

Drug Evaluation and Classification in Nova Scotia

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OCTOBER 2018



Overview

- Program began in LA early '70s to address increase in cases of non-alcohol impairment
- SFSTs and DREs were devised to detect impairment, and have been validated through multiple field validation studies.
- Bill C-2 of July 2, 2008 allows police officers to conduct tests by demand.
- Used throughout Canada, US, and many other countries worldwide.
- Over 7300 DRE's in North America with approximately 600 in Canada
- **Currently the only tool available** to police to determine if subject is impaired by drugs



What is SFST?

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



Standardized Field Sobriety Test Worksheet

Check for equal tracking: ☐ Equal ☐ Unequal

Corrective lens: ☐ Glasses ☐ None

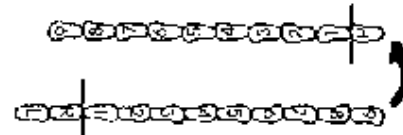
Contacts: ☐ Soft ☐ Hard

Pupils: ☐ Equal ☐ Unequal

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

Vertical Nystagmus ☐ Yes ☐ No

Walk and Turn Test



* Cannot keep balance

* Starts too soon

1st Nine

2nd Nine

* Stops Walking

* Steps off line

* Misses heel to toe

* Raises Arms

* Actual Steps

| Describe turn | Cannot do test (explain) | Type of footwear |
|---------------|--------------------------|------------------|
| | | |

One Leg Stand

4



☐

Puts foot down

☐

☐

Arms for balance

☐

☐

Sways

☐

☐

Hops

☐

BAC

Above 80 mg%

Below 80 mg%

Training Requirements for SFST

- Four days of classroom lectures and hands on training with live drinking subjects.
- 2-3 courses put on each year in NS. (~24 candidates per course from multiple agencies)
- There are currently upwards of 400 SFST trained officers in Nova Scotia, however many of these officers aren't in frontline policing positions, and many others don't use their training often
- No recertification process for SFSTs. Once trained, an **officer can use them indefinitely.**



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



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

12 Step Standardized Process

Breath Alcohol Test (If applicable)

Interview of Arresting Officer

Preliminary Examination

Eye Exams

Divided Attention Tests

Clinical Indicators



Dark Room Checks

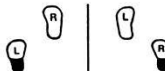
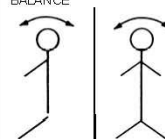
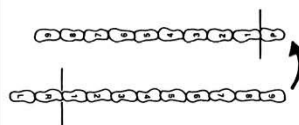
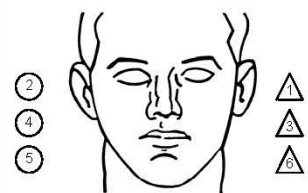
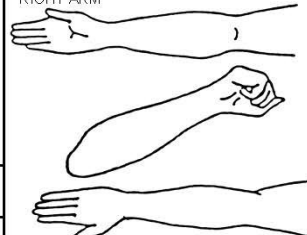
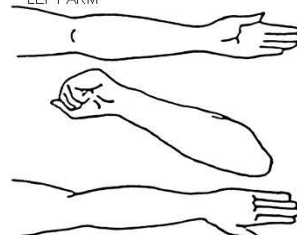
Check for Muscle Tone

Check for Injection Marks

Interview

Opinion

Toxicological Sample

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

Seven (7) Drug Categories

Central Nervous System Depressants

Inhalants

Dissociative Anesthetic

Cannabis

Central Nervous System Stimulants

Hallucinogens

Narcotic Analgesics



| | DEPRESSANTS | INHALANTS | DISSOCIATIVE ANESTHETICS | CANNABIS | STIMULANTS | HALLUCINOGENS | NARCOTIC ANALGESICS |
|---------------------------|-----------------------|------------------------|--------------------------|------------------------|------------|-----------------------|------------------------|
| HORIZONTAL GAZE NYSTAGMUS | YES | YES | YES | NO | NO | NO | NO |
| VERTICAL GAZE NYSTAGMUS | YES (HIGH DOSE)* | YES (HIGH DOSE)* | YES | NO | NO | NO | NO |
| LACK OF CONVERGENCE | YES | YES | YES | YES | NO | NO | NO |
| PUPIL SIZE | NORMAL ⁽¹⁾ | NORMAL ⁽⁴⁾ | NORMAL | DILATED ⁽⁶⁾ | DILATED | DILATED | CONSTRICTED |
| REACTION TO LIGHT | SLOW | SLOW | NORMAL | NORMAL | SLOW | NORMAL ⁽³⁾ | LITTLE OR NONE VISIBLE |
| PULSE RATE | DOWN ⁽²⁾ | UP | UP | UP | UP | UP | DOWN |
| BLOOD PRESSURE | DOWN | UP/DOWN ⁽⁵⁾ | UP | UP | UP | UP | DOWN |
| BODY TEMPERATURE | NORMAL | UP/DOWN/ NORMAL | UP | NORMAL | UP | UP | DOWN |
| MUSCLE TONE | FLACCID | FLACCID | RIGID | NORMAL | RIGID | RIGID | FLACCID |

* high dose for that particular individual

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

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

Training Requirements for DRE

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



DRE/SFST Operational Process

- Suspicion driver has **alcohol** in system - SFST or ASD Demand.
 - “Failure” of ASD or SFST – Arrest and read Breath Demand
- Officer has suspicion that driver has **drugs** in system - SFST Demand.
 - “Failure” of SFST – Arrest and read DRE Demand (**Any officer**)
- Officer forms grounds of impairment by drug without SFSTs - **Immediately** arrest and read DRE demand.
- Seize any drugs and/or paraphernalia.
- Contact dispatch to request a DRE.
- Transport subject to for further testing.



DRE Operational Process



- Take detailed notes, document responses, any changes in behaviour and symptomology (some drug symptomology fades quickly).
- The DRE will interview the member to gather information for their evaluation of the subject.
- Ideally, the member should be available to stay with the DRE and the subject.
- The evaluation usually takes 45-90 minutes.
- At the conclusion of the evaluation the DRE will tell the member their opinion and a urine or blood sample may be required to be taken.

DRE Operational Process

DO NOT call DRE member to scene for a “second look”. You either have grounds/suspicion or you don’t!

DO NOT delay the reading of the DRE Demand

- This has been brought up in court, some cases are being dropped because of a delay in reading the demand. Must be “forthwith”.

DO NOT make comments in your general report about what the DRE may have seen during the DRE Evaluation

- It is up to the DRE to interpret these results and present this in a report. General comments are acceptable (for example, the subject fell over 5 times when he was asked to stand).



DRE Operational Process



If a member believes alcohol is causing the impairment, continue on a normal alcohol investigation **until you are proven otherwise...**

For Example

- ASD reading inconsistent with impairment
- Intox readings of 0mg% with gross impairment
- Intox readings of 40mg% with gross impairment

As Intox EC/IR II Operators, you may be required to take breath samples as part of a DRE evaluation. (Not all DREs are breath techs)

