

**CAPE BRETON REGIONAL POLICE
IMPAIRED DRIVING PRESENTATION
CST. BRENNAN BURROWS**



OVERVIEW

- This presentation is to provide a better understanding of impaired driving and what tools are used during an investigation
- D.R.E and other types of training to help detect impaired drivers in our communities
- Question and Answer period



TYPES OF TRAINING

- There are different types of training across Canada that help give officers the tools to investigate impaired drivers.
- Drug Recognition Expert (D.R.E)
- Standard Field Sobriety Testing
- Intox EC/IR II (breath tech)
- Approved Screening Device - FST
- Approved Drug Screening Equipment (Oral fluid)



DRUG RECOGNITION EXPERTS

WHAT ARE THEY ?

Officers trained to recognize signs and symptoms of drug use on an impaired driver.

Officer can conduct an 12 step evaluation to determine category or categories of drug(s) causing the impairment

Officers can give expert testimony on the drug impairment.
(R vs Bingley out of Ontario)



TRAINING

- Officers that are selected to attend a DRE course will go through two weeks of classroom, followed by a week of certification in either Jacksonville Florida, or Phoenix Arizona U.S.A.
- First week – SFST
- Second week – DRE school
- Third week – Live subjects (certification)




WEEK 1 - SFST

- Week one consists of a student going through Standard Field Sobriety Testing training and also learning about drugs.
- There are two alcohol work shops during this week, where subjects are dosed with alcohol, and trained officers must perform SFST on the subjects. Once the SFST is completed, the officer will then decide if they would arrest, suspend, or release, based on the results.
- The workshop is alcohol only!
- Scripts need to be word for word.



SFST FACESHEET

Protected B
once completed

 **Royal Canadian Mounted Police** / **Gendarmerie royale du Canada**

Standardized Field Sobriety Test (SFST)

Use Type
 British Columbia National

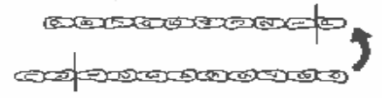
Test Date (yyyy-mm-dd)	Test Time (hh:mm)	File Number	
Subject Name		Subject Date of Birth (yyyy-mm-dd)	Subject Driver's Licence Number

Horizontal Gaze Nystagmus

Check for Equal Tracking <input type="radio"/> Equal <input type="radio"/> Unequal	Corrective Lenses <input type="radio"/> Glasses <input type="radio"/> Hard Contacts <input type="radio"/> Soft Contacts <input type="radio"/> None	Pupils <input type="radio"/> Equal <input type="radio"/> Unequal
Horizontal Gaze Nystagmus		
Lack of smooth pursuit <input type="radio"/> Yes <input type="radio"/> No	Left Eye Score (1 point for each yes) <input type="radio"/> Yes <input type="radio"/> No	Right Eye Score (1 point for each yes) <input type="radio"/> Yes <input type="radio"/> No
Distinct and sustained nystagmus at maximum deviation <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Onset of nystagmus prior to 45 degrees <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Total Score (out of 6)		Vertical Nystagmus Present? <input type="radio"/> Yes <input type="radio"/> No

Walk and Turn

Diagram Instructions: Mark any steps, misses, or steps off the line on the Walk and Turn diagram.



Cannot Keep Balance	Starts Too Soon	
Action Taken	First 5 Steps	Second 5 Steps
Steps walking		
Steps off line		
Missed heel to toe		
Raised arms		
Actual no. of steps		

Describe Turn


Cannot do Test (Explain)

Type of Footwear

Score out of 8

One Leg Stand

Diagram Instructions: Cross out the position in the One Leg Stand diagram that was not tested.



Put Foot Down
Use Arms for Balance
Swings
Hops
Time out of 30 Seconds
Total Score out of 4



WEEK 2 – DRUG SCHOOL

- Week two consists of drug school. Students write an exam every day, and will go over scenarios, and each drug category in detail.
- Each Category is discussed as to what drugs fall in that category, videos of live subjects, and examples of court testimony. Each category goes in to hours of detail.
- Students also draw out the DRE matrix every day up until certification week.
- Example of Matrix to follow.



