Administrative Guide
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" (A-RIDE). 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. This 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 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 A-RIDE Course. This course consists of 8 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. Instructor Qualifications.

NHTSA / IACP highly recommend that principal instructors for this course should be state-qualified and IACP-credentialed Drug Recognition Expert Instructors. That means that they (1) hold currently valid certificates as DREs; (2) have completed the NHTSA/IACP DRE Instructor Training Course; and, (3) have completed the required delivery of both classroom and certification training, under the supervision of credentialed DRE instructors. At minimum a qualified DRE with instructor credentials in other fields of occupational competency (not necessarily a DRE instructor) can be utilized to present ARIDE materials if instructor resources are limited and can not be resolved at the state coordinators level without undue hardship.

A qualified SFST instructor could instruct segments one through three leading to the preparation and evaluation of participants during the SFST proficiency examination.

In addition to their occupational competencies, all instructors must be qualified teachers. They need to understand, and be able to apply, fundamental principles of instruction. Perhaps most importantly, they need to be competent coaches. Much of the classroom training is devoted to hands on practice. The quality of coaching will have a major impact on the success of those practice sessions. It is highly recommended that every instructor be a graduate of the NHTSA/IACP DRE instructor Training Course.

However, some agencies may wish to enlist instructors with special credentials for certain blocks of instruction. For example, a physician would be well qualified to assist/teach session IV, and a prosecutor might be a good choice for session VIII.

C. Curriculum Objectives

Session I 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 II 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 III 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 IV 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 V 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 VI 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 VII 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 VIII 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 and expanded knowledge of prosecuting drug impaired drivers to prosecutors and courts

D. Curriculum Package

The Advanced Roadside Impaired Driving Enforcement training curriculum consists of the following materials:

A participant manual

An instructor manual

Administrators guide

Microsoft Power Point Presentation, Sessions I-VIII

One (1) DVD/VHS, inclusive of indicators of impairment for the seven major categories of drugs.

One (1) template for a modified drug matrix chart.

Pre-course knowledge assessment

Final Exam / Scenarios
Scenario #1 (Stimulant)
Scenario #2 (Hallucinogens)
Scenario #3 (Narcotic Analgesic)
Scenario #4 (Inhalants)

Scenario #5 (Dissociative Anesthetic)
Scenario #6 (Cannabis)
Scenario #7 (Depressant & Narcotic)
Scenario #8 (Depressant & Cannabis)
Scenario #9 (Hypoglycemia Symptoms)

Instructor and course critique

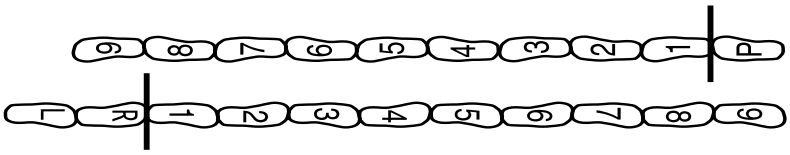
Introduction to the Drug Indicator Matrix

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

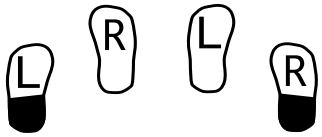
Session II Dry Lab Worksheet

SUBJECTS NAME: _____ OFFICER NAME: _____

Blindness: None ☐ Right Eye ☐ Left Eye ☐	Tracking: ☐ Unequal ☐		Eyes: ☐ Normal ☐ Bloodshot ☐ Watery	
Able to Follow Stimulus: ☐ Yes ☐ No	Eyelids: ☐ Normal ☐ Droopy			
Lack of Smooth Pursuit	LEFT EYE	RIGHT EYE	Vertical Nystagmus: ☐ YES ☐ NO	HGN CLUES OBSERVED
Distinct and Sustained Nystagmus at Maximum Deviation			Corrective Lenses: ☐ None ☐ Glasses **Contacts:** ☐ Hard ☐ Soft	
Onset of Nystagmus prior to 45 degrees			Pupil Size: ☐ Equal ☐ Unequal	

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

ONE LEG STAND



L R

☐ ☐ Sways while balancing

☐ ☐ Uses arms to balance

☐ ☐ Hopping

☐ ☐ Puts foot down

ARREST DECISION

DECISION TO ARREST

☐ YES

☐ NO

BAC:

☐ ABOVE 0.08

☐ BELOW 0.08

ONE LEG STAND
CLUES OBSERVED

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 ☐

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 ☐

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 ☐

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**

ARIDE Assessment	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Observe the vehicle in motion and document any appropriate indicators					
Interview the suspect and document any appropriate indicators					
Perform, interpret and document the **HGN Test**					
Perform, interpret and document the **VGN Test**					
Perform, interpret and document the **Lack of Convergence Test**					
Perform, interpret and document the **WAT Test**					
Perform, interpret and document the **OLS Test**					
Perform, interpret and document the **Romberg Balance Test**					
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 an 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 **observing the vehicle in motion phase of the detection process**					
Understand procedures and documentation of appropriate indicators associated with the **personal contact phase of the detection process**					
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					
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.

_____
_____
_____
_____
_____
_____

A.R.I.D.E. Drug Class Matrix

	DEPRESSANTS	STIMULANTS	HALLUCINOGEN	DISSOCIATIVE ANESTHETICS	NARCOTIC ANALGESICS	INHALANTS	CANNABIS
H.G.N.	Present	None	None	Present	None	Present	None
V.G.N.	Present*	None	None	Present	None	Present	None
L.O.C.	Present	None	None	Present	None	Present	Present
PUPIL SIZE	Normal[1]	Dilated	Dilated	Normal	Constricted	Normal[2]	Dilated[3]
INTERNAL CLOCK	Slow	Fast	fast/slow/unable	Markedly Slow	Slow	fast/slow/unable	Slow
GENERAL INDICATORS	Drowsy	Talkative	Hallucinations	Hallucinations	Low/Slow/Raspy	Flushed Face	Red Conjunct.
	Disoriented	Dry Mouth	Synestehsia	Violent/Combative	Dry Mouth	Disoriented	Increase Appetite
	Uncoordinated	Excited	Perspiring	Blank Stare	Thirsty	Confused	Odor of Marijuana
	Droopy Eyelids	Agitated	Nausea	"Moon Walking"	Track Marks	Eyes Bloodshot/Watery	Plant Debris in Mouth/Tongue
	Thick, slurred speech	Bruxism	Disoriented	Chemical Odor	Fresh Punctures	Lack of Muscle Control	Impaired Aware. Time & Distance
	Sluggish	Anxious	Difficulty Speaking	Repetitive Speech	Nausea	Residue of Chemical Inhaled	Possible Paranoia in high doses
	Lethargic	Irritable	Paranoia	Cyclic Behavior	Depressed Reflexes	Odor of Chemical on person/face	Relaxed Inhibitions
	Gait Ataxia	Decreased Appetite	Piloerection w/ LSD	Incomplete responses to ?	"on the nod"	Intense Headaches	Disorientation
	Fumbling	Exaggerated Reflexes	Impaired Aware. Time & Distance	Early/resting HGN	Facial Itching	Uncommunicative	Muscle Tremors
	"Drunk" appearance	Insomnia	Flashbacks	Perspiring	Droopy Eyelids	Nausea	Eyelid Tremors
		Increased Alertness	Uncoordinated	Confusion	Drowsy		
		Restlessness	Muscle Tremors	Agitated	Euphoria		
		Nasal Redness/Runny	Dazed Appearance				
		Euphoria	Memory Loss				
		Muscle Tremors					
		Hallucinations OD					

1. Soma & Quaaludes may dilate 2. Normal but may be dilated 3. Pupils may be normal with lower THC levels

STUDENT SIGN IN SHEET			
Course Title:	**Advanced Roadside Impaired Driving Enforcement (ARIDE)**	**Instructors:**	
Course Location:		**Course #**	**Sequence #**
Course Beginning Date:		**Course Ending Date:**	

Please Print Name Last, First, (M.I.)	SSN #	Signature	Monday		Tuesday		Wednesday		Thursday		Friday	
			AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
			Initial		Initial		Initial		Initial		Initial	

Lead Instructor Signature: _____

STUDENT SIGN IN SHEET			
Course Title:	**Advanced Roadside Impaired Driving Enforcement (ARIDE)**	**Instructors:**	
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			AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
			Initial		Initial		Initial		Initial		Initial	

Lead Instructor Signature: _____

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			AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
			Initial		Initial		Initial		Initial		Initial	

Lead Instructor Signature: _____

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			AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
			Initial		Initial		Initial		Initial		Initial	

Lead Instructor Signature: _____

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Course Beginning Date:		**Course Ending Date:**	

Please Print Name Last, First, (M.I.)	SSN #	Signature	Monday		Tuesday		Wednesday		Thursday		Friday	
			AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
			Initial		Initial		Initial		Initial		Initial	

Lead Instructor Signature: _____

Fifty Five Minutes

Session I

Introduction and Overview

"DRUGS AND HIGHWAY SAFETY"

SESSION I Introduction and Overview "Drugs and Highway Safety"

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

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

Content Segments	Learning Activities
Describe the course to the class Goal of the course Instructor introductions List of activities & schedule SFST Proficiency requirements	Instructor-Led Presentation
Pre-Course Knowledge Assessment	Student-assessment
What is a drug?	Instructor-Led Presentation
Statistics & research US and other countries General alcohol and drug use Prevalence of impaired driving	Instructor-Led Presentation
Impaired driving enforcement programs	Instructor-Led Presentation
Roles and responsibilities of the DRE	Instructor-Led Presentation


Slide 2

I. INTRODUCTION AND OVERVIEW

A. Upon successful completion of this session the participant will be able to:

1. Explain the goals and objectives of this course

2. Identify the elements of the drug problem

3. Define and describe impaired driving enforcement programs

4. Understand the roles and responsibilities of the Drug Recognition Expert (DRE) and how this course supports the Drug Evaluation and Classification program (DEC)

5. Define the term drug in the context of traffic safety and impaired driving enforcement as referenced in the DEC program

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 DWI laws.