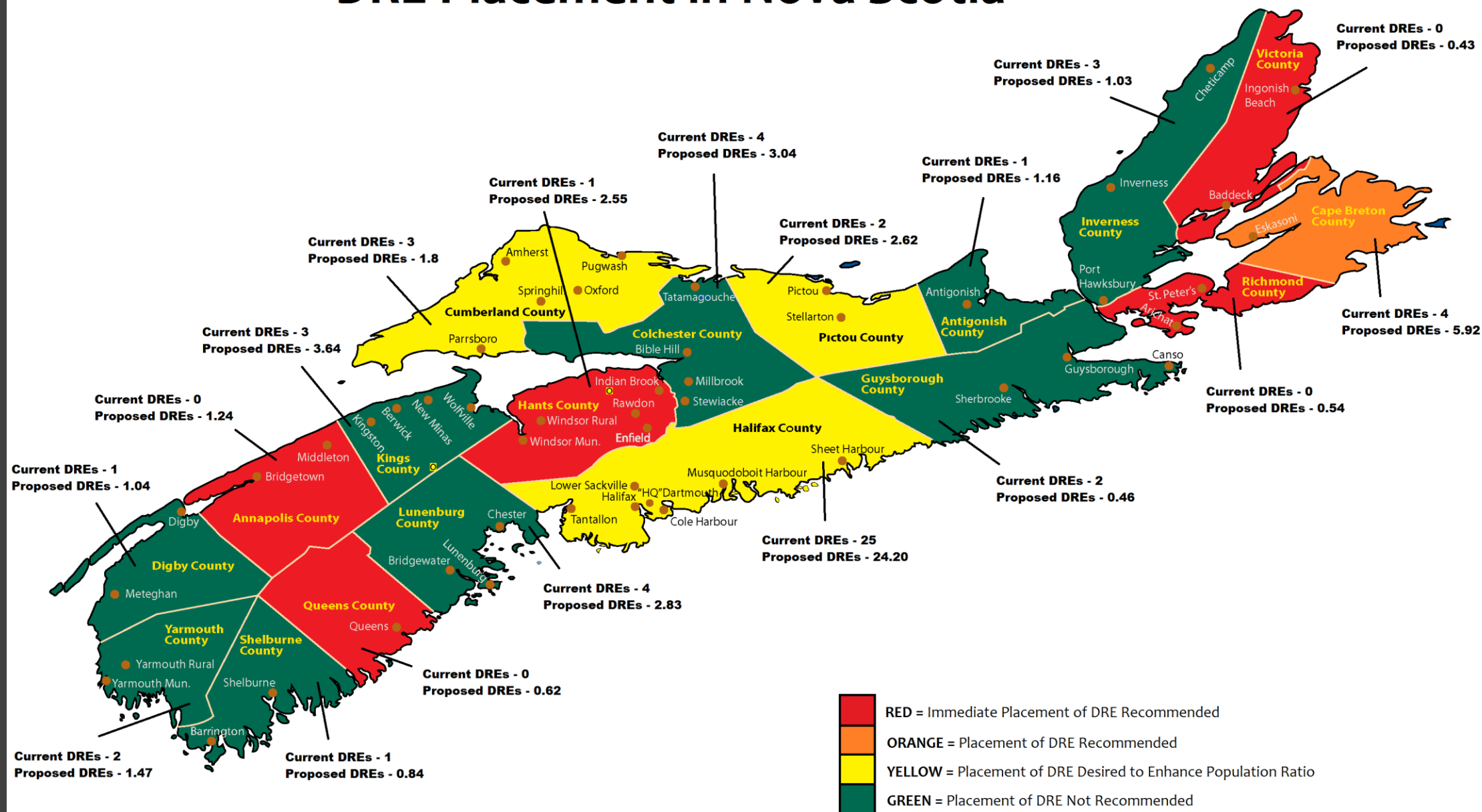
*Ensure that **DRE Demand for Breath** has been read to the subject, and not just the DRE Demand

Where are we now?

- We currently have 48 “Active” DREs
- 6-8 of our expired DREs may re-certify
- 6 new DRE candidates will be attending National Course January 11th – 30th in Jacksonville (4 RCMP and 2 CBRPS)
- We have 14 DRE Instructors



