2 Hours and 30 Minutes

SESSION IV

OVERVIEW OF DRUG EVALUATION AND CLASSIFICATION PROCEDURES

SESSION IV OVERVIEW OF DRUG EVALUATION AND CLASSIFICATION PROCEDURES

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

- Name the components of the Drug Evaluation and Classification program drug influence evaluation.
- State the purpose of each component.
- Describe the activities performed during each component.
- Correctly answer the "topics for study" questions at the end of this session.

CONTENT SEGMENTS

A. Components of the Drug Evaluation and Classification Procedure

B. Interview of the Arresting Officer

C. The Preliminary Examination

D. Examinations of the Eyes

E. Divided Attention Psychological Tests

F. Examinations of Vital Signs

G. Dark Room Checks of Pupil Size

H. Examination of Muscle Tone

I. Examination for Injection Sites

J. Toxicological Examination

K. Video Demonstration

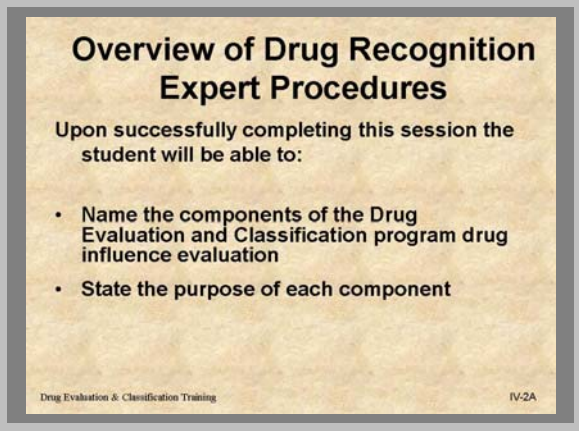
LEARNING ACTIVITIES

- Instructor Led Presentations
- Instructor Led Demonstrations
- Video Presentations
- Reading Assignments

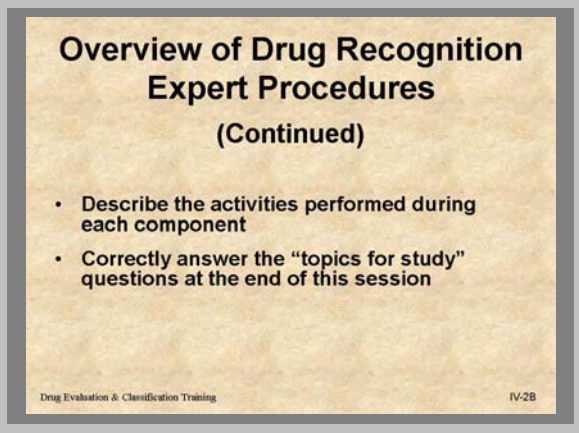
I. OVERVIEW OF DRUG EVALUATION AND CLASSIFICATION PROCEDURES

Session 4-1: Session 4

Session 4-2A: Overview of Drug Recognition Expert Procedures



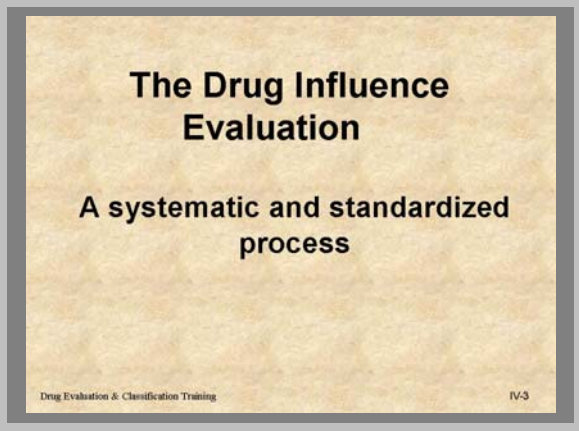
Session 4-2B: Overview of Drug Recognition Expert Procedures (cont.)



Briefly describe the objectives for this session.

A. Components of the Process

Session 4-3: The Drug Influence Evaluation



<u>The Drug Influence Evaluation</u>

The DEC procedure is a systematic and standardized method of examining a subject to determine:

- Whether the subject is impaired, and if so,
- Whether the impairment is caused by drugs or a medical condition.

- And if drugs, the category (or categories) of drugs that is/are the likely cause of the subject's impairment.

The process is systematic in that it is based on a careful assessment of a variety of observable signs and symptoms that are known to be reliable indicators of drug impairment.

Write on the dry erase board or flip-chart: "A SYSTEMATIC PROCESS."

- Some of these observable signs and symptoms relate to the subject's appearance.

Write "appearance" on the dry erase board or flip-chart.

- Some of these observable signs and symptoms relate to the subject's behavior.

Write "behavior" on the dry erase board or flip-chart.

- Some relate to the subject's performance of carefully administered psychophysical tests.

Ask students: "What does 'psychophysical' mean?"

Point out that "psychophysical" relates to the subject's mind (psyche) and body (physique).

Write "psychophysical testing" on the dry erase board or flip-chart.

- Drugs impair the subject's ability to control his or her mind and body.

- Psychophysical tests can disclose that the subject's ability to control mind and body is impaired.

- The specific manner in which the subject performs the psychophysical tests may help indicate the category or categories of drugs causing the impairment.

- Some of the observable signs and symptoms relate to the subject's automatic responses to the specific drugs that are present.

All of these reliable indicators are examined and carefully considered before a judgment is made concerning what categories of drugs are affecting the subject.

The evaluation is standardized in that it is administered the same way, every time.

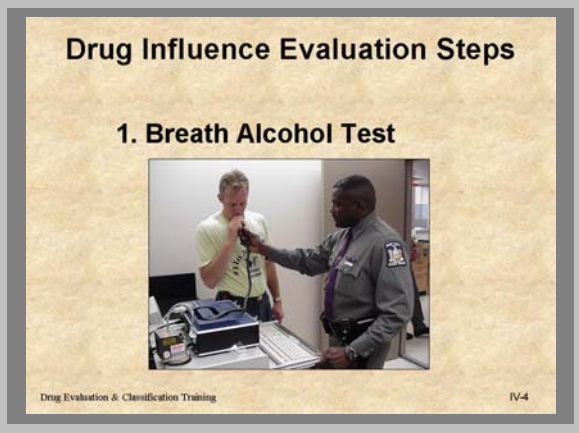
- Emphasize that DREs should always try to conduct the 12-step process in the same manner each time. However, there may be times when that is not possible, i.e., uncooperative subject, equipment failure, or refusals. Explain that if they are unable to complete all steps of the evaluations, that they must explain the reasons for this in their narrative report and if they are still able to form an opinion, what evidence and observations support their opinion.

Ask students: "Why is it so important to perform the drug influence evaluation in exactly the same way, every time?"

Probe to draw out all major reasons for standardization.

- Standardization helps to ensure that no mistakes are made.
- No examinations are left out.
- No extraneous or unreliable "indicators" are included.
- Standardization helps to promote professionalism among drug recognition experts.
    - Discuss examples of reasons when the DRE may be unable to complete each step of the evaluation, i.e., injuries, uncooperative subject, equipment failure.
- Standardization helps to secure acceptance in court.
    - In such cases, the DRE may still be able to form an opinion based upon the evidence obtained. State v. Cammack, 1997 WL 104913 (Minnesota Ct. Appeals, 1997) ruled that a DRE need not complete the entire 12-step evaluation for an opinion to be admissible so long as there is sufficient admissible evidence.

Session 4-4: Drug Influence Evaluation Steps



Drug Influence Evaluation Steps

The Drug Evaluation and Classification drug influence evaluation has twelve components.

- Refer students to the 12-step evaluation checklist on page IV-4 of their participant manual.

Breath Alcohol Test

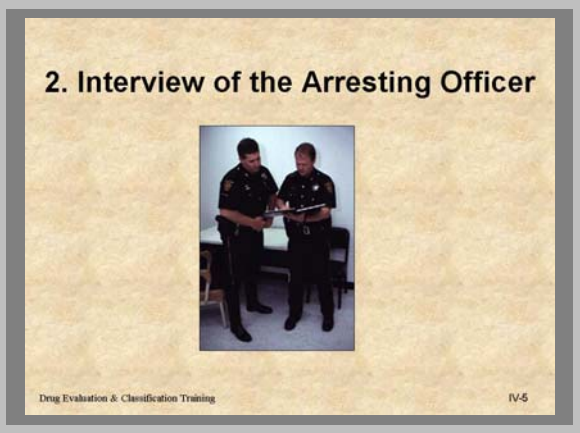
The Breath Alcohol Test is needed to determine Blood Alcohol Concentration (BAC).