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<u>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.</u>

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

II. COURSE GOAL

This course will train law enforcement officers:


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1. To observe
2. Identify
3. 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.

and

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.


Place extreme emphasis on this point.

This program is designed to work in conjunction with the DEC program.

2. To enable them to effectively work with law enforcement in order to reduce the number of impaired driving incidents, serious injury, and fatal crashes.

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. Overloaded the criminal court system.

3. Delivered poorly developed cases for prosecution.

4. Short cuts were taken that jeopardized court cases.

Criminal justice professionals such as:

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

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


Slide 5

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

1. Define and describe the relationship of drugs to impaired driving incidents.

2. Demonstrate, articulate, and properly administer the SFSTs proficiently.

3. Observe, identify, and articulate the observable signs of drug impairment with the established seven drug categories associated with the DEC program.

4. Recognize possible medical conditions, which may mimic the observable signs of drug impairment.

5. Identify, document and describe indicators observed and information obtained related to impairment which leads to the arrest/release decision.

6. 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.

AIDS	LESSON PLAN	NOTES
 Slide 6	1. Introduction & Overview of Drugs and Highway Safety 2. SFST Update and Review 3. SFST Proficiency Exam 4. Drugs in the Human Body 5. Observation of the Eyes and Other Sobriety Tests for Impairment. 6. Seven Major 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 DEC. Often times officers come in contact with the drug impaired driver. There are many things that could be happening: • The officer is unfamiliar with the indicators of drug impairment, therefore does nothing with the subject.	 See form in session three of the student manual. ? Ask class to provide some examples before moving forward.

- 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.
- Not familiar with the resources available to them.

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

1. The student will receive a short review and update for the SFSTs as part of Session II of this course.
2. After completing that session, the student will be required to pass a SFST proficiency evaluation.
3. Failure to successfully complete the SFST proficiency will result in dismissal from the course.
4. 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.

It is recommended that a different instructor adminster the second SFST proficiency examination, if necessary.

III. WHAT IS A DRUG?

There are many definitions for the word drug:

Charles Levinthal's text, *Drugs, Behavior and Modern Society*, offers a general definition:

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

which describes a drug as 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

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, which when taken into the human body, can impair the ability of the person to operate a vehicle safely.

Slide 7

The student will be required to restate this definition verbatim on the final exam.

IV. 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.


Slide 8

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


This is a self reported survey.

- 119 million (50.1%) people consider themselves drinkers
- 14% of this group describe themselves as heavy drinkers.
- 19.5 million people or 8.2% of the population have used illicit drugs in the past month.
- 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.


Slide 9

The following summarizes the usage information as reported by the NSDUH Survey 2003:

- 14.6 million people consider themselves current marijuana user

Note: Numbers may be under reported because of self reporting variables.

- 54.2% only use marijuana
- 20.6% use marijuana in combination with other drugs
- 75% of current illicit drug users also use marijuana.

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


Slide 10

Type	# of Users
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	.3 Million

V. DRIVING UNDER THE INFLUENCE

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

Ask class for examples specific to their state/locality?


Slide 11

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

VI. IMPAIRED DRIVING ENFORCEMENT SYSTEM

NHTSA supports:


Slide 12

- Training
- Enforcement
- Prosecution
- Adjudication


What 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 is:

- Standardized Field Sobriety Testing
- Advanced Roadside Impaired Driving Enforcement
- Drug Evaluation and Classification program
- Drug Impairment Training for Educational Professionals
- Prosecuting the Drugged Driver
- Lethal Weapon
- Protecting Lives, Saving Futures

The 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 (DEC) program.

- The SFST program should be part of all alcohol and drug impaired driving enforcement initiatives.

VII. STANDARDIZED FIELD SOBRIETY TESTING PROGRAM

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.


Slide 13

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

1. Vehicle in motion
2. Personal contact
3. Pre-arrest screening


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.

VIII. DRUG EVALUATION AND CLASSIFICATION

? Ask Class if they are familiar with the DEC program?

If they have any DEC trained officers in their agencies?

The ultimate goal of the DEC program is:

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

The DRE officer is trained to:

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

   A student who successfully completes all phases of the DEC program is known as a 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.


Slide 14

The progression between each of the impaired driving enforcement programs is:

1. The foundation is SFST
2. The intermediate level is ARIDE
3. The final stage is the DEC program

ARIDE bridges the gap between SFST and the DEC program.

<u>This ARIDE course is not designed as a substitute for the DEC program and will not qualify or certify an individual as a DRE.</u>

Emphasize this point.

IX. DRUG IMPAIRMENT TRAINING FOR EDUCATIONAL PROFESSIONALS

The purpose of the DITEP training is:

1. To provide
   - School administrators
   - Teachers
   - Nurses

with a systematic approach to recognizing and evaluating individuals in the academic environment who are using, abusing, and/or impaired by drugs, in order to provide early intervention.

This training is not intended to qualify participants as DREs, but is intended to aid in the evaluation and documentation of those suspected of being impaired by drugs.


Slide 15

X. ROLES AND RESPONSIBILITIES OF A DRUG RECOGNITION EXPERT

To obtain a DRE Certification the law enforcement officer must:

1. DRE completes 72 hours of classroom training.

2. Field certifications

3. Comprehensive final knowledge examination.

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.

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

XI. THE ARIDE COURSE

The ARIDE course was designed with a dual purpose:


Slide 16

1. The ARIDE program will allow the student 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.

2. 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 DEC 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 student will better understand the role of the DRE and will be able to use their expertise more effectively.

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

- 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

Ninety Minutes

Session II

STANDARDIZED FIELD SOBRIETY TESTING REVIEW

SESSION II Standardized Field Sobriety Testing Update and Review

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

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

Content Segments	Learning Activities
SFST Validation Studies	Instructor-Led Presentation
Overview of Selected Types of Nystagmus	Instructor-Led Presentation
Standardized Field Sobriety Tests Horizontal Gaze Nystagmus	Instructor-Led Presentation & Demonstration
Practice HGN	Student Practice Session
Walk-and-Turn	Instructor-Led Presentation & Demonstration
Practice Walk-and-Turn	Student Practice Session
One-Leg Stand	Instructor-Led Presentation & Demonstration
Practice One-Leg Stand	Student Practice Session


Slide 2

I. STANDARDIZED FIELD SOBRIETY TESTING REVIEW

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

1. Understand the results of selected SFST validation studies.

2. Define and describe the Standardized Field Sobriety Tests (SFSTs)

3. Define Nystagmus and distinguish between the different types

4. Describe and properly administer the three SFSTs

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

6. Identify the limitations of the three SFSTs

B. 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.

A wide variety of field sobriety tests being used by officers throughout the country.

There was a need to develop a battery of standardized, validated tests.

Study conducted in 1975,

Sponsored by NHTSA through a contract with the Southern California Research Institute (SCRI)

SCRI conducted several research projects and published the following three reports:

- California; 1977 (Lab)
- California; 1981 (Lab and Field)
- Maryland, DC, VA, NC; 1983 (Field)
- Primary distinction (Validated at 0.10 BAC)


Slide 3


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

The recommended battery included the following SFSTs:

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

SCRI analyzed the laboratory test data and determined that:


Slide 4

- HGN, alone, was 77% accurate
- WAT, alone, was 68% accurate
- OLS, alone, was 65% accurate
- Combination of HGN and WAT yield an accuracy rate of 80%

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


Slide 5

Three SFST validation studies were:

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

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


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


Slide 6

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)
- 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

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:


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

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

- The officer decides to release an individual who is below the illegal per se limit.

There are four quadrants, each representing a different decision.