DRE Placement in Nova Scotia



14 DRE Instructors in Nova Scotia

Cst. Scott MacDonald – HRP

Cst. Andrew Beeler – HRP

Cst. John McLeod – HRP

Cst. Ray Turner – HRP

Sgt. Garland Carmichael – HRP

Cst. Holly Tooke - HRP

Cst. Donnie Wadden – NGPD



Cst. Brennan Burrows – CBRPS

Cst. Rob Kavanaugh –Traffic Services

Cst. Chad Morrison –Traffic Services

Cpl. Nicholas Baker – RCMP Chester

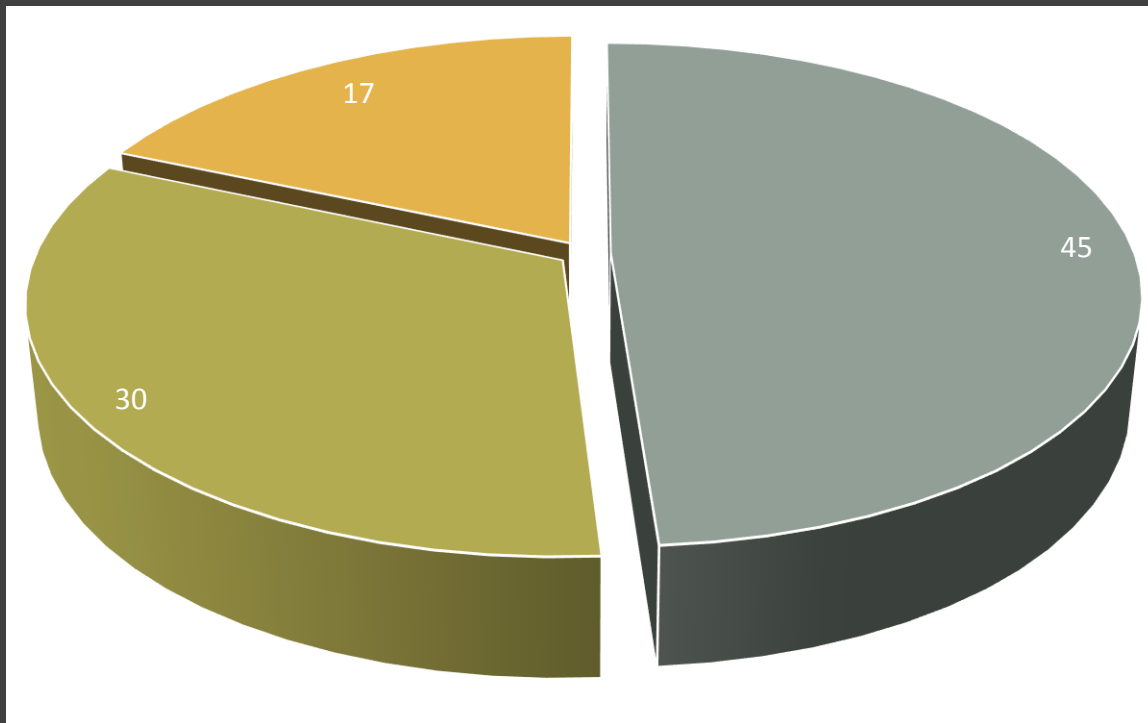
Cst. Heidi Stevenson – RCMP Enfield

Cst. Preston Burns – RCMP Pictou

Cst. James McEachren – RCMP MSOC

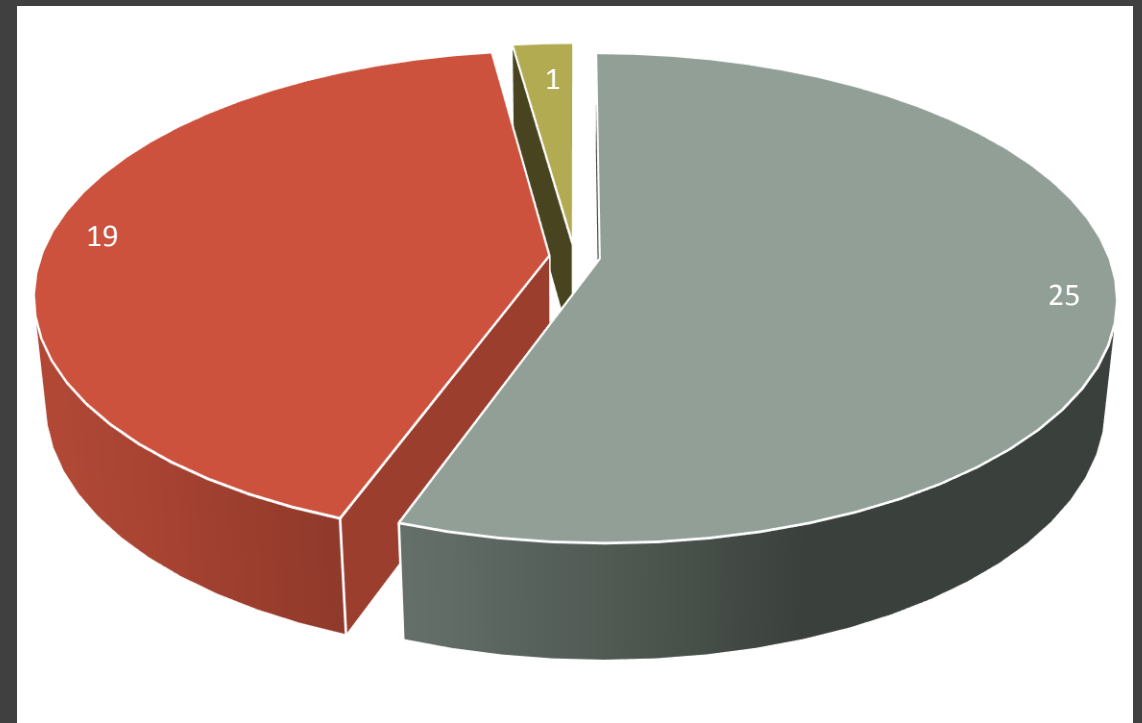
2012 Statistics

92 Total Evaluations



■ Charge Laid (45) ■ No Charge (30) ■ Training (17)

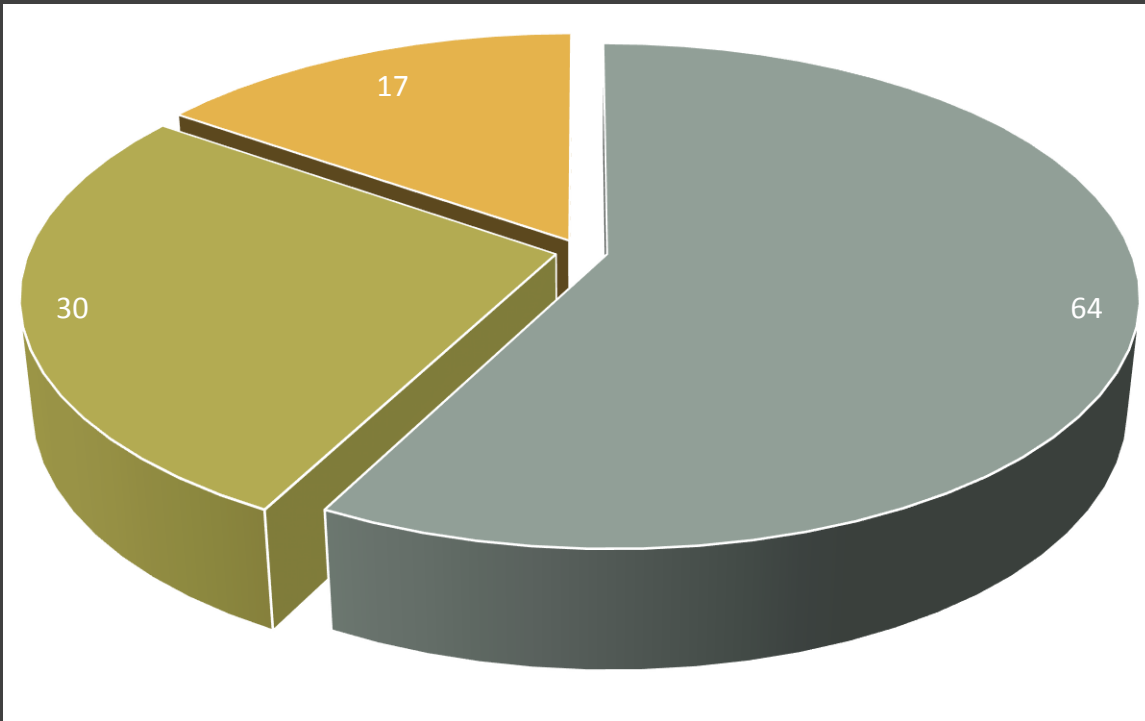
45 Total Charges



■ Guilty (25) ■ Withdrawn/Acquitted (19) ■ Pending (1)

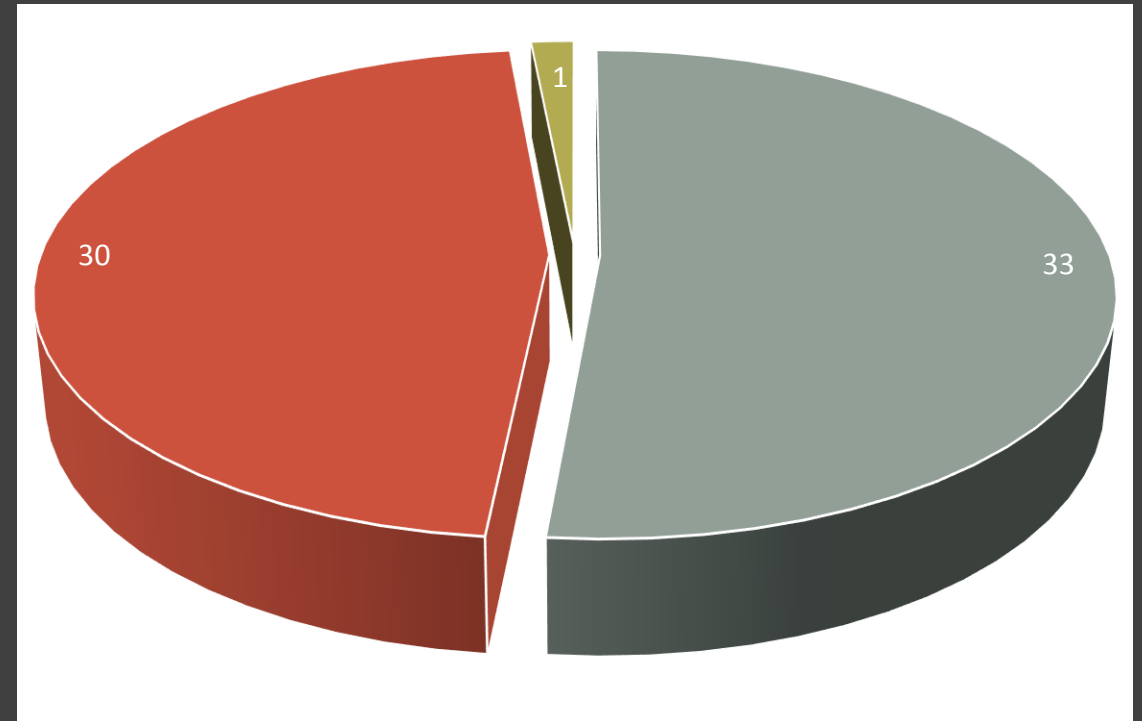
2013 Statistics

103 Total Evaluations



■ Charge Laid (64) ■ No Charge (30) ■ Training (17)