DRE FACESHEET

DRUG INFLUENCE EVALUATION		EVALUATOR	DRE NO.	ROLLING LOG NO.
RECORDER/WITNESS	CHARGE: <input type="checkbox"/> None <input type="checkbox"/> Property	OCCURRENCE #		
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"/> Urine <input type="checkbox"/> Oral fluid <input type="checkbox"/> Blood		
CHARTER WARNING GIVEN: <input type="checkbox"/> Yes <input type="checkbox"/> No	What have you eaten today? When? Instrument #	What have you been drinking? How much? Time of last drink?		
Given by: _____	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		
Time now/Actual: _____	When did you last sleep? How long? _____	Are you under the care of a doctor/dentist? <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	ATTITUDE		
Are you taking any prescription medications? <input type="checkbox"/> Yes <input type="checkbox"/> No	BREATH ODOR	COORDINATION		
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	HGN: <input type="checkbox"/> Lack of Smooth Pursuit <input type="checkbox"/> Maximum Deviation <input type="checkbox"/> Angle of Onset	Resting Nystagmus: <input type="checkbox"/> Yes <input type="checkbox"/> No		
1. _____ / _____	Left Eye: <input type="checkbox"/> Yes <input type="checkbox"/> No	Right Eye: <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. _____ / _____	Right Eye: <input type="checkbox"/> Yes <input type="checkbox"/> No	Convergence: <input type="checkbox"/> Yes <input type="checkbox"/> No		
3. _____ / _____	Maximum Deviation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Left Eye: <input type="checkbox"/> Yes <input type="checkbox"/> No		
MODIFIED ROMBERG BALANCE	WALK AND TURN TEST	ONE LEG STAND		
Approx. _____	Approx. _____	/30 _____ /30 _____		
	Cannot keep balance: _____	Starts too soon: _____		
	Stops Walking: _____	1st Nine: _____ 2nd Nine: _____		
	Misses Heel-Toe: _____	Misses off Line: _____		
	Raises Arms: _____	Actual Steps Taken: _____		
TIME ESTIMATION: Estimated as 30 sec	Describe Turn: _____	Cannot do Test (explain): _____		
	PUPIL SIZE: Room (2.5-6.0) _____	Darkness (5.0-8.5) _____ Direct (2.0-4.5) _____		
	Left Eye: _____	Right Eye: _____		
	REBOUND DILATION: <input type="checkbox"/> Yes <input type="checkbox"/> No	REACTION TO LIGHT: _____		
BLOOD PRESSURE: _____ TEMP: _____	MUSCLE TONE: <input type="checkbox"/> Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid	Comments: _____		
What drugs or medications have you been using? _____	How much? _____ Time of use? _____	Where were the drugs used? (Location) _____		
DATE/TIME OF ARREST: _____	TIME DRE NOTIFIED: _____	EVAL START TIME: _____ TIME COMPLETED: _____		
MEMBERS SIGNATURE: _____	SERIAL/REG. #: _____	REVIEWED / APPROVED BY / DATE: (include DRE) _____		
OPINION OF EVALUATOR: <input type="checkbox"/> NOT IMPAIRED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> STIMULANT <input type="checkbox"/> DISSOCIATIVE ANESTHETIC <input type="checkbox"/> INHALANT <input type="checkbox"/> OPERATIONAL	<input type="checkbox"/> MEDICAL <input type="checkbox"/> DEPRESSANT <input type="checkbox"/> HALLUCINOGEN <input type="checkbox"/> NARCOTIC ANALGESIC <input type="checkbox"/> CANNABIS <input type="checkbox"/> TRAINING			



WEEK 3 - CERTIFICATION

- Week three is held in Jacksonville Florida at an old Bail Bonds clinic or Maricopa County Sherrifs Detention center in Arizona.
- Jacksonville has numerous users waiting outside to come in and be tested. Canadians pay to use the clinic and not to have people use drugs. Due to the high crime area and drug problems, Subjects get food and drink if they assist with certification.
- Subjects are on real drugs and Students have to make the correct call which is confirmed by a urine sample.



WEEK 3 - CONTINUED

- In Arizona, Students attend to a jail where subjects are arrested and brought in for processing.
- Students wait for an Instructor to bring down a subject and a test is completed. There are hundreds of prisoner`s brought in each day with 24 hour court.
- Prisoner`s are in custody from anywhere from Theft to Murder.



