

# **Advanced Roadside Impaired Driving Enforcement (ARIDE)**

**R5/13 Edition**

**Instructor Guide**



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Advanced Roadside Impaired Driving Enforcement  
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## Purpose of this Document

This Administrative Guide provides an introduction to and an overview of the two-day instructional module entitled "Advanced Roadside Impaired Driving Enforcement" (ARIDE). This module can be taught in a Drug Evaluation and Classification Program (DEC) State, or a State that currently does not support the DEC Program.

The curriculum is designed to be delivered as a stand-alone course. The program of instruction is intended for delivery to as many of the nation's traffic law enforcement officers as possible. That curriculum is designed to help those officers become more proficient at detecting; apprehending, testing and prosecuting impaired drivers. The module's subject matter relates to two curriculums, the "Standardized Field Sobriety Testing" and "Drug Evaluation and Classification."

A qualified DRE is a specially skilled individual who can examine a person suspected of drug impairment and determine, with a high degree of accuracy, the broad category (or combination of categories) of drugs causing the impairment. A DRE does their specialized work only after a suspect has been apprehended (for DWI or some other offense), and only when there is probable cause to continue with an investigation.

This course will offer additional information to law enforcement officers on detecting impairment caused by more than just alcohol. Often times law enforcement officers that have not received advanced or in-service training regarding drug impairment tend to not be able to identify these characteristics, therefore they will release an impaired driver. Once an officer completes the training he/she will be more proficient with the 3 battery of tests (HGN,WAT,OLS), as well as possess a broader knowledge of drug impairment indicators. The law enforcement officer will also be more familiar with the DRE program and its function. This will facilitate better communication and transfer of critical roadside indicators of impairment to the evaluating DRE officer for a more complete and accurate assessment of the impairment.

This Administrative Guide is intended to facilitate planning and implementation of the ARIDE Course. This course consists of 9 sessions. It overviews the sequence of instruction, documents the materials and the teaching aides that make up the instructional package, describes course administrative requirements, and provides guidelines for discharging those requirements satisfactorily.

The Guide sets forth the fundamental tasks that make up the job of DWI enforcement, and identifies knowledge; skills and attitudes police officers need to perform those tasks well. The Guide also outlines the preparatory work that must be accomplished (primarily at the departmental or academy level) before the course can be conducted, and outlines the follow-up work that should be undertaken, subsequent to training, to ensure that the desired outcomes of the training are realized.

A. For whom is the training intended?

This module is designed primarily for law enforcement officers that meet the IACP/NHTSA National Standardized Field Sobriety Testing Program Standards, including a proficiency test, and who have successfully completed an IACP/NHTSA approved training course. The officer must be able to administer and interpret the horizontal gaze nystagmus (HGN) test for alcohol-impaired suspects. The student should be fully conversant with the procedural "mechanics" of HGN with the three clues of HGN and with the interpretation of those clues for assessing alcohol

impairment. A major focus of this module is on the examination of a drug-impaired suspect's eyes. The procedures for those eye examinations derive largely from HGN procedures.

Students should be a State Certified or Commissioned law enforcement officer in a full time paid capacity and/or prosecutors responsible for the detection, arrest, and prosecution of DWI drivers. Officers and Prosecutors selected to attend this training should be aware of the hazards caused by impaired drivers, motivated to arrest and prosecute impaired drivers, and their duty assignments will enable them to spend the time required to process DWI offenders.

Students applying to or scheduled to attend should be familiar with the extent of the drug impaired driving problem, must have successfully completed the basic Standardized Field Sobriety Testing course, and attended a recent SFST Refresher or Update course.

This course was not designed to be offered in a basic academy to new police recruits. This is an intermediate level course designed to offer more than a basic understanding of the impairing effects of drugs (Illicit and Licit), alcohol, and/or the combination of both.

## B. Curriculum Objectives

**Session one** deals specifically with Drugs, Drug Impaired Driving, and how it relates to Highway Safety. The session objectives are:

Explain the goals and objectives of this course

Identify the elements of the drug problem

Define and describe impaired driving enforcement programs

Understand the roles and responsibilities of the Drug Recognition Expert (DRE) and how this course supports the Drug Evaluation and Classification Program (DECP)

Define the term drug in the context of traffic safety and impaired driving enforcement as referenced in the DECP

**Session two** is a very detailed review of the Standardized Field Sobriety Tests including the foundational studies and the most recent validation studies. The session objectives are:

Understand the results of selected SFST validation studies

Define and describe the Standardized Field Sobriety Tests (SFSTs)

Define nystagmus and distinguish between the different types

Describe and properly administer the three SFSTs

Recognize, document and articulate the indicators and clues of the three SFSTs

Identify the limitations of the three SFSTs

**Session three** involves SFST Proficiency. The participant will be given two opportunities to pass the NHTSA/IACP Proficiency Examination. This Session Objectives are:

Demonstrate knowledge and proficiency in administering the Standardized Field Sobriety Test Battery.

**Session four** deals with physiology of the human body and how driving behavior is affected by the use of drugs. The session objectives are:

Describe, in general terms, the basic purpose and functions of selected major systems in the human body as they relate to observable signs.

Identify methods of ingestion and general effects of drugs.

Identify medical conditions which may mimic alcohol and drug impairment.

Identify the seven major drug categories as referenced in the DECP and the basis for dividing drugs into these specific groups.

**Session five** involves discussion of observation of eyes and other sobriety testing techniques used by law enforcement at roadside. The session objectives are:

Discuss Vertical Gaze Nystagmus: How to administer properly and describe what the results indicate.

Discuss Lack of Convergence: How to administer properly and describe what the results indicate.

Describe the difference in pupil size.

Discuss Modified Romberg Balance Test: How to administer properly and describe what the results indicate.

Explain the relationship between eye examinations and the seven categories

**Session six** involves a detailed description of the seven major drug categories and how they affect the human body and what an officer may observe with these drugs on board. The session objectives are:

Identify common drug names and terms associated with the Major Drug categories.

Identify the common methods of ingestion for each category.

Describe the general indicators of impairment associated with each category.

Describe conditions which may mimic the signs and symptoms associated with the each major drug category.

List the indicators which may emerge during the three phases of the DWI detection process (vehicle in motion, personal contact & pre-arrest screening) which may indicate the subject is under the influence of a drug(s).

**Session seven** involves the possible combinations of drugs that are most commonly seen by law enforcement and what the indicators of impairment may be. The session objectives are:

Describe the prevalence of drug and alcohol use (individually & in combination) as well as poly drug use

Define poly drug use

Articulate possible effects of poly drug use related to the general indicators of alcohol and drugs

**Session eight** involves Pre & Post Arrest procedures and how to prepare for the prosecution of the drug and alcohol impaired driver. The session objectives are:

Describe the three phases of the detection process: vehicle in motion, personal contact and pre-arrest screening

Describe effective roadside interview techniques

List the elements of the offence of DUID

Identify the indicators of impairment observed during the three phases of the detection process

Accurately document, in the proper event sequence order, observed impairment in each of the three phases of the detection process

Identify additional resources to support prosecution

Articulate relevant evidence as it relates to case preparation and prosecution

#### C. Subject Matter

This course encompasses information and techniques for addressing the drug and alcohol impaired driving problem. The following topics are discussed and/or delivered in detail throughout the entire curriculum:

Update of Standardized Field Sobriety Testing Battery.

How drug impaired driving affects our community.

SFST Proficiency Examination.

Drugs in the human body and the impairing effects they may have.

Seven categories of drugs identified by the DEC Program.

Additional sobriety tests that will provide an expanded knowledge of detection to law enforcement.

Provide an expanded knowledge of prosecuting drug impaired drivers to prosecutors and courts

#### D. Curriculum Package



## Introduction to the Drug Indicator Matrix

	CNS Depressants	CNS Stimulants	Hallucinogens	Dissociative Anesthetics	Narcotic Analgesics	Inhalants	Cannabis
HGN							
VGN							
Pupil Size							
Lack of Convergence							
General Indicators							
Ingestion Methods							
Overdose Signs							

# Session II Dry Lab Worksheet

SUBJECTS NAME: \_\_\_\_\_ OFFICER NAME: \_\_\_\_\_

Blindness: None <input type="checkbox"/> Right Eye <input type="checkbox"/> Left Eye <input type="checkbox"/>	Tracking: <input type="checkbox"/> Unequal <input type="checkbox"/>		Eyes: <input type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery	
Able to Follow Stimulus: <input type="checkbox"/> Yes <input type="checkbox"/> No	Eyelids: <input type="checkbox"/> Normal <input type="checkbox"/> Droopy			
<b>Lack of Smooth Pursuit</b>	<b>LEFT EYE</b>	<b>RIGHT EYE</b>	Vertical Nystagmus: <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>HGN CLUES OBSERVED</b>
Distinct and Sustained Nystagmus at Maximum Deviation			Corrective Lenses: <input type="checkbox"/> None <input type="checkbox"/> Glasses <b>Contacts:</b>	
Onset of Nystagmus prior to 45 degrees			Pupil Size: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal	

<b>WALK AND TURN</b>		Can Not Keep Balance: _____		
		Starts Too Soon: _____		
Improper Turn: (Describe)	Can Not Do Test: (Explain)	Stops Walking		
		Misses Heel-Toe		
		Steps Off Line		
		Raises Arms		
		Actual Steps		
<b>WAK AND TURN CLUES OBSERVED</b>				

ONE LEG STAND		
L	R	
<input type="checkbox"/>	<input type="checkbox"/>	Sways while balancing
<input type="checkbox"/>	<input type="checkbox"/>	Uses arms to balance
<input type="checkbox"/>	<input type="checkbox"/>	Hopping
<input type="checkbox"/>	<input type="checkbox"/>	Puts foot down

ARREST DECISION
DECISION TO ARREST
<input type="checkbox"/> YES
<input type="checkbox"/> NO
BAC:
<input type="checkbox"/> ABOVE 0.08
<input type="checkbox"/> BELOW 0.08

ONE LEG STAND CLUES OBSERVED

# Session III Proficiency Examination

## I. HORIZONTAL GAZE NYSTAGMUS

1<sup>st</sup> Attempt    2<sup>nd</sup> Attempt

- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1. Remove eyeglasses (if worn)   |
| _____ | _____ | 2. Stimulus held in proper position<br>(approximately 12"-15" from nose, just slightly above eye level)  |
| _____ | _____ | 3. Check for equal pupil size and resting nystagmus  |
| _____ | _____ | 4. Check for equal tracking  |
| _____ | _____ | 5. Smooth movement from center of nose to maximum deviation in approximately 2 seconds and then back across subject's face to maximum deviation in right eye, then back to center<br>Check left eye, then right eye (Repeat) |
| _____ | _____ | 6. Eye held at maximum deviation for a minimum of 4 seconds (no white showing)<br>Check left eye, then right eye (Repeat)  |
| _____ | _____ | 7. Eye moved slowly (approximately 4 seconds) from center to 45° angle<br>Check left eye, then right eye (Repeat)  |
| _____ | _____ | 8. Check for Vertical Gaze Nystagmus (Repeat)  |

## II. WALK-AND-TURN

1<sup>st</sup> Attempt    2<sup>nd</sup> Attempt

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. Instructions given from a safe position  |
| _____ | _____ | 2. Tells subject to place feet on a line in heel-to-toe manner (left foot behind right foot) with arms at sides and gives demonstration |
| _____ | _____ | 3. Tells subject not to begin test until instructed to do so and asks if subject understands  |
| _____ | _____ | 4. Tells subject to take nine heel-to-toe steps on the line and demonstrates  |
| _____ | _____ | 5. Explains and demonstrates turning procedure  |
| _____ | _____ | 6. Tells subject to return on the line taking nine heel-to-toe steps  |
| _____ | _____ | 7. Tells subject to count steps out loud  |

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 8. Tells subject to look at feet while walking      |
| _____ | _____ | 9. Tells subject not to raise arms from sides       |
| _____ | _____ | 10. Tells subject not to stop once they begin       |
| _____ | _____ | 11. Asks subject if all instructions are understood |

III. ONE-LEG STAND

1<sup>st</sup> Attempt    2<sup>nd</sup> Attempt

- |       |       |   |
|-------|-------|---|
| _____ | _____ | 1. Instructions given from a safe position  |
| _____ | _____ | 2. Tells subject to stand straight, place feet together, and hold arms at sides   |
| _____ | _____ | 3. Tells subject not to begin test until instructed to do so and asks if subject understands  |
| _____ | _____ | 4. Tells subject to raise one leg, either leg, approximately 6" from the ground, keeping raised foot parallel to the ground, and gives demonstration            |
| _____ | _____ | 5. Tells subject to keep both legs straight and to look at elevated foot  |
| _____ | _____ | 6. Tells subject to count out loud in the following manner: one thousand one, one thousand two, one thousand three, until told to stop, and gives demonstration |
| _____ | _____ | 7. Checks actual time subject holds leg up (Time for 30 sec)  |

First Attempt:                     Pass         Fail

Second Attempt:                 Pass         Fail

Course Location: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Instructor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# ARIDE Course Critique

Course Location:	
Criminal Justice Area:	Local Police    State Police    Prosecutor    Other
Name (Optional):	

In order to assess the effectiveness of the ARIDE course, it is important to obtain input from participants, like yourself, as to the course's content, its relevance to practice, and the instructors' effectiveness in delivering the course. Your help is needed so we can provide the best possible training. Please take a few minutes to answer the survey.

1. I was prepared for the SFST proficiency requirements associated with this course.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>				

Comments: \_\_\_\_\_  
\_\_\_\_\_

2. The specific information provided in the seven drug categories (signs and symptoms) was sufficient to effectively understand how different drugs may affect individuals especially while driving.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>				

Comments: \_\_\_\_\_  
\_\_\_\_\_

3. Based on the classroom content, I feel confident to conduct an effective roadside assessment of a suspected impaired driver.

Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
<input type="checkbox"/>				

If not, why? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

4. Based on the classroom content, I feel confident that I can identify general indicators associated with a suspected impaired driver.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

If not, why? \_\_\_\_\_

5. Overall, the ARIDE course provided me with information which is immediately applicable to my job.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

If not, why? \_\_\_\_\_

6. Upon completing the course, I can effectively communicate (in writing and in a courtroom setting) my observations associated with a driver who I suspect is impaired by alcohol, drugs or a combination of both.

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

Comments: \_\_\_\_\_

7. If one section of the ARIDE curriculum could be removed/abbreviated, it should be:

\_\_\_\_\_

8. If one section of the ARIDE curriculum could be expanded/emphasized, it should be:

\_\_\_\_\_

9. What information could be added to the ARIDE course to make it more applicable to your job?

\_\_\_\_\_

10. In regards to the course objectives, the length of the course (2-day or 16 hrs) was appropriate:

Strongly Agree  Agree  Neutral  Disagree  Strongly Disagree

Based on the information presented in this course, I am confident that I can perform each of the following as part of a roadside assessment of a driver suspected of being impaired by alcohol, drugs or a combination of both: **LAW ENFORCEMENT OFFICERS ONLY**

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
ARIDE Assessment					
Observe the vehicle in motion and document any appropriate indicators					
Interview the suspect and document any appropriate indicators					
Perform, interpret and document the <b>HGN Test</b>					
Perform, interpret and document the <b>VGN Test</b>					
Perform, interpret and document the <b>Lack of Convergence Test</b>					
Perform, interpret and document the <b>WAT Test</b>					
Perform, interpret and document the <b>OLS Test</b>					
Perform, interpret and document the <b>Modified Romberg Balance Test</b>					
Assess pupil size and understand the limitations of doing so at roadside					
Identify and document the general indicators of impairment caused by alcohol, drugs or a combination of both					
Use the General Indicator Matrix (HGN, VGN, LOC, pupil size, general indicators, duration of effects, methods of administration & overdose signs)					
Request appropriate toxicology (sample acquisition & submission)					
Effective use of a Drug Recognition Expert					
Articulate your observations and test interpretations in a courtroom setting					
Communicate with the prosecutor					

**Additional Comments:** \_\_\_\_\_

Based on the information presented in this course, I am confident that I can perform each of the following as part of a case related to a driver suspected of being impaired by alcohol, drugs or a combination of both: **PROSECUTORS ONLY**

ARIDE	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Understand procedures and documentation of appropriate indicators associated with <b>observing the vehicle in motion phase of the detection process</b>					
Understand procedures and documentation of appropriate indicators associated with the <b>personal contact phase of the detection process</b>					
Understand administrative, test and interpretation procedures as well as the documentation associated with the following:					
HGN Test					
VGN Test					
Lack of Convergence Test					
WAT Test					
OLS Test					
Modified Romberg Balance Test					
Understand assessment of pupil size at roadside and associated limitations					
Identify and document general indicators of impairment caused by alcohol, drugs or a combination of both					
Use of the General Indicator Matrix (HGN, VGN, LOC, pupil size, general indicators, duration of effects, methods of administration & overdose signs)					
Utilizing appropriate toxicology results (sample acquisition & submission)					
Effectively use officer interpretations and observations for case preparation and courtroom testimony					
Communicating with the law enforcement officer					
Effective use of a Drug Recognition Expert					
Communicating with toxicologist					

**Additional Comments:** \_\_\_\_\_

Instructors

Please rank the following instructors on a scale of 1 to 5 (1 = Poor and 5 = Excellent) or N/A if it does not apply to the instructor (1 = Poor and 5 = Excellent):

Instructor Name	Facilitated an atmosphere conducive to learning	Familiarity with the subject(s) presented	Presented information in a manner which met the needs of all students	Coaching ability in classroom & practical exercises	Ability to answer questions	Tactfulness in correcting mistakes in practical exercises	Overall rating of the instructor

Please use the below space if you have any additional comments.

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# Advanced Roadside Impaired Driving Enforcement (ARIDE)



# Session 1

## Introduction and Overview "Drugs and Highway Safety"



### *Welcoming Remarks*

***Welcome to the Advanced Roadside Impaired Driving Enforcement (ARIDE) course.***

### *Introductions - Representatives of Host Agencies and Other Dignitaries*

***Dignitary introductions and their welcoming remarks must be kept brief; no more than 10 minutes can be devoted to this.***

### *Faculty Introductions*

***Lead off instructors introduce the instructor faculty. State names, agency affiliations, and experience. Ask each instructor to stand as they are introduced.***

## Housekeeping

- Paperwork
- Mandatory attendance
- Breaks
- Facility
- Interruptions
  - All electronic devices off



### *Paperwork*

- ***Completion of registration forms, travel vouchers, etc.***

### *Attendance*

- ***Attendance is mandatory at all sessions of this course.***

### *Breaks*

- ***Time allotted for breaks and reconvening.***

### *Facility*

- ***Locations of restrooms, lunchrooms, etc.***

### *Interruptions*

- ***No texting or email monitoring. Turn off all electronic devices.***

## Participant Introductions

- Name
- Agency
- Affiliation
- Experience



***Whenever possible, the instructor should consider using creative and innovative icebreaking techniques.***

***At a minimum, instruct each Participant to stand and give their name, agency affiliation and experience.***

## Learning Objectives

- Explain course goals and objectives
- Define the term "drug"
- Highlight US drug problem issues
- Describe impaired driving programs
- Underscore connection to DECP
- Emphasize roles of the DRE



Upon completion of this session, the participant will be able to:

- Explain the goals and objectives of this course.
- Identify the elements of the drug problem.
- Define and describe impaired driving enforcement programs.
- Understand the roles and responsibilities of the Drug Recognition Expert (DRE) and how this course supports the Drug Evaluation and Classification Program (DECP).
- Define the term drug in the context of traffic safety and impaired driving enforcement as referenced in the DECP.

### Content Segments

- A. Describe the course to the class  
Goal of the course
- B. What is a drug?
- C. Statistics and research
  - US and other countries
  - General alcohol and drug use
  - Prevalence of impaired driving
- D. Impaired driving enforcement programs
- E. Roles and responsibilities of the DRE

### Learning Activities

- Instructor-Led Presentation

## Important Note

- This course is not intended to be a substitute for the Drug Evaluation and Classification Program
- This course will NOT qualify or certify the participant as a DRE



Many law enforcement officers are trained in Standardized Field Sobriety Testing (SFST) and use the skills gained in the course as part of their overall enforcement of (**Driving while Impaired DWI Laws**)

**This course is not developed to act as a substitute for the DEC program and will not qualify or certify an individual as a DRE.**

***Instructor Note: Place extreme emphasis on this point. This program is designed to work in conjunction with the DEC program.***

This course is intended to bridge the gap between the SFST and DRE course and to provide a level of awareness to the participants, both law enforcement and other criminal justice professionals, in the area of drug impairment in the context of traffic safety.

Based on that premise, the ARIDE course was developed with the following goals in mind.

## Overall Course Goal

**This course will train law enforcement officers to observe, identify and articulate the signs of impairment related to drugs, alcohol or a combination of both in order to reduce the number of impaired driving incidents, traffic fatalities and serious injuries.**



### **A. Course Goal**

This course will train law enforcement officers to observe, identify, and articulate the signs of impairment related to drugs, alcohol or a combination of both in order to reduce the number of impaired driving incidents, serious injury, and fatal crashes.

This course will train other criminal justice professionals (prosecutors, toxicologists, etc.) to:

1. Understand the signs of impairment related to drugs, alcohol, or a combination of both.
2. Enable them to effectively work with law enforcement in order to reduce the number of impaired driving incidents, serious injury, and fatal crashes.

## Background: High Visibility Enforcement Efforts

- **Left prosecutors behind in technology advances and training**
- **Overloaded criminal court system**
- **Delivered poorly developed cases for prosecution**
- **Drove criminal justice professionals to understand impaired driving detection process**



NHTSA has promoted high visibility enforcement efforts among law enforcement agencies. As a result of this effort, several things happened:

1. Prosecutors were left behind in technology advances and training
2. The criminal court system was overloaded
3. Delivered poorly developed cases for prosecution

Criminal justice professionals such as:

1. Prosecutors
2. Toxicologists
3. Probation and Parole Officers

Must also understand the impaired driving detection process in order to support enforcement efforts, which will increase the probability of successful prosecution and adjudication.

## Overall Course Objectives

- **Properly administer and articulate the SFSTs**
- **Describe the relationship of drugs to impaired driving incidents**
- **Observe, identify and articulate the observable signs of drug impairment**



In order to meet these goals, this course will train participants to:

- Demonstrate, articulate, and properly administer the SFSTs proficiently.
- Define and describe the relationship of drugs to impaired driving incidents.
- Observe, identify, and articulate the observable signs of drug impairment with the established seven drug categories associated with the DEC Program.

## Overall Course Objectives (Cont.)

- **Identify, document and describe indicators observed and information obtained related to impairment which leads to the arrest/release decision**
- **Articulate through testimony impairment related to alcohol, drugs, or a combination of both based on a complete investigation**



- Identify, document and describe indicators observed and information obtained related to impairment which leads to the arrest/release decision.
- Articulate, through testimony, impairment related to alcohol, drugs, or a combination of both based on a complete investigation.

This course is divided into sessions, which are designed to provide the participant with an overview of drug impaired driving.

## Course Sessions

- Introduction and overview of drugs and highway safety
- SFST update and proficiency exam
- Drugs in the human body
- Observations of eyes and other sobriety tests
- Drug categories and combinations
- Legal issues in impaired driver



1. Introduction and Overview of Drugs and Highway Safety
2. SFST Update and Review

**Note: See form in Session three of the participant manual.**

3. SFST Proficiency Exam
4. Drugs in the Human Body
5. Observation of the Eyes and Other Sobriety Tests for Impairment.
6. Seven Drug Categories
7. Effects of Drug Combinations
8. Pre and Post Arrest Procedures
9. Legal Issues Associated with Impaired Driving

The course is designed to serve as a bridge between SFST and DRE.

# What Happens when an Officer Comes in Contact with an Impaired Driver?



Often times officers come in contact with the drug impaired driver. There are many things that could be happening.

***Ask class to provide some examples before moving forward.***

The officer:

- Is unfamiliar with the indicators of drug impairment, therefore does nothing with the subject.
- Recognizes there is something wrong with the driver, but does not know how to address the issue.
- Allows subject to continue on their way.
- Drives the subject home or allows the subject to ride home with another individual.
- Is not familiar with the resources available to them.
- Officer recognizes indicators of impairment and arrests driver for DWI.

## ARIDE Prerequisites

- SFSTs review and update
- Pass SFST proficiency evaluation



In order for the participant to utilize the information presented in this course, NHTSA will require a prerequisite:

1. The participant will receive a short review and update for the SFSTs as part of Session II of this course.
2. After completing that session, the participant will be required to pass a SFST proficiency evaluation.
3. Failure to successfully complete the SFST proficiency will result in dismissal from the course.