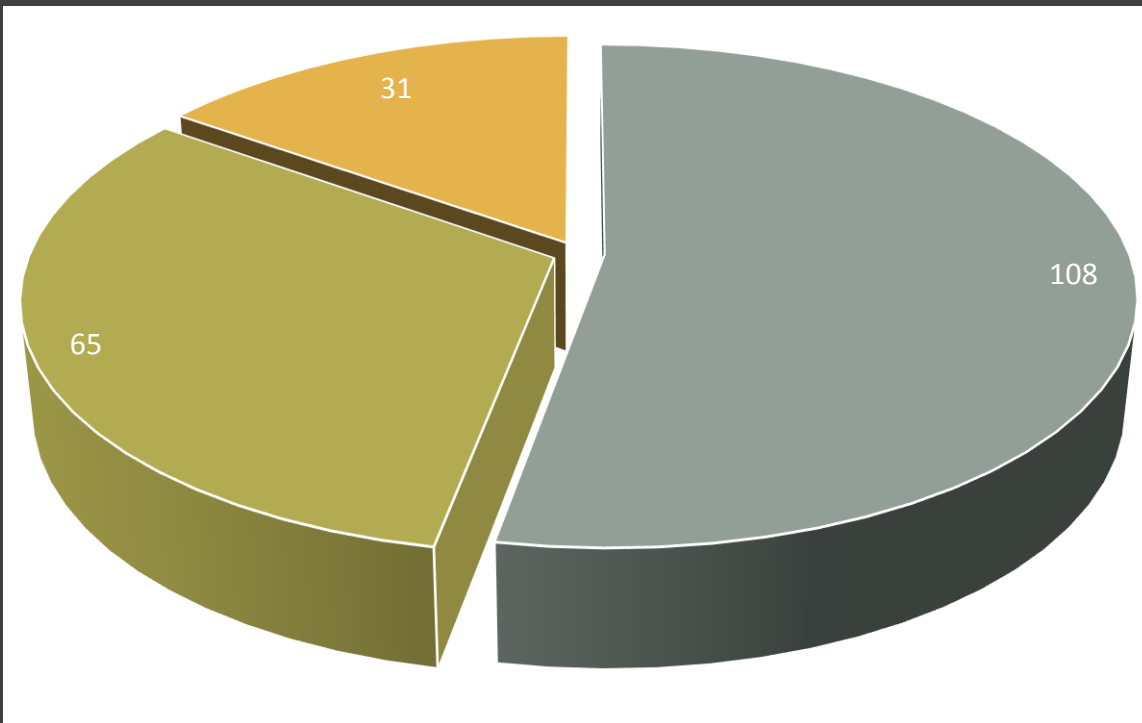
64 Total Charges



■ Guilty (33) ■ Withdrawn/Acquitted (30) ■ Pending (1)

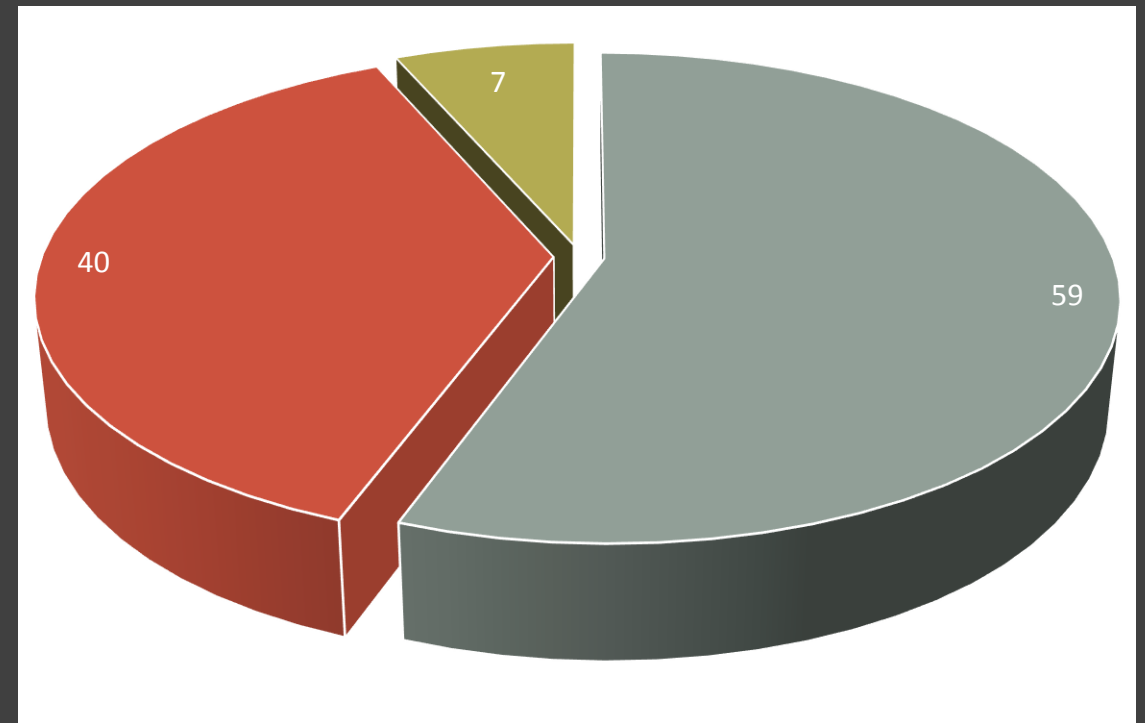
2014 Statistics

204 Total Evaluations



■ Charge Laid (108) ■ No Charge (65) ■ Training (31)

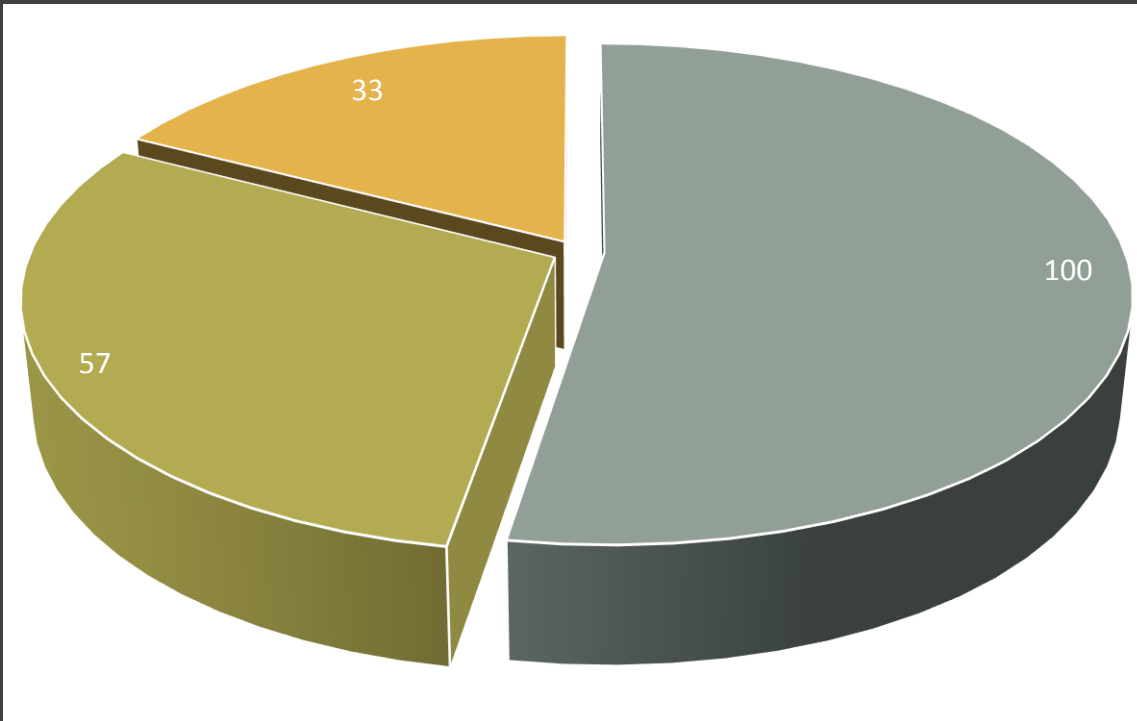
108 Total Charges



■ Guilty (59) ■ Withdrawn/Acquitted (44) ■ Pending (7)

