



# IACP DRE Technical Advisory Panel Meeting

Friday, October 12, 2007  
New Orleans, Louisiana

The annual IACP Technical Advisory Panel meeting was held on Friday, October 12, 2007, at the Sheraton Hotel, New Orleans, Louisiana.

**PRESENT:** Earl Sweeney, TAP Chair; Carolyn Cockroft, Chuck Hayes and Ernie Floegel, IACP; Lt. Colonel Darrell Fisher, NE State Patrol; Major Jim Maisano, Norman, OK, Police Department; Lt. Doug Thooft, MN State Patrol; T/Sergeant Doug Paquette, NYSB; Sergeant Mike Delgadillo, LAPD; Sergeant Danny Lamm, CHP; Dan Mulleneaux, AZ GOHS; Dr. Jack Richman, O.D., New England College of Optometry; Karen Herland, Assistant City Attorney for Minneapolis, MN; Laurel Farrell, Toxicologist, Colorado Bureau of Investigations; Dean Kuznieski, Enforcement and Justice Services Division, NHTSA; Troy Costales, Oregon Department of Transportation; and Frank Kowaleski, Virginia Association of Chiefs of Police;

**GUESTS:** Captain Gary Fief, CHP; Corporal Evan Graham, Canadian DRE Coordinator, RCMP; Rob Martin, RCMP; 1<sup>st</sup> Sergeant Tom Woodward, Maryland State Police; Officer Bill Morrison, Montgomery County Police; Officer Robert Jenkins, Miami Beach Police Department; Bill Tower, Law Enforcement Liaison, NHTSA; Kyle Clark, IPTM; Joanne Michaels, National Traffic Law Center; Sergeant Tim Plummer, Oregon State Police; Tom Sheehan and Kyle Mane., Texas Engineering Extension Service, Texas A & M; Garrett Morford, NHTSA; Joe Turner, IN DRE State Coordinator; Sergeant Don Marose, MN DRE State Coordinator; and Tim Gaffney, AZ Governor's Office of Highway Safety.

**ABSENT:** Deputy Commissioner Joseph Farrow, CHP, Bob Jacobs & Dr. Philip Phillips.

Chairman Earl Sweeney called the meeting to order at 9:10 AM. After the greetings, he had the members and guests introduce themselves.

## I. IACP Updates:

- Carolyn discussed the 2007 IACP Annual Training Conference on Drugs, Alcohol and Impaired Driving, held in Las Vegas. Over 800 people attended and, according to the participant evaluations, the conference was considered a success.
- 2008 Conference has been finalized for Indianapolis, IN, August 10 – 12, 2008, with the state coordinators' annual meeting on August 9.
- IACP DRE records: Currently 4,926 DREs are certified in the U.S. and Canada; 1,076 of these are also DRE instructors.
- The DRE logo has finally been trademarked. Chair Sweeney suggested that a letter be sent out to the state coordinators. Whenever the DRE logo is displayed it must have the <sup>TM</sup> symbol attached. **Action Item**
- Because of funding issues, today's TAP meeting will be the only one held in fiscal year 2008. The next TAP meeting will be held Friday, November 7, 2008 in San Diego (in FY2009).

**II. Approve Annual Meeting Minutes:**

The minutes from the TAP annual meeting held March 31, 2007, in Arlington, VA, were approved.

- III.** The chair read a letter from a JoAnn Samson, Ph.D., expressing her concern about what she perceives as a misclassification of certain drugs. The chair is going to respond to this letter. In the meantime this matter has been referred to the Scientific Committee. **Pending Letter and Committee Review**

**IV. Old Business:**

**In- Kind Services:** Carolyn reminded the committee of the need to complete the In-Kind Forms that are in the TAP notebook for any time or expenses not reimbursed in their service to the TAP.