- The purpose of the breath test is to determine whether the specific drug, alcohol, may be contributing to the impairment observed in the subject.

- Obtaining an accurate measurement of BAC enables the DRE to assess whether alcohol may be the sole cause of the observable impairment, or whether it is likely that some other drug or drugs, or other complicating factors are contributing to the impairment.

- Remind students that many subjects who are under the influence of drugs other than alcohol also have alcohol in their system.

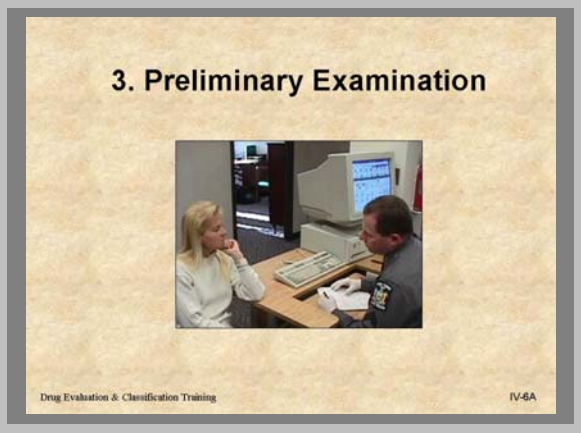
Session 4-5: Interview of the Arresting Officer



The Interview of the Arresting Officer

- In most cases, the subjects you will examine will not be people that you arrested.
- The arresting officer may have seen or heard things that would be valuable indicators of the kinds of drugs the subject has ingested.
- The arresting officer, in searching the subject, may have uncovered drug related paraphernalia, or even drugs themselves.
- The arresting officer also may be able to alert you to important information about the subject's behavior that could be very valuable for your own safety.

Session 4-6A: Preliminary Examination



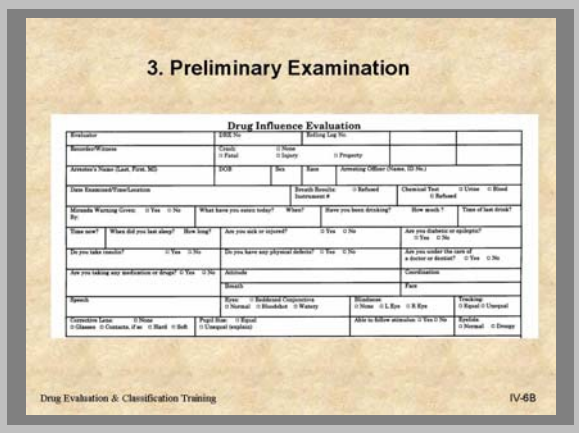
The Preliminary Examination

Remind students that protective gloves must be worn from this portion of the evaluation on.

The preliminary examination is your first opportunity to observe the subject closely and directly.

- A major purpose of the preliminary examination is to determine if the subject may be suffering from an injury or some other medical condition not necessarily related to drugs.
    - Analogy: The preliminary examination is a "fork in the road." It can help you decide whether to continue with the drug influence evaluation, to pursue a possible medical complication, or to proceed with a DWI (alcohol) case.
- Another major purpose of the preliminary examination is to begin systematically assessing the subject's appearance, behavior and automatic bodily responses for signs of drug induced impairment.
    - Emphasize that the term "preliminary" does not imply "unimportant." Very valuable evidence often comes to light during the preliminary examination.

Session 4-6B: Preliminary Examination

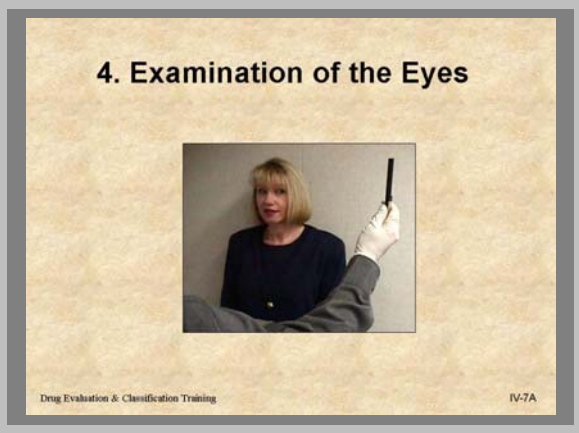


- The preliminary examination consists of a series of questions dealing with possible injuries or medical problems; observations of the subject's face, speech and breath; pupil size and tracking ability; initial checks of the subject's eyes; and, an initial examination of the subject's pulse.

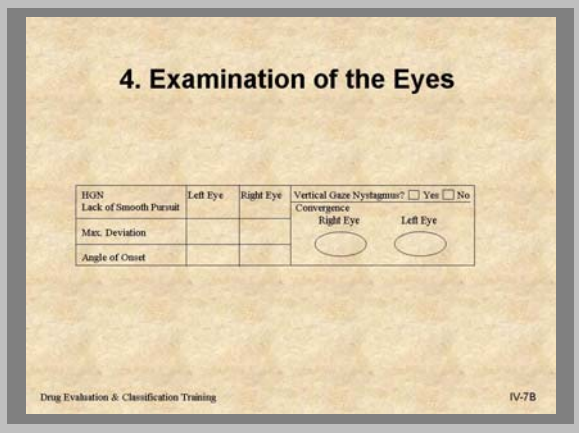
- While you are assessing the subject's tracking ability, you can also perform a preliminary assessment of whether Horizontal Gaze Nystagmus is present in the subject's eyes. In particular, if the nystagmus or "jerking" is observed, an initial estimation of the angle of onset can be made. The approximate angle of onset may help to determine whether the subject has consumed some drug other than alcohol.

- Emphasize that courts generally accept these questions as not being in conflict with the subject's Constitutional rights. However, the students must comply with their own department's policies as to whether they should advise the subjects of their Constitutional rights before asking these questions.

Session 4-7A: Examination of the Eyes



Session 4-7B: Examination of the Eyes



Examinations of the Eyes

Certain drugs produce very easily observable effects on the eyes.

Ask students: "What do we look for, in a subject's eyes, to determine if he or she may be under the influence of alcohol?" Probe, as necessary, to draw out the response "nystagmus."

- One of the most dramatic of these effects is nystagmus, which means an involuntary jerking of the eyes.
- Persons under the influence of alcohol usually will exhibit Horizontal Gaze Nystagmus, which is an involuntary jerking of the eyes occurring as the eyes gaze to the side.
- Alcohol is not the only drug that causes Nystagmus.
- Horizontal Gaze Nystagmus is not the only observable effect on the eyes that will be caused by various drugs.
- Point out that the examinations of the eyes will be covered in much greater depth later in this training.

Session 4-8A: Divided Attention Test

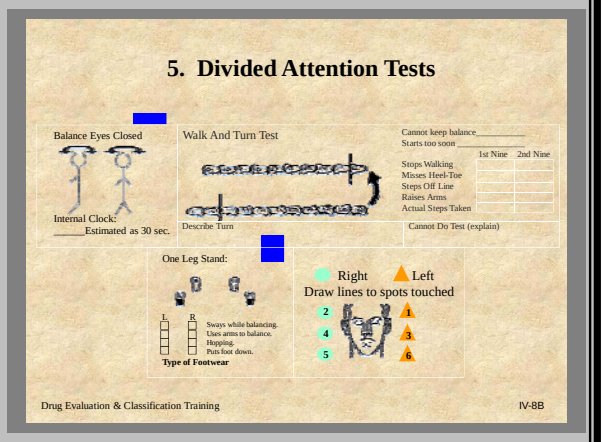
Divided Attention Psychophysical Tests

Ask students: "What does 'divided attention' mean?" Probe, as necessary, to draw out responses indicating the concept of "concentrating on more than one thing at a time."

All drugs that impair driving ability will also impair the subject's ability to perform certain carefully designed divided attention tests.

These tests are familiar to you in the context of examining alcohol impaired subjects.

