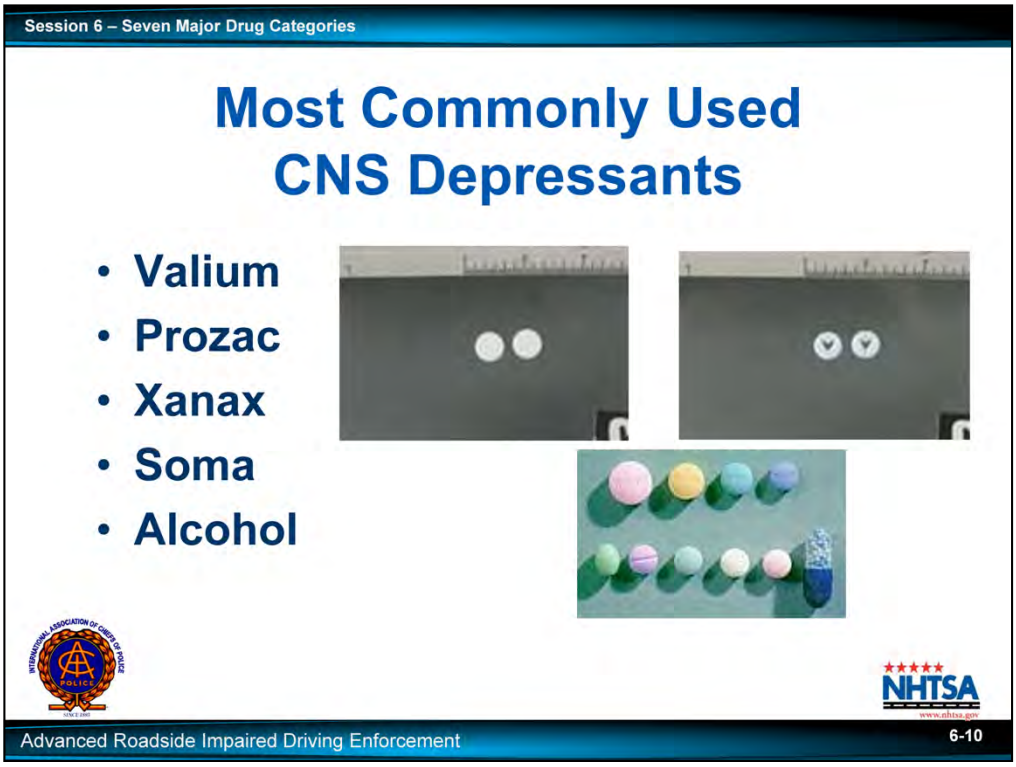
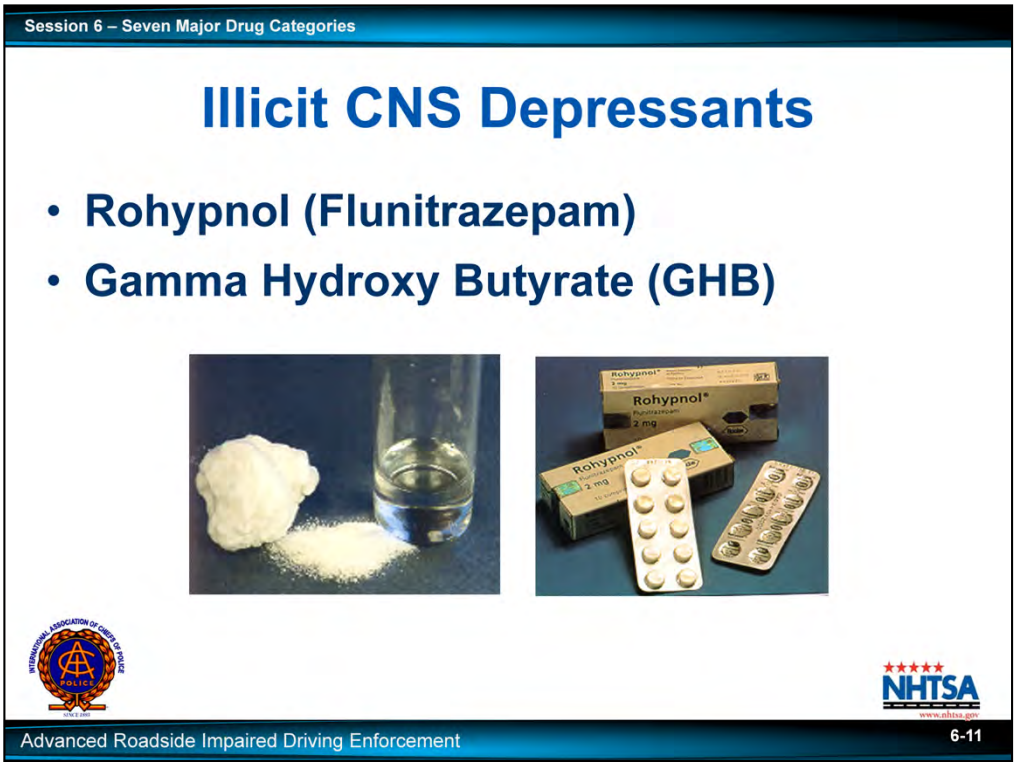


Most familiar and abused depressants are:

- Valium
- Prozac
- Xanax
- Soma
- Alcohol

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

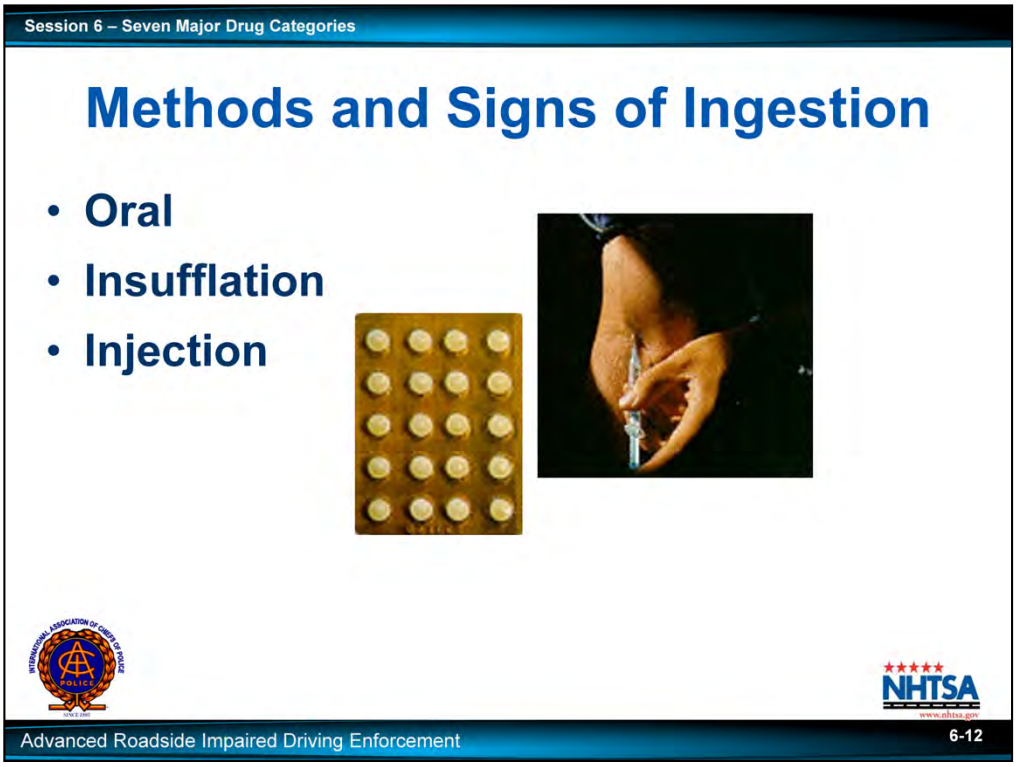


There are also several illicit CNS depressants that have gained national attention in the past several years.

- 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.



Methods and Signs of Ingestion

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 insufflated (snorted).

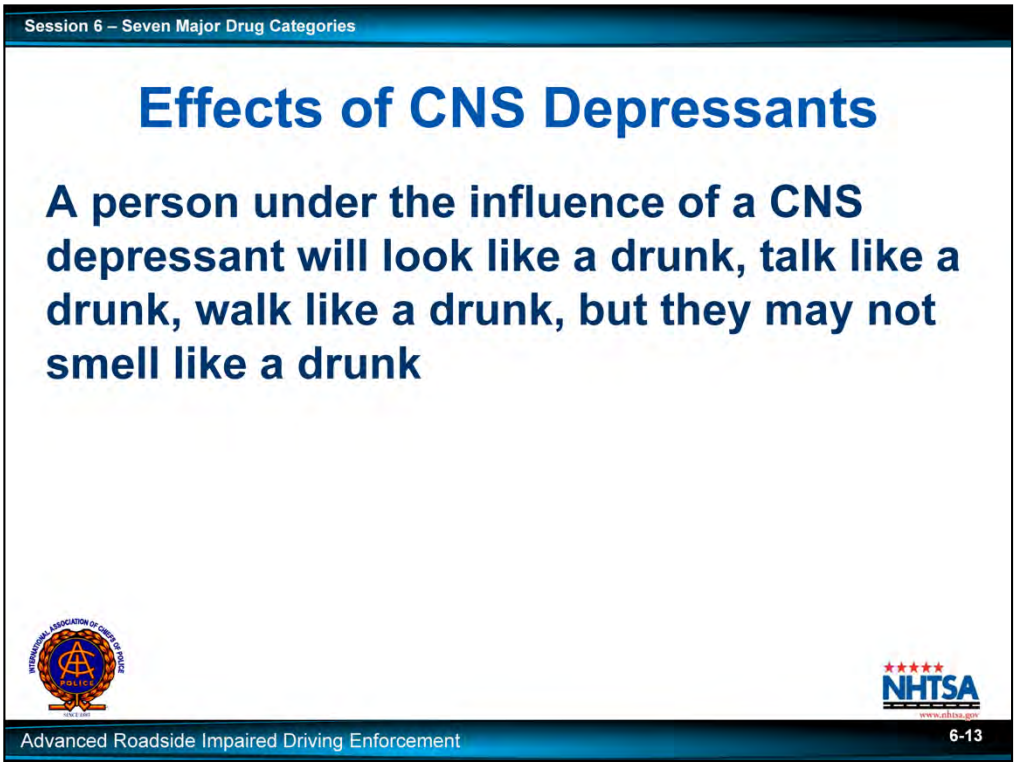
Some CNS depressants, on very rare occasions, may be injected.

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.



Effects of CNS Depressants

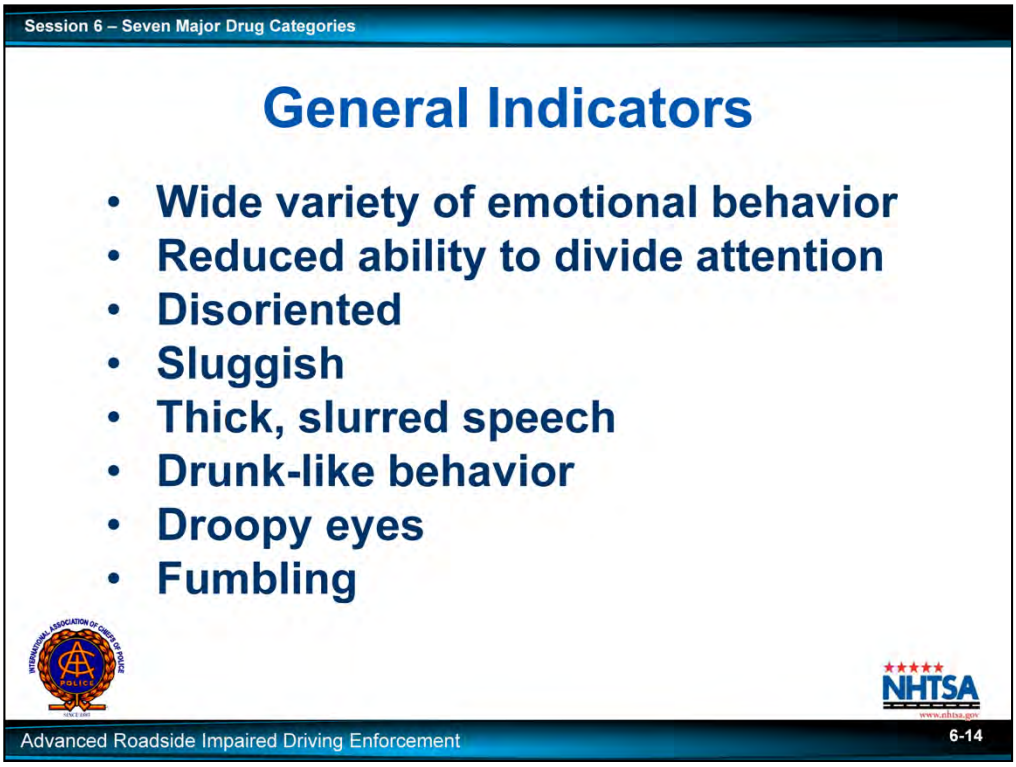
A person impaired by a CNS depressant will look like a drunk, talk like a drunk, walk like a drunk, but they may not smell like a drunk.

