1 Hour and 25 Minutes

SESSION XXI

CANNABIS

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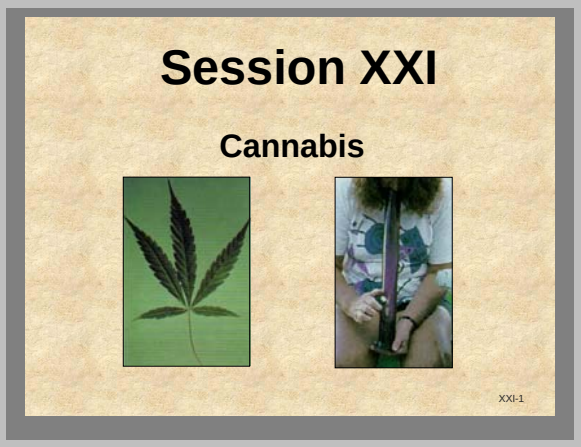
Upon successfully completing this session the student will be able to:

- Explain a brief history 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 Cannabis.
- Describe the typical time parameters, i.e. onset and duration of effects associated with Cannabis.
- List the clues that are likely to emerge when the drug influence evaluation is conducted for a person under the influence of this drug category.
- Correctly answer the "topics for study" questions at the end of this session.

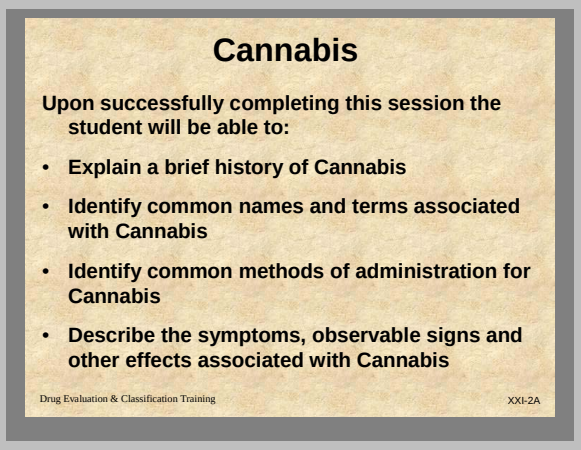
CONTENT SEGMENTS	LEARNING ACTIVITIES
A. Overview of the Category	▪ Instructor-Led Presentations
B. Possible Effects of Cannabis	▪ Review of the Drug Evaluation and Classification Exemplars
C. Onset and Duration of Effects	▪ Reading Assignments
D. Overdose Signs and Symptoms	▪ Video Presentations
E. Expected Results of the Evaluation	▪ Slide Presentations

I. CANNABIS

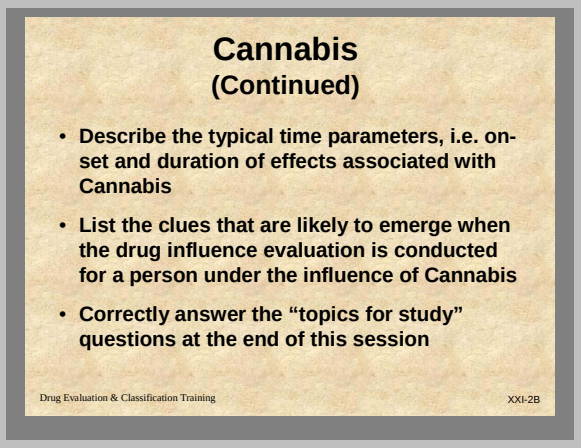
Session 21-1: Cannabis



Session 21-2A: Cannabis



Session 21-2B: Cannabis



Briefly review the objectives, content and activities of this session.

A. Overview of the Category

If available, display slides of Cannabis plants, leaves, flowers, etc.

"Cannabis" is a category of drugs derived primarily from various species of Cannabis plants, such as Cannabis Sativa and Cannabis Indica. Note that some jurisdictions as well as botanists don't recognize Cannabis Indica as a separate plant species.

- Cannabis grows readily throughout the temperate zones of the world.
- It has been cultivated for centuries.
  - Example: At the first permanent English settlement in America, Jamestown, VA, where it was grown to produce hemp.

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

Print "△ - 9 THC" on dry erase board or flip-chart.

- THC is found principally in the leaves and flowers of the plant rather than in the stem or branches.
  - Point out that the highest known THC content is 33.12%, from Marijuana seized by the Oregon State Police and tested by the University of Mississippi in 2002. (Source: Drug ID Bible, 2008)

- Different varieties of the Cannabis have different concentrations of THC.
    - Source: Drug ID Bible, 2008.
- One variety that has a relatively high concentration of THC is Sinsemilla, which is the unfertilized female Cannabis Sativa plant.
    - Explanatory note: "Sinsemilla" is a Spanish expression meaning "without seeds."

Session 21-3: Forms of Cannabis

Forms of Cannabis

There are four principal forms of Cannabis.

- Marijuana – the dried leaves of the plant.
- Hashish – a form of Cannabis made from the dried and pressed resin of a marijuana plant.
- Hash Oil – sometimes referred to as "marijuana oil," it is a highly concentrated syrup-like oil extracted from Marijuana. It is normally produced by soaking Marijuana in a container of solvent, such as acetone or alcohol for several hours after the solvent has evaporated. A thick syrup-like oil is produced with a higher THC content. The THC content of hash oil seized in the U.S. in 2007 averaged 33.48%.
    - Source: Drug Identification Bible, 2008.
- Marinol (or Dronabinol) – a synthetic form of THC. This is a prescription drug used to treat nausea and vomiting. It is prescribed for certain cancer patients undergoing chemotherapy.

- "Dronabinol" is the generic, or chemical name for the synthetic THC.
- "Marinol" is a trade name for Dronabinol.
- Nabilone – an analog of Dronabinol used as an anti-vomiting agent.