***The participant will be given two opportunities to successfully complete the SFST proficiency; under no circumstance will the participant be allowed to complete the training without satisfactory completion of the proficiency examination.***

***Note: It is recommended that a different instructor administer the second SFST proficiency examination, if necessary.***

## What is a DRUG?

**Any substance that, when taken into the human body, can impair the ability of the person to operate a vehicle safely.**



### **B. What Is a Drug?**

There are many definitions for the word drug:

Charles Leviathan's text, *Drugs, Behavior and Modern Society*, offers a general definition: "a chemical substance that, when taken into the body, alters the structures or functioning of the body in some way, excluding those nutrients considered to be related to normal functioning."

***Note: It should be noted that each state may have specific criteria related to the definition of a drug. Participants should become familiar with their state's specific statutes in this area.***

NHTSA's impaired driving training programs require a more specific definition since the ultimate goal is to decrease impaired driving incidents, serious injury, and fatal crashes.

For the purpose of this course and subsequent courses (DEC):

A drug is defined as any substance that, when taken into the human body, can impair the ability of the person to operate a vehicle safely.

***Note: The participant will be required to restate this definition verbatim on the final exam.***

## 2012 National Survey Drug Use and Health (NSDUH)

- 131 million (52%) people consider themselves drinkers
- 6.7% consider themselves heavy drinkers
- 22.6 million people (8.9%) have used illicit drugs in the past month



### **C. Statistics and Research**

#### *Alcohol and Drug Use*

Social drinking is considered acceptable in many societies.

It is important to understand the use of alcohol in the context of society, since it is related to the enforcement and adjudication of DWI offenses.

The National Survey on Drug Use and Health (NSDUH) Survey reports that:

- 131 million (52%) people consider themselves drinkers
- 6.7% of this group describe themselves as heavy drinkers.
- 22.6 million people or 8.9% of the population have used illicit drugs in the past month.

***Note: This is a self reported survey. There are some issues that need to be discussed. For example: limitations of data collected.***

#### *2003 Research Survey*

- Although these statistics are significant, it is reasonable to assume that the problem is even larger when you consider legal or prescription drugs used in a manner other than for what they have been prescribed or produced.

When we look at drug use specifically, it is helpful to see the trends based on specific types of drugs.

## (NSDUH) Self-Reported Drug Use

- **17.4 million consider themselves current marijuana users**
- **60% only use marijuana**
- **17% use marijuana in combination with other drugs**
- **77% of current illicit drug users also use marijuana**



The following summarizes the usage information as reported by the NSDUH Survey 2012:

- 17.4 million people consider themselves current marijuana user
- 60% only use marijuana
- 17% use marijuana in combination with other drugs
- 77% of current illicit drug users also use marijuana.

NSDUH provides additional details on drugs used in a manner other than prescription:

***Note: Numbers are very conservative due to self reporting.***

## Types of Drugs Commonly Used

- Cocaine 2.3 M
- Hallucinogens 1.0 M
- Psychotherapeutics 6.3 M
- Pain Relievers 4.7 M
- Tranquilizers 1.8 M
- Stimulants 1.2 M
- Sedatives 0.3 M



<u>Type</u>	<u># of Users</u>
Cocaine	2.3 Million
Hallucinogens	1.0 Million
Psychotherapeutics	6.3 Million
Pain Relievers	4.7 Million
Tranquilizers	1.8 Million
Stimulants	1.2 Million
Sedatives	0.3 Million

## Driving Under the Influence

- **Males are twice as likely as females to drive under the influence of alcohol**
- **13.6% (32M) of people reported that they had driven at least once in the last year under the influence of alcohol**
- **5% (11M) of people reported that they drove under the influence of illicit drugs during the last year**



Understand the magnitude of the problem of individuals driving while impaired by drugs and alcohol.

***Ask class for examples specific to their state/locality?***

The surveys tells us:

1. Males are twice as likely as females to drive under the influence of alcohol.
2. Overall, 13.6% or more than 32 million people reported that they had driven at least once in the last year under the influence of alcohol.

That further translated into approximately 30% of minors (16-20 years of age) and 29% of those between the ages of 21 and 25 years.

5% (11m) of people reported that they drove under the influence of illicit drugs during the last year

## IACP/NHTSA Supported Impaired Driving Programs

- Training
  - SFST
  - DECP
  - Prosecuting the Impaired Driver
- Enforcement
  - Selective Traffic Enforcement Programs
- Prosecution/Judges
  - Traffic Resource Prosecutors
  - Judicial Education
- Media
- Evaluation



### D. Impaired Driving Enforcement Programs

IACP/NHTSA supports:

- Training
- Enforcement
- Prosecution
- Adjudication

**Note: NHTSA Supports: Selective Traffic Enforcement Program, (STEP) Grants, Crackdown support, Traffic Safety Resource Prosecutors (TSRP), Saturation Patrols, Sobriety Checkpoints, and Judicial Education.**

One of the most critical support activities NHTSA provides is TRAINING.

Some examples of law enforcement and justice professional training that NHTSA provides and supports are:

- SFST
- Advanced Roadside Impaired Driving Enforcement
- DECP
- Prosecuting the Drugged Driver
- Lethal Weapon
- Protecting Lives, Saving Futures

## SFST Course

- **Cornerstone for a system of impaired driving training and enforcement**
- **Foundation for ARIDE and DECP**
- **Should be part of all alcohol and drug impaired driving enforcement initiatives**



The DWI Detection and Standardized Field Sobriety Testing (SFST) Practitioner course provides:

- The cornerstone for a system of impaired driving training and enforcement.
- Proficiency in the SFST skills provides a foundation for this course , as well as the Drug Evaluation and Classification Program (DECP) .
- The SFST program should be part of all alcohol and drug impaired driving enforcement initiatives.

### **DWI Detection and Standardized Field Sobriety Testing**

The SFST Battery is a set of tests that include the following:

- Horizontal Gaze Nystagmus
- Walk and Turn
- One Leg Stand

These tests are designed to be administered and evaluated in a standardized manner to obtain validated indicators of impairment based on NHTSA supported research.

## Foundations of ARIDE

- **DWI Detection Process**
  - **Phase One: Vehicle in Motion**
  - **Phase Two: Personnel Contact**
  - **Phase Three: Pre-arrest Screening**
- **SFST Test Battery**
  - **Horizontal Gaze Nystagmus**
  - **Walk and Turn**
  - **One Leg Stand**

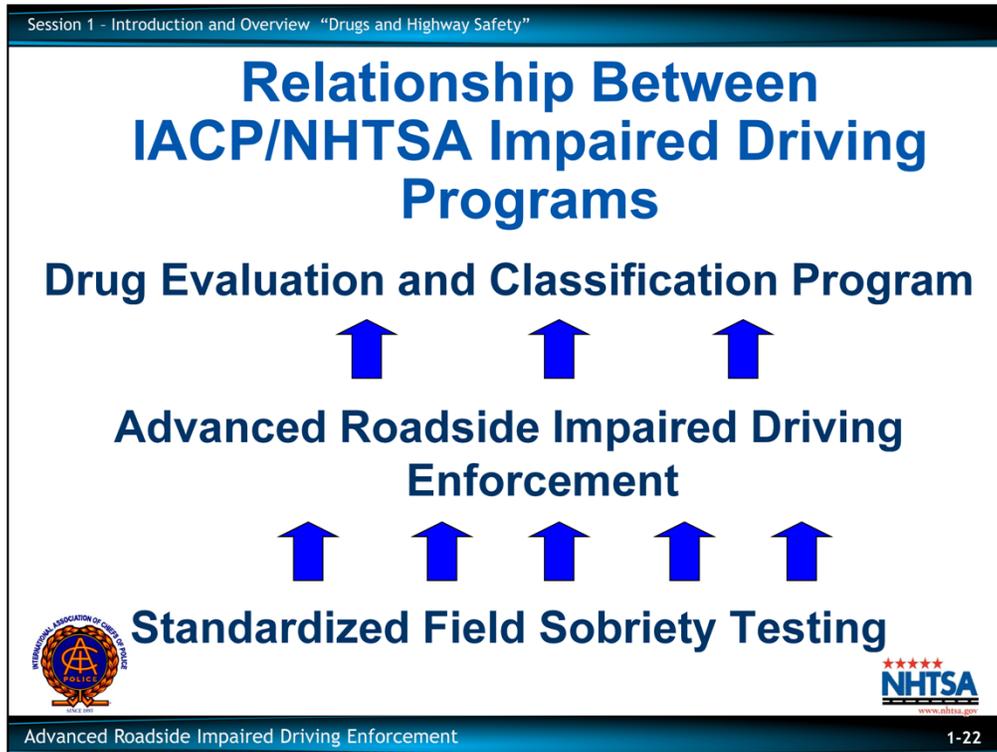


The SFSTs are part of the overall DWI detection process which includes three phases:

- Vehicle in motion
- Personal contact
- Pre-arrest screening

***Note: Throughout this course we will be discussing concepts related to these three phases.***

The SFST test battery serves as the foundation for impaired driving enforcement. It is critical that these tests be performed and interpreted properly.



### *Drug Evaluation and Classification Program*

**Ask the class if they are familiar with the DEC Program.  
Ask if they have any DEC trained officers in their agencies.**

The ultimate goal of the DEC Program is:

- To help prevent crashes and avoid deaths and injuries by improving enforcement of drug impaired driving violations.

The DRE officer is trained to:

- Conduct a detailed evaluation, consisting of twelve steps (12), and obtain other evidence that can be articulated as an opinion.

A participant who successfully completes all phases of the DEC Program is known as a Drug Recognition Expert or Drug Recognition Evaluator (DRE).

They can reach reasonably accurate conclusions concerning the category or categories of drug(s), or medical conditions causing the impairment observed in the subject.

Based on these informed conclusions, the DRE officer can request the collection and analysis of an appropriate biological sample (blood, urine, or saliva) to obtain corroborative, scientific evidence of the subject's drug use.

## Difference Between DECP and ARIDE

**DREs are required to:**

- **Complete 72 Hrs of classroom training**
- **Complete field certifications**
- **Pass comprehensive final knowledge examination**



### *Roles and Responsibilities of a Drug Recognition Expert*

To obtain a DRE Certification the law enforcement officer must:

1. Complete 72 hours of classroom training.
2. Complete field certifications.
3. Pass comprehensive final knowledge examination.

## Difference Between DECP and ARIDE (Cont.)

**DREs are required to:**

- **Maintain certification through continuing education**



In order to retain their certification, the DRE must:

1. Participate in continuing education courses.
2. Complete a recertification training course every two years.
3. Maintain a log of all evaluations completed in training and as part of any enforcement activities.
4. Meet other administrative requirements as established in the International Association of Chiefs of Police (IACP) International Standards governing the DEC program.

The State DEC Program state coordinators may place other standards on each DRE that is specific to that state.

## Bridging the Gap

- **ARIDE training will allow the participant to build on SFST skills and knowledge**
- **ARIDE will provide the participant with information which will assist them to identify the drug impaired driver**
- **ARIDE is designed to support the DEC Program**



### *The ARIDE Course*

The ARIDE program will allow the participant to build on the knowledge gained through their training and experience related to the SFSTs.

- Many law enforcement officers have encountered subjects who appear to be impaired by a substance other than alcohol, or seem to be displaying signs and symptoms which are inconsistent with their BAC test results.
- This course will provide additional information which can assist the officer in effective observation and interview techniques related to driving while impaired by alcohol, drugs, or a combination of both, and make an informed decision to arrest or not arrest a subject for impaired driving.

***Note: This sums up the responsibilities and duties of the ARIDE trained officer at the conclusion of this training course.***

## Bridging the Gap (Cont.)

- **ARIDE training will allow the participant to build on SFST skills and knowledge**
- **ARIDE will provide the participant with information which will assist them to identify the drug impaired driver**
- **ARIDE is designed to support the DEC Program**



This course will deliver knowledge and information that will help them better assess impaired drivers at roadside.

- This training and subsequent field experience will demonstrate the value of having a DRE on staff in an agency and may serve as motivation for the individual officers to attend a DRE course in the future.
- A subsequent result of this course will facilitate better utilization of DREs in the field.

The desired outcome of the training is:

- The participant will better understand the role of the DRE and will be able to use their expertise more effectively.
- For those communities with no DREs or limited access to their services, this course will help officers make informed decisions related to testing, documentation, and reporting drug-impaired driving cases.

# QUESTIONS?



# Session 2

## Standardized Field Sobriety Testing Review



## Learning Objectives

- Describe how to apply results of selected SFST validation studies
- Describe administrative procedures for the eye examinations
- Define nystagmus and distinguish between the different types
- Describe and administer the SFSTs
- Document SFST indicators and clues
- Identify SFST limitations



Upon successfully completing this session, the participant will be able to:

- Understand the results of selected SFST validation studies.
- Define and describe the Standardized Field Sobriety Tests (SFSTs).
- Define nystagmus and distinguish between the different types.
- Describe and properly administer the three SFSTs.
- Recognize, document and articulate the indicators and clues of the three SFSTs.
- Identify the limitations of the three SFSTs

### Content Segments

- A. SFST Validation Studies
- B. Overview of Selected Types of Nystagmus Standardized Field Sobriety Tests
- C. Horizontal Gaze Nystagmus
- D. Practice HGN
- E. Walk-and-Turn
- F. Practice Walk-and-Turn
- G. One-Leg Stand
- H. Practice One-Leg Stand

### Learning Activities

- Instructor-Led Presentation
- Instructor-Led Presentation
- Instructor-Led Presentation and Demonstration
- Participant Practice Session
- Instructor-Led Presentation and Demonstration
- participant Practice Session
- Instructor-Led Presentation and Demonstration
- Participant Practice Session

## Overview of Original SFST Validation Studies

- California 1977 (Lab)
- California 1981 (Lab and Field)
- Maryland, DC, NC 1983 (Field)



### **A. Overview of the SFST Validation Studies**

For many years law enforcement officers have utilized field sobriety tests to determine a subject's impairment due to alcohol.

The performance of the subject on those field sobriety tests was used by the officer to develop probable cause for arrest and as evidence in court.

NOTE: This may not seem important, but officers are seeing this in court as a defense strategy.

A wide variety of field sobriety tests were being used by officers throughout the country. There was a need to develop a battery of standardized, validated tests. NHTSA sponsored several research projects conducted through a contract with the Southern California Research Institute (SCRI). SCRI published the following three reports:

- California 1977 (Lab)
- California 1981 (Lab and Field)
- Maryland, DC, NC 1983 (Field)

Primary distinction (Validated at 0.10 BAC)

The recommended battery included the following SFSTs:

- Horizontal Gaze Nystagmus (HGN)
- Walk-and-Turn (WAT)
- One-Leg Stand (OLS)

## Original SCRI SFST Reliability

- HGN 77%
- WAT 68%
- OLS 65%



Southern California Research Institute (SCRI) SCRI analyzed the laboratory test data and determined that:

- HGN, alone, was 77% accurate
- WAT, alone, was 68% accurate
- OLS, alone, was 65% accurate

***Point out that the percentages were from the original research completed by SCRI***

Session 2 - Standardized Field Sobriety Testing Review

## Field Validation Studies

- Colorado (1995)
- Florida (1997)
- San Diego (1998)



Advanced Roadside Impaired Driving Enforcement 2-5

Additional research studies conducted to validate the 3-test battery at 0.08 BAC.

Three SFST field validation studies were:

- Colorado (1995)
- Florida (1997)
- San Diego (1998)

**Note: Keep in mind that when these studies were conducted not all states had 0.08 BAC as their Per Se limit.**

The Colorado SFST validation study was the first full field study that utilized law enforcement personnel experienced in the administration of SFSTs.

## Difference in Results

- **Conducted in the field with officers experienced in DWI detection and SFST**
- **Colorado - 93%**
- **Florida – 95% at 0.08% BAC**
- **San Diego – 91% at 0.08% BAC**
  - **HGN “Most Reliable” field sobriety test**



The results of this study indicated that correct arrests decisions were made:

- 93% of the time based on the 3-test battery (HGN, WAT, OLS)
- The Florida SFST Field Validation study was undertaken in order to answer the question of whether SFSTs are valid and reliable indices of the presence of alcohol when used under present day traffic and law enforcement conditions.
- Correct decisions to arrest were made 95% of the time based on the 3-test battery (HGN, WAT, OLS).

The San Diego SFST validation field study was undertaken because of the nationwide trend towards lowering the BAC limits to 0.08.

The research was done to investigate how well the SFSTs discriminate at BACs below 0.10. Based on the revised arrest and release criteria the officers in the study made correct decisions 91% of the time based on the 3-test battery (HGN, WAT, OLS) at the 0.08 BAC level and above.

## Correct Arrest Decision

**Made when an officer, after completing the third phase of the detection process:**

- **Decides to arrest an individual and that individual tested above the illegal per se limit**
- **Decides to release an individual who is below the illegal per se limit**



In order to understand the results of the research studies discussed in this course, it is important to define what is meant by a correct arrest decision.

A correct arrest decision is made when an officer, after completing the third phase of the detection process:

- Decides to arrest an individual and that individual tested above the illegal per se limit.
- Decides to release an individual who is below the illegal per se limit.

## Correct Decision

	Arrested Subject	Did Not Arrest Subject
Above Illegal Per Se Limit	<p>I Officer decided to arrest the subject <u>and</u> their BAC was <u>above</u> the illegal per se limit</p>	<p>II Officer decided <u>not</u> to arrest the subject and their BAC was <u>above</u> the illegal per se limit</p>
Below Illegal Per Se Limit	<p>III Officer decided to arrest the subject <u>but</u> their BAC was <u>below</u> the illegal per se limit</p>	<p>IV Officer decided <u>not</u> to arrest the subject and their BAC was <u>below</u> the illegal per se limit</p>



**Note: The chart and arrest decision data is from the Colorado study.**

- There are four quadrants, each representing a different decision.
- The quadrants (I and IV), shaded in gray, represent a correct arrest decision.
- The remaining individuals, incorrect arrest decisions, fall into two other categories.

## Reasons for Incorrect Decisions

- **Arrested and under specified BAC**
  - Exhibited indicators for impairment
  - May have not been selected in the field
- **Not arrested, but over specified BAC**
  - Subjects had higher alcohol tolerance
  - Did not exhibit indicators consistent with specified BAC



The first group was not arrested, but tested above the illegal per se limit, (quadrant II). The reason for no arrest decision:

- (Approximately 33%) of these individuals were considered alcohol-tolerant and performed well on the SFSTs even though their BACs were above the illegal per se limit.

The members of second group were arrested, but their BAC was below the illegal per se limit. Many states stipulate in their statute that a driver is considered DWI if they are:

- Above the illegal per se limit.
- Lacking the normal use of their mental or physical faculties.

Even though the arrests in quadrant III may be legally justifiable according to an individual state's statute, these decisions are recorded as errors in the research based on the procedures outlined in the study.

It is important for the officer who is trained in SFST to prepare themselves to understand and explain these statistics in layman terms in order to effectively articulate them to a jury in a courtroom. Note: If you do not know the answer to a defense question you can say, "I DON'T KNOW." Do not testify to something you are not sure of.

## Validation Study Exercise



***Practical Exercise: Instructor, ask for volunteers in the class to articulate these studies.***

***(Exercise)Ask the following question: “According to the original validation studies, is it true that 77 percent of the time HGN is accurate”? Let the participants answer.***

***Answer: That means that 23 percent of the time the test is incorrect and you are arresting subjects that should not be arrested.***

***There should be a prosecutor in the classroom to assist with this exercise. This series should be asked as a defense attorney would.***

# Nystagmus

**Nystagmus is defined as the involuntary jerking of the eyes.**



**Nystagmus** is the involuntary jerking of the eyes.

Horizontal Gaze Nystagmus is defined as the involuntary jerky of the eyes, as the eyes gaze to the side.

There are over 40 different types of nystagmus, but during this course we will focus on two types of nystagmus:

- Horizontal gaze nystagmus (HGN)
- Vertical gaze nystagmus (VGN)

The ability to recognize horizontal and vertical gaze nystagmus are important tools in impaired driving enforcement.

Alcohol and certain other drugs have been shown, through research, to cause horizontal and vertical gaze nystagmus, which is visible without the aide of specialized instrumentation.

## Categories of Nystagmus

- **Vestibular**
- **Pathological**
- **Neural**
  - Gazed evoked neural nystagmus



### **B. Overview of Selected Types of Nystagmus**

Vestibular Nystagmus. Caused by movement or action to the vestibular system that can occur when an individual is spun around and the fluid in the inner ear is disturbed or there is a change in the fluid (temperature, foreign substance, etc.).

Pathological Nystagmus. Caused by the presence of specific pathological disorder, which include brain tumors, other brain damage, or some diseases of the inner ear.

Neural Nystagmus. Caused by some disturbance to the neural system.

There are over 40 different types of nystagmus.

**Note: In this course we will only be concerned with gazed evoked neural nystagmus.**

This type of nystagmus occurs when the eye focuses on an object as they gaze towards the side.

Alcohol and/or specific types of drugs can cause these three types of nystagmus to be visible to the officer during the proper administration of the HGN and VGN tests.

## Gaze Nystagmus

- **Resting Nystagmus**
  - Occurs as the eyes gaze straight ahead
- **Horizontal Gaze Nystagmus (HGN)**
  - Occurs as the eyes move to the side
  - Useful in determining alcohol influence as well as some drug categories
- **Vertical Gaze Nystagmus (VGN)**
  - Occurs as the eyes move upward (vertical plane) to an elevated position as far as they can go
  - Associated with a high doses of alcohol and some drug categories for that individual
  - Drug categories which cause VGN also cause HGN



### *Gaze Nystagmus*

Resting Nystagmus is defined as the involuntary jerking of the eyes as they gaze straight ahead. This condition is not frequently observed. Its presence may indicate Dissociative Anesthetic usage, high levels of an impairing substance for that individual or some other medical problem. If detected, take precautions. As always, exercise sound officer safety techniques and consider calling for medical aid. Note: These are known as DID drugs.

During this course we will focus on two types of nystagmus:

- Horizontal gaze nystagmus (HGN)
- Vertical gaze nystagmus (VGN)

## Horizontal Gaze Nystagmus (HGN)



### **C. Horizontal Gaze Nystagmus**

Horizontal Gaze Nystagmus is defined as the involuntary jerking of the eyes as they gaze toward the side. (As defined in the March 2013 revision of the SFST curriculum.)

Although this type of nystagmus is useful in determining alcohol influence, its presence may also indicate use of Dissociative Anesthetics, Inhalants, and other CNS Depressants (DID drugs).

HGN becomes observable:

- When a subject is impaired by alcohol
- As the subject's BAC increases the jerking will appear sooner.
- When an individual is impaired by DID drugs.

In administering the HGN test the subject must focus on a stimulus. This stimulus can be the tip of a pen or similar object that contrasts with the background.

***Ask the class to give examples of a good stimulus.***

**Note: Follow your local policy or recommendations when selecting a stimulus.**

## Administrative Procedures:

- **Eyeglasses/Contacts**
  - Have the subject remove glasses.
  - It is recommended to note if contacts are worn, especially colored contacts
- **Verbal Instructions**
  - Stand with feet together
  - Hands to the sides
  - Keep head still
  - Follow with eyes only



**Initiating the HGN Test.** Begin the test by positioning the subject in a manner that is deemed safe by the officer and safe for the subject being tested. The subject should be turned away from emergency lights. Take care as to not interfere with subject's ability to fixate on stimulus.

***Instructor: Give examples of why this situation would occur. The ultimate reason for repositioning the suspect is for officer safety, second is to obtain the best possible position to observe the HGN Clues.***

Ask the subject to:

- Remove glasses. (Note if subject wears contacts, especially colored contacts);
- Place feet together;
- Put hands at their side;
- Look straight ahead;
- Keep head still; and
- Follow stimulus with eyes only.

It is suggested to give the subject the following verbal instructions:

"I am going to check your eyes."

"Keep your head still and follow the stimulus with your eyes only."

"Keep your eyes on the stimulus until I tell you to stop."

## Administrative Procedures (Cont.)

**Beginning with subject's left eye check:**

- **Equal tracking, equal pupil size, resting nystagmus**
- **Lack of smooth pursuit**
- **Distinct and Sustained nystagmus at maximum deviation.**
- **Onset of nystagmus prior to 45 degrees.**

**Total the clues**



Position the stimulus approximately 12 to 15 inches from the face in front of the suspect's nose and hold it slightly above eye level.

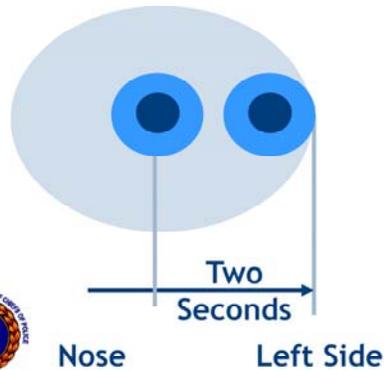
- Check both eyes for equal pupil size and resting nystagmus. Both pupils should be of equal size and there should not be any noticeable nystagmus.
- Take notice if the pupils are noticeably unequal in size or there is noticeable nystagmus at rest. This could be indicative of a medical condition or a head injury.

Check both eyes for equal tracking by making a rapid horizontal pass across both eyes.

