DRE Program Update

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DEC Program Update

Kyle Clark
IACP Drug Evaluation Classification Program
National and International DRE Totals

- U.S. credentialed DREs: Over 8,500 (February 2019)
- International credentialed DREs: Nearly 1,000 (Canada, UK)
- Approximately 3,600 U.S. L.E. agencies with DREs
2017 DRE Evaluations

30,989 Enforcement Evaluations

• California – 6,836
• New York – 2,344
• New Jersey – 2,001
• Oregon – 1,781
• Pennsylvania – 1,673
ARIDE Training
(Advanced Roadside Impaired Driving Enforcement)

• Training conducted by DRE instructors

• 2017: 967 ARIDE Schools

• Approximately 16,300 officers trained in 2017

• Over 87,300 trained since the inception in 2009
DRE Training

• All 50 states participating

• 92 Schools in 2017

• 85 Schools scheduled 2018

• Over 1,500 officers trained in 2017
DRE Enforcement Evaluations

Source: NHTSA National Sobriety Testing Resource Center (NSTRC) and DRE Annual Reports
## Drug Categories Predicted by DREs (2015 – 2017 Evaluations)

<table>
<thead>
<tr>
<th>DRE Drug Category</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cannabis</td>
<td>12,718</td>
<td>14,178</td>
<td>13,435</td>
</tr>
<tr>
<td>CNS Stimulants</td>
<td>10,081</td>
<td>11,032</td>
<td>10,879</td>
</tr>
<tr>
<td>CNS Depressants</td>
<td>10,463</td>
<td>11,014</td>
<td>9,656</td>
</tr>
<tr>
<td>Narcotic Analgesics</td>
<td>10,059</td>
<td>10,607</td>
<td>9,641</td>
</tr>
<tr>
<td>Poly-category</td>
<td>13,040</td>
<td>13,822</td>
<td>11,953</td>
</tr>
</tbody>
</table>
2018 International Standards of the Drug Evaluation and Classification Program
Section 1

• Eligibility
• Classroom requirements
  • Preliminary School
  • 7-Day Final = 80%+
  • No missed sessions

• Certification Requirements
  • DRE instructor supervised evaluations of suspected drug-impaired subjects
  • 90 Days
  • Two recommending DRE instructors required
Certification Knowledge Exam

- Prerequisite of minimum six evaluations (3 as examiner)
- No longer a CKE Remedial Exam
- Requires two instructors to review the exam and sign-off
- Not a “Take-Home” exam
DRE Field Certifications

- Evaluations on suspected drug-impairment subjects
- DRE instructors cannot override/replace toxicology lab results
- DRE instructor must observe and supervise the entire evaluation in order to sign-off on the evaluation
DRE Instructor Standards

• Complete DRE IDC
• DRE Instructor supervised:
  • Supervise 4 DRE evaluations
  • Instruct for two hours
• Recertify as DRE and teach minimum required by state coordinator
DRE Recertification

- Minimum of four evaluations required
- All four must be reviewed by DRE instructor
- One must be observed and approved by DRE instructor
- 8 hours of DRE related training required
- Updated C.V. and Rolling Log required
- States can require additional standards
DRE Reinstatement

- DRE Expired Less than One Year
- DRE Expired Less than Five Years
- DRE Expired Over Five Years
DRE Data Entry

https://dredata.nhtsa.gov

“Data! Data! Data! We can’t make bricks without clay!”
(Arthur Conan Doyle)

Takes you to the main page

Click on “Evaluation”
Impaired Driving Curriculum Updates & Revisions

- February 2018 Curriculum
- SFST and DRE IDC curriculum updated in 2017
- Contactor: Transportation Safety Institute (OKC)
Curriculum Updates and Revisions

Feedback from Course Managers and Instructors

Cooperative Agreement

NHTSA

IACP

Prosecutors, Toxicologists, others

Subject Matter Experts

Pilot-Tested

Curricula Sent to Selected Sites for Final Review

IACP Technical Advisory Panel Curriculum Subcommittee

Serving the Leaders of Today, Developing the Leaders of Tomorrow®
DRE Curriculum

Participant Manual

Drug Recognition Expert Course

Revised: 02/2018

Serving the Leaders of Today, Developing the Leaders of Tomorrow®
DRE Facesheet

- Added Oral Fluid
- Added Resting Nystagmus
- Revised “Internal Clock” to “Time Estimation
- OLS Checkboxes
- Subject Refusals (Removed Precinct)
Glossary of Terms

Revised
• Polydrug
• Pulse

Added
• Bipolar Disorder
• Diabetes
• Impairment
• Multiple Sclerosis
• Polycategory
• Standardized
• Systematic
New Studies Added

- MRB
  - Time estimation
  - +/- 5 seconds
- Rebound Dilation
- LOC
- Coating on the tongue
- Elevated pulse
Preliminary School

