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Raleigh, NC Police Department  
SFST / DRE Instructor #12001

“Demystifying the DRE”

The Drug Evaluation and Classification Program

- To determine if a person is impaired. If there is impairment, is it caused by a medical condition, alcohol or drugs. If the impairment is due to drugs then what category or categories of drug is causing the impairment?
Standardized and Systematic Process

- Standardized tests and instructions
- Standardized clues for impairment
- Standardized arrest decisions

- Drugs are placed into Categories based on a known pattern of effects on the body
- More than just a few research studies conducted over 40 years!
- Peer reviewed and accepted in the relevant scientific communities
- Supported by organizations including Medical Associations, Optometric Associations, Psychiatric Associations, the ACLU and the American Bar Association.

Seven Drug Categories

- CNS Depressants
- CNS Stimulants
- Hallucinogens
- Dissociative Anesthetics
- Narcotic Analgesics
- Inhalants
- Cannabis
The 12-step process

1. Breath Test
2. Interview with arresting officer
3. Preliminary examination
4. Eye exam
5. Divided attention tests
6. Vital signs
7. Dark room examination
8. Muscle tone
9. Injection sight
10. Subject statements
11. Opinion of evaluator
12. Toxicological examination

Lets see how this works
Grab your sheets!
Your scenario

- Vehicle involved rear end collision at stop light 8:50pm
- Odor of burnt Marijuana detected from vehicle
- 31 yo female driver is the only occupant
- Driver has poor balance and coordination
- SFST roadside yields
  - NO HGN – Bloodshot, droopy eyes
  - 4 of 8 WAT clues
  - 2 of 4 OLS clues
- Arrest or no arrest for DWI?
  - Driver of vehicle struck dies 3 months after initial collision

Let’s categorize the impairing substance

1. Breath Test
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Roadside PBT yields 0.00
Let’s categorize the impairing substance

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8:50 pm

31 year old female involved in rear end collision
Cars stopped for red light

Driver has obvious poor balance and coordination walking around scene
Odor of burnt Marijuana
Roadside SFST’s - NO HGN, 4 of 8 WAT, 2 of 4 OLS

Let’s categorize the impairing substance

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First pulse is 96BPM
No angle of onset

Estimation of Pupil Size in room light is 6.0mm

Driver estimates time is 8pm, actual time is 9:30
Last slept today for “a couple hours”
Ate cereal about 6pm with two energy drinks
Not sick, denies medical/physical defects, takes no medicine
Not under the care of Doctor or Dentist
Admits to using Medical Marijuana, is cooperative, carefree, relaxed
Coordination is slow, unsteady. Speech slow with dazed appearance
Odor of Marijuana still noted from driver, she laughs at Ofc’s questions
Let’s categorize the impairing substance

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Does not wear contacts or glasses
Droopy eyelids, bloodshot eyes

Equal Pupil Size, No resting Nystagmus, Equal Tracking
No clues in HGN – No VGN present
The Lack of Convergence is Present

Demystifying the "DRE"

*Modified Romberg Balance
2" circular sway with eyelid tremors
Estimates 22 seconds as 30 seconds

*Walk and Turn
Looses balance during instruction stage x2
Stops walking 2x, steps off line 2x, raised arms during test

*One Leg Stand
used arms for balance, sway’s. Obvious body tremors
arms and legs

*Finger to Nose
Missed and used pad on each attempt, eyelid tremors
Laughed during entire test
Let’s categorize the impairing substance

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Demystifying the "DRE"

- Second pulse – 96 BPM (range 70-90)
- Blood Pressure – 130/90 (range 120-140/70-90)
- Body Temperature – 97.6f (range 98.6 +/-1f)

Demystifying the "DRE"

- Near total darkness 8.0mm (range 5.0-8.0mm)
- Direct light 5.0mm (range 2.0-4.5mm)
- Reaction to light normal
- Rebound dilation observed
- Green coating, raised taste buds (heat bumps) seen
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Demystifying the “DRE”

Driver states smoked 2-3grams about 2 hours ago for migraine relief- displayed a CO medical MJ card

Opinion with confirmation

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Demystifying the “DRE”
Does the tox support the opinion?

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Here are your questions...

- Is the driver safe to operate a vehicle?
- Is the driver impaired?
- Is the cause of the impairment a medical condition?
- Is the cause of the impairment alcohol?
- What category or categories of drug is the driver impaired on?
Who called Cannabis?

Clinical and general Indicators

Delta-9 Tetrahydrocannabinol – primary psychoactive ingredient
Highest known concentration is 37.2%, average is 13%
Possible effects
- Interferes with divided attention
- Loss of depth perception
- Short attention span
- Relaxation and relaxed inhibitions
- Altered time and distance perception
- Drowsiness
- Odor of marijuana
- Debris in mouth
- Eyelid tremors and body tremors
- Reddening of the conjunctivae
- Possible green coating on tongue
It is my opinion as a Drug Recognition Expert,

That the defendant consumed a sufficient amount of some impairing substance so as to appreciably impair her mental or physical faculties or both.

I believe the defendant is under the influence of Cannabis and is unable to operate a vehicle safely.

Questions?
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