**DRE Section Representative on TAP:** One of the at-large positions will be used to fill this. The term will be for one year and it will be the DRE Section's chair who serves as the representative. **Pending**

**Palm Pilot Study:** This study is completed. The contract was awarded October 2006. NHTSA is looking at a Windows-based system compatible with other PDAs and should have a prototype by the training conference in Las Vegas. Two test sites have been selected, Arizona and Minnesota. **Action Item: Status update.**

**Phlebotomist Study:** This study is completed and approved for release. A final report will be forthcoming soon. The contract has not been awarded yet and it is not sure which states will participate in the pilot. **Action Item: Status update.**

**DRE Curriculum Updates:** Chuck Hayes reported that the 2007 revised manuals were used for all the 2007 DRE schools. Course managers' reports indicated some minor modifications are needed and will be incorporated into the next updates, which will be on CD ROM in PDF format. Other training curriculums that have been updated include those for DITEP, SFST Instructor, DRE Instructor and DRE Course Manager. The next to be updated will be DITEP PowerPoint and the Prescription and Over-the-Counter Drugs. **Action Item: Status Update**

**Certification Progress Log Form:** This form is now on the www.DECP.org Web site and can be downloaded. **Completed**

**SFST Roll Call Videos:** They are on line and can now be downloaded. **Completed**

**DECP Videos:** Chuck Hayes is working with CHP to update the DRE School training videos. Videos are being shot at four locations with a variety of officers from different departments and jurisdictions. The videos will be reviewed and edited. Once completed, they will be put into DVD format to replace the current DRE drug category videos. **Action Item: Status Update**

**DRE Progress Log:** The Progress Log was edited and the updated version is now on the www.DECP.org Web site. The revised form incorporated new language from the 2007 *International Standards*. **Completed**

**DECP State Coordinators Guidelines:** Posted on the www.DECP.org Web site. **Completed.**

**Seattle Toxicology Meeting and Lab Study:** Laurel Farrell recommends that TAP should still be encouraging the states to send names of labs not listed in the handout (contact sheet) given out. **Completed.**

**ARIDE:** New York is doing final edits and the pilot on October 14 – 16, 2007, which Don McDonald of NHTSA will attend. **Pending Completion of the Manuals by NHTSA**

**Law Enforcement Plan with the States' Highway Safety Offices:** Troy Costales submitted a Policy Resolution (PR-13-06), from the American Association of State Highway and Transportation Officials, on addressing highway safety as a national health issue.

**SFST Test Questions Validation:** The Driver and Marine Division of the Federal Law Enforcement Training Center (FLETC) has said that it is interested in validating the SFST questions. **PENDING**

### **NHTSA Research Updates**

**Drug Testing Road Side Survey:** Contract was awarded in September 2006 to PIRE who will be collecting data in the summer of 2007 at 60 sites throughout the US. The sites are contingent upon cooperation of law enforcement at the sites to direct motorists to researchers who will ask for voluntary cooperation. This survey was pilot tested at six sites last year and they worked out well. **Pending**

**Rosita Study:** Will be finishing data collection in the fall of 2006, with the results in spring 2007. One of the shortcomings is that many devices are not accurate or reliable. Saliva test devices are not ready for law enforcement at this time. The data collection is complete and the final report has been submitted. **Pending**

**Dr. Burns HGN Study:** It was rewritten and reanalyzed by the contractor who is fully confident that the results will prove that it makes no difference regarding the testing of one-eye, sitting or standing, or speed of stimulus moving. The study is slated for publication within 90 days. Dr. Richman says there are major flaws in the statistics and conclusion. He suggests that it be peer reviewed. Three years ago Dr. Compton stated that all research coming out of NHTSA will be peer reviewed and that the TAP would see the research before it is published. Garrett Morford says that NHTSA would.

Because of the issues raised Dean Kuznieski (NHTSA) was going to arrange a conference call with the interested parties (Earl Sweeney, Chuck Hayes, Doug Paquette, Dr. Karl Citek, Dr. Compton (NHTSA Research) Laurel Farrell and Dr. Phillips. **Pending**

**Drugged Driving Prosecution Study:** This study has had problems due to lack of data. Most states have single charge-DUI, including alcohol and drugs. Even in DECP states, data is lacking. **Pending**

**Parametric Study:** Study is completed but was sent back with questions. **Pending**

**Per Se Law Study:** Ahead of schedule. Presently with the National Traffic Law Center. Required to be finished by the end of fiscal 2008. Not a mandate at this time, just a model law. **Pending**

**SFST:** NHTSA has contracted with Melissa Walden, a program manager with the Texas Transportation Institute of Texas A&M University System, to do a history of all of the changes to all impaired driving curricula and manuals, and to convert all DECP manuals into MS WORD format along with the DRE and DITEP manuals. This is estimated to be a two year project.