Seven (7) Drug Categories

Central Nervous System Depressant

Inhalents

Dissociative Anesthetics

Cannabis

Central Nervous System Stimulants

Hallucinogens

Narcotic Analgesics



Central Nervous System Depressants Signs & Symptoms

Drowsy
Disoriented
Uncoordinated
Droopy eyelids
Thick, slurred speech
Sluggish, lethargic
Uncontrolled movements



Symptoms like Alcohol, but no Alcohol smell
Tranquilizers, Anti-Depressants,
Barbiturates



Inhalants

Signs & Symptoms

Flushed face, Disoriented, confused

Bloodshot/watery eyes

Residue of chemical inhaled

Odour of Chemical on person/face

Intense headaches,

Uncommunicative

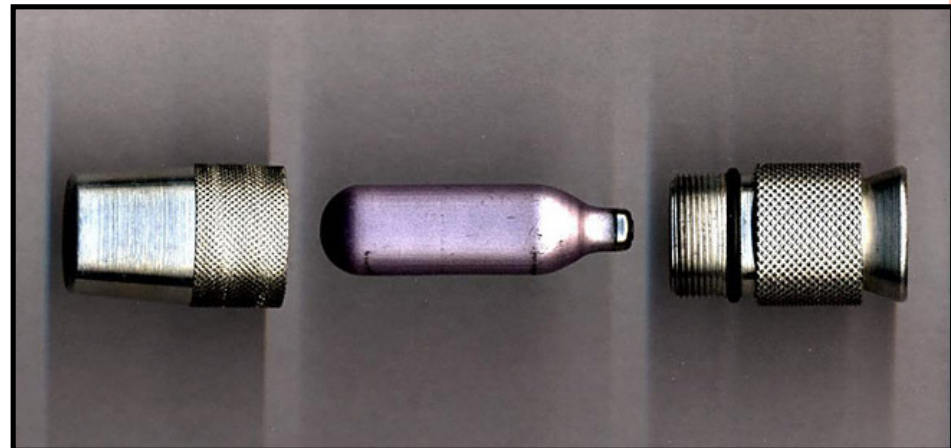
Nausea

Volatile Solvents

Paint, Glue

Aerosols, Hair Spray

Anesthetic Gasses



Dissociative Anesthetic Signs & Symptoms

Hallucinations

Blank stare

“Moon walking”

Chemical odour

Repetitive speech

Violent/combative, agitated

Incomplete/delayed responses, confusion

**Ketamine, PCP, Dextromethorphan
(DM, Cough Syrup)**



Cannabis Signs & Symptoms

**Bloodshot eyes, Odour of
Marihuana,
Muscle/eyelid tremors
Relaxed inhibitions
Increased appetite,
Disorientation**



**Impaired awareness of time & distance
In high doses-possible paranoia
Plant debris in mouth/tongue**

Marihuana, Hashish, Hash Oil, Marinol



REDDENED CONJUNCTIVA



HOW HIGH ARE YOU?



CNS Stimulants

Signs & Symptoms

Talkative

Dry mouth

Bruxism (grinding of teeth)