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.

This is synergistic effect.

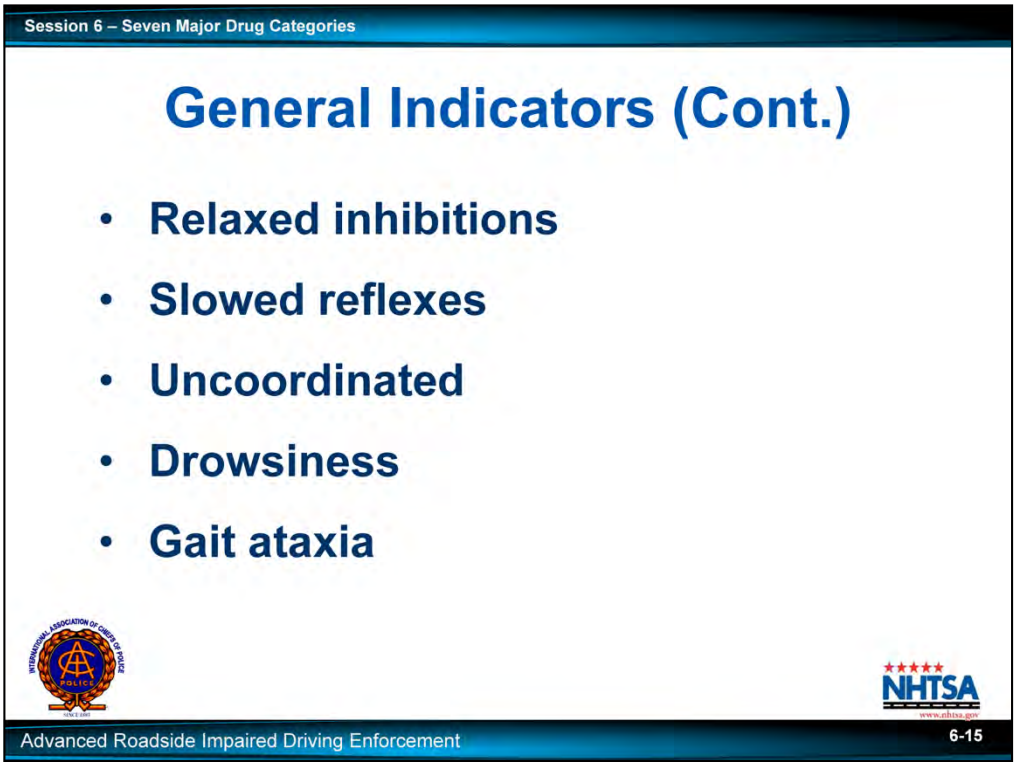


Ask participants: How would a depressant possibly impair a subject's ability to operate a vehicle safely?

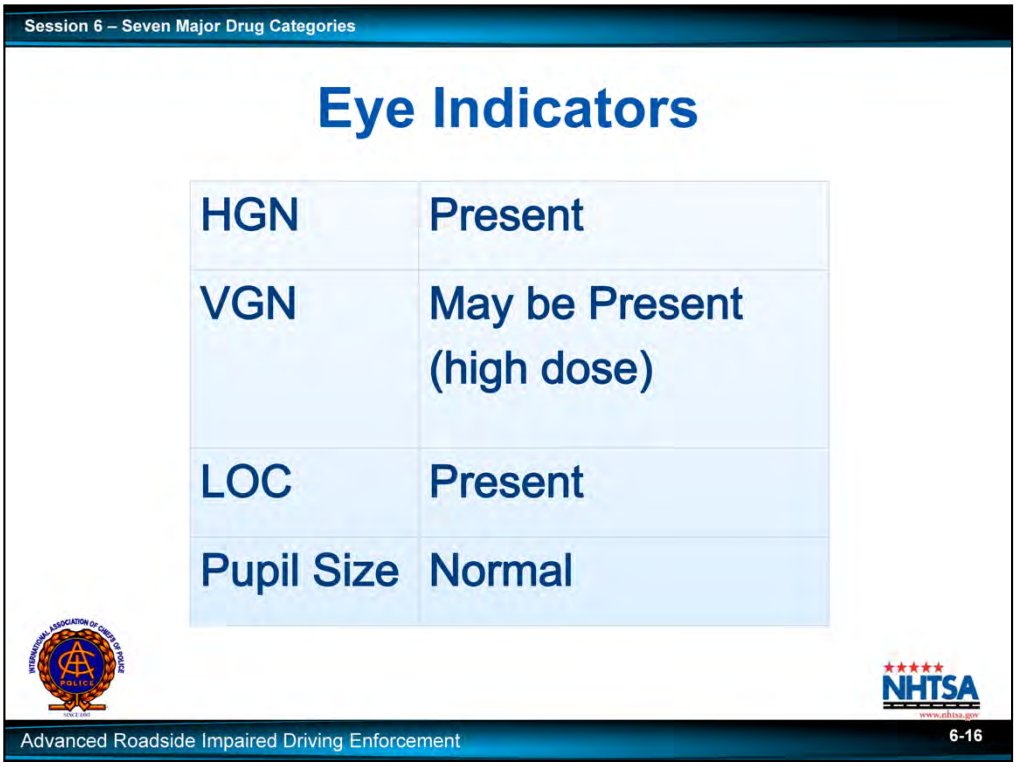
Example: Slowed reflexes may cause a delay in applying brakes in a timely manner.

Indicators include:

- A wide variety of emotional effects:
  - Euphoria
  - Depression
  - Laughing or crying for no apparent reason
- Reduced ability to divide attention
- Disoriented
- Sluggish
- Thick, slurred speech
- Drunk-like behavior
- Droopy eyes
- Fumbling



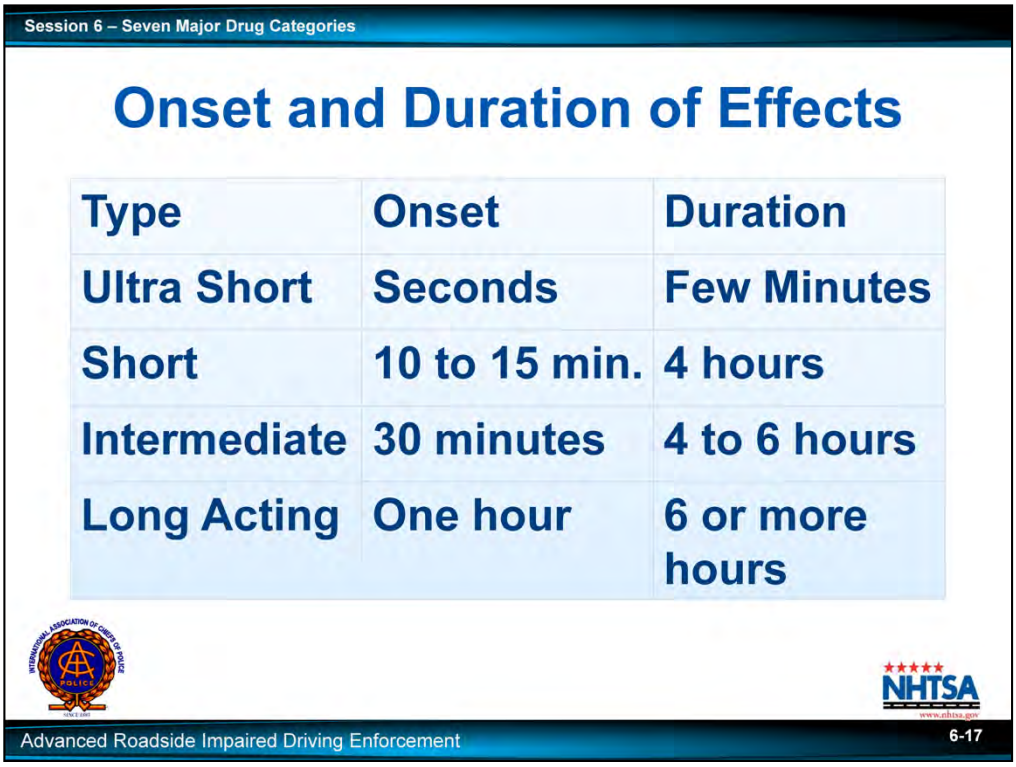
- Relaxed inhibitions
- Slowed reflexes
- Uncoordinated
- Drowsiness
- Gait ataxia (impaired walking)



Eye Indicators

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

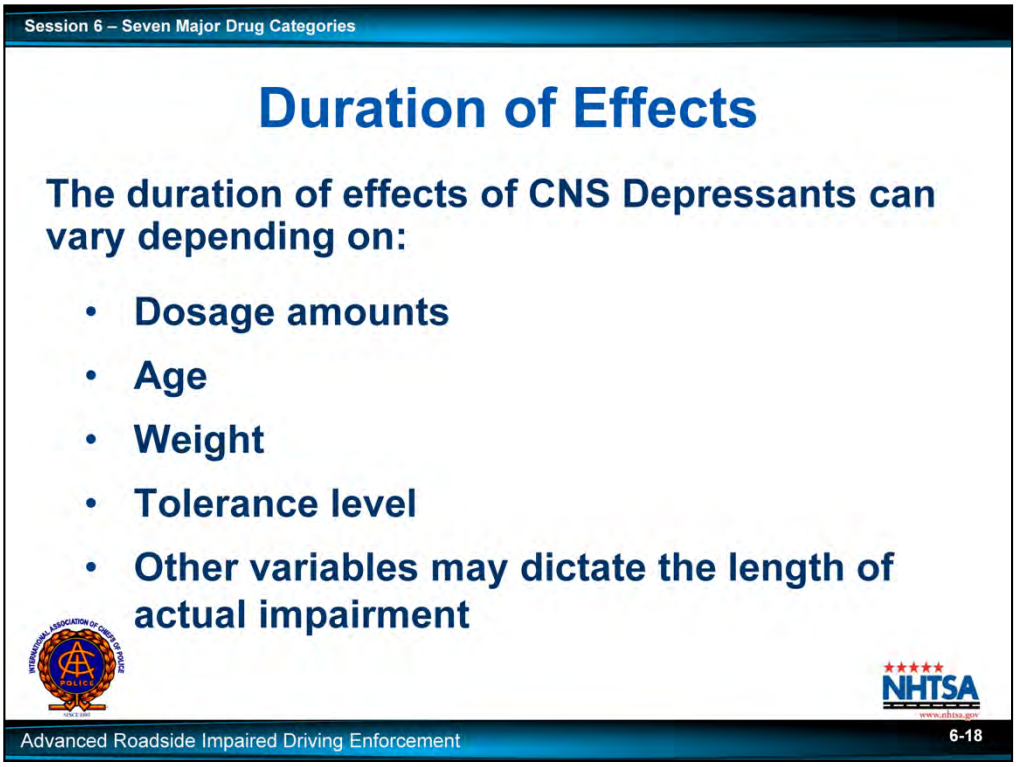
Point out that "normal" refers to the average ranges established in the DEC Program.



Duration of Effects

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

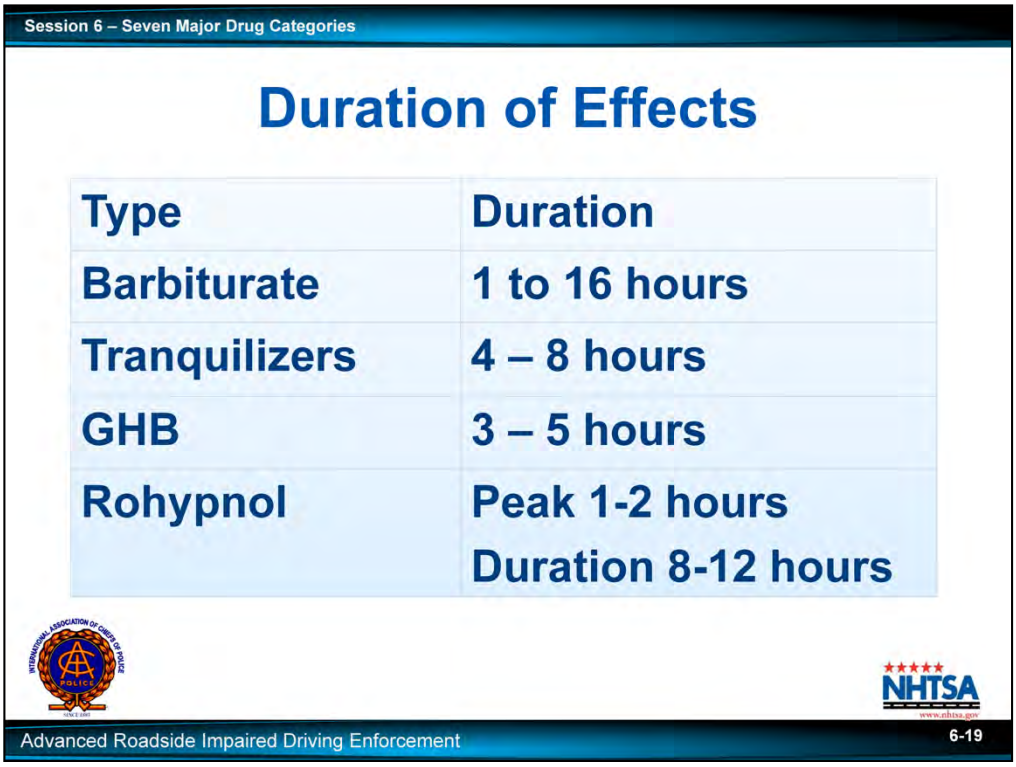
Type	Action
Ultra Short	Very rapid
Short	4 hours or less
Intermediate	4 to 6 hours
Long Acting	6 or more hours



