____		<b>HGN</b> Lack of Smooth Pursuit: Yes Yes Maximum Deviation: Yes Yes Angle of Onset: 30° 30°		<b>Convergence</b>  Right Eye stared straight ahead Left Eye		<b>One Leg Stand</b> 38 /30      24 /30  leg tremors																																	
<b>Modified Romberg Balance</b> Approx. 2" 2" 3" 3"  rigid		<b>Walk and Turn</b> Cannot keep balance: _____ 0 Starts too soon: _____ I (1)  stiff rigid movements				<table border="1"> <tr> <td></td> <td>1st nine</td> <td>2nd nine</td> <td></td> </tr> <tr> <td>Stops walking</td> <td>II (2)</td> <td>N/A</td> <td rowspan="5"> <table border="1"> <tr> <td>L</td> <td>R</td> <td rowspan="5">                     Sways while balancing                      Uses arms to balance                      Hopping                      Puts foot down                 </td> </tr> <tr> <td>I 1</td> <td>I 1</td> </tr> <tr> <td>I 1</td> <td>I 1</td> </tr> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>0</td> <td>0</td> </tr> </table> </td> </tr> <tr> <td>Misses heel-toe</td> <td>0</td> <td>N/A</td> </tr> <tr> <td>Steps off line</td> <td>I (1)</td> <td>N/A</td> </tr> <tr> <td>Raises arms</td> <td>III (3)</td> <td>N/A</td> </tr> <tr> <td>Actual steps taken</td> <td>9</td> <td>N/A</td> <td></td> </tr> </table>			1st nine	2nd nine		Stops walking	II (2)	N/A	<table border="1"> <tr> <td>L</td> <td>R</td> <td rowspan="5">                     Sways while balancing                      Uses arms to balance                      Hopping                      Puts foot down                 </td> </tr> <tr> <td>I 1</td> <td>I 1</td> </tr> <tr> <td>I 1</td> <td>I 1</td> </tr> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>0</td> <td>0</td> </tr> </table>	L	R	Sways while balancing Uses arms to balance Hopping Puts foot down	I 1	I 1	I 1	I 1	0	0	0	0	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	
	1st nine	2nd nine																																					
Stops walking	II (2)	N/A	<table border="1"> <tr> <td>L</td> <td>R</td> <td rowspan="5">                     Sways while balancing                      Uses arms to balance                      Hopping                      Puts foot down                 </td> </tr> <tr> <td>I 1</td> <td>I 1</td> </tr> <tr> <td>I 1</td> <td>I 1</td> </tr> <tr> <td>0</td> <td>0</td> </tr> <tr> <td>0</td> <td>0</td> </tr> </table>	L	R	Sways while balancing Uses arms to balance Hopping Puts foot down	I 1	I 1	I 1	I 1	0	0	0	0																									
L	R	Sways while balancing Uses arms to balance Hopping Puts foot down																																					
I 1	I 1																																						
I 1	I 1																																						
0	0																																						
0	0																																						
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) _____ estimated as 30 seconds		Describe turn Did not attempt the turn		Cannot do test (explain) stopped after 1st 9		Type of footwear flip flops																																	
<b>Finger to nose</b> (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)	Nasal area nothing noted																																	
		Left Eye	4.5 mm	6.5 mm	3.5 mm																																		
		Right Eye	4.5 mm	6.5 mm	3.5 mm	Oral cavity nothing noted																																	
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible																																			
		<b>Right Arm</b>		<b>Left Arm</b>																																			
																																							
		nothing noted																																					
Blood Pressure <u>172</u> / <u>102</u> mmHg		Temperature 98.0 °C																																					
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input checked="" type="checkbox"/> Rigid																																							
Comments:																																							
What drugs or medication have you been using? "Drugs... Nothing man"			How much? N/A		Time of use? N/A		Where were the drugs used? N/A																																
Eval. stop time	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample	Toxicological Sample Demand time: <input type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time:			Reviewed by (instructor name)																																		
Evaluator Signature			Approved by (instructor signature)			DRE # Date																																	
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input checked="" type="checkbox"/> Training																																							

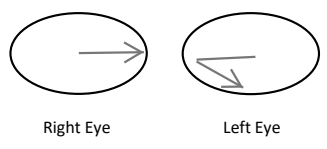
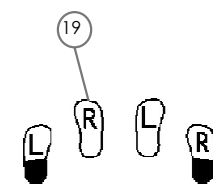
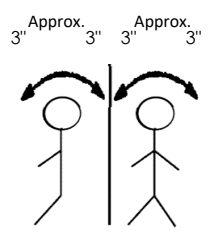
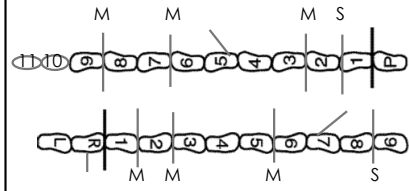
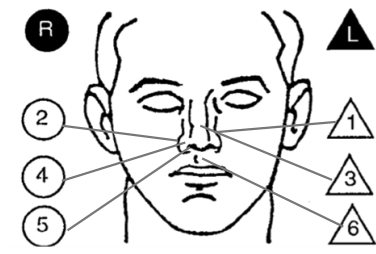
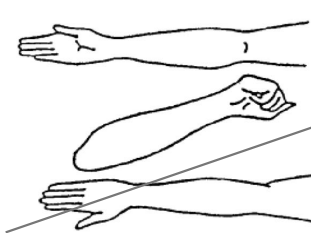
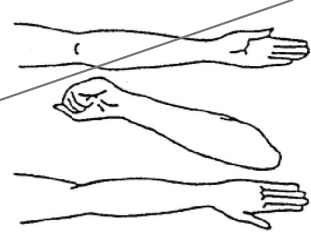
Evaluator		DRE #	Rolling Log #	Evaluator Agency		Event/Occ. # Session 29 - #4 IG		
Arresting Officer (Name, ID#)			SFST Trained <input type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency		Recorder/Witness	
Date & Time of Arrest		Charter Rights Given by		Time DRE Notified	Crash <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input type="checkbox"/> Yes <input type="checkbox"/> No	
Eval. Start time	Breath Test <input type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:		Subject's Name (Last, First, Middle) DELTA			Date of Birth	Gender	
Date Examined / Time / Location		What have you eaten today? "I didn't eat today"		When?	What have you been drinking? How much? "Just some water today"		Time of last drink? N/A	
Time now? / Actual /		When did you last sleep? How long? "I don't know"		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Attitude Passive, cooperative		Coordination Slow, sluggish, Unstable			
Speech Slow to respond, low		Breath Odour nothing noted			Face nothing noted, continually rubbing face			
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery			Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Pulse and Time</b> 1. <u>52 bpm</u> @ _____ 2. <u>50 bpm</u> @ _____ 3. <u>50 bpm</u> @ _____		<b>HGN</b> Lack of Smooth Pursuit: No Left, No Right Maximum Deviation: No Left, No Right Angle of Onset: No Left, No Right		<b>Convergence</b>  Right Eye      Left Eye		<b>One Leg Stand</b> 22 /30      24 /30 		
<b>Modified Romberg Balance</b>  scratching arms		<b>Walk and Turn</b> Cannot keep balance: <u>I (1)</u> Starts too soon: <u>0</u>  slow wobbly walk						
Time estimation & questions (p.2) <u>62 sec</u> estimated as 30 seconds		Describe turn slow, deliberate turn		Cannot do test (explain) N/A		Type of footwear		
<b>Finger to nose</b> (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)	Nasal area nothing noted
				Left Eye	2.0 mm	3.5 mm	2.0 mm	
				Right Eye	2.0 mm	3.5 mm	2.0 mm	Oral cavity white coating, dry
				Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input type="checkbox"/> Slow <input checked="" type="checkbox"/> Little to none visible		
				<b>Right Arm</b> 		<b>Left Arm</b>  2 fresh injection marks		
Blood Pressure <u>102 / 52</u> mmHg		Temperature <u>37.0</u> °C						
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid								
Comments:								
What drugs or medication have you been using? "Honest man, I'm clean"				How much? N/A		Time of use? N/A	Where were the drugs used? N/A	
Eval. stop time		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments:		Toxicological Sample Demand time: <input type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time:		Reviewed by (instructor name)		
Evaluator Signature				Approved by (instructor signature)			DRE # Date	
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input type="checkbox"/> Training								

