



*The numbers don't lie. The destructive force of drunk and drugged driving must end.*

MADD is committed to serving victims of drug impaired driving and to help advocate for evidence based approaches to solving this problem. In 2015, MADD updated its mission to include “help fight against drugged driving.”

Law enforcement officers are our best allies in the effort to reduce drugged driving and are the heroes who make our roads safe. Much like with drunk driving, the best way to deter and detect would-be drugged drivers is through the use of high-visibility enforcement tactics. These include sobriety checkpoints and saturation patrols.

Because of the wide array of drugs and their varying levels of impairment, training is key to ridding our roadways of drugged drivers. That's why MADD supports the full implementation of specialized training programs to assist law enforcement officers in detecting drugged drivers.

**Standardized Field Sobriety Testing (SFST)** remains the foundation of impaired driving detection and enforcement for some 800,000 officers across the country. Some states, however, do not require SFST training for officers assigned to patrol functions. MADD expects all officers to have the basic SFST skills to detect an impaired driver on the roads.

**Advanced Roadside Impaired Driving Enforcement (ARIDE)** was created by National Highway Traffic Safety Administration (NHTSA) to address the gap between the traditional Standard Field Sobriety Test training given to officers to assist in detecting impaired drivers and the DEC/DRE program. The class requires 16 hours of classroom training versus the three-phase curriculum required to become a certified DRE.

The **Drug Evaluation and Classification (DEC)** program, also referred to as the **Drug Recognition Expert (DRE)** program, was developed to help officers identifying drug-impaired drivers. To become a DRE, officers must follow a rigorous three-phase training curriculum and learn to conduct a standardized and systematic 12-step evaluation consisting of physical, mental and medical components.

## **The 12 Steps of the Drug Evaluation Process**

The DRE drug evaluation includes twelve major components or steps, which includes:

### **1. The Breath Alcohol Test**

The DRE will need to know the result of the suspect's breath alcohol test, if taken. This is important to the DRE because he must determine whether or not alcohol accounts for the observed impairment. Normally, if the suspect's blood alcohol level is above the state's limit for DUI (.08% in most states), a DRE drug evaluation is not conducted.

### **2. The Interview of the Arresting Officer**

If the DRE did not make the arrest, he will need to interview the arresting officer prior to the evaluation. This allows the DRE to gain an insight on the suspect's driving, conduct at roadside, and their performance of the Standardized Field Sobriety Tests (SFST's).

### **3. The Preliminary Examination**

During this step the DRE will perform a preliminary examination checking for any evidence of a medical complication that would warrant terminating the evaluation and requesting medical assistance. The suspect is asked a series of questions, and the DRE conducts a series of eye examinations that assists in making the decision whether the suspect is under the influence of alcohol and/or drugs or if the impairment may be medically related. If drug impairment is suspected, the DRE proceeds with the evaluation.

### **4. Examinations of the Eyes**

In this step, the DRE administers three tests of the suspect's eyes: (1) Horizontal Gaze Nystagmus(HGN), (2) Vertical Gaze Nystagmus and (2) Lack of Convergence.

### **5. Divided Attention Psychophysical Tests**

The DRE conducts a series of psychophysical tests that assists in determining the suspect's condition and if he/she is able to operate a vehicle safely. The DRE administers four divided attention psychophysical tests: (1) the Romberg Balance, (2) Walk and Turn, (3) One Leg Stand, and (4) Finger to Nose.

### **6. Examination of Vital Signs**

The sixth step requires the DRE to make precise measurements of the suspect's pulse rate, blood pressure and body temperature. The suspect's pulse rate is measured three different times during the evaluation. During this step of the evaluation the DRE will use medical instruments, including a stethoscope, asphygmomanometer (blood pressure cuff) and an electronic digital thermometer.

## **7. Dark Room Examinations**

During this step in the evaluation process the DRE will take the suspect into a separate room where the DRE can obtain an estimate of the suspect's pupil size in three different lighting conditions. The DRE uses a device called a pupilometer and a penlight to conduct the measurements in room light, near total darkness and direct light.

## **8. Examination for Muscle Tone**

During this step, the DRE inspects the suspect's arm muscles checking for muscle tone.

## **9. Examination for Injection Sites**

Many drug abusers inject drugs. So immediately after checking muscle tone, the DRE then carefully inspects the suspect's arms, hands, fingers, and neck for evidence of recent or past hypodermic needle injections.

## **10. Suspect's Statements and Other Observations**

In this step of the evaluation, the DRE questions the suspect about specific evidence and observations made during the evaluation.

## **11. Opinions of the Evaluator**

In this step the DRE documents his/her conclusions rendering an expert opinion about the condition of the suspect and the category(s) of drugs causing the impairment.

## **12. The Toxicological Examination**

The final step in the evaluation process is to obtain a blood or urine specimen, which is sent to the laboratory for chemical analysis. The lab analyzes the specimen and reports the findings to the DRE and/or the arresting officer.

**Drug Recognition Experts are trained to identify signs and symptoms of impairment in the following seven drug categories.**

**(1) Central Nervous System (CNS) Depressants**

CNS Depressants slow down the operations of the brain and the body. Examples of CNS Depressants include alcohol, barbiturates, anti-anxiety tranquilizers (e.g., Valium, Librium, Xanax, Prozac, and Thorazine), GHB (Gamma Hydroxybutyrate), Rohypnol and many other antidepressants (e.g., as Zoloft, Paxil).

**(2) Central Nervous System Stimulants**

CNS Stimulants accelerate the heart rate and elevate the blood pressure and "speed-up" or overstimulate the body. Examples of CNS Stimulants include Cocaine, "Crack", Amphetamines and Methamphetamine ("Crank").

**(3) Hallucinogens**

Hallucinogens cause the user to perceive things differently than they actually are. Examples include LSD, Peyote, Psilocybin and MDMA (Ecstasy).

**(4) Phencyclidine (PCP) and Analogs**

PCP and its analogs (a similar substance) produce impairment and other observable effects on the brain and body that resemble the effects produced by depressants, stimulants and hallucinogens. PCP analogs include Ketamine, Ketalar and Ketaject.

**(5) Narcotic Analgesics**

A narcotic analgesic relieves pain, induces euphoria and creates mood changes in the user. Examples of narcotic analgesics include Opium, Codeine, Heroin, Demerol, Darvon, Morphine, Methadone, Vicodin and OxyContin.

**(6) Inhalants**

Inhalants include a wide variety of breathable substances that produce mind-altering results and effects. Examples of inhalants include Toluene, plastic cement, paint, gasoline, paint thinners, hair sprays and various anesthetic gases.

**(7) Cannabis**

Cannabis (substances containing Delta-9 tetrahydrocannabinol) interferes with a person's ability or willingness to divide their attention, which is necessary to operate a vehicle safely. Examples include marijuana, hashish and Marinol (Synthetic THC).