Synthetic Cannabinoid Products

Synthetic cannabinoid products typically include olive colored herbs, combination of herbs, or plant materials enhanced with a delta-9-tetrahydrocannabinol (THC) synthetic analog. When smoked, synthetic cannabinoid products mimic the hallucinogenic effects of marijuana. However, they have many adverse effects that include:

- Panic attacks
- Agitation
- Tachycardia (range of 110 to 150 BPM)
- Elevated blood pressure
- Anxiety
- Pallor
- Numbness and tingling

User report effects lasting between 30 minutes and 2 hours.

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.

Medical Applications

Cannabis has some limited medical applications.

- It lowers intraocular pressure, which can be helpful for glaucoma patients.
  - "Intraocular" – within the eyeball.
  - Cannabis lowers the intraocular pressure by dilating in size the blood vessels of the eyes (more size – less pressure).
  - This causes reddening of the conjunctiva.

- Point out that conjunctiva is the clear membrane of the sclera (white portion of the eye) and lines the inside of the eyelids and is made of lymphoid tissue.

- Conjunctivae refers to both eyes. Conjunctiva is singular.

- It suppresses nausea, and sometimes is recommended for cancer patients to relieve the nausea accompanying chemotherapy.

- Cannabidiol, a non-psychoactive ingredient found in Cannabis, is used in treating Epilepsy; it helps to inhibit seizures.

- Cannabis has also had some limited medical application as:

  - An appetite enhancer for victims of Anorexia Nervosa.

  - A muscle relaxant.

  - A tumor growth retardant.

Point out that marijuana has been legalized for medical treatment in many states.

Potency, Purity and Dose

Average THC Concentration in marijuana:

- Domestic marijuana - 9.25%
- Non domestic marijuana - 10.36%
- Hash - 33.48%
- Hash Oil - 32.29%

(Source: Potency Monitoring Program - University of Mississippi, September 2007)

Recreational doses are highly variable.

- The lower the THC the more hits required to achieve desired effects.

Marijuana usually is smoked.

Marijuana, Hash and Hash Oil also can be ingested orally, for example, baked in cookies or brownies and eaten.

In controlled studies, passive inhalation of marijuana smoke has resulted in behavioral effects as well as a measurable amount in toxicology samples. Study does not address quantitative amount of physical impairment.

Solicit students' comments and questions concerning this overview of Cannabis.

B. Possible Effects of Cannabis

One major effect of Marijuana is that it appears to interfere with a person's ability to divide attention.

- People under the influence of Marijuana simply seem not to pay attention, or to have very brief attention spans.
- In particular, they do not divide their attention very successfully.
    - Clarification: They have a difficult time dealing with more than one or two tasks at once.
- This can make them very unsafe drivers, since driving requires the ability to divide attention among many simultaneous tasks.
- Ask students: "What are some of the things that drivers have to do simultaneously?"
    - Steering
    - Operating the accelerator
    - Signaling
    - Observing other traffic
    - Recognizing traffic control devices
    - Shifting

Loss of depth perception would be demonstrated by stopping improperly. Short attention span would be indicated by erratic speeds, failing to maintain a single lane and stopping for a red light then continuing on.

People under the influence of Marijuana may attend to one or a few of these driving tasks, but simply ignore the other tasks.

Because Marijuana impairs attention, Standardized Field Sobriety Tests like Walk and Turn and One Leg Stand are excellent tools for recognizing people under the influence of Marijuana.

- Remind students that WAT and OLS are divided attention Standardized Field Sobriety Tests.

Pharmacological Effects of Marijuana:

Effects will vary with dose, route of administration, experience of user, and other factors.

- Relaxation
- Euphoria
- Relaxed inhibitions

- Disorientation
- Altered time and distance perception
- Sedation

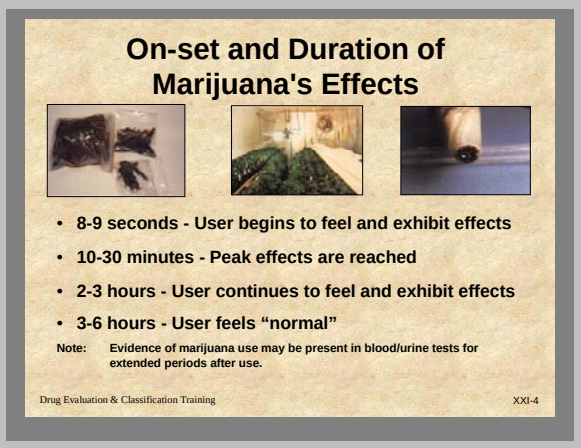
Other characteristic indicators:

- Odor of Marijuana
- Marijuana debris in the mouth
- Possible green coating on the tongue
    - Point out that there are no known studies that confirm Marijuana causing a green coating on the tongue.
- Reddening of the conjunctivae
- Body tremors
    - Point out that this may become evident when the subject attempts to estimate the passage of 30 seconds when performing the Romberg test.
- Eyelid tremors

Solicit students' comments or questions concerning possible effects of Marijuana.

C. On-Set and Duration of Effects

Session 21-4: On-set and Duration of Marijuana's Effects



Persons begin to feel and exhibit the effects within 8 – 9 seconds after smoking Marijuana.

The effects reach their peak within 10 – 30 minutes.

- A 1985 Stanford University study showed that pilots had difficulty in holding patterns and in lining up with runways for up to 24 hours after using Marijuana.

Depending on the amount smoked and on the concentration of THC in the Marijuana, the person will continue to feel and exhibit the effects for 2 – 3 hours.

- In 1990, a second Stanford University study showed: Marijuana 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 drugs effects.

Generally, the person will feel "normal" within 3 – 6 hours after smoking Marijuana.