Session 4-8B: Divided Attention Test

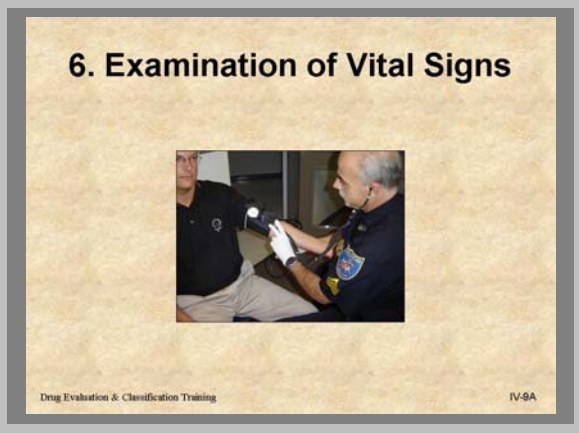


The same tests are very valuable for disclosing evidence of impairment due to drugs other than alcohol.

- Point out that students' will have opportunities to practice administering these tests subsequently in the course.

- The divided attention tests used in the DRE examination include the Romberg Balance, the Walk and Turn, One Leg Stand, and the Finger to Nose.

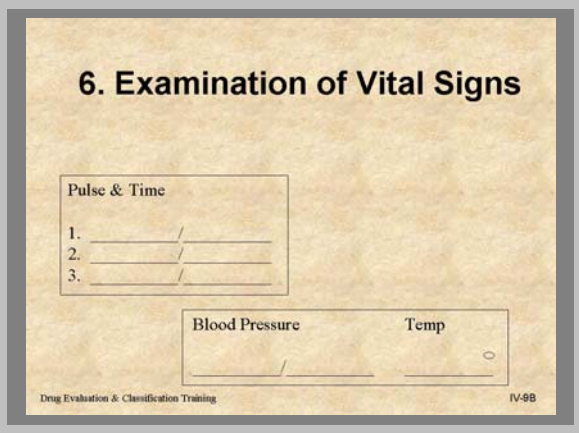
Session 4-9A: Examination of Vital Signs



Examinations of Vital Signs

Many categories of drugs affect the operation of the heart, lungs and other major organs of the body.

Session 4-9B: Examination of Vital Signs

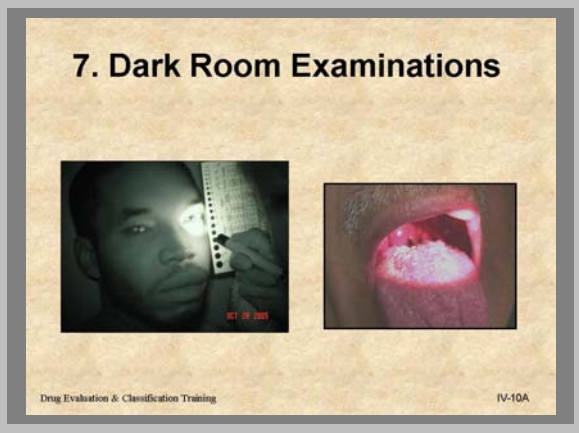


These effects show up during examination of the subject's vital signs.

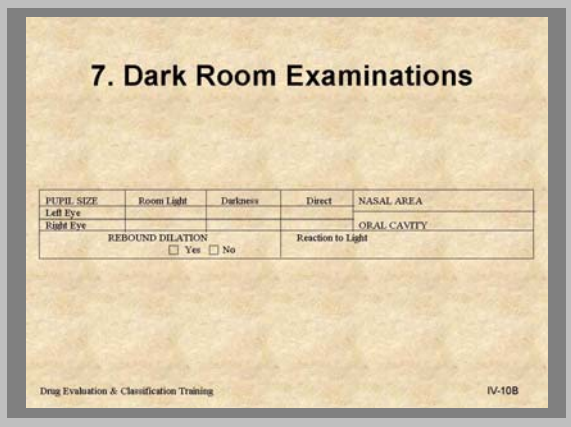
- Point out that the examinations of vital signs will be covered in depth later, and that students will have ample opportunity to practice measuring vital signs.

- The vital signs that are reliable indicators of drug influence include blood pressure, pulse, and temperature.

Session 4-10A: Dark Room Examinations



Session 4-10B: Dark Room Examinations



Dark Room Examinations

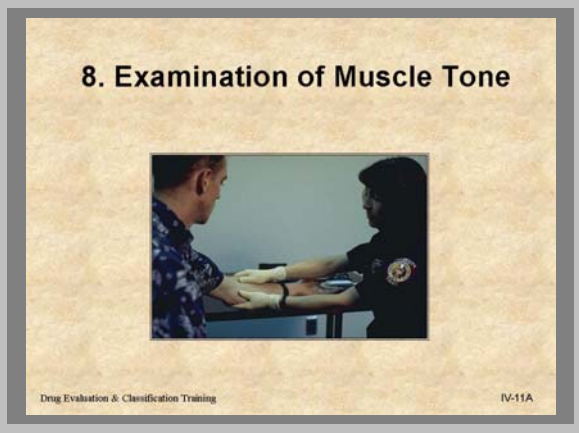
Many categories of drugs affect how the pupils will appear, and how they respond to light.

- Certain kinds of drugs will cause the pupils to widen dramatically, or dilate.
- Some other drugs cause the pupils to narrow, or constrict.
- By systematically changing the amount of light entering the subject's eyes, we can observe the pupils' appearance and reaction under controlled conditions.
- We carry out these examinations in a dark room, using a penlight to control the amount of illumination entering the subject's eyes.
    - Exhibit a penlight.
- We use a device called a pupillometer to estimate the size of the subject's pupils.
    - Exhibit a pupillometer.
    - Point out that the pupillometer has a series of circles or semi-circles of various sizes.
    - By lining the circles up along side the subject's pupil, the pupil's size can be determined.

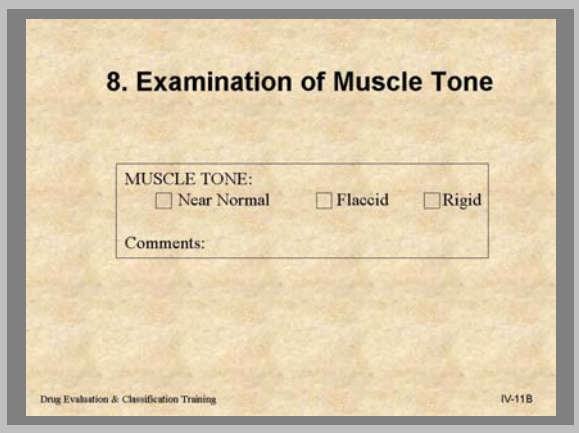
- Point out that students will have several opportunities to practice conducting dark room examinations later in the course.

- Other examinations are also conducted in the darkroom, using the penlight: i.e., examination of the nasal area and mouth for signs of drug use and for concealed contraband.

Session 4-11A: Examination of Muscle Tone



Session 4-11B: Examination of Muscle Tone



Examination for Muscle Tone

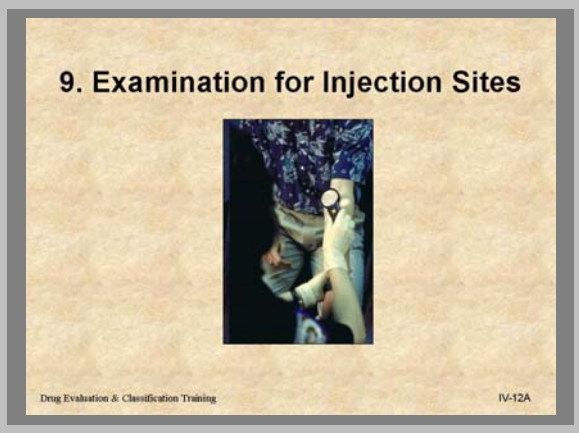
- Certain categories of drugs can cause the user's muscles to become markedly tense, and rigid. Others may cause flaccidity, or "rubbery-like" muscle tone.

- Evidence of this muscle tone may come to light when the subject attempts to perform the divided attention tests.