- The speed of the stimulus should be approximately the same speed as checking for lack of smooth pursuit.
- Both eyes should track the stimulus together.
- If the eyes fail to track together, this could be the indication of a possible medical disorder, injury or blindness.

## Three Clues of Horizontal Gaze Nystagmus

### 1. Lack of Smooth Pursuit



- Move the stimulus to the person's left
- It should take approximately 2 seconds to bring it to the side
- Check the other eye at the same speed
- Repeat



### *Lack of Smooth Pursuit (LOSP)*

#### **Reference PowerPoint graphic illustration**

- LOSP occurs when the eyes jerk or bounce as they follow a smoothly moving stimulus.
- Check the subject's left eye first.
- Move the stimulus smoothly, at a speed that requires approximately two seconds to bring the subject's eye as far to the side as it can go.
- Carefully watch the subject's left eye and determine if it is able to pursue smoothly.
- Move the stimulus all the way to the left, back across the subject's face and check the right eye at the same speed.
- Movement of the stimulus should take approximately two seconds to move from the center of the subject's face to the shoulder on the left side.
- Approximately two seconds to get back to the center then.
- Approximately two seconds to move from the center of the subject's face to the shoulder on the right side.
- Then approximately two seconds to return to the center of the subject's face to end the first pass.
- Repeat the procedure until each eye has been checked twice.

The stimulus should be moved in a smooth manner to best observe the eyes in motion.

The two-second timing is provided based on how the eye should follow the stimulus if the individual is not impaired by alcohol and/or other drugs.

## Clue Number 1



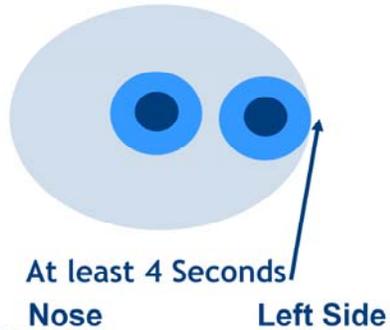
Video - Lack of Smooth Pursuit



***Reference PowerPoint video demonstration – Click picture to start demo.***

## Three Clues of Horizontal Gaze Nystagmus

### 2. Distinct and Sustained Nystagmus at Maximum Deviation



- Move the stimulus to the person's left
- Hold the stimulus at the corner of the eye (no white showing) for at least 4 seconds
- Check the other eye and hold for same length
- Repeat



### *Distinct and Sustained Nystagmus at Maximum Deviation*

- At extreme lateral gaze, also known as the endpoint or maximum deviation, the nystagmus is distinct and sustained when the stimulus is held for a minimum of 4 seconds.
- Start again with the individual's left eye.
- Move the stimulus to the individual's left side until there is no more white of the eye visible.
- The eye should not be able to move any further on the horizontal plane.
- Hold the left eye in that position for a minimum of four (4) seconds and not more than 30 seconds.
- Observe the eye for distinct and sustained nystagmus while being held in this position.
- Move the stimulus all the way to the left, back across the individual's face and check the right eye.
- Repeat the procedure until each eye has been checked twice.

## Clue Number 2



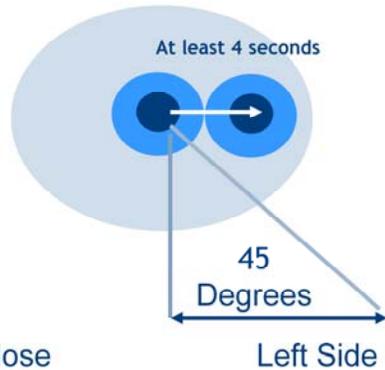
**Video - Distinct and Sustained Nystagmus  
at Maximum Deviation**



***Reference PowerPoint video presentation – Click on picture to start video.***

## Three Clues of Horizontal Gaze Nystagmus

### 3. Onset of Nystagmus Prior to 45 Degrees



- **Slowly (at least 4 seconds) move the stimulus to the person's left**
- **If nystagmus is observed, hold the stimulus to verify**
- **Check the other eye and hold for same length**
- **Repeat**



#### *Onset of Nystagmus Prior to 45 degrees*

- Start again with the individual's left eye
- Move the stimulus at a speed that would take approximately four seconds to reach the 45 degree angle.
- Watch the eye carefully for any sign of jerking.
- If jerking is observed, hold the stimulus at that position and verify the nystagmus is distinct and sustained (i.e. continuous).
- Move the stimulus all the way to the left, back across the individual's face and check the right eye.
- Repeat the procedure until each eye has been checked twice.

## Clue Number 3



Video - Onset of Nystagmus  
Prior to 45 Degrees



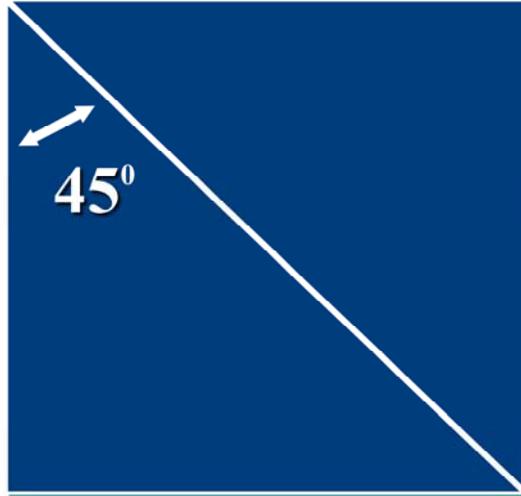
***Reference PowerPoint video demonstration – Click on picture to start video***

## HGN Onset of Nystagmus Prior to 45 Degrees



*Onset of nystagmus Prior to 45 degrees*

# 45 Degree Template



*45 Degree Template*

## Three Clues of Horizontal Gaze Nystagmus:

- Lack of smooth pursuit
- Distinct and Sustained nystagmus at maximum deviation
- Onset of nystagmus prior to 45 degrees



### *Three Clues of Horizontal Gaze Nystagmus*

- Lack of smooth pursuit
- Distinct and Sustained nystagmus at maximum deviation
- Onset of nystagmus prior to 45 degrees

## Horizontal Gaze Nystagmus Indications

- **Six maximum clues**
- **Maximum three clues per eye**
- **77% accurate detecting subjects  $\geq 0.10$  BAC**



HGN Test Criterion. 4 or more clues indicates BAC at or above 0.10 - 77% reliable (1977 original SCRI study) sponsored by NHTSA.

## Vertical Nystagmus

- **Move the stimulus vertically**
- **Raise the stimulus until the individual's eyes are elevated as far as possible and hold for at least four seconds**
- **Repeat**



### *Vertical Nystagmus*

- Start with the stimulus approximately 12-15 inches from the face in front of the nose.
- Elevate the stimulus up until the eyes can not elevate further.
- Hold the stimulus in that position for a minimum 4 seconds.
- If vertical nystagmus is present it must be distinct and sustained (i.e. continuous).

## Vertical Gaze Nystagmus



Video – Vertical Gaze Nystagmus



***Reference PowerPoint video demonstration – Click on the picture to start the video***

## Test Interpretation

### Three clues in each eye:

- 1) Lack of Smooth Pursuit
- 2) Distinct and Sustained Nystagmus at Maximum Deviation
- 3) Onset of Nystagmus Prior to 45 Degrees



### D. Practice HGN

***The scoring handout should be disseminated at this time. Located in the Administrative Guide.***

#### *Test Interpretation*

There are three clues in each eye. Six total clues.

#### 1) Lack of Smooth Pursuit

- Present
- Not present
- If present, it accounts for 2 clues, one in each eye

#### 2) Distinct and sustained nystagmus at maximum deviation

- Present
- Not present
- If present, it accounts for 2 clues, one in each eye

#### 3) Onset of nystagmus prior to 45 degrees

The more impaired a person becomes the sooner the onset of nystagmus is observed.

**Note: It is important to hold the eye in this position for a minimum of four (4) seconds.**

This jerking must be distinct and sustained.

- Present
- Not present
- If present, it accounts for 2 clues, one in each eye

## Documenting HGN Clues

- **When applicable always document clues of impairment as you conduct the roadside tests**
- **Keep officer safety in mind during documentation**
- **Use forms that follow NHTSA/IACP manuals**



### *Documenting the HGN Clues*

The HGN test has been researched and found to be a reliable indicator of impairment with subjects at or above 0.08 BAC.

Based on the 1998 San Diego field validation study, if four or more clues are observed, it is likely that the subject's BAC is at or above 0.08. If two or three clues are observed, it is likely that the subject's BAC is at or above 0.04 but under 0.08.

When applicable you should always document the clues of impairment as you are conducting the roadside tests. Make sure that you keep officer safety in mind when documenting these clues.

Each jurisdiction has come up with techniques and forms to record the results. As long as these forms follow the NHTSA/IACP manuals, they may be used. Listed in your manual is only one example that could be used.

**Note: Accurately document everything associated with the DWI arrest, from the time of observation through the post arrest processing.**

## The HGN Test Demonstrated



### *Horizontal Gaze Nystagmus (HGN)*

Clue #1 – Lack of smooth pursuit.

Clue #2 – Distinct and sustained Nystagmus at maximum deviation.

Clue #3 – Angle of Onset

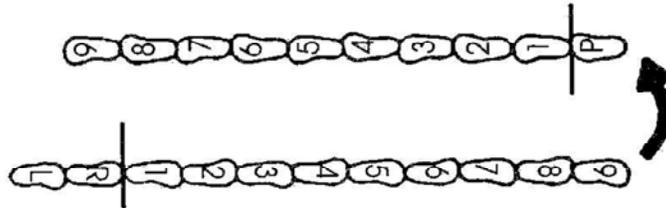
***Point out if the subject's eyes begin to jerk before they have moved to the 30 degree angle, the DRE will not attempt to estimate the angle precisely, but will simply record that the subject exhibits "immediate onset."***

# Walk and Turn



# Walk and Turn

(Divided Attention Test - Mental Task and Physical Task)



1. Instruction Stage
2. Walking Stage



## E. Walk and Turn Test

The Walk-and-Turn (WAT) test is divided into two stages:

1. Instruction Stage
2. Walking Stage

### *Instruction Stage*

- Stand heel-to-toe with arms at their sides.
- Divided attention, listening to and remembering instructions.

### *Walking Stage*

- Balancing, walking heel-to-toe, and turning.
- Small muscle control, counting out loud, and short-term memory, recalling the number of steps required, turning as instructed, and counting correctly.

## Safety Precautions

- **Keep subject to your left during demonstrations**
- **Never turn back on suspect**
- **Be aware of surroundings**



### *Officer safety precautions*

- Keep subject on your left during demonstration
- Never turn your back on a suspect
- Be aware of surroundings

***Emphasize that the officer should not turn his/her back to the subject for safety reasons.***

## Walk and Turn Test



**Write “Walk and Turn” on the dry erase board or flip-chart.**

**It is suggested a visible line be placed on the floor for use during the demonstration.**

Walk and Turn is the second divided attention test administered during the drug influence evaluation.

The test is administered the same way that we have used it for Standardized Field Sobriety Testing purposes.

- Monitor the practice and offer coaching and constructive criticism, as appropriate.
- Review of Walk and Turn administrative procedures.

The test has two stages: the instructions stage and the walking stage.

- During the instructions stage the subject must stand heel-to-toe, with the right foot ahead of the left foot with the heel of the right foot against the toe of the left foot, and keeping the arms at the sides.
- Demonstrate the stance that the subject must maintain during the instructions stage. If the subject fails to maintain the starting position during your instructions, discontinue the instructions and direct the subject back to the starting position before continuing.
- The subject is told to not start walking until told to do so.
- The subject must be told to take nine heel-to-toe steps on the line, to turn around keeping the front or lead foot on the line and to turn by taking a series of small steps with the other foot, and to return nine heel-to-toe steps down the line.

## Walk and Turn Test Diagram

Walk And Turn Test		Cannot keep balance _____																		
		Starts too soon _____																		
Describe Turn		<table border="1"> <thead> <tr> <th></th> <th>1st Nine</th> <th>2nd Nine</th> </tr> </thead> <tbody> <tr> <td>Stops Walking</td> <td></td> <td></td> </tr> <tr> <td>Misses Heel-Toe</td> <td></td> <td></td> </tr> <tr> <td>Steps Off Line</td> <td></td> <td></td> </tr> <tr> <td>Raises Arms</td> <td></td> <td></td> </tr> <tr> <td>Actual Steps Taken</td> <td></td> <td></td> </tr> </tbody> </table>		1st Nine	2nd Nine	Stops Walking			Misses Heel-Toe			Steps Off Line			Raises Arms			Actual Steps Taken		
			1st Nine	2nd Nine																
Stops Walking																				
Misses Heel-Toe																				
Steps Off Line																				
Raises Arms																				
Actual Steps Taken																				
		Cannot Do Test (explain)																		



***Demonstrate how the steps are taken, counting out loud and demonstrating the turn. Emphasize that the DRE should not turn his/her back to the subject for safety reasons.***

***You must demonstrate several heel-to-toe steps, and you must demonstrate the turn.***

- The subject must be told to watch his or her feet while walking, and to count the steps out loud.
- The subject must be told to keep their arms at the sides at all times.
- The subject must be told not to stop walking until the test is completed.
- The subject should be asked if he/she understands the instructions.
- Once the subject acknowledges his/her understanding of the instructions, instruct the subject to begin the test.
- If the subject stops or fails to count out loud or watch his/her feet, remind him/her to perform these tasks. This interruption will not affect the validity of the test and is essential for evaluating divided attention.

***Advise the participants that there may be instances when the subject may have to be reminded that the first step from the heel-to-toe position is step one.***

## Walk and Turn Test Clues

1. Can't balance during instructions (breaks heel/toe)
2. Starts too soon
3. Stops while walking
4. Doesn't touch heel to toe



Look for the following clues each time the Walk-and-Turn test is administered.

1. Cannot keep balance while listening to the instructions.
  - a. Record this clue if the individual does not maintain the heel-to-toe position throughout the instructions.
  - b. Do not record this clue if the suspect sways or uses the arms to balance but maintains the heel-to-toe position.

**Note: Feet must actually break apart.**

2. Starts too soon, before the instructions are finished.
  - a. Since you specifically instructed the suspect not to start walking "until I tell you to begin," record this clue if the individual starts walking before told to do so.
3. Stops while walking.
  - a. The individual pauses for several seconds. Do not record this clue if the individual is merely walking slowly.
4. Does not touch heel-to-toe. The individual leaves a space of more than one-half inch between the heel and toe on any step.

## Walk and Turn Test Clues (Cont.)

5. Steps off the line
6. Uses arms for balance
7. Improper turn (or loses balance on turn)
8. Wrong number of steps

**Note:** If suspect can't do the test, record clues that were observed, and note why test was not completed



5. Steps off the line. The individual steps so that one foot is entirely off the line.
6. Uses arms to balance. The individual raises one or both arms more than 6 inches from the sides in order to maintain balance.
7. Improper turn. The individual removes the front foot from the line while turning. Also record this clue if the individual has not followed directions as instructed, i.e., spins or pivots around.

**Instructor Note:** *There may be times when the suspect takes a wrong number of steps or begins the heel-to-toe walk with the wrong foot resulting in a turn on the right foot instead of the left. If this occurs the suspect would normally be assessed a clue for an incorrect number of steps and not assessed a clue for an improper turn if the turn was made using a series of small steps as instructed and the suspect did not lose his/her balance while attempting the turn.”;*

**This scoring is consistent with the original research and training conducted the Southern California Research Institute and with the administration and scoring of the Walk and Turn test in the San Diego Field Study.**

8. Incorrect number of steps. Record if the individual takes more or fewer than nine steps in either direction.

**Note:** If a subject is unable to complete the test he/she will be held accountable for only the clues that were demonstrated.

## Documenting the Walk and Turn Test Clues

- **Note clue by placing a slash on assessment form**
- **Considerations:**
  - **Straight line**
  - **Dry, hard, level, non-slippery surface**
  - **Room for nine heel-to-toe steps**



### *Documenting the Walk and Turn Clues*

Each clue is noted by placing a slash in the appropriate place on the assessment form. For example: If the individual raised their arms twice and stepped off the line three times, they would be considered to have demonstrated “two” clues.

It is a good practice to use an assessment form that documents the administrative procedures.

### *Considerations*

Walk-and-Turn test requires a real or imaginary straight line, and should be conducted on a reasonably dry, hard, level, non-slippery surface. There should be sufficient room for individuals to complete nine heel-to-toe steps.

### Notes:

- However, recent field validation studies have indicated that varying environmental conditions have not affected a subject’s ability to perform this test.
- The original research indicated that subject’s over 65 years of age may have difficulty performing this test.
- Individuals wearing heels more than 2 inches high should be given the opportunity to remove their shoes.

**\*\*PRACTICAL EXERCISE\*\***

### **G. Practice Walk and Turn**

***The scoring handout should be disseminated at this time. Located in the Administrative Guide.***

Session 2 - Standardized Field Sobriety Testing Review

## Walk and Turn Test Criterion

**2 or more clues indicates BAC  
at or above 0.08 (79% accurate)**



Advanced Roadside Impaired Driving Enforcement 2-40

***Cue the Dry Lab workshop tapes to the beginning of tests for one subject. This subject should be used to demonstrate the tests throughout this section.***

***Show only the Walk and Turn Session of the video. Stop the tape when the WAT is complete.***

Based on recent research, if the subject exhibits two or more clues on this test or fails to complete it, classify the subject's BAC as at or above 0.08. Using this criterion, you will be able to accurately classify 79% of your subjects.

***This accuracy level was determined through the San Diego Study ("Validation of the Standardized Field Sobriety Test Battery at BACs Below 0.10 Percent").***

# The Walk and Turn Demonstrated



***Solicit questions regarding the Walk and Turn test.***

# One Leg Stand

## Divided Attention Test

### Mental Task and Physical Task

1. Instruction Stage
2. Balance and Counting Stage



## **F. One Leg Stand**

The One-Leg Stand (OLS) test is divided into two stages:

1. Instructional stage
2. Balancing and counting

*Instructional Stage:*

1. Balancing and Counting
2. Listening to instructions

*The Balancing Stage:*

1. Balancing
2. Short-term memory

## Administrative Procedures

### Instruction Stage:

- Stand straight, feet together
- Keep arms at sides
- Maintain position until told otherwise
- DO YOU UNDERSTAND?



### *Administrative Procedures*

1. Initial positioning and verbal instructions

***Point out that it is recommended to give the following verbal instructions:***

2. “Stand with your feet together and your arms down at your sides.”
3. “Remain in this position and do not begin until I tell you to do so.”
4. “Do you understand the instructions so far?”

**Note: Make sure subject verbally acknowledges understanding.**

## Administrative Procedures (Cont.)

### Balance and Counting Stage:

- Raise one leg, either leg
- Keep raised foot approximately six inches off the ground, foot parallel to the ground
- Keep both legs straight
- Keep eyes on elevated foot
- Count out loud in the following manner: 1001, 1002, 1003, and so on, until told to stop.



**Note: It is important for the officer to time 30 seconds for the test**



### *Instructions for the Balancing and Counting Stage*

Two instructors should be used for this demonstration, one as the “subject” and the other as the examiner.

- The test has two stages, the instructions stage and the balance and counting stage.
- During the instructions stage, the subject must stand with the feet together, arms at the side, facing the examiner.
- Demonstrate the stance that the “subject” is required to maintain.
- The subject must be told that they will have to stand on the left foot, and raise the right foot approximately 6 inches off the ground, with the right leg held straight and the raised foot parallel to the ground.
- The examiner must demonstrate the one-leg stance.
- Emphasize that the subject must maintain the foot elevation throughout the test.
- If the subject lowers his/her foot, he/she should be instructed to raise it.
- The subject must be told that they must look at the elevated foot during the test.
- Emphasize that the examiner should not look at his or her own foot while giving the instructions; for safety reasons, the examiner must keep the eyes on the subject at all times.
- The subject must be told that they will have to count out loud in the following manner: “one thousand one, one thousand two, one thousand three” and so on until told to stop.
- After giving the instructions, the examiner should ask the “subject” if they understand.
- Note: If the subject puts the foot down, remind the subject to pick the foot up again and continue counting from the point at which the foot touched.

## One Leg Stand Test Evaluation

1. Puts foot down
2. Uses arms to balance
3. Sways while balancing
4. Hopping

**Note: If suspect can't do the test, record clues that were observed, and note why test was not completed.**



### *Test Evaluation*

Look for the following clues each time the One-Leg Stand test is administered:

1. Puts foot down

**Note: Explain if necessary.**

2. Uses arms to balance

**Note: More than 6 inches from their side.**

3. Sways while balancing

**Note: Side to side, back to front, or circular motion.**

4. Hopping

## One Leg Stand Test Documentation and Considerations

- Note clues with slash on assessment form
- Consider subjects may have injuries
- Have subject remove shoes with heels over two inches



### *Documentation*

Each clue is noted by placing a slash in the appropriate place on the assessment form.

For example, if the individual used their arms twice and swayed three times, they would be considered to have demonstrated “two” clues. It is a good practice to use an assessment form that documents the administrative procedures.

### *Considerations*

Some people may have difficulty with the One Leg Stand test even when not impaired.

Persons with injuries to their legs and/or hips or inner ear disorders may have difficulty with this test.

Individuals wearing shoes more than 2 inches high should be given the opportunity to remove them.

**Note: The original research indicated that individuals over 65 years of age or 50 pounds or more overweight may have difficulty performing this test.**

## One Leg Stand Test Criterion

**2 or more clues indicates BAC  
at or above 0.08 (83% accurate)**



### *One-Leg-Stand Test Criterion*

Based on recent research, if an individual shows two or more clues or fails to complete the One Leg Stand, there is a good chance the BAC is at or above 0.08. Using that criterion, you will accurately classify 83% of the people you test as to whether their BAC's are at or above 0.08.

***This accuracy level was determined through the San Diego Study ("Validation of the Standardized Field Sobriety Test Battery at BACs Below 0.10 Percent").***

## The One Leg Stand Demonstrated



### **\*\*PRACTICAL EXERCISES\*\***

#### **G. Practice One Leg Stand**

***The scoring handout should be disseminated at this time. Located in the Administrative Guide. At this point the instructor should have the Dry Lab workshop video cued to the beginning of tests for one subject. This subject should be used to demonstrate the tests throughout this section.***

# QUESTIONS?



# Session 3

## Standardized Field Sobriety Testing Proficiency Examination



## Learning Objectives

**Demonstrate knowledge and proficiency in administering the Standardized Field Sobriety Test battery**



Upon Successful completion of this session the participant will be better able to:

- Demonstrate knowledge and proficiency in administering the SFST battery.

## SFST Proficiency

- **The student will be given two chances to successfully complete the proficiency examination**
- **If the student does not pass the proficiency on their second attempt they will not be allowed to continue with the training**



### *Explanation for Proficiency*

SFST is the foundation of every impaired driving training program that has been developed, researched, and supported for over two decades.

This makes it very important for the participants to be proficient in administering these tests.

NHTSA, IACP, and the courts have recognized the importance of proficiency as it relates to the detection, arrest, and prosecution of impaired drivers.

By recognizing this, NHTSA and the IACP committed to bridging the information gaps between the governing bodies and the agencies applying these techniques in the field.

There are several factors that can affect a law enforcement officer's SFST proficiency.

They include the following:

- Adult learning limitations
- Officer assignment
- Time to practice proficiency
- Opportunity to use in the field
- Limitations of instructors
- Gaps in communication
- Program administration

## SFST Proficiency (Cont.)

### Remember!!!!

- The participant will be given only two opportunities to do the SFST battery
- The instructor will not assist or coach the participant in any manner during the proficiency examination



### *SFST Proficiency Examination*

***DO NOT offer this aid, however keep in mind many law enforcement officers carry pocket instructions on duty. If they approach you then they should be allowed to use them. If this is the case, they will be allowed to use them during the proficiency examination. The participant must be able to demonstrate their ability to administer the SFST battery without the aid of any reference materials and from memory.***

- The participant will be given only two opportunities to do the SFST battery.
- If the participant fails their first attempt, they will be given the opportunity to practice on their own or with another participant within a reasonable amount of time not to exceed the end of the first day.
- The instructor will not assist or coach the participant in any manner during the proficiency examination.
- The instructor will correct the participant after the completion of all three tests, but will not correct the participant during the tests.

***Utilize proficiency examination form located in the participant manual and the administrator's guide.***

- Utilize proficiency examination form located in the participant manual and the administrator's guide.
- A "**check**" will be placed in the space provided for each step completed according to the SFST manual.
- An "**X**" will be placed in the space if the participant does not perform the step according to the SFST manual.

## SFST Proficiency (Cont.)

- The instructors are here to assist you with the proficiency
- If you are having trouble with the process you will be given ample time to practice



Remember the Instructors are here to assist you with the proficiency.

If the participant is having trouble passing the proficiency examination the participant shall be responsible for seeking out instructors to assist them.