Anxious, agitated, irritable

Decreased appetite

Insomnia

Nasal redness/runny- Cocaine

Euphoria

Muscle/body tremors

**Cocaine, Crack, Methamphetamine,
Ritalin**



CRACK IS WACK



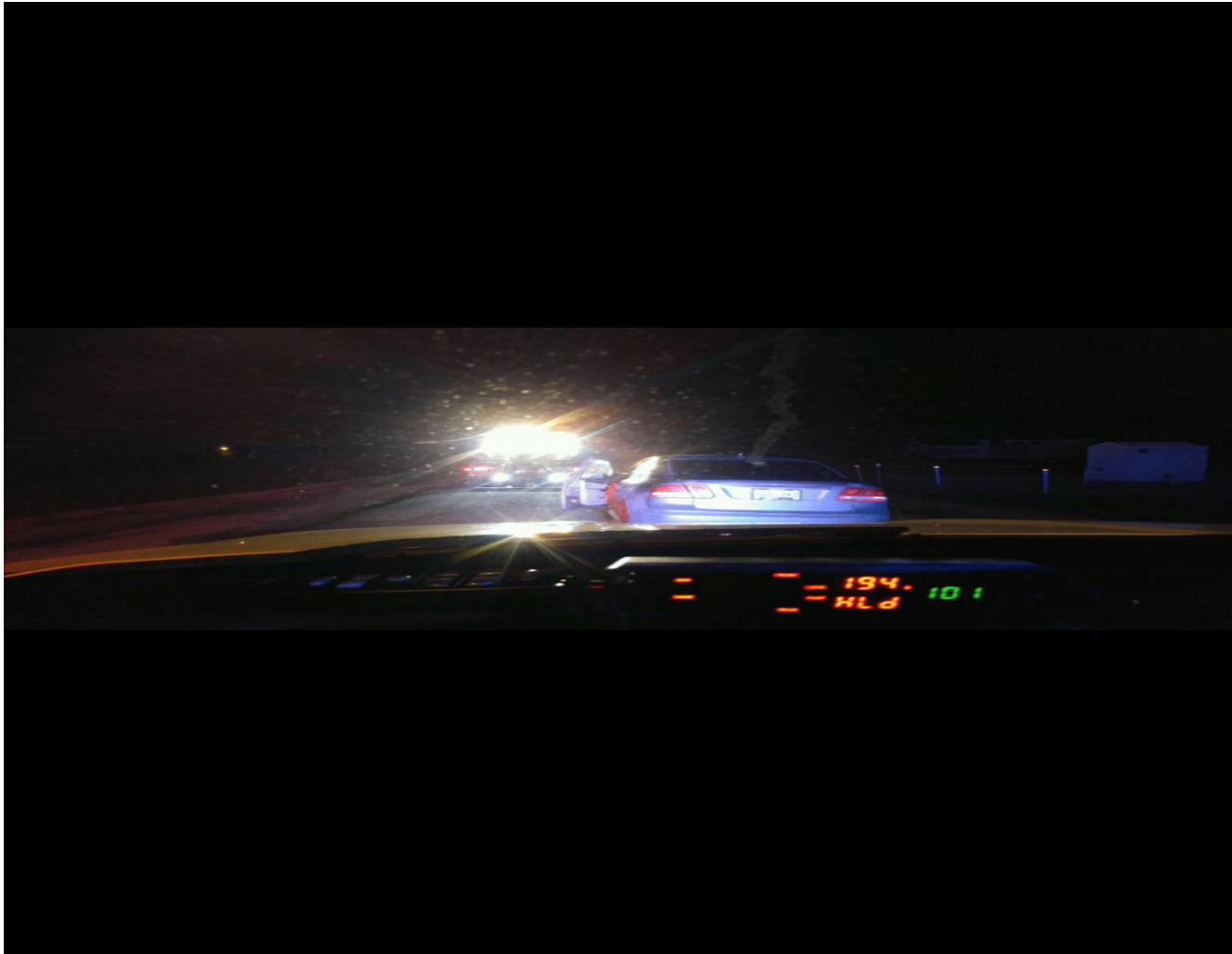
CRYSTAL METH



AGE 22 TO AGE 23 ON METH



MALE DRIVER THOUGHT HE WAS GOING
80KM.....HE WAS WRONG...CNS STIM
(COCAINE)



UNDER THE INFLUENCE OF METH



Hallucinogens

Signs & Symptoms

Memory loss

Body tremors

Flashbacks

Hallucinations, paranoia

Perspiring, nausea

Disoriented, Poor perception of time & distance

LSD, Magic Mushrooms, MDMA (Ecstasy)

Mescaline (Peyote)



WHAT THE BRAIN WILL SEE



"H-Hey Whiskers..."

"Yeah, Max?"

"I don't think that was catnip..."

"I can taste your voice, Max."



CBRM

- The biggest issue CBRM is having is the overuse of Pills.
- These pills range from opioid to anti-depressant / anti-anxiety medications
- Clonazepam (CNS Depressant) is now becoming an issue in CBRM
- Cannabis is also an issue in our community