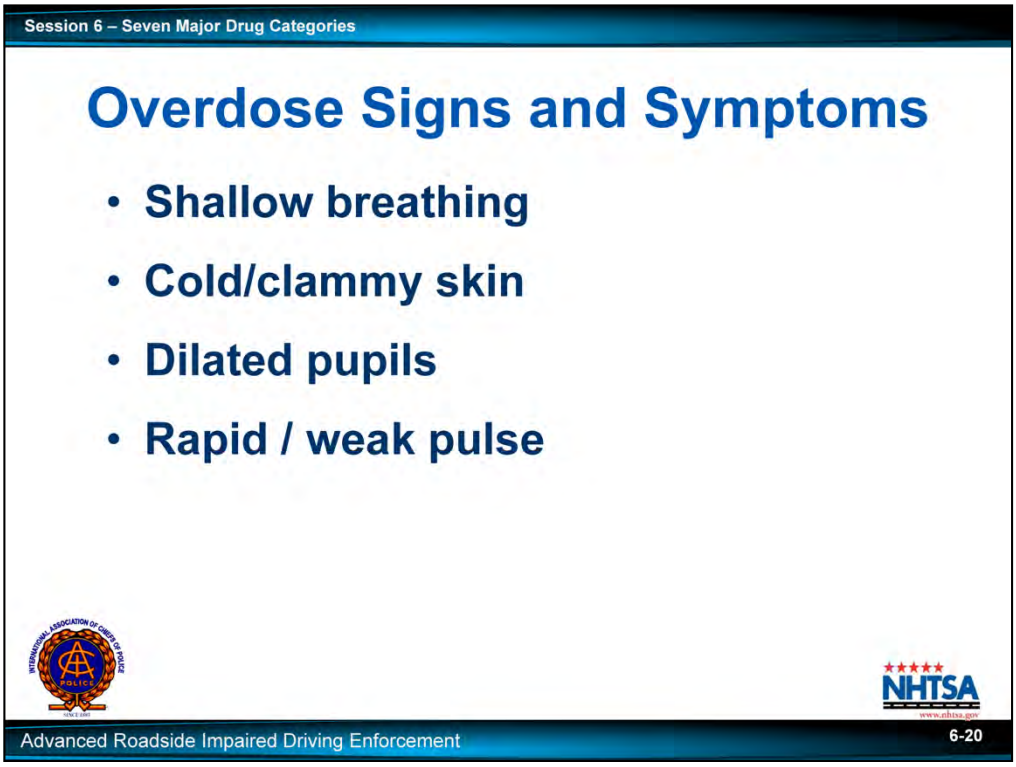
Duration of Effects

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

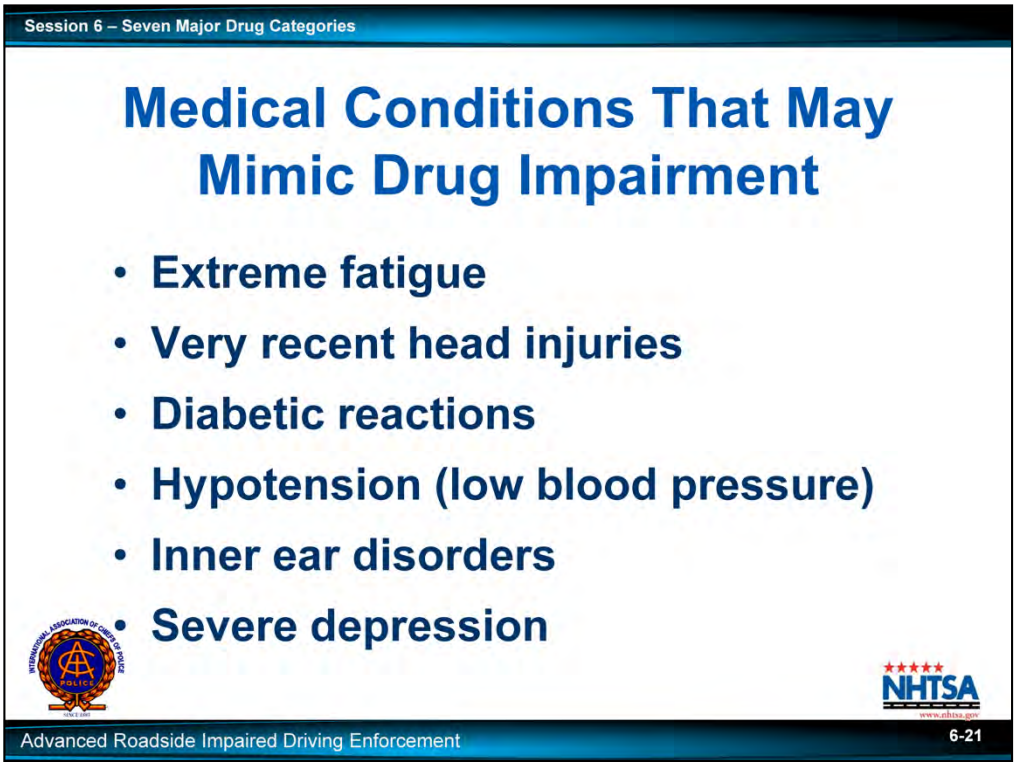


Type	Duration
Barbiturate	1 – 16 hours
Tranquilizers	4 – 8 hours
GHB	3 – 5 hours
Rohypnol	Peak 1-2
	Duration 8-12 hours



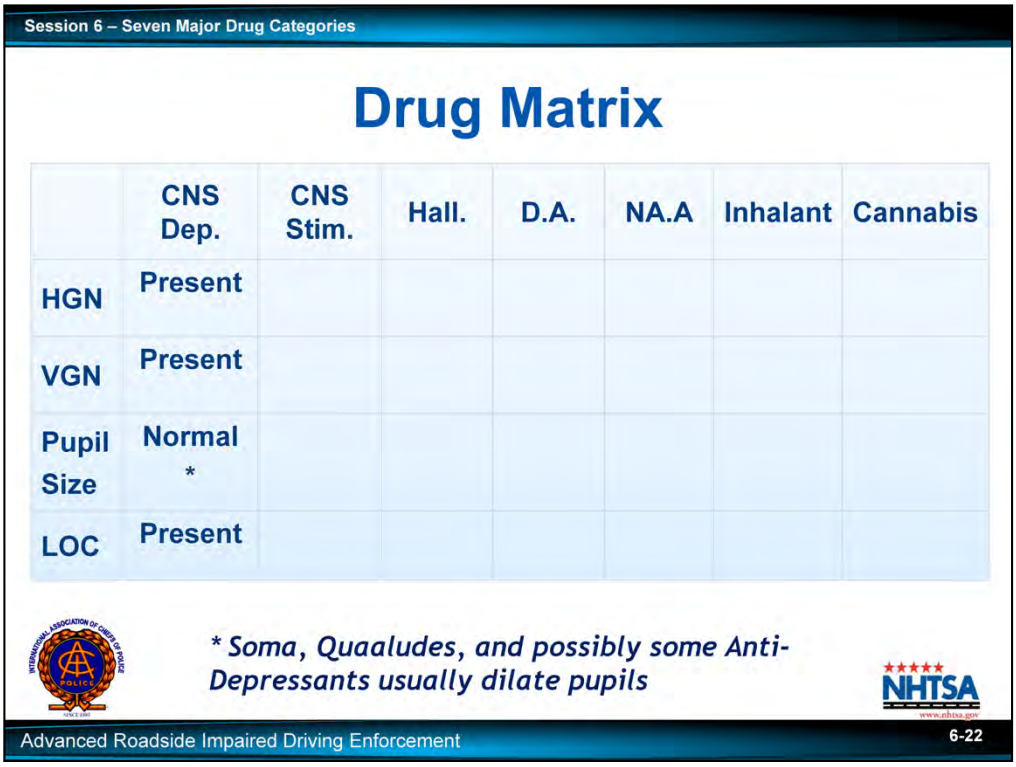
Overdose Signs and Symptoms

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



Medical Conditions That May Mimic Drug Impairment

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



Drug Matrix

A very sort list of examples is provided for the participants in the back of this session.

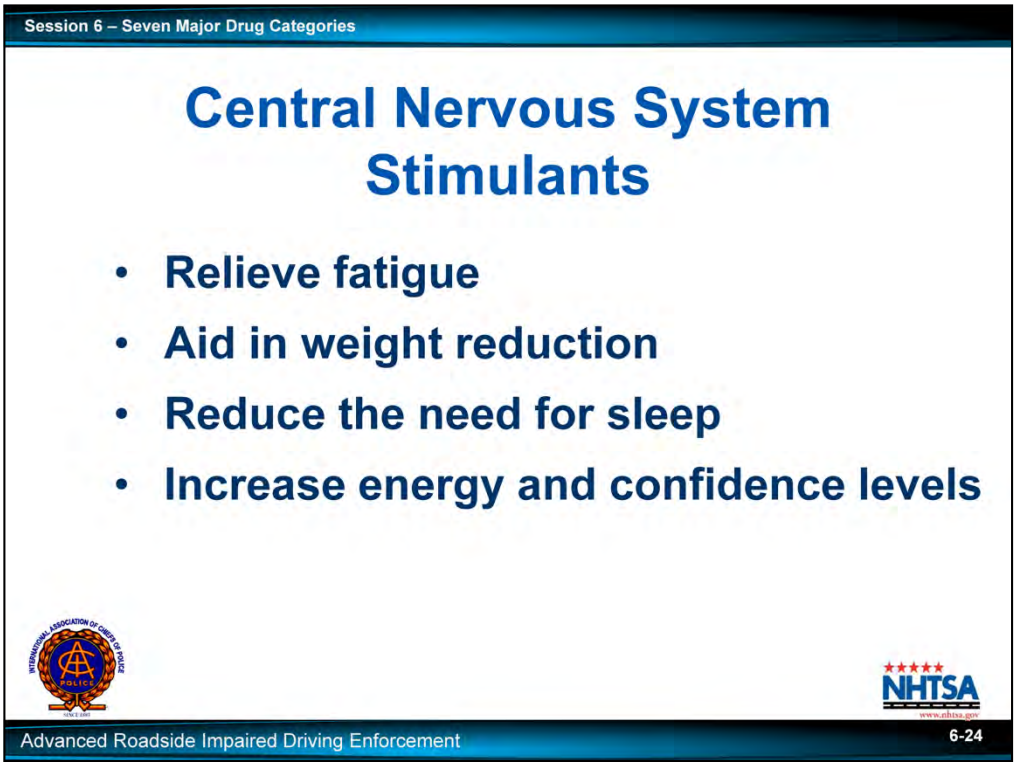
The list only covers the most common types of depressants that law enforcement officers may come in contact with.

The instructors may review them with the class, provided there is time to do so.

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

Complete MATRIX chart for CNS Depressant Category.

CNS Stimulants



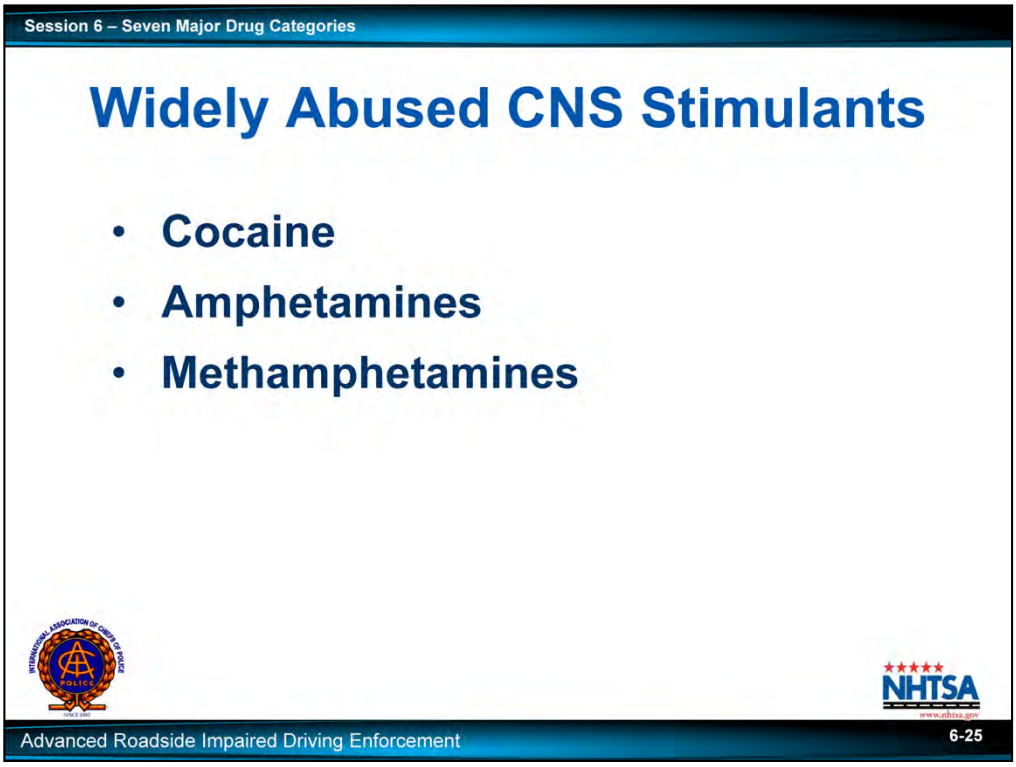
Central nervous system stimulants:

- 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."