- Inserted model schedule in Administrator Guide
- Added Overdose “Alcohol Poisoning” (Session 8)
- Added Curriculum Vitae worksheet (Session 9)
- Inserted new language regarding toxicology collection
HGN

• Equal Tracking “…may be checked more than once”
• All references to marbles and sandpaper removed
Blind Eye Testing for HGN

New wording added to allow for HGN testing of subject with a blind/artificial eye

• Allows officer to proceed with test
• If abnormal findings, not required to continue
• Reminded that this does not follow the standardized protocol and should be acknowledged in report

Lack of Convergence

LOC Testing -

Added instructions to “stop moving the stimulus in a circular manner with the stimulus above eye level” before moving towards bridge of the nose, and “to check for LOC at least twice”

Consistent with clinical studies on LOC testing
Walk & Turn – Clarified Improper Turn Scoring

Added wording to help clarify how to properly score an improper turn during the Walk and Turn Test if the subject being tested turns on the right foot instead of the left foot (2015)
SFST: One Leg Stand Clarification

Wording added to help clarify how the raised foot is to be held during the balance and counting stage

“Raise either leg with the foot approximately six inches off the ground, keeping your foot parallel to the ground.”

Not “foot pointed out”
SFST Proficiency

New requirement –

All SFST steps and instructions are required for proficiency and sign-off by an instructor
Procedural Modifications

- DRE Average or “Expected” Ranges/Values
- MRB Instructions
- Direct light pen light positioning
- LOC
  - Inserted language for DRE to pause before moving stimulus toward nose
  - Recommend checking twice
Other Revisions

- Reduced verbiage on slides
- All narratives replaced with more complete examples
- Revised eye examination worksheet
- PDR Session re-named to “DRE Reference Sources”
  (Slides added to practice drug identification)
DRE Equipment

Added clarification regarding equipment used:
- Oral thermometer
- Stethoscope
- Sphygmomanometer
- Pen light

All others must receive TAP approval
DRE 12-Step Process

I. Toxicological Examination

The toxicological examination is a chemical analysis of the subject’s blood, urine, or oral fluid by an approved toxicology laboratory. This is not to be confused with the collection of the toxicology sample.

Toxicology Samples

Your State’s implied consent statutes will dictate the type of sample you can obtain; urine, blood, breath, or saliva.

Departmental policy, State laboratory guidelines, and procedures should be followed in requesting, obtaining, and handling the toxicology sample.

There may be times when the toxicology sample was obtained prior to Step 12 of the DRE protocol. If the toxicology sample has not been collected prior to Step 12, it should be collected now. The DRE should document the details of collecting the evidentiary toxicological sample regardless of when it was obtained.

Allows for collecting blood sample out of the normal order in the 12-Step DRE process.
Physiology and Drugs

Additional information added:
- Drugs effects on the body
- Opinion vs. Diagnosis
- Medical conditions
- Medical Impairment
- Downside Effect
Physiology

- Updated Neuron graphic

- Removed Cholinergic, Adrenergic, Anti-cholinergic slides

- “Medical Rule-out” now “Medical Impairment”
Ultra-Violet Light for NTD

Estimation of Pupil Size under Near Total Darkness

This procedure was approved by the DRE Technical Advisory Panel in October 2013.

Independent research has demonstrated that Ultraviolet (UV) lights are effective tools for assessing pupil size in near total darkness, giving essentially identical results to the standard evaluation regardless of subject eye color. Evaluators found the UV light easier to use, especially when assessing subjects with dark eyes. If this test is used, it should be used after pupil size estimations have been attempted with a finger-covered pen light.

Hold the UV light along the subject’s face at any location from the side of the eye to just below the eye. If the light is held along the cheek, it can be used to illuminate the pupillometer.

Start with the light about parallel to the plane of the subject’s face and slowly increase the angle outward until the light just passes through the cornea, the clear window at the front of the eye.

When using a UV light to assess pupil size, it is important to remember to never shine the light directly into the subject’s eye. In low dosages and for short exposure times, the UV light is not harmful to the subject’s eye. However, the light does emit visible wavelengths in the blue-violet region of the spectrum, otherwise the evaluator would not be able to see that the light is on. Consequently, shining the light directly into the subject’s eye can unintentionally cause the pupil to constrict.