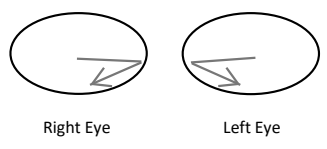
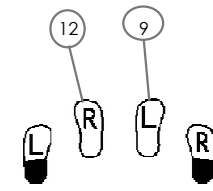
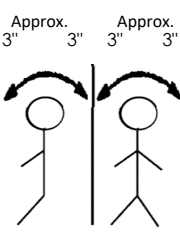
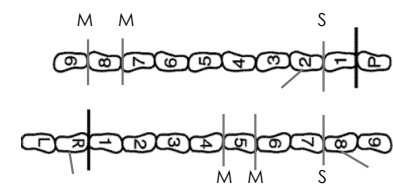
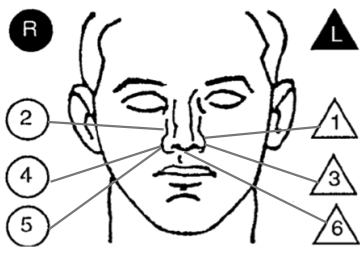
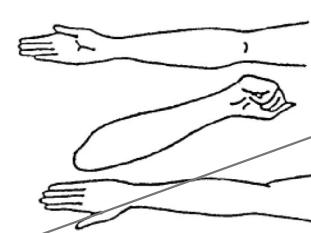
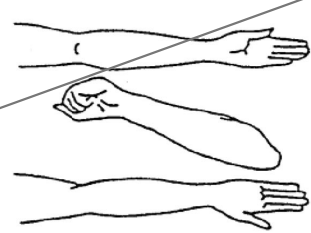
Evaluator		DRE #	Rolling Log #	Evaluator Agency		Event/Occ. # Session 29 - #5 IG													
Arresting Officer (Name, ID#)			SFST Trained <input type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency		Recorder/Witness												
Date & Time of Arrest		Charter Rights Given by		Time DRE Notified	Crash <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input type="checkbox"/> Yes <input type="checkbox"/> No												
Eval. Start time	Breath Test <input type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:		Subject's Name (Last, First, Middle) ECHO			Date of Birth	Gender												
Date Examined / Time / Location		What have you eaten today? "Nothing today"		When?	What have you been drinking? How much? "Water & Juice" "Couple bottles"		Time of last drink? N/A												
Time now? / Actual /		When did you last sleep? How long? Last night About 3 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No													
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "Not anymore"			Attitude Normal		Coordination Poor, staggering														
Speech Slurred, mumbling at times		Breath Odour Nothing noted			Face Nothing noted														
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery			Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal												
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
<b>Pulse and Time</b> 1. <u>48 bpm</u> @ _____ 2. <u>46 bpm</u> @ _____ 3. <u>46 bpm</u> @ _____		<b>HGN</b> Lack of Smooth Pursuit Yes Yes Maximum Deviation Yes Yes Angle of Onset 40° 40°		<b>Convergence</b>  Right Eye Left Eye		<b>One Leg Stand</b> n/a /30 n/a /30  both tests stopped													
<b>Modified Romberg Balance</b> Approx. 3" 3" Approx. 3" 3"  head nodded forward, slow & deliberate movements		<b>Walk and Turn</b> Cannot keep balance <u>III 3</u> Starts too soon <u>0</u>  1st nine 2nd nine Stops walking Misses heel-toe Steps off line Raises arms Actual steps taken				<b>One Leg Stand</b> L R <table border="1"> <tr><td>1</td><td>1</td><td rowspan="4">Sways while balancing</td></tr> <tr><td>1</td><td>1</td><td>Uses arms to balance</td></tr> <tr><td>1</td><td>1</td><td>Hopping</td></tr> <tr><td>0</td><td>0</td><td>Puts foot down</td></tr> </table>		1	1	Sways while balancing	1	1	Uses arms to balance	1	1	Hopping	0	0	Puts foot down
1	1	Sways while balancing																	
1	1		Uses arms to balance																
1	1		Hopping																
0	0		Puts foot down																
Time estimation & questions (p.2) <u>65 sec</u> estimated as 30 seconds		Describe turn N/A		Cannot do test (explain) stopped; subj nearly fell during instructions		Type of footwear													
<b>Finger to nose</b> (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)	Nasal area nothing noted													
		Left Eye	2.5 mm	3.5 mm	2.0 mm														
		Right Eye	2.5 mm	3.5 mm	2.0 mm	Oral cavity nothing noted													
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input type="checkbox"/> Slow <input checked="" type="checkbox"/> Little to none visible															
Blood Pressure <u>104 / 60</u> mmHg		Temperature <u>37.2</u> °C		<b>Right Arm</b> <b>Left Arm</b>  fresh injection mark															
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid		Comments:																	
What drugs or medication have you been using? "I stopped using about 2 years ago"		How much? N/A		Time of use? N/A		Where were the drugs used? N/A													
Eval. stop time	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments:	Toxicological Sample Demand time: <input type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time:		Reviewed by (instructor name)															
Evaluator Signature		Approved by (instructor signature)				DRE # Date													
<b>Opinion of Evaluator</b>		<input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input checked="" type="checkbox"/> Training																	

