



# Drug Impaired Driver Training The New Challenge

**CPKN Presentation**

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# Our New World

- Government promise to legalize recreational use of marijuana
- Already the number one drug found in drivers (after alcohol)
- Experience from “legal” States indicates we will see an increase of drivers with THC in their bodies
- How do we increase our ability to keep the roads safe



# Current Tools

- At present only SFST and DRE
- SFST – 4 day school including “Drugs that Impair”
- Most common model for DRE is the 10 day Accelerated DRE School followed by 3 day certification event and final knowledge exam
- Combines the SFST, Pre-DRE and DRE schools
- As per CCC Regulations must deliver the IACP/NHTSA curriculum



# IACP Curriculum

- SFST school (3 day)
- Drugs that Impair (1 day)
- {ARIDE (online or 2 day)}
- Pre-DRE school (2 day)
- DRE school (7 day)
- Accelerated DRE school (10 day)
- Certification event and Final Knowledge Exam



# Certification Training

- Hands on experience with drug impaired subjects
- Minimum of 12 (6 hands on) at least 3 drug categories (tox confirmation of 75%)
- Final Knowledge Exam
- Recommendation by 2 instructors and signed off by National Coordinator
- [recertify every 2 years]



# Oral Fluid

- DDC investigating usefulness
- Standards being written – will follow similar protocol to ASD/AI for alcohol
- Useful for drug detection...not impairment
- Screen for most common drugs encountered
- But only a very small number of drugs out of the thousands of impairing drugs
- Will require legislation and will be most useful in conjunction with some type of drug per se laws



# Oral Fluid

- Could be used alone to form grounds and demand blood sample
- Could be used to form grounds to make DRE demand when SFSTs are not an option
- Even if we have drug per se legislation it would only be for a small number of the impairing drugs available
- What to do if drugs present that the OF device doesn't test for



# Impairment vs. a Number

- What do we want to measure?
- Without legislation we don't know yet
- With so few drugs being amenable to per se legislation what happens with the others....if we have a number it becomes a toxicologist's game
- With a DRE we can state impairment especially with what C226 offers





# What C226 does for us

- Will acknowledge a DRE is qualified to evaluate that a person's ability to operate a conveyance is impaired by a drug
- With reasonable grounds demand a blood sample for analysis (independent of DRE exam)
- Remove defenses of consumption and rate of absorption and elimination
- Remove need to qualify DRE as expert each time
- Presumption of impairment if identified drug found on analysis



# Where does this leave us?

- Currently have  $\frac{1}{4}$  the DREs we are projected to need even before legalization
- OF testing maybe by the Fall of 2017
- Waiting on per se legislation
- Only solution in meantime is ramping up DRE and SFST training and maybe bring in ARIDE





# Questions?



Gendarmerie royale  
du Canada

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Mounted Police

Canada 