

The Drug Evaluation and Classification Program



International Association of Chiefs of Police

Drug Evaluation and Classification (DEC) Program

The Drug Evaluation and Classification (DEC) Program is a transportation safety program focusing on the detection and apprehension of drug-impaired drivers. The program is managed and coordinated by the *International Association of Chiefs of Police (IACP)* with support from the *National Highway Traffic Safety Administration (NHTSA) of the U.S. Department of Transportation*.

The DEC Program (also referred to as the Drug Recognition Expert Program) was developed in the early 1970s in Los Angeles, California, by the Los Angeles Police Department. Due to the program's success in identifying drug-impaired drivers, it soon became an international program expanding to other states and eventually into Canada and other countries. Currently, there are 37 states plus the District of Columbia participating in the program in the United States.

The DEC Program trains police officers and other public safety officials as drug recognition experts or drug recognition evaluators (DREs) through a three-phase training curriculum that includes the following:

- Drug Recognition Expert Pre-School (16 hours)
- Drug Recognition Expert School (56 hours)
- Drug Recognition Expert Field Certification (Approximately 40 hours)

The training relies heavily upon the Standardized Field Sobriety Tests (SFST's), which provide the foundation for the DEC Program. Once trained and certified, DREs become highly effective officers skilled in the detection and identification of persons impaired or affected by alcohol and/or drugs. DREs are trained to conduct a standardized and systematic 12-step evaluation consisting of physical, mental and medical components. (Refer to page three for the 12-step process procedures).

The DRE Drug Evaluation Process

DREs conduct a detailed, diagnostic examination of persons arrested or suspected of drug-impaired driving or similar offenses. Based on the results of the DRE drug evaluation they form an expert opinion as to whether or not the person is

1. Impaired, and if so, is the person able to operate a vehicle safely? If the DRE concludes that the person is impaired...
2. Is the impairment due to an injury, illness or other medical complication, or is it drug-related? If the DRE concludes that the impairment is due to *drugs*...
3. He or she determines which category or combination of categories of drugs is the most likely source of the impairment.

DREs conduct their evaluations in a controlled environment, typically at a police precinct, intake center, troop headquarters or other location where impaired drivers are transported after arrest. The drug evaluation is not normally done at roadside and is typically a post -arrest procedure.

In some cases, the person evaluated will be a driver the DRE personally arrested. However, in many cases, the DRE will be called upon to conduct the evaluation after the driver is arrested by another officer. The DRE is requested to assist in the investigation because of their special expertise and skills in identifying drug impairment.

The DRE drug evaluation takes approximately one hour to complete. The DRE evaluates and assesses the person's appearance and behavior. He also carefully measures and records vital signs and makes precise observations of the person's automatic responses and reactions. The DRE also administers carefully designed psychophysical tests to evaluate the person's judgment, information processing ability, coordination and various other characteristics. The DRE will systematically consider everything about the person that could indicate the influence of drugs.

The 12 Steps of the Drug Evaluation Process

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

1. The Breath Alcohol Test

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

2. The Interview of the Arresting Officer

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

3. The Preliminary Examination

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

4. Examinations of the Eyes

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

5. Divided Attention Psychophysical Tests

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

6. Examination of Vital Signs

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

7. Dark Room Examinations

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

8. Examination for Muscle Tone

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

9. Examination for Injection Sites

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

10. Suspect's Statements and Other Observations

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

11. Opinions of the Evaluator

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

12. The Toxicological Examination

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

Once the drug evaluation is completed, the DRE submits a detailed report documenting the evaluation, the evidence obtained and his/her opinion as to whether or not the suspect was impaired and the category(s) of drugs causing the impairment.

DRE Drug Categories

DREs are trained to identify signs and symptoms of impairment in the following seven drug categories.

(1) Central Nervous System (CNS) Depressants

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

(2) Central Nervous System Stimulants

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

(3) Hallucinogens

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

(4) Phencyclidine (PCP) and Analogs

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

(5) Narcotic Analgesics

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

(6) Inhalants

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

(7) Cannabis

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

How effective is the Drug Evaluation and Classification Program?

With the inception of the Drug Evaluation and Classification Program and the training of Drug Recognition Experts, many states have experienced a dramatic increase in drug impaired driving arrests and convictions. Two notable examples are Oregon, where drug-impaired driving arrests have increased by 150% since the inception of the program in 1995, and in Washington, where drug-impaired driving arrests have increased 200% since the inception of the program in 1996.

The overall effectiveness of the DEC Program is contingent on the support of the law enforcement administration, the Governor's Highway Safety Office, the laboratories conducting the toxicology, and the prosecutors handling the drugged driving cases. Without these critical components, the program will not be successful.

Contact Information regarding the DEC Program

The International Association of Chiefs of Police (IACP) is the coordinating agency for the DEC Program. For more information about the program, contact Carolyn Cockroft, the IACP DEC program manager, at 703-836-6767, ext. 206 or you may also contact the following persons:

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