Narcotic Analgesic Signs & Symptoms

Low/slow/raspy

Dry mouth

Track marks, fresh punctures

“On the nod”, Facial itching

Depressed reflexes, Euphoria

Constricted Pupils

Opium, Morphine,

Heroin, Dilaudid,

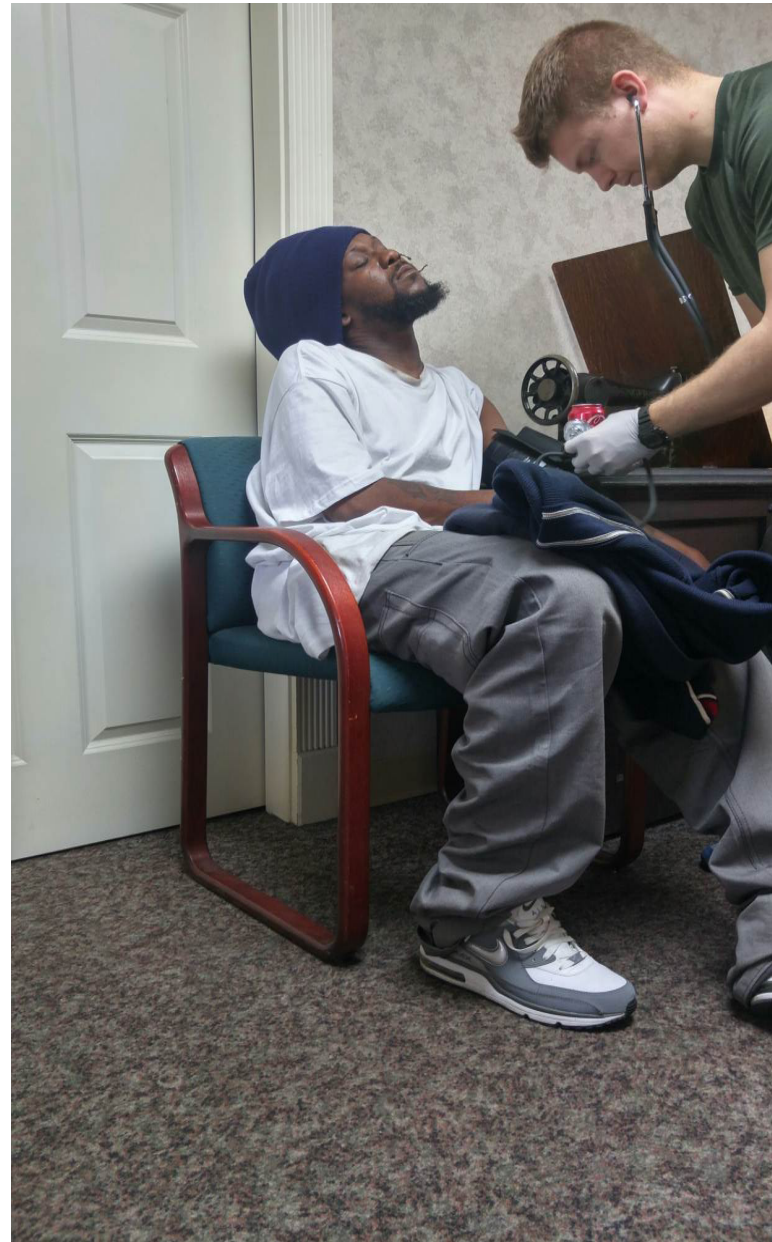
Oxycodone



HEROIN USER



“ON THE NOD”



DAMAGED CAUSED FROM NARCOTIC USER
DRIVING.. WHITE CAR WAS GOING SPEED LIMIT



DRE 12 STEP EVALUATION

DRE 12 STEP		
• 1.0 DRUG EVALUATION & CLASSIFICATION PROGRAM 1.0 •		
● 1.5	1. BREATH ALCOHOL TEST	1.5 ●
● 2.0	2. INTERVIEW OF ARRESTING OFFICER	2.0 ●
● 2.5	3. PRELIMINARY EXAMINATION (SHOULD INCLUDE BUT NOT LIMITED TO FIRST PULSE, AN INITIAL ESTIMATE OF ANGLE OF ONSET, AND INITIAL ESTIMATION OF PUPIL SIZE)	2.5 ●
● 3.0	4. EYE EXAMS (CHK. BOTH EYES / EQUAL)	3.0 ●
● 3.5	A. HORIZONTAL GAZE NYSTAGMUS	3.5 ●
● 4.0	- LACK OF SMOOTH PURSUIT	4.0 ●
● 4.5	- DISTINCT AND SUSTAINED NYSTAGMUS AT MAXIMUM DEVIATION	4.5 ●
● 5.0	- ANGLE OF ONSET	5.0 ●
● 5.5	B. VERTICAL GAZE NYSTAGMUS	5.5 ●
● 6.0	C. LACK OF CONVERGENCE	6.0 ●
● 6.5	5. DIVIDED ATTENTION TESTS	6.5 ●
● 7.0	A. MODIFIED ROMBERG BALANCE	7.0 ●
● 7.5	- BODY SWAY	7.5 ●
● 8.0	- 30 SECOND INTERNAL CLOCK	8.0 ●
● 8.5	B. WALK AND TURN	8.5 ●
● 9.0	- 9 STEPS / 9 STEPS	9.0 ●
● 9.5	C. ONE LEG STAND (30 SEC. EACH LEG)	9.5 ●
● 10.0	- LEFT LEG THEN RIGHT LEG	10.0 ●
● 10.5	D. FINGER TO NOSE	10.5 ●
● 11.0	- LEFT/RIGHT/LEFT/RIGHT/RIGHT/LEFT	11.0 ●
● 11.5	6. CLINICAL INDICATORS AND SECOND PULSE	11.5 ●
● 12.0	7. DARK ROOM CHECKS OF PUPIL SIZE (90 SECONDS) AND INGESTION EXAMINATION	12.0 ●
● 12.5	8. CHECK FOR MUSCLE TONE	12.5 ●
● 13.0	9. CHECK FOR INJECTION MARKS AND THIRD PULSE	13.0 ●
● 13.5	10. INTERVIEW, STATEMENTS, AND OTHER OBSERVATIONS	13.5 ●
● 14.0	11. OPINION OF EVALUATION	14.0 ●
● 14.5	12. TOXICOLOGICAL SAMPLE	14.5 ●
● 15.0		15.0 ●