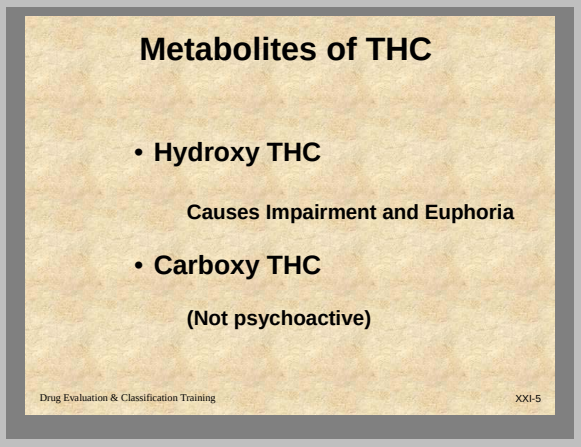
- The user may be impaired long after the euphoric feelings have ceased.

Solicit students' comments and questions concerning onset and duration factors.

Note that blood and urine tests will continue to disclose evidence of the use of Marijuana long after the effects of Marijuana have disappeared. Source: Marijuana Alert, Peggy Mann (Bibliography).

- Blood tests may disclose Marijuana use for at least 3 days after smoking.
    - NIDA Study, "Blood Brain Barrier."
- Urine tests may indicate the presence of metabolites of THC for a month or more.
    - Point out that it can take as long as 4 hours for THC to appear in the urine at concentrations sufficient to trigger a positive drug screen (50 ng/ml) following smoking

Session 21-5: Metabolites of THC



There are two important metabolites, or chemical byproducts of THC.

Write "Hydroxy THC: Causes Impairment and Euphoria" on the dry erase board or flip-chart.

- Hydroxy THC, which causes the user to feel euphoric.
- Carboxy THC, there is no evidence at this time that it is psychoactive.
- Hydroxy THC usually is eliminated from the blood plasma within six hours.
- Carboxy THC may be found in the blood plasma for several days following Marijuana use.

Cannabis is a 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

Excessive or long term use of Marijuana can have very undesirable consequences.

Ask students: "Is there danger of death from Cannabis overdose?"

- Answer: It is not likely that there is a direct risk of death from overdose; however, persons impaired by Cannabis may behave in foolishly dangerous ways and become injured or killed as a result.

Marijuana has been observed to produce sharp personality changes, especially in adolescent users.

It can create paranoia and possible psychosis.

Long term effects include:

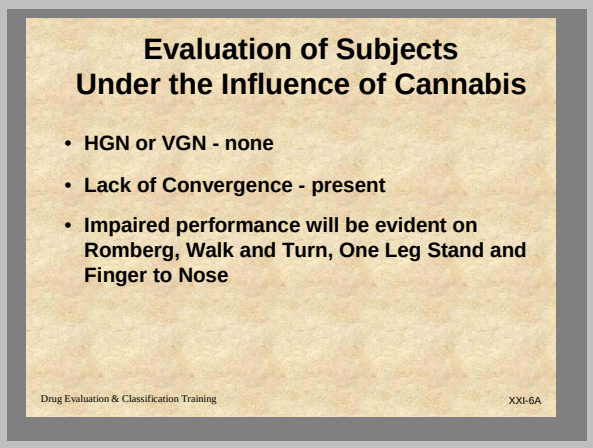
- Lung damage
- Chronic Bronchitis
- Lowering of Testosterone (male sex hormone)
- Possible birth defects, still births and infant deaths
- Acute anxiety attacks
- Chronic reduction of attention span
- Research indicates that life threatening overdoses rarely if ever occur.
- Withdrawal – is similar to alcohol dependence withdrawal
- Physical dependence can occur with chronic use

Solicit students' questions concerning signs and symptoms of Cannabis overdose.

E. Expected Results of the Evaluation

Observable Evidence of Impairment

Session 21-6A: Evaluation of Subjects Under the Influence of Cannabis



Clinical Indicators

Neither Horizontal Gaze nor Vertical Gaze Nystagmus will be present.

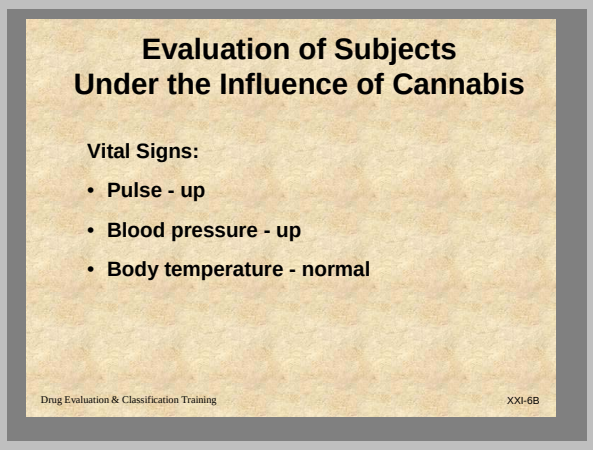
Lack of Convergence generally will be present.

- Remind students that Marijuana users often drink alcohol in conjunction with their smoking, and that others often lace their Marijuana with PCP. Either combination would cause Nystagmus.

Performance on the Romberg, Walk and Turn, One Leg Stand, and Finger to Nose tests will be impaired.

