

Participant Manual

DWI Detection and Standardized Field Sobriety Testing (SFST)

Session Overview - Introduction to Drugged Driving

4-hours

Introduction to Drugged Driving



DWI Detection and Standardized Field Sobriety Testing

Session Overview – Introduction to Drugged Driving

Learning Objectives

- Define the term “drug” in the context of DWI enforcement
- Describe the incidence of drug involvement in motor vehicle crashes and DWI enforcement
- Name the categories of drugs




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Session Overview – Introduction to Drugged Driving

Learning Objectives

- Describe the observable signs of impairment usually associated with the seven drug categories
- Describe medical conditions and other situations that can produce similar signs of impairment
- Describe appropriate procedures for dealing with drug impaired or medically impaired suspects




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At the conclusion of this session, participants will be able to:

- Define the term "drug" in the context of DWI enforcement
- Describe in approximate, quantitative terms the incidence of drug involvement in motor vehicle crashes and in DWI enforcement
- Name the categories of drugs

Learning Objectives

Describe the observable signs usually associated with the drug categories

- Describe medical conditions and other situations that can produce similar signs
- Describe appropriate procedures for dealing with drug impaired or medically impaired suspects.

CONTENT SEGMENTS..... LEARNING ACTIVITIES

- A. Overview Instructor-Led Presentations
- B. Eye Examinations: Detecting Signs of Drug Influence Participant Practice
- C. Drug Categories and Their Observable Effects
- D. Combination of Drugs
- E. Dealing with Suspected Drug Influence or Medical Impairment

Session Overview – Introduction to Drugged Driving

Session Purpose

Improve your ability to recognize suspects who may be medically impaired or impaired by drugs other than alcohol and, when you encounter such suspects, take appropriate action




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Session Overview – Introduction to Drugged Driving

This Training Will NOT...

Important issue this training will NOT qualify you to perform the functions of a Drug Recognition Expert.




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A. Overview

- The purpose of this session is to improve your ability to recognize suspects who may be medically impaired or impaired by drugs other than alcohol and, when you encounter such suspects, take appropriate action.
- Alcohol certainly remains the most frequently abused drug, and most impaired drivers are under the influence of alcohol
- Many other drugs also are routinely abused by many drivers.
- It is highly likely that every experienced DWI enforcement officer has encountered at least some drivers who were under the influence of drugs other than alcohol.
- Depending upon the specific types of drugs they have taken, some drug-impaired drivers may look and act quite a bit like persons who are under the influence of alcohol, but others will look and act very differently from alcohol-impaired drivers.
- It is important that you be able to recognize subjects who may be under the influence of other drugs, so that you will know when to summon assistance from physicians or other appropriate persons, or trained drug recognition experts. (DREs)

One important thing that this session will not accomplish: it will NOT qualify you to perform functions of a Drug Recognition Expert (DRE).

Officers become DREs only after they have completed a very challenging program that includes nine days of classroom training and many weeks of closely-supervised on-the-job training. (Two-Day Pre-School followed by Seven-Day classroom training.)

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2014 National Survey Drug Use and Health (NSDUH)

- 139.7 million (52%) people consider themselves drinkers
- 60.9 million people describe themselves as binge alcohol users
- Estimated 27 million people aged 12 or older were current illicit drug users in 2014



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C. Statistics and Research

Alcohol and Drug Use

Social drinking is considered acceptable in many societies.

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

The National Survey on Drug Use and Health (NSDUH) Survey 2012 reports that:

139.7 million (52%) people consider themselves as alcohol users

60.9 million people describe themselves as binge drinkers.

An estimated 27.0 million people aged 12 or older were current illicit drug users in 2014.

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.

Eye Examinations Overview

The eye examinations that you can conduct to assess possible drug or medical impairment include:

- Resting nystagmus
- Tracking ability
- Pupil size
- Horizontal gaze nystagmus (HGN)
- Vertical gaze nystagmus (VGN)



Eye Examinations Overview:

The eye examinations that you can conduct to assess possible drug or medical impairment include:

- Resting nystagmus
- Tracking ability
- Pupil size
- Horizontal gaze nystagmus (HGN)
- Vertical gaze nystagmus (VGN)

Resting Nystagmus is referred to as jerking as the eyes look straight ahead. This condition is not frequently seen. Its presence usually indicates a pathological disorder or high doses of a Dissociative Anesthetic drug such as PCP.

Tracking Ability will be affected by certain categories of drugs, and also by certain medical conditions or pathological disorders.

If the two eyes do not track together, the possibility of a medical condition or injury is present.