The most widely abused CNS stimulants are:

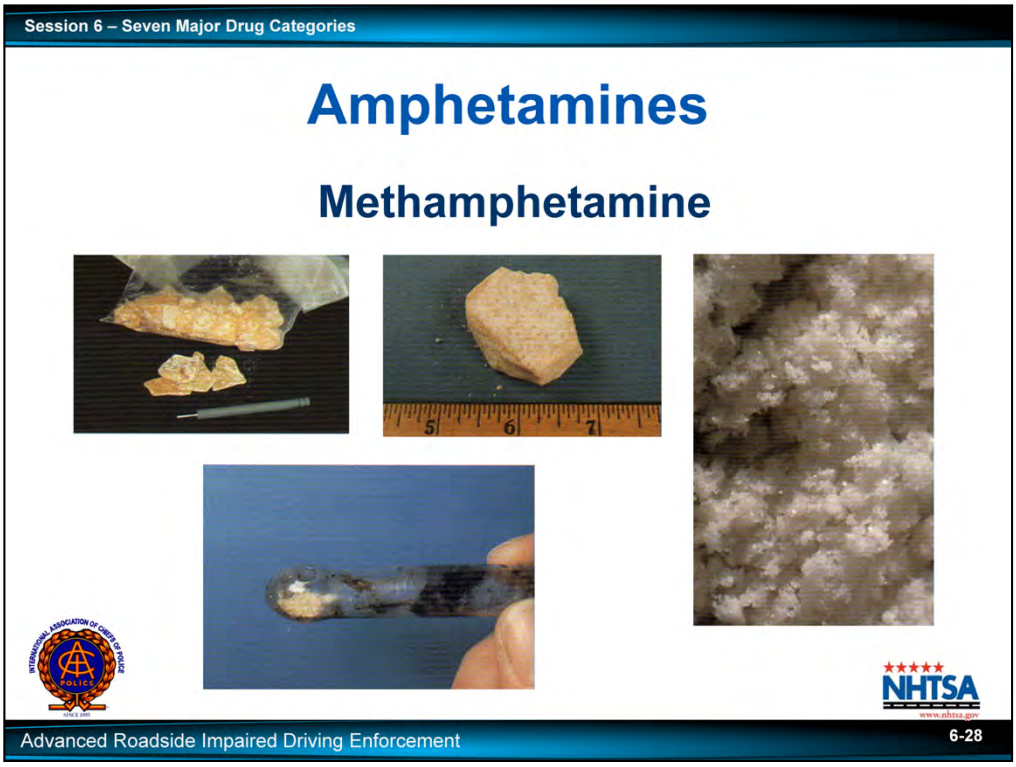
- Cocaine
- Amphetamines
- Methamphetamines

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

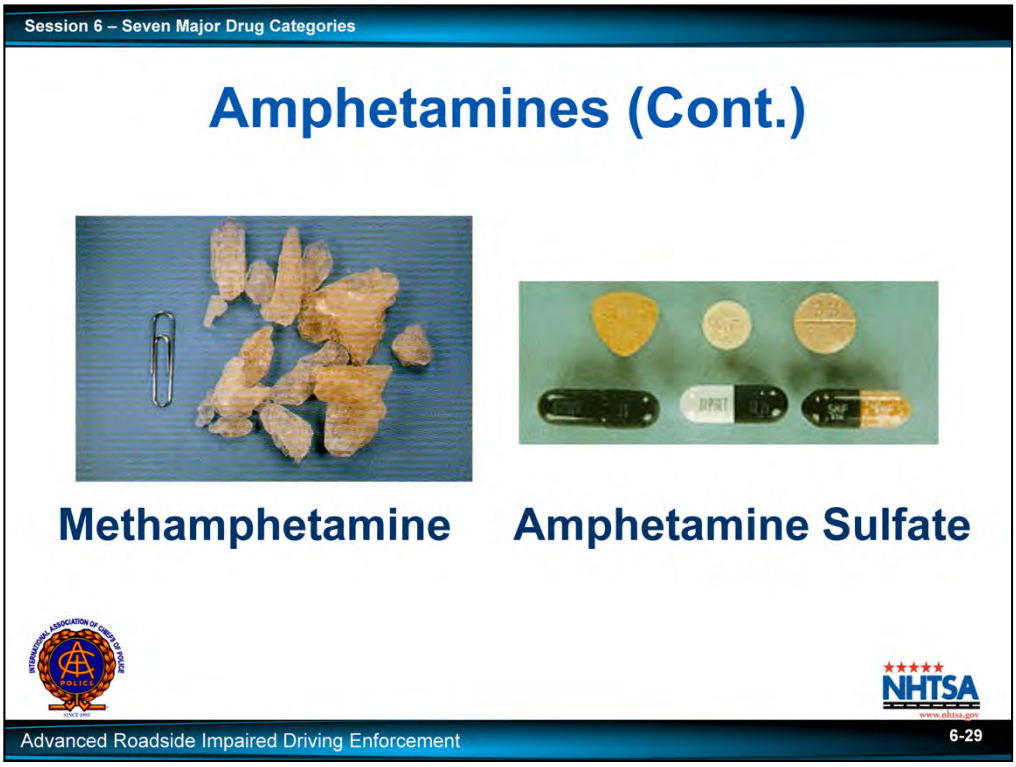
- Baking soda,
- Cocaine
- Water
- Then heating

It appears as small white or off-white chunks.

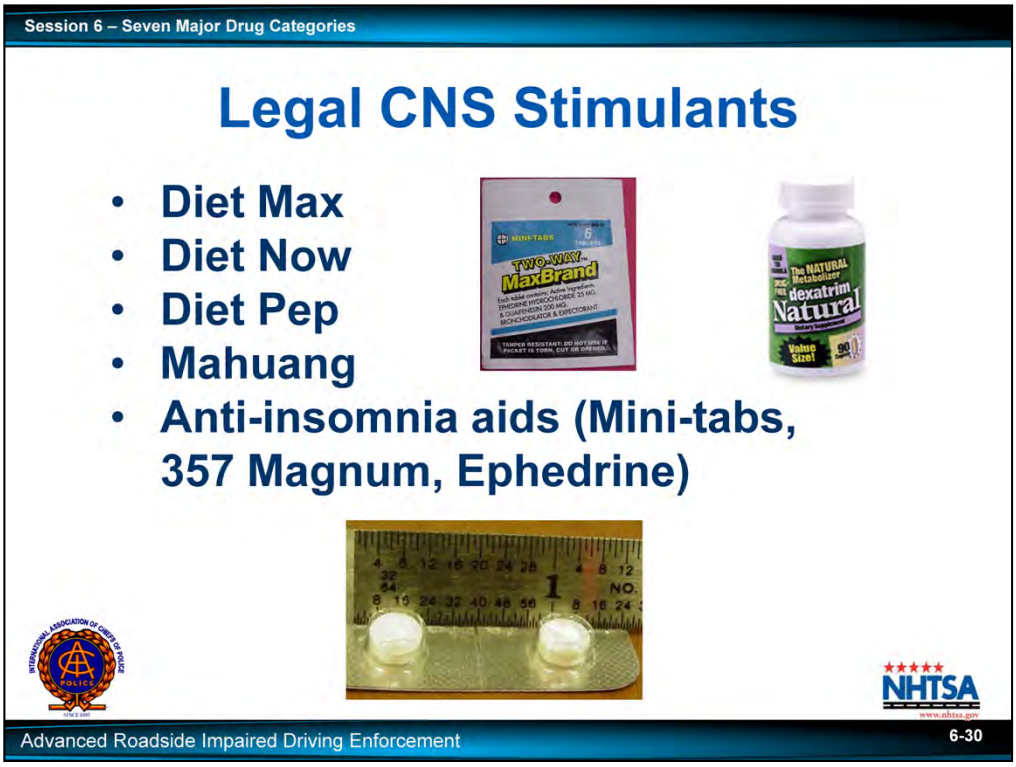


Amphetamines are usually found in pill form and are legally manufactured for medical use.

Methamphetamine usually has the consistency of brown sugar, can be a variety of different colors, and is primarily produced illegally.

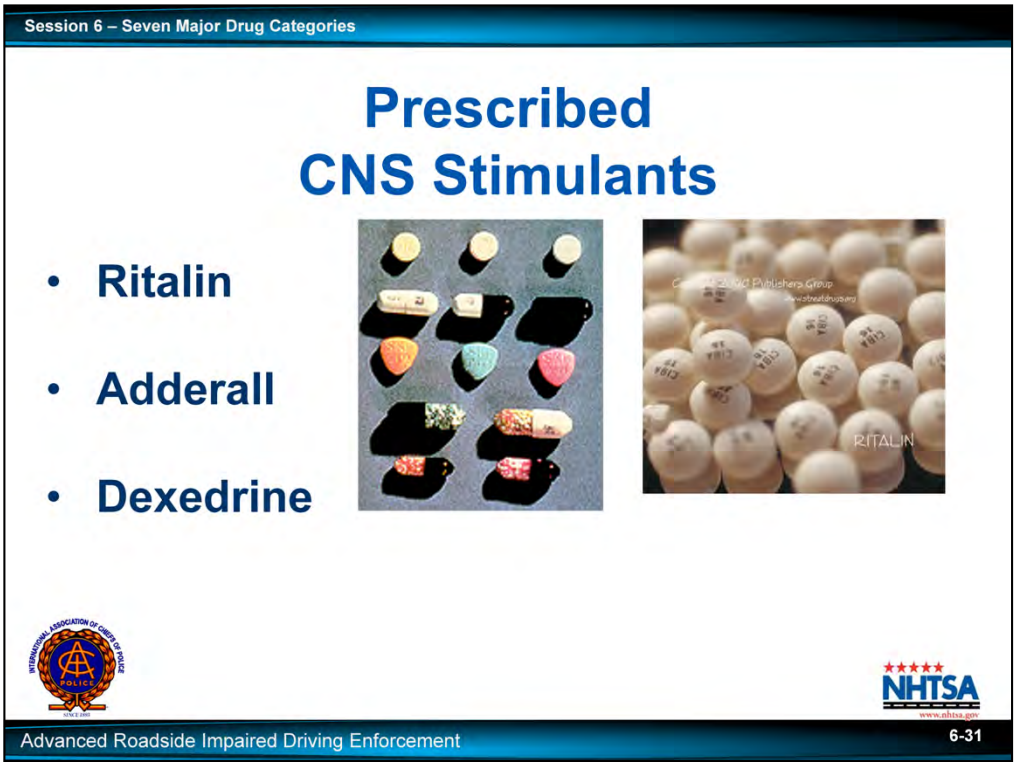


Ephedrine and pseudoephedrine are also classified as CNS stimulants



Ephedrine is often advertised as diet supplements

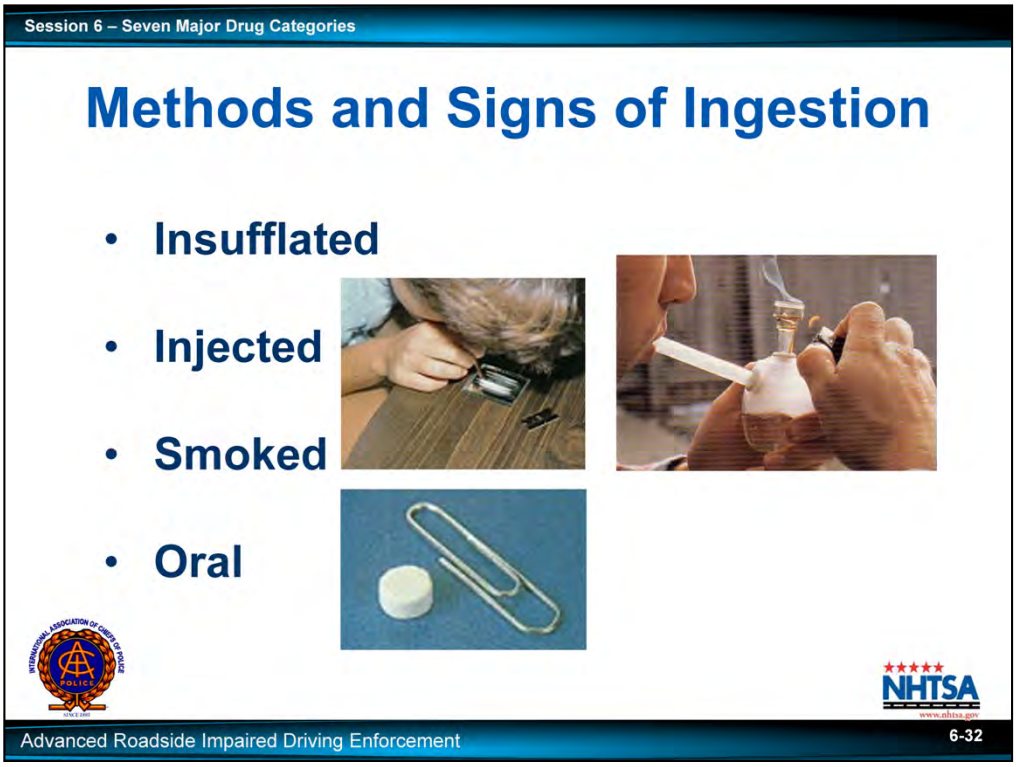
- Diet Max
- Diet Now
- Diet Pep
- Mahuang
- Anti-insomnia aids (Mini-tabs, 357 Magnum, Efedrin)
- “Natural versions of illegal drugs” (Herbal Ecstasy and Herbal Bliss). Pseudoephedrine can be found in a variety of over-the-counter antihistamines, decongestants and cold products, thus making it more 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.