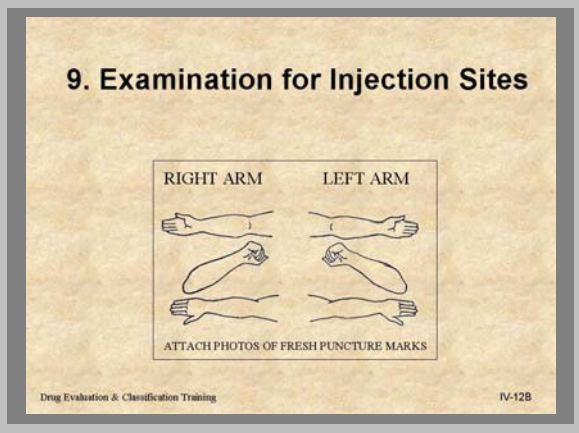
- Point out that examination for muscle tone will be covered in greater depth subsequently in the course.

- Evidence of muscle tone can also be observed when taking the subject's pulse, blood pressure or while examining for injection sites.

Session 4-12A: Examination for Injection Sites



Session 4-12B: Examination for Injection Sites



Examination for Injection Sites

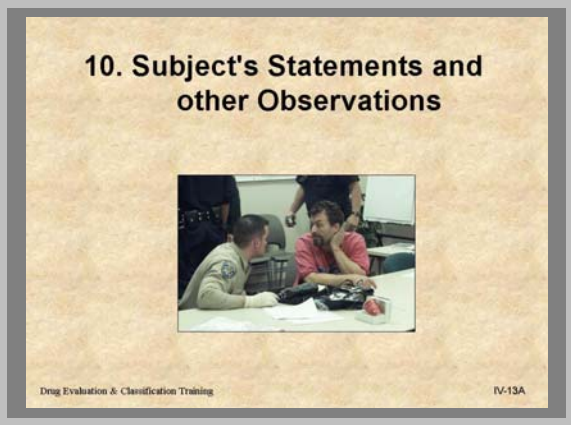
Certain drugs are commonly injected by their users, via hypodermic needles.

Ask students: "What drug is most often associated with injection via hypodermic needle?"

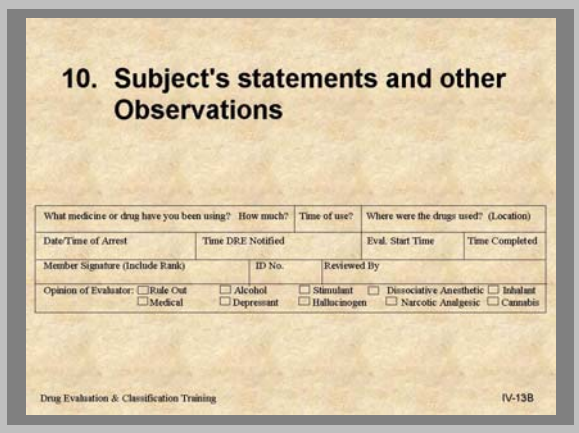
- Heroin is probably most commonly associated with injection, but several other types of drugs also are injected by many users.

- Uncovering injection sites on a subject provides evidence of possible drug use.

Session 4-13A: Subject's Statements and other Observations



Session 4-13B: Subject's Statements and other Observations



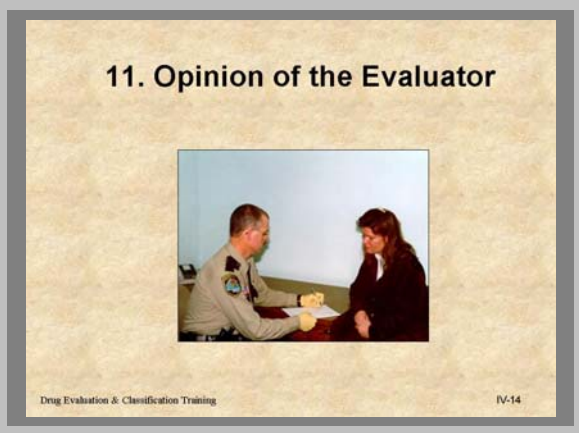
Subject's Statement and Other Observations

At this point in the examination, the trained DRE should have reasonable grounds to believe that the subject is under the influence of a drug or drugs.

The DRE should also have at least an articulable suspicion as to the category or categories of drugs causing the impairment.

- The DRE should proceed to interview the subject to confirm their opinion concerning the drug category or categories involved.
- Emphasize that any such interview can proceed only in conformance with formal admonition and strict observance of the subject's Miranda rights.
- The DRE must carefully record the subject's statements, and any other observations that may constitute relevant evidence of drug induced impairment.
- Point out that the appropriate procedures for interviewing subjects vary with the probable category or categories of drugs involved.

Session 4-14: Opinion of the Evaluator

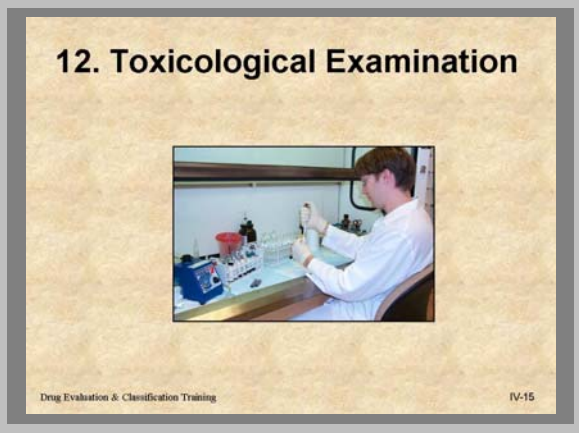


Opinion of Evaluator

Based on all of the evidence and observations gleaned from the preceding ten steps, the DRE should be able to reach an informed conclusion as to:

- Whether the subject is under the influence of a drug or drugs, and if so,
- The probable category or categories of drugs causing impairment.
- The DRE must record a narrative summary of the facts forming the basis for their conclusion.

Session 4-15: Toxicological Examination



Toxicological Examination

The toxicological examination is a chemical test or tests designed to obtain scientific, admissible evidence to substantiate the DRE's conclusion.

Departmental policy and procedures must be followed in requesting, obtaining and handling the toxicological sample.

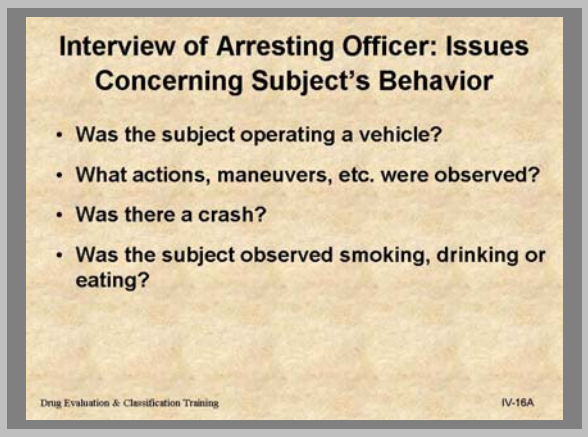
Solicit students' comments and questions concerning this preview of the Drug Evaluation and Classification procedures.

B. Interview of the Arresting Officer

The purpose of the interview of the arresting officer is to obtain a summary of the subject's actions, behaviors, etc. that led to the arrest and the suspicion that drugs other than alcohol may be involved.

- Emphasize that DREs should form the habit of posing explicit questions to arresting officers using a systematic process. A cursory or open ended interview (e.g., "What do we have here?") may fail to elicit some relevant information, because arresting officers won't always know what is relevant to a drug examination.

Session 4-16A: Interview of Arresting Officer

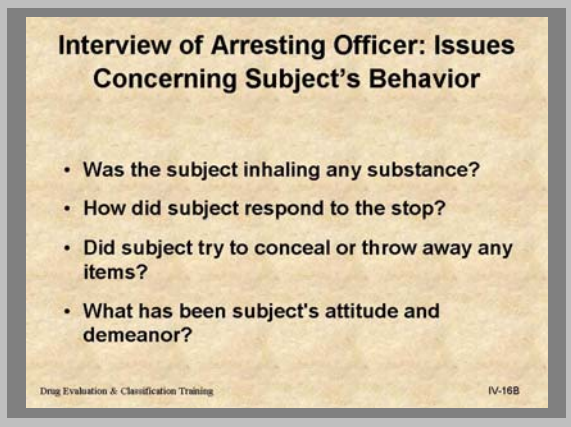


Interview Behavior

Issues concerning the subject's behavior:

- Was the subject operating a vehicle?
- What actions, maneuvers, etc. were observed?
- Was there a crash? If yes, was the subject injured?
- Was the subject observed smoking, drinking or eating?