The quadrants (I & IV), shaded in gray, represent a correct arrest decision.


Slide 7

The remaining individuals, incorrect arrest decisions, fall into two other categories.


Slide 8

The first group was not arrested, but tested above the illegal per se limit.

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.
- Lost 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.

Practical Exercise:

Ask the following question:

"According to the original validation studies, is it true that 77 percent of the time HGN is accurate"?

Instructors should invoke questions on how this information can be an issue when improperly presented in a court setting. (Exercise)

Let student answer.

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


Slide 9

HGN Introduction Slide


Slide 10

II. OVERVIEW OF SELECTED TYPES OF NYSTAGMUS

A. Nystagmus

- Is the involuntary jerking of the eyes and is normal and occurs naturally.


This nystagmus can not be seen without the aid of specialized instrumentation.


Slide 11

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.

B. Categories of Nystagmus


Slide 12

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


In this course we will only be concerned with gazed invoked 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.

C. Gaze Nystagmus

Horizontal Gaze Nystagmus


Slide 13

Is defined as:

- The involuntary jerking of the eyes as they gaze toward the side.

As defined in the current 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.

These are known as DID drugs.

Vertical Gaze Nystagmus

Is defined as:

- The involuntary jerking of the eyes (up and down), which occurs when the eyes gaze upward at maximum elevation.

The presence of this type of nystagmus is associated with a high dose of a CNS Depressant (including alcohol), an Inhalant, or a DA for a particular subject.

VGN will not be present without HGN.

If VGN is present and HGN is not, it could indicate a medical condition.

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.

III. HORIZONATL GAZE NYSTAGMUS

HGN becomes may be observable when a subject is:

- Impaired by alcohol
- As the subject's BAC increases.

- Jerking will appear sooner.

HGN is also visible:

- When an individual is impaired by DID.

In administering the HGN test:

- Subject must focus on stimulus

This stimulus can be:

- Tip of a pen
- Or similar object
- Contrasts with background.

Ask class to give examples of a good stimulus.

Make sure you remind the officer to follow their local policy or recommendations when selecting a stimulus.

A. Initiating the HGN Test


Slide 15

Subject should:

- Be turned away from emergency lights
- Take care as to not interfere with subject's ability to focus on stimulus

- The individual should not be wearing glasses.

Give the subject the following verbal instructions:

1. "I am going to check your eyes."

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

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

4. 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.

The instructor should 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.

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.
- If the pupils are noticeably unequal in size or there is noticeable nystagmus at rest. This could indicate a medical condition or a head injury.

Check both eyes for equal tracking

- This is done by making a rapid horizontal pass across both eyes.
- The movement should go from center, across the left eye, across the face to the person's right eye, and back to center (total time approximately 2 seconds).
- Both eyes should track the stimulus together.
- If the eyes fail to track together, discontinue the test. This could be the indication of a possible medical disorder, injury or blindness.

B. Administration of the HGN.

Slide 16

1. Lack of smooth pursuit

- 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 about 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.


Slide 17

- Reference PowerPoint graphic illustration


Slide 18

- Reference PowerPoint video demonstration


Slide 19

2. Distinct and Sustained Nystagmus at Maximum Deviation

At extreme lateral gaze, also known as the endpoint or maximum deviation, the nystagmus is obvious 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.


Slide 20

- Reference PowerPoint video presentation


Slide 21

3. Onset of Nystagmus prior to 45 degrees.
   - Start again with the individual's left eye
   - Move the stimulus at a speed that would take at least 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.
- 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.


Slide 22

- Reference PowerPoint video demonstration


Slide 23

- Onset of nystagmus prior to 45 degrees


Slide 24

- 45 Degree Template


Slide 25

- HGN Test Criterion

4. Vertical Nystagmus


Slide 26

- 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, but no longer than 30 seconds.


Slide 27

- If vertical nystagmus is present it must be distinct and sustained.

- Reference PowerPoint video demonstration

PRACTICAL EXERCISE

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

5. 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.

At this point the instructor should have the Dry Lab workshop tapes Cued to the beginning of tests for one subject. This subject should be used to demonstrate the tests throughout this section.

2) Distinct and sustained Nystagmus at Maximum Deviation.

It is important to hold the eye in this position for at minimum of four (4) seconds.

This jerking must be distinct and sustained.

3) Onset of Nystagmus Prior to 45 Degrees.
The more impaired a person becomes the sooner the onset of nystagmus is observed.


The angle at which the onset of nystagmus occurs.

This jerking will be distinct and sustained.

6. 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.

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.


Remind students to accurately document everything associated with the DWI arrest, from

AIDS	LESSON PLAN	NOTES
		the time of observation through the post arrest processing.
 Slide 28	**IV. WALK AND TURN TEST**	
 Slide 29	The Walk-and-Turn (WAT) test is divided into two stages: 1. Instruction Stage 2. Walking Stage. Instruction Stage 1. Stand heel-to-toe with arms at their sides. 2. Divided attention, listening to and remembering instructions. Walking Stage 1. Balancing, walking heel-to-toe, and turning, 2. Small muscle control, counting out loud, and short-term memory, recalling the number of steps required, turning as instructed, and counting correctly.	
 Slide 30	1. Officer safety precautions a. Keep suspect on your left during demonstration b. Never turn your back on a suspect c. Be aware of surroundings	 Left handed officers should demonstrate a test at more than arms length.

AIDS	LESSON PLAN	NOTES
 Slide 31	Instruction Stage:	
	1. "Place your left foot on the line" (real or imaginary).	 Demonstrate.
	2. "Place your right foot on the line ahead of the left foot, with heel of right foot against toe of left foot".	 Demonstrate.
	3. "Place your arms down at your sides".	 Demonstrate
	4. "Maintain this position until I have completed the instructions. Do not start to walk until told to do so."	
	5. "Do you understand the instructions so far?"	 Make sure subject verbally acknowledges understanding.
	Walking Stage	
	1. "When I tell you to start, take nine heel-to-toe steps, turn, and take nine heel-to-toe steps back."	 Demonstrate 3 heel-to-toe steps.
 Slide 32	2. "When you turn, keep the front foot on the line, and turn by taking a series of small steps with the other foot, like this."	 Demonstrate
 Slide 33	3. "While you are walking, keep your arms at your sides, watch your feet at all times, and count your steps out loud."	

4. "Once you start walking, don't stop until you have completed the test."

5. "Do you understand the instructions?" (Make sure the individual understands.)

Make sure subject verbally acknowledges understanding.

2. Test Evaluation

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


Slide 34

1. Cannot keep balance while listening to the instructions.

   - Record this clue if the individual does not maintain the heel-to-toe position throughout the instructions.

   - Do not record this clue if the suspect sways or uses the arms to balance but maintains the heel-to-toe position.

Feet must actually break apart.

2. Starts before the instructions are finished.

   - Since you specifically instructed the suspect not to start walking "until I tell you to begin," record this clue if the individual does not wait.

3. Stops while walking.

   - 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.

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 demonstrated, i.e., spins or pivots around.

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

If a subject is unable to complete the test he/she will be held accountable for only the clues that were demonstrated. We no longer assess all eight clues for these subjects.

3. Documenting the Walk and Turn Clues

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

1. 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.

4. Considerations

Walk-and-Turn test requires a designated 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.


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 subjects over 65 years of age had difficulty performing this test.

AIDS	LESSON PLAN	NOTES
		Individuals wearing heels more than 2 inches high should be given the opportunity to remove their shoes.
	PRACTICAL EXERCISE ***<u>The scoring handout should be disseminated at his time. Located in the Administrative Guide.</u>***	 At this point the instructor should have the Dry Lab workshop tapes Cued 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.
 Slide 35	• Walk-and-Turn Test Criterion o 2 or more clues indicates a BAC at or above 0.10 – 68% accuracy (1977 Study)	


Slide 36

V. ONE-LEG STAND

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

1. Instruction stage
2. Balancing and counting

Instruction Stage:

1. Balancing

2. Listening to instructions

The Balancing Stage:

1. Balancing

2. Short-term memory


Slide 37

1. Administrative Procedures

2. Initial Positioning and Verbal Instructions

3. "Stand with your feet together and your arms down at your sides."

4. "Remain in this position and do not begin until I tell you to do so."

5. "Do you understand the instructions so far?"


Make sure subject verbally acknowledges understanding.


Slide 38

3. Instructions for the Balancing and Counting Stage

AIDS	LESSON PLAN	NOTES
	1. "When I tell you to start, raise one leg, either leg, approximately six inches off the ground, keep your raised foot parallel to the ground."	
	2. "Keep both legs straight, arms at your side."	
	3. "While holding that position, count out loud in the following manner: "one thousand one, one thousand two, one thousand three, and so on until told to stop."	
	4. "While performing this test, keep your arms at your sides at all times and keep watching the raised foot."	
	5. "Do you understand?"	 Make sure subject verbally acknowledges understanding.
	6. "Go ahead and begin the test."	 You should always time for 30 seconds, at which time discontinue the test.
	If the subject puts their foot down, instruct the subject to pick the foot up again and continue counting from the point at which the foot touched the ground.	