By passing a stimulus across both eyes, you can check to see if both eyes are tracking equally.

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Central Nervous System (CNS) Depressants

- Alcohol
- Barbiturates (Secobarbital)
- Non barbiturates (GHB/Soma)
- Anti-Anxiety Tranquilizers (Valium/Xanax)
- Anti-Depressants (Prozac/Elavil)
- Muscle relaxants






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Central Nervous System (CNS) Depressants

CNS Depressants slow down the operations of the brain, and usually depress the heartbeat, respiration, and many other processes controlled by the brain.

The most familiar CNS Depressant is alcohol.

Other CNS Depressants include:

- Barbiturates (such as Secobarbital (Seconal), and Pentobarbital (Luminal))
- Non-Barbiturates (GHB-gamma-hydroxybutyrate and Soma)
- Anti-Anxiety Tranquilizers (Such as Valium, Librium, Xanax, and Rohypnol)
- Anti-Depressants (such as Prozac and Elavil)
- Muscle relaxants and many other drugs (Soma)

CNS Depressants usually are taken orally, in the form of pills, capsules, liquids, etc. However, CNS Depressants may be injected or insufflated.

In general, people under the influence of any CNS Depressant look and act like people under the influence of alcohol.

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Indicators of CNS Depressant Influence



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General indicators of CNS Depressant influence are:

- “Drunken” behavior and appearance
- Uncoordinated
- Drowsy
- Sluggish
- Disoriented
- Thick, slurred speech
- Unsteady, staggering (Gait Ataxia)

Eye indicators of CNS Depressant influence are:

- Horizontal Gaze Nystagmus usually will be present
 - Vertical nystagmus may be present (with high doses)
 - Pupil size usually will not be effected, except that Methaqualone and Soma may cause pupil dilation
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Session Overview – Introduction to Drugged Driving

Central Nervous System (CNS) Stimulants

- Cocaine
- Amphetamines
- Methamphetamine



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Central Nervous System Stimulants

Central Nervous System Stimulants accelerate the heart rate, respiration and many other processes of the body.

The two most widely abused kinds of CNS Stimulants are cocaine and methamphetamines.

Cocaine is made from the leaves of the coca plant.

Methamphetamines are chemically produced (manufactured) drugs.

Cocaine abusers may take the drug:

- By insufflation
- By smoking (freebase, or “Crack”)
- By injection
- Orally

Abusers of amphetamines and methamphetamines may take their drugs:

- By injection
- Orally
- By insufflation
- Smoked (methamphetamines only)

Indicators of CNS Stimulant Influence

- People under the influence of CNS Stimulants tend to be hyperactive, indicated by nervousness, extreme talkativeness and an inability to sit still
- They also are usually unable to concentrate, or to think clearly for any length of time



General indicators of CNS Stimulant influence:

People under the influence of CNS Stimulants tend to be hyperactive, indicated by nervousness, extreme talkativeness and an inability to sit still. They also are usually unable to concentrate, or to think clearly for any length of time.

- Restlessness
- Talkative
- Excitation
- Euphoria
- Exaggerated reflexes
- Loss of appetite
- Anxiety
- Grinding teeth (bruxism)
- Redness to nasal area (if “snorting”)
- Body tremors

Eye indicators of CNS Stimulant influence:

- Neither horizontal nor vertical nystagmus will be observed
 - The pupils generally will be dilated.
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Hallucinogens

- **Peyote**
- **Salvia Divinorum**
- **LSD**
- **MDMA (Ecstasy)**



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Hallucinogens

Hallucinogens are drugs that affect a person’s perceptions, sensations, thinking, self awareness and emotions.

One common type of hallucination caused by these drugs is called synesthesia, which means a transposing of the senses.

Sounds for example, may be transposed into sights.

Sights, for example, may be transposed into odors or sounds.

Some hallucinogenic drugs come from natural sources:

- Peyote is a Hallucinogen found in a particular species of cactus.
- Psilocybin is a Hallucinogen found in a number of species of mushroom.

Other Hallucinogens are synthetically manufactured:

- LSD (Lysergic Acid Diethylamide)
- MDA (3,4-Methylenedioxyamphetamine)
- MDMA (3,4-Methylenedioxymethamphetamine or Ecstasy)
- Many others

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Indicators of Hallucinogen Influence

- Hallucinations
- Dazed appearance
- Body tremors
- Uncoordinated
- Perspiring
- Disoriented
- Paranoia
- Difficulty in speech
- Nausea
- Piloerection (goose bumps)



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General indicators of Hallucinogen influence:

Hallucinogen abusers usually take their drugs orally; however, some Hallucinogens can be smoked, or injected or “snorted”.