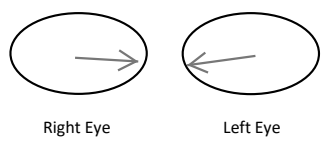

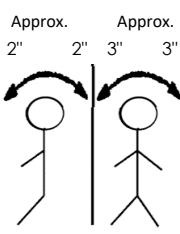
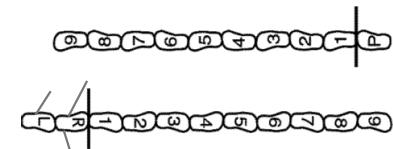
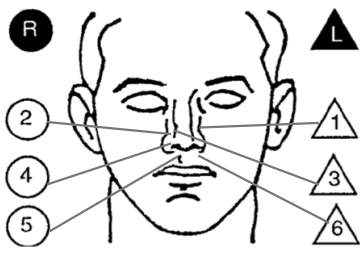
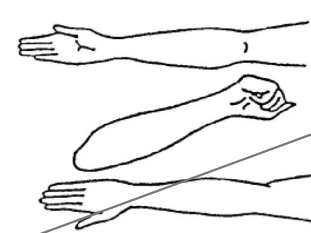
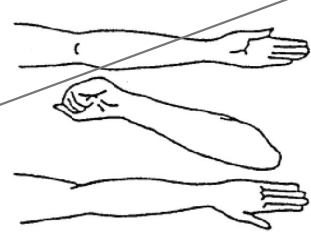
Evaluator		DRE #	Rolling Log #	Evaluator Agency		Event/Occ. #									
Arresting Officer (Name, ID#)			SFST Trained <input type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency	Recorder/Witness									
Date & Time of Arrest		Charter Rights Given by		Time DRE Notified	Crash <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property	DRE Secondary Caution Time <input type="checkbox"/> Yes <input type="checkbox"/> No									
Eval. Start time	Breath Test <input type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:	Subject's Name (Last, First, Middle) FOXTROT			Date of Birth	Gender									
Date Examined / Time / Location		What have you eaten today? "Brownies"	When? "2 hours ago"	What have you been drinking? How much? "Arizona Iced Tea" 1 can	Time of last drink? N/A										
Time now? / Actual /		When did you last sleep? How long? Last night About 8 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No									
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No										
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "No medicine"			Attitude Cooperative, carefree, relaxed		Coordination poor, unsteady										
Speech slurred, talkative		Breath Odour nothing noted			Face nothing noted										
Corrective Lenses <input checked="" 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 checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal									
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No									
<b>Pulse and Time</b> 1. <u>112 bpm</u> @ _____ 2. <u>116 bpm</u> @ _____ 3. <u>116 bpm</u> @ _____		<b>HGN</b> Lack of Smooth Pursuit: No (Left), No (Right) Maximum Deviation: No (Left), No (Right) Angle of Onset: No (Left), No (Right)		<b>Convergence</b> 		<b>One Leg Stand</b> 25 /30      23 /30 									
<b>Modified Romberg Balance</b> Approx. 3" 3"      Approx. 3" 3" 		<b>Walk and Turn</b> Cannot keep balance: <u>I (1)</u> Starts too soon: <u>0</u> 				L      R <table border="1"> <tr><td>I (1)</td><td>I (1)</td></tr> <tr><td>I (1)</td><td>I (1)</td></tr> <tr><td>I (1)</td><td>0</td></tr> <tr><td>I (1)</td><td>0</td></tr> </table> Sways while balancing Uses arms to balance Hopping Puts foot down		I (1)	I (1)	I (1)	I (1)	I (1)	0	I (1)	0
I (1)	I (1)														
I (1)	I (1)														
I (1)	0														
I (1)	0														
Time estimation & questions (p.2) <u>22 sec</u> estimated as 30 seconds		Describe turn slow, laughed when turning		Cannot do test (explain) N/A		Type of footwear lace up shoes									
<b>Finger to nose</b> (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 nothing noted									
		Left Eye	5.5 mm	8.0 mm	5.0 mm										
		Right Eye	5.5 mm	8.0 mm	5.0 mm	Oral cavity raised taste buds, green coating									
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible											
eyelid tremors		<b>Right Arm</b> 		<b>Left Arm</b> 											
Blood Pressure <u>164 / 98</u> mmHg		Temperature <u>37.5</u> °C													
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid															
Comments:															
What drugs or medication have you been using? "I'm not taking drugs" (laughed)			How much? N/A		Time of use? N/A	Where were the drugs used? N/A									
Eval. stop time	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments:	Toxicological Sample Demand time: <input type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time:			Reviewed by (instructor name)										
Evaluator Signature			Approved by (instructor signature)			DRE # Date									
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input checked="" type="checkbox"/> Training															

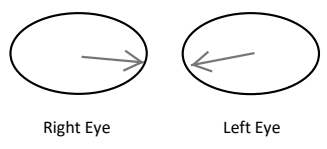
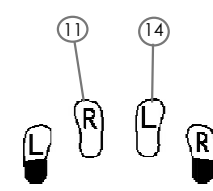
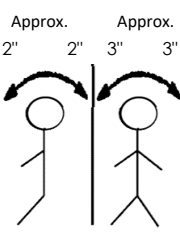
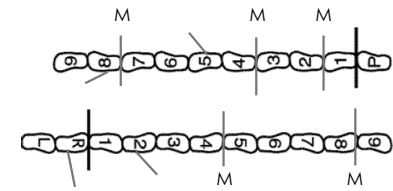
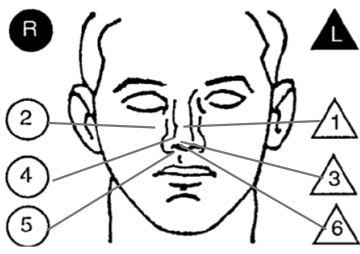
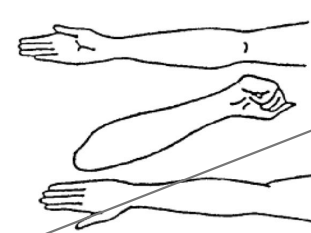
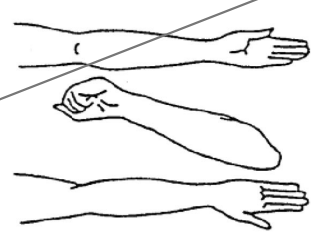
Evaluator		DRE #	Rolling Log #	Evaluator Agency		Event/Occ. #	
Arresting Officer (Name, ID#)			SFST Trained <input type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency	Recorder/Witness	
Date & Time of Arrest		Charter Rights Given by		Time DRE Notified	Crash <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property	DRE Secondary Caution Time <input type="checkbox"/> Yes <input type="checkbox"/> No	
Eval. Start time	Breath Test <input type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:	Subject's Name (Last, First, Middle) GOLF			Date of Birth	Gender	
Date Examined / Time / Location		What have you eaten today? Beef jerky & pepperoni	When? 4 pm	What have you been drinking? How much? Red Bull 1 can	Time of last drink? N/A		
Time now? / Actual /		When did you last sleep? How long? 2 days ago About 3 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "Am I under arrest?"			Attitude Excited, animated		Coordination Jittery, quick, unsteady		
Speech Talkative, rapid		Breath Odour Rancid		Face Sweaty			
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy		Convergence		One Leg Stand			
<b>Pulse and Time</b> 1. <u>112 bpm</u> @ _____ 2. <u>106 bpm</u> @ _____ 3. <u>110 bpm</u> @ _____		<b>HGN</b> Lack of Smooth Pursuit: Left <u>No</u> , Right <u>No</u> Maximum Deviation: Left <u>No</u> , Right <u>No</u> Angle of Onset: Left <u>No</u> , Right <u>No</u>		Right Eye  Left Eye		38 /30      42 /30  counted quickly, slurred #'s	
<b>Modified Romberg Balance</b> Approx. 3" 3" 3" 3"  eyelid tremors		<b>Walk and Turn</b> 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	
Time estimation & questions (p.2) 22 sec estimated as 30 seconds		Describe turn slow, laughed when turning		Cannot do test (explain) N/A		Type of footwear	
<b>Finger to nose</b> (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)	Nasal area redness	
		Left Eye	6.5 mm	8.5 mm	5.5 mm	Oral cavity nothing noted	
		Right Eye	6.5 mm	8.5 mm	5.5 mm		
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Slow <input type="checkbox"/> Little to none visible			
		<b>Right Arm</b> 		<b>Left Arm</b> 			
Blood Pressure 174 / 102 mmHg		Temperature 38.4 °C					
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid							
Comments:							
What drugs or medication have you been using? "I'm not answering that"			How much? N/A		Time of use? N/A	Where were the drugs used? N/A	
Eval. stop time	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample Comments:	Toxicological Sample Demand time: <input type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time:			Reviewed by (instructor name)		
Evaluator Signature			Approved by (instructor signature)			DRE # Date	
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input checked="" type="checkbox"/> Training							