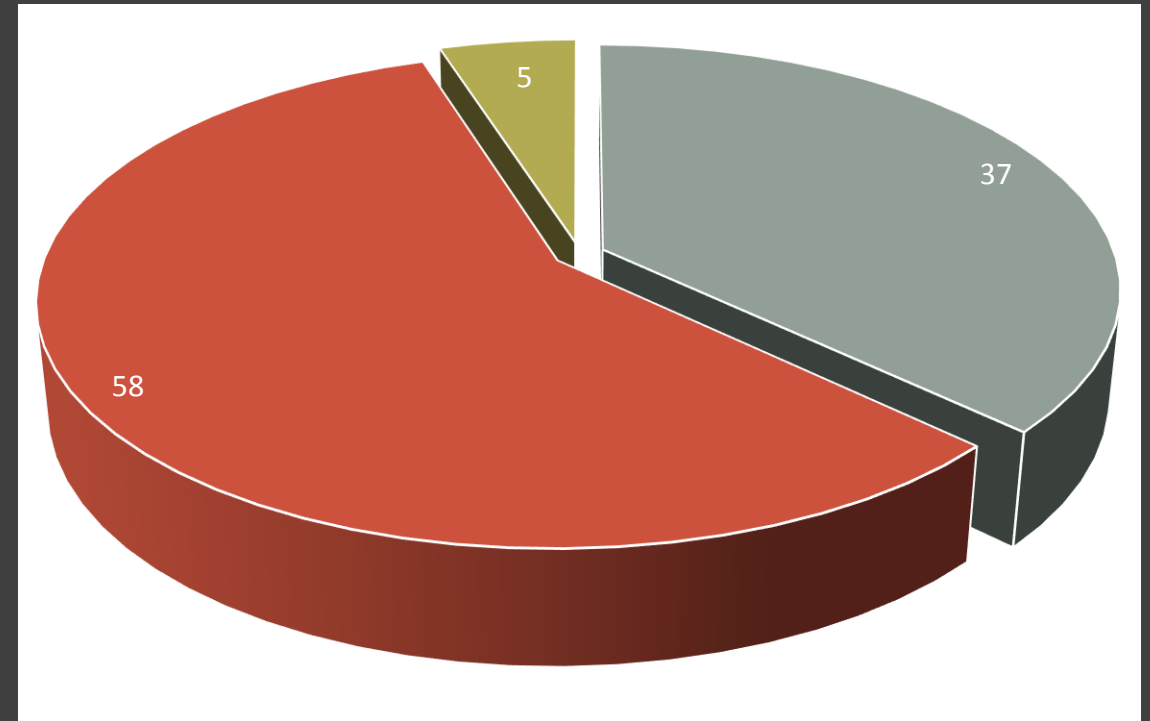
2015 Statistics

190 Total Evaluations



■ Charge Laid (100) ■ No Charge (57) ■ Training (33)

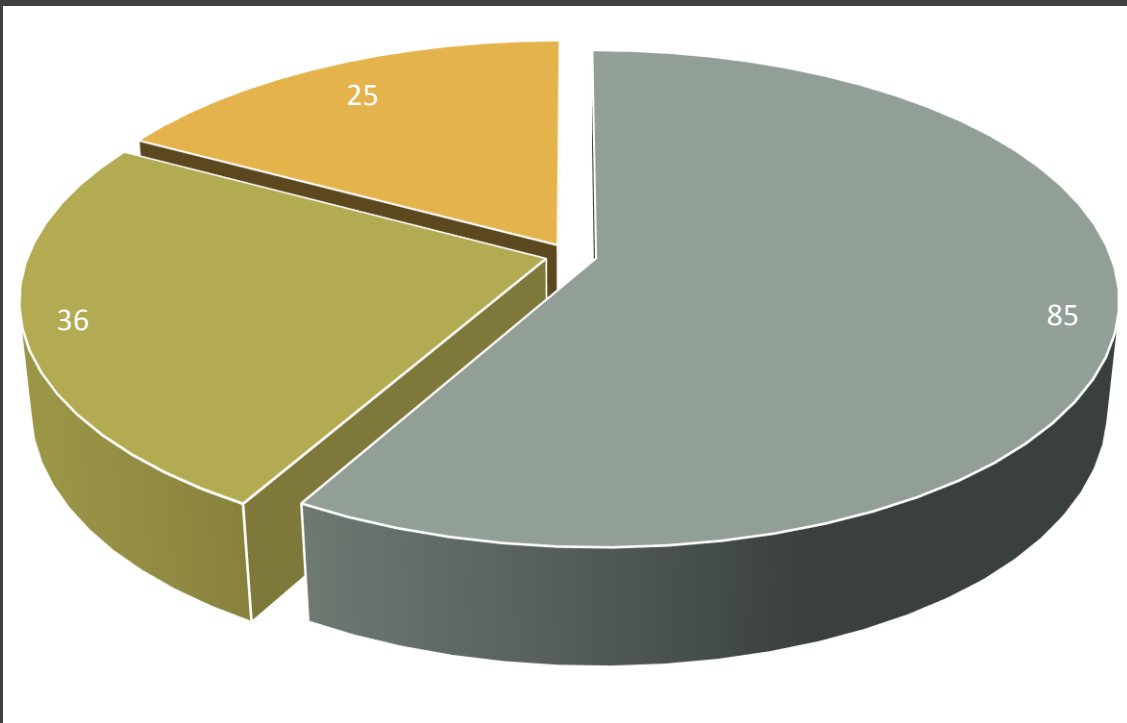
100 Total Charges



■ Guilty (37) ■ Withdrawn/Acquitted (58) ■ Pending (5)

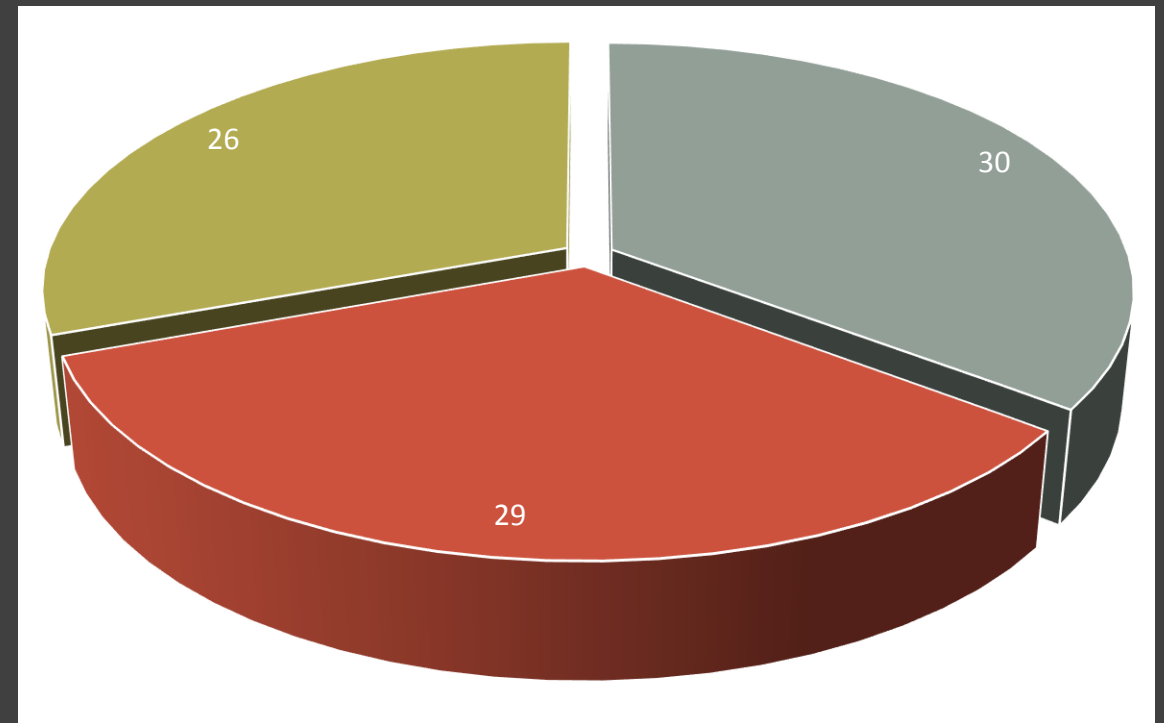
2016 Statistics

146 Total Evaluations



■ Charge Laid (85) ■ No Charge (36) ■ Training (25)