Before any curriculum changes are made, they will be run by the TAP curriculum committee.  
**Pending**

**SFST Wet Alcohol Workshops:** The effectiveness of wet alcohol workshops and identifying which states are using them is continuing. This information is part of the SFST assessments that NHTSA is conducting. Five assessments have been completed and approximately eight more are pending. The states' highway safety offices are not involved and don't know who is, or is not, using wet workshops. NHTSA has decided to terminate this project. **Closed**

**Committees:** Chair Sweeney has put Chuck Hayes on the curriculum committee in addition to the previously selected members.

- **Scientific Committee** – Members as of this meeting include Dr. Jack Richman, Dr. Phil Phillips, Laurel Farrell, Helena Williams, Karen Herland, and Chuck Hayes.
- **Toxicology Confirmation for Field Training-** The issue arose about how the states are conducting their field certification training; specifically, what methods they were using to test for drugs. Some states are using on-site test devices, a practice that appears not to conform to Sections 1.10 and 1.11 of the DECP standards. The standards' terminology implies that the samples are to be sent to a laboratory. This was discussed at length, and many issues were raised, both pro and con. The focus of the question related to cost, what kind of screen (full or partial) that the laboratories were doing, and the reliability of the on-site field testing devices. At the TAP Midyear Meeting in March 2007, a motion was made by Doug Paquette and seconded by Evan Graham, to do a pilot on the on-site testing. The motion carried. This included sending out a survey letter to all of the state coordinators and asking them to complete a questionnaire. The Scientific Committee was directed to review the questionnaires and bring a recommendation back to the TAP at this October meeting. **Pending Review and Recommendations by Scientific Committee.** (Minutes 3/31/07)

See pages 20-21 of the TAP Agenda Booklet prepared for this annual TAP meeting (October 12, 2007), entitled "Urine Field Testing Devices-Lab Survey Results". As a result of the survey and the two studies done in Oklahoma and Canada, seven recommendations were made with some minor edits. A motion was made by Jim Maisano and seconded by Frank Kowaleski to allow the use of on-site field test devices consistent with the proposed recommendations. **Motion passed.** Chuck Hayes will revise the information and include the approved TAP recommendations and forward to the state coordinators. **Completed**

- **Curriculum Committee** – Members as of this committee include Doug Paquette, Dan Mulleneaux, Jim Maisano, Frank Kowaleski, Mike Delgadillo, Dean Kuznieski and Chuck Hayes.

**Maine SFST / DRE Instructor:** The question arose if a DRE who was an SFST instructor, and utilized as an adjunct instructor at a number of DRE schools, could be certified as a DRE instructor after attending a modified TAP-approved training course. This question pointed out sections in the DECP standards that might imply it was acceptable to do so. Since the TAP had approved a number of alternative curriculums for situations similar to this, it was suggested that the Curriculum Committee put together a standardized curriculum for those states that may have approved alternate curriculum along with minimum requirements necessary for the alternate curriculum. **Pending Recommendations from the Curriculum Committee.** (Minutes 3/31/07)

A draft of a "Condensed DRE Instructor Development Training Program, Schedule and Training Objectives" was submitted to the TAP. (See Attachment A to these minutes.)

A motion was made by Jim Maisano and seconded by Gary Fief to approve the curriculum objectives and schedule. **Motion passed.**

**Anti-Depressants:** Edits to the DRE Seven Day School – Central Nervous System Depressants session were suggested. The recommendation was to add additional information about anti-depressants and came through the curriculum revision process. (See Appendix B to these minutes.) A motion was made to approve the recommendations by Kyle Clark and seconded by Jim Maisano. **Motion passed.** The approved edits will be given to the TAP Curriculum Committee for addition to the 2008 DRE manual revisions.

**SFST Train-the-Trainer:** It was noted by Dan Mulleneaux “Guidelines for Skill Demonstration and Hands-on Practice” were not included in the current SFST train-the-trainer as is the case with the DRE train-the-trainer. A motion was made by Jim Maisano and seconded by Darrell Fisher to add the same guidelines used in session six of the DRE manual to the SFST manual. Approved. **NHTSA to make the necessary changes.**

**Rebound Dilation and Hippus:** A proposal was submitted (see Attachment C to these minutes) for language changes and revised definitions for rebound dilation and hippus. This was forwarded to the TAP Curriculum Committee for their recommendations. Then it will be forwarded to the state coordinators and back to the TAP. **Pending.**

- **Standards** – Members as of this TAP subcommittee include Darrell Fisher, Gary Fief, Bob Jacob, Doug Thooff, Troy Costales, and Ernie Floegel.