Evaluator		DRE #	Rolling Log #	Evaluator Agency		Event/Occ. #	
Arresting Officer (Name, ID#)			SFST Trained <input type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency		
Recorder/Witness		Date & Time of Arrest		Charter Rights Given by		Time DRE Notified	
Crash <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth		Gender	
Eval. Start time		Breath Test <input type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:		Subject's Name (Last, First, Middle) HOTEL		Time of last drink? N/A	
Date Examined / Time / Location		What have you eaten today? "I don't remember"		When? "Uh... some juice I think"		Time of last drink? N/A	
Time now? / Actual /		When did you last sleep? How long? No response		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No No response			
Do you take any medication or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No No response		Attitude Indifferent		Coordination Poor, staggering			
Speech Slow, deliberate, incomplete responses		Breath Odour Chemical-like		Face Flushed			
Corrective Lenses <input checked="" 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 checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Watery		Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal	
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Vertical Nystagmus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy		Pulse and Time		HGN		Convergence	
1. 112 bpm @ _____		2. 114 bpm @ _____		3. 120 bpm @ _____		Lack of Smooth Pursuit Yes Yes	
						Maximum Deviation Yes Yes	
						Angle of Onset Imm Imm	
Modified Romberg Balance Approx. 3" 3" 3" 3"  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		One Leg Stand 22 /30 26 /30  leg tremors, reminded to count		Stops walking 1st nine 2nd nine 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) 52 sec estimated as 30 seconds		Describe turn Staggered to the right		Cannot do test (explain) N/A		Type of footwear 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)	
		Left Eye		7.0 mm		9.0 mm	
		Right Eye		7.0 mm		9.0 mm	
		Rebound dilation <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Reaction to light <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible		Nasal area nothing noted	
		Blood Pressure 184 / 112 mmHg		Temperature 39.0 °C		Oral cavity green coating on tongue, raised taste buds	
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid		Right Arm 		Left Arm 			
Comments:		What drugs or medication have you been using? No response		How much? N/A		Time of use? N/A	
		Where were the drugs used? N/A		Reviewed by (instructor name)			
Eval. stop time		Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample		Toxicological Sample Demand time: <input type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time:			
Evaluator Signature		Approved by (instructor signature)		DRE #		Date	
Opinion of Evaluator		<input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Operational		<input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input checked="" type="checkbox"/> Training			

Evaluator		DRE #	Rolling Log #	Evaluator Agency		Event/Occ. # Session 29 - #9 IG																			
Arresting Officer (Name, ID#)			SFST Trained <input type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency		Recorder/Witness																		
Date & Time of Arrest		Charter Rights Given by		Time DRE Notified	Crash <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input type="checkbox"/> Yes <input type="checkbox"/> No																		
Eval. Start time	Breath Test <input type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #:		Subject's Name (Last, First, Middle) INDIA			Date of Birth	Gender																		
Date Examined / Time / Location		What have you eaten today? "Cheese Sandwich"		When? Noon	What have you been drinking? How much? "Mountain Dew" "A couple"		Time of last drink? N/A																		
Time now? / Actual /		When did you last sleep? How long? "This morning" "2 hours"		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																			
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "I've got a headache"			Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																				
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No "I smoke weed sometimes"			Attitude Cooperative, confused		Coordination Poor, staggering																				
Speech Low, slow, mumbling		Breath Odour Solvent-like odour			Face Flushed																				
Corrective Lenses <input checked="" 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 checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Watery			Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal																		
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																			
<b>Pulse and Time</b> 1. <u>96 bpm</u> @ _____ 2. <u>92 bpm</u> @ _____ 3. <u>88 bpm</u> @ _____		<b>HGN</b> Lack of Smooth Pursuit: Yes Yes Maximum Deviation: Yes Yes Angle of Onset: 30° 30°		<b>Convergence</b>  Right Eye Left Eye		<b>One Leg Stand</b> 22 /30 26 /30  Nearly fell																			
<b>Modified Romberg Balance</b>  Circular sway, eyelid tremors		<b>Walk and Turn</b> Cannot keep balance: I (1) Starts too soon: I (1)  Rigid movements, did not count aloud <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td>1st nine</td> <td>2nd nine</td> </tr> <tr> <td>Stops walking</td> <td>I (1)</td> <td>I (1)</td> </tr> <tr> <td>Misses heel-toe</td> <td>III (3)</td> <td>III (3)</td> </tr> <tr> <td>Steps off line</td> <td>I (1)</td> <td>I (1)</td> </tr> <tr> <td>Raises arms</td> <td>III (3)</td> <td>III (3)</td> </tr> <tr> <td>Actual steps taken</td> <td>9</td> <td>11</td> </tr> </table>							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
	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) 40 sec estimated as 30 seconds		Describe turn Staggered, lost balance.		Cannot do test (explain) N/A		Type of footwear Boots																			
<b>Finger to nose</b> (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)	Nasal area Redness, runny nose																	
				Left Eye	5.0 mm	7.0 mm	4.0 mm																		
				Right Eye	5.0 mm	7.0 mm	4.0 mm	Oral cavity Red																	
				Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Slow <input type="checkbox"/> Little to none visible																			
				<b>Right Arm</b> 		<b>Left Arm</b> 																			
Blood Pressure 184 / 112 mmHg		Temperature 39.0 °C		Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid																					
Comments:																									
What drugs or medication have you been using? "Nothing tonight"				How much? N/A		Time of use? N/A		Where were the drugs used? N/A																	
Eval. stop time	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample	Toxicological Sample Demand time:		Reviewed by (instructor name)																					
Comments:		<input type="checkbox"/> Urine <input type="checkbox"/> Blood Sample Time:																							
Evaluator Signature				Approved by (instructor signature)			DRE # Date																		
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input type="checkbox"/> Training																									