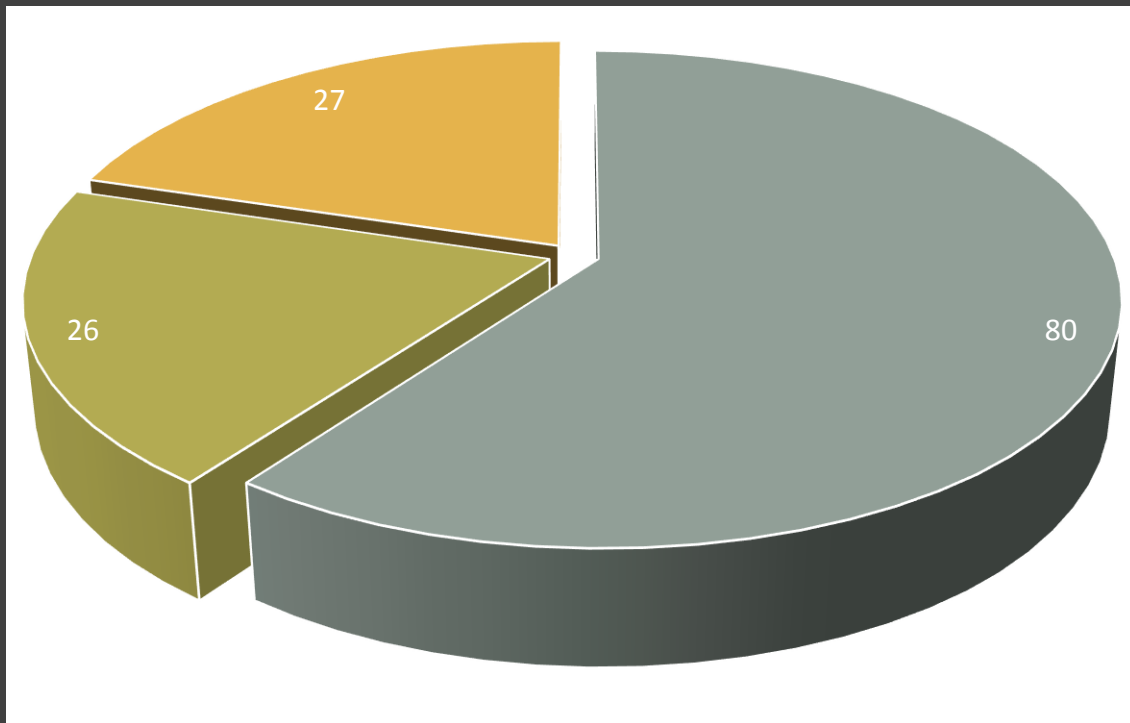
85 Total Charges



■ Guilty (30) ■ Withdrawn/Acquitted (29) ■ Pending (26)

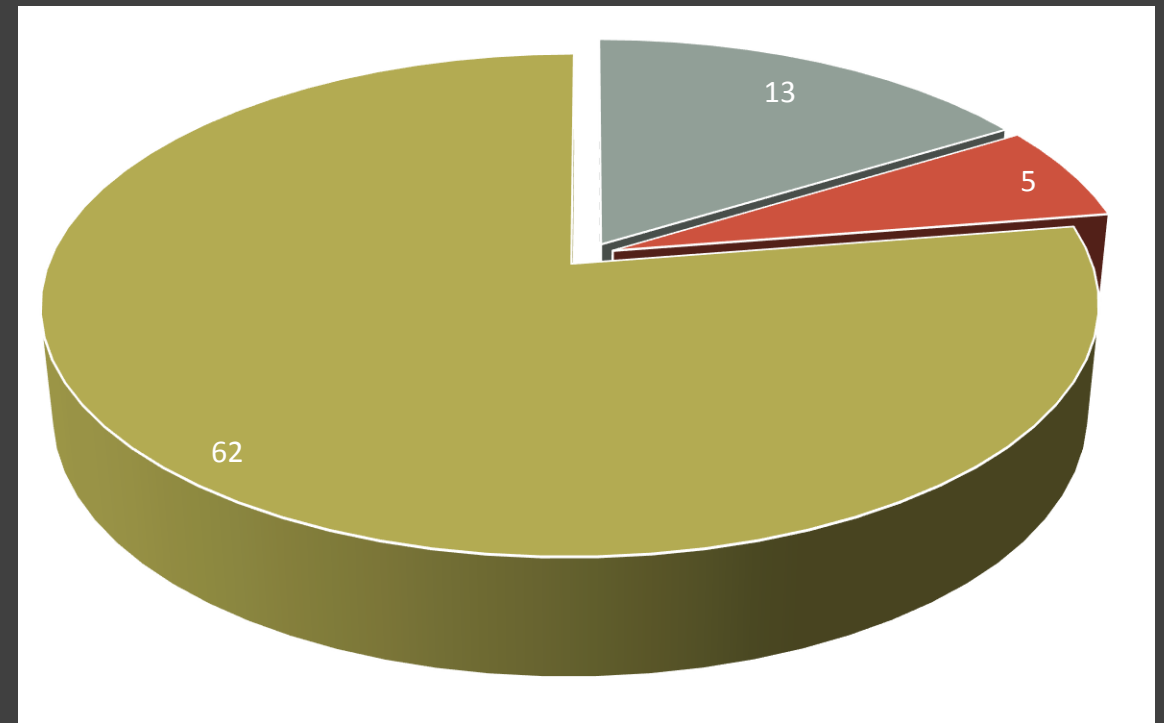
2017 Statistics (as of December 7)

132 Total Evaluations



■ Charge Laid (70) ■ No Charge (22) ■ Training (17)

80 Total Charges



■ Guilty (13) ■ Withdrawn/Acquitted (5) ■ Pending (62)

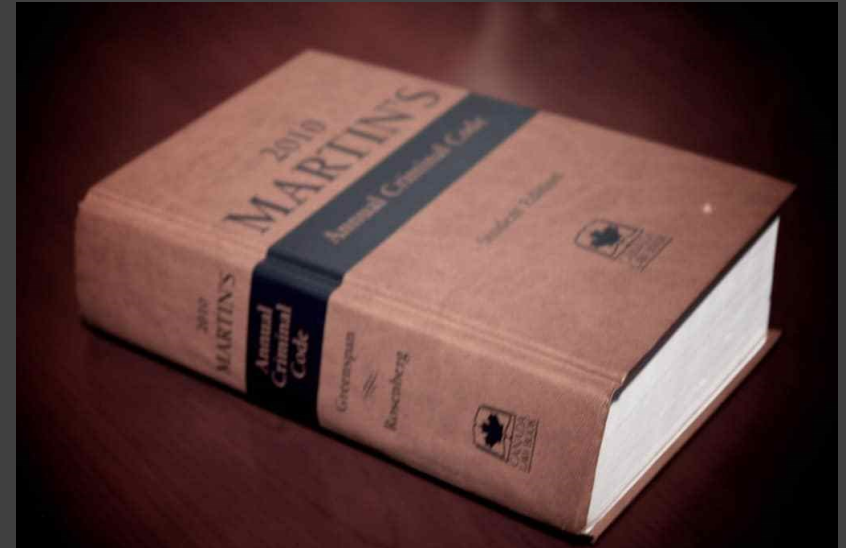
Bill C-46: An Act to Amend the Criminal Code

- 2-5ng of THC/per ml of blood – Summary
- 5ng or 2.5ng and 50mg% BAC - Hybrid
- Mandatory alcohol screening at roadside
- Oral Fluid Screening with suspicion of drugs.
- Blood tests for drug-driving if grounds exist. (Without Eval)
- Presumption for Drugs – Drug called and detected is impairing drug



Proposed “Per Se” Limits for Drugs

- THC – 5 ng/ml of blood.
- GHB – 5 mg/L of blood
- Any detectable level in blood:
 - Lysergic Acid Diethylamide (LSD)
 - Psilocybin (“Magic Mushrooms”)
 - 6 Monoacetylmorphine – 6MAM (Heroin)
 - Phencyclidine – (PCP)
 - Ketamine
 - Cocaine
 - Methamphetamine (Crystal Meth)