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

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



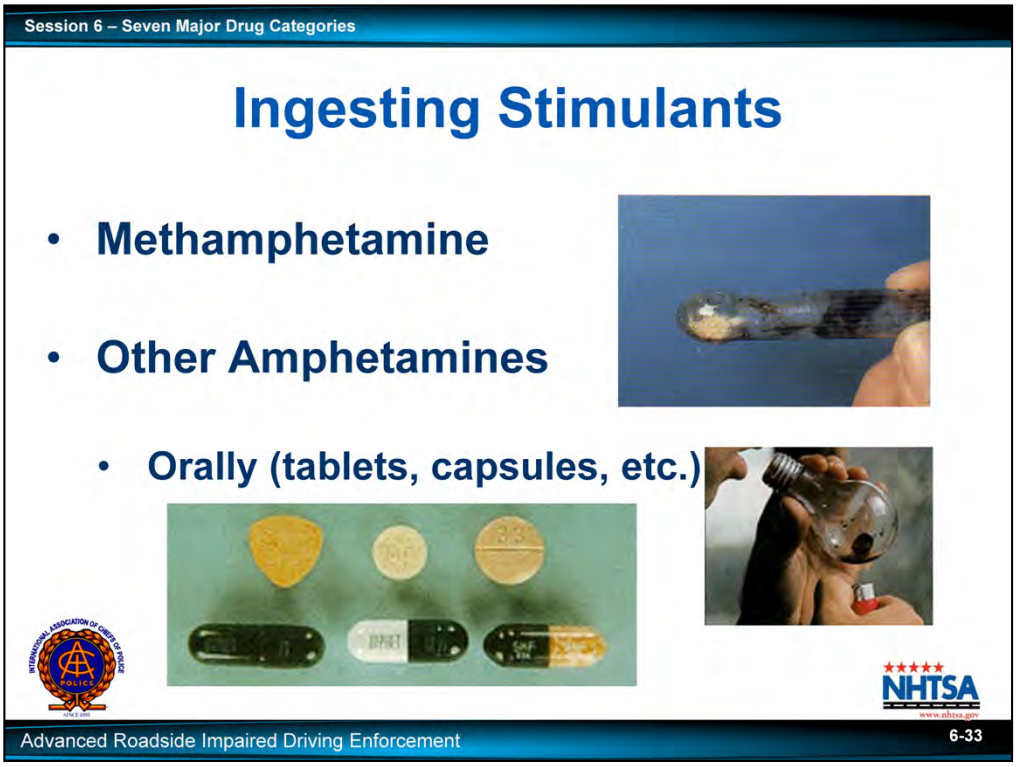
Methods and Signs of Ingestion

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

- Powder cocaine is typically insufflated, 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.

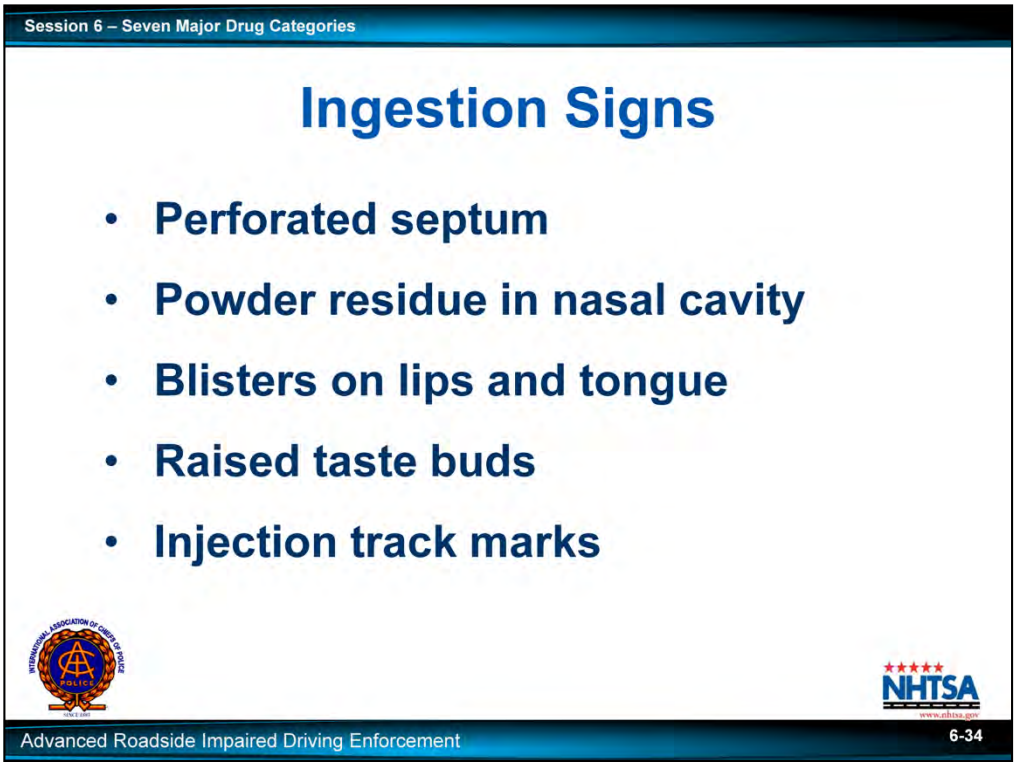


- Methamphetamines can be snorted, smoked, injected, or taken orally.

- 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.



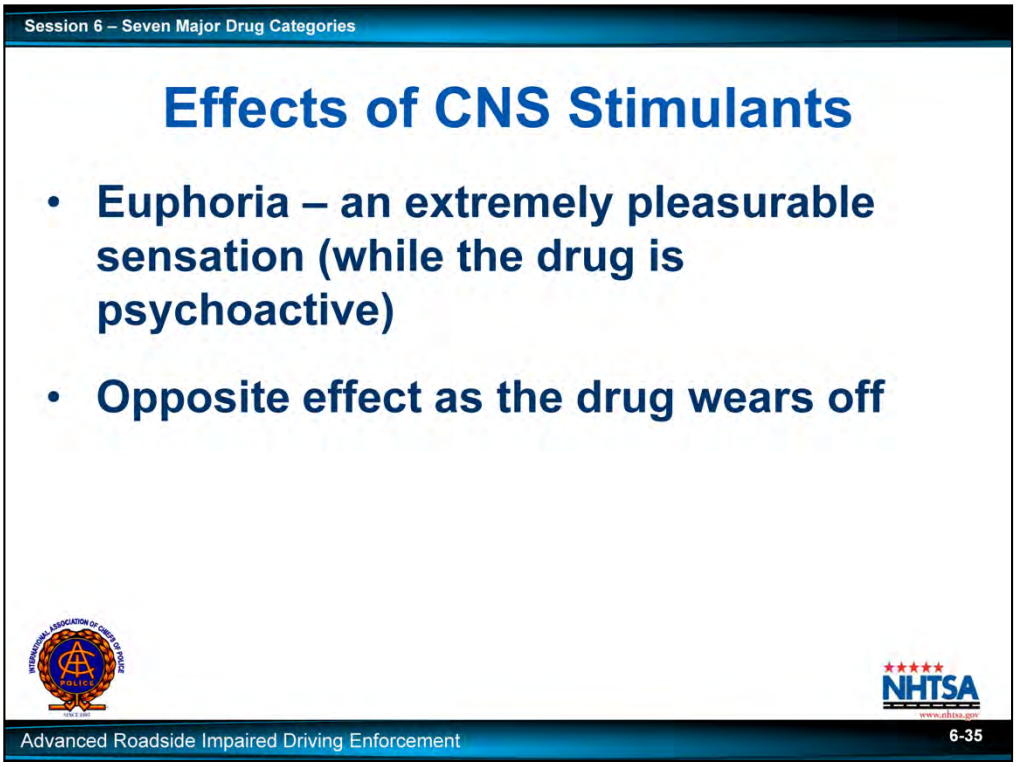
When a CNS stimulant is taken orally, signs of ingestion may be very limited.

When they are inhaled (as a powder) the septum may be perforated.

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).

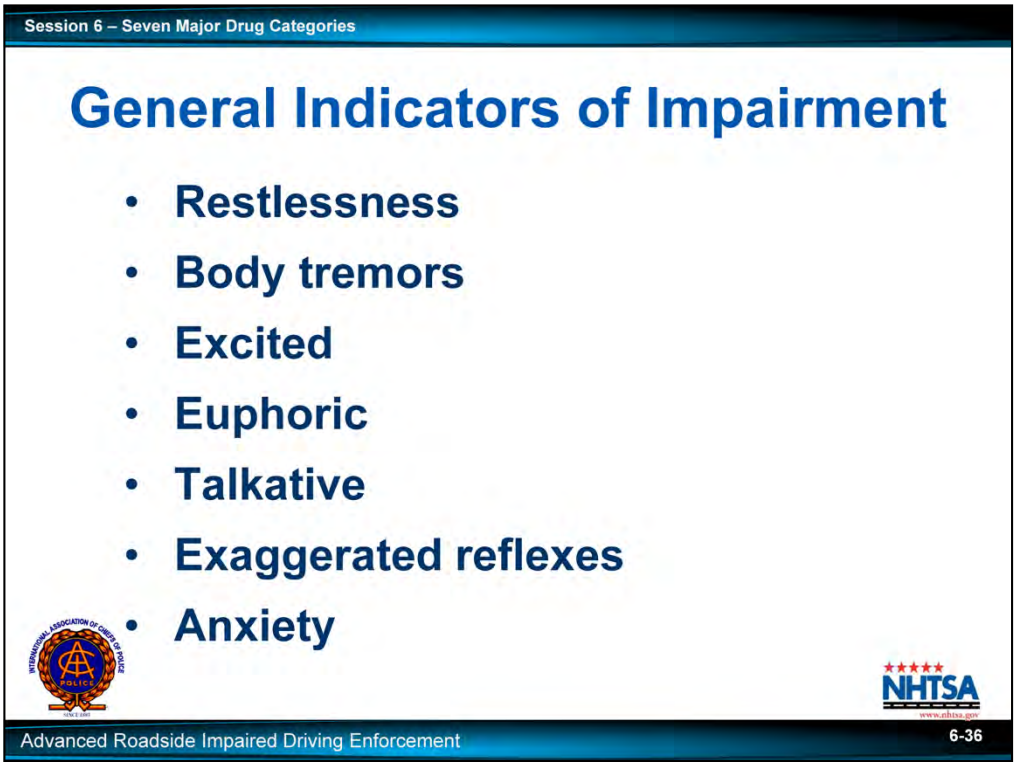
Injection marks may be observed as a fresh puncture mark with blood oozing, bruising of the vein (caused by damage to the vein itself), or older marks, which may have dried blood covering the mark.



The main effect of most CNS stimulants is Euphoria – an extremely pleasurable sensation.

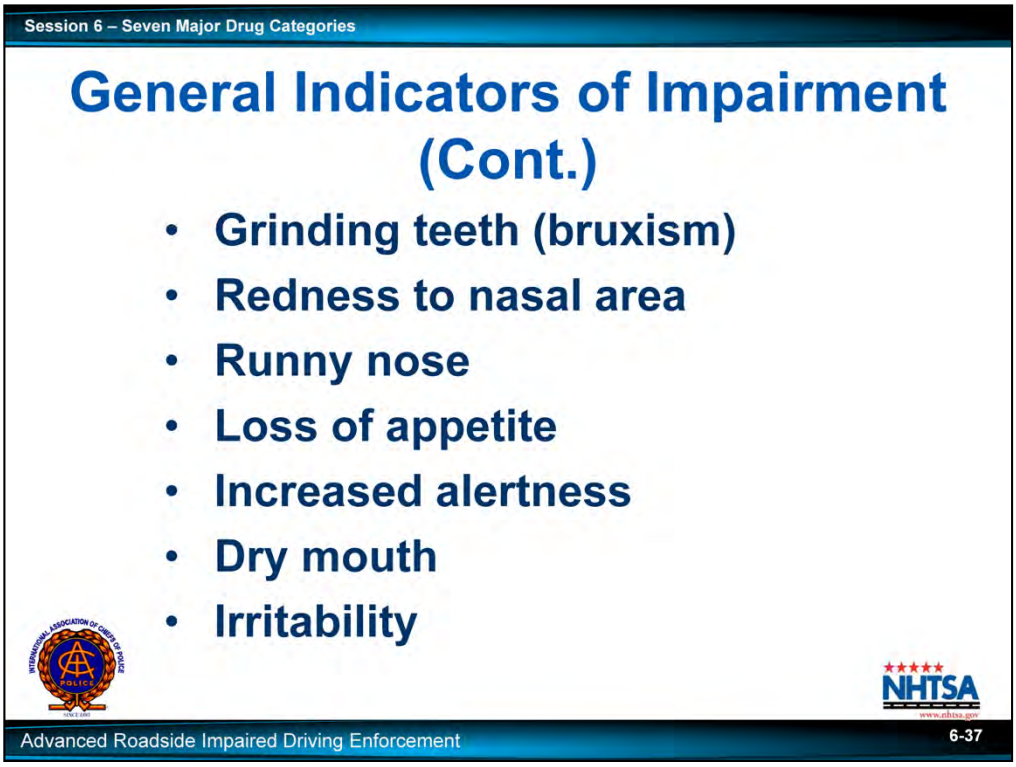
This is only true while the high is felt. The user may find an opposite effect as the drug wears off.