Evaluator		DRE #	Rolling Log #	Evaluator Agency		Event/Occ. # Session #29 - #10 IG	
Arresting Officer (Name, ID#)			SFST Trained <input type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency		Recorder/Witness
Date & Time of Arrest		Charter Rights Given by		Time DRE Notified	Crash <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input type="checkbox"/> Yes <input type="checkbox"/> No
Eval. Start time	Breath Test <input type="checkbox"/> No Grounds <input type="checkbox"/> Refused	Result: Instrument #: 12345      60mg%		Subject's Name (Last, First, Middle) JULIET		Date of Birth	Gender
Date Examined / Time / Location		What have you eaten today? "Cereal"		When? "About 7 am"	What have you been drinking? How much? "Beer"      "A couple"		Time of last drink? "Hour ago"
Time now? / Actual /		When did you last sleep? How long? "Last night"      "8 hours"		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Attitude Cooperative, withdrawn		Coordination Unsteady		
Speech Low, mumbling		Breath Odour Alcoholic beverage			Face Flushed		
Corrective Lenses <input checked="" 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 checked="" type="checkbox"/> Bloodshot <input type="checkbox"/> Watery			Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Pulse and Time</b> 1. <u>82 bpm</u> @ _____ 2. <u>80 bpm</u> @ _____ 3. <u>80 bpm</u> @ _____		<b>HGN</b> Lack of Smooth Pursuit    Yes    Yes Maximum Deviation        Yes    Yes Angle of Onset                45°    45°		<b>Convergence</b>  Right Eye                      Left Eye		<b>One Leg Stand</b> 32 /30                      28 /30 	
<b>Modified Romberg Balance</b> Approx. 3"      Approx. 3"  Circular sway, eyelid tremors		<b>Walk and Turn</b> 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					
Time estimation & questions (p.2) 36 sec estimated as 30 seconds		Describe turn Slow turn		Cannot do test (explain) N/A		Type of footwear Laced up shoes	
<b>Finger to nose</b> (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)	Nasal area Nothing noted	
		Left Eye	4.5 mm	6.0 mm	3.5 mm		
		Right Eye	4.5 mm	6.0 mm	3.5 mm	Oral cavity Nothing noted	
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Slow <input type="checkbox"/> Little to none visible			
		<b>Right Arm</b> 			<b>Left Arm</b> 		
Blood Pressure 128 / 84 mmHg		Temperature 38.2 °C					
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid							
Comments:							
What drugs or medication have you been using? "I just had a couple beers"			How much? N/A		Time of use? N/A	Where were the drugs used? N/A	
Eval. stop time	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample	Toxicological Sample    Demand time:			Reviewed by (instructor name)		
Comments:		<input type="checkbox"/> Urine <input type="checkbox"/> Blood      Sample Time:					
Evaluator Signature			Approved by (instructor signature)			DRE # Date	
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input checked="" type="checkbox"/> Training							

Evaluator		DRE #	Rolling Log #	Evaluator Agency		Event/Occ. # Session 29 - #11 IG																										
Arresting Officer (Name, ID#)			SFST Trained <input type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency		Recorder/Witness																									
Date & Time of Arrest		Charter Rights Given by		Time DRE Notified	Crash <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input type="checkbox"/> Yes <input type="checkbox"/> No																									
Eval. Start time	Breath Test <input type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #: 01234      50 mg%	Subject's Name (Last, First, Middle) KILO			Date of Birth	Gender																										
Date Examined / Time / Location		What have you eaten today? Chicken dinner		When? 6 pm	What have you been drinking? How much? Wine      2 glasses		Time of last drink? 2 hours ago																									
Time now? / Actual /		When did you last sleep? How long? Last night      6 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																										
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																											
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Attitude Cooperative, drowsy acting		Coordination Unsteady, slow																											
Speech Slow, low, mumbling		Breath Odour alcoholic beverage			Face Flushed, dry mouth, licking lips																											
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery			Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal																									
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																										
Eyelids <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Droopy																																
<b>Pulse and Time</b> 1. <u>60 bpm</u> @ _____ 2. <u>58 bpm</u> @ _____ 3. <u>58 bpm</u> @ _____		<b>HGN</b> Lack of Smooth Pursuit    Yes    Yes Maximum Deviation        No    No Angle of Onset                None   None		<b>Convergence</b>  Right Eye      Left Eye		<b>One Leg Stand</b> N/A /30      N/A /30  Nearly fell, stopped for safety																										
<b>Modified Romberg Balance</b> Approx. 2"    2"    3"    3"  Head nodded forward		<b>Walk and Turn</b> Cannot keep balance    III (3) Starts too soon        0  1st nine    2nd nine <table border="1" style="display: inline-table; margin-left: 20px;"> <tr><td>Stops walking</td><td></td><td></td></tr> <tr><td>Misses heel-toe</td><td></td><td></td></tr> <tr><td>Steps off line</td><td></td><td></td></tr> <tr><td>Raises arms</td><td></td><td></td></tr> <tr><td>Actual steps taken</td><td></td><td></td></tr> </table>				Stops walking			Misses heel-toe			Steps off line			Raises arms			Actual steps taken			<table border="1" style="display: inline-table; margin-left: 20px;"> <tr><td>L</td><td>R</td></tr> <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> Sways while balancing Uses arms to balance Hopping Puts foot down		L	R								
Stops walking																																
Misses heel-toe																																
Steps off line																																
Raises arms																																
Actual steps taken																																
L	R																															
Time estimation & questions (p.2) 40 sec estimated as 30 seconds		Describe turn N/A		Cannot do test (explain) Lost balance 3 times, test stopped		Type of footwear Slip on shoes																										
<b>Finger to nose</b> (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)	Nasal area Nothing noted																										
		Left Eye	1.5 mm	2.0 mm	1.5 mm																											
		Right Eye	1.5 mm	2.0 mm	1.5 mm	Oral cavity Nothing noted																										
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input type="checkbox"/> Slow <input checked="" type="checkbox"/> Little to none visible																												
		<b>Right Arm</b> 		<b>Left Arm</b> 																												
Blood Pressure 108 / 64 mmHg		Temperature 37.0 °C																														
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid																																
Comments:																																
What drugs or medication have you been using? "I just drank some wine, but I'm not drunk."			How much? N/A		Time of use? N/A	Where were the drugs used? N/A																										
Eval. stop time	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample	Toxicological Sample    Demand time:			Reviewed by (instructor name)																											
Comments:		<input type="checkbox"/> Urine <input type="checkbox"/> Blood      Sample Time:																														
Evaluator Signature			Approved by (instructor signature)			DRE # Date																										
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input checked="" type="checkbox"/> Training																																