If the subject counts very slowly, terminate the test after 30 seconds.

If the subject counts quickly, have them continue counting until told to stop.


Slide 39

4. Test Evaluation

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

1. Puts foot down.


Explain if necessary.

2. Uses arms for balance.


More than 6 inches from their side.

3. Sways while balancing.


Side to side, back to front, or circular motion.

4. Hopping

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.


Slide 40

- One-Leg Stand test criterion

  2 or more clues indicates a BAC at or above 0.10 – 65% accuracy (Burns,1977)


The original research indicated that individuals over 65 years of age or 50 pounds or more overweight had difficulty performing this test.

PRACTICAL EXERCISE

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


At this point the instructor should have the Dry Lab workshop tapes Cued to the beginning of tests for one subject. This subject should be used to demonstrate the tests throughout this section.

Two Hours

SESSION III

SFST PARTICIPANT PROFICIENCY EXAMINATION

Session III SFST Proficiency Examination

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

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

Note: The participant must successfully pass the NHTSA/IACP Proficiency Examination to continue in the Advanced Roadside Impaired Driving Enforcement Program Training.

Content Segments	Learning Activities
Proficiency Examination	Participant Proficiency Examination

AIDS	LESSON PLAN	NOTES
 Slide 1	**I. STANDARDIZED FIELD SOBRIETY TEST BATTERY** A. Upon Successful completion of this session the participant will be better able to: 1. Demonstrate knowledge and proficiency in administering the SFST battery.	
 Slide 2	**II. 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 administrating 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 is 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.	 Specifically, the ARIDE and DEC programs

They include the following:

1. Adult learning limitations
2. Officer assignment
3. Time to practice proficiency
4. Opportunity to use in the field
5. Limitations of instructors
6. Gaps in communication
7. Program administration

III. SFST 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.

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.

Slide 3

The participant will be given only two opportunities to successfully demonstrate the proper administration of 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.

- A **"check"** will be placed in the space provided for each step completed correctly.

- An **"X"** will be placed in the space if the participant does not perform the step according to the current standards as set for SFST.

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


Slide 4

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.

SESSION IV

DRUGS IN THE HUMAN BODY

Session IV Drugs in the Human Body

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

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

2. Identify methods of ingestion and general effects of drugs.

3. Identify medical conditions which may mimic alcohol and drug impairment.

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

Content Segments	Learning Activities
Overview of selected major systems of the human body: Basic purpose & function Digestive system Urinary system Respiratory system Muscular system Circulatory system Central nervous system	Instructor-Led Presentation
Identify methods of ingestion and general effects of drugs: Methods of ingestion General effects of drugs	Instructor-Led Presentation
Medical conditions which may mimic alcohol and drug impairment	Instructor-Led Presentation
Seven drug categories & the basis for dividing drugs into these specific groups	Instructor-Led Presentation
Blank Drug Indicator Matrix	Instructor-Led Presentation


Slide 1

I. DRUGS IN THE HUMAN BODY

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


Slide 2

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

2. Identify methods of ingestion and general effects of drugs.


Slide 3

3. Identify medical conditions which may mimic alcohol and drug impairment.

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


Slide 4

This process is dependent, in part, on:

- Recognizing changes in behavior
- 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 the processes of the human body.


Slide 5

This section 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.


Slide 6

- Pharmacokinetics

In simple terms,

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

- 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

II. DRUG

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.

1. Drug


Slide 7

A drug is:

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


Slide 8

2. 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
- Spiritual purposes
- Medical, especially for treating neurological
- Psychological illnesses and deficiencies

III. Introduction of Selected Systems of the Human Body

A. There are ten systems in the human body:


Slide 9

1. Muscular

2. Urinary
3. Respiratory
4. Digestive
5. Endocrine
6. Reproductive
7. Skeletal
8. Integumentary (skin)
9. Nervous
10. Circulatory

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


Slide 10

- 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 human body.

B. Digestive System


Slide 11

- 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 beak down chemicals, such as alcohol to its basic elements for elimination?

Example: Oxygen dehydrogenase breaks down alcohol into carbon dioxide and water

AIDS	LESSON PLAN	NOTES
 Slide 12	**C. 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 & loss of bladder control
 Slide 13	**D. Respiratory System** The primary organs of the respiratory system are: • Diaphragm • Lungs	? 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

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.

E. 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.

Slide 14

? 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 & lack of coordination

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.

F. Circulatory System


Slide 15

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.

G. Nervous System

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


Slide 16

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.

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.

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 a 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.

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.

IV. Homeostasis


Slide 17

Homeostasis is:

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

As we have discussed earlier in this section, 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.

A. Examples of Homeostasis


Slide 18

1. 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.

1. The circulatory system keeps the body sufficiently supplied with fluids.

2. The respiratory system constantly brings in oxygen and eliminates carbon dioxide;

3. The digestive and urinary systems take in food and water and eliminates waste.

4. The nervous system integrates the functioning of the other systems; and so on.

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


Slide 19

- 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.

V. Methods of Ingestion and General Effects of Drugs

In general terms

Ingestion is:


Slide 20

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

For the purpose of this course:


Slide 21

- 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.

1. Injection


Slide 22

- Is a common method of administering heroin (narcotic analgesic),
- Is also used to introduce stimulants, hallucinogens, disassociative 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.

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.


Give some examples of behavior and physical characteristics of injection sites

2. Insufflation

   - The act of introducing a substance directly into the respiratory system 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.


Slide 23

   1) Categories which are commonly introduced to the body through insufflation are:

      - Stimulants
      - Hallucinogens
      - Dissociative Anesthetic
      - Narcotic Analgesics
      - Inhalants

3. 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.

1). Categories which are commonly introduced to the body through inhalation are:

- Cannabis
- Narcotic Analgesics
- Dissociative Anesthetic
- Hallucinogens
- Stimulants


Slide 24

4. 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.


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.

Some selected hallucinogens, disassociative anesthetics, and narcotic analgesics can be administered transdermally.


Slide 25

VI. Medical Conditions Which May Mimic Drug Impairment

There are 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 are listed and discussed below:


Slide 26

1. 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.


Slide 27

2. 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 predominate 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.

3. Diabetes


Slide 28

   A diabetic is most likely to be confused with 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
- May be non-responsive
- Sweat profusely
- Exhibit elevated pulse rate
- Elevated blood pressure

4. Conjunctivitis


Slide 29

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'.

5. Shock


Slide 30

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.

6. Multiple Sclerosis


Slide 31

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 suffers usually appear alert.

7. Other Medical Conditions


Slide 32

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

8. Behavioral Conditions

There are some behavioral conditions that may affect vital signs:

- Exercise
- Excitement
- Fear

- Anxiety
- Depression

VII. Introduction to the Seven Drug Categories


Slide 33

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

Any substance which, 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 broad categories.

These drug categories are based on the observable signs and symptoms they produce.

The following is a brief description of each category:


Slide 34

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.


Slide 35

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.


Slide 36

3. Hallucinogen

    - 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.


Slide 37

4. Dissociative Anesthetic

    - Consists of the drug DXM, PCP and its various analogs. DA is a powerful drug that acts like a depressant in some ways, but also causes the body to respond similar to a stimulant as well as a hallucinogen.


Slide 38

5. Narcotic Analgesics

    - Relieves pain, produces addiction, and withdrawal symptoms. Heroin is an example of a narcotic analgesic.


Slide 39

6. Inhalants

- Are breathable chemicals, which are contained in familiar household items that can be easily purchased. Paint is an example of an inhalant.

7. Cannabis


Slide 40

- The most popular widely used and abused illegal drug and is most commonly referred to as marijuana.