Session 4-16B: Interview of Arresting Officer

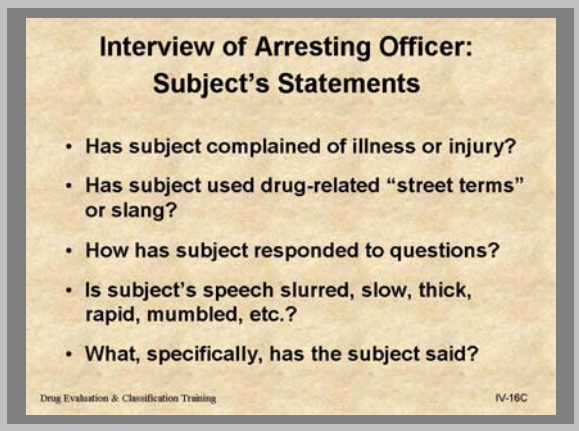


- Was the subject apparently inhaling any substance?
- How did the subject respond to the arresting officer's stop?
- Did the subject attempt to conceal or throw away any items or materials?
- What has been the subject's attitude and demeanor during contact with the arresting officer and have there been any changes?

Ask students to suggest any other questions that might be relevant concerning the arresting officer's observations of the subject's behavior.

- Remind the students that they are acting as investigators and advisors to the arresting officers.

Session 4-16C: Interview of Arresting Officer

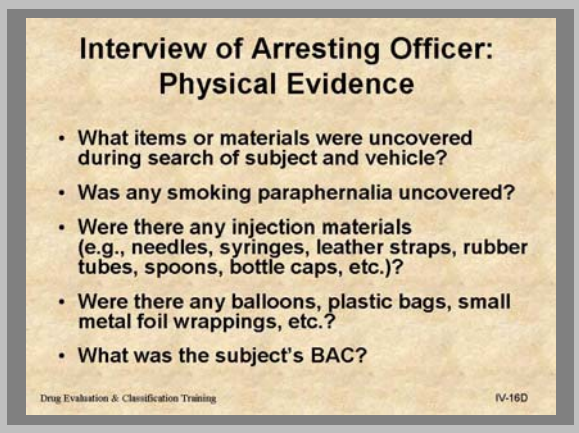


Interview Concerning Subject's Statements

- Has the subject complained of an illness or injury?
- Has the subject used any "street terms" or slang associated with drugs or drug paraphernalia?
- How has the subject responded to the arresting officer's questions?
- Was the subject's speech slurred, slow, rapid, thick, mumbled, etc.?
- What, specifically, has the subject said to the arresting officer?

Ask students to suggest any other questions that might be relevant concerning statements the subject made in the arresting officer's presence.

Session 4-16D: Interview of Arresting Officer



Interview: Physical Evidence

Issues concerning physical evidence:

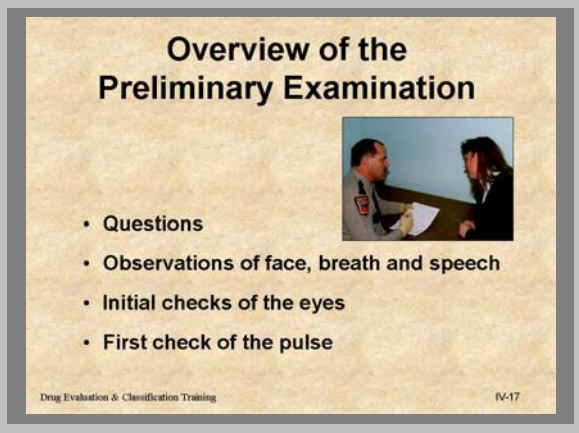
- What items or materials were uncovered during the search of the subject or vehicle?
- Were any smoking paraphernalia uncovered?
- Were any injection materials, i.e., needles, syringes, leather straps, rubber tubes, spoons, bottle caps, etc. found?
- Were there any balloons, plastic bags, small metal foil wrappings, etc. found?
- What was the subject's blood alcohol concentration?
    - Emphasize that the subject should be requested to submit to a breath test, if that has not already been done.

Ask students to suggest any other relevant questions concerning physical evidence.

Solicit students' comments and questions concerning the interview of the arresting officer.

C. The Preliminary Examination

Session 4-17: Overview of the Preliminary Examination

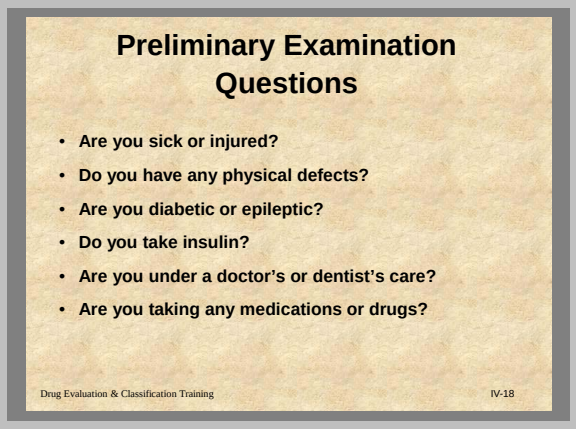


Preliminary Examination Overview

The preliminary examination consists of:

- Questions.
- Observations of face, breath, and speech.
- Initial checks of the eyes.
- The initial check of the subject's pulse.
    - Point out that the pulse check actually is part of the examination of the subject's vital signs. Pulse is checked three times during the drug influence evaluation.

Session 4-18: Preliminary Examination Questions



Preliminary Examination Questions

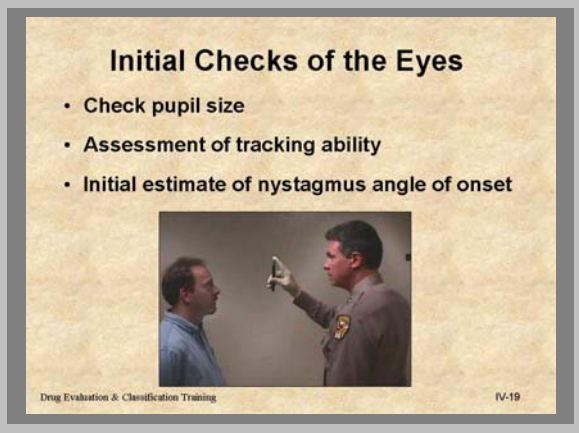
The questions deal with injuries or medical problems the subject may have. They include:

- Point out that these questions are incorporated into the Standardized Drug Influence Evaluation Form, which the students will use during all of their practice sessions.

Briefly discuss the relevance of each question.

- Are you sick or injured?
- Do you have any physical defects?
- Are you diabetic or epileptic?
- Do you take insulin?
- Are you under a doctor or dentist's care?
- Are you taking any medications or drugs?

Session 4-19: Initial Checks of the Eyes



Initial Checks of the Eyes

The initial checks of the subject's eyes include several particularly important items.

- Check of the size of each pupil.
    - A pupillometer is a device to estimate the size of the subject's pupils.
    - Point out that, if the two pupils are of unequal size, this may indicate that the subject is suffering from a head injury, brain tumor, or other condition that may require prompt medical attention.
    - Also point out that the influence of certain categories of drugs may be indicated if the pupils are dilated or constricted.
- Assessment of the ability of the eyes to track a moving object.
    - Demonstrate how to use a stimulus to assess the ability of eyes to track a moving object.
    - The presence of Nystagmus indicates the possible presence of certain categories of drugs.
    - Point out that, if the two eyes do not exhibit the same tracking ability, this too may indicate a head injury or other medical problem.
- Initial estimation of the angle of onset of Horizontal Gaze Nystagmus.

- The approximate angle of onset may indicate the presence of some drug other than alcohol.

- Point out that certain categories of drugs cause Horizontal Gaze Nystagmus. For example, this will be true of CNS Depressants, Inhalants and Dissociative Anesthetics.

- The approximate angle of onset may indicate the presence of some drug other than alcohol.

Remind students that there is a general correspondence, or correlation, between blood alcohol concentration and the angle of onset of nystagmus. Generally speaking, the higher the BAC, the earlier the angle of onset.