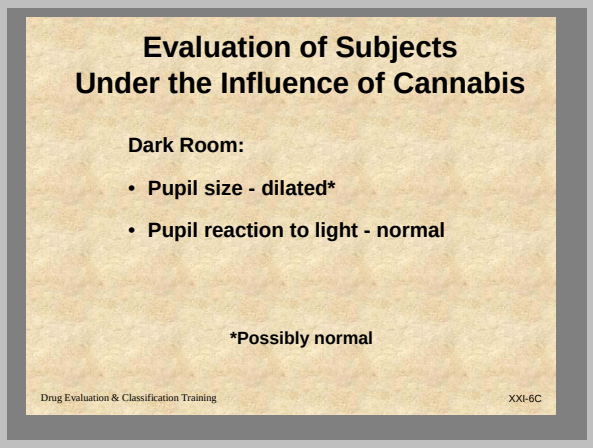
- Remind students to be especially alert for evidence of the subject's distorted perception of time when performing the Romberg Balance test.
- Point out that, with subjects under the influence of Marijuana, poor performance on these tests usually will result principally from their inability to divide attention, and less so from impaired coordination or balance.

Session 21-6B: Evaluation of Subjects Under the Influence of Cannabis



- Pulse generally will be up.
- Blood pressure generally will be up.
- Body temperature will be normal.
- Muscle tone will be normal.

Session 21-6C: Evaluation of Subjects Under the Influence of Cannabis



Pupil size generally will be dilated or possibly normal.

- The content and potency could effect pupil size. The higher THC content will increase the likelihood of pupil dilation. However, Cannabis does not cause pupil constriction.
- Government grown Cannabis has low THC levels. Studies using it tends to show a normal range for pupil size.

Pupil reaction to light will be normal.

DREs report a phenomenon termed "Rebound Dilation" in subjects under the influence of Marijuana.

- Clarification: "Rebound Dilation" is a period of pupillary constriction followed by a period of pupillary dilation where the pupil steadily increases in size and does not return to its original constricted size.

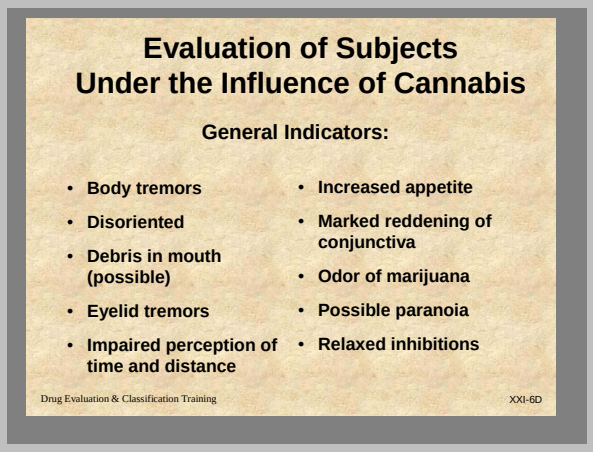
Note: This revised definition was approved by the IACP Technical Advisory Panel (TAP), November 2008.

- Note, however, that this phenomenon has not been scientifically investigated in a controlled research study.
- Draw an eye on the balloon and squeeze it to demonstrate Rebound Dilation.

- Remind the students that the final size determination being estimated is at the end of the 15 second time period when the light from the pen-light is directed into the eye.

- Caution should be used by the DRE so as not to move the light beam or allow the bulb to change in light intensity.

Session 21-6D: Evaluation of Subjects Under the Influence of Cannabis



General Indicators

- Body tremors

- Disoriented

- Debris in the mouth

  - Occasionally some users of Marijuana have displayed a green coating on their tongue after recent use. However, this does not occur with all users.

- Eyelid tremors

- Impaired perception of time and distance

- Increased appetite

- Marked reddening of the conjunctivae

  - Point out that this is properly called Conjunctival Injection. Conjunctiva is the mucous membrane that lines the inner surface of the eyelids and is continued over the forepart of the eyeball.

- Point out that this should not be confused with conjunctivitis which is a disease of the eye. The vasodilation is the primary cause of the reddening of the eyes not the Cannabis smoke.
- Visine causes vasoconstriction in the eyes and is often used to reduce reddening.

- Odor of Marijuana
- Possible paranoia
- Relaxed inhibitions

Demonstrations

Session 21-7: Cannabis Symptomatology Chart

Cannabis Symptomatology Chart

HGN	None
VGN	None
Lack of Convergence	Present
Pupil Size	Dilated*
Reaction to Light	Normal
Pulse Rate	Up
Blood Pressure	Up
Temperature	Normal
Muscle Tone	Normal

* Or possibly normal

Drug Evaluation & Classification Training XXI-7

- Video demonstrations

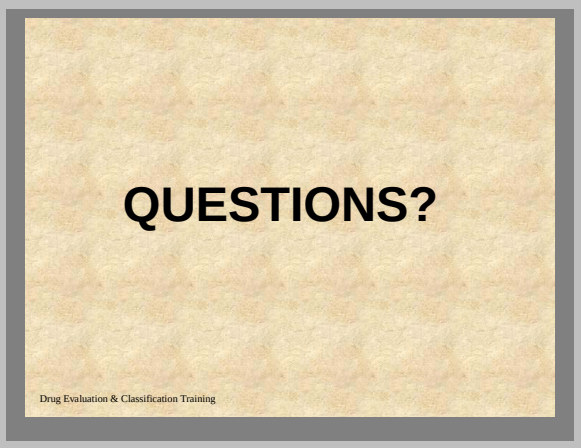
Show video of subject(s) under the influence of Cannabis. Relate behavior / observations to the Symptomatology Chart.

Drug Evaluation and Classification exemplar demonstrations:

- Refer students to the exemplars found at the end of Section XXI of their student manuals.

Point out that the one-page narrative in the following example exemplars are not to be construed as the recommended or approved report. The actual narrative report submitted by DREs will be more detailed.

Session 21-8: Questions



Solicit students' comments and questions concerning expected results of the evaluation.