Current Law – Drug-Impaired Driving

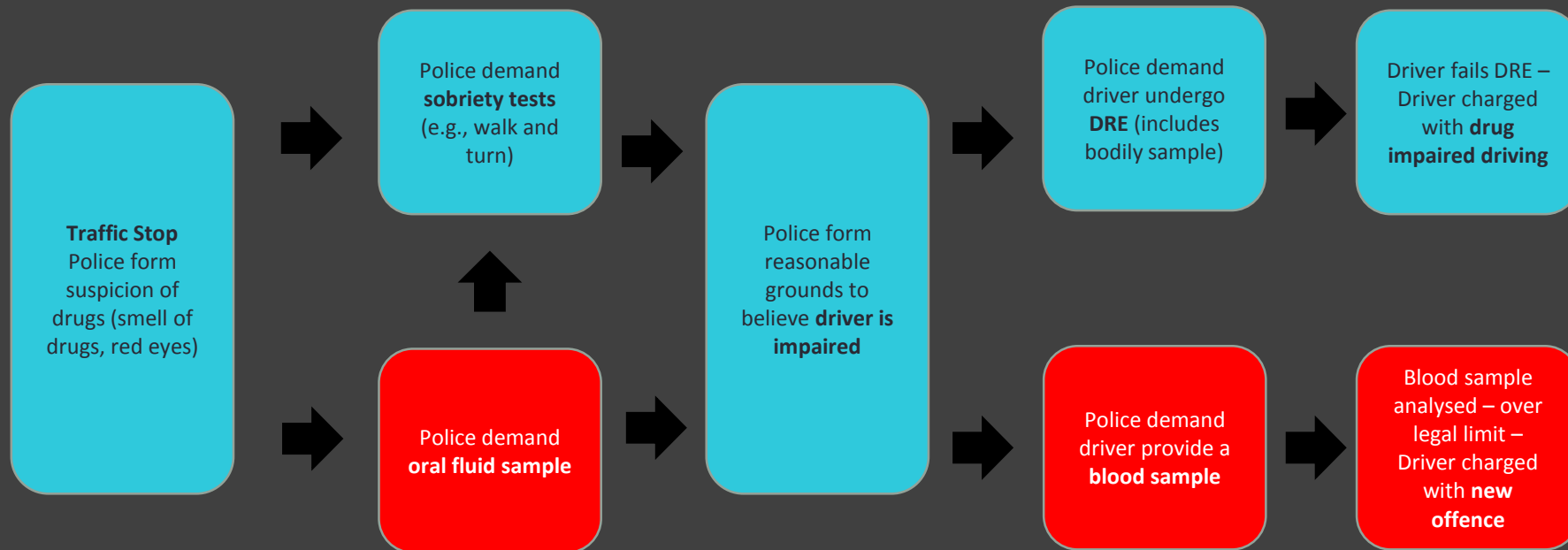
Drug-impaired driving has been a criminal offence since 1925

Since 2008, the police have been authorized to demand:

- Standard Field Sobriety Tests (SFST) at the roadside
- Drug Recognition Evaluation (DRE) at the station



Current and Proposed Law



Oral Fluid Screening Devices

- If legislation approved, Oral Fluid Screening Devices, along with per-se limits and provincial administrative sanctions, will provide officers with an additional, useful tool for apprehending impaired drivers.
- The RCMP is working with Public Safety to incorporate Oral Fluid devices into “arsenal” of Impaired Driving detection tools. (SFST, ASD, DRE) Oral Fluid devices are NOT expected to replace the need for DRE trained officers.



Drager DT5000



Alere DDS2



Securetec DrugRead

What is Oral Fluid?

- Mixture of saliva and other secretions (water, proteins, electrolytes, etc.)
- We don't say saliva generally because it's not just saliva that's being tested.
- Oral fluid has its limitations:
 - Only 3 drugs will be screened!!!!!!
 - THC, Cocaine, Methamphetamines***
 - Only shows recent consumption with no evidence of impairment

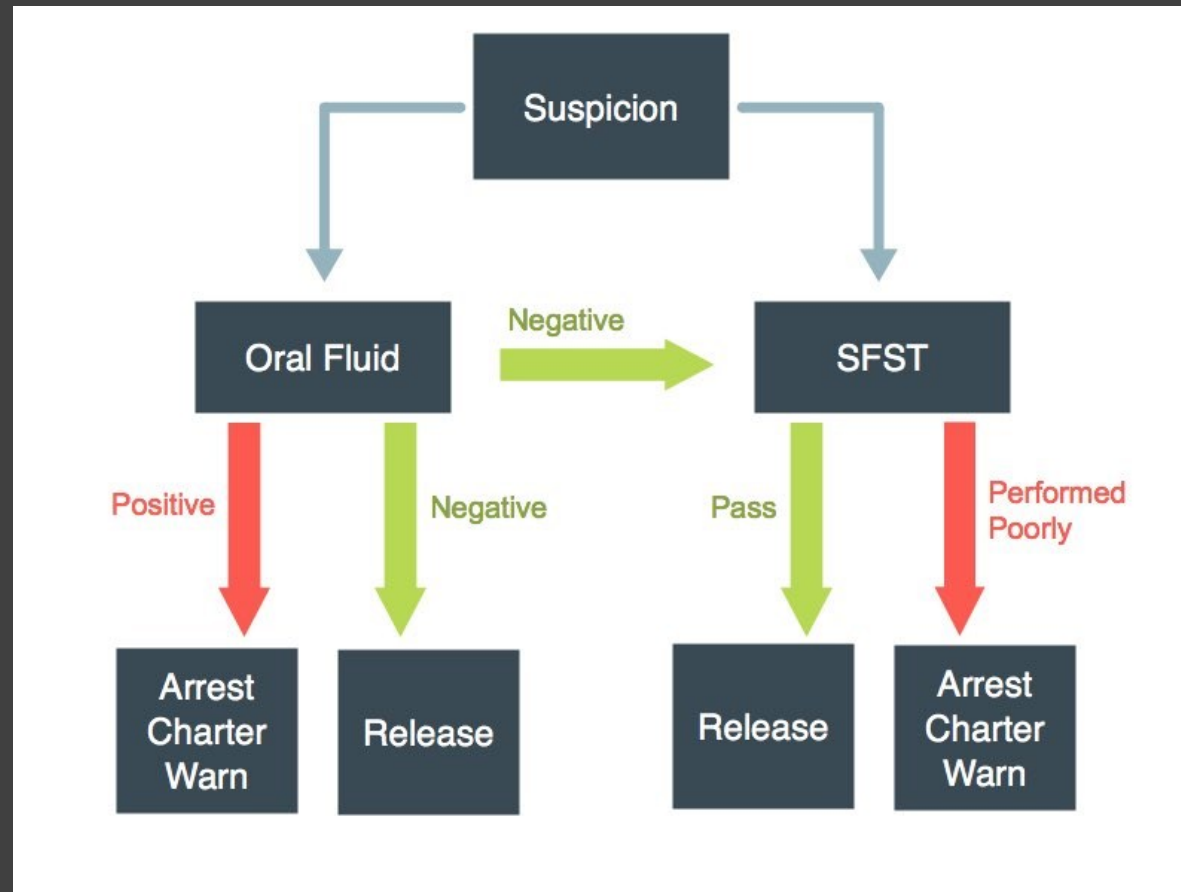


So Why do we still need DREs?