## V. **New Business:**

The chair read a letter written by a toxicology/physiology expert and consultant who had gone to a three-day DRE course overview. Her opinion was that at least one drug, Prozac, which is classified as a Central Nervous System Depressant is misclassified. **Pending Review of the Scientific Committee.**

**CNS Depressant Curriculum & Matrix:** A proposal for a change to the DEC matrix was submitted. (See Attachment D to these minutes.) It addressed concerns regarding the CNS Depressant and the sub-category of Anti-Depressants. A lengthy discussion followed without any specific conclusion. It was recommended that this information be incorporated into the prescription and over-the-counter drug training module. A project team will be appointed to make recommendations to TAP. This will also be discussed at the state coordinators’ meeting with a final recommendation to the TAP for a vote at the annual meeting. **Pending.**

**Who Can Teach ARIDE?** A motion was made by Doug Paquette and seconded by Jim Maisano to stay with the NHTSA recommendations to allow DREs (but who are not DRE instructors) who have had some other form of instructor training to be ARIDE instructors. This would permit DREs who are SFST instructors to teach ARIDE. It was also agreed that states could exceed these minimal guidelines and require that only DRE instructors teach ARIDE. **Motion passed.**

**Wet Alcohol Workshop:** A proposal was made for permission to eliminate the wet alcohol workshop from the DRE Pre-School. If approved, we would still teach the session and conduct the proficiency exams between students and instructors. This was referred to the TAP Curriculum Committee. **Action Item**

**Standards 1.11:** A questions has been asked about the wording in DECP Standard 1.11, particularly dealing with the word “candidate DRE” and “DRE Instructor.” Standards Committee to review.

**Wisconsin Request for SFST Train-the-Trainer:** The State of Wisconsin submitted a request to IACP for a review and approval of their comprehensive SFST curriculum, which includes the basic SFST course, an SFST Instructor Train-the-Trainer program, and a Wisconsin "Master Instructor" Train-the-Trainer curriculum. The plan was approved and Chuck Hayes will write a letter advising Wisconsin of the decision.

**Lack of Convergence Testing:** A question has been asked about how the testing was established. There appears to be some conflict between this and the Kansas Health and Environment Vision Screening Guidelines. The TAP Scientific Committee will review and Chuck Hayes will write letter of explanation.

The meeting adjourned at 5:00 p.m.

Respectfully submitted,

Ernie Floegel and Chuck Hayes

## **ATTACHMENTS**

- A. Condensed DRE Instructor Development Training Program Schedule & Objectives
- B. DRE Seven Day School – Central Nervous System Depressants
- C. Recommended Language Changes and Definitions: Hippius / Rebound Dilation
- D. Proposed Changes to DECP Matrix

## **Attachment A**

# **Condensed DRE Instructor Development Training Program: Schedule and Training Objectives**

### **Day One:**

#### **Session I: Introduction and Overview (Session I of DRE Instructor Train-the-Trainer Course) - 30 minutes**

##### Objectives:

1. Familiarize students with the course location and surroundings.
2. Familiarize students with course objectives and activities.
3. Facilitate student and instructor introductions.
4. Complete administrative paperwork.

#### **Session II: The Drug Evaluation and Classification Program Curriculum Package (Session III of DRE Instructor Train-the-Trainer Course) - 2 hours**

##### Objectives:

1. Review and become familiarized with the documents that make up a standard DRE Pre-School and DRE 7-Day School curriculum package.
2. Familiarize students on the content and format of the lesson plans used for the DRE Pre-School and DRE 7-Day School.
3. Review each lesson plan in terms of the Domains of Learning and the Four-Step Process.

#### **Session III: Techniques for Effective Classroom Presentations (Session VI of DRE Instructor Train-the-Trainer Course) - 2 hours**

##### Objectives:

1. Identify strategies for handling challenging classroom situations.
2. Familiarize the students with effective questioning techniques.
3. Familiarize the students with techniques for successful team teaching.
4. Familiarize the students with proper and improper use of interactive training techniques.
5. Familiarize the students with the purposes of using training aids to conduct effective classroom presentations.