DRUG INFLUENCE EVALUATION

Evaluator: Constable John Bercic, Vancouver PD	DRE #: 4651	Rolling Log #: 10-04-015	**Session XXI- #1**
Recorder/Witness: Sgt. Paul. Milne, New Westminister P.S.	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 347817-10
Arrestee's Name (Last, First, Middle): Clark, Kenneth A.	Date of Birth: 5/24/84	Sex: M / Race: W	Arresting Officer (Name, ID#): Constable John Ferguson, RCMP #8890
Date Examined / Time /Location: 04/05/10 2220 Vancouver Jail	Breath Results: Results: 0.00	Test Refused ☐ Instrument #: 47451	Chemical Test: Urine ☐ Blood ☒ Test or tests refused ☐

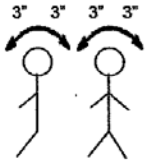
Miranda Warning Given: ☒ Yes ☐ No Given By: Cst. Ferguson	What have you eaten today? When? Couple of hot dogs 5 PM	What have you been drinking? How much? Nothing		Time of last drink? N/A
Time now/ Actual: 11:00 pm / 2225	When did you last sleep? How long: Last night 6 hrs.	Are you sick or injured? "Hell no I feel great." ☐ Yes ☒ No	Are you diabetic or epileptic? ☐ Yes ☒ No "No, are you?"	
Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No		
Are you taking any medication or drugs? ☐ Yes ☒ No "I don't do drugs man."	Attitude: Boisterous, cooperative	Coordination: Unsteady, relaxed		
Speech: Loud, talkative	Breath Odor: Odor of marijuana	Face: Flushed, sweaty		
Corrective Lenses: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☒ Reddened Conjunctiva ☐ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left ☐ Right	Tracking: ☒ Equal ☐ Unequal	
Pupil Size: ☒ Equal ☐ Unequal (explain)	Vertical Nystagmus ☐ Yes ☒ No	Able to follow stimulus ☒ Yes ☐ No	Eyelids ☒ Normal ☐ Droopy	

Pulse and time	HGN	Left Eye	Right Eye
1. 94 / 2212	Lack of Smooth Pursuit	No	No
2. 92 / 2227	Maximum Deviation	No	No
3. 92 / 2240	Angle of Onset	None	None

Convergence: Right eye 7, Left eye 5

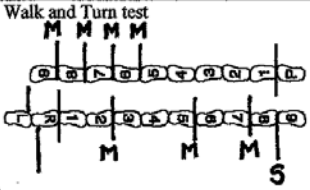
32 ONE LEG STAND 28

Romberg Balance



Circular Sway

Walk and Turn test



Laughing during test

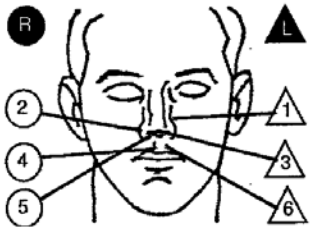
	1st Nine	2nd Nine
Cannot keep balance	✓✓	
Starts too soon		
Stops walking	✓	
Misses heel-toe	✓✓✓	✓✓✓✓
Steps off line		
Raises arms	✓	✓✓
Actual steps taken	9	9

L	R	
☒	✓✓	Sways while balancing
☒	✓✓	Uses arms to balance
☒	☐	Hopping
✓✓	☒	Puts foot down

Laughed during the test

Internal clock: 43 estimated as 30 seconds	Describe Turn: Stopped	Cannot do test (explain): N/A	Type of footwear: Boots

Draw lines to spots touched



Laughing and eyelid tremors

PUPIL SIZE	Room light 2.5 – 5.0	Darkness 5.0 – 8.5	Direct 2.0 – 4.5
Left Eye	5.5	9.0	5.5 - 7.0
Right Eye	5.5	9.0	5.5 - 7.0

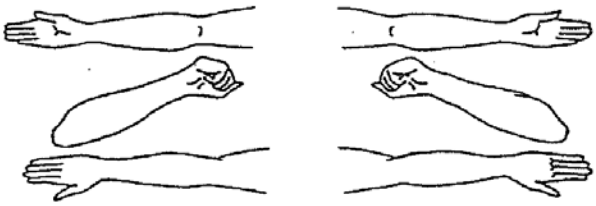
Nasal area: Clear

Oral cavity: Clear

REBOUND DILATION: ☒ Yes ☐ No

REACTION TO LIGHT: Normal

RIGHT ARM **LEFT ARM**



Nothing observed

Blood pressure: 154/106	Temperature: 98.6

Muscle tone: ☒ Normal ☐ Flaccid ☐ Rigid

Comments:

What drugs or medications have you been using? "I told you, I don't do drugs."	How much? No answer	Time of use? No answer	Where were the drugs used? (Location) "I ain't saying anything."
Date / Time of arrest: 04/05/10 2105	Time DRE was notified: 2150	Evaluation start time: 2220	Evaluation completion time: 2350
Officer's Signature:	DRE #: 4651	Reviewed/approved by / date:	Precinct/Station:

Opinion of Evaluator: ☐ Rule Out ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant ☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ■ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect**:** Clark, Kenneth A.

1. **LOCATION:** The evaluation was conducted at the Vancouver Police Department.

2. **WITNESSES:** Sgt. Paul Milne of the New Westminster Police Services.

3. **BREATH ALCOHOL TEST:** Clark's breath test was a 0.00%.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was contacted by radio and advised to meet Constable Ferguson at the Vancouver Police Department for a drug evaluation. Constable Ferguson advised he stopped Clark after observing him exit Highway 1A at a high rate of speed then fail to stop at a stop sign. The suspect seemed unconcerned about his driving and told Ferguson that he was "just having some fun." After performing poorly on the SFST's, Clark was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at V.P.D. He was laughing a lot and several times said, "This machine says I'm not drunk" He was having problems with his coordination and several times he bumped into the interview table. He had a noticeable reddening of the conjunctiva.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect had a circular sway of approximately 3" and estimated 30 seconds in 43 seconds. Walk & Turn: Suspect lost his balance twice during the instructions stage, missed heel to toe three times on the first nine steps. On the return nine steps he missed heel-to-toe four times and began laughing. He also used his arms for balance. One Leg Stand: Suspect put his foot down three times while standing on the left foot and twice while standing on the right foot. He also used his arms for balance on both and laughed while completing the test. Finger to Nose: The suspect missed the tip of his nose on four of the attempts and laughed while completing the test.