ROOM LIGHT

DIRECT LIGHT

NEAR TOTAL DARKNESS

PUPILOMETER



DRE MATRIX

	CNS DEPRESSANTS	INHALANTS	DISSOCIATIVE ANESTHETICS	CANNABIS	CNS STIMULANTS	HALLUCINOGENS	NARCOTIC ANALGESICS
HGN	YES	YES	YES	NO	NO	NO	NO
VERTICAL 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 TEMP	NORMAL	UP / DOWN NORMAL	UP	NORMAL	UP	UP	DOWN
MUSCLE TONE	FLACCID	FLACCID	RIGID	NORMAL	RIGID	RIGID	FLACCID



CBRPS DRE MEMBERS

- JIM TAYLOR
- AL SHAW
- PHIL ONEILL
- BRIAN BARKHOUSE
- LOGAN MACVICAR
- TJ MARTELL
- CHAD GILLARD
- BRENDAN MARTIN
- CORY MACKENZIE
- BRENNAN BURROWS
- COLIN WHITE



CBRPS DRE STATS 2019

- Central Nervous System Depressant – 7
- Cannabis – 12
- Central Nervous System Stimulant – 3
- Narcotic Analgesic – 3
- Total YTD – 25



HORIZONTAL GAZE NYSTAGMUS



WALK AND TURN



ONE LEG STAND



INTOX EC/IR II



APPROVED SCREENING DEVICE - FST



DRAGER 5000 – ORAL FLUID



CBRPS

- Cape Breton Regional Police have been a strong supporter in training for impaired driving
- The Dept. Of Justice, Impaired Driving Training Team covers costs when training is scheduled and this allows for agencies to save money, while providing the Police with the necessary tools to prevent Impaired driving
- CBRPS is moving forward with receiving this training as training is now being scheduled in 2020



CBRPS TRAINED MEMBERS

- Drug Recognition Officers – 11
- Standard Field Sobriety Trained members – 30
- FST members – 6
- Breath techs – 16
- Oral Fluid – 1

- Training for each of the above is already being scheduled for 2020

- These numbers will increase, which will not only benefit our service, but also our community



IMPAIRED DRIVING TRAINING TEAM

- The province of N.S. is one of the leading provinces with respect to Impaired driving detection and training
- Dept. Of Justice has a four members team that travels across the province and provides training, at no cost to the agency
- This team teaches courses ranging from DRE to SFST and has trained hundreds of officers with different agencies ranging from municipal, RCMP and MPs



IMPAIRED DRIVING TRAINING TEAM

- Cst. Brennan Burrows - CB Regional Police
- Cst. Robert Kavanaugh – RCMP Antigonish
- Cst. Derek Childs – Bridgewater Police
- Cst. Scott MacDonald – Halifax Regional Police



CBRPS

- The CBRPS is working on obtaining training for members
- From a provincial stand point, CBRPS is one of the leading agencies with respect to impaired training
- I have yet to bring up a course that CBRPS was not seriously interested in
- CBRPS went from 2 DRE members to 11 and stats show results!
- Moving forward, CBRM is in good shape!



MADD CB

madd 
No alcohol. No drugs. No victims.



QUESTIONS?