Ninety Minutes

SESSION V

OBSERVATION OF THE EYES AND OTHER INDICATORS OF DRUG IMPAIRMENT

SESSION V Observation of the Eyes and Other Indicators of Drug Impairment

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

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

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

3. Describe the difference in pupil size.

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

5. Explain the relationship between eye examinations and the seven categories

Content Segments	**Learning Activities**
Discuss Vertical Gaze Nystagmus	
How to administer properly	Instructor-Led Presentation
Describe what the results indicate	Instructor-Led Presentation
Practice VGN	Student Practice Session
Discuss Lack of Convergence	
How to administer properly	Instructor-Led Presentation
Describe what the results indicate	Instructor-Led Presentation
Practice LOC	Student Practice Session
Describe the difference in pupil size	Instructor-Led Presentation
Modified Romberg Balance Test	
How to administer properly	Instructor-Led Presentation
Describe what the results indicate	Instructor-Led Presentation
Practice Romberg Balance Test	Student Practice Session
Relationship between eye examinations and the seven categories	Instructor-Led Presentation
Frame the discussion for the seven drug categories	
Blank Drug Indicator Matrix	Instructor-Led Presentation

AIDS	LESSON PLAN	NOTES
 Slide 1	**I. Observations of the Eyes & Other Indicators of Drug Impairment**	
 Slide 2	A. Upon successful completion of this session, the student will be better able to:	
	1. Discuss Vertical Gaze Nystagmus	
	2. How to administer properly and describe what the results indicate	
	3. Discuss Lack of Convergence.	
	4. How to administer properly and describe what the results indicate	
 Slide 3	5. Describe the difference in pupil size	
	6. Discuss Modified Romberg Balance Test.	
	7. How to administer properly and describe what the results indicate.	
	8. Explain the relationship between eye examinations and the seven categories	


Slide 4


Slide 5

I. **Administration and Interpretation of Additional Roadside Sobriety Tests**

A. This section describes the administration and proper interpretation of the following tests:

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

II. Pupil Size Observation

1. 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.

2. The pupils of the eyes continually adjust in size to accommodate different lighting conditions and refocus according to focal length.

3. 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.

4. 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.


The eyes are often referred to as "The windows to the soul."

5. This process of constriction and dilation normally occurs within certain limits.

6. This course trains officers to recognize the noticeable differences in the pupils.

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

7. When ingested, each of the seven drug categories has a predictable effect, with some exceptions, on the pupils of the eyes, which will be discussed in the subsequent sections.

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

(Narcotic)

Slide 6

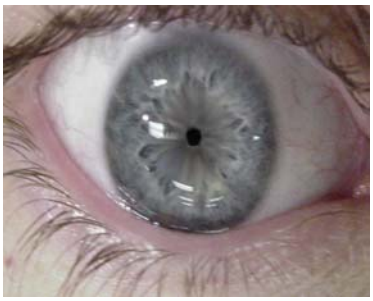
Dilated Pupils:

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

Constricted Pupils:

Slide 7

- When pupils appear smaller than normal 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.

A. Conduct practical exercise

Line students up along a wall, have each individual student walk down the line observing the pupils of each individual.

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


Slide 8

IV. Lack of Convergence

A. 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.

B. Administration of LOC


Slide 9

Instructional Stage

1. Inform the suspect 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 suspect 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 suspect 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.

Testing Stage

1. Start moving the stimulus and make two circles in front of the subject's face, either in a clockwise or counterclockwise motion. Observe the eyes to verify the subject is tracking the stimulus.

2. Slowly move the stimulus in toward the bridge of the subject's nose stopping approximately 2" from the bridge of the nose.

3. Hold the stimulus 2" from the bridge of the subject's nose for approximately one (1) second and then remove it, while continuing to observe the subject's eyes.

4. Law enforcement officers should not touch the bridge of the nose with the stimulus.

C. Test Interpretation


Slide 10

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."

- If one eye drifts away or outward toward the side instead of converging toward the bridge of the nose, lack of convergence is "present".

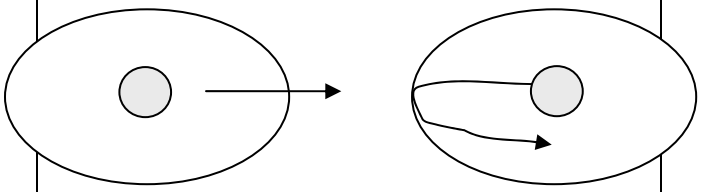
Slide 11

Drug Categories that induce LOC

- CNS Depressants
- Inhalants
- Dissociative Anesthetics
- Cannabis

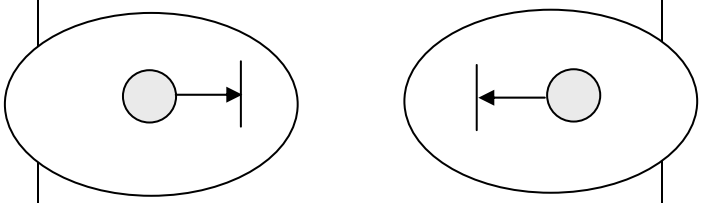
Left Eye Unable to Converge

Slide 12



- 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.

Note: The participant should draw a picture of what the eyes did during the administration of LOC.

D. Conduct Practical Exercise

Note: Eyelid and body tremors

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


Slide 13

Conduct PowerPoint exercise after the practical exercise is complete

V. Modified Romberg balance test


Slide 14

A. The Modified Romberg Balance test is adapted 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).

Note: *DO NOT tell the subject to "count to thirty"*

SIMPLY State, "keep your head tilted back with your eyes closed until you think that thirty seconds have gone by".

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.

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


Slide 15

1. Estimate the passage of 30 seconds

2. Observation of tremors

3. Observation of sway

There are two stages to the Modified Romberg Balance.


Slide 16

1. Instruction stage
2. Balancing stage

B. Administrative Procedures


Slide 17

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".

AIDS	LESSON PLAN	NOTES
	3. Ask the subject if they understand the instructions so far.	Note: Make sure to obtain a verbal response from the subject.
 Slide 18	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. Estimate the passage of 30 seconds.	
	6. Tell the subject that, when they think the 30 seconds has gone by, bring you head forward, open your eyes, and say "Stop"	
	7. Ask the subject if they understand.	Note: Make sure to obtain a verbal response from the subject.
 Slide 19	Balancing Stage 1. Instruct the subject to tilt their head back and close their eyes. 2. Look at your watch 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.	

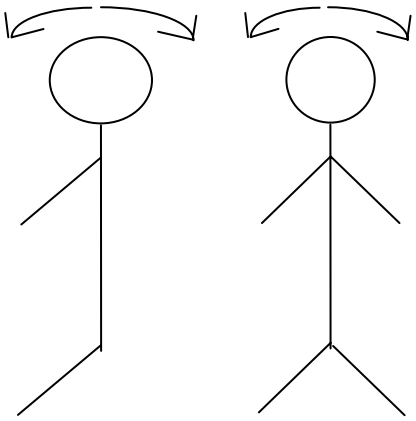
5. Check subject for presence of tremors (eyelid and/or body) and sway.

6. When the subject opens their eyes, ask them "How much time was that?"

Test interpretation and documentation

Note: Make sure to document their "exact" verbal response.

Slide 20



VI. Relationship Between the Eye Observations and the Drug Categories

A. Eye observations

Eye observations can provide valuable information, which can help determine impairment.

Additionally, we discussed in Session II that HGN is a critical part of assessing subjects suspected of being under the impaired by 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.

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.

Three Hours and Thirty Minutes

SESSION VI

SEVEN MAJOR DRUG CATEGORIES

SESSION VI Seven Major Drug Categories

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

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

2. Identify the common methods of ingestion for each category.

3. Describe the general indicators of impairment associated with each category.

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

5. 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).

Content Segments	**Learning Activities**
Overview of the Drug Categories	Instructor-Led Presentation
Identification of Drugs associated with each Category	Instructor-Led Presentation
General indicators associated with each drug category	Instructor-Led Presentation
Eye indicators for each drug category	Instructor-Led Presentation
Other Conditions which mimic indictors associated with each drug category	Instructor-Led Presentation
Expected Results from the Detection Process	Instructor-Led Presentation


Slide 1

I. Central Nervous System Depressant

A. Upon successful completion of this session the participant will be better able to:


Slide 2

- 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.


Slide 3

- 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).


Slide 4

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


Ask class what the most used and abused drug is?

AIDS	LESSON PLAN	NOTES
	The majority of the general public is familiar with the effects of alcohol either through personal experience and/or observing others impaired by alcohol.	
 Slide 5	A. <u>Identification of CNS Depressants</u> In order for a drug to be classified as a depressant according to the DEC program, it must:	
 Slide 6	1. Depress the activity of a subject's brain and CNS.	
 Slide 7	a. The depressant category initially affects a persons functions:	 Pose question to class, What body functions could depressants affect?
 Slide 8	i. Speech ii. Coordination iii. Mobility	
	At doses greater than therapeutic levels, impairment of the body's autonomic nervous system is affected.	
 Slide 9	The systems affected are: • Heartbeat • Body temperature • Breathing	

In addition to alcohol, the depressant category also includes:

- Antianxiety
- Antipsychotic
- Antidepressant
- Barbiturate
- Non-barbiturate or combination drugs

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

3. Most familiar and abused depressants are:


Slide 10

- Valium
- Prozac
- Xanax
- Soma

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

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


Slide 11

- 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.

B. Methods and Signs of Ingestion


Slide 12

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 inhaled.

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


Slide 13

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.

C. Effects of CNS Depressants


Slide 14

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.


Synergistic effect.