- Hallucinations
- Dazed appearance
- Body tremors
- Uncoordinated
- Perspiring
- Disoriented
- Paranoia
- Difficulty in speech
- Nausea
- Piloerection (goose bumps)

Eye indicators of Hallucinogen influence:

- Neither horizontal nor vertical gaze nystagmus should be present
- The pupils usually will be noticeably dilated

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Dissociative Anesthetics

- Phencyclidine (PCP)
- Ketamine
- Dextromethorphan



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Dissociative Anesthetics

Dissociative Anesthetics is the category of drugs that includes PCP, its various analogs, and Dextromethorphan (DXM).

PCP is a synthetic drug, that was first developed as an intravenous anesthetic.

Because PCP produces very undesirable side effects, it is no longer legally manufactured. However, an analog (chemical cousin) Ketamine is still being legally manufactured and available.

However, it is easy to manufacture:

- The formula for making PCP and PCP analogs have been widely publicized.
- The manufacturing process involves readily available chemicals.

Many Dissociative Anesthetic users smoke the drug, by using it to adulterate tobacco, marijuana, or various other substances.

Dissociative Anesthetics can also be taken orally or by injection, or inhaled.

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Indicators of Dissociative Anesthetic Influence

- Warm to the touch
- Perspiring
- Blank stare
- Repetitive speech
- Incomplete verbal responses
- Confused
- Muscle rigidity

Possibly violent and combative



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General indicators of Dissociative Anesthetics:

Dissociative Anesthetics can also be taken orally or by injection, or inhaled.

- Warm to the touch
- Perspiring
- Blank stare
- Repetitive speech
- Incomplete verbal responses
- Confused
- Muscle rigidity
- Possibly violent and combative

Eye Indicators of Dissociative Anesthetic influence:

- Horizontal Gaze Nystagmus generally will be present, often with very early onset and very distinct jerking.
- Vertical nystagmus generally will be present.
- Pupil Size usually will not be effected.

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Narcotic Analgesics

- Heroin
- Morphine
- Codeine
- Synthetic Opiates (e.g., Methadone, Fentanyl)



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Narcotic Analgesics

Narcotic Analgesics include a large number of drugs that share three important characteristics:

- They will relieve pain.
- They will produce withdrawal signs and symptoms, when the drug is stopped after chronic administration.
- They will suppress the withdrawal signs and symptoms of chronic morphine administration.

Some drugs classified as Narcotic Analgesics are natural derivatives of opium:

- Heroin
- Morphine
- Codeine

Some are synthetic Narcotic Analgesics, such as:

- Methadone
- Numorphan
- Fentanyl
- OxyContin

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“Tolerance”

- An important characteristic of Narcotic Analgesics is that users develop tolerance to them
- “Tolerance” means that the same dose of the drug will produce diminishing effects, or that a steadily larger dose is needed to produce the same effects




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Indicators of Narcotic Analgesic Influence

- “On the nod”
- Droopy eyelids
- Depressed reflexes
- Dry mouth
- Facial itching
- Low, raspy speech
- Fresh puncture marks may be evident




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Tolerance

- An important characteristic of Narcotic Analgesics is that users develop tolerance to them.
- “Tolerance” means that the same dose of the drug will produce diminishing effects, or that a steadily larger dose is needed to produce the same effects.

A tolerant user who has taken his or her “normal” dose of heroin (for example), may exhibit little evidence of divided attention impairment.

General indicators of Narcotic Analgesic influence:

- “On the nod”
- Droopy eyelids
- Depressed reflexes
- Dry mouth
- Facial itching
- Low, raspy speech
- Fresh puncture marks may be evident

Eye indicators of Narcotic Analgesic influence:

- Neither horizontal nor vertical nystagmus will be present
- Pupils generally will be constricted

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Inhalants

- Various glues
- Paint
- Gasoline
- Aerosol sprays
- Nitrous Oxide
- Ether
- Amyl Nitrite



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Inhalants

Inhalants are breathable chemicals that produce mind-altering results.

Inhalants include many familiar household materials, such as glue (“Toluene”), paint, gasoline, aerosol sprays, etc. that produce volatile fumes.

Some drugs that are classified as Inhalants include:

- Various glues (e.g. Toluene)
- Paint
- Gasoline
- Aerosol sprays (i.e., vegetable frying pan lubricants, hair sprays, insecticides)
- Nitrous Oxide
- Ether
- Amyl Nitrite

Certain anesthetics also may be used as Inhalants.