But, if the subject has also ingested some other drug that also causes Nystagmus, the angle of onset may occur even earlier than the Blood Alcohol Concentration would indicate.

- Example: Suppose you are examining a subject who has an angle of onset at 45 degrees.

Based on that alone, you would expect the person's BAC to be in the .05 - .08 percent range. But if that subject has also ingested a Dissociative Anesthetic, the onset could occur much earlier, perhaps as soon as the eyes start to move to the side.

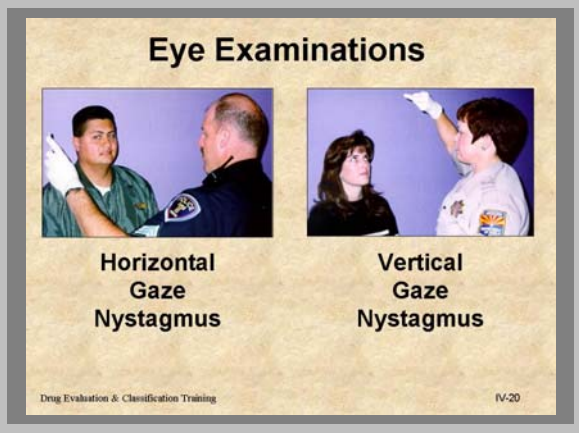
- Emphasize if the angle of onset does not match the BAC level the DRE should be alert to the possible presence of some drug other than alcohol.

- But also emphasize the Nystagmus onset angle could correspond very closely to what would be expected from the alcohol level alone even though the subject has ingested large quantities of other drugs.

- For example: Cannabis, Narcotic Analgesics, CNS Stimulants and Hallucinogens do not cause nystagmus, and will not affect the angle of onset.

D. Examinations of the Eyes

Session 4-20: Eye Examinations



Eye Examinations

Selectively reveal the items on the slide.

- Emphasize that this test is a full scale, formal and precise examination, unlike the initial estimation of angle of onset conducted during the preliminary examination.

The Examinations of the Eyes consist of three tests:

Horizontal Gaze Nystagmus (HGN)

- Clue #1 – Lack of smooth pursuit.
- Clue #2 – Distinct and sustained nystagmus at maximum deviation.
- Clue #3 – Angle of Onset
    - Point out if the subject's eyes begin to jerk before they have moved to the 30 degree angle, the DRE will not attempt to estimate the angle precisely, but will simply record that the subject exhibits "immediate onset."
- Point out the importance of checking for each of these clues in every examination of the eyes.

Vertical Gaze Nystagmus

- Point out that Vertical Gaze Nystagmus is an involuntary jerking of the eyes (up-and-down) which occurs when the eyes gaze upward at maximum elevation.

- Select a student, and demonstrate how to perform a test of Vertical Gaze Nystagmus on that student. The instructor should hold the stimulus horizontally in front of the subject's face and about 12-15 inches in front of their face. Instruct the person to focus on the center of the stimulus, and to keep the head steady. Raise the stimulus until the subject's eyes are elevated as far as possible. Hold the eyes at that position for a minimum four seconds. If the eyes are observed to jerk noticeably, Vertical Gaze Nystagmus is present.

- Point out that certain types of drugs tend to cause Vertical Gaze Nystagmus, while others do not. Also point out that Vertical Gaze Nystagmus tends to develop with relatively high doses of certain drugs for that individual.

Session 4-20A: Eye Examinations (cont.)

Lack of Convergence

Illustrate on the dry erase board or flip-chart different examples of Lack of Convergence.

- Point out that Lack of Convergence is the inability of the eyes to draw in toward the center (cross) while fixating on a stimulus being moved in toward the bridge of the nose.

Lack of Convergence is checked by first getting the subject to focus on and track the stimulus as it slowly moves in a circle in front of the subject's face.

- Point out that the circular motion (either left or right) serves to demonstrate that the subject is tracking the stimulus.

- Demonstrate this circular motion, using the student volunteer.

Then, the stimulus is slowly pushed in toward the bridge of the subject's nose and held for approximately one (1) second.

- Demonstrate, using the student volunteer.

- Point out that the stimulus does not actually touch the subjects nose, stopping approximately 2 inches from the nose.

Under the influence of certain types of drugs, the eyes may not be able to converge.

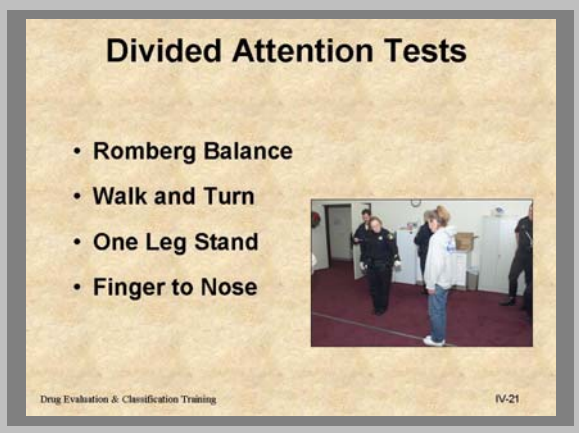
- Point out that many people may not be able to converge their eyes.

Excuse the student volunteer and thank him or her for participating.

Solicit students' comments and questions concerning the Examinations of the Eyes.

E. Divided Attention Psychophysical Tests

Session 4-21: Divided Attention Tests



Several Divided Attention tests used for drug examinations are the same familiar tests used for examining alcohol impaired subjects.

- Romberg Balance
    - Point out: the Romberg Balance test used by DREs is a modified version of the original test developed in the 19th Century.
    - Point out that the Romberg test is administered by asking the subject to tilt their head back slightly and close the eyes, and estimate 30 seconds, when they believe 30 seconds have passed, they are to tilt their head forward, open their eyes and say "Stop."
- Walk and Turn
- One Leg Stand
    - Point out that the One Leg Stand is administered twice during the DEC drug influence evaluation (one on each leg).
- Finger to Nose

Point out that all of these tests were covered in their entirety in Session III of the Pre-School

Note: Instructors may need to review the tests. If so, the tests are detailed in the participant manual for this session.

Walk and Turn Demonstration

Instructions stage:

- Select a student known to be proficient in administering the Walk and Turn test.
- Select another student to serve as the test subject.
- Instruct the student administrator to administer the Walk and Turn test to the student subject.
- Point out that officer safety is of major importance during this test.

Ask the class if anything was missed or done incorrectly.

- Excuse the students, following the demonstration, and thank them for participating.
- Point out that students' will have numerous opportunities to observe and practice the divided attention tests during the remainder of the course.

One-Leg Stand Test Demonstration

Instructions stage:

- Select a student known to be proficient in administering the One-Leg Stand test.
- Select another student to serve as the test subject.
- Instruct the student administrator to administer the One-Leg Stand test to the student subject.
- Point out that officer safety is of major importance during this test.

Ask the class if anything was missed or done incorrectly.

- Excuse the students, following the demonstration, and thank them for participating.
- Point out that students' will have numerous opportunities to observe and practice the divided attention tests during the remainder of the course.

Finger to Nose Demonstration

Instructions stage:

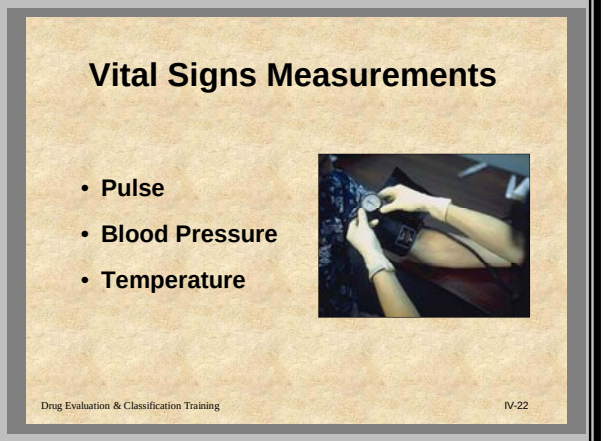
- Select a student known to be proficient in administering the Finger to Nose test to administer the test.
- Select another student to serve as the test subject.
- Instruct the student administrator to administer the test to the student subject.

Ask the class if anything was missed or done incorrectly.