8. **CLINICAL INDICATORS:** Suspect had a Lack of Convergence and Rebound Dilation. His pupils were dilated and his pulse and blood pressure were above the normal ranges.

9. **SIGNS OF INGESTION:** The suspect had an odor of marijuana on his breath and clothes.

10. **SUSPECT'S STATEMENTS:** Suspect stated, "I smoke pot. What's the big deal?"

11. **DRE'S OPINION:** In my opinion Clark is under the influence of ***Cannabis*** and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

13. **MISCELLANEOUS:** Rev. 10/10

DRUG INFLUENCE EVALUATION

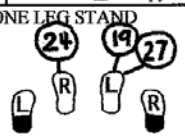
Evaluator: Officer Robert Hayes, Albany P.D.	DRE #: 6606	Rolling Log #: 10-09-025	**Session XXI-#2**
Recorder/Witness: Sgt. Greg Plummer, Oregon State Police	Crash: ☒ None ☐ Fatal ☐ Injury ☐ Property		Case # 10-09-12885
Arrestee's Name (Last, First, Middle): Peltier, Charles E.	Date of Birth: 5/16/70	Sex: M / Race: W	Arresting Officer (Name, ID#): Sr. Trooper Steve Webster, Oregon State Police #1055
Date Examined / Time /Location: 09/21/10 2325 Linn Co. Jail	Breath Results: Results: 0.00	Test Refused ☐ Instrument #: 2124	Chemical Test: Urine ☒ Blood ☐ Test or tests refused ☐

Miranda Warning Given: Given By: Tpr. Webster	☒ Yes ☐ No	What have you eaten today? When? Hot dog 3 hours ago	What have you been drinking? How much? Beer "Two"	Time of last drink? 2 hours ago
Time now/ Actual: Midnight/11:30 pm	When did you last sleep? How long: Last night About 5 hrs. ago	Are you sick or injured? "No, and I'm not drunk": ☐ Yes ☒ No	Are you diabetic or epileptic? ☐ Yes ☒ No	
Do you take insulin? ☐ Yes ☒ No "I don't take anything."	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No		
Are you taking any medication or drugs? ☐ Yes ☒ No "Nothing man."	Attitude: Impatient, anxious	Coordination: Poor, disoriented		
Speech: Slow, slurred	Breath Odor: Normal	Face: Normal		
Corrective Lenses: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☐ Reddened Conjunctiva ☐ Normal ☒ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left ☐ Right	Tracking: ☒ Equal ☐ Unequal	
Pupil Size: ☒ Equal ☐ Unequal (explain)	Vertical Nystagmus ☐ Yes ☒ No	Able to follow stimulus ☒ Yes ☐ No	Eyelids ☒ Normal ☐ Droopy	

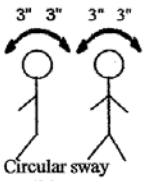
Pulse and time			HGN	Left Eye	Right Eye
1. 104	/	2338	Lack of Smooth Pursuit	Yes	Yes
2. 102	/	2345	Maximum Deviation	No	No
3. 100	/	2358	Angle of Onset	None	None

Convergence: Right eye / Left eye

34 ONE LEG STAND 30

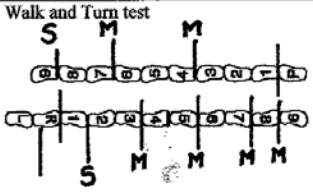


Romberg Balance



Circular sway
Eyelid tremors

Walk and Turn test



Walked slowly Leg tremors

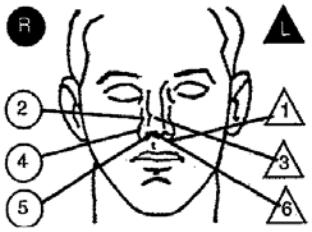
	1st Nine	2nd Nine
Cannot keep balance	✓	
Starts too soon		
Stops walking	✓	✓
Misses heel-toe	✓✓✓✓	✓✓
Steps off line		
Raises arms	✓✓	✓
Actual steps taken	9	9

L	R	
☑	☑	Sways while balancing
☑	☑✓	Uses arms to balance
☐	☑	Hopping
☑	☑✓	Puts foot down

Leg tremors

Internal clock: 35 estimated as 30 seconds	Describe Turn: Lost balance, stepped to the right	Cannot do test (explain): N/A	Type of footwear: Lace-up boots

Draw lines to spots touched



Eyelid tremors

PUPIL SIZE	Room light 2.5 – 5.0	Darkness 5.0 – 8.5	Direct 2.0 – 4.5
Left Eye	6.5	8.0	6.0
Right Eye	6.5	8.0	6.0

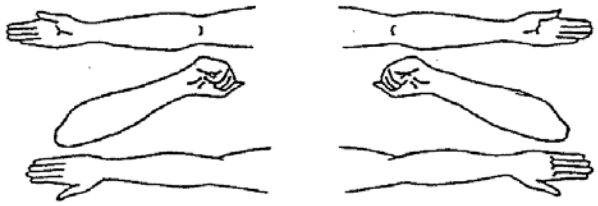
Nasal area: Clear

Oral cavity: Green coating on back of tongue

REBOUND DILATION: ☐ Yes ☒ No

REACTION TO LIGHT: Slow

RIGHT ARM / LEFT ARM



Nothing observed

Blood pressure: 148/100	Temperature: 98.4

Muscle tone: ☒ Normal ☐ Flaccid ☐ Rigid

Comments:

What drugs or medications have you been using? "Just a couple of beers."	How much? N/A	Time of use? N/A	Where were the drugs used? (Location) N/A
Date / Time of arrest: 09/21/10 2210	Time DRE was notified: 2250	Evaluation start time: 2325	Evaluation completion time: 0030 09/22/10
Officer's Signature:	DRE #: 6606	Reviewed/approved by / date:	Precinct/Station:

Opinion of Evaluator: ☐ Rule Out ☐ Medical ☒ Alcohol ☐ CNS Depressant ☐ CNS Stimulant ☐ Hallucinogen ☐ Dissociative Anesthetic ☐ Narcotic Analgesic ☐ Inhalant ■ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect**:** Peltier, Charles E.