While the drug is psychoactive, the user 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 or Narcotic Analgesic.

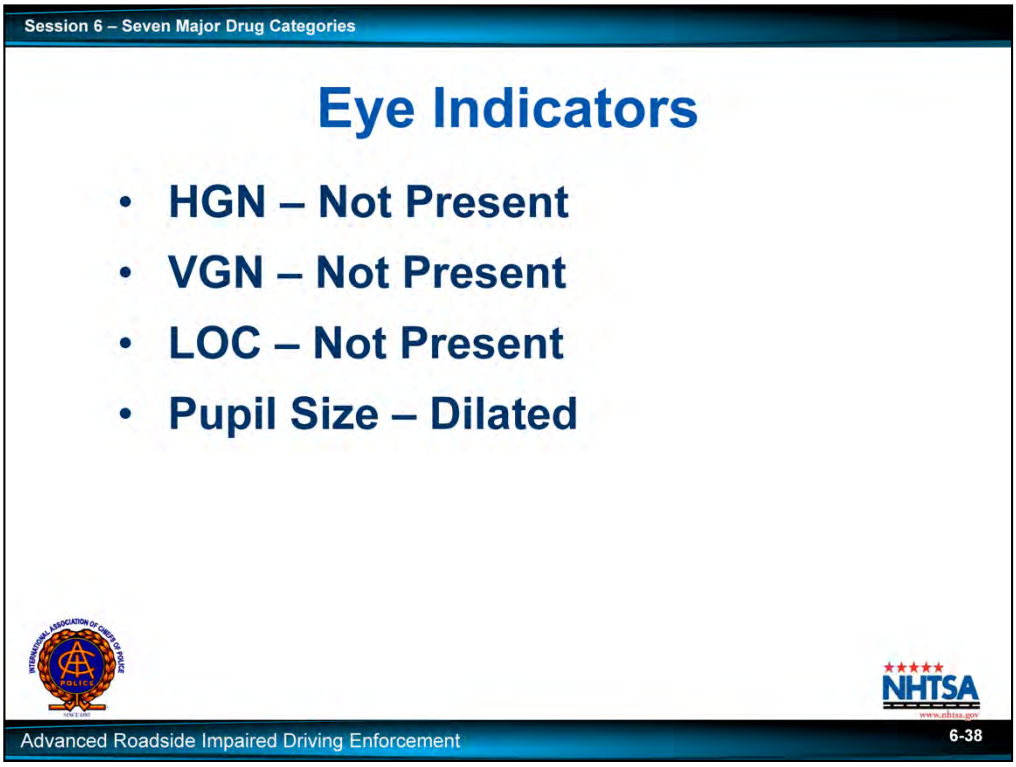


General Indicators

- Restlessness
- Body tremors
- Excited
- Euphoric
- Talkative
- Exaggerated reflexes
- Anxiety

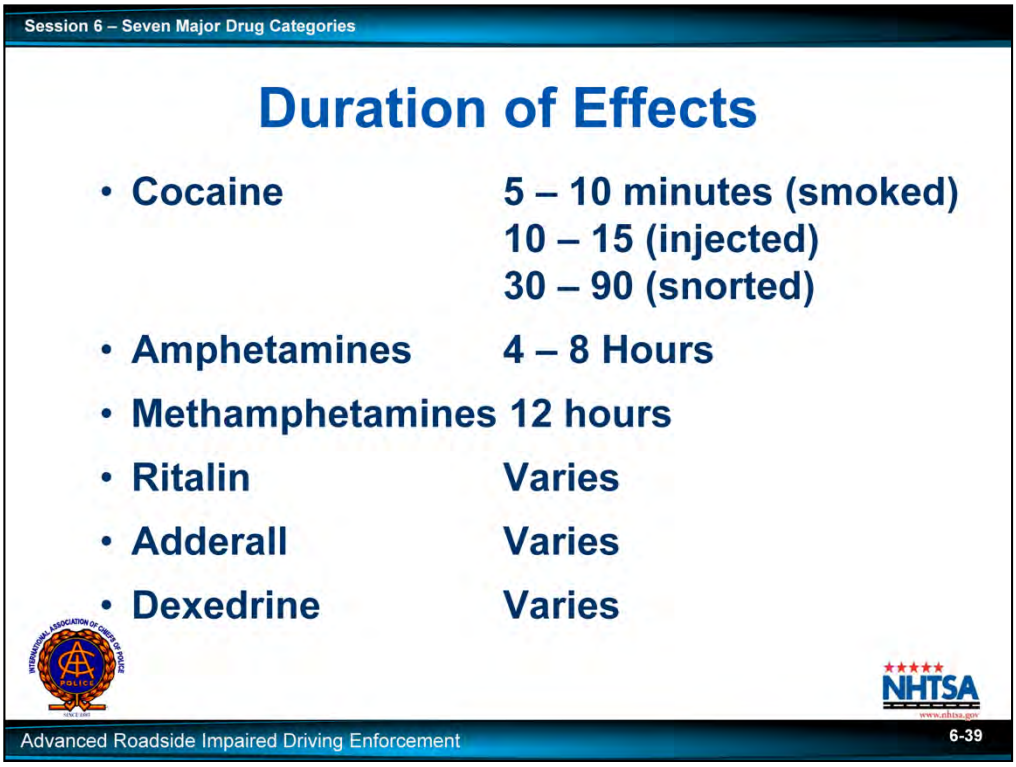


- Grinding teeth (bruxism)
- Redness to nasal area
- Runny nose
- Loss of appetite
- Increased alertness
- Dry mouth
- Irritability



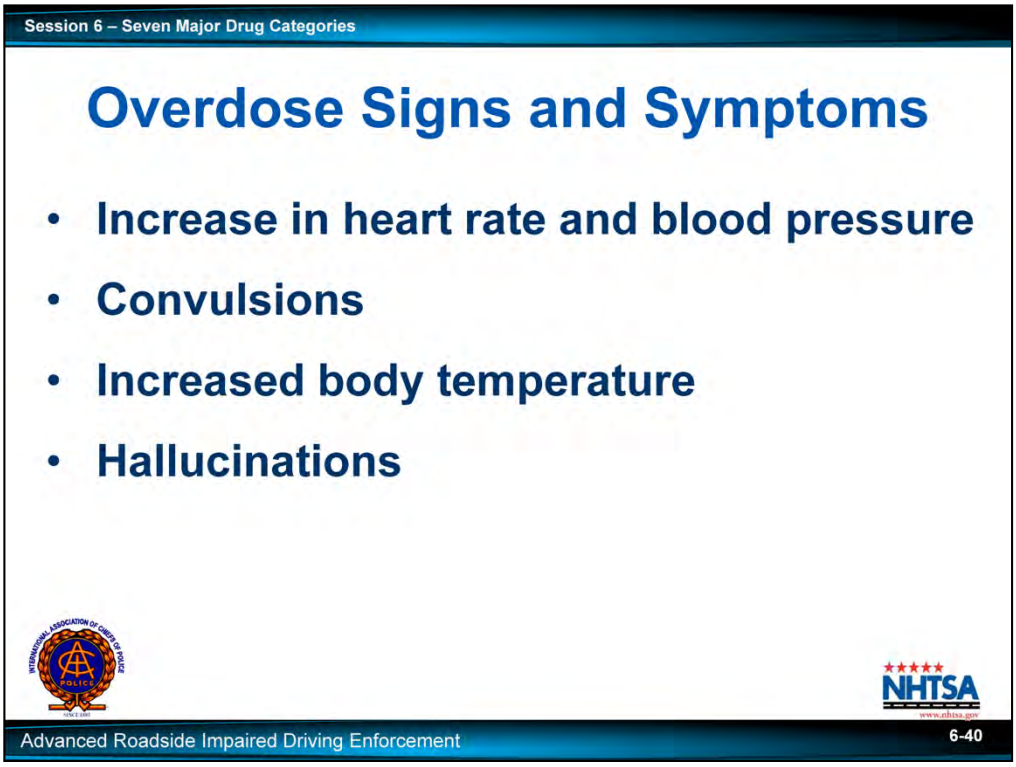
Eye Indicators / Matrix

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



Duration of Effects

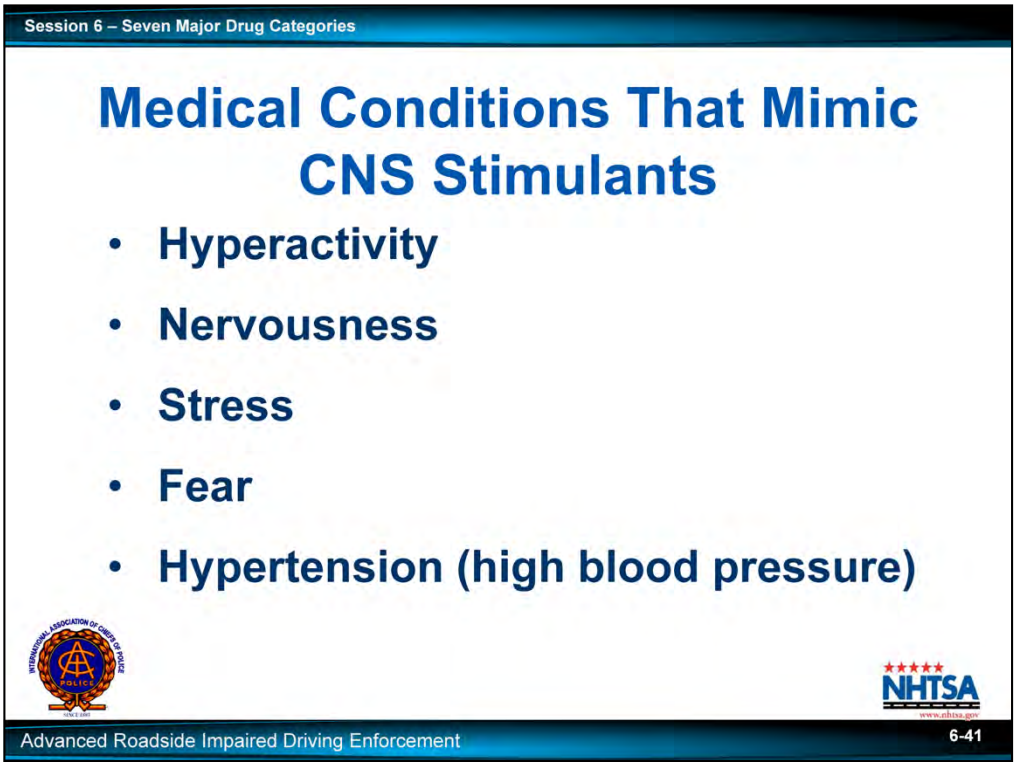
Cocaine	5 – 10 minutes (smoked) 10 – 15 (injected) 30 – 90 (snorted)
Amphetamines	4 – 8 Hours
Methamphetamines	12 hours
Ritalin, Adderall, Dexedrine	Varies



Overdose Signs and 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

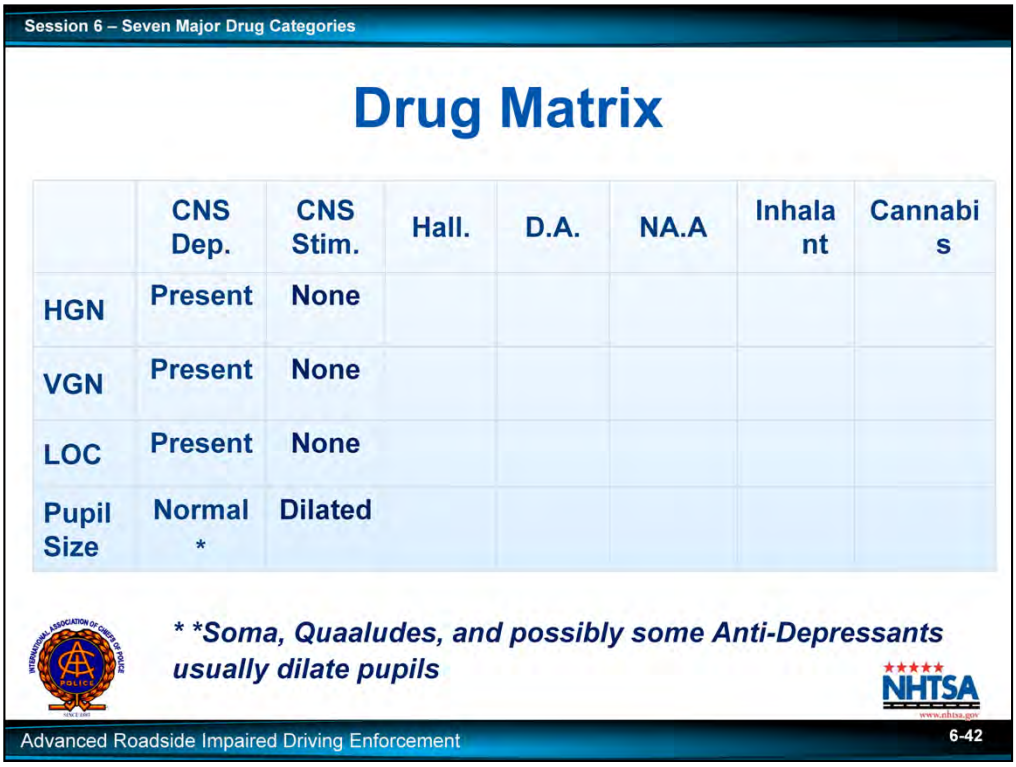


Conditions that may mimic CNS Stimulant impairment

There are several conditions that may mimic impairment by a CNS stimulant.