#### **Session IV: Assignments and Preparation for Practice Teaching (Session IV of the DRE Instructor Train-the-Trainer Course) – 1 hour**

##### Objectives:

1. Make the assignments for teaching the DRE Pre-School and DRE 7-Day School curriculum
2. Review the lesson plans and visual aids for the teaching assignments

**Session V: Practice Teaching DRE School (Practice Teaching Exercise of DRE Instructor Train-the-Trainer Course) – Approximately 3 hours (Depends on class size)**

Objectives:

1. Properly and effectively teach a minimum of one hour of the curriculum from the IACP/NHTSA DRE Pre-School or DRE 7-Day School.

**Day II:**

**Session VI: Guidelines for Planning and Managing an Alcohol Workshop (Session VII of DRE Instructor Train-the-Trainer Course) - 1 hour**

Objectives:

1. Familiarize the students with how to plan and manage an alcohol workshop.
2. Understand and describe the advanced planning tasks required for conducting an alcohol workshop.
3. Familiarize the students with the proper method of preparing the volunteer drinking subjects used during the alcohol workshop.
4. Familiarize the students with how to secure and assign sufficient personnel and determine the supplies needed for an alcohol workshop.
5. Familiarize the students on how to control the alcohol workshop properly and evaluate the volunteer drinking subjects.

**Session VII: Guidelines for Conducting DRE Certification Training (Session IX of DRE Instructor Train-the-Trainer Course) - 3 hours**

Objectives:

1. Familiarize the students with the requirements that the students will have to achieve to qualify for DRE certification.
2. Familiarize the students with an understanding of how to apply the proper procedures and techniques for delivering the DRE Certification Phase.
3. Familiarize the students with the proper procedures for obtaining DRE certification.
4. Familiarize the students with the various simulated exercises used to demonstrate the procedures employed in the DRE certification process.
5. Familiarize the students with how to evaluate and document a DRE student's progress during the DRE certification training process.
6. Familiar the students in understanding how to identify DRE students learning deficiencies and take appropriate corrective action.
7. Familiarize the students on how to administer and evaluate the DRE Certification Knowledge Examination.

**Session VIII: Review of the IACP International Standards of the Drug Evaluation and Classification Program – 2 hours**

Objectives:

1. Familiarize the students with the IACP DEC Program International Standards as they apply to training, certification, recertification, decertification, deactivation and other DRE related criteria.

**Session IX: Training Summary and Conclusion (Session X of the DRE Instructor Training-Trainer Course) - 30 minutes**

Objectives:

1. Identify the students personal expectations met during this course.
2. Identify and evaluate the Condensed DRE Instructor Development Training Program through student feedback.

## Attachment B

### DRE Seven Day School: Central Nervous System Depressants

IX-3: Add the following comment under “Lesson Plan: Many Anti-Depressants may cause CNS Stimulant effects”:

“Instructor Notes: Anti-Depressants can provide side affects which mimic many of the signs associated with CNS Stimulants”

IX-8: Add to the list of anti-depressant drugs:  
Flouxamine (Luvox)  
Trazodone (Desyrel)

IX – 11: Add the following under “Lesson Plan: Possible Effects (bottom of page)”  
Anti -Depressant exceptions:  
Anti-Depressants may cause: dry, sore throat, dry mouth, blurred vision, urinary retention, muscle twitching and increased anxiety

IX – 19: Add the following under  
  
Instructor Note:  
Other possible exceptions: Increased body temperature, increased pulse rate, and pupillary dilation.

IX – 20 : Add the following under  
  
Lesson Plan:  
Anti-Depressant exceptions:  
Anti-Depressants may cause: dry, sore throat, dry mouth, blurred vision, urinary retention, muscle twitching and increased anxiety

For the Symptomatology Matrix: (Clinical Indicators)

Footnote #1 should include anti-depressants  
Footnote #2 should include anti-depressants

For the Symptomatology Matrix: (General Indicators)

Add to the note already in place for Methaqualone and Soma a block of information on the exceptions found with the Anti-Depressants

## Attachment C

# Recommended Language Changes and Definitions: Hippus/Rebound Dilation

September 3, 2007

*(Pre-School and 7 Day School student manual- Glossary Pg. 6)*

### HIPPUS

A rhythmic pulsating of the pupils of the eyes, as they dilate and constrict within fixed limits, with a size difference of at least 2 mm.