Evaluator		DRE #	Rolling Log #	Evaluator Agency		Event/Occ. # Session 29 - #12 IG																
Arresting Officer (Name, ID#)			SFST Trained <input type="checkbox"/> Yes <input type="checkbox"/> Yes (not used) <input type="checkbox"/> No		Arresting Officer's Agency		Recorder/Witness															
Date & Time of Arrest		Charter Rights Given by		Time DRE Notified	Crash <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property		DRE Secondary Caution Time <input type="checkbox"/> Yes <input type="checkbox"/> No															
Eval. Start time	Breath Test <input type="checkbox"/> No Grounds <input type="checkbox"/> Refused Result: Instrument #: 02485      30 mg%		Subject's Name (Last, First, Middle) LIMA			Date of Birth	Gender															
Date Examined / Time / Location		What have you eaten today? Pizza		When? 7 pm	What have you been drinking? How much? Beer      2 bottles		Time of last drink? 3 hours ago															
Time now? / Actual /		When did you last sleep? How long? Yesterday      3 hours		Are you sick or injured? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																
Do you take insulin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Do you have any physical disabilities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Are you under the care of a doctor or dentist? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
Do you take any medication or drugs? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Attitude Anxious, restless		Coordination Jittery, Unsteady																	
Speech Loud, rapid, slurred		Breath Odour Alcoholic beverage			Face Nothing noted																	
Corrective Lenses <input checked="" type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts (if so: <input type="checkbox"/> Hard <input type="checkbox"/> Soft)		Eyes <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery			Blindness <input checked="" type="checkbox"/> None <input type="checkbox"/> Left <input type="checkbox"/> Right		Tracking <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal															
Pupil Sizes <input checked="" type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Resting Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Vertical Nystagmus <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Able to Follow Stimulus <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																
Eyelids <input checked="" type="checkbox"/> Normal <input type="checkbox"/> Droopy																						
<b>Pulse and Time</b> 1. <u>102 bpm</u> @ _____ 2. <u>100 bpm</u> @ _____ 3. <u>102 bpm</u> @ _____		<b>HGN</b> Lack of Smooth Pursuit    Yes    Yes Maximum Deviation        No    No Angle of Onset                None   None		<b>Convergence</b>  Right Eye      Left Eye		<b>One Leg Stand</b> 22 /30      24 /30  Counted quickly <table border="1" style="font-size: small;"> <tr><td>L</td><td>R</td><td></td></tr> <tr><td>I (1)</td><td>I (1)</td><td>Sways while balancing</td></tr> <tr><td>I (1)</td><td>I (1)</td><td>Uses arms to balance</td></tr> <tr><td>0</td><td>0</td><td>Hopping</td></tr> <tr><td>I (1)</td><td>I (1)</td><td>Puts foot down</td></tr> </table>		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
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																				
<b>Modified Romberg Balance</b>  Approx. 2"    2"    3"    3" Bruxism, eyelid tremors		<b>Walk and Turn</b> Cannot keep balance    I (1) Starts too soon        I (1)  Walked quickly, abrupt steps <table border="1" style="font-size: small;"> <tr><td>1st nine</td><td>2nd nine</td></tr> <tr><td>Stops walking    0</td><td>0</td></tr> <tr><td>Misses heel-toe    II (2)</td><td>III (3)</td></tr> <tr><td>Steps off line    I (1)</td><td>II (2)</td></tr> <tr><td>Raises arms        III (3)</td><td>III (3)</td></tr> <tr><td>Actual steps taken</td><td>9</td></tr> </table>				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					
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																					
Time estimation & questions (p.2) <u>22 sec</u> estimated as 30 seconds		Describe turn Quick spin		Cannot do test (explain) N/A		Type of footwear Slip on boots																
<b>Finger to nose</b> (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)	Nasal area Redness, no nostril hair on right side																
		Left Eye	7.5 mm	9.0 mm	6.0 mm																	
		Right Eye	7.5 mm	9.0 mm	6.0 mm	Oral cavity Nothing noted																
		Rebound dilation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Reaction to light <input type="checkbox"/> Normal <input checked="" type="checkbox"/> Slow <input type="checkbox"/> Little to none visible																		
		<b>Right Arm</b> 		<b>Left Arm</b> 																		
Blood Pressure <u>170 / 100</u> mmHg		Temperature <u>39.4</u> °C																				
Muscle tone: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid																						
Comments:																						
What drugs or medication have you been using? "Nothing, just a couple of beers man."			How much? N/A		Time of use? N/A		Where were the drugs used? N/A															
Eval. stop time	Refusal <input type="checkbox"/> Entirety <input type="checkbox"/> Partly <input type="checkbox"/> Tox. Sample	Toxicological Sample    Demand time:			Reviewed by (instructor name)																	
Comments:		<input type="checkbox"/> Urine <input type="checkbox"/> Blood      Sample Time:																				
Evaluator Signature			Approved by (instructor signature)			DRE # Date																
<b>Opinion of Evaluator</b> <input type="checkbox"/> Not Impaired <input type="checkbox"/> Alcohol <input type="checkbox"/> CNS Stimulant <input type="checkbox"/> Dissociative Anaesthetic <input type="checkbox"/> Inhalants <input type="checkbox"/> Operational <input type="checkbox"/> Medical <input type="checkbox"/> CNS Depressant <input type="checkbox"/> Hallucinogen <input type="checkbox"/> Narcotic Analgesic <input type="checkbox"/> Cannabis <input checked="" type="checkbox"/> Training																						

# 34

## DRE

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### 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

- A. Summary .....
- B. Post-Test.....
- C. Session Wrap-Up.....
- D. Certification Training Assignments and Schedule .....
- E. Closing Remarks .....

#### LEARNING ACTIVITIES

- Participant-Led Presentations
- Participants' Anonymous Critique of Course
- Knowledge Examination
- Instructor-Led Presentation

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## Learning Objectives

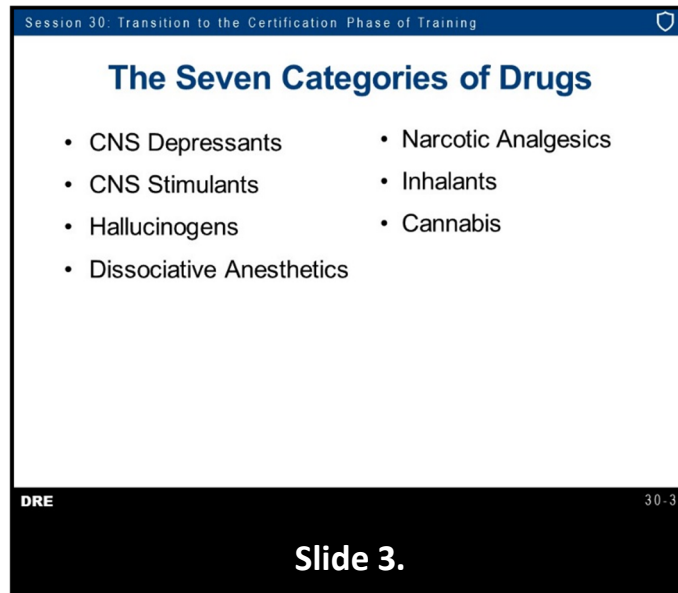
- Demonstrate the knowledge and skills the course was intended to develop
- Summarize key topics covered
- Offer comments and suggestions for course improvement
- Prepare for Field Certification Training
- Understand steps for certification

DRE

30-2

**Slide 2.**

## A. Summary



Session 30: Transition to the Certification Phase of Training

### The Seven Categories of Drugs

- CNS Depressants
- CNS Stimulants
- Hallucinogens
- Dissociative Anesthetics
- Narcotic Analgesics
- Inhalants
- Cannabis

DRE 30-3

**Slide 3.**

The Seven Categories of Drugs are:

- Central Nervous System (CNS) Depressants
- Inhalants
- Dissociative Anesthetics
- Cannabis
- CNS Stimulants
- Hallucinogens
- Narcotic Analgesics