**If the participant does not pass the second proficiency examination they will not be allowed to continue in the training.**

# QUESTIONS?



# Session 4

## Drugs in the Human Body



## Learning Objectives

- Describe the basic purpose and functions of selected major systems in the human body.
- Identify methods of ingestion and general effects of drugs
- Identify medical conditions, which may mimic alcohol and/or drug impairment
- Identify the seven drug categories



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

Upon successfully completing this session, the participant will be able to:

- Describe, in general terms, the basic purpose and functions of selected major systems in the human body as they relate to observable signs.
- Identify methods of ingestion and general effects of drugs.
- Identify medical conditions which may mimic alcohol and drug impairment.
- Identify the seven drug categories as referenced in the DECP and the basis for dividing drugs into these specific groups.

**Content Segments**

- A. Drugs in the Human Body
- B. Overview of selected major systems of the human body:
  - Basic purpose and function,
  - Muscular, Urinary, Respiratory, Digestive, Nervous, Circulatory Systems
- C. Homeostasis
- D. Identify methods of ingestion and general effects of drugs
- E. Medical conditions which may mimic alcohol and drug impairment
- F. Seven drug categories and the basis for dividing drugs into these specific groups
- G. Blank Drug Indicator Matrix

**Learning Activities**

- Instructor-Led Presentation

## Identifying the Effects of Drugs on the Human Body is Dependent in part on:

- Recognizing changes in behavior
- Recognizing observable signs and symptoms related to an impaired individual



### A. Drugs in the Human Body

This process is dependent, in part, on:

- Recognizing changes in behavior
- Recognizing observable signs and symptoms related to an impaired individual

In order to gain a better understanding of how alcohol and/or drugs affect bodily functions, it is helpful to be familiar with some of the processes of the human body.

## This Session Will...

- **Provide a general overview related to how drugs affect the body in basic terms**
- **Highlight those systems involved with distribution, absorption, metabolism, and elimination of alcohol and/or other drugs in the body**



This session is designed to provide the participant with:

- General overview related to how drugs affect the body in basic terms.
- Highlight those systems involved with distribution, absorption, metabolism, and elimination of alcohol and/or other drugs in the body.

## Pharmacokinetics

***How a chemical substance is transported through the body in terms of absorption, distribution, metabolism, and elimination.***

- **A number of different body systems can have impact on, or be affected by, the introduction of drugs**



### *Pharmacokinetics*

Pharmacokinetics accounts for how a chemical substance is transported through the body in terms of absorption, distribution, metabolism, and elimination.

As stated in the objectives, this session will also:

- Explain the different types of drug ingestion.
- Describe medical conditions, which may mimic the signs and symptoms of alcohol and/or drug use.
- Identify the seven drug categories used by the DEC program.
- Introduction of a drug indicator matrix.

## What is a Drug?

**A drug is any substance that, when taken into the human body, can impair the ability of the person to operate a vehicle safely.**



As we progress through this course, it is important to understand how drugs are defined.

The following provides operational definitions for drug and psychoactive which describe the majority of the drugs we will discuss as part of this course.

### *Drug*

A drug is: Any substance that, when taken into the human body, can impair the ability of the person to operate a vehicle safely.

**Note: This definition of a drug is the same definition used in the DEC Program.**

# Psychoactive

**A chemical that alters brain/body function resulting in temporary changes in:**

- **Perception**
- **Mood**
- **Consciousness**
- **Behavior**



## *Psychoactive*

A psychoactive drug or substance:

Is a chemical that alters brain/body function, resulting in temporary changes in perception, mood, consciousness, or behavior.

Such drugs are often used for:

- Recreational purposes
- Spiritual purposes
- Medical purposes, especially for treating neurological problems
- Psychological illnesses and deficiencies

## Major Systems of the Human Body

- Muscular
- Urinary
- Respiratory
- Digestive
- Endocrine



### **B. Introduction of Selected Systems of the Human Body**

There are ten systems in the human body:

- Muscular
- Urinary
- Respiratory
- Digestive
- Endocrine

## Major Systems of the Human Body (Cont.)

- Reproductive
- Skeletal
- Integumentary (skin)
- Nervous
- Circulatory



- Reproductive
- Skeletal
- Integumentary (skin)
- Nervous
- Circulatory

## In Order to Illustrate The Impact of Drugs

- **Methods of Ingestion**
- **Onset of Effects**
- **Duration of Effects**
- **Elimination**



In order to illustrate the impact of drugs, alcohol or a combination of substances, it is helpful to think of it in terms of:

- Ingestion
- Onset
- Duration of effects
- Elimination

The systems we previously discussed provide the most predominant observable signs and symptoms related to influence of alcohol and/or other drugs on the human body.

## Muscular System

- Heart
- Smooth Muscles
  - “involuntary”
- Striated Muscles
  - “voluntary”



### Muscular System

The body has three types of muscles:

1. Heart
2. Smooth muscles (which control involuntary movements)
3. Striated muscles (which control voluntary movements).

The brain controls the operation of all these muscles through the nervous system.

The impact of drugs and alcohol on the muscular system can often be observed during the walk and turn, one-leg stand test, as well as during general observations.

***What types of signs, related to the muscular system, could an individual display while under the influence of alcohol and/or drugs?***

***Examples: Body or leg tremors, gait ataxia, lack of muscle control and lack of coordination***

## Urinary System

- Two Kidneys
- Urethra
- Bladder



### Urinary System

The urinary system is responsible for the elimination of waste from the body.

It consists of:

- Two kidneys connected by long tubes (urethras) to the bladder, which stores urine.
- A third tube, the urethra, carries the urine from the bladder out of the body.
- Kidneys - filters waste products out of the system as blood passes through them.

Since drugs are removed from the blood in the kidneys and passed out of the body in the urine, the urinary system plays a key role in producing evidence of drug use.

***How do you think alcohol and/or drugs might affect an individual's urinary system?***

***Examples: Evidence of use in urine and loss of bladder control***

# Respiratory System

- The Diaphragm
- The Lungs



## Respiratory System

The primary organs of the respiratory system are:

- Diaphragm
- Lungs

The diaphragm is a muscular sheet that separates the thoracic (upper) cavity from the abdominal (lower) cavity, and draws fresh air into the lungs and forces used air out.

The transfer of oxygen from the air to the blood, and carbon dioxide from the blood to the atmosphere, occurs in the lungs.

Oxygen must be supplied to all the body cells, and carbon dioxide must be removed from them in order for life to exist.

***What types of signs, related to the respiratory system, could an individual display while under the influence of alcohol and/or drugs?***

***Examples: Rapid or shallow breathing***

## Digestive System

- Stomach
- Pyloric Valve
- Intestines (Large and Small)
- Liver / Pancreas



### Digestive System

- Stomach
- Pyloric Valve
- Intestines (Large and Small)
- Liver / Pancreas

This system breaks down food and/or chemicals, metabolizes and eliminates waste products.

***How does the body break down chemicals, such as alcohol to its basic elements for elimination?***

***Example: Alcohol dehydrogenase breaks down alcohol into carbon dioxide and water.***

# Nervous System

- Brain
- Spinal Cord
- Nerves
  - Neurotransmitters



## Nervous System

The nervous system serves as the control center for the human body.

It consists of:

- Brain
- Spinal cord
- Nerves

Each of these components is made up of nerve cells (neurons) and supporting tissues.

The nervous system keeps the body apprised of changes in the environment by enabling

- Sight
- Hearing
- Smell
- Taste
- Touch

Through sensations of temperature, pressure, pleasure and pain.

# Nervous System

- Brain
- Spinal Cord
- Nerves
  - Neurotransmitters



The nervous system also enables reasoning, memory and emotions.

The central nervous system sends impulses that cause muscles to contract and glands to secrete, and it works with all body systems to integrate all physiological processes so that normal functions can be maintained.

Much of the activity of the nervous system is involuntary and therefore it is carried out below the level of consciousness.

The Central Nervous System (CNS) is one of the body's major control systems and the brain is the center of that system.

# Circulatory System

- Heart
- Blood Vessels
- Blood



## Circulatory System

The circulatory system consists of

- Heart
- Blood vessels
- Blood

The heart pumps blood throughout the body transporting:

- Food
- Water
- Hormones
- Antibodies
- Oxygen
- Carbon dioxide
- Other substances to and from the body cells as required

Body temperature regulation is a partial responsibility of the circulatory system, since warm blood is constantly moved throughout the body.

The circulatory system plays a key role in transporting drugs to the brain, where most of the drugs' effects are exerted.

The circulatory system also transports the drugs to the liver and other organs, where the drugs are metabolized.

## Brain

- **Made up of nerve cells - Neurons**
- **Neurotransmitters send messages to receptors**
- **Drugs have influence on how neurons function**



The brain is made up of billions of nerve cells, also known as neurons. Nerve cells communicate by transferring chemical substances between each other.

When a message is sent from one neuron (transmitter), it triggers the release of neurotransmitters and sends the message to another nerve cell which is called the receptor.

This is the way nerve cells share information.

There are many different types of neurotransmitters and each one has a specific role to play in how the brain and the CNS functions.

Some drugs affect the brain because their chemical make up is similar to the neurotransmitters which occur in the body naturally.

In the appropriate dose amount, drugs have a positive influence on how the neurons function.

However in some cases, drugs can cause the release of large amounts of a similar neurotransmitter while others can block the receptors.

## Limbic System of the Brain

- **Our feelings**
- **Emotions**
- **Motivations**
- **Supports memory and learning**



All drugs of abuse, such as nicotine, cocaine, and marijuana, impacts the limbic system of the brain.

The limbic system generates:

- Our feelings
- Emotions
- Motivations
- Supports memory and learning

It responds to pleasurable experiences by releasing the neurotransmitter dopamine.

The effect which a subject experiences when dopamine is 'dumped' in the CNS, creates a euphoric sensation which makes some drugs of abuse so appealing to the user.

The actions associated with the communication between neurons affects the other systems of the human body.

# Homeostasis

**Homeostasis is any self-regulating process by which a biological or mechanical system maintains stability while adjusting to changing conditions.**

***The body's systems are said to be in "dynamic equilibrium"***



## C. Homeostasis

Homeostasis is any self-regulating process by which a biological or mechanical system maintains stability while adjusting to changing conditions.

***Point out that "homeo" means similar or the same elements and "stasis" means balance.***

***Point out that the rhythm of the heart, breathing, constancy of body temperature, and the steady level of blood pressure under specific circumstances or conditions are all manifestations of homeostatic mechanisms at work within the body.***

As we have discussed earlier in this session, the human body is made up of systems.

They are in a dynamic equilibrium.

Under normal circumstances, systems seek a balance in which internal change continuously compensates for external change in a feedback control process to keep conditions relatively level.

## Examples of Homeostasis

- **Temperature Regulation**
- **Maintaining supplies of bodily fluids**
- **Bringing in Oxygen and eliminating Carbon Dioxide**
- **Eliminating waste**
- **Integrating the functions of the various body systems**



### Examples of Homeostasis

- Temperature regulation
  - Mechanically in a room by a thermostat
  - Biologically in the body by a complex system controlled by the hypothalamus in the brain.

Every organ system plays some role in the maintenance of homeostasis.

- The circulatory system keeps the body sufficiently supplied with fluids.
- The respiratory system constantly brings in oxygen and eliminates carbon dioxide;
- The digestive and urinary systems take in food and water and eliminates waste.
- The nervous system integrates the functioning of the other systems; and so on.

## The Resulting Interaction of Drugs and Alcohol

- **Speed Up**
- **Slow Down**
- **Become confused**



When alcohol and/or other drugs are introduced into the body, the resulting interactions can cause the body to:

- Speed up
- Slow down
- Become confused

The observation and examination of selected bodily functions help to indicate whether a subject is impaired by alcohol and/or other drugs.

## Methods of Ingestion and General Effects of Drugs

**Ingestion – Act of taking food or other  
substance into the body through the  
mouth**



### **D. Methods of Ingestion and General Effects of Drugs**

In general terms, ingestion is:

The act of taking food or another substance into the body through the mouth.

# Ingestion

**Any manner by which a drug or alcohol enters the human body**



For the purpose of this course:

We will use the term ingestion to describe any manner by which a drug or alcohol enters the human body whether it be orally or otherwise administered.

## Ingestion Methods

- **Oral – Through the mouth**
- **Injection – Intravenously**



### *Oral*

Oral ingestion is administered through the mouth.

### *Injection*

- Is a common method of administering heroin (narcotic analgesic),
- Is also used to introduce stimulants, hallucinogens, dissociative anesthetics, and other narcotic analgesics into the body.
- CNS depressants can also be injected but this is not common due to the size of the needle required to deliver the substance.

### ***Give some examples of behavior and physical characteristics of injection sites***

In addition to injecting drugs into the veins in the arms, users will find more creative and less conspicuous areas on the body to administer a substance since needles typically leave marks which can be difficult to disguise.

## Ingestion Methods (Cont.)

- **Insufflation - Snorted**



### *Insufflation*

The act of introducing a substance by inhaling through the nose for the purpose of intranasal absorption through the mucous membrane.

For a substance to be effective when insufflated it must be in a water soluble powder so it can be readily absorbed through the mucous membranes.

This method is commonly referred to as “snorting”.

## Drug Categories Introduced Through Insufflation

- **CNS Stimulants**
- **Hallucinogens**
- **Dissociative Anesthetics**
- **Narcotic Analgesics**



Drug categories which are commonly introduced into the body through insufflations are:

- Stimulants
- Hallucinogens
- Dissociative Anesthetics
- Narcotic Analgesics

## Ingestion Methods (Cont.)

- **Inhalation – Huffing, sniffing, smoking**
- **Transdermal – Absorbed through the skin**



### *Inhalation*

The act of introducing a substance directly into the respiratory system through the nose and mouth for the purpose of absorbing the substance through the alveoli in the lungs.

This is a very rapid method of absorption and is often referred to as huffing, sniffing, or smoking.

Drug categories which are commonly introduced into the body through inhalation are:

- Cannabis – Smoking
- Narcotic Analgesics – Smoking
- Dissociative Anesthetics – Smoking
- Hallucinogens – Smoking
- Stimulants – Smoking
- Inhalants - Inhaling

## Transdermal Administration

- Transdermal means that the chemical or drug is absorbed into an individual's system through the skin
- Less common administration
- **USE EXTREME CAUTION !!!**



### *Transdermal*

A less common method of administering drugs. Transdermal means that the chemical or drug is absorbed into an individual's system through the skin.

***An example of a drug prescribed to be transmitted through the skin is the birth control patch and nicotine patch.***

Drugs which are able to be administered transdermally can be administered accidentally through contact.

Some selected Hallucinogens, Dissociative Anesthetics, and Narcotic Analgesics can be administered transdermally.

***Point out to the participants the importance of officer safety indicated in their manual.***

***Example: Wear protective glasses, masks, and gloves when searching subjects and vehicles.***

## Medical Conditions Which May Mimic Drug Impairment

- Head Trauma
- Stroke
- Diabetes
- Conjunctivitis
- Shock
- Multiple Sclerosis
- Other Conditions



### **E. Medical Conditions Which May Mimic Drug Impairment**

There are various medical conditions and injuries that may cause individuals to appear to be impaired by alcohol and/or other drugs.

Some of the more common medical conditions that may mimic drug impairment include:

- Head Trauma
- Stroke
- Diabetes
- Conjunctivitis
- Shock
- Multiple Sclerosis
- Other Conditions

## Head Trauma

- **Disorientation**
- **Confusion**
- **Lack of coordination**
- **Slowed responses**
- **Speech impairment**
- **Pupils may be noticeably different sizes, or one eyelid may droop**
- **Eyes may not track together**



### *Head Trauma*

A severe blow or bump to the head may injure the brain and create:

- Disorientation
- Confusion
- Lack of coordination
- Slowed responses
- Speech impairment
- Other gross indicators of alcohol or drug influence

Because the injury usually affects one side of the brain more than the other, disparities usually will be evident in the subject's eyes.

Sometimes the pupils will be noticeably different in size or one eyelid may droop while the other appears normal.

Additionally, the eyes may not be able to track equally while focusing on a stimulus.

## Stroke

- **Markedly unequal pupil sizes**
- **Paralysis or weakness on one side of the body**
- **Slurred speech, facial droop**
- **Confused, frightened**



### *Stroke*

A stroke will usually produce many of the same effects and indicators associated with head trauma.

Stroke victims often will have:

Pupils that are noticeably different in size. One pupil may remain fixed and exhibit no visible reaction to light, while the other reacts normally.

Paralysis, physical weakness and other observable signs are often more predominant on one side of the body than the other.

Additionally, individuals suffering from a stroke will often have a dazed appearance and be confused and/or scared.

## Diabetes

- **Confused or non-responsive**
- **Sweat profusely**
- **Cold, clammy skin**
- **Rapid, weak pulse**
- **May require immediate medical attention**



### *Diabetes*

A diabetic is most likely to be mistaken for a person impaired by alcohol and/or drugs when they have too much insulin, causing the blood sugar level to become dangerously low.

This condition is referred to as insulin shock.

A diabetic in insulin shock may:

- Appear very confused
- Be non-responsive
- Sweat profusely
- Exhibit elevated pulse rate
- Elevated blood pressure

# Conjunctivitis

**An inflammation of the mucous membrane that lines the inner surface of the eyelids giving a red, bloodshot appearance of the conjunctiva of the eyes**



## *Conjunctivitis*

This is an inflammation of the mucous membrane that lines the inner surface of the eyelids giving a red bloodshot appearance to the conjunctiva of the eyes.

At first glance, this may appear similar to the bloodshot conditions associated with impairment by alcohol or cannabis.

This condition may occur in one or both eye and is often referred to as 'pink eye'.

# Shock

- **Occurs when the body is not getting enough blood flow**
- **Immediate medical attention**
  - **Cold clammy skin**
  - **Weak, lethargic**
  - **Rapid, weak pulse**



## *Shock*

Shock is a life-threatening condition that occurs when the body is not getting enough blood flow.

This can damage multiple organs and lead to death.

Shock requires IMMEDIATE medical treatment and can get worse very rapidly.

Individuals in shock often will appear dazed, uncoordinated, and non-responsive.

## Multiple Sclerosis

- **May lack coordination**
- **Exhibit gait ataxia**
- **Tremors**
- **Slurred or garbled speech**
- **May appear alert and responsive to questions**



### *Multiple Sclerosis*

Victims of Multiple Sclerosis (MS) and other degenerative muscular disorders may lack coordination or exhibit gait ataxia, tremors, slurred or garbled speech, and many of the other gross motor indicators of intoxication.

Unlike subjects impaired by alcohol and/or drugs, MS sufferers usually appear alert.

## Other Medical Conditions

- **Carbon Monoxide Poisoning**
- **Seizures**
- **Endocrine disorders**
- **Neurological disorders**
- **Psychiatric disorders**
- **Infections**



### *Other Medical Conditions*

Some other medical conditions that may cause signs and symptoms similar to drug impairment include:

- Carbon monoxide poisoning
- Seizures
- Endocrine disorders
- Neurological conditions
- Psychiatric conditions
- Infections

## Behavioral Conditions

- Exercise
- Excitement
- Fear
- Anxiety
- Depression



### *Behavioral Conditions*

There are some behavioral conditions that may affect vital signs:

- Exercise
- Excitement
- Fear
- Anxiety
- Depression

## Seven Drug Categories - Review

1. Central Nervous System Depressants
2. Central Nervous System Stimulants
3. Hallucinogens



### F. Introduction to the Seven Drug Categories

As a review, the definition of a drug, adopted by the DEC program and this course:

***Any substance that, when taken into the human body, can impair the ability of the person to operate a vehicle safely.***

Based on this definition of “drug”, the DEC program divided drugs into seven categories. These drug categories are based on the observable signs and symptoms they produce. The following is a brief description of each category:

1. Central Nervous System Depressants. Includes a large number of different drugs. The common drug in this category is alcohol. CNS depressants slow down the operation of the brain and other parts of the central nervous system.
2. Central Nervous System Stimulants. Influence the human body by speeding up, or over stimulating the brain. Cocaine is an example of a CNS stimulant.
3. Hallucinogens. Includes some natural, organic substances as well as some synthetic chemicals. All hallucinogens impair the subjects ability to perceive reality. LSD is an example of a hallucinogen.

## Seven Drug Categories – Review (Cont.)

4. Dissociative Anesthetics
5. Narcotic Analgesics
6. Inhalants
7. Cannabis



4. Dissociative Anesthetics. Consists of the drug Dextromethorphan (DXM), PCP and its various analogs. DA's are powerful drugs that act like a depressant in some ways, but also causes the body to respond similar to a stimulant as well as a hallucinogen.
5. Narcotic Analgesics. Relieves pain, produces addiction, and withdrawal symptoms. Heroin is an example of a narcotic analgesic.
6. Inhalants. Breathable chemicals, which are contained in familiar household items that can be easily purchased. Gold spray paint is an example of an inhalant.
7. Cannabis. The most popular widely used and abused illegal drug and is most commonly referred to as marijuana.

# Drug Indicator Matrix

	CNS Dep.	CNS Stim.	Hall.	Dissoc. Anest.	Narc. Analg.	Inhalant	Cannabis
HGN							
VGN							
LOC							
Pupil Size							



## G. Blank Drug Indicator Matrix

# QUESTIONS?



## Session 5

# Observation of the Eyes and Additional Tests for Drug Impairment



## Learning Objectives

- **State the purposes of various eye examinations used in the ARIDE Curriculum, which includes Vertical Gaze Nystagmus (VGN), and Lack of Convergence (LOC)**
- **Discuss Vertical Gaze Nystagmus**
- **Discuss Lack of Convergence**



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

Upon successfully completing this session, the participant will be able to:

- State the purposes of various eye examinations used in the ARIDE Curriculum, which includes Vertical Gaze Nystagmus (VGN), and Lack of Convergence (LOC)
- Discuss Vertical Gaze Nystagmus: How to administer properly and describe what the results indicate.
- Discuss Lack of Convergence: How to administer properly and describe what the results indicate.

## Learning Objectives (Cont.)

- Describe the difference in pupil size
- Discuss Modified Romberg Balance test: How to administer properly and describe what the results indicate
- Explain the relationship between eye examinations and the seven drug categories



- Describe the difference in pupil size.
- Discuss Modified Romberg Balance test: How to administer properly and describe what the results indicate.
- Explain the relationship between eye examinations and the seven drug categories.

### CONTENT SEGMENTS

- A. Discuss Vertical Gaze Nystagmus  
How to administer properly  
Describe what the results indicate  
Practice VGN
- B. Describe the difference in pupil size
- C. Discuss Lack of Convergence  
How to administer properly  
Describe what the results indicate  
Practice LOC
- D. Modified Romberg Balance test  
How to administer properly  
Describe what the results indicate  
Practice Modified Romberg Balance test
- E. Relationship between eye examinations and the seven categories
- F. Frame the discussion for the seven drug categories
- G. Blank Drug Indicator Matrix

### LEARNING ACTIVITIES

- Instructor-Led Presentation
- Participant Practice Session
- Instructor-Led Presentation
- Participant Practice Session
- Instructor-Led Presentation
- Participant Practice Session
- Instructor-Led Presentation

## Vertical Gaze Nystagmus (VGN)

- How to administer properly
- Describe what the results indicate
- Practice VGN



### A. Discuss Vertical Gaze Nystagmus

*Discuss Vertical Gaze Nystagmus*

- How to administer properly
- Describe what the results indicate
- Practice VGN

## Documenting Observations

- **HGN / VGN**
- **Walk and Turn**
- **One Leg Stand**

**The information collected at roadside is critical to the entire impaired driving enforcement process**



### *Documenting Observations*

- HGN / VGN
- Walk and Turn
- One Leg Stand

The information collected at roadside is critical to the entire impaired driving enforcement process.

## Administration and Interpretation of Additional Roadside Sobriety Tests

- Pupil size observations
- Lack of Convergence (LOC)
- Modified Romberg Balance test

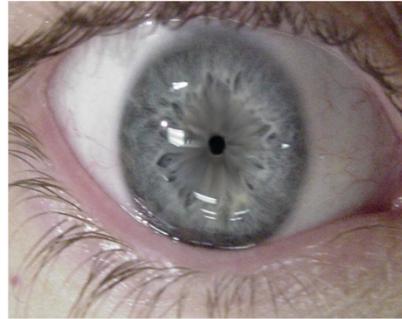


***Point out that certain drugs categories cause the pupils to react in specific ways.***

***Point out other drug categories usually do not cause those reactions.***

## Pupil Size Observation

The eyes are often referred to as “The windows to the soul”



### **B. Describe the Difference in Pupil Size**

#### *Pupil Size Observation*

***The eyes are often referred to as “The windows to the soul.”***

- The pupil is basically a circular hole in the middle of the iris, which regulates the amount of light that passes through into the retina.
- The pupils of the eyes continually adjust in size to accommodate different lighting conditions and refocus according to focal length.
- When placed in a darkened environment, the pupils will normally expand in size, or dilate, to allow the eyes to capture as much light as possible.
- When the lighting conditions are very bright, the pupils will normally shrink or constrict, to limit the amount of light that passes through and to keep the eyes from being over stimulated.