*(Pre-School and 7 Day School student manual- Glossary Pg. 11)*

### REBOUND DILATION

A period of pupillary constriction followed by a period of pupillary dilation, where the pupil steadily increases in size. In this instance, the pupil will not return to its original size.

*(Add to Glossary in Pre-School and & Day School; both on pg. 11)*

### PUPILLARY UNREST

This is the continuous, irregularly rippling oscillations shown by normal pupils under the influence of steady light, and absent in darkness: their rate increases with increasing light intensity. The change in size of the pupil generally can be up to 1.5 mm. This is a normal function of the pupil, and can vary in size from person to person.

*(7 Day School, Session XXVI, Pg. 6 2nd paragraph, 5th line, after the word "limits");  
with a difference in size change of at least 2 mm. For example. continually dilating to  
6.0 mm and constricting back to 4.0 mm. Rebound dilation is a period of initial  
pupillary constriction. followed by a period of pupillary dilation. For example. initially  
constrict to 5.0 mm. then expand to 6.5mm. constrict somewhat. and dilate to 7.5 mm.  
The final pupil size should be taken at the end of the 15second time period.*

*(7 Day Student manual Session V pg. 8)*

### HIPPUS

A rhythmic pulsating of the pupils of the eyes, as they dilate and constrict within fixed limits, with a size difference of at least 2 mm.

### REBOUND DILATION

A period of pupil constriction followed by a period of pupillary dilation, where the pupil steadily increases in size. In this instance, the pupil will not return to its original constricted size. The final pupil size should be taken at the end of the 15 second time period.

Prepared By:

- Sgt. Don Decker, Marblehead Police Dept., State Coordinator Massachusetts DEC Program
- Dr. Jack Richman, Marblehead Police Dept

## Proposed Change to DECP Matrix

TO: Asst. Commissioner Earl Sweeney, Chairman, IACP Highway Safety Committee

Dear Mr. Sweeney,

Please let this letter serve as a proposal for a change to the Drug Evaluation and Classification (DEC) Program curriculum. In particular, this change would affect the DEC “Matrix.” Following is an explanation of the proposed change, and the reasoning for this.

In the Central Nervous System (CNS) Depressants category of drugs, one of the sub-categories is “Anti-Depressants.” These include such drugs as :

Venlafaxine (Effexor) Sertraline (Zoloft) Fluvoxamine (Luvox). Bupropion (Wellbutrin) Trazodone (Desyrel) Fluoxetine (Prozac) Isocarboxazid, Paroxetine (Paxil) Tranylcypromine, and Phenelzine,

Many Drug Recognition Experts in Massachusetts, New Hampshire and other states have reported some conflicting symptomology when evaluating subjects under the influence of CNS Depressants. These DREs have reported that many of these subjects have also taken antidepressants, in addition to the CNS depressants they were taking. These reports indicate that the subjects have exhibited, in addition to symptoms of CNS Depressants, symptoms indicative of CNS Stimulant use. The toxicologies for these individuals have produced results of “Anti-Depressants” as well as the CNS Depressant drugs. No other drugs were present in the toxicologies.

A search of several major medical web sites for Anti-Depressant medication side effects and adverse reactions produced numerous findings describing the side effects of antidepressants. All these conclude that the Anti-Depressants can have anticholinergic side effects, which effectively mimics many of the signs of CNS Stimulants in the DRE evaluation.

Such side effects often include:

- Decreased mucus production in the nose and throat; consequent dry, sore throat and **Dry mouth**
- Cessation of perspiration; consequent increased thermal dissipation through the skin leading to hot, red skin **Increased body temperature**
- **Pupil dilation** (mydriasis); consequent sensitivity to bright light (photophobia)
- **Loss of accommodation** (loss of focusing ability, **blurred vision** (cycloplegia) which may lead to **lack of convergence**.
- Double vision (diplopia)
- **Increased pulse/ heart rate** (tachycardia)
- Urinary retention
- **Muscle twitching,**
- **Increased anxiety.**

These Drug Induced Side effects are more consistent with and resemble those of the category for CNS Stimulants. Such adverse antidepressant reactions are listed throughout many peer reviewed, published medical studies and manuals.