# Drug Influence Evaluation

**DRE 12 STEP**  
**DRUG EVALUATION & CLASSIFICATION PROGRAM**

1. DRUG ALCOHOL SCREENING TEST
2. INTERVIEW OF ARRESTING OFFICER
3. PRELIMINARY EXAMINATION (SHOULD BE DONE BY THE ARRESTING OFFICER)
4. EXAMINATION OF EYES (WITH DARK ROOM)
  - A. REFLEXIVE GAZE TESTS
  - B. LACK OF CONSCIOUSNESS
  - C. LACK OF COMPREHENSION
5. DIVIDED ATTENTION TESTS
  - A. BALANCE
  - B. VITAL SIGNS
  - C. WALK AND TURN
  - D. STAND ON ONE FOOT
  - E. ONE LEG STAND (ONE LEG, BACK LEG)
  - F. LEG AND FOOT RAISE UP
  - G. STAND ON ONE LEG
  - H. STAND ON ONE LEG
  - I. STAND ON ONE LEG
  - J. STAND ON ONE LEG
  - K. STAND ON ONE LEG
  - L. STAND ON ONE LEG
  - M. STAND ON ONE LEG
  - N. STAND ON ONE LEG
  - O. STAND ON ONE LEG
  - P. STAND ON ONE LEG
  - Q. STAND ON ONE LEG
  - R. STAND ON ONE LEG
  - S. STAND ON ONE LEG
  - T. STAND ON ONE LEG
  - U. STAND ON ONE LEG
  - V. STAND ON ONE LEG
  - W. STAND ON ONE LEG
  - X. STAND ON ONE LEG
  - Y. STAND ON ONE LEG
  - Z. STAND ON ONE LEG
6. CLINICAL OBSERVATION AND RECORDING
7. DARK ROOM EXAMINATION OF EYES
8. CHECK FOR MUSCLE TONE
9. CHECK FOR INJECTION SITES AND OTHER OBSERVATIONS
10. STATEMENTS AND OBSERVATIONS
11. OPINION OF THE EVALUATOR
12. TOXICOLOGICAL SAMPLE

CANADIAN DRUG RECOGNITION EXPERT

DRE

30-4

Slide 4.

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



# Symptomatology Matrix Review

INDICATORS CONSISTENT WITH DRUG CATEGORIES

	Central Nervous System DEPRESSANTS	ANALGESICS	SEDATIVES/ANESTHETICS	CANNABIS	Central Nervous System STIMULANTS	PSYCHOTROPICS	HAZARDOUS SUBSTANCES
Horizontal Gaze Nystagmus (HGN)	YES	YES	YES	NO	NO	NO	NO
Vertical Gaze Nystagmus (VGN)	YES	YES	YES	NO	NO	NO	NO
LACK OF COMPREHENSION	YES	YES	YES	YES	NO	NO	NO
PUPIL SIZE	NORMAL(1)	NORMAL(1)	NORMAL	DILATED(2)	DILATED	DILATED	CONSTRICTED
REACTION TO LIGHT	SLOW	SLOW	NORMAL	NORMAL	SLOW	NORMAL(3)	LITTLE TO NO CHANGE
PULSE RATE	DOWN(4)	UP	UP	UP	UP	UP	DOWN
BLOOD PRESSURE	DOWN	UP(5)DOWN(6)	UP	UP	UP	UP	DOWN
BODY TEMPERATURE	NORMAL	UP(7)DOWN(8)	UP	NORMAL	UP	UP	DOWN
MUSCLE TONE	FLACCID	FLACCID/NORMAL	ROGG	NORMAL	ROGG	ROGG	FLACCID

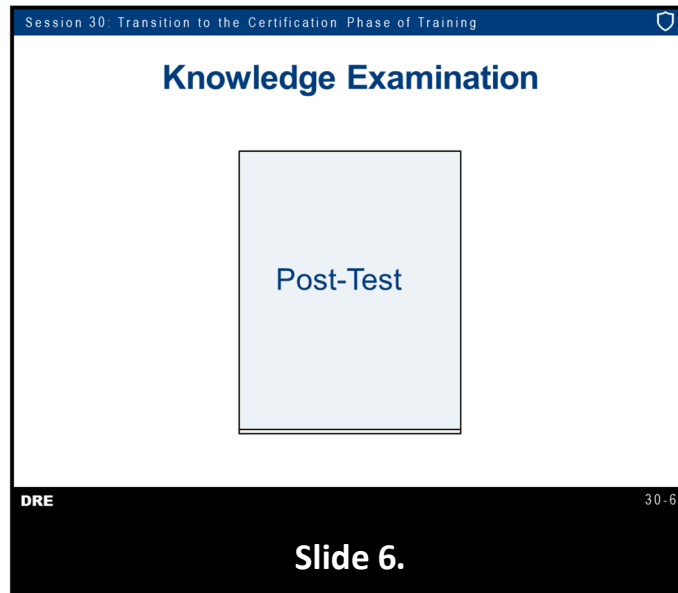
Footnote: These indicators are the most consistent with the category, keep in mind that there may be variations due to individual reaction, dose taken and drug interactions.  
 (1) Some quantities and some antidepressants usually dilate pupils.  
 (2) Cannabis, cocaine and some antidepressants dilate pupils.  
 (3) Normal, but may be dilated.  
 (4) Some quantities and some antidepressants usually constrict pupils.  
 (5) Normal, but may be dilated.  
 (6) Some quantities and some antidepressants usually dilate pupils.  
 (7) Normal, but may be dilated.  
 (8) Some quantities and some antidepressants usually dilate pupils.

DRE

30-5

Slide 5.