## Limits on Constriction and Dilation

- **Recognize noticeable differences in the pupils**
- **Each of the seven drug categories has a predictable effect on the pupils**



- This process of constriction and dilation normally occurs within certain limits.
- This course trains officers to recognize the noticeable differences in the pupils.
- When ingested, each of the seven drug categories has a predictable effect on the eyes, which will be discussed in the subsequent sections.

Example: If a stop is made during the day, you should expect to see the pupils somewhat smaller, because of the bright lighting conditions

Note: If you make a stop at night and the pupils are somewhat constricted, then there may be a drug causing the pupil reaction.

## Dilated Pupils

Observed when the pupils are larger than expected for the given lighting condition, resulting in a very large opening (circle) in the center of the eye

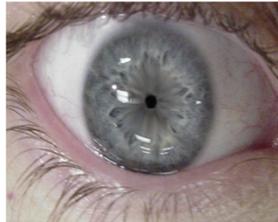


### *Dilated Pupils*

The pupils appear larger than expected for the given lighting condition, resulting in a noticeably larger opening (circle) in the center of the eye.

## Constricted Pupils

**When pupils are smaller than expected for the given lighting conditions, resulting in a very small opening in the center of the eye**



### *Constricted Pupils*

When pupils appear smaller than expected for the given lighting conditions, resulting in a noticeably smaller opening in the center of the eye.

The effects that drugs have on the eyes are involuntary reactions, which mean they cannot be controlled by the individual.

### ***Conduct practical exercise***

***Line participants up along a wall, have each individual participant walk down the line observing the pupils of each individual.***

***Line the participants up around the room and allow the participants to observe other participants pupils in various lighting conditions.***

## Lack of Convergence



### C. Discuss Lack of Convergence

*Lack of Convergence (LOC)*

## Lack of Convergence

**(LOC) is the inability of an individual to cross their eyes when focusing on a stimulus as it is moved towards the bridge of their nose**

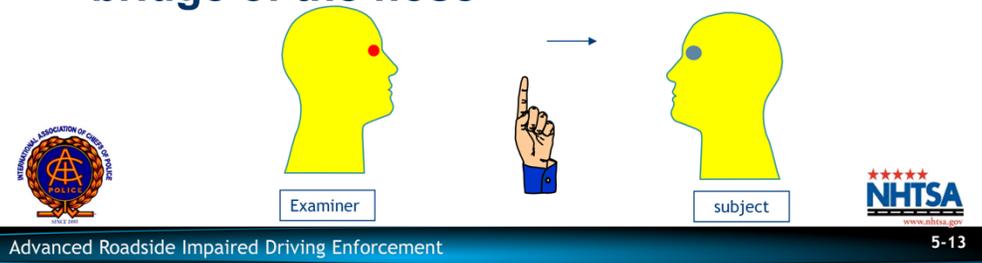


### *Definition of LOC*

The inability of a subject to cross their eyes when focusing on a stimulus as it is moved towards the bridge of their nose.

## LOC Testing Procedure

- **Begin by moving the stimulus in a circle in front of the subject's face**
- **Observe the eyes to verify that the subject is tracking the stimulus**
- **Slowly move the stimulus in toward the bridge of the nose**



### *Administration of LOC*

#### Instructional Stage

1. Inform the subject that you will be moving the stimulus around in a circle, and will be moving it toward the bridge of their nose. In addition, inform the subject that you will not actually touch the nose with the stimulus. This notice is important so the individual will not move their head away.
2. Instruct the subject to keep their head steady and to follow the stimulus with their eyes only.
3. Position the stimulus approximately 12-15 inches in front of the subject's nose in the same position as used in the HGN test.
4. Law enforcement officers should not touch the bridge of the nose with the stimulus.

***Remind the participants that prior to conducting the check for Lack of Convergence the DRE should determine if the subject to be tested routinely wears eyeglasses for reading and near visual task and if so, are the reading glasses available for the test. If so, ensure that the eyeglasses are worn for the check for LOC.***

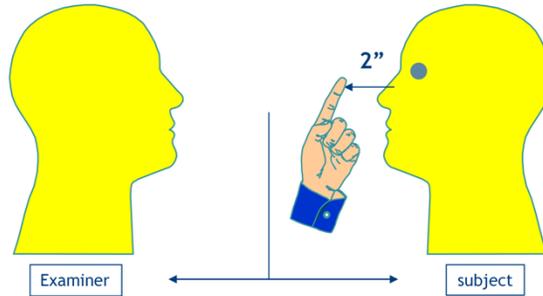
## Normal Convergence

- **A distance approximately two inches (2") from the bridge of the nose**
- **If the eyes converge (cross) when the stimulus is approximately two inches from the bridge of the nose, the Lack of Convergence is "not present"**



### *Test Interpretation*

- The subject's eyes should come together and cross (converge) as they track and remained aligned with the stimulus.
- If the eyes are able to cross (converge), i.e., if they both come together when the stimulus is stopped approximately 2" from the bridge of the subject's nose, lack of convergence is "not present."



**Lack of convergence is present if the subject's eyes do not come together and cross as they track and stay aligned on the stimulus**



LOC is "present" if one eye, or both eyes drift away or outward toward the side instead of converging toward the bridge of the nose.

## Drug Categories That Usually Induce LOC

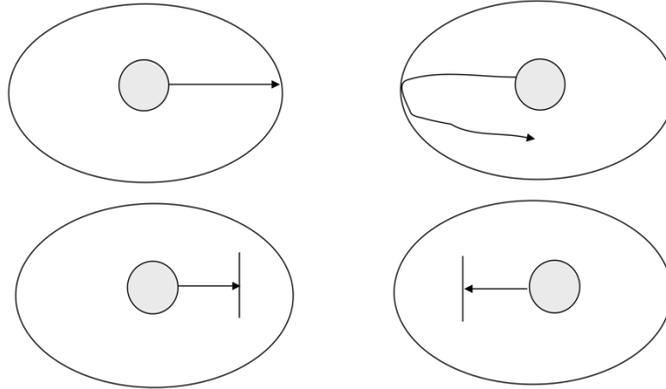
- **CNS Depressants**
- **Inhalants**
- **Dissociative Anesthetics**
- **Cannabis**



The following drug categories usually will induce Lack of Convergence:

- CNS Depressants
- Inhalants
- Dissociative Anesthetics
- Cannabis

## LOC Present



### *Left Eye Unable to Converge*

- Both eyes began to converge, however the left eye bounced down and back out

### *Both Eyes Unable to Converge*

- Both eyes began to converge, however they both stopped before the convergence was completed.

There are no validated clues associated with the LOC test, the officer should note all observations associated with this test.

- The law enforcement officer should note whether or not convergence is present and document their observations as to the movement of the eyes during this test.

### ***Conduct Practical Exercise***

***Split class into groups of three and have them practice administering LOC.***

***The participants should draw a picture of what the eyes did during the administration of LOC. Note: Eyelid and body tremors***

***Conduct PowerPoint exercise after the practical exercise is complete***

## Modified Romberg Balance Test

- Checks a subject's internal clock, balance and presence of tremors (eye and body)
- Ensure the test is conducted on a level surface



### **D. Modified Romberg Balance Test**

The Modified Romberg Balance test is adapted and modified from its original use as a neurological assessment tool in order to check a subject's internal clock, balance and presence of tremors (eye and body).

Since part of the Modified Romberg Balance test checks for balance, care should be taken to ensure the test is conducted on a level surface and in an environment, which is appropriate for this type of test when conducted at roadside.

***Emphasize that the officer must not instruct the subject as to how they are to estimate the passage of 30 seconds.***

***Point out that some drugs tend to "speed up" the subject's internal clock, so that the subject may open the eyes after only 10 or 15 seconds have gone by. Other drugs may "slow down" the internal clock, so that the subject keeps the eyes closed for 60 or more seconds. And, sometimes the drugs confuse the subject to the point where they won't remember to open the eyes until instructed to do so by the officer.***

***Point out that the modified version of the original Modified Romberg Balance Test is a divided attention test as well as a possible measurement of the person's internal timing estimates.***

## Three Parts of Modified Romberg Balance Test

- Estimate the passage of 30 seconds
- Observation of tremors
- Observation of sway



The Modified Romberg Balance test is divided into three parts which are conducted simultaneously.

- Estimation the passage of 30 seconds
- Observation of tremors
- Observation of sway

## Stages of Modified Romberg Balance Test

- **Instruction stage**
- **Balancing stage**



There are two stages to the Modified Romberg Balance test:

- Instruction stage
- Balancing stage

## Instruction Stage

- **Instruct the subject to stand straight with feet together and the arms down at their sides**
- **Tell the subject to remain in that position until you have finished giving the instructions**
- **Emphasize that he or she must not start the test until you say, "begin"**
- **Ask the subject if he or she understands the instructions so far**



### *Administrative Procedures*

#### *Instruction Stage*

1. Instruct the subject to stand straight with their feet together and their arms down at their sides.
2. Tell the subject to remain in that position until you have finished giving the instructions. Emphasize that they must not start the test until you say, "begin".
3. Ask the subject if they understand the instructions so far.

Note: Make sure to obtain a verbal response from the subject.

## Instruction Stage (Cont.)

- Tell the subject, “When I tell you to tilt your head back slightly and close your eyes”
- Estimate the passage of 30 seconds
- Tell the subject, “When you think 30 seconds has gone by, bring your head forward, open your eyes, and say "Stop"”
- Ask the subject if he/she understand



### *Instruction Stage (Cont.)*

4. Tell the subject, “When I tell you to tilt your head back slightly and close your eyes.”

Note: Demonstrate this without closing your eyes.

5. Emphasis that they will estimate the passage of 30 seconds.

6. Tell the subject, “When you think 30 seconds has gone by, bring your head forward, open your eyes, and say "Stop“.”

7. Ask the subject if they understand the instructions.

Note: Make sure to obtain a verbal response from the subject.

## Balancing Stage

1. Instruct the subject to tilt his or her head back and close their eyes
2. Use a timing device, and pick a convenient time to start the test
3. Tell the subject to begin
4. Keep track of time while the subject performs the test
5. Check subject for presence of tremors (eyelid and/or body) and sway



### *Balancing Stage*

1. Instruct the subject to tilt his or her head back and close their eyes.
2. Use a timing device, and pick a convenient time to start the test.
3. Tell the subject to begin.
4. Keep track of the time while the subject performs the test.
5. Check subject for presence of tremors (eyelid and/or body) and sway.

## Balancing Stage (Cont.)

6. When the subject opens his/her eyes ask, “How much time was that?”
7. Record how much time actually elapsed from the start of the test until the subject opened the eyes or was told to stop.



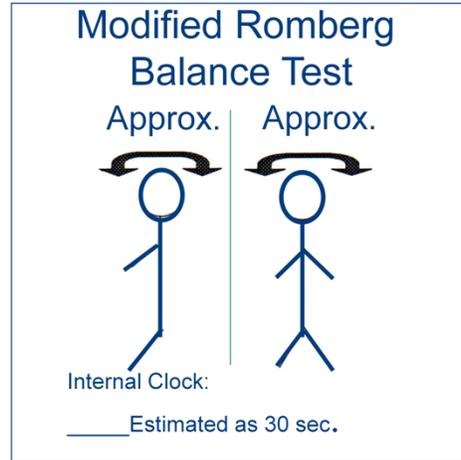
### *Balancing Stage (Cont.)*

6. When the subject opens his/her eyes ask, “How much time was that?”

Note: Make sure to document their “exact” verbal response.

7. Record how much time actually elapsed from the start of the test until the subject opened the eyes or was told to stop.

## Modified Romberg Balance Test Diagram



### *Instructor-Lead Demonstrations*

***One instructor should administer a complete Modified Romberg Balance test to another instructor.***

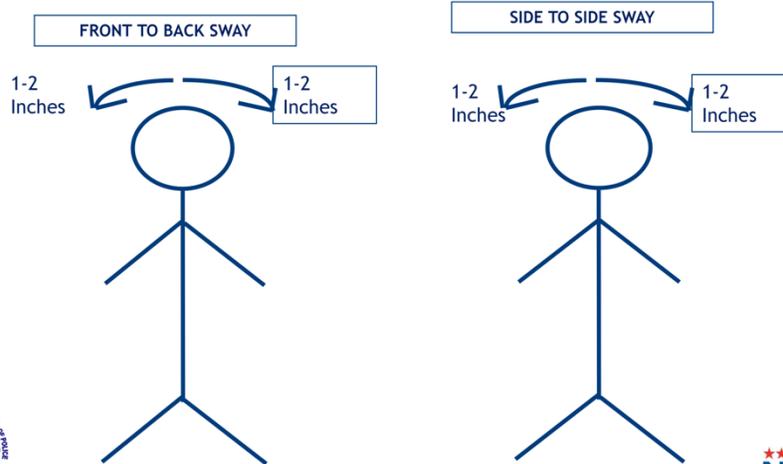
***Solicit participants' questions.***

***Select a participant to participate in the demonstration.***

***The instructor should administer a complete Modified Romberg Balance test to the participant.***

***Thank the participant for his or her participation and solicit questions.***

## Test Interpretation and Documentation



### *Recording Results of the Modified Romberg Balance Test*

***Instruct participants to refer to the “Modified Romberg Test Diagram” in their participant manuals.***

The major items that need to be recorded for the Modified Romberg Balance test are:

- The amount that the subject sways.
- The actual amount of time that the subject keeps the eyes closed.
- To record swaying, the officer must estimate how many inches the subject sways, either front-to-back or left-to-right, or both.

Example: If the subject sways approximately two inches toward the left and approximately two inches toward the right, the officer should write the number “2” on each side of the “stick figure” that shows left-to-right movement. To record the subject’s time estimate, simply write the number of seconds that the subject kept his or her eyes closed.

## Relationships to the Categories

	CNS Dep.	CNS Stim.	Hall.	Dissoc. Anest.	Narc. Analg.	Inhalant	Cannabis
HGN	Present	None	None	Present	None	Present	None
VGN	Present (1)*	None	None	Present	None	Present	None
LOC	Present	None	None	Present	None	Present	Present
Pupil Size	Normal (2)*	Dilated (4*)	Dilated (4)*	Normal	Constricted	Normal (3)*	Dilated (4)*




1. \*High dose for that individual
2. \*Pupil size may be dilated for Soma, Quaaludes, and some anti-depressants
3. \*Normal (average ranges) but may be dilated
4. \*Dilated, but may be normal (average ranges)

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### E. Relationship Between the Eye Observations and the Drug Categories

#### *Eye Observations*

- Eye observations can provide valuable information, which can help determine impairment.
- Additionally, we discussed in Session 2 that HGN is a critical part of assessing subjects suspected of being under the impairment of alcohol.
- HGN also plays a significant part in the evaluation of individuals who might be impaired by drugs alone or in combination with alcohol.

In addition to HGN, VGN, and LOC, pupil size can also provide information, which contributes to the overall process in determining whether or not an individual is impaired by alcohol and/or drugs.

We have included a chart to assist the law enforcement officer in recognizing signs of alcohol, drug, or a combination of both alcohol and drug impairment relative to eye observations.

This chart or any of the other information presented in this course relative to a specific drug category is not meant to encourage the officer to connect their observations to a specific drug category.

## Caution

- **Although effects displayed in the table are what you will usually find when observing a subject impaired by various types of drugs, you may not always find them**
- **Not everyone is affected the same way by drugs**



The law enforcement officer who successfully completes this course shall use only their roadside observations to make a decision as to whether the subject is impaired or not impaired according to their specific state's statutes and support an arrest or no arrest decision.

*Important Note: (Caution)*

*Although effects displayed in the table are what you will **usually** find when observing a subject impaired by various types of drugs, you **may not always** find them.*

*Not everyone is affected the same way by drugs. You need to remember this when describing drug effects. It is best "never to say never" and "always avoid saying always."*

**The officer who completes this course is NOT certified as a DRE and does not have the training required to support the selection of a specific drug category, which may be the source of the subject's impairment.**

# QUESTIONS?



# Session 6



## Seven Drug Categories



## Learning Objectives

- Identify common drug names and terms associated with the seven drug categories
- Identify the common methods of administration for each category
- Describe the indicators of impairment associated with each category



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

Upon successfully completing this session, the participant will be able to:

- Identify common drug names and terms associated with the seven drug categories.
- Identify the common methods of ingestion for each category.
- Describe the indicators of impairment associated with each category.

### Content Segments

- A. Overview of the Drug Categories
- B. For each Drug Category, identification of:
  - Drugs
  - Indicators
  - Eye indicators
  - Other conditions which mimic indicators
  - Expected results from the detection process

### Learning Activities

- Instructor-Led Presentation
- Instructor-Led Presentation

## Learning Objectives (Cont.)

- Describe conditions which may mimic the signs and symptoms associated with each drug category
- List the indicators which may emerge during the three phases of the DWI detection process which may indicate the subject is under the influence of a drug(s)



- Describe conditions which may mimic the signs and symptoms associated with each drug category.
- List the indicators which may emerge during the three phases of the DWI detection process (vehicle in motion, personal contact and pre-arrest screening) which may indicate the subject is under the influence of a drug(s).

**Note: Ask class what the most used and abused drug is?**

Historically, alcohol has been the most used and abused psychoactive depressant.

The majority of the general public is familiar with the effects of alcohol either through personal experience and/or observing others impaired by alcohol.

## Seven Categories of Drugs

- **CNS Depressants**
- **CNS Stimulants**
- **Hallucinogens**
- **Dissociative Anesthetics**
- **Narcotic Analgesics**
- **Inhalants**
- **Cannabis**



### **A. Overview of the Drug Categories**

This familiarity with the indicators of impairment associated with alcohol makes the depressant category relatively straightforward.

*Seven Categories of Drugs:*

- CNS Depressants
- CNS Stimulants
- Hallucinogens
- Dissociative Anesthetics
- Narcotic Analgesics
- Inhalants
- Cannabis

# Seven Drug Categories

## CNS Depressants



### *Identification of CNS Depressants*

In order for a drug to be classified as a depressant according to the DEC program, it must:

- Depress the activity of a subject's brain and CNS.

## Alcohol - The Most Familiar CNS Depressant



***Pose question to class:***

***What body functions could depressants affect?***

## Identification of a CNS Depressant

**Depressants slow down the activity of an individual's brain and central nervous system**



At doses greater than therapeutic levels, impairment of the body's autonomic nervous system is affected.

## Identification of a CNS Depressant (Cont.)

CNS Depressants initially affect:

- Speech
- Coordination
- Mobility



The depressant category initially affects a persons functions:

- Speech
- Coordination
- Mobility

At doses greater than therapeutic levels, impairment of the body's autonomic nervous system is affected.

## Doses greater than Therapeutic levels

**CNS Depressants may cause impairment  
to the body's autonomic nervous system.**

- **Heartbeat**
- **Blood Pressure**
- **Breathing**



At doses greater than therapeutic levels, impairment of the body's autonomic nervous system is affected.

The systems affected are:

- Heartbeat
- Body temperature
- Breathing

In addition to alcohol, the depressant category also includes:

- Antianxiety drugs
- Antipsychotics
- Antidepressants
- Barbiturates
- Non-barbiturate or combination drugs

Subjects impaired by depressants may look very much like subjects impaired by alcohol, but without the odor of alcohol on their breath.

## Most Commonly Used CNS Depressants

- Valium
- Prozac
- Xanax
- Soma
- Alcohol



Most familiar and abused depressants are:

- Valium
- Prozac
- Xanax
- Soma
- Alcohol

These are examples of just a few anti-anxiety tranquilizers, anti-depressants, and anti-psychotics legally prescribed for a variety of disorders.

## Illicit CNS Depressants

- Rohypnol (Flunitrazepam)
- Gamma Hydroxy Butyrate (GHB)



There are also several illicit CNS depressants that have gained national attention in the past several years.

- Rohypnol (Roofies)(Flunitrazepam)
- Gamma Hydroxy Butyrate (GHB)

These drugs have been implicated in an alarming number of sexual assaults and overdose deaths.

Rohypnol is most commonly found in pill form (1 or 2 mg) and is still smuggled across the US/Mexico border.

## Methods and Signs of Ingestion

- Oral
- Insufflation
- Injection



### *Methods and Signs of Ingestion*

Generally, CNS depressants will be found in pill or liquid form.

The most common method for using depressants is to take them orally.

Pills may be crushed and insufflated (snorted).

Some CNS depressants, on very rare occasions, may be injected.

When CNS depressants (other than alcohol) are taken orally, signs of ingestion may be difficult to detect.

- There are occasions when a subject may chew the tablets to create a quicker onset of effect. When this happens traces of the tablet may be lodged in the teeth.
- Injection sites are easily identifiable by swelling of the area and ulcerations of the skin.
- The injection sites differ from those of other injectable drugs because liquid depressants are generally thicker and take a larger gauge needle to inject the drug.

## Effects of CNS Depressants

**A person under the influence of a CNS depressant will look like a drunk, talk like a drunk, walk like a drunk, but they may not smell like a drunk**



### *Effects of CNS Depressants*

A person impaired by a CNS depressant will look like a drunk, talk like a drunk, walk like a drunk, but they may not smell like a drunk.

Therapeutic doses (amounts typically prescribed by a physician) may not exhibit observable effects if they are ingested as prescribed.

Combinations of Depressants can be risky; they are commonly combined with Alcohol.

This increases the effects of the depressant and could magnify the effects and observable signs and symptoms.

***This is synergistic effect.***

## General Indicators

- Wide variety of emotional behavior
- Reduced ability to divide attention
- Disoriented
- Sluggish
- Thick, slurred speech
- Drunk-like behavior
- Droopy eyes
- Fumbling



***Ask participants: How would a depressant possibly impair a subject's ability to operate a vehicle safely?***

***Example: Slowed reflexes may cause a delay in applying brakes in a timely manner.***

Indicators include:

- A wide variety of emotional effects:
  - Euphoria
  - Depression
  - Laughing or crying for no apparent reason
- Reduced ability to divide attention
- Disoriented
- Sluggish
- Thick, slurred speech
- Drunk-like behavior
- Droopy eyes
- Fumbling

## General Indicators (Cont.)

- **Relaxed inhibitions**
- **Slowed reflexes**
- **Uncoordinated**
- **Drowsiness**
- **Gait ataxia**



- Relaxed inhibitions
- Slowed reflexes
- Uncoordinated
- Drowsiness
- Gait ataxia (impaired walking)

## Eye Indicators

HGN	Present
VGN	May be Present (high dose)
LOC	Present
Pupil Size	Normal



### *Eye Indicators*

- HGN – Present
- VGN – May be Present – especially at high dose levels for that individual
- LOC – Present
- Pupil Size – Normal

***Point out that “normal” refers to the average ranges established in the DEC Program.***

## Onset and Duration of Effects

Type	Onset	Duration
Ultra Short	Seconds	Few Minutes
Short	10 to 15 min.	4 hours
Intermediate	30 minutes	4 to 6 hours
Long Acting	One hour	6 or more hours



### *Duration of Effects*

There are four different categories of depressants which are classified based on their onset properties:

#### Type

Ultra Short  
Short  
Intermediate  
Long Acting

#### Action

Very rapid  
4 hours or less  
4 to 6 hours  
6 or more hours

## Duration of Effects

The duration of effects of CNS Depressants can vary depending on:

- Dosage amounts
- Age
- Weight
- Tolerance level
- Other variables may dictate the length of actual impairment



### *Duration of Effects*

The duration of effects of CNS depressants can vary depending upon:

- Dosage amounts
- Age
- Weight
- Tolerance level
- Other variables may dictate the length of actual impairment

## Duration of Effects

Type	Duration
Barbiturate	1 to 16 hours
Tranquilizers	4 – 8 hours
GHB	3 – 5 hours
Rohypnol	Peak 1-2 hours Duration 8-12 hours



<u>Type</u>	<u>Duration</u>
Barbiturate	1 – 16 hours
Tranquilizers	4 – 8 hours
GHB	3 – 5 hours
Rohypnol	Peak 1-2 Duration 8-12 hours

## Overdose Signs and Symptoms

- **Shallow breathing**
- **Cold/clammy skin**
- **Dilated pupils**
- **Rapid / weak pulse**



### *Overdose Signs and Symptoms*

- Shallow breathing
- Cold/clammy skin
- Dilated pupils
- Rapid/weak pulse

## Medical Conditions That May Mimic Drug Impairment

- Extreme fatigue
- Very recent head injuries
- Diabetic reactions
- Hypotension (low blood pressure)
- Inner ear disorders
- Severe depression



### *Medical Conditions That May Mimic Drug Impairment*

- Extreme fatigue
- Very recent head injuries
- Diabetic reactions
- Hypotension (low blood pressure)
- Inner ear disorders
- Severe depression

## Drug Matrix

	CNS Dep.	CNS Stim.	Hall.	D.A.	NA.A	Inhalant	Cannabis
HGN	Present						
VGN	Present						
Pupil Size	Normal *						
LOC	Present						



*\* Soma, Quaaludes, and possibly some Anti-Depressants usually dilate pupils*



### *Drug Matrix*

***A very sort list of examples is provided for the participants in the back of this session.***

***The list only covers the most common types of depressants that law enforcement officers may come in contact with.***

***The instructors may review them with the class, provided there is time to do so.***

***Refer to power point slides for examples of CNS Depressant drugs.***

***Complete MATRIX chart for CNS Depressant Category.***

# Seven Drug Categories

## CNS Stimulants



CNS Stimulants

## Central Nervous System Stimulants

- **Relieve fatigue**
- **Aid in weight reduction**
- **Reduce the need for sleep**
- **Increase energy and confidence levels**



Central nervous system stimulants:

- Relieve fatigue
- Aid in weight reduction
- Reduce the need for sleep
- Increase energy and confidence levels

In general, it brings about both a psychological and physical exhilaration.