These may be, but are not limited to:

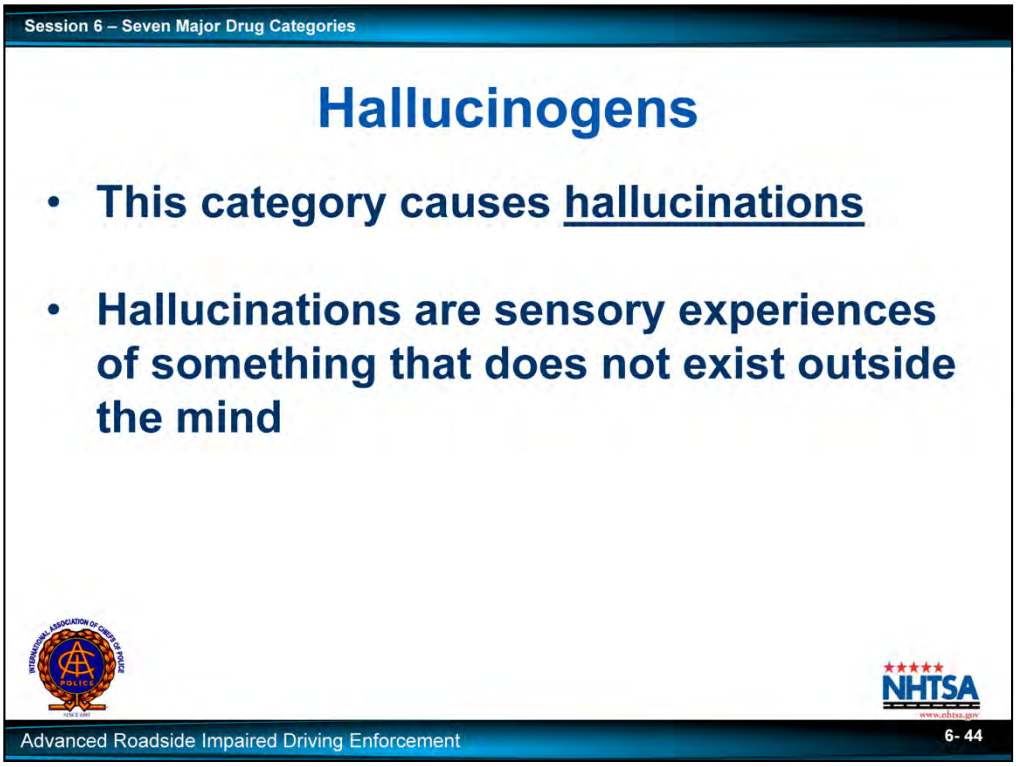
- Hyperactivity
- Nervousness
- Stress
- Fear
- Hypertension (high blood pressure)



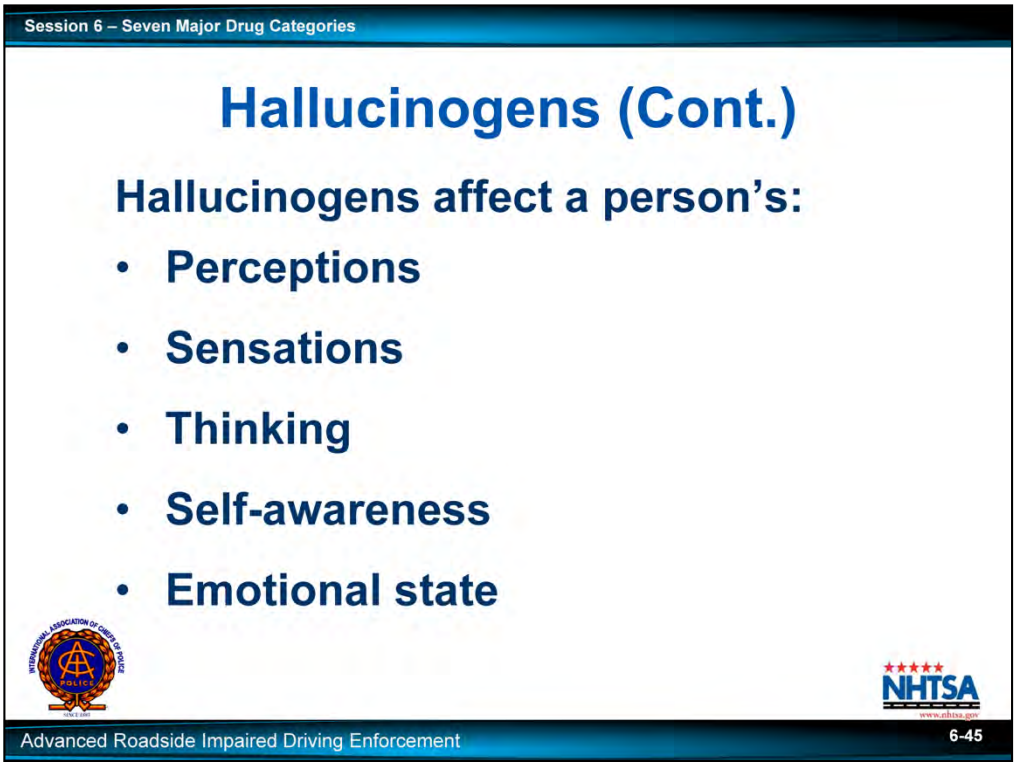
Briefly cover the list of examples of CNS Stimulants in the back of this session.

Complete Matrix Chart for CNS Stimulant Category

Hallucinogens

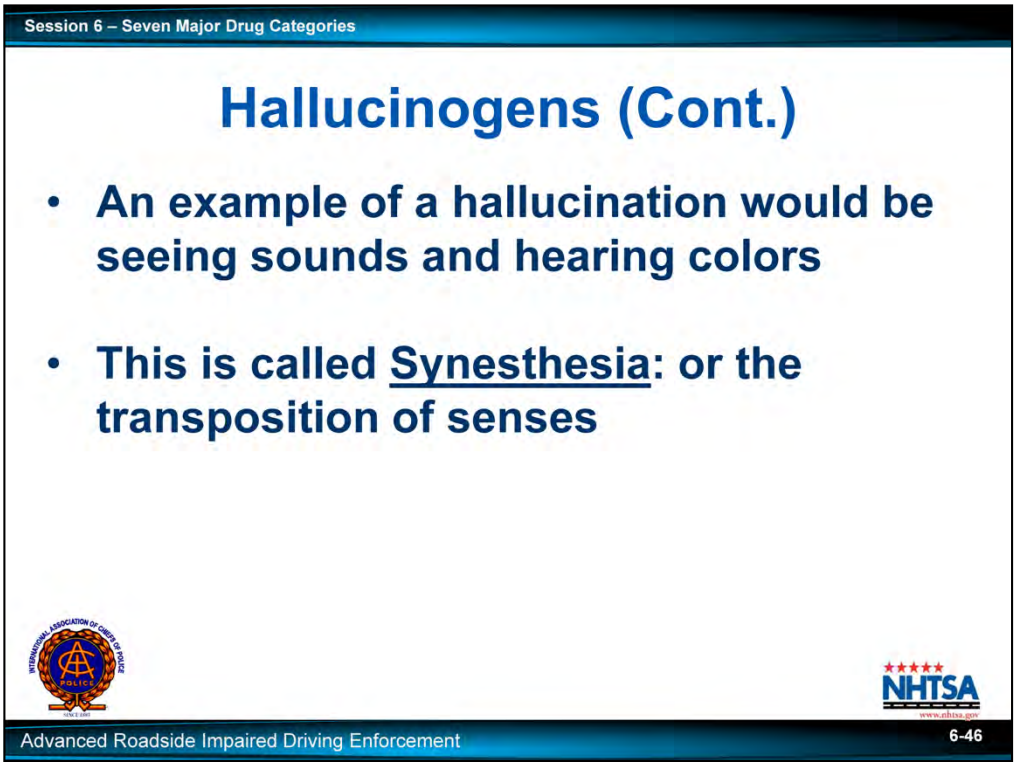


Hallucination is a sensory experience of something that does not exist outside the mind.



Hallucinogens affect a person's :

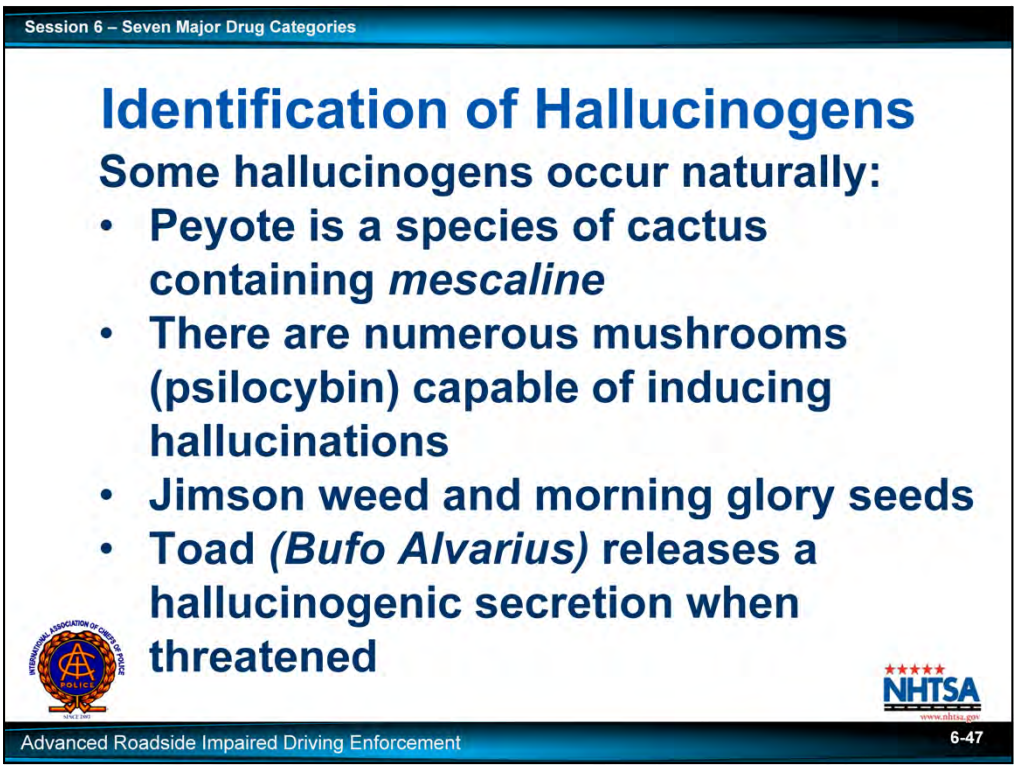
- Perceptions
- Sensations
- Thinking
- Self-awareness
- Emotional state



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

An example would be seeing something that does not exist or hearing a color.