## B. Post-Test



Session 30: Transition to the Certification Phase of Training

### Knowledge Examination

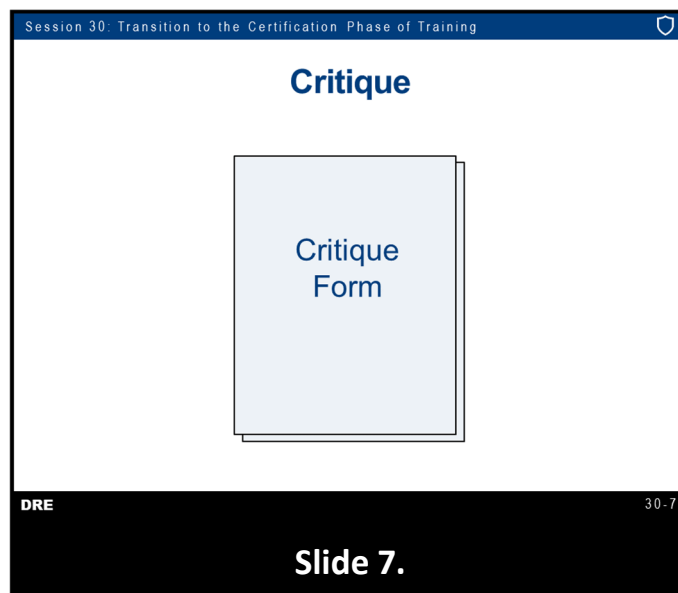
Post-Test

DRE 30-6

**Slide 6.**

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## C. Session Wrap-Up



Session 30: Transition to the Certification Phase of Training

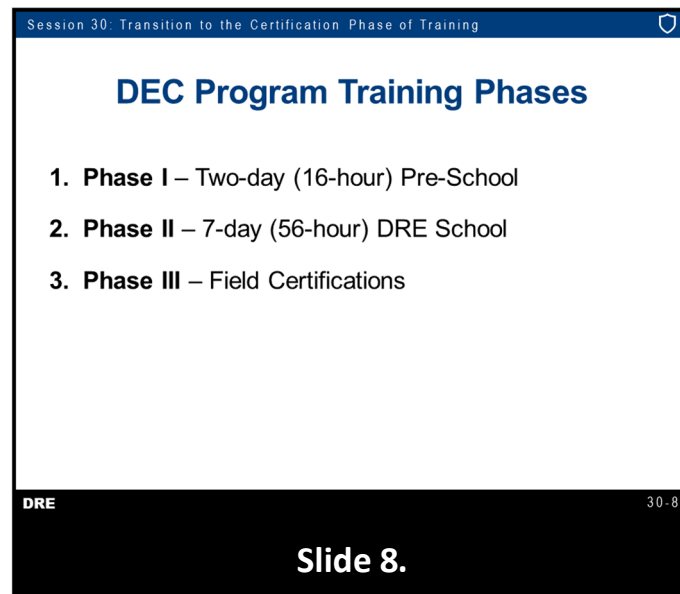
### Critique

Critique Form

DRE 30-7

**Slide 7.**

## D. Certification Training Assignments and Schedule



Session 30: Transition to the Certification Phase of Training

### DEC Program Training Phases

1. **Phase I** – Two-day (16-hour) Pre-School
2. **Phase II** – 7-day (56-hour) DRE School
3. **Phase III** – Field Certifications

DRE 30-8

**Slide 8.**



## Field Evaluations Requirements



DRE

30-9

### Slide 9.

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.



## Field Certifications

- DRE Kits
- Certification Progress Log
- Your Participant Manual
- Your Rolling Log
- A prepared mind



DRE

30-10

**Slide 10.**

### DRE Kits

- Certification Progress Log
- DRE Participant Guide
- Rolling Log
- A “prepared mind”



Session 30: Transition to the Certification Phase of Training

## Certification Knowledge Examination

- *Standard 1.12...Prior to concluding field certification training, the candidate shall satisfactorily complete an approved "Certification Knowledge Examination"*
- *...The examination shall only be administered after the candidate has completed not less than six drug evaluations*

DRE 30-12


**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

Session 30: Transition to the Certification Phase of Training

## Certification Knowledge Examination

- A multi-part, comprehensive examination
- No significant errors or omissions allowed
- Examines candidate's overall knowledge



DRE 30-13

**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).

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Session 30: Transition to the Certification Phase of Training

### IACP Certification Progress Log

- After each component required for certification is completed, a DRE Instructor must sign off on your log
- You must be recommended for certification by two DRE Instructors
  - Instructors will sign off in the Authorized Signature portion at the bottom of the Progress Log

DRE 30-14


**Slide 14.**

After each component required for certification is completed, a DRE Instructor must sign off on the DRE candidate's log.

The candidate DRE must be recommended for certification by two DRE instructors.

Session 30: Transition to the Certification Phase of Training

## Maintaining Proficiency

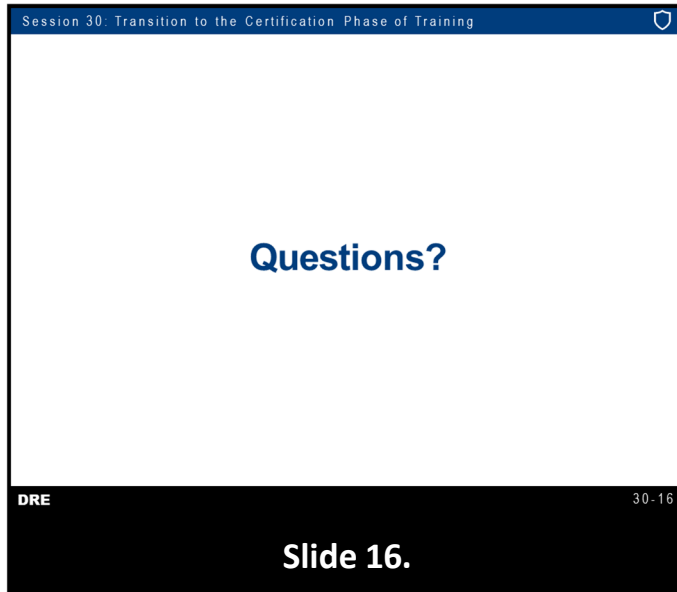


DRE 30-15

**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
- 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



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## E. Closing Remarks





## 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: _____ _____	○	○	○	○	○
2. I can identify the twelve major components of the drug recognition process. Comments: _____ _____	○	○	○	○	○
3. I can administer and interpret the psychophysical tests used in a drug evaluation. Comments: _____ _____	○	○	○	○	○
4. I can conduct the eye examinations used in the evaluations. Comments: _____ _____	○	○	○	○	○
5. I can check the vital signs used in the evaluation. Comments: _____ _____	○	○	○	○	○
6. I can list the major signs and symptoms associated with each drug category. Comments: _____ _____	○	○	○	○	○

***Please rate how helpful each workshop session was for you personally.***

<b>Item</b>	<b>Poor</b>	<b>Fair</b>	<b>Good</b>	<b>Very Good</b>	<b>Excellent</b>
Overview of the Drug Evaluation and Classification Procedures	○	○	○	○	○
The Psychophysical Tests	○	○	○	○	○
The Eye Examinations	○	○	○	○	○
Alcohol Workshop	○	○	○	○	○
Examination of Vital Signs	○	○	○	○	○
Overview of Signs and Symptoms	○	○	○	○	○
Alcohol as a Drug	○	○	○	○	○
Preparing for the DRE School	○	○	○	○	○

Please mark the appropriate word to indicate your agreement or disagreement with each of the following statements.

<b>Item</b>	<b>Agree</b>	<b>Disagree</b>	<b>Not Sure</b>
I wish we had more practice with drinking volunteers.	○	○	○
There was too much “war story” telling in this course.	○	○	○
I know have a much better idea as to what the drug recognition process is all about.	○	○	○
The course was at least one-half day too long.	○	○	○
I got a great deal of practical, useful information from this course.	○	○	○
I’m still confused as to what the drug recognition process is.	○	○	○
I think I could do a pretty good job conducting a drug evaluation right now, without additional training.	○	○	○
The course should have been at least one-half day long.	○	○	○
We spent too much time with the volunteer drinker session.	○	○	○
Some of the practice sessions were dragged out a bit too much.	○	○	○
Instructors were not as well prepared as they should have been.	○	○	○
The course was a good review, but it really didn’t teach me anything new.	○	○	○
I am very glad that I attended this course.	○	○	○

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.	0	0	0
This course was not quite as good as I expected it to be.	0	0	0

If you absolutely had to delete one session or topic from this course, what would it be?

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If you could add one new topic or session to this course, what would it be?

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	Poor	Fair	Good	Very Good	Excellent
Please rate the overall quality of the course.	0	0	0	0	0

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:	0	0	0	0	0
Comments: _____	0	0	0	0	0
Comments:	0	0	0	0	0
Comments: _____	0	0	0	0	0
Comments:	0	0	0	0	0

Name (optional): \_\_\_\_\_