CNS stimulants are commonly known as “*uppers*” and their effects are similar to the body’s flight or fight responses.

As stimulants “wear off”, the individual can exhibit signs and symptoms similar to those associated with depressants since the some of the body’s systems may experience a “crash.”

## Widely Abused CNS Stimulants

- Cocaine
- Amphetamines
- Methamphetamines



The most widely abused CNS stimulants are:

- Cocaine
- Amphetamines
- Methamphetamines

# Coca Plant

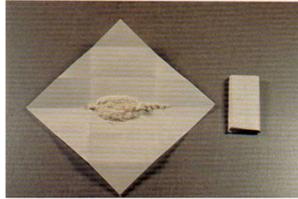


“Erythroxylon Coca”



Cocaine is made from the leaves of the coca plant and is generally found as a white or off-white power.

# Cocaine



Crack cocaine is made by mixing

- Baking soda,
- Cocaine
- Water
- Then heating

It appears as small white or off-white chunks.

# Amphetamines

## Methamphetamine



Amphetamines are usually found in pill form and are legally manufactured for medical use.

Methamphetamine usually has the consistency of brown sugar, can be a variety of different colors, and is primarily produced illegally.

## Amphetamines (Cont.)



**Methamphetamine**



**Amphetamine Sulfate**



Ephedrine and pseudoephedrine are also classified as CNS stimulants

## Legal CNS Stimulants

- Diet Max
- Diet Now
- Diet Pep
- Mahuang
- Anti-insomnia aids (Mini-tabs, 357 Magnum, Ephedrine)



Ephedrine is often advertised as diet supplements

- Diet Max
- Diet Now
- Diet Pep
- Mahuang
- Anti-insomnia aids (Mini-tabs, 357 Magnum, Ephedrine)
- “Natural versions of illegal drugs” (Herbal Ecstasy and Herbal Bliss). Pseudoephedrine can be found in a variety of over-the-counter antihistamines, decongestants and cold products, thus making it more accessible
  - Both are usually found in pill form and can be used in the production of methamphetamine.
  - When taken in excess, they have the ability to impair.

## Prescribed CNS Stimulants

- **Ritalin**
- **Adderall**
- **Dexedrine**



Ritalin, Adderall, and Dexedrine are also classified as CNS stimulants.

These medications allow an individual with attention deficit disorder (ADD) and attention deficit hyperactivity disorder (ADHD) to focus their attention.

These medications have recently become common targets for abuse for participants and professionals who want to obtain a temporary increase in their ability to focus and process information.

## Methods and Signs of Ingestion

- Insufflated

- Injected

- Smoked

- Oral



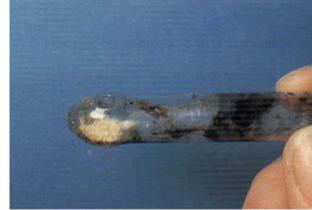
### *Methods and Signs of Ingestion*

There are many types of stimulants and their form will dictate the method of ingestion.

- Powder cocaine is typically insufflated, but can be injected or smoked.
- To be injected it must be converted to a liquid form. Users will heat the powder in distilled water. The chemicals will combine to form the injectable liquid.
- Crack cocaine is smoked. Crack Cocaine burns very hot, there may be signs of ingestion in the mouth.

## Ingesting Stimulants

- **Methamphetamine**
- **Other Amphetamines**
- **Orally (tablets, capsules, etc.)**



- Methamphetamines can be snorted, smoked, injected, or taken orally.
- Ephedrine, Pseudoephedrine, Ritalin (pill), Adderall (pill), and Dexedrine (pill and capsule) are primarily taken orally.

***Instructor should talk about the examples of signs in the oral cavity***

- Some schools have reported Ritalin to have been crushed and inhaled by some abusers.

## Ingestion Signs

- **Perforated septum**
- **Powder residue in nasal cavity**
- **Blisters on lips and tongue**
- **Raised taste buds**
- **Injection track marks**



When a CNS stimulant is taken orally, signs of ingestion may be very limited.

When they are inhaled (as a powder) the septum may be perforated.

When they are inhaled (as a powder) the nasal tissue may be irritated or inflamed.

When they are smoked, the intense heat of the smoke may cause the taste buds to rise, burn marks on the fingers (where the pipe was held), and burn marks on the lips (where the pipe touched the mouth).

Injection marks may be observed as a fresh puncture mark with blood oozing, bruising of the vein (caused by damage to the vein itself), or older marks, which may have dried blood covering the mark.

## Effects of CNS Stimulants

- **Euphoria – an extremely pleasurable sensation (while the drug is psychoactive)**
- **Opposite effect as the drug wears off**



The main effect of most CNS stimulants is Euphoria – an extremely pleasurable sensation.

This is only true while the high is felt. The user may find an opposite effect as the drug wears off.

While the drug is psychoactive, the user may seem like their system is sped up or in fast forward, (But!), as the drug leaves the system (crashing), this person may appear as though they are under the influence of a CNS depressant or Narcotic Analgesic.

## General Indicators of Impairment

- Restlessness
- Body tremors
- Excited
- Euphoric
- Talkative
- Exaggerated reflexes
- Anxiety



### *General Indicators*

- Restlessness
- Body tremors
- Excited
- Euphoric
- Talkative
- Exaggerated reflexes
- Anxiety

## General Indicators of Impairment (Cont.)

- Grinding teeth (bruxism)
- Redness to nasal area
- Runny nose
- Loss of appetite
- Increased alertness
- Dry mouth
- Irritability



- Grinding teeth (bruxism)
- Redness to nasal area
- Runny nose
- Loss of appetite
- Increased alertness
- Dry mouth
- Irritability

## Eye Indicators

- **HGN – Not Present**
- **VGN – Not Present**
- **LOC – Not Present**
- **Pupil Size – Dilated**



### *Eye Indicators / Matrix*

- HGN – Not Present
- VGN – Not Present
- LOC – Not Present
- Pupil Size – Dilated

## Duration of Effects

- **Cocaine**                    **5 – 10 minutes (smoked)**  
                                      **10 – 15 (injected)**  
                                      **30 – 90 (snorted)**
- **Amphetamines**        **4 – 8 Hours**
- **Methamphetamines** **12 hours**
- **Ritalin**                    **Varies**
- **Adderall**                **Varies**
- **Dexedrine**              **Varies**



### *Duration of Effects*

Cocaine	5 – 10 minutes (smoked) 10 – 15 (injected) 30 – 90 (snorted)
Amphetamines	4 – 8 Hours
Methamphetamines	12 hours
Ritalin, Adderall, Dexedrine	Varies

## Overdose Signs and Symptoms

- Increase in heart rate and blood pressure
- Convulsions
- Increased body temperature
- Hallucinations



### *Overdose Signs and Symptoms*

Overdose signs and symptoms of a CNS stimulant may include, but are not limited to:

- Possible increase in heart rate or intensity
- Convulsions
- Increased body temperature
- Hallucinations

## Medical Conditions That Mimic CNS Stimulants

- **Hyperactivity**
- **Nervousness**
- **Stress**
- **Fear**
- **Hypertension (high blood pressure)**



### *Conditions that may mimic CNS Stimulant impairment*

There are several conditions that may mimic impairment by a CNS stimulant.

These may be, but are not limited to:

- Hyperactivity
- Nervousness
- Stress
- Fear
- Hypertension (high blood pressure)

## Drug Matrix

	CNS Dep.	CNS Stim.	Hall.	D.A.	NA.A	Inhalant	Cannabis
HGN	Present	None					
VGN	Present	None					
LOC	Present	None					
Pupil Size	Normal *	Dilated					



*\*\*Soma, Quaaludes, and possibly some Anti-Depressants usually dilate pupils*



***Briefly cover the list of examples of CNS Stimulants in the back of this session.***

***Complete Matrix Chart for CNS Stimulant Category***

# Seven Drug Categories

## Hallucinogens



Hallucinogens

## Hallucinogens

- This category causes hallucinations
- Hallucinations are sensory experiences of something that does not exist outside the mind



Hallucination is a sensory experience of something that does not exist outside the mind.

## Hallucinogens (Cont.)

Hallucinogens affect a person's:

- Perceptions
- Sensations
- Thinking
- Self-awareness
- Emotional state



Hallucinogens affect a person's :

- Perceptions
- Sensations
- Thinking
- Self-awareness
- Emotional state

## Hallucinogens (Cont.)

- An example of a hallucination would be seeing sounds and hearing colors
- This is called Synesthesia: or the transposition of senses



The category is classified in this manner because one of the significant effects of these drugs is hallucinations.

An example would be seeing something that does not exist or hearing a color.

This is called Synesthesia – or a transposition of senses.

## Identification of Hallucinogens

Some hallucinogens occur naturally:

- Peyote is a species of cactus containing *mescaline*
- There are numerous mushrooms (psilocybin) capable of inducing hallucinations
- Jimson weed and morning glory seeds
- Toad (*Bufo Alvarius*) releases a hallucinogenic secretion when threatened



### *Identification of Hallucinogens*

Some hallucinogenic drugs occur naturally.

- Peyote - is a species of cactus containing mescaline.
- There are numerous mushrooms (psilocybin) capable of inducing hallucinations.
- Jimson Weed and Morning Glory seeds can also be abused, often with tragic consequences.
- There is also a toad (*Bufo Alvarius*), which releases a hallucinogenic secretion when threatened. ***This secretion is a defense mechanism for the toad.***

## Common Hallucinogens



**Peyote (Mescaline)**



**Psilocybin  
(Both are grown naturally)**



### *Common Hallucinogens*

- Peyote (Mescaline)
- Psilocybin

Note: Both are grown naturally

## Identification of Hallucinogens

**Some hallucinogens are synthetically manufactured:**

- **Lysergic acid Diethylamide (LSD)**
- **Methylenedioxymethamphetamine (MDMA) or Ecstasy**



Hallucinogenic drugs are also synthetically manufactured.

Examples include:

- Lysergic Acid Diethylamide (LSD) liquid can be placed on blotter paper and sold as tabs, or it can be absorbed by sugar cubes or other pills.
- Methylenedioxymethamphetamine (MDMA) or Ecstasy is an example of a synthetically produced hallucinogen.
  - MDMA can be found as a pill or as a powder

A pill press can be used to compress the powder into a pill, which may contain a variety of different shapes or figures.

The use and abuse of Ecstasy has received wide spread attention because of its popularity in the “rave scene” and overdose deaths.

## Methods of Ingestion

- Orally
- Transdermal
- Smoked
- Injected
- Insufflation



Many hallucinogens are taken orally.

LSD is absorbed directly either by placing it on the:

- Tongue
- Skin
  - When a substance is absorbed through the skin it is called transdermal absorption.

**Note: Extreme care should be taken when handling suspected LSD blotter paper. LSD can be absorbed through the skin causing unintentional intoxication. Gloves should be worn!**

Substances that are dried and then eaten or brewed as a tea.

- Peyote
- Psilocybin Mushrooms
- Jimson Weed
- Morning Glory seeds

Ecstasy is usually taken orally.

Additionally, users can consume hallucinogens by:

- Smoking
- Injecting
- Insufflation

Since most hallucinogens are taken orally, detecting any signs of ingestion may be difficult.

## Effects of Hallucinogens

- The drug generally intensifies the mood of the user at the time of ingestion.
- If the user is depressed – you could observe a deeper depression
- If the user is feeling pleasant – you could see a heightened pleasure



### *Effects of Hallucinogens*

The user can feel a wide variety of effects when using hallucinogens.

The effects depend on the personality and expectations of the individual as well as the surroundings in which the drug is taken.

The drug generally intensifies the mood of the user at the time of ingestion.

If the user is depressed:

- You could observe a deeper depression

If the user is feeling pleasant

- You could see a heightened pleasure.

***Explain the terms used in the DEC Manual, “Bad Trip” or “Flash Backs”***

***Spend some time discussing MDMA “Ecstasy”***

## Effects of Hallucinogens (Cont.)

- Hallucinogens can uncover emotional flaws in the user
- Therefore, the user may expect a pleasurable “trip,” but end up instead with a bad “trip”



Hallucinogens can uncover emotional flaws in the user.

Therefore, the user may expect a pleasurable “trip,” but end up instead with a bad “trip.”

## General Indicators

- **Hallucinations**
- **Paranoia**
- **Nausea**
- **Perspiring**
- **Dazed appearance**
- **Flashbacks**
- **Body tremors**
- **Uncoordinated**



### *General Indicators*

Some of the physical, mental, and medical behaviors associated with Hallucinogens are:

- Hallucinations
- Paranoia
- Nausea
- Perspiring
- Dazed appearance
- Flashbacks
- Body tremors
- Uncoordinated

Note: Flashbacks are not believed to be caused by a residual quantity of drug in the user's body, but rather are vivid recollections of a previous hallucinogenic experience.

This can be similar to flashbacks associated with traumatic events.

## General Indicators (Cont.)

- **Disoriented**
- **Memory loss**
- **Synesthesia (transposing of the senses)**
- **Difficulty in speech**



- Disoriented
- Memory Loss
- Synesthesia (mixing of the senses)
- Difficulty in speech

## Eye Indicators

- |              |             |
|--------------|-------------|
| • HGN        | Not Present |
| • VGN        | Not Present |
| • LOC        | Not Present |
| • Pupil Size | Dilated     |



### *Eye Indicators*

- HGN – Not Present
- VGN – Not Present
- LOC – Not Present
- Pupil Size – Dilated

## Duration of Effects

- **LSD**                      **10 to 12 hours**  
                                      **Peaks between 4-6 hours**
- **Ecstasy**                    **1 to 3 hours**
- **Psilocybin**                **2 to 3 hours**
- **Peyote**                     **up to 12 hours**  
                                      **Peaks between 3-4 hours**



- LSD – 10 to 12 hours (Peaks between 4-6 hours)
- Ecstasy – 1 to 3 hours
- Psilocybin – 2 to 3 hours
- Peyote – up to 12 hours (Peaks between 3-4 hours)

## Overdose Signs and Symptoms

The primary overdose symptom for the hallucinogen category is a long and intense “bad trip”



The primary overdose symptom for the hallucinogen category is a long and intense “bad trip.”

## Medical Conditions That Mimic Hallucinogen Impairment

- **High fever**
- **Mental illnesses**



There are two conditions that may mimic impairment by a hallucinogen. These may be, but are not limited to:

- High fever
- Mental illnesses

## Drug Matrix

	CNS Dep.	CNS Stim.	Hall.	Dissoc Anest.	Narc. Analg	Inhalant	Cannabis
HGN	Present	None	None				
VGN	Present	None	None				
LOC	Present	None	None				
Pupil Size	Normal *	Dilated	Dilated				



*\* Soma, Quaaludes and some Anti-Depressants usually Dilate Pupils*



***Complete Matrix Chart for the Hallucinogen Category***

# Seven Drug Categories

## Dissociative Anesthetics



Dissociative Anesthetics

## Dissociative Anesthetics

- PCP- Phencyclidine
- Analogs
- Ketamine
- Dextromethorphan



Phencyclidine, along with its analogs, forms a distinct category all by themselves.

The chemical name for PCP is Phenyl Cyclohexyl Piperidine.

An analog of a drug is one with a similar chemical composition.

Analogs have slightly different chemical structures but produce the same effects.

Dissociative Anesthetics symptoms may be confused with individuals under the influence of hallucinogens, stimulants and depressants.

***Give examples of the categories that mimic Dissociative Anesthetics.***

If a thorough assessment is not performed, the examiner may jump to an incorrect conclusion.

- ***High temperature with stimulants (sweating)***
- ***HGN with depressants***
- ***Blank stare of Dissociative Anesthetics mimicking hallucinogens***

## Identification of

### Dissociative Anesthetics

- PCP was originally manufactured as an intravenous anesthetic - trade name *Sernyl*
- Ketamine (*Ketalar*) is an analog of PCP and is still used in pediatric and animal surgery
- DXM is found in over-the-counter anti-tussive medicines like *Robitussin, Coricidin Cough and Cold and Dimetapp*



#### *Identification of Dissociative Anesthetics*

PCP was originally manufactured as an intravenous anesthetic. It was marketed under the trade name of Sernyl.

Although the drug proved to be a very effective anesthetic, it was discontinued for human use in 1967 because of very undesirable side effects.

Ketamine (Ketalar) is an analog of Dissociative Anesthetics and is still used in pediatric and animal surgery.

## Methods and Signs of Ingestion

- Orally
- Insufflation
- Transdermally
- Eye Drops
- Smoked



### *Methods and Signs of Ingestion*

Dissociative Anesthetics ingestion:

- Orally
- Insufflation
- Transdermally
- Eye Drops
- Smoked

Most Common form of ingestion is smoking in cigars, cigarettes, and marijuana

Note: Officer Safety is important. Numerous incidents have been documented where officers have been exposed to the side effects of the drug.

## Effects of Dissociative Anesthetic

- **Cut off or distort the brain's perception of the rest of the body's senses (Dissociate)**
- **Increase the user's pain threshold (Anesthetic)**



### Effects of Dissociative Anesthetic

The predominant effect of Dissociative Anesthetics is as a dissociative anesthetic. This means Dissociative Anesthetics has the ability to cut off the brain's perception of the rest of the body's senses.

This sense is so strong that many users feel their head is actually separated from their body.

Another, more dangerous, effect of PCP is the user's increased pain threshold.

The user is impervious to the same pain sensations that would typically render an impaired person incapacitated.

One should be extremely cautious when dealing with an individual impaired by PCP.

## General indicators

- **Perspiring**
- **Blank stare**
- **Cyclic behavior**
- **Chemical odor**
- **Increased pain threshold**
- **Incomplete verbal responses**



### *General Indicators*

- Perspiring
- Blank stare
- Cyclic behavior
- Chemical odor
- Increased pain threshold
- Incomplete verbal responses

## General indicators (Cont.)

- Warm to the touch
- Repetitive speech
- Hallucinations
- Confused
- Possibly violent and combative
- “Moon walking”



- Warm to the touch
- Repetitive speech
- Hallucinations
- Confused
- Possibly violent and combative
- “Moon walking”

## Eye Indicators

- **HGN**                      **Present**
- **VGN**                      **Present**
- **Pupil Size**              **Normal**
- **LOC**                      **Present**



### *Eye Indicators*

HGN	Present
VGN	Present
Pupil Size	Normal
LOC	Present

***Point out that “normal” refers to pupils within the DEC Program average ranges.***



## Overdose Signs and Symptom

- **Deep coma lasting up to 12 hours**
- **Seizures and convulsions**
- **Respiratory depression**
- **Magnification of pre-existing cardiac conditions**
- **Possible psychosis**



One of the primary overdose symptoms for the Dissociative Anesthetic drug category is a long and intense “trip.”

## Conditions That May Mimic Drug Impairment

**Mental illnesses may mimic impairment  
by Dissociative Anesthetics.**



### *Conditions That May Mimic Drug Impairment*

Mental illnesses may mimic impairment by Dissociative Anesthetics.

## Drug Matrix

	CNS Dep.	CNS Stim.	Hall.	Dissoc. Anest.	Narc. Analg.	Inhalant	Cannabis
HGN	Present	None	None	Present			
VGN	Present	None	None	Present			
Pupil Size	Normal *	Dilated	Dilated	Normal			
LOC	Present	None	None	Present			



*\* Soma, Quaaludes, and possibly some Anti-Depressants usually dilate pupils*



### ***Complete Matrix Chart for the Dissociative Anesthetic Category***

# Seven Drug Categories

## Narcotic Analgesics



Narcotic Analgesics

## Narcotic Analgesics

### Narcotic Analgesics:

- **Relieve pain**
- **Induce euphoria, alter moods, and produce sedation**
- **Known for physically addicting properties and severe withdrawal symptoms**



### Narcotic Analgesics

Drugs in the narcotic analgesics category relieve pain.

They induce euphoria, alter moods, and produce sedation.

Narcotic Analgesics are also included in the opiate family and are legal prescription medications as well as illegal drugs.

This category is known for its physically addicting properties and severe withdrawal symptoms

## Identification of Narcotic Analgesics

- The most familiar narcotic analgesic is heroin
- Heroin is normally found in powder form
- Heroin's color ranges from white to dark brown (tar colored)



### *Identification of Narcotic Analgesics*

The most familiar narcotic analgesic is heroin.

Depending on the purity, heroin may be a white powder to a dark brown powder/tar color.



## Heroin (Cont.)



## Identification of Narcotic Analgesics

### Other narcotic analgesics include:

- Hydrocodone
- Vicodin
- Lortab
- Tylenol 3 (with codeine)
- Buprenorphine
- Morphine
- Oxycontin



Other narcotic analgesics include:

- Hydrocodone
- Vicodin
- Lortab
- Tylenol 3 (with codeine)
- Buprenorphine
- Morphine
- Oxycontin

Typically, these are prescription drugs and found in pill form.

The shape, size, or scoring can depend on the manufacturer or milligram strength.

In most cases, narcotic analgesics are obtained in local pharmacies and sold locally

These drugs are inexpensive and frequently prescribed, but nevertheless remain a controlled substance.

***Discuss the Canadian drug market, and the availability of drugs through the internet.***

## Methods, Signs, and Symptoms

**Methods of ingestion vary, depending on the drug used**

- Orally in pill form
- Inhaled as a powder
- Injected as a liquid



Methods of ingestion vary, depending on the drug used.

They may be taken:

- Orally in pill form
- Inhaled as a powder
- Injected as a liquid

Most of the prescribed pain relievers are found in the pill form, which will be taken orally. If taken orally, signs of ingestion may be limited.

Heroin that is more pure may be inhaled, while heroin that is less pure is typically injected.

## Effects of Narcotic Analgesics

- Usually very addictive
- Addicts who stop using may suffer physical withdrawal symptoms
- Users may develop a tolerance to the drug (Each time the drug is taken, a larger dose is required to achieve the same feeling)



### *Effects of Narcotic Analgesics*

- Narcotic analgesics are usually very addictive.
- This means the person must receive a dose of the drug at regular intervals or physical withdrawal may result.
- Narcotic analgesics also enable the person to develop a tolerance to the drug.
- Each time the drug is taken, a larger dose is required to achieve the same feeling.

## General Indicators

- **Droopy eyelids**
- **“On the nod”**
- **Drowsiness**
- **Depressed reflexes**
- **Dry mouth**
- **Low, raspy, slow speech**



### *General Indicators*

- Droopy eyelids
- “On the nod”
- Drowsiness
- Depressed reflexes
- Dry mouth
- Low, raspy, slow speech

## General Indicators (Cont.)

- Euphoria
- Fresh puncture marks
- Itching
- Nausea
- Track marks



Euphoria

Fresh puncture marks

Itching

Nausea

Track marks

## Eye Indicators

- **HGN**                      **Not Present**
- **VGN**                      **Not Present**
- **Pupil Size**              **Constricted**
- **LOC**                      **Not Present**



### *Eye Indicators*

HGN              Not Present

VGN              Not Present

Pupil Size      Constricted

LOC              Not Present

## Duration of Effects

- **Heroin**                    **4-6 hours**
- **Hydrocodone**        **6-8 hours**
- **Dilaudid**                **5 hours**
- **Percodan**               **4-6 hours**
- **Methadone**            **12-18 hours**



### *Duration of Effects*

The duration of narcotic analgesics can vary from one type to another.

Dosage amounts, age, weight, tolerance, and other variables may dictate the length of actual impairment.