1. **LOCATION:** The evaluation was conducted in the interview room at the Linn County Jail.

2. **WITNESSES:** The evaluation was witnessed and recorded by Sergeant Greg Plummer of the Oregon State Police.

3. **BREATH ALCOHOL TEST:** Peltier's breath test was a 0.00%.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was dispatched to contact Sr. Trooper Webster at the Linn County Jail for a drug evaluation. Senior Trooper Webster advised he had arrested Peltier for DUI after he attempted to elude officers on I-5 south of Salem. The suspect was detained with the use of spike strips. The suspect was disoriented and had poor balance and coordination. After performing poorly on the SFST's, he was arrested for DUI.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at the jail. He seemed impatient and anxious. He had poor coordination and balance and his speech was slow and slurred.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect had an approximate 3" circular sway and estimated 30 seconds in 35 seconds. Walk & Turn: Suspect lost his balance during the instructions stage, missed heel to toe four times on the first nine steps and twice on the second nine steps. He stopped twice while walking and raised his arms for balance. One Leg Stand: Suspect swayed while balancing, used his arms for balance, put his foot down once, hopped once and had leg tremors. Finger to Nose: Suspect missed the tip of his nose on four of the six attempts and exhibited eyelid tremors.

8. **CLINICAL INDICATORS:** Suspect had a Lack of Convergence. His pupils were dilated in room light and direct light. His pulse and blood pressure were above the normal ranges.

9. **SIGNS OF INGESTION:** The suspect had a greenish coating on his tongue.

10. **SUSPECT'S STATEMENTS:** Suspect admitted drinking "two beers" and laughed when asked about smoking marijuana and did not respond.

11. **DRE'S OPINION:** In my opinion Peltier is under the influence of ***Cannabis*** and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a urine sample.

13. **MISCELLANEOUS:**

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DRUG INFLUENCE EVALUATION

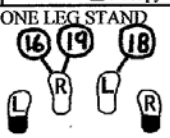
Evaluator: Officer Ed Harris, Seattle Police Department	DRE #: 009532	Rolling Log #: 10-134	**Session XXI-#3**
Recorder/Witness: Sgt. Mark Crandall, Washington State Patrol	Crash: ☐ None ☐ Fatal ☐ Injury ☒ Property		Case # 10-887452
Arrestee's Name (Last, First, Middle): Wright, James B.	Date of Birth: 10/20/83	Sex: W / Race: M	Arresting Officer (Name, ID#): Officer Jon Huber, Seattle Police Department #7688
Date Examined / Time /Location: 06/18/10 2130 SPD West Precinct	Breath Results: Results: 0.00	Test Refused ☐ Instrument #: 4773	Chemical Test: Urine ☐ Blood ☒ Test or tests refused ☐

Miranda Warning Given: ☒ Yes ☐ No	Given By: Ofc. Huber	What have you eaten today? When? "Couple of burgers" 7 PM	What have you been drinking? How much? "Nothing, I don't drink."	Time of last drink? N/A
Time now/ Actual: 9-10 pm/9:40 pm	When did you last sleep? How long: Last night 9 hours	Are you sick or injured? ☐ Yes ☒ No "I feel fine."	Are you diabetic or epileptic? ☐ Yes ☒ No	
Do you take insulin? ☐ Yes ☒ No	Do you have any physical defects? ☐ Yes ☒ No	Are you under the care of a doctor or dentist? ☐ Yes ☒ No		
Are you taking any medication or drugs? ☐ Yes ☒ No	Attitude: Relaxed, carefree	Coordination: Unsteady		
Speech: Slow and deliberate	Breath Odor: Odor of marijuana	Face: Normal		
Corrective Lenses: ☒ None ☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft	Eyes: ☒ Reddened Conjunctiva ☐ Normal ☐ Bloodshot ☐ Watery	Blindness: ☒ None ☐ Left ☐ Right	Tracking: ☒ Equal ☐ Unequal	
Pupil Size: ☒ Equal ☐ Unequal (explain)	Vertical Nystagmus ☐ Yes ☒ No	Able to follow stimulus ☒ Yes ☐ No	Eyelids ☒ Normal ☐ Droopy	

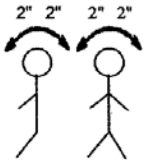
Pulse and time	HGN	Left Eye	Right Eye
1. 94 / 2140	Lack of Smooth Pursuit	No	No
2. 92 / 2152	Maximum Deviation	No	No
3. 92 / 2215	Angle of Onset	None	None

Convergence: Right eye / Left eye

25 ONE LEG STAND 24

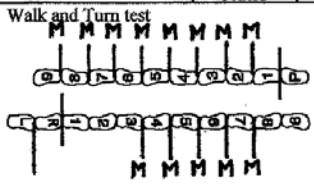


Romberg Balance



Circular sway

Walk and Turn test



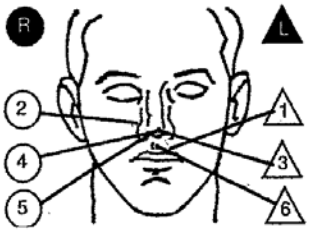
	1st Nine	2nd Nine
Cannot keep balance	✓	
Starts too soon	✓	
Stops walking	✓	
Misses heel-toe	✓✓✓✓✓	All
Steps off line		
Raises arms	✓	✓
Actual steps taken	9	9