AIDS	LESSON PLAN	NOTES
 Slide 15	D. General Indicators • Wide variety of emotional effects: o euphoria o depression o laughing or crying for no apparent reason • Reduced ability to divide attention • Disoriented • Sluggish • Thick, slurred speech • Drunk-like behavior • Droopy eyes • Fumbling • Relaxed inhibitions • Slowed reflexes • Uncoordinated • Drowsiness	 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.

- Gait ataxia (rubber legged)

E. Eye Indicators


Slide 16

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

F. Duration of Effects

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


Slide 17

Type	Onset	Duration
Long Acting	1 hr.	8 to 14 hrs
Intermediate	30 Min.	6 to 8 hrs
Short	10-15 min.	4 hrs or less
Ultra Short	Seconds	Very rapid

Duration of Effects


Slide 18

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.


Slide 19

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

G. Overdose Signs and Symptoms


Slide 20

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

H. Medical Conditions that may Mimic Drug Impairment


Slide 21

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

I. Examples of Drugs in the CNS Depressant Categories

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.

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


Slide 22

J. Complete Matrix Chart for CNS Depressant Category


Slide 23

I. CNS Stimulants


Slide 24

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".


Slide 25


Slide 26


Slide 27


Slide 28

II. Identification of Stimulants

The most widely abused CNS stimulants are:

- cocaine
- amphetamines
- methamphetamines

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

Crack cocaine is made by mixing

- baking soda,
- cocaine
- water
- then heating.

It appears as small white or off-white chunks.

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.

Ephedrine and pseudoephedrine are also classified as CNS stimulants.

Ephedrine is often advertised as diet supplements

- Diet Max
- Diet Now


Slide 29

- Diet Pep
- Mahuang
- anti-insomnia aids (Mini-tabs, 357 Magnum, Efedrin),
- "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.


Slide 30

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


Slide 31

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 students and professionals who want to obtain a temporary increase in their ability to focus and process information.


Slide 32


Slide 33


Slide 34

III. Methods and Signs of Ingestion

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

- Powder cocaine is typically inhaled, 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


Deviated Septum

- Amphetamines are usually taken orally.


Briefly discuss the use and abuse of Ritalin in the school system.

- 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.


Slide 35

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

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.

IV. Effects of CNS Stimulant


Slide 36

A. The main effect of most CNS stimulants is Euphoria – an extremely pleasurable sensation.
This is only true while the high is felt.

You may find an opposite effect as the drug wears off.

While the drug is psychoactive, the person 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.


Slide 37

B. General Indicators

- Restlessness
- Body tremors
- Excited
- Euphoric
- Talkative
- Exaggerated reflexes
- Anxiety
- Grinding teeth (bruxism)
- Redness to nasal area
- Runny nose
- Loss of appetite
- Increased alertness
- Dry mouth
- Irritability


Slide 38

C. Eye Indicators / Matrix

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


Slide 39

D. Duration of Effects

Cocaine:
5 - 10 minutes (smoked)
45 - 90 minutes (injected)
30 - 90 Minutes (snorted)

Amphetamines: 4-8 hrs
Methamphetamines: 12 hrs
Ritalin, Adderall, Dexedrine: Various


Slide 40

E. Overdose Signs & 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

F. Conditions that may mimic CNS Stimulant drug impairment

There are several conditions that may mimic impairment by a CNS stimulant. These may be, but are not limited to:


Slide 41

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


Slide 42

<u>Complete Matrix Chart for CNS Stimulant Category</u>


Slide 43


Slide 44


Slide 45

I. Hallucinogens

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


Slide 46

A. Hallucinogens affect a person's

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

The category is classified in this manner because one of the significant effect of these drugs is hallucinations.


Slide 47

- This is called Synesthesia – or a transposition of senses.

B. Identification of Hallucinogens


Slide 48

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 is actually a defense mechanism for the toad.


Slide 49

Hallucinogenic drugs are also synthetically manufactured.

Some examples would be:

- 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 shape or figures.

The use and abuse of Ecstasy has received wide spread attention because of its popularity in the "rave scene" and overdose deaths.


Slide 50

C. Methods of ingestion

Many hallucinogens are taken orally,

LSD is absorbed directly either by placing it on the

- Tongue
- Placed on the skin


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!

- When a substance is absorbed through the skin it is called transdermal absorption.

Substances that are dried and then eaten or brewed as a tea.

1. Peyote
2. Psilocybin Mushrooms
3. Jimson Weed
4. 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.

D. 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.


Slide 51

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 tie discussing MDMA "Ecstasy"


Slide 52

Hallucinogens can uncover emotional flaws in the user.

Therefore, the user may expect a pleasurable "trip", but end up instead with a bad "trip".

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.

E. General Indicators

Some of the physical, mental, and medical behaviors associated with

Hallucinogens are:


Slide 53

- Hallucinations
- Paranoia
- Nausea
- Perspiring
- Dazed appearance
- Flashbacks
- Body tremors
- Uncoordinated
- Disoriented
- Memory Loss
- Synesthesia (mixing of the senses)
- Difficulty in speech


Slide 54

F. Eye Indicators

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

G. Duration of Effects


Slide 55

LSD: 10 to 12 peak 4-6
Ecstasy: 1 to 3 hours
Psilocybin: 2 to 3 hours
Peyote: 30 min. to 2 hours


Slide 56

H. Overdoes Signs & Symptoms

The primary overdose symptom for the hallucinogen category is a long and intense "bad trip."

I. Medical Conditions that mimic Hallucinogen impairment


Slide 57

There are two conditions that may mimic impairment by a hallucinogen. These may be, but are not limited to:

- High fever
- Mental illnesses


Slide 58

<u>Complete Matrix Chart for the Hallucinogen Category</u>

AIDS	LESSON PLAN	NOTES
 Slide 59	**I. Dissociative Anesthetic**	
 Slide 60	Phencyclidine, along with its analogs, forms a distinct category all by themselves.	
	The chemical name for DA 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.	
	DA symptoms may be confused with individuals under the influence of hallucinogens, stimulants and depressants.	 Give examples of these categories that mimic DA.
	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 DA mimicking hallucinogens
	II. Identification of Dissociative Anesthetic	
 Slide 61	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 DA and is still used in pediatric and animal surgery.

DXM is found in over-the-counter anti-tussive medicines like Robitussin, Coricidin, Cough & Cold and Dimetapp

III. Methods and Signs of Ingestion

DA can be ingested by:


Slide 62

- Orally
- Insufflation
- Transdermally
- Eye Drops
- Smoked
    - Most Common form of ingestion is smoking in cigars, cigarettes, and marijuana


Officer Safety is important. Emphasize Transdermal ingestion; Numerous incidents have been documented where officers have been exposed to the side effects of the drug.

IV. Effects of Dissociative Anesthetic


Slide 63

The predominant effect of PCP is as a dissociative anesthetic.

This means a DA 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 a DA 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 a DA.

V. General indicators:


Slide 64

- Perspiring
- Blank stare
- Cyclic behavior
- Chemical odor
- Increased pain threshold
- Incomplete verbal responses
- Warm to the touch
- Repetitive speech
- Hallucinations
- Confused
- Possibly violent and combative
- "Moon walking"


Slide 65

VI. Eye Indicators

- HGN Present
- VGN Present
- Pupil Size Normal
- LOC Present

VII. Duration of Effects


Slide 66

PCP	4 to 6 hours
Ketamine	30 – 45 minutes (injected) 45 – 60 minutes (snorted) 1– 2 hours (orally)
DXM	3 - 6 hours

The duration of general effects may vary according to dose and whether the drug is injected, snorted, smoked or taken orally.

There is often a prolonged recovery period following the dissipation of the general effects.

VIII. Overdose Signs & Symptom


Slide 67

The overdose symptom/s for the DA Category:

- Deep Coma up to 12 hours
- Seizures and convulsions
- Respiratory depression
- Magnification of pre-existing cardiac conditions
- Eyes generally open with blank stare
- Possible psychosis

IX. Conditions That May Mimic Drug Impairment


Slide 68

Mental illnesses may mimic impairment by DA.


Slide 69

Complete Matrix Chart for the Disassociative Anesthetic Category


Slide 70

I. Narcotic Analgesic


Slide 71


Slide 72

Drugs in the narcotic analgesics category relieve pain.


Slide 73

They induce euphoria, alter moods, and produce sedation.

Narcotic Analgesics are also included in he 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

II. Identification of Narcotic Analgesic


Slide 74

The most familiar narcotic analgesic is heroin.

Depending on the purity, heroin may be

- White powder to a
- Dark brown powder/tar color


Slide 75

Other narcotic analgesics include:

- Hydrocodone
- Vicodin
- Lortab
- Tylenol 3 (with codeine)
- Darvocet
- 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.

III. Methods and Signs of Ingestion

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


Slide 76

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.

IV. Effects of Narcotic Analgesic


Slide 77

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.