Therefore, we would respectfully request that the TAP would modify the DRE Matrix to reflect the following:

Under the “exceptions” the following would be added:

***“Many Anti-Depressants may cause CNS Stimulant effects”***

We would also request that this “exception” be listed as the last exception to the matrix (#7).

The reasoning for this would be that all DREs are currently familiar with the listed exceptions, and many are familiar with them by number. Changing the order of the current exceptions would most likely cause further confusion.

The need to potentially remove antidepressants from the CNS depressant category perhaps should be considered, but at a later time. This present request could be subject to change should the TAP find that it (the new exception) belongs as Exception number 3, which would follow the current exceptions in order.

Adding this exception to the end would cause less confusion, even though the numbers may not follow along with the drug categories as they now do. This present request would be the most efficient way to deal with this inconsistency in the scientific literature.

Further, information in the DRE manual can be worded to explain this modification to the matrix. An example would be to add wording in the Pre-School and 7-Day School manuals that many of these medications may cause certain indicators common with CNS Stimulants, such as dilated pupils, increased pulse rates, etc.

Attached please find several medical references to the issue at hand. More may be provided upon request.

Thank you.

Respectfully Submitted,  
Sgt. Don Decker – MA. State DEC Coordinator  
MA. Governor’s Highway Safety Bureau  
Marblehead Police Dept.

Dep. Chief William Quigley  
Weare NH Police Dept  
N.H. State DEC Coordinator

Dr. Jack Richman – DRE Instructor  
Police Surgeon /Weare NH Police Dept

## References

1. Comparison of the anticholinergic effects of the serotonergic antidepressants, paroxetine, fluvoxamine and clomipramine *European journal of pharmacology* ; 2002, vol. 454, no2-3, pp. 183-188
2. Managing Anticholinergic Side Effects; Joseph A. Lieberman, M.D., M.P.H. *Prim Care Companion J Clin Psychiatry* 2004;6[*suppl 2*]:20–23)
3. The Pharmacologic Management of SSRI-Induced Side Effects: A Survey of Psychiatrists: Christina M. Dording, David Mischoulon, et. al. *Annals of Clinical Psychiatry Springer Netherlands* Volume 14, Number 3 / September, 2002 Pages 143-147
4. SSRI Antidepressant Medications: Adverse Effects and Tolerability James M. Ferguson, M.D. *Prim Care Companion J Clin Psychiatry*. 2001 February; 3(1): 22–27.
5. *Clinical Handbook of Psychotropic Drugs* Bezchlibnyk-Butler, K.Z. / Jeffries, J.J. (Ed.) 13th, completely revised & expanded edition 2003 320 pp.
6. *Psychopharmacology of Antidepressants* (book) SM Stahl, SM Stahl – 1997 *Selective Serotonin-Reuptake Inhibitors: An Update* MD Prakash S. Masand and MD Sanjay Gupta *Harvard Review of Psychiatry - Volume 7, Number 2 / July 1999* Pages: 69 – 84
7. Comparison of the anticholinergic effects of the serotonergic antidepressants, paroxetine, fluvoxamine and clomipramine *European journal of pharmacology* ; 2002, vol. 454, no2-3, pp. 183-188
8. Antidepressant Drug Interactions In The Elderly Understanding The P -450 System Is Half The Reducing Risks; Roger J. Cadieux, MDVOL 106 / NO 6 / NOVEMBER 1999 / POSTGRADUATE MEDICINE
9. Anticholinergic side effects of tricyclic antidepressants and their management. Remick RA. *Prog Neuropsychopharmacol Biol Psychiatry*. 1988;12(2-3):225-31. Review.
10. Arnold SE, Kahn RJ, Faldetta LL, Laing RA, McNair DM. Tricyclic antidepressants and peripheral anticholinergic activity. *Psychopharmacology (Berl)*. 1981;74(4):325-8.
11. Side effects and its countermeasures of antidepressant; Ueda N, Nakamura J. *Nippon Rinsho*. 2001 Aug;59(8):1535-8. Review. Japanese.
12. Vandel P, Bonin B, Leveque E, Sechter D, Bizouard P. Tricyclic antidepressant- induced extrapyramidal side effects. *Eur Neuropsychopharmacol*. 1997 Aug;7(3):207-12. Review.