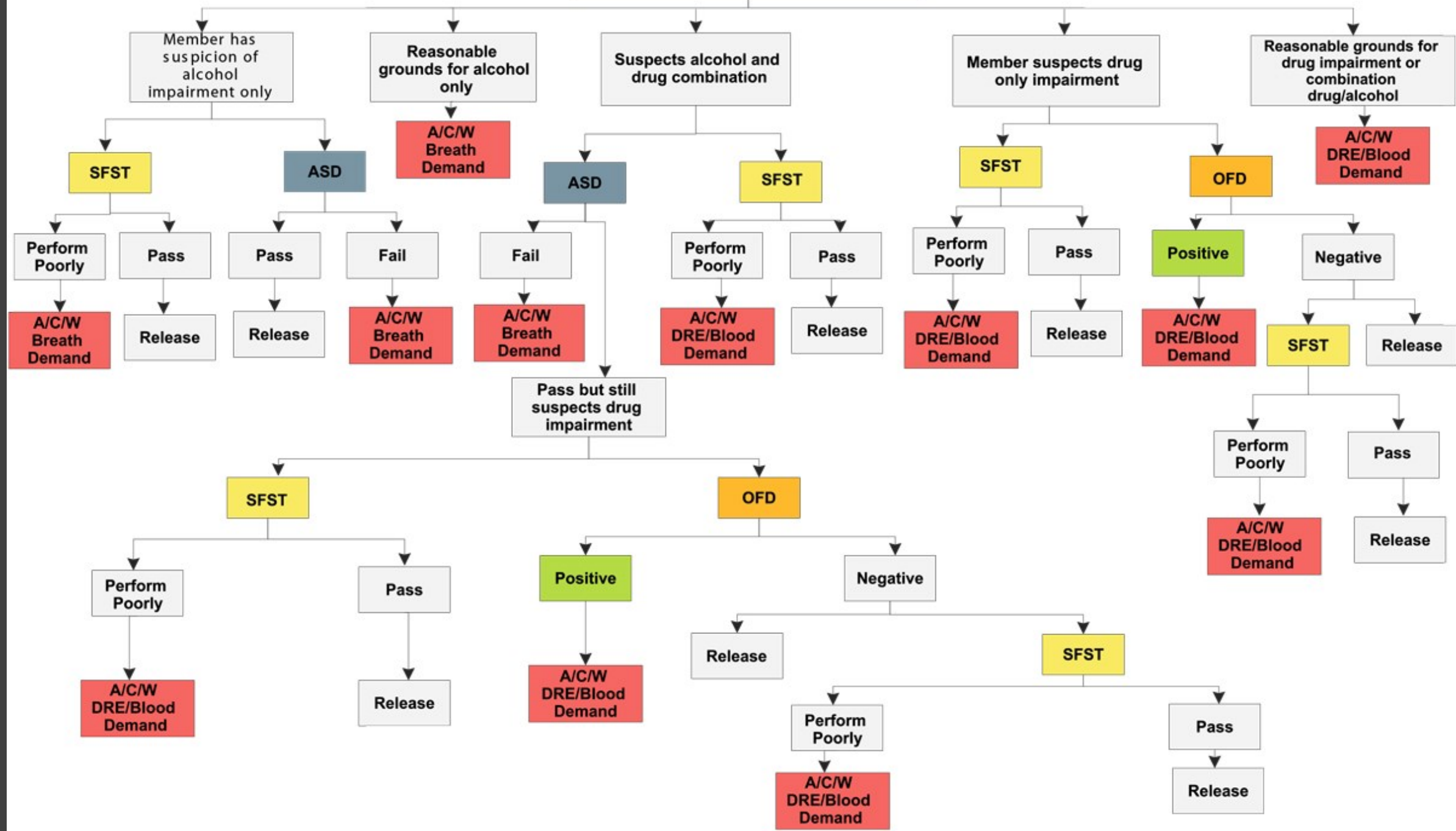
- ❖ Not all drugs have per se limit.
- ❖ It is not always possible to collect blood.
- ❖ Subject can be impaired by drug without exceeding per se limit.
- ❖ Many of our common drugs are excluded:
- ❖ Dilaudid, OxyContin, Methadone, Codeine, Valium, Xanax, Ambien, Clonazepam, Lorazepam, etc.
- ❖ If impairing drug is unknown, best practise will be to proceed by way of a DRE. Blood Demands will be beneficial for collisions



Making the Leap to Reasonable Grounds



Member pulls over vehicle



Where are we going?

- Federal Government announced \$274 million in funding. \$81 million of that to be put toward training and capacity building over next 5 years.
- Public Safety goal: frontline officers trained in SFSTs from 15% to 33%.*
- Our hope: increase SFST from 2-3 courses per year to 4-5 courses per year.
- DRE training to increase, and possibly localize. Our hope: 15-20/year
- We will need additional DRE instructors.
- “Train the Trainer” / Instructor Development Course will likely be required in the near future



Where are we going? (cont)



- By July, oral fluid screening devices.
- “Train the Trainer” opportunities for Oral Fluid, followed by local new user courses.
- New Drugs that Impair Course (Piloted October 2017)
- Upcoming training for frontline officers with no previous drug-impaired driving training.
- There will also soon be an online SFST refresher course
- Possible traveling SFST Refresher road show

The Current Nova Scotia Model

- For GDL Drivers with alcohol in blood, immediate 24 hour suspension
- For “WARN” on ASD, drivers receive seven, fifteen, or thirty day suspensions for first, second, and subsequent offences.
- For refusal, or BAC over 80mg%, drivers receive 90-day suspension.
- License reinstatement fee is \$115
- Alcohol education courses through Addiction Services cost \$415
- Nova Scotia currently has nothing in its Motor Vehicle Act regarding drug-impairment
- Nova Scotia has no mandatory impoundment regulations



The Proposed Nova Scotia Model

NOVA SCOTIA
Records and Compliance
Road Safety, TR
1072 Granville Street
Halifax, N.S. B3J 0X0
FAX: 902-424-0588
EMAIL: complex.violations@novascotia.ca

Order of Suspension

Police Incident #: _____ Incident Date: (YYYYMMDD) _____ Incident Time: (hh:mm) _____
Location of Incident: (City/Town/Village) _____ City/Town: _____ County: _____

DRIVER INFORMATION
Name: (Last) _____ (First) _____ (Middle) _____ D.O.B.: (YYYYMMDD) _____ Gender: _____
Address: _____ Phone: _____
Master #: _____ or Out of Prov. License #: _____

Current Status of License:
☐ Valid NS ☐ Valid Other Jurisdiction, specify: _____
☐ Suspended ☐ Revoked ☐ Unlicensed

VEHICLE INFORMATION
Year: _____ Make: _____ Model: _____ Colour: _____
VIN#: _____ Plate #: _____ Province: _____

24-HOUR SUSPENSION
☐ Novice Driver (alcohol) ☐ Any Driver Failed Standard Field Sobriety Test (SFST) or Oral Screening MVA 100B MVA 100BB

LOW BLOOD ALCOHOL (Between 50 mg and 79 mg) – MVA Section 279C for:
☐ 7-days 1st occurrence in 10 years ☐ 15-days 2nd occurrence in 10 years ☐ 90-days 3rd or subsequent occurrence in 10 years

IMMEDIATE 90-DAY SUSPENSION
☐ Impaired by Alcohol (80 mg or more) CCC 320.14(1)(b) ☐ Impaired by Drug Failed DRE CCC 320.14(1)(a) ☐ Refusal – Drug and/or Alcohol CCC 320.14(1)(a)

ATTACHED/SUPPORTING DOCUMENTATION
☐ Driver's license surrendered/seized ☐ DRE report (drug impairment) ☐ Child(ren) Present form
☐ Certificate of analysis (80 mg or more) ☐ SFST report (drug impairment) ☐ Vehicle Seizure form

This Order of Suspension must be completed and forwarded immediately to email address Complex.violations@novascotia.ca or by fax to (902) 424-0588. Please include all supporting documents.

ACKNOWLEDGMENT OF ORDER OF SUSPENSION
Issuing Officer: _____ (Print name) _____ Signature of Officer (p/n req) _____
Date Issued: _____ Signature of Driver (p/n req) _____
Detachment: _____

COPY DISTRIBUTION: WHITE – Compliance Division Copy CANARY – Driver's Copy PINK – Peace Officer's Copy

- GDL suspensions will not change. (However they have been added to the new Order of Suspension form)
- There will now be a 24-hour suspension for failure of an SFST or Oral Fluid Device (This should likely be increased to at least a 7-day suspension)
- There will now be a 90-day suspension for failure of a DRE Evaluation
- No new fines have been proposed.
- No new impound rules have been proposed.

Questions?