- Excuse the students, following the demonstration, and thank them for participating.
- Point out that students' will have numerous opportunities to observe and practice the divided attention tests during the remainder of the course.

F. Examinations of Vital Signs

Session 4-22: Vital Signs Measurements



- Point out that these examinations will be covered in detail in Session VII.

The Vital Signs consist of three thing routinely measured in basic physical examinations.

- Pulse
- Blood Pressure
- Temperature

These measurements require some familiar instruments. Display these items.

- Stethoscope
- Blood pressure cuff and gauge (sphygmomanometer)
- Thermometer

NOTE: An oral thermometer with disposable mouthpieces is recommended.

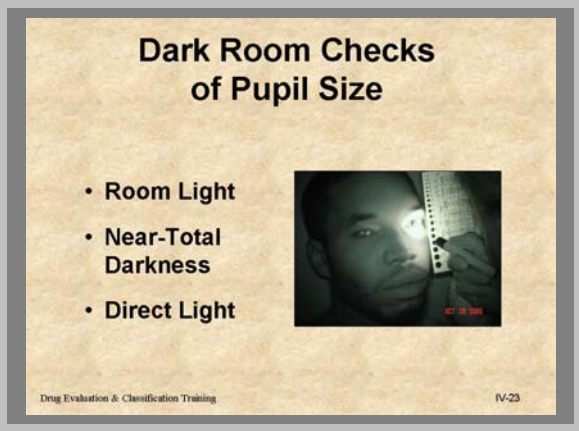
A time piece capable of measuring in seconds is also required.

- Point out that procedures for measuring blood pressure, pulse and temperature will be explained and practiced later in this course.

Solicit students' comments and questions concerning examinations of vital signs.

G. Dark Room Examinations

Session 4-23: Dark Room Checks of Pupil Size



The principal activity that takes place during the dark room examinations is the estimation of pupil size under three lighting conditions.

- Room light.
- Near total darkness.
- Direct light.

Point out that the Room Light measurement is conducted prior to darkening the room lights. Whenever possible, the room light estimation should be conducted in the same room where the other pupil estimations are conducted.

Another officer should always accompany you and the subject into the dark room.

Point out that this is essential for officer safety. Remind students that no one should be carrying a weapon when in the presence of a subject during the dark room examination.

Room Light

Before turning off the lights, you will estimate the size of the subject's pupils under room light.

Point out that some departments require that the subject be handcuffed before going into the darkroom.

- You must always first estimate the left pupil, then the right.

- Point out that the subject should be instructed not to try to focus on you or on the penlight, but to look "slightly up and at a specific focal point" (straight ahead and several feet away) during the estimation of pupil size.

- You must position the pupillometer alongside the eye to ensure an accurate estimation.

- After you have completed the room light estimations, turn off the lights and wait 90 seconds to allow your eyes and the subject's eyes to adapt to the dark.

Near Total Darkness

The next check will be of pupil size under near total darkness.

- You will need the bare minimum amount of light necessary to see the subject's pupils and the pupillometer.

- You can create the necessary light by covering the tip of the penlight with your finger or thumb.

    - Demonstrate this. Point out the reddish glow that emanates. If possible, darken the room and exhibit the reddish glow.

- The light is then moved near the subjects left eye just until it is possible to distinguish the colored portion of the eye (Iris).

- Hold the pupillometer alongside the eye and locate the circle or semi-circle closest in size to the pupil.

- Repeat the procedure for the right eye.

Direct Light

The third and final check will be of the pupil size under direct light.

- You will shine the full strength of the penlight directly into the subject's eye for 15 seconds.

    - Point out that it is necessary to maintain reasonably fresh batteries in the penlight.

- Do this by bringing the light in from the side of the subject's face.

    - Demonstrate this, using a student volunteer.

- The penlight should be held close enough to the subject's eye so that its beam fills the eye socket.

- Demonstrate this. Point out that this will illuminate the area that usually would be discolored if the subject had a "black eye."

- When the light is initially shown into the eye, you will check for the pupil's reaction to light. Then immediately estimate the pupil size under direct light.

  - If possible, darken the room and exhibit the illumination using a student volunteer.

- Emphasize that it is very important not to position the penlight too closely or too far away, since this will affect the constriction or dilation of the pupil.

Excuse the student and thank him or her for participating.

Other Activities

Two other activities are conducted while in the darkroom.

- Examination of the nasal area.

- Examination of the oral cavity.

Solicit students' comments and questions concerning these checks of pupil size.

H. Examination of Muscle Tone

Session 4-24: Examination of Muscle Tone

Muscle Tone

Starting with the subject's left arm, examine the arm muscles.

Firmly grasp the upper arm and slowly move down to determine muscle tone.

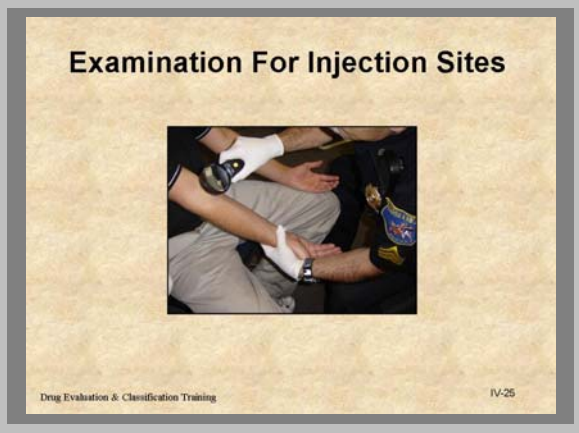
The muscles should appear flaccid, normal or rigid to the touch.

- Demonstrate.

Examine the right arm in the same fashion.

I. Examination for Injection Sites

Session 4-25: Examination for Injection Sites



Injection Sites

Some injection sites may be relatively easy to notice.

- Persons who frequently inject certain drugs develop lengthy scars, called "tracks," from repeated injections in the same veins.

- Injection of certain drugs may result in severe caustic action against the skin and flesh, producing easily observable sores.

Often, a fresh injection site may not be readily observable.

- Point out that injection sites can be observed with some drug categories. Injection sites will be covered in detail in Session XVII.

Frequently, a DRE will locate the injection site initially by touch, running the fingers along such commonly used locations as the neck, forearms, wrists, back of hand, etc.

- Emphasize that gloves should be worn when touching the subject.

- Select a student and demonstrate a tactile search for injection sites.

When the DRE locates a possible injection site, a light magnifying lens, commonly known as a "ski light" is used to provide a magnified visual examination.

- "Ski" – short for schematic.

- Display this instrument. Demonstrate its use.

Solicit students' comments and questions concerning examination for injection sites.

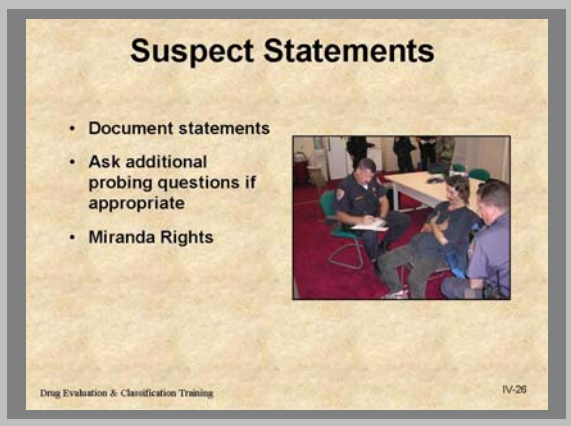
Point out that hypodermic needles are sized according to gauge. The gauge of a needle is a measurement of the inside diameter.

- Point out that the gauge number represents how many needles of that size would be needed to equal one inch. The higher the gauge, the smaller the diameter of the needle, i.e., a 16 gauge needle is 1/16th of an inch.

During this step, the third pulse is taken.

J. Subject Statements

Session 4-26: Subject Statements



All spontaneous statements and subject's response to questions should be documented. Ask additional probing questions as appropriate.