Heroin	4-6 hours
Hydrocodone	6-8 hours
Dilaudid	5 hours
Percodan	4-6 hours
Methadone	12-18 hours

## Overdose Signs

- **Slow and shallow breathing**
- **Clammy skin**
- **Coma**
- **Convulsions**



Overdose signs and symptoms of a narcotic analgesic may include, but are not limited to:

- Slow and shallow breathing
- Clammy skin
- Coma
- Convulsions

## Conditions That May Mimic Narcotic Analgesic Drug Impairment

- **Fatigue**
- **Very recent head injuries**
- **Diabetic reactions**
- **Hypotension (low blood pressure)**
- **Severe depression**



There are several conditions that may mimic impairment by a narcotic analgesic. These may be, but are not limited to:

- Fatigue
- Very recent head injuries
- Diabetic reactions
- Hypotension (low blood pressure)
- Severe depression

## Drug Matrix

	CNS Dep.	CNS Stim.	Hall.	Dissoc. Anest.	Narc. Analg.	Inhalant	Cannabis
HGN	Present	None	None	Present	None		
VGN	Present	None	None	Present	None		
LOC	Present	None	None	Present	None		
Pupil Size	Normal *	Dilated	Dilated	Normal	Constricted		



*\* Soma, Quaaludes, and possibly some Anti-Depressants usually dilate pupils*



### ***Complete Matrix Chart for the Narcotic Analgesics Category***

# Seven Drug Categories

## Inhalants



Inhalants

## Inhalants

- **Vary widely in terms of chemicals involved and specific effects**
- **One of the most accessible and inexpensive substances of abuse due to legitimate applications**
- **Relatively inexpensive and readily available in the home, school, or work environment**



Inhalants vary widely in terms of the chemicals involved and the specific effects they produce.

Inhalants are one of the most accessible and inexpensive substances of abuse due to their legitimate applications.

They are relatively inexpensive as well as readily available in the home, school, or work environment.

## Identification of Inhalants

The three sub-categories of inhalants are:

- Volatile solvents
- Aerosols
- Anesthetic gases



There are three major categories of inhalant abuse:

- Volatile solvents
- Aerosols
- Anesthetic gases

## Volatile Solvents

**These chemicals are usually inhaled directly from their source:**

- **Gasoline**
- **Paint thinners**
- **Fingernail polish remover**
- **Cleaning fluid**
- **Dry erase markers**
- **Liquid Correction Fluid**
- **Paint**
- **Various glues**



These chemicals are usually inhaled directly from their source.

Some of these include:

- Gasoline
- Paint thinners
- Fingernail polish remover
- Cleaning fluid
- Dry erase markers
- Liquid Correction Fluid
- Paint
- Various glues

## Aerosols

**These are usually inhaled from a secondary source such as a:**

- Soaked rag
- Paper bag
- Plastic bag



These chemicals are discharged from pressurized containers by propellants or compressed gas.

These are usually inhaled from a secondary source such as a:

- Soaked rag
- Paper bag
- Plastic bag

## Aerosols (Cont.)

**Some of the commonly abused aerosols include:**

- **Hair sprays**
- **Deodorants**
- **Vegetable frying pan lubricants**
- **Insecticides**
- **Spray paint**



Some of the commonly abused aerosols include:

- Hair sprays
- Deodorants
- Vegetable frying pan lubricants
- Insecticides
- Spray paint

## Anesthetic Gases

Some of the anesthetic gases include:

- Chloroform
- Amyl nitrite
- Butyl nitrite
- Isobutyl nitrite
- Nitrous oxide
  - Whipped cream (gas)



This category is the least abused of the three, mainly because of the expense and unavailability.

Anesthetic gases are drugs which allow the user to disassociate pain and are generally used for medical procedures involving surgery.

These can be inhaled from the source directly.

Some of the anesthetic gases include:

- Chloroform
- Amyl nitrite
- Butyl nitrite
- Isobutyl nitrite
- Nitrous oxide
  - Whipped cream (gas)

## Methods and Signs of Ingestion

- **Sprayed into an empty soda can and inhaled through the opening in the top**
- **Sprayed into a balloon and inhaled**
- **Soaked in a cloth (scrunchies/socks) and placed on the nose/mouth and inhaled**



### *Spray paint and other inhalants:*

- Can be sprayed into an empty soda can and inhaled through the opening in the top
- Sprayed into a balloon and inhaled
- Soaked in a cloth (scrunchies/socks) and placed on the nose/mouth and inhaled

## Methods and Signs of Ingestion

**Persons abusing inhalants will frequently have the abused substance on their:**

- **Hands**
- **Face**
- **Mouth**



Persons abusing inhalants will frequently have the abused substance on their:

- Hands
- Face
- Mouth

## Effects of Inhalants

- **The effects of inhalants will vary widely depending on the substance inhaled**
- **Typically the inhalant abuser will generally appear to be intoxicated on alcohol**



### *Effects of Inhalants*

The effects of inhalants will vary widely depending on the substance inhaled.

Typically the inhalant abuser will generally appear to be intoxicated on alcohol.

Inhalant abusers can be detected and distinguished from other drug abusers because they will usually carry a chemical odor of the inhaled substance about their breath and person.

## General Indicators

- **Confusion**
- **Flushed face**
- **Intense headaches**
- **Bloodshot, watery eyes**
- **Lack of muscle control**
- **Odor of substance**



### *General Indicators*

- Confusion
- Flushed face
- Intense headaches
- Bloodshot, watery eyes
- Lack of muscle control
- Odor of substance

## General Indicators (Cont.)

- **Non-communicative**
- **Disoriented**
- **Slurred speech**
- **Possible nausea**
- **Residue of substance around mouth and nose**



- Non-communicative
- Disoriented
- Slurred speech
- Possible nausea
- Residue of substance around mouth and nose

## Eye Indicators

- **HGN Present**
- **VGN Present (High Doses)**
- **LOC Present**
- **Pupil Size Normal (May be Dilated)**



### *Eye Indicators*

HGN	Present
VGN	Present (High Doses)
Pupil Size	Normal (May be Dilated)
LOC	Present

## Duration of Effects

- **Volatile Solvents**                      **6-8 hours**
  
- **Anesthetic Gases**                      **Very Short**
  - **Nitrous Oxide**                      **< 5 Minutes**
  - **Amyl Nitrite/ Butyl Nitrite**                      **Few seconds to 20 minutes**



### *Duration of Effects*

Volatile Solvents	6-8 hours
Anesthetic Gases	Very Short
Nitrous Oxide	< 5 Minutes
Amyl Nitrite/Butyl Nitrite	Few seconds to 20 minutes

## Overdose Signs and Symptoms

The primary overdose signs for inhalants are:

- Coma
- Sudden sniffing death



### *Overdose Signs and Symptoms*

The primary overdose sign for an inhalant is coma or “sudden sniffing death.” This is where the individual stops breathing from inhaling a substance. This may occur during the first experience with an inhalant.

## Conditions That May Mimic Drug Impairment

**There are two conditions that may mimic inhalant impairment:**

- **Severe head injuries**
- **Inner ear disorders / Equilibrium**



### *Conditions That May Mimic Drug Impairment*

There are two conditions that may mimic impairment by an Inhalant. These may be, but are not limited to:

- Severe head injuries
- Inner ear disorders / Equilibrium

## Drug Matrix

	CNS Dep.	CNS Stim.	Hall.	Dissoc. Anest.	Narc. Analg.	Inhalant	Cannabis
HGN	Present	None	None	Present	None	Present	
VGN	Present	None	None	Present	None	Present	
LOC	Present	None	None	Present	None	Present	
Pupil Size	Normal *	Dilated	Dilated	Normal	Constricted	Normal **	



*\* Soma, Quaaludes, and possibly some Anti-Depressants usually dilate pupils*

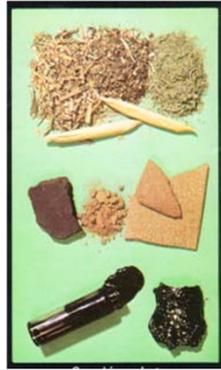
*\*\* Normal (average ranges) but may be dilated*



**Complete the Matrix Chart for the Inhalant Category**

# Seven Drug Categories

## Cannabis



Cannabis

## Cannabis

- **Category derived primarily from various species of plants, such as the Cannabis Sativa and Cannabis Indica**
- **This category has the most widely abused illicit drugs**
- **Delta-9 Tetrahydrocannabinol (THC) is the primary psychoactive ingredient in cannabis**



Cannabis is a category of drugs derived primarily from various species of plants, such as the Cannabis Sativa and Cannabis Indica.

The drugs in this category are the most widely abused illicit drugs.

They can be extremely impairing even though they are often believed to be fairly benign.

The primary psychoactive ingredient in cannabis is:

- Delta-9 Tetrahydrocannabinol (THC)

THC is found primarily in the leaves and flower of the marijuana plant.

Different varieties of cannabis contain various concentrations of THC.

Marijuana is usually found as green leaves.

## Identification of Cannabis

The cannabis category includes:

- Marijuana
- Hashish
- Hash oil
- Synthetic drugs, such as Dronabinol, Marinol, or numerous other synthetic cannabinoids.



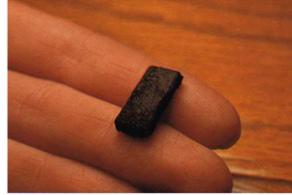
The cannabis category includes:

- Marijuana
- Hash
- Hash oil
- Synthetic drug, such as dronabinol, marinol, or numerous other synthetic cannabinoids.

# Cannabis



**Marijuana**



**Hashish**



**Hash Oil**



**Marinol**



Marijuana is the most common and well-known of the drugs in this category, but there are other forms as well.

## Identification of Cannabis

- **Marinol, a synthetic form of cannabis, has a legitimate medicinal use as an anti-vomiting agent, commonly associated with cancer chemotherapy**
- **Other uses for Marinol include treatment of glaucoma or as an appetite enhancer for anorexia disorders**



Marinol, a synthetic form of cannabis, has a legitimate medicinal use as an anti-vomiting agent, commonly associated with cancer chemotherapy.

Other forms are used for glaucoma patients or as an appetite enhancer for anorexia disorders.

## Identification of Cannabis (Cont.)

The effects of cannabis depend on the strength of the THC in the dose consumed.

- THC concentrations decades ago, peaked at relatively low levels (3-6 %).
- Current levels are being reported at more than 30%



The effects of cannabis depend on the strength of the THC in the dose consumed.

THC concentrations decades ago, peaked at relatively low levels (3-6 %), however, current levels are being reported at more than 30%.

The increase in THC levels is due to hybridization and better cultivation techniques used by producers.

There are several chemicals in marijuana smoke.

Some of these chemicals are water soluble (meaning they combine with the water) and some are not (THC).

***THC bonds to fat molecules and may be in the urine toxicology reports for up to 30 days. (Explain)***

## Methods and Signs of Ingestion

**Marijuana is usually rolled into cigarettes and smoked**

- **Since these cigarettes lack a filter, small bits and pieces of marijuana debris may be found stuck between the teeth of the user**
- **Burn marks may be found on the thumb and index finger**

**The user may also use a “water pipe” or “bong” to smoke**



Marijuana is usually rolled into cigarettes and smoked.

Since these cigarettes lack a filter, small bits and pieces of marijuana debris may be found stuck between the teeth of the user.

Burn marks may be found on the thumb and index finger.

The user may also use a “water pipe” or “bong” to smoke marijuana.

- By passing the marijuana smoke through the water, the smoke is not only more pure, but also cooler.

## Effects of Cannabis

**People under the influence of cannabis may display:**

- **Brief attention span**
- **Divided attention impairment**



### *Effects of Cannabis*

People under the influence of cannabis may not to be able to:

- Pay attention
- May have a very brief attention span.

The subjective effects can vary considerably, but they will exhibit divided attention impairment.

The consequences of this in the classroom may be obvious, but the consequences when driving can be fatal.

## General Indicators

- **Marked reddening of the conjunctiva**
- **Odor of marijuana**
- **Marijuana debris in the mouth**
- **Body tremors**
- **Increased appetite**



### *General Indicators*

- Marked reddening of the conjunctiva
- Odor of marijuana
- Marijuana debris in the mouth
- Body tremors
- Increased appetite

## General Indicators (Cont.)

- **Relaxed inhibitions**
- **Disoriented**
- **Possible paranoia**
- **Impaired perception of time and distance**
- **Eyelid tremors**



- Relaxed inhibitions
- Disoriented
- Possible paranoia
- Impaired perception of time and distance
- Eyelid tremors

## Eye Indicators

- **HGN**            **Not Present**
- **VGN**            **Not Present**
- **LOC**            **Present**
- **Pupil Size**    **Dilated (May be normal)**



### *Eye Indicators*

HGN	Not Present
VGN	Not Present
Pupil Size	Dilated (May be normal)
LOC	Present

## Duration of Effects

### Marijuana

- **Peak** 10-30 minutes
- **Duration** 2-3 hours
- **Dissipates** 3-5 hours
- **Residual Effects** Up to 24 hours



### *Duration of Effects*

When marijuana is smoked, the user will experience peak effects

- Within 10 to 30 minutes.

Typical marijuana users usually exhibit the effects for 2 to 3 hours, with most behavioral and physiological effects dissipating after 3-5 hours.

Some research suggests that residual effects can impact specific behaviors for up to 24 hours.

## Duration of Effects

### Dronabinol/Marinol

- Onset 30-60 minutes
- Peak 2-4 hours
- Appetite Stimulant Up to 24 hours



Dronabinol has an onset of 30 minutes to 1 hour with peak effects occurring between 2 and 4 hours.

It can stimulate appetite for up to 24 hours

## Overdose Signs and Symptoms

**Overdose signs and symptoms may include, but are not limited to:**

- **Paranoia**
- **Fatigue**



Overdose signs and symptoms of cannabis may include, but are not limited to:

- Paranoia
- Fatigue

Generally speaking, cannabis impairment will not be confused with any other medical condition as noted in the other drug categories.

However, a person diagnosed with an attention deficit disorder may mimic a cannabis user's inability or unwillingness to pay attention.

## Drug Matrix

	CNS Dep.	CNS Stim.	Hall.	Dissoc. Anest.	Narc. Analg.	Inhalant	Cannabis
HGN	Present	None	None	Present	None	Present	None
VGN	Present	None	None	Present	None	Present	None
LOC	Present	None	None	Present	None	Present	Present
Pupil Size	Normal *	Dilated	Dilated	Normal	Constricted	Normal **	Dilated ***

*\*Soma, Quaaludes, and possibly some Anti-Depressants usually dilate pupils*

*\*\*Normal (average range) but may be dilated*

*\*\*\*Dilated, may be normal (average range)*



**Complete the Matrix Chart for the Cannabis Category**

# QUESTIONS?



# Session 7

## The Effects of Drug Combinations



## Learning Objectives

- Describe the prevalence of drug and alcohol use (individually and in combination) as well as poly drug use
- Define poly drug use
- Articulate possible effects of poly drug use related to the general indicators of alcohol and drugs



***Briefly review the objectives, content and activities of this Session.***

Upon successful completion of this Session the participant will be able to:

- Describe the prevalence of drug and alcohol use (individually and in combination) as well as poly drug use.
- Define poly drug use.
- Articulate possible effects of poly drug use related to the general indicators of alcohol and drugs.

### Content Segments

- A. Prevalence of drug and alcohol use
- B. Define poly drug use
- C. Potential effects of poly drug
- D. Types of drug combinations
- E. Combinations including alcohol

### Learning Activities

- Instructor-Led Presentation
  
  
  
  
  
  
  
  
  
  
- Instructor-Led Presentation

## Prevalence of Drug and Alcohol Use

- In 2010 approximately 7 million people aged 12 years or older used psychotherapeutic drugs non-medically (NSDUH, 2010)



### A. Prevalence of Drug and Alcohol Use

- In 2010, approximately 7 million people aged 12 years or older used psychotherapeutic drugs non-medically.  
*Source: National Survey on Drug Use and Health (NSDUH, 2010).*
- The exact number of prescription drug users in the U.S. is unknown. However, in 2011 a record 4 billion drug prescriptions were written in the U.S.  
*Source: Medical News Today, September 18, 2012.*
- Among those aged 50 to 59, the rate of past month illicit drug use increased from 2.7 percent in 2002 to 5.8 percent in 2010. This trend may partially reflect the aging into this age group of the “Baby Boomer” generation, whose lifetime rate of illicit drug use is higher than those of older cohorts.
- Approximately 6.0 million Americans abuse prescription drugs each year.  
*Source: NSDUH Report, 2010.*
- In 2010, 10.6 million persons aged 12 or older reported driving under the influence of illicit drugs during the past year. This corresponds to 4.0 percent of the population aged 12 or older. In 2010, the rate was highest among young adults aged 18 to 25 (12.7 percent).

## Prevalence of Drug and Alcohol Use (Cont.)

- **Alcohol is the most popular "mixer" with other drugs**
- **Cannabis is another popular "mixer", and frequently shows up in combination with Cocaine, PCP, and various other drugs**
- **The "speedball", a combination of Cocaine and Heroin, remains popular**



- Research has shown that Alcohol is the most popular "mixer" with other drugs.
- Cannabis is another popular "mixer", and frequently shows up in combination with Cocaine, Dissociative Anesthetics, and various other drugs.
- The "speedball", a combination of Cocaine and Heroin, remains popular

Law enforcement officers should not be surprised to encounter virtually any possible combination of drugs.

Law enforcement officers may find more poly-drug users than single drug users.

This means that if the law enforcement officer is to do a good job at interpreting the results of observations, they must understand the basic mechanisms of drug interaction.

This session will help the participant understand the effects of poly-drug use.

## Poly Drug Use

- **When a person ingests two or more drug categories into their body, each drug works independently**
- **The body will exhibit a combination of these effects**



### **B. Define Poly Drug Use**

Poly Drug Use: When a person ingests two or more different drug categories.

***Point out that each drug works independently, and the body may exhibit a combination of these effects.***

***Explain the difference between category and drug.***

## Potential Effects of Poly Drug Use

Four types of combined effects can, and generally will, occur when two drug categories are used together:

- Null Effect
- Overlapping Effect
- Additive Effect
- Antagonistic Effect



### **C. Potential Effects of Poly Drug Use**

Four types of combined effects can, and generally will occur when two or more drug categories are used together:

- Null Effect
- Overlapping Effect
- Additive Effect
- Antagonistic Effect

## Null Effect

If neither drug affects some particular indicator of impairment, their combination also will not affect that behavior

Nothing + Nothing = Nothing



### D. Types of Drug Combinations

#### *Null Effect*

The simplest way to explain the null effect is using the phrase: "zero plus zero equals zero"

When a subject consumes one drug which does not cause HGN and they also ingest another drug which does not cause HGN, then the officer should not expect to see HGN.

Another example of the null effect is the pupil size of a suspect who was under the influence of Dissociative Anesthetic and a CNS Depressant.

Dissociative Anesthetics do not affect pupil size and neither do CNS Depressants. The combination of these drugs should not affect the size of the pupils.

If neither drug affects some particular indicator of impairment, then their combination also will not affect that indicator.

***Give examples of NULL Effect. Stimulants and Narcotic Analgesics do not affect LOC.***

## Overlapping Effect

If one drug affects some particular indicator of impairment and another does not, their combination also will affect that behavior.



### *Overlapping Effect*

The overlapping effect comes into play when one drug does affect an indicator of impairment and the other drug has no effect on that indicator.

## Overlapping Effect Examples

### Narcotic Analgesics typically cause:

- HGN - Not present
- VGN – Not present
- Pupil Size – Constricted
- LOC – Not present

### CNS Depressants typically cause:

- HGN - Present
- VGN – Possibly Present
- Pupil Size – Normal (Average range)
- LOC – Present



Examples:

Narcotic Analgesics typically cause:

- HGN - Not present
- VGN – Not present
- Pupil Size – Constricted
- LOC – Not present

CNS Depressants typically cause:

- HGN - Present
  - VGN – Possibly Present
- Note: VGN is present in high doses.
- Pupil Size – Normal (Average range)
  - LOC – Present

## Likely Effects of the Combination

- HGN - Present
- VGN – Possibly Present
- Pupil Size – Constricted
- LOC – Present

**Action** + **Nothing** = **Action**



The specific combination of a CNS Depressant and Narcotic Analgesic can present four different overlapping effects:

- HGN - Present
- VGN – Possibly Present
- Pupil Size – Constricted
- LOC – Present

Action plus nothing equals action.

## Additive Effect

If both drugs affect some particular indicator of impairment, their combination also will affect that behavior.



### *Additive Effect*

The additive effect occurs when two drug categories affect the same indicator in the same way.

In other words, the effects 'add together' or reinforce each other to produce a greater effect than one of the drugs could produce individually.

## Likely Effects of Combination Depressant and Inhalant

- Both cause HGN and VGN
- Expect to see more clues or more pronounced HGN and/or VGN than seen with an individual under the influence of either a depressant or an inhalant alone

**Action** + **Action** = **Greater Action**



If an officer observes general indicators related to a depressant and an inhalant:

- Both cause HGN and VGN.
- We might expect to see more clues or more pronounced HGN and/or VGN than we might see with an individual under the influence of either a depressant or an inhalant alone.

The simplest way to explain the additive effect is to say "action plus action equals greater action".

One thing we can't say for certain is how much the two drugs will reinforce each other.

Sometimes the reinforced effect is as simple as "one plus one equals two", while other drug combinations may produce a combined effect, which is greater than the individual combinations of the two drugs

"one plus one equals five"

For the purpose of this course, we use the term additive effect to cover all situations where two drugs impact an indicator in the same way.

## Additive Effect Examples

### Alcohol typically causes:

- HGN – Present
- VGN – Possibly present
- Pupil Size – Normal (Average range)
- LOC – Present

### CNS Depressants typically cause:

- HGN – Present
- VGN – Possibly present
- Pupil Size – Normal (Average range)
- LOC – Present



### Alcohol typically causes:

- HGN – Present
- VGN – Possibly present
- Pupil Size – Normal (Average range)
- LOC – Present

### CNS Depressants typically cause:

- HGN – Present
- VGN – Possibly present
- Pupil Size – Normal (Average range)
- LOC – Present

## Additive Effects Cause Exaggerated Indicators



The additive effects may cause the indicators to be exaggerated.

Action + Action = Greater Action

Note: Pupils may be dilated. What you see with HGN usually will not be consistent with the BAC.

Note: VGN usually will not be present unless it's a high dose for that individual. The combination may allow the VGN to be observed at a low BAC.

## Antagonistic Effect

When two drugs affect some indicator in exactly the opposite way, their combination will be unknown



Effects will be dependant on which drug is more dominant in the system at any given time



### *Antagonistic Effect*

An antagonistic effect occurs when two drug categories affect an indicator in exactly the opposite ways.

For example:

- Stimulant use results in dilated pupils while narcotic analgesics cause the pupils to be constricted.
- An officer may observe normal, constricted, or dilated pupils due to the antagonistic effect.

When we deal with an antagonistic effect, we cannot always predict the outcome effect.

The effects that you will see will be dependant on which drug is more dominant in the system at any given time.

Example:

- If the stimulant is the psychoactive drug in the system, the pupils may be dilated.
- If the narcotic analgesic is more psychoactive drug, the pupils may be constricted.
- If the drugs are acting on the system in an equal manner you may see normal (Average range) pupils.

"Action plus opposite action may be unpredictable"

***Explain or give an example of Stimulant and Narcotic Analgesic. A person may have taken an oxycontin tablet before smoking crack.***

## Summary

The actual effects can depend on a number of factors including, but not limited to:

- Dose levels
- Time of ingestion
- An individual's metabolism



### *Summary*

The actual effects can depend on a number of factors including, but not limited to:

- Dose levels
- Time of ingestion
- A subject's metabolism

## Drug Combination Examples



Cocaine and Cannabis



Cocaine and Heroin



PCP and Cannabis



Alcohol and Practically Anything Else



### E. Combinations Including Alcohol

In order to illustrate the possible effects of drug combinations, the following examples we will show a cumulative drug symptomatology matrix for two different drug combinations.

## Combination Dissociative Anesthetic and Narcotic Analgesic

Impairment Indicator	Effect due to Dissociative Anesthetic	Effect due to Narcotic Analgesic	Type of Combined Effect	What we will see
HGN	Present	None	Overlapping	Present
VGN	Present	None	Overlapping	Present
LOC	Present	None	Overlapping	Present
Pupil size	Normal	Constricted	Overlapping	Constricted



**Note:** “Normal” refers to average range.

# Combination Cannabis and Stimulant

Impairment Indicator	Effect Due to Cannabis	Effect Due to Stimulant	Type of Combined Effect	What we will see
HGN	None	None	Null	None
VGN	None	None	Null	None
LOC	Present	None	Overlapping	Present
Pupil size	Dilated or Normal	Dilated	Overlapping	Dilated



# QUESTIONS?



# Session 8

## Pre and Post Arrest Procedures



## Learning Objectives

- Describe the Three Phases of the DWI Detection Process
- Describe effective roadside interview techniques
- List elements of *Driving While Under the Influence of Drugs (DUID)*
- Identify indicators of impairment during three phases of detection process



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

Upon completion of this session participants will be able to:

- Describe the three phases of the detection process: Vehicle in Motion, Personal Contact and Pre-Arrest Screening
- Describe effective roadside interview techniques
- List the elements of the offense of DUID
- Identify the indicators of impairment observed during the three phases of the detection process

## Learning Objectives (Cont.)

- **Accurately document, in sequence, observed impairment in each of the three phases of the detection process**
- **Identify additional resources to support prosecution**
- **Articulate relevant evidence as it relates to case preparation and prosecution**



- Accurately document, in the proper event sequence order, observed impairment in each of the three phases of the detection process
- Identify additional resources to support prosecution
- Articulate relevant evidence as it relates to case preparation and prosecution

### Content Segments

- A. What is DWI Detection?
- B. Three phases of the detection process
- C. Effective roadside interview techniques
- D. Identifying and documenting observed indicators of impairment
- E. Case studies and scenarios
- F. Case preparation and prosecution

### Learning Activities

- Instructor-Led Presentation
- Instructor-Led Presentation
- Instructor-Led Presentation and Student Practice Session
- Instructor-Led Presentation and Student Practice Session
- Student Practical Exercise
- Instructor-Led Presentation and Student Practice Session

## What do you need?

- **Active Observation**
- **Effective Documentation**
- **Articulation**
- **Courtroom Testimony**



Although this course is designed to make the Participant aware of: impairment of drugs, alcohol or a combination of drugs and alcohol, the mission is also to reinforce skills which, taught in previous courses dealing with:

- Active Observation
- Effective Documentation
- Articulation
- Courtroom Testimony

***This refers to the SFST Curriculum.***

To effectively gather and present the collective evidence as part of a DWI arrest and prosecution, the law enforcement officer, prosecutor and other supporting professionals must consider information in terms of the totality of the evidence.