Did not replace NTD with penlight
CNS Depressants

• Removed street names (DEA Drug Slang Code Words added as handout)
• New exemplar video
CNS Stimulants

- Changed ADD to ADHD
- Information concerning Energy Drinks and OTC stimulants added
- New exemplar video
Hallucinogens

- Removed “Entactogen” from 2CB-1
- Identified Hallucinogen examples categorized as psychedelic amphetamines

**2CB**

- White powder usually found in pressed tablets or gel caps
- Sometimes referred to as “Venus”; “Nexus”; and “Bromo-Mescaline”
Dissociative Anesthetics

- Replaced Ketaset, Ketavet, and Vetamine with Ketaject
- *Confused* changed to *Confusion*
Narcotic Analgesics

- More information on Fentanyl added
- Information on Kratom added

Other Narcotic Analgesics

- Kratom
Inhalants

• Removed reference of nitrites relieving angina pectoris

Anesthetic Gases

• Amyl Nitrite
• Butyl Nitrite (Isobutyl Nitrite)
Cannabis

- Added information on Sativa, Indica, and Hybrid marijuana
- Additional information on Synthetic Cannabinoids added
- Added transdermal ointment as method of ingestion
- Reddening of the Conjunctivae replaced with Bloodshot Eyes
- Information on Hydroxy THC and Carboxy THC added
- Cannabinoid hyperemesis syndrome added as possible long term effect
- New exemplar video
Cannabis Impairment Indicators

Additional impairment indicators added:
- *Altered* perception of time/distance
- Alterations in thought formation
- Drowsiness
- Impaired memory
- Lack of concentration
Documenting Cannabis Impairment

Suggested observations to look for and describe:

- Eyelid and body tremors
- Slow, relaxed, lethargic actions
- Rebound dilation (record smallest to largest size)
- Responses to instructions (memory issues)
- Counting errors (concentration issues)
- Odor of marijuana on breath and person
- Usage (Recreational, Daily, Weekly, Chronic)
- Document blood collection time
Drug Combinations

- Novel Psychoactive Substances (NPS) information added to this Session
- Polycategory definition added and Polydrug definition revised
Symptomatology Chart

CNS Depressants
- Disorientation (Replaced Disoriented)
- Unsteady walk (Replaced Gait Ataxia)

CNS Stimulants
- Removed Hallucinations from General Indicators (Remains as overdose sign)
### Symptomatology Chart

<table>
<thead>
<tr>
<th>Hallucinogens</th>
<th>Dissociative Anesthetics</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Removed Disorientation</td>
<td>• Confused now Confusion</td>
</tr>
<tr>
<td>• Removed Injection as MOI</td>
<td>• Added (PCP) to Chemical Odor</td>
</tr>
<tr>
<td></td>
<td>• Removed Muscle Rigidity from General Indicators</td>
</tr>
<tr>
<td></td>
<td>• Added (PCP) to Perspiring</td>
</tr>
<tr>
<td></td>
<td>• Added Slowed Responses</td>
</tr>
<tr>
<td></td>
<td>• Added (PCP) to many MOI</td>
</tr>
</tbody>
</table>
Symptomatology Chart

Narcotic Analgesics
- Removed Constricted Pupils from General Indicators
- Removed Inability to Concentrate
- Added Slow Deliberate Movements
- Added Transdermal as MOI

Inhalants
- No changes
DRE Opinion

“It is my opinion as a Drug Recognition Expert that the suspect was under the influence of drugs and could not operate a motor vehicle safely.” (Actual report opinion)

“It is my opinion as a Drug Recognition Expert that the suspect (or suspect’s name) is under the influence of (drug category) and is unable to operate a vehicle safely.”
Report Writing Areas of Concern

✓ Not recording Angle of Onset for HGN on Facesheet
✓ Listing odd numbers for pulse and B/P
✓ HGN clues recorded with no D.I.D. drug category mentioned
✓ Use of the word “normal” or “normal ranges”
✓ No reason for traffic stop listed in narrative
✓ No details or explanation for reported medical issues
✓ Nothing listed for vital signs of concern (B/P 60/48)
✓ Explaining when step(s) taken out of order
✓ Explaining why UV Light used for NTD
✓ Incorrectly listing “IACP certified” instead of state certified
Rolling Log Numbering

- Three sets of numbers: YY - ### - TOTAL #
  - 2-digit year
  - 3-digit # evals current year
  - 4-digit # total # evals in career

Example:

18-001-0001
18-002-0002
18-021-0021 (End of 2018)
19-001-0022 (Begin 2019)
19-002-0023
Recent Developments

• Definition of Training Institution
• AAA DEC Program Protocol Review
• NTLC DECP Monograph
• NHTSA Drugged Driving Initiative
If You Feel Different…

Serving the Leaders of Today, Developing the Leaders of Tomorrow®
Items Under Development

• Dry Lab Videos
IACP DEC Program Website

www.decp.org

The International Drug Evaluation & Classification Program

The Drug Evaluation and Classification Program is recognized by all fifty states in the U.S., Canada, Hong Kong, and the United Kingdom.

Locate DRE State Coordinators and National Training Calendar

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IACP DRE Section Website

www.theiACP.org/Drug-Recognition-Expert-Section
- Annual DAID Conference information
- State DRE websites
- DEC Program International Standards
- DEC Program Annual Report
- Membership information
25th Annual IACP Training Conference on Drugs, Alcohol and Impaired Driving

Registration: www.theIACP.org/DAIDconference
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