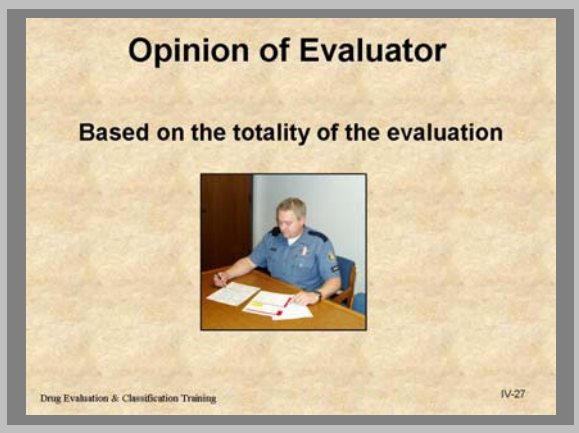
- Remind students to make sure the subject has been advised of their constitutional rights.

- Give specific examples of probing questions, admissions and denials.

Ask students for additional examples and list all on dry erase board or flip-chart.

K. Opinion of Evaluator

Session 4-27: Opinion of Evaluator

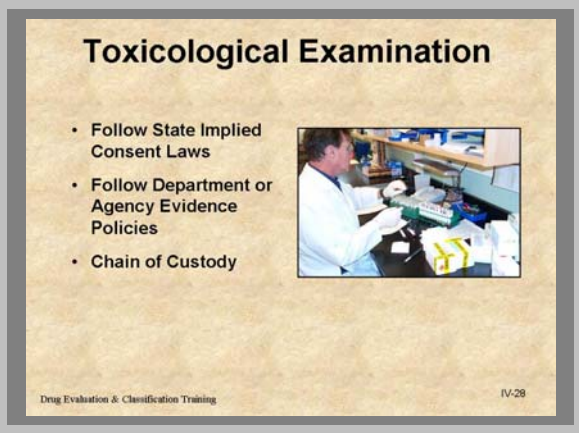


By this point in the evaluation, the DRE should have formed an opinion of the category or categories of drugs responsible for any observed impairment.

- This opinion is based on the totality of the evaluation.

L. Toxicological Examination

Session 4-28: Toxicological Examination



Toxicology Samples

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

- Review the students' department's policy and procedures for requesting, obtaining and handling toxicological samples.

Ask the students to relate the law of their state. The implied consent laws may vary significantly from state to state.

Have the students discuss their individual laws and possibly write their requirements on the flip-chart for comparison.

Specimen Containers

The type of container for collecting the sample will be dictated by the type of sample taken and the laboratory requirements where it will be tested.

Containers should be sterile and have a lid that will seal tightly. Make sure the seal is tight to prevent leaks.

Obtaining a Sample

Urine – normally the officer must witness the collection of the sample.

Blood – should be drawn by a qualified technician and witnessed by the officer.

- The sample must include a preservative. This is often pre-packaged in the container intended for this use.

- Samples should be refrigerated or frozen as soon as possible to minimize degeneration during storage.

Chain of Custody

Establish a policy dictating the chain of custody, if one does not already exist.

Establish a policy for your Department on:

- The sealing of evidence to include officer identification markings; (i.e., initials, labels, tags and packaging).

- Paperwork for the chain of custody and laboratory analysis of your sample.

- Transportation of the sample to the laboratory.

- Return reporting of the laboratory analysis.

NOTE: These are issues that must be addressed with the individual agencies to insure proper and standardized procedures. Students should follow-up with the appropriate representatives from their agencies to coordinate this activity.

Solicit students' comments and questions concerning toxicological examinations.

M. Video Demonstrations (Optional)

- Instruct students to refer to their drug influence evaluation checklist and the drug evaluation form as they watch the video.

Show the video, "Overview of DRE Procedures." (This is the same video that is shown during Session II of the Pre-School and subsequently in Session VIII of this school).

Session 4-29: Questions?

Solicit students' comments and questions.

DRUG INFLUENCE EVALUATION

Evaluator	DRE No.	Rolling Log No.	
Recorder/Witness	Crash: ☐ None ☐ Fatal ☐ Injury ☐ Property		Case #

Arrestee's Name (Last, First MI)	DOB	Sex	Race	Arresting Officer (Name, ID No.)

Date Examined/Time/Location	Breath Results: ☐ Refused Instrument # %	Chemical Test ☐ Refused ☐ Urine ☐ Blood

Miranda Warning Given: ☐ Yes ☐ No By:	What have you eaten today? When?	What have you been drinking? How much?	Time of last drink?

Time now?	When did you last sleep? How long?	Are you sick or injured? ☐Yes ☐ No	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:	Coordination:
	Breath:	Face:

Speech:	Eyes: ☐ Reddened Conjunctiva ☐ Normal ☐ Bloodshot ☐ Watery	Blindness: ☐ None ☐ Left Eye ☐ Right Eye	Tracking: ☐ Equal ☐ Unequal
Corrective lens: ☐ None ☐ Glasses ☐Contacts, if so ☐ Hard ☐ Soft	Pupil size: ☐ Equal ☐ Unequal, (explain)	Able to follow stimulus: ☐ Yes ☐ No	Eyelids: ☐ Normal ☐ Droopy

Pulse and time	HGN	Left Eye	Right Eye	Vertical Nystagmus ☐ Yes ☐ No	One Leg Stand
1. ____/____	Lack of smooth pursuit	____	____	Convergence	
2. ____/____	Maximum deviation	____	____	Right eye / Left eye	
3. ____/____	Angle of onset	____	____		

Romberg Balance	Walk and Turn test					L R
		Cannot keep balance				
		Starts too soon:				
			1st Nine	2nd Nine		☐ ☐ Sways while balancing
		Stops walking				☐ ☐ Uses arms to balance
		Misses heel to toe				☐ ☐ Hopping
		Steps off line				☐ ☐ Puts foot down
		Raises arms				
		Actual # steps				Type of footwear:

Internal clock	Describe Turn	Cannot do test (explain)	Nasal area:
Est. as 30 seconds			

Draw lines to spots touched

Pupil Size	Room Light	Darkness	Direct	Oral cavity:
Left				
Right				
			Rebound dilation ☐ Yes ☐ No	Reaction to Light:

Blood pressure	Temperature
____/____	____ °f

Muscle tone: ☐ Near normal ☐ Flaccid ☐ Rigid

Comments:

RIGHT ARM **LEFT ARM**

What medication or drug have you been using? How much?	Time of use?	Where were the drugs used? (location)	
Date/Time of Arrest	Time DRE Notified	Evaluation Start Time	Time Completed
DRE signature (Include rank)	ID #	Reviewed by:	

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

TOPICS FOR STUDY

1. Give three important reasons for conducting drug evaluation and classification evaluations in a standardized fashion.

   Help avoid mistakes, help promote and maintain professionalism and consistency among DREs, and help secure the court's acceptance of your testimony.

2. What are the twelve major components of the drug evaluation process?

   1. Breath Test 2. Interview with Arresting Officer 3. Preliminary Exam 4. Eye Exam 5. Divided Attention Test 6. Vital Signs Exam 7. Dark Room Exam 8. Muscle Tone Exam 9. Injection Site Exam 10. Subject Interview 11. Opinion of the Evaluator 12. Toxicology

3. How many times is pulse rate measured during the drug evaluation and classification interview?

   Three

4. Are the diameters of a pupillometer's circles/semi-circles indicated in centimeters, millimeters or micrometers?

   Millimeters

5. What formula expresses the approximate statistical relationship between blood alcohol concentration and nystagmus onset angle?

   BAC = 50 – Angle of Onset

6. Which of the seven categories of drugs ordinarily do not cause nystagmus?

   CNS Stimulants, Hallucinogens, Narcotic Analgesics, Cannabis

7. How many heel-to-toe steps is the subject instructed to take, in each direction, on the Walk and Turn test?

   Nine

8. What period of time is the subject required to estimate during the Romberg Balance test?

   30 seconds

9. What is systolic pressure?

   The force exerted on the arteries when the heart contracts.

10. What is the name of the instrument used to measure blood pressure?

    Sphygmomanometer

11. Name the four validated clues of the One Leg Stand test.

    Sways while balancing, Puts foot down, Hops, Uses arms for balance

12. Name the eight validated clues of the Walk and Turn test.

    Loses balance during instructions, Starts too soon, Steps off line, Wrong number of steps, Does not touch heel-to-toe, Raises arms for balance, Improper turn.

13. Suppose you have two hypodermic needles, one is 14 gauge, the other is 20 gauge. Which needle has the smaller inside diameter?

    20 gauge