V. General Indicators


Slide 78

- Droopy eyelids
- "On the nod"
- Drowsiness
- Depressed reflexes
- Dry mouth
- Low, raspy, slow speech
- Euphoria
- Fresh puncture marks

- Itching
- Nausea
- Track marks

VI. Eye Indicators


Slide 79

- HGN Not Present
- VGN Not Present
- Pupil Size Constricted
- LOC Not Present

V. Duration of Effects

The duration of narcotic analgesics can vary from one type to another.


Slide 80

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

VI. Overdose Signs

Overdose signs and symptoms of a narcotic analgesic may include, but are not limited to:


Slide 81

- Slow and shallow breathing
- Clammy skin
- Coma
- Convulsions


Slide 82

VII. Conditions that may Mimic Drug Impairment

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


Slide 83

Complete Matrix Chart for the Disassociative Anesthetic Category


Slide 84

I. Inhalants


Slide 85

Inhalants vary widely in terms of the chemicals involved and the specific effects they produce.


Slide 86

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 the home, school, or work environment.

II. Identification of Inhalants


Slide 87

There are three major categories of inhalant abuse.

1. Volatile solvents


Slide 88

These chemicals are usually inhaled directly from their source.

Some of these include:

- Gasoline
- Paint thinners
- Fingernail polish remover
- Cleaning fluid
- Dry erase markers
- Whiteout
- Paint
- Airplane glue


Slide 89

2. Aerosols

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

Some of the commonly abused aerosols include:

- Hair sprays


Slide 90

- Deodorants
- Vegetable frying pan lubricants
- Insecticides
- Spray paint


Slide 91

3. Anesthetic gases.

   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
   - Whipped cream (gas)
   - Amyl nitrite
   - Butyl nitrite
   - Isobutyl nitrite
   - Nitrous oxide

III. Methods and Signs of Ingestion

Spray paint and other inhalants:


Slide 92

- Can be sprayed into an empty soda can
- 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.

Persons abusing inhalants will frequently have the abused substance on their


Slide 93

- Hands
- face
- mouth

IV. Effects of Inhalants


Slide 94

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.

V. General Indicators


Slide 95

- Confusion
- Flushed face
- Intense headaches
- Bloodshot, watery eyes
- Lack of muscle control

- Odor of substance
- Non-communicative
- Disorientation
- Slurred speech
- Possible nausea
- Residue of substance around mouth and nose

VI. Eye Indicators


Slide 96

- HGN Present
- VGN Present (High Doses)
- Pupil Size Normal (May be Dilated)
- LOC Present

VII. Duration of Effects


Slide 97

Volatile Solvents	6-8 hours
Anesthetic Gases	Very Short
Nitrous Oxide	< 5 Minutes
Amyl Nitrite and Butyl Nitrite	Few seconds to 20 minutes

VIII. Overdose Signs & Symptoms


Slide 98

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.


Slide 99

IX. 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


Slide 100

<u>Complete the Matrix Chart for the Narcotic Analgesic Category</u>


Slide 101

I. Cannabis


Slide 102

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 thought they are often believed to be fairly benign.

The primary psychoactive ingredient in cannabis is:


Slide 103

- 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.

It is typically packaged in plastic baggies, 35 mm film containers, or other small devices.

II. Identification of Cannabis


Slide 104

The cannabis category includes:

- Marijuana
- Hash
- Hash oil
- Synthetic drug, such as dronabinol or marinol.


Slide 105

Marijuana is the most common and well-known of the drugs in this category, but there are other forms as well.


Slide 106

- 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.


Slide 107

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.

III. Methods and Signs of Ingestion


Slide 108

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.

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)

By passing the marijuana smoke through the water, the smoke is not only more pure, but also cooler.

It can be baked in brownies or brewed into a tea and ingested.

IV. Effects of Cannabis


Slide 109

People under the influence of cannabis may not to be able to:

- Pay attention or
- 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.

V. General Indicators


Slide 110

- Marked reddening of the conjunctiva
- Odor of marijuana
- Marijuana debris in the mouth
- Body tremors
- Increased appetite
- Relaxed inhibitions
- Disoriented

- Possible paranoia
- Impaired perception of time and distance
- Eyelid tremors

VI. Eye Indicators


Slide 111

- HGN Not Present
- VGN Not Present
- Pupil Size Dilated (May be normal)
- LOC Present

VII. Duration of Effects


Slide 112

When marijuana is smoked, the user will experience peak effects

- Within 10 to 30 minutes.

Typical marijuana users usually exhibit the effects 2 to 3 hours, with most behavioral and physiological effects dissipating after 3-6 hours.


Slide 113

Some research suggests that residual effects can impact specific behaviors for 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.


Slide 114

VIII. Overdose Signs & Symptoms

Overdose signs and symptoms of cannabis may include, but are not limited to:

- Paranoia
- Fatigue

X. Conditions that May Mimic Drug Impairment

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.


Slide 115

Complete the Matrix Chart for the Cannabis Category

Thirty Minutes

SESSION VII

DRUG COMBINATIONS

Session VII The Effects of Drug Combinations

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

1. Describe the prevalence of drug and alcohol use (individually & in combination) as well as poly drug use
2. Define poly drug use
3. Articulate possible effects of poly drug use related to the general indicators of alcohol and drugs

Content Segments	Learning Activities
Prevalence of drug and alcohol use Define poly drug use Research on poly drug use	Instructor-Led Presentation
Types of drug combinations Potential effects of poly drug Combinations including alcohol	Instructor-Led Presentation

AIDS	LESSON PLAN	NOTES
 Slide 1	**I. Effects of Drug Combinations** Upon successfully completing this session, the student will be able to: 1. Describe the prevalence of drug and alcohol use (individually & in combination) as well as poly drug use. 2. Define poly drug use. 3. Articulate possible effects of poly drug use related to the general indicators of alcohol and drugs.	
 Slide 2		
	II. Prevalence of Drug and Alcohol Use Define Poly Drug Use:	
 Slide 3	When a person ingests two or more different drug categories. Each drug works independently, but what the body will exhibit, however, is a combination of these effects.	Note: Explain the difference between category and drug.
	Research has shown that:	
 Slide 4	• Alcohol is the most popular "mixer" with other drugs • Cannabis is another popular "mixer", and frequently shows up in combination with Cocaine, Disassociative 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 appreciate the effects of poly-drug use.

III. Potential Effects of Poly Drug Use


Slide 5

Four types of combined effects can, and generally will occur when two or more drug categories are used together.

<u>Null Effect</u>


Slide 6

The simplest way to explain the null effect is using the phrase:

"Zero plus zero equals zero"


Give examples of NULL Effect.

Stimulants and Narcotic Analgesics do not affect LOC

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 DA and a CNS depressant.

DA does not affect pupil size and neither does CNS depressants. The combination of these drugs will 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.

<u>Overlapping Effect</u>

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.


Slide 7

"Something plus nothing equals something"

Examples:

Narcotic analgesics typically cause


Slide 8

- HGN Not present
- VGN Not present

- Pupil Size Constricted
- LOC Not present

CNS Depressants typically cause


Slide 9

- HGN Present
- VGN Possibly Present
- Pupil Size Normal
- LOC Present


VGN Present in high doses


Pupils may be dilated

This specific combination can present four different overlapping effects.

The following illustrates the likely effects of the combination of a CNS Depressant and a Narcotic Analgesic:

- HGN Present
- VGN Possibly Present
- Pupil Size Constricted
- LOC Present

"Action plus no action equals action"

<u>Additive Effect</u>


Slide 10

The additive effect occurs when two drug categories affect the same indicator in the same way.


Slide 11

In other words, the effects 'add together' or reinforce each other to produce a greater effect than one of the drugs could produce individually.

If an officer observes general indicators related to a depressant and an inhalant:

- Both of which may cause HGN and VGN.

Based on the combination on these two drugs:

- We might expect to see more pronounced HGN and/or VGN than we might observe with a subject impaired by either a CNS depressant or an inhalant alone.

The simplest way to explain the additive effect:

"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"

AIDS	LESSON PLAN	NOTES
	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. Examples:	
 Slide 12	Alcohol typically causes: • HGN Present • VGN Possibly present • Pupil Size Normal • LOC Present	
	CNS Depressants typically cause: • HGN Present • VGN Possibly present • Pupil Size Normal • LOC Present	Pupils may be dilated
 Slide 13	The additive effects may cause the indicators to be exaggerated.	What you see with HGN usually will not be consistent with the BAC. 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.

"Action plus action equals a greater action"


Slide 14

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.


Slide 15

When we deal with an antagonistic effect, we cannot always predict the outcome effect.

The effects you will see will be dependant on which drug is more psychoactive in the system at any given time.

Example:


Slide 16

- If the stimulant is the psychoacive drug in the system, the pupils may be dilated.
- If the narcotic analgesic is more psychoactive drug, the pupils may be constricted.