L	R	
☑	☑	Sways while balancing
☑	☑	Uses arms to balance
☐	☐	Hopping
☑	☑	Puts foot down

Counted slowly

Internal clock: 38 estimated as 30 seconds	Describe Turn: Spun around	Cannot do test (explain): N/A	Type of footwear: Flip flops

Draw lines to spots touched



Eyelid tremors

PUPIL SIZE	Room light 2.5 – 5.0	Darkness 5.0 – 8.5	Direct 2.0 – 4.5
Left Eye	6.0	7.5	6.0 – 7.0
Right Eye	6.0	7.5	6.0 – 7.0

Nasal area: Clear

Oral cavity: Green coating on tongue

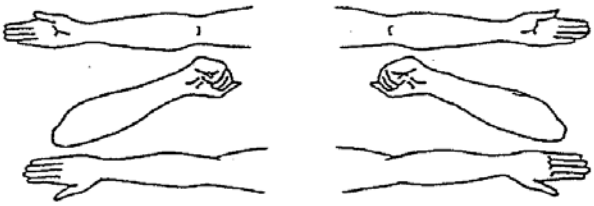
REBOUND DILATION: ☒ Yes ☐ No

REACTION TO LIGHT: Normal

Blood pressure	Temperature
140/96	98.8

Muscle tone: ☒ Normal ☐ Flaccid ☐ Rigid

RIGHT ARM **LEFT ARM**



Nothing observed

Comments:

What drugs or medications have you been using? "Nothing man."	How much? N/A	Time of use? "I didn't."	Where were the drugs used? (Location) "I ain't saying."
Date / Time of arrest: 06/18/10 2005	Time DRE was notified: 2045	Evaluation start time: 2130	Evaluation completion time: 2240 / Precinct/Station:
Officer's Signature:	DRE #: 9532	Reviewed/approved by / date:	

Opinion of Evaluator: ☐ Rule Out ☐ Alcohol ☐ CNS Stimulant ☐ Dissociative Anesthetic ☐ Inhalant ☐ Medical ☐ CNS Depressant ☐ Hallucinogen ☐ Narcotic Analgesic ■ Cannabis

DRUG INFLUENCE EVALUATION NARRATIVE

Suspect**:** Wright, James B.

1. **LOCATION:** The evaluation was conducted at the West Precinct of the Seattle P.D.

2. **WITNESSES:** Sergeant Mark Crandall of the Washington State Patrol.

3. **BREATH ALCOHOL TEST:** Wright's breath test was a 0.00%.

4. **NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER:** Writer was on duty at the West Precinct when contacted by Officer Jon Huber requesting a drug evaluation. Officer Huber advised he arrested Wright after his vehicle struck another vehicle on Highway 99 north of Seattle. There was an odor of marijuana coming from the suspect's vehicle. He had poor balance and coordination and was unable to perform the SFST's as directed. A small pipe containing marijuana residue was located in the suspect's vehicle.

5. **INITIAL OBSERVATION OF SUSPECT:** Writer first observed the suspect in the interview room at the jail. He was very relaxed and carefree acting. He had poor coordination and balance and his speech was slow and deliberate.

6. **MEDICAL PROBLEMS AND TREATMENT:** None noted or stated.

7. **PSYCHOPHYSICAL TESTS:** Romberg Balance: Suspect had an approximate 2" circular sway and estimated 30 seconds in 38 seconds. Walk & Turn: Suspect lost his balance during the instructions stage, started walking too soon, raised his arms for balance and failed to touch heel to toe five times on the first nine steps and on all his steps during the second nine steps. One Leg Stand: Suspect swayed while balancing, used his arms for balance and put his foot down twice while standing on the left foot and once while standing on the right foot. Finger to Nose: Suspect missed the tip of his nose on three of the six attempts and exhibited eyelid tremors.

8. **CLINICAL INDICATORS:** Suspect had a lack of convergence. His pupils were dilated in room light and direct light. He also had rebound dilation. His pulse and blood pressure were above the normal ranges.

9. **SIGNS OF INGESTION:** The suspect had a green coating on his tongue.

10. **SUSPECT'S STATEMENTS:** Suspect denied using drugs.

11. **DRE'S OPINION:** In my opinion Wright is under the influence of ***Cannabis*** and unable to operate a vehicle safely.

12. **TOXICOLOGICAL SAMPLE:** The suspect provided a blood sample.

13. **MISCELLANEOUS:** The suspect was also charged with possession of marijuana.

Rev. 10/10

TOPICS FOR STUDY

1. What is the active ingredient in Cannabis?

   Delta 9 THC

2. Why are the Walk and Turn and the One Leg Stand tests excellent tools for recognizing persons under the influence of Marijuana?

   Cannabis appears to interfere with a person's ability or willingness to pay attention. People under the influence of Marijuana do not divide their attention very well. Walk and Turn and the One Leg Stand tests are divided attention tests.

3. What is Marinol?

   A synthetic form of THC that is not derived from Cannabis plants. It is a prescriptive drug that is sometimes administered to cancer patients to suppress nausea that may accompany chemotherapy. Also known as Dronabinol.

4. What is Sinsemilla?

   The unpollinated female Cannabis plant, having a relatively high concentration of THC.

5. Name two important metabolites of THC, and describe how they affect the duration and perception of the effects of Cannabis.

   Hydroxy THC – causes the user to feel euphoric so they are aware of the effects.

   Caboxy THC – there is no evidence at this time that this metabolite is psychoactive.