## DWI Detection

**Entire process of identifying and gathering evidence to determine whether or not a suspect should be arrested for impaired driving**



### **A. What is DWI Detection?**

DWI detection will be defined as:

“The entire process of identifying and gathering evidence to determine whether or not a suspect should be arrested for impaired driving attributed to alcohol, drug or a combination of alcohol and drugs.”

***The instructor should highlight situations locally and nationally resulting in poor enforcement activities. Increase in fatal crashes, etc...***

## Three Phases

- **Vehicle in Motion**
- **Personal Contact**
- **Pre-Arrest Screening**



### **B. Three Phases of the Detection Process**

We will look at the collection and articulation of evidence in terms of the three phases of DWI detection.

- Vehicle in Motion
- Personal Contact
- Pre-Arrest Screening

## The Detection Process

### When does it begin?

- What draws your attention to a vehicle?

### When does it end?

- What do you base the arrest decision on?



## 3 Possible Decisions

- Yes – Do it Now
- Wait – Look for Additional Evidence
- No – Don't do it



The detection process:

- Yes - Do it now
- Wait - Look for additional evidence
- No - Don't do it

When does it begin?

- When the law enforcement officer attention is first drawn to a vehicle.

**Ask class, What are some examples of things that would draw your attention to a vehicle.**

**Refer to the NHTSA Driving clues.**

The detection process ends when the officer decides that there is or there is not sufficient probable cause to arrest the suspect for DWI.

The officer's attention may be drawn to a particular vehicle or individual for a variety of reasons.

**DWI arrests can be initiated through any contact with motorist.**

The precipitating event may be a loud noise; an equipment or moving violation; behavior that is unusual, but not necessarily illegal; or almost anything else.

**Most vehicle stops do not begin with suspicion of DWI.**

Initial detection may or may not carry with it a suspicion that the driver is impaired.

## The Detection Process

### Ends with:

- An arrest
- Release decision



The detection process ends with:

- An Arrest
- Release Decision

That decision, should ideally, be based on:

- The totality of the evidence collected throughout each of the three phases.

***When the totality of the evidence is available.***

However, situations and circumstances may vary in a manner that could preclude the completion of all three phases.

*Examples of these circumstances would be:*

- Police pursuits
- Motorist assists
- Vehicle crashes
- Traffic direction
- Sobriety Checkpoints

Law enforcement officers should not leap to the arrest/no arrest decision, but rather proceed carefully through each of the three phases when possible.

This process helps to identify all the available evidence needed to make an arrest decision.

## Phase I: Vehicle in Motion

- **What do you observe?**
- **What is the standard?**
- **What do you do?**
- **When might Phase I not occur?**



### *Phase I: Vehicle in Motion*

In Phase One, you usually observe the driver operating the vehicle.

## Phase II: Personal Contact

- What do you observe?
- What do you do?
- When might Phase II not occur?



### *Phase II: Personal Contact*

In Phase Two, after you have stopped the vehicle, there usually is an opportunity to observe and speak with the driver face-to-face.

***Give examples of what should be used:***

***SFST (including VGN), Modified Romberg Balance, LOC, Pupil observation.***

## Phase III: Pre-Arrest Screening

- **Administer Standardized Field Sobriety Tests**
- **Preliminary breath test**



### Phase III: Pre-Arrest Screening

In Phase Three, you usually have an opportunity to administer the Standardized Field Sobriety Tests (SFSTs) to the driver to evaluate whether there is any degree of impairment.

You may, depending upon your agency policies and state laws, administer a preliminary breath test in addition to SFSTs to verify that alcohol is or is not the cause or a contributing factor of the impairment.

## When Would Phase I NOT Be Observed?



The DWI detection process does not always include all three phases. Sometimes DWI detection occurs when Phase One is absent, such as, cases in which you have no opportunity to observe the vehicle in motion.

***Ask class to identify other examples of incidences where the officer does not observe Phase One.***

Examples include:

- Crashes
- Sobriety checkpoint
- Motorist assistance

## When Would Phase II NOT Occur?



Sometimes there are situations when Phase Two does not occur.

***Ask class if they think of examples where phase two may not be present.***

Examples include:

- Crashes where driver are transported to hospital and significant time passes before an investigating officer makes contact with the driver.

## Each Detection Phase

- **Two major tasks**
- **Each task has one major decision**
- **Each decision has any one of three outcomes:**
  - **Yes - Do it Now**
  - **Wait - Look for Additional Evidence**
  - **No - Don't Do It**



Each detection phase usually involves two major tasks and one major decision. Each of the major decisions can have any one of three different outcomes:

- Yes - Do it Now
- Wait - Look for Additional Evidence
- No - Don't Do It

## Phase I - Task One

- **Observe the vehicle in motion**
- **Decision point: *Is there reasonable suspicion to stop the vehicle?***



### Phase One:

- Task 1 Observe the vehicle in operation.

Decision Point: Is there reasonable suspicion to stop the vehicle?

## Phase I - Task Two

- **Continue to observe the vehicle and the stopping sequence**
- **Decision point: *Is there reasonable suspicion to stop the vehicle?***



### Phase One:

- Task 2 Continue to observe the vehicle and the stopping sequence.

Decision point: *Is there reasonable suspicion to stop the vehicle?*

## Phase II - Task One

- **Observe and interview the driver face-to-face**
- **Decision point: *Should you instruct the driver to step from the vehicle for further investigation?***



### **Phase Two:**

- Task 1: Observe and interview the driver face-to-face.

Note: Officer should follow their departmental policy governing traffic stops and investigations.

*Decision Point: Should you instruct the driver to step from the vehicle for further investigation*

## Phase II - Task Two

- **Observe the driver's exit and walk from the vehicle**
- **Decision point: *Is there sufficient probable cause to test the driver for DWI?***



- Task 2: Observe the driver's exit and walk from the vehicle.

*Decision Point: Is there sufficient probable cause to test the driver for DWI?*

## Phase III – Task One

- Administer psychophysical tests
- Decision point: *Is there sufficient probable cause to arrest the driver for DWI?*



### Phase Three:

***Give examples of what should be used:***

***SFST (including VGN), Modified Romberg Balance, LOC, Pupil size observation.***

Task 1: Administer psychophysical tests.

- Decision Point: Is there sufficient probable cause to arrest the driver for DWI?

## Phase III – Task Two

- **Arrange for or administer a preliminary breath test**
  - **What do you observe?**
    - SFST
      - HGN, VGN, WAT, OLS
    - Other Tests/Observations
      - Modified Romberg Balance, LOC, Pupil size
  - **Decision point: *Is there sufficient probable cause to arrest the driver for DWI?***



Task 2: Arrange for or administer a preliminary breath test.

What do you observe?

- SFST
  - HGN, VGN, WAT, OLS
- Other Tests/Observations
  - Modified Romberg Balance, LOC, Pupil size
- Decision point: Is there sufficient probable cause to arrest the driver for DWI?
- What do you do?

## When Might Phase III NOT Occur?



***Ask class for examples where phase three may not occur.***

Sometimes there are situations when Phase Three does not occur.

- There are cases in which you would not or could not administer SFSTs to the driver.

Note: This decision is made by the officer.

***Ask Participants for examples.***

Examples include:

- Driver is impaired to the point they are unable to safely complete the tests
- Injured to the extent they are unable to complete the tests
- Refuses to submit to tests
- Circumstances or other conditions that do not allow for the safe administration of SFSTs

## Effective Roadside Interview Techniques

- This evidence is critical to successful prosecution of DWI case
- Necessary to gather valuable information during detection
- Learn and practice effective roadside interview techniques



### C. Effective Roadside Interview Techniques

This evidence is critical to the successful prosecution of DWI case.

In order for the law enforcement officer to gather valuable information during the detection process, they must learn and practice effective roadside interview techniques.

## What You Say

- **Communication style**
- **Tailor questioning speed and tone to the situation and circumstances**



*What you say : Word choice, communication style*

Example: crash or accident

***Ask Participants for some examples of appropriate word choices?***

Note: You should tailor your word choices to the situation or circumstances that exist at the time.

*Communication style*

Example: The rate of the questioning, tone of your voice.

Note: You should tailor the speed and tone of questioning to the situation and circumstances at the time.

## What You Do

- **Physical positioning, demeanor - avoid an over bearing posture or stance**
- **Goal: encourage cooperation**
- **Facilitate open dialog**
- **Develop a good rapport with the subject**



*What you do:* Physical positioning, demeanor

Physical Positioning example: Keeping officer safety in mind, avoid an over bearing posture or stance.

***Ask class to indicate some overbearing positions. Remember: The goal is to encourage cooperation.***

Demeanor example: maintain professionalism, facilitate open dialog.

Note: Ask questions that will place them at ease. Allow them to talk about themselves. Develop a good rapport with the subject.

## What You See, Smell, Hear

- **Bloodshot eyes, clothing, paraphernalia,**
- **Alcoholic beverage, chemical odors, marijuana**
- **Slurred speech, unusual and/or inappropriate statements, drug lingo**



*What you see* : Bloodshot eyes, clothing, paraphernalia, etc...

*What you smell*: Alcoholic beverage, chemical odors, marijuana, etc...

*What you hear* : Slurred speech, unusual and/or inappropriate statements, drug lingo, etc...

## Identifying and Documenting Case Prep Begins with 1<sup>st</sup> Observation:

- **Document in order of the 3 Phases**
  - Absent extraordinary conditions **NO shortcuts**
  - Follow up on all indicators of impairment
- **Document environmental and other conditions**



### **D. Identifying and Documenting Observed Indicators of Impairment**

During the detection process, many different situations arise which can affect the identification and documentation of your observations.

It is the law enforcement officer's responsibility to conduct a thorough and complete investigation.

Since case preparation begins with the observation of the vehicle, absent extraordinary conditions, short cuts in the three phases of detection process should not occur.

Officers should follow up on all observations that indicate impairment to determine whether impairment is present and if that impairment is due to alcohol, drugs, or a combination of both.

## Identifying and Documenting

### Case Prep Begins with 1<sup>st</sup> Observation:

- **Document in order of the 3 Phases**
  - Absent extraordinary conditions **NO** shortcuts
  - Follow up on all indicators of impairment
- **Document environmental and other conditions**



During phase two of the detection process, a driver may offer a reason for their behavior or physical appearance.

***Ask for examples from personal experiences.***

Example:

- The reason they were weaving was because they were adjusting the radio.
- The reason their eyes are glassy is because they worked a double shift.

## Explain your findings...

**Based on your training and experience:**

- 1. Is impairment present?**
- 2. What is causing your observations?**
- 3. Is more info needed to decide?**



At this point you should draw on your training and experience to determine:

- If impairment is present
- What is causing the signs that you have observed?
- If more information is needed to make a determination

# Remember

**If you didn't write it down . . .  
It didn't happen**



## \*\* Remember\*\*

- If you don't record the evidence, it didn't happen.

This determination, similar to the decision to arrest, is rarely based on one observation or factor. Rather these decisions are usually based on the totality of the circumstances.

The signs, symptoms and general indicators discussed during this course are meant to assist law enforcement officers in recognizing impairment based on alcohol, drugs or a combination of both.

***Again, remind the participants they are not DRE certified and do not have the knowledge or skill base to categorize impairment with a specific drug category.***

Additionally, it is intended to assist criminal justice professionals with understanding impairment based on alcohol, drugs or a combination of both.

## If you didn't write it down . . . It didn't happen

- Use the drug matrix as a field reference
- Organize observations during traffic stop
- Articulate the circumstances and environment in which the stop was conducted
- Descriptive information will *paint a picture* for the prosecutor and the court



The information presented as part of this course is not intended nor meant to equip the officer with the knowledge or ability to categorize the impairment observed with a specific drug category

In an effort to help the Participant learn what types of observations may be important as part of the detection process, we have included a matrix which lists many common indicators of impairment.

***This refers to the matrix that is provided in this course.***

It is suggested that officers use this matrix or another documentation tool as a field reference.

***There is a DRE matrix, however this matrix contains information that is outside the scope of this training course.***

The matrix will help the officer to organize their observations during the traffic stop.

In addition to documenting the indicators, the officer should take care to articulate the circumstances and environment in which the stop was conducted.

This descriptive information will *paint a picture* for the prosecutor and the court, thereby presenting the evidence in an effective fashion.

## Exercise: Document Observations

**For each of the scenarios/case studies:**

- **Describe the process of assessing the impaired driver**
- **Evaluate scenario/case study information**
- **Articulate observations related to the general indicators of impairment and the basis for that interpretation**



### **E. Case Studies and Scenarios**

***Case scenarios are in the administrative guide.***

Practical Exercise: During this exercise, apply the information you have learned during this course in order to effectively document observations offered in the written scenarios and case studies.

The Participant will complete the following for each of the scenarios/case studies provided in the class:

- Describe the process of assessing the impaired driver in the context of the traffic safety related scenario/case study
- Evaluate scenario/case study information: How to analyze information/observations and describe what the results indicate
- Demonstrate the ability to articulate observations related to the general indicators of impairment and the basis for that interpretation.

## Case Preparation: When does it begin?

- **Know your Legal Requirements (Statutes)**
- **Develop a Case File**
  - Accurately document all observations
    - 3 Phases
- **Don't skip steps**
  - Consistency Yields Reliability
- **Know your limitations**
- **Ask for help**



### **F. Case Preparation and Prosecution**

Case preparation begins with the first observations of the vehicle during Phase I of the detection process.

Although state DWI/DUID statutes are different and the legal requirements necessary to prove each element of the offense differs from state to state, the detection process remains the same.

Therefore, regardless of what the statute requires, it is important that law enforcement officers understand both the elements of the state statutes, and what evidence the prosecution needs to prove each element.

## During the Detection Process

- **Keep in mind your State legal requirements**
- **Organize and document observations in terms of the three detection phases**
- **A successful prosecution for impaired driving begins with building a DWI Prosecution Team**
  - **The most important part of this process is to remember that it does not matter who leads the effort**



During the detection process, it is critical that officers keep in mind the legal requirements of their state. It is equally important that the officer organize and document their observations in terms of the three detection phases.

By doing this, you will assist the prosecutor in case preparation and presentation in court.

A successful prosecution for impaired driving begins with building a DWI Prosecution Team.

The most important part of this process is to remember that it does not matter who leads the effort.

## Prosecution Team

- **More comprehensive case preparation**
- **More effective prosecution**
- **Foundation for a strong DWI Prosecution Team is the relationship between the law enforcement officer(s) involved with the arrest and the prosecuting attorneys associated with the case**



The most significant benefit of the team is more comprehensive case preparation and a more effective prosecution.

- What does that mean – DWI Prosecution Team?
- Who is on that team?
- Why isn't the officer's word and observations enough?
- Doesn't this mean more work?
- How does this help me do my job?

The foundation for a strong DWI Prosecution team is the relationship between the law enforcement officer(s) involved with the arrest and the prosecuting attorneys associated with the case.

Effective communication and a clear understanding of each group's objectives and expectations is essential to the success of the DWI prosecution team.

## Prosecution Team (Cont.)

- **Toxicologists**
- **Breath testing professionals**
- **DREs and other expert witnesses**
- **Provide specific details that help build the case and support the law enforcement officer's testimony**



Additionally, toxicologists, breath testing professionals, DREs and other expert witnesses provide specific details that help build the case as well as support the law enforcement officer's testimony during the trial.

We often forget about the other potential members of the team who are not directly part of the case preparation.

This section will use the word process to describe the sequence of activities and actions which take place during a DWI traffic stop, arrest, and prosecution.

This word is not used by accident. It is important for the Participants in this course to begin to view DWI enforcement and prosecution as a process which can be continually improved and refined.

## Common Elements

- **Concentrate on common elements and work to optimize how we handle them**
- **Work together to utilize this team in order to follow a similar protocol with each case**
- ***Consistency Yields Reliability***



It is rational to believe that every DWI traffic stop, arrest and prosecution are different, but it is also reasonable to assume that there are common elements each time an officer encounters an impaired driver and a prosecutor prepares a DWI case.

If we can concentrate on common elements and work to optimize how we handle them, then we can be better prepared for court and common defense strategies and challenges.

We must work together to utilize this team in order to follow a similar protocol with each case. Remember, **Consistency Yields Reliability**.

Throughout this course, we have discussed information in terms of the three phases of DWI detection process.

## What is in a Case File?

- All Observations
- All Evidence
- Potential Witness List
- Chemical Test Results
- Photos, Diagrams, Scene Sketch
- Other?

***Remember: Comprehensive Case Prep Yields Effective Courtroom Presentation***



### What is a Case File?

- All Observations
- All Evidence
- Potential Witness List
- Chemical Test Results
- Photos, Diagrams, Scene Sketch
- Other?

Remember: Comprehensive Case Prep Yields Effective Courtroom Presentation

## Potential Witnesses

**Phase I: Vehicle in Motion**

**Phase II: Personal Contact**

**Phase III: Pre-Arrest Screening**

**Post-Arrest Screening**



### **Phase I: Vehicle in Motion**

(Observation of the suspect's driving)

Preparation for trial begins with the first observation of the vehicle in motion, which is usually the first point of attack.

In some cases, the reasonable suspicion for the traffic stop may not be associated with driving behavior consistent with the impairment, for example an equipment violation.

Therefore, all observations during the vehicle in motion phase should be noted in order to illustrate the environment to the court later.

Potential team members involved at this point may be involved at this point may include:

## Phase I: Who Can Help?

- **Law enforcement officer who observed the driving and/or made the traffic stop**
- **Other law enforcement officers who may have made observations or were called in to assist**
- **Lay witnesses, including other people in the vehicle or other motorists**



- Law enforcement officer who observed the driving and/or made the traffic stop
- Other law enforcement officers who may have made observations or were called in to assist
- Lay witnesses, including other people in the vehicle or other motorists.

Law enforcement officers should note every observation made regarding driving. This includes observations before and after you activate your emergency equipment.

If there is a crash involved, the officer probably will not actually observe driving. Therefore, witnesses to the crash should be noted to prove state specific statutory requirements.

## Phase II: Document Observations

- **Note every observation made regarding personal contact**
- **Include your observations before and after the subject exits the vehicle**
- **Documenting and articulating these observations can reinforce the reasonable suspicion for the stop**



### Phase II: Personal Contact

(Observations of the suspect after the stop)

Preparation for trial continues with the traffic stop. Observations made before and after the suspect exits the vehicle should be documented.

Example:

- Odor of alcohol
- Slurred speech
- Red glassy eyes
- Inappropriate responses
- Using the vehicle for support during exit and/or while walking
- Accurate documentation is essential due to the length of time cases are adjudicated.
- Potential team members involved at this point may include:
  - Law enforcement officer(s) who observed the subjects following the traffic stop.
  - Other law enforcement officers who may have made observations or were called in to assist
- Lay witnesses, including other people in the vehicle or other motorist.

Law enforcement officers should note every observation made regarding personal contact. This includes your observations before and after the subject exits the vehicle.

Documenting and articulating these observations can reinforce the reasonable suspicion for the stop.

## Phase III: Thoroughly Document

- **HGN, WAT, OLS and other sobriety tests, including the associated clues**
- **Potential team members:**
  - **Law enforcement officer(s)**
  - **Lay witnesses**



### Phase III: Pre-Arrest Screening

(Observations of the suspect while performing all sobriety tests)

Preparation for trial continues with the officer conducting pre-arrest screening. Observations made during HGN, WAT, OLS and other sobriety tests, including the associated clues, must be thoroughly documented.

Example: During the Walk and Turn Test, the suspect may not count their steps out loud while walking. This is considered an observation. The suspect may start walking before being instructed to do so. This is considered a clue.

Potential team members involved at this point may include:

- Law enforcement officer(s) who conducts the field sobriety tests
- Other law enforcement officers who may have made observations or were called in to assist
- Lay witnesses including other people in the vehicle or at the scene

Law enforcement officers should note every observation made regarding pre-arrest screening.

This includes observations before, during and after the field sobriety tests. Recording and articulating these observations can reinforce the reasonable suspicion for the arrest.

## Post Arrest Screening Potential Team Members

- **Breath testing operators/technical supervisors.**
- **Drug Recognition Experts (DREs)**
- **Medical personnel**
- **Jail personnel**



### *Post Arrest Screening*

During post arrest screening the team will potentially include:

- Breath testing operators/technical supervisors.
- Drug Recognition Experts (DREs)
- Medical personnel
- Jail personnel

DRE's should be utilized whenever available. The officer should document what DRE was contacted, when they were contacted, and when they arrived for the evaluation.

If a DRE is not available at the time of arrest, they may still be useful at trial to bridge the gap between the observations made by the arresting officer and any biological test results.

## Pre-Trial Preparation Who Can Help?

- Local Prosecutor
- Toxicologist
- DRE/DRE State Coordinator
- TSRP
- NHTSA/NAPC Prosecutor Fellow
- NTLC



### *Pre-Trial Preparation*

For this reason, it remains essential to document, in detail, all observations including those made after arrest.

As preparation for trial begins the team should expand:

- Local prosecutor
- Toxicologist or representative from the appropriate state or contract lab

***You should encourage your local prosecutors to participate in ride-a-longs and witness DRE evaluations. This knowledge will enable them to better understand the processing of impaired drivers.***

- DRE Officer / DRE State Coordinator
- Traffic Safety Resource Prosecutor (TSRP) (If available)
- National Highway Traffic Safety Administration (NHTSA)/National Association of Prosecutor Coordinators (NAPC) Prosecutor Fellow
- National Traffic Law Center

## Pre-Trial

- **Review your case file**
- **Meet with the prosecutor**
- **Anticipate the defense**
- **Develop visual aids**
- **Others?**



When possible, at a minimum, the local prosecutor and the arresting officers should meet to discuss the details of the case and determine potential prosecution strategies.

The toxicologist in a DEC state can be used to corroborate the testimony of the DRE.

The DRE / DRE State Coordinator may be able to assist in identifying additional DRE resources.

In a non-DEC state, the toxicologist can be used to bridge the gap between the observations of the arresting officer and the lab report.

If your state has a TSRP they can be utilized as a resource to assist both prosecutors and law enforcement.

NTLC, the NAPC Prosecutor Fellow, and NHTSA and the IACP may also serve as additional resources.

## Visual Aids

- Pictures or video
- Location of stop
- Appearance of the defendant
- Performance on SFST
- Charts or diagrams
- Officer's training and experience
- Factual concepts
- Elements



***Briefly discuss the importance and relevance of each of visual aid examples listed.***

# Trial

## Direct Examination

- Use Visual Aids
- Use Plain English
- Listen Carefully to the Question
- Think Before You Answer
- Ask for Clarity if Needed
- Relate Training and Experience
- Talk to Your Audience



At trial, it is imperative that the prosecutor, arresting officer, DRE (if applicable), toxicologist and any other witness avoid using legal, law enforcement or medical specific language. The use of plain English assists the judge, jury and others who are involved in the case to understand the specifics of all testimony.

The team must work together to illustrate the entire process. Visual aids should be used to illustrate the location of the stop, physical appearance of defendant, and/or performance on the field sobriety tests.

Visual aids may also assist in explaining the officers training and experience, factual concepts, and/or the legal elements of the offence.

Remember, visual aids engage the judge/jury and increase retention of information.

From the time of the traffic stop through post arrest screening, and remain a consistent team until after the case is adjudicated.

The prosecutor may be added to the team at any time. Ideally, the prosecutor would be on board immediately, especially in the case of serious injury or fatal crashes.

## Trial (Cont.)

### Cross Examination

- **Be Professional**
- **Answer only the Question Asked**
- **If You Don't Know the Answer Just Say So**
  - I do not know
  - I do not recall
  - I cannot answer that question without explanation



# Remember

**There is  
NO Substitute  
For Preparation**



# QUESTIONS?