Explain or give an example of Stimulant and Narcotic Analgesic.

- If the drugs are acting on the system in an equal manner you may see normal pupils.

A person may have taken an oxycontin tablet before smoking crack.

"Action plus opposite action may be unpredictable"

IV. Summary


Slide 17

The actual effects can depend on a number of factors including, but not limited to:

- Dose levels
- Time of ingestion
- A subject's metabolism


Slide 18

Drug Combinations:

In order to illustrate the possible effects of drug combinations, the following examples will show a cumulative drug symptomatology matrix for two different drug combinations.


Slide 19

DA and Heroin in combination.


Slide 20

Cannabis and Stimulant in combination.

One hundred twenty minutes

SESSION VIII

PRE & POST ARREST PROCEDURES

Session VIII Pre & Post Arrest Procedures

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

1. Describe the three phases of the detection process: vehicle in motion, personal contact and pre-arrest screening
2. Describe effective roadside interview techniques
3. List the elements of the offense of DUID
4. Identify the indicators of impairment observed during the three phases of the detection process
5. Accurately document, in the proper event sequence order, observed impairment in each of the three phases of the detection process
6. Identify additional resources to support prosecution
7. Articulate relevant evidence as it relates to case preparation and prosecution

Content Segments	Learning Activities
Three phases of the detection process	Instructor-Led Presentation
Describe effective roadside interview techniques	Instructor-Led Presentation & Student Practice Session
Elements of the offense	Instructor-Led Presentation & Student Group Activity
Identifying and documenting observed indicators of impairment	Instructor-Led Presentation & Student Practice Session
Case studies & scenarios	Student Practical Exercise
Case preparation and prosecution	Instructor-Led Presentation & Student Practice Session

AIDS	LESSON PLAN	NOTES
 Slide 1	**I. Pre and Post Arrest Procedures**	
 Slide 2	Upon Completion of this session the student will be better 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 • 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 Although this course is designed to make the student 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:


Slide 3

- Active observation
- Effective documentation
- Articulation
- Courtroom testimony

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.

We will look at the collection and articulation of evidence in terms of the three phases of DWI detection.


Slide 4

- Vehicle in Motion
- Personal Contact
- Pre-Arrest Screening
- Post-Arrest procedures

A. What is DWI Detection?

DWI detection will be defined as:


Slide 5

- *The entire process of identifying and gathering evidence to determine whether or not a suspect should be arrested for impaired driving attributed*


This refers to the SFST Curriculum.


The instructor should highlight situation locally and nationally resulting in poor enforcement

AIDS	LESSON PLAN	NOTES
	to alcohol, drug or a combination of alcohol and drugs.	activities. Increase in fatal crashes, etc…
 Slide 6	The detection process:	
 Slide 7	• When does it begin? • Yes - do it now • Wait - look for additional evidence • No - Don't do it	
	1. 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. "Visual Detection of DWI Motorists"
	2. 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	Most vehicle stops do not begin with suspicion of

- An equipment or moving violation
- Behavior that is unusual, but not necessarily illegal
- Almost anything else.

Initial detection may or may not carry with it a suspicion that the driver is impaired.

DWI.


Slide 8

The detection process ends with:

- An arrest
- Release decision

That decision, should ideally, be based on:


When the totality of the evidence is available.

- The totality of the evidence collected throughout each of the three phases.

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.

B. The three phases of the DWI Detection Process


Slide 9

1. In Phase One, you usually observe the driver operating the vehicle.


Slide 10

2. In Phase Two, after you have stopped the vehicle, there usually is an opportunity to observe and speak with the driver face-to-face.


Slide 11

3. In Phase Three, you usually have an opportunity to administer some field sobriety tests to the driver to evaluate whether there is any degree of impairment.


Give examples of what should be used:
SFST (including VGN), Romberg, LOC, Pupil observation.

You may, depending upon your agency policies and state laws, administer a preliminary breath test in addition to field sobriety tests to verify that alcohol is or is not the cause or a contributing factor of the impairment.

The DWI detection process does not always Include all three phases. Sometimes DWI detection occurs when Phase


Ask class to identify other examples of

One is absent, such as, cases in which you have no opportunity to observe the vehicle in motion.

incidences where the officer does not observe Phase One.

Examples include:

- Crashes
- Sobriety checkpoint
- Motorist assistance.

Sometimes there are situations when Phase Two does not occur.

Examples include:


Ask class if they can think of examples where phase two may not be present.

A crash where the driver(s) is transported to a hospital and significant time passes before an investigating officer makes contact with the driver.

Sometimes there are situations when Phase Three does not occur.

There are cases in which you would not or could not administer formal tests to the driver.


This decision is made by the officer.

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 field sobriety tests

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:

1. Yes - Do it Now
2. Wait - Look for Additional Evidence
3. No - Don't Do It

Phase One:

Task 1 Observe the vehicle in operation.

Decision Point: Is there reasonable suspicion to stop the vehicle?

Task 2 Continue to observe the vehicle and the stopping sequence.

Phase Two:

Task 1 Observe and interview the driver face-to-face.

Decision Point: Should you instruct the driver to step from the vehicle for further investigation


Officer should follow their departmental policy governing traffic stops and investigations.

Task 2 Observe the driver's exit and walk from the vehicle.

Phase three:

Task 1 Administer psychophysical tests.


Give examples of what should be used:

SFST (including VGN), Romberg, LOC, Pupil observation.

Decision Point: Is there sufficient probable cause to arrest the driver for DWI?

Task 2 Arrange for or administer appropriate biological test.


Slide 12

C. Effective Roadside Interviews 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.

Examples would include:

1. What you say – Word choice, communication style


Ask students for some examples of appropriate word choices?

Word choice example:
crash or accident


You should tailor your word choices to the situation or circumstances that exist at the time.

Communication style

Example:

The gate of the questioning, tone of your voice.


You should tailor the speed and tone of questioning to the situation and circumstances at the time.

2. 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.


Ask questions that will place them at ease. Allow them to talk about themselves. Develop a good rapport with the subject.

3. What you see – Bloodshot eyes, clothing, paraphernalia, etc…

4. What you smell – Alcoholic beverage, chemical odors, marijuana, etc…

5. What you hear – slurred speech, unusual and/or inappropriate statements, drug lingo, etc…


Slide 13

D. Identifying and Documenting Observed Indicators of Impairment.

During the detection process, many different situations arise which can affect he 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.

During phase two of the detection process, a driver may offer a reason for their behavior or physical appearance.

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.

At this point you should draw on your training and experience to determine:

1. If impairment is present
2. What is causing the signs have observed
3. If more information is needed to make a determination


Slide 14


Slide 15

** 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.

? Ask for examples from personal experiences.

Again, remind the students 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.

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 student 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.


Slide 16

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, 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 is does not matter who leads the effort.

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 is the officer's word and observations not enough?
- Does 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 are essential to the success of the DWI prosecution team.

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 students in this course to begin to view DWI enforcement and prosecution as a process which can be continually improved and refined.

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.


Slide 17

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


Slide 18

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.


Slide 19

Potential team members involved at this point may include:

- The 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 motorist.

Law enforcement officers should note every observation made regarding driving. This include observations before an after you activate you 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: 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: 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 WAT 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.


In DRE States this is the appropriate time to contact a DRE and request a full evaluation.

G. Post Arrest Screening

During post arrest screening the team will potentially include:

1. Breath testing operators/technical supervisors.

2. Drug Recognition Experts (DREs)

3. Medical personnel

4. Jail personnel

A DRE should be utilized whenever available. The officer should document which 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.

H. 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.

Additional team members should include:


Slide 20

- **Local prosecutor**


You should encourage your local prosecutors to participate in ride-a-longs and witness DRE evaluation. This knowledge will enable them to better understand the processing of impaired drivers.

- Toxicologist or representative from the appropriate state or contract lab
- 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


Slide 21

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 may also serve as additional resources.


Slide 22

I. Trial

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 in involved in the case to understand the specifics of all testimony.


Slide 23

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.


Slide 24

Visual aids may also assist in explaining the officers training and experience, factual concepts, and/or the legal elements of the offense.

Remember, visual aids engage the judge/jury and increase retention of information.


Slide 25

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.


Slide 26

Final Exam Case Studies and Scenarios

Apply the information you have learned during this course in order to effectively document observations offered in the written scenarios and case studies.

The student must complete the following for each of the scenarios/case studies as well as appropriately answer the questions posed on the form itself:

1. Describe the process of assessing the impaired driver in the context of the traffic safety related scenarios/case study.

2. Evaluate scenario/case study information:

- How you analyzed the information/observations and describe what the results indicate.

3. Be prepared to articulate observations related to the general indicators of impairment and the basis for that interpretation.


Case scenarios are in the administrative guide.