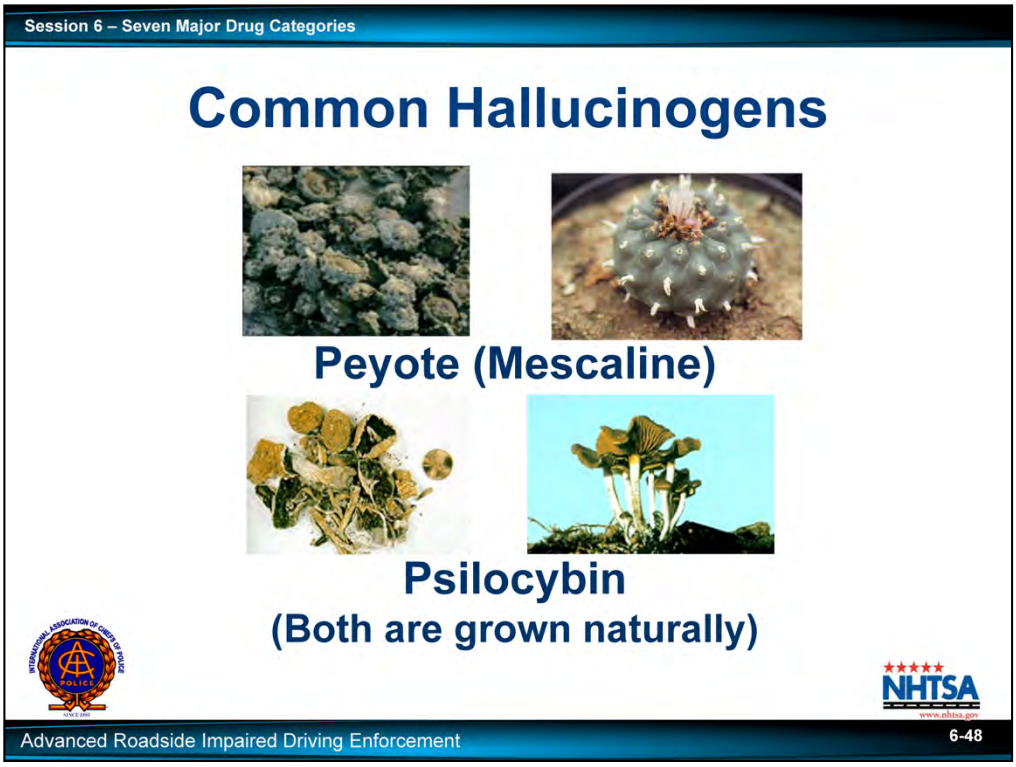
This is called Synesthesia – or a transposition of senses.



Identification of Hallucinogens

Some hallucinogenic drugs occur naturally.

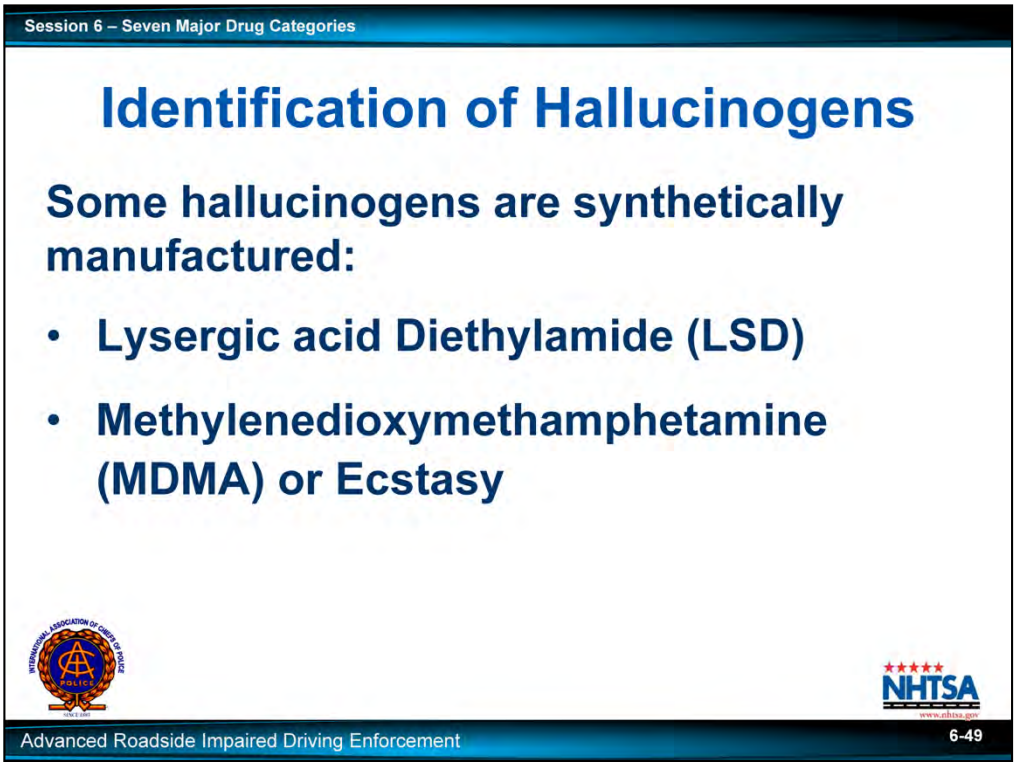
- Peyote - is a species of cactus containing mescaline.
- There are numerous mushrooms (psilocybin) capable of inducing hallucinations.
- Jimson Weed and Morning Glory seeds can also be abused, often with tragic consequences.
- There is also a toad (Bufo Alvarius), which releases a hallucinogenic secretion when threatened. ***This secretion is a defense mechanism for the toad.***



Common Hallucinogens

- Peyote (Mescaline)
- Psilocybin

Note: Both are grown naturally



Hallucinogenic drugs are also synthetically manufactured.

Examples include:

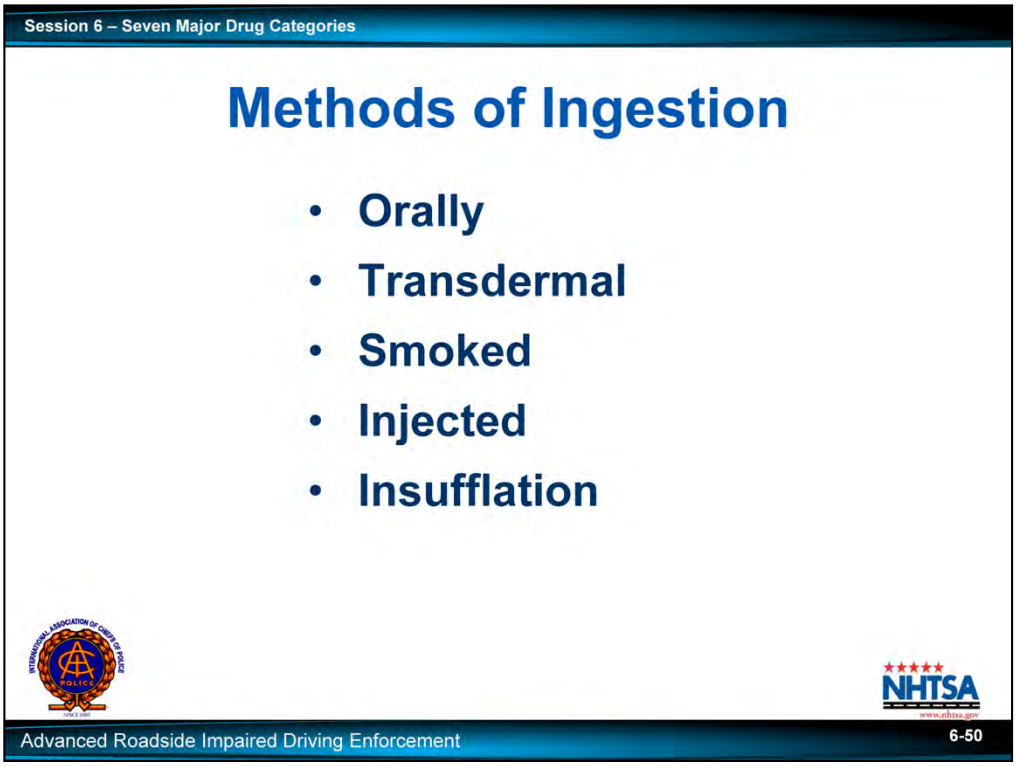
- Lysergic Acid Diethylamide (LSD) liquid can be placed on blotter paper and sold as tabs, or it can be absorbed by sugar cubes or other pills.

- 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 shapes or figures.

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



Many hallucinogens are taken orally.

LSD is absorbed directly either by placing it on the:
- Tongue
- Skin
  - When a substance is absorbed through the skin it is called transdermal absorption.

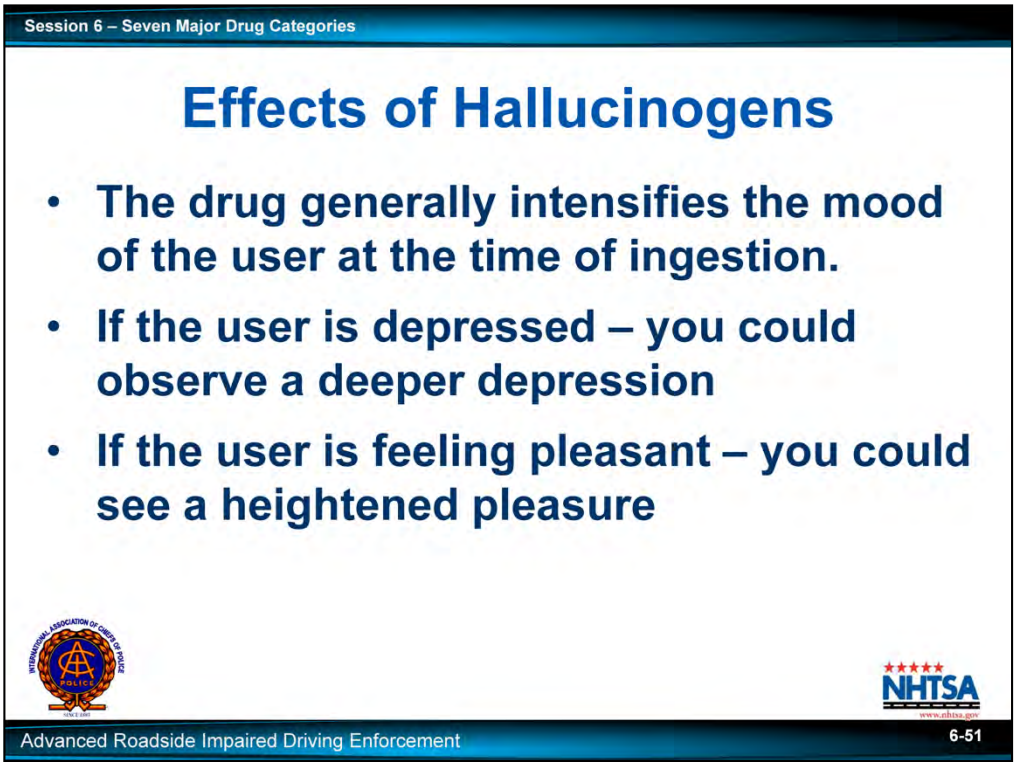
Note: Extreme care should be taken when handling suspected LSD blotter paper. LSD can be absorbed through the skin causing unintentional intoxication.
Gloves should be worn!

Substances that are dried and then eaten or brewed as a tea.
- Peyote
- Psilocybin Mushrooms
- Jimson Weed
- 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.



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.

The drug generally intensifies the mood of the user at the time of ingestion.

If the user is depressed:

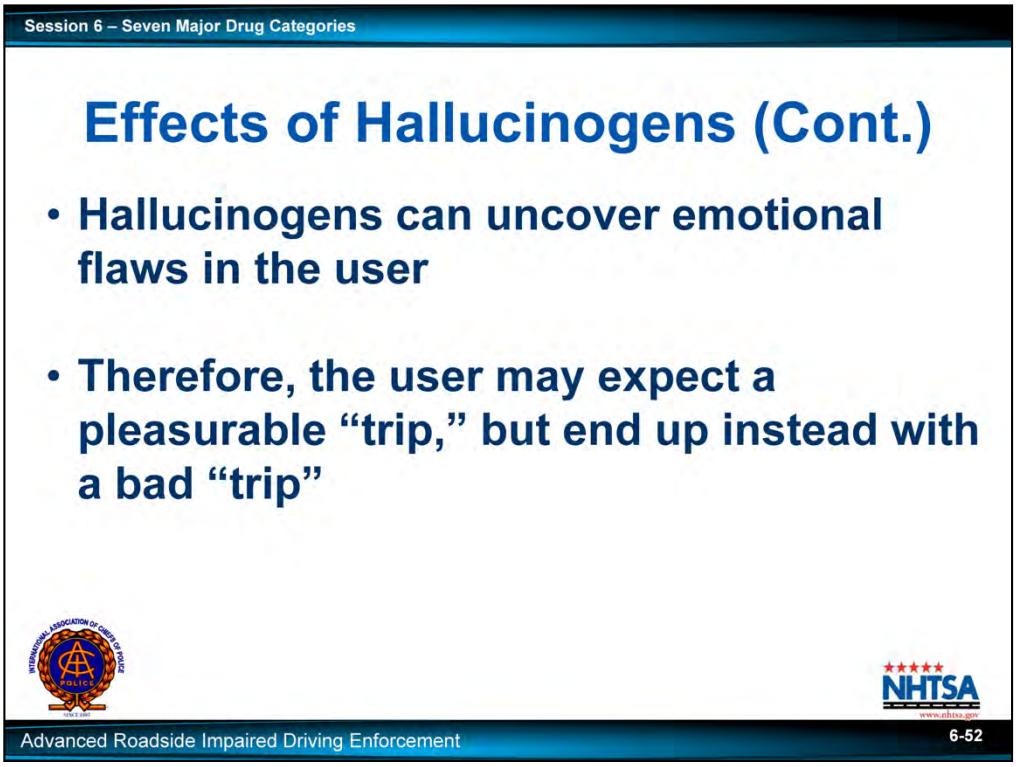
- You could observe a deeper depression

If the user is feeling pleasant

- You could see a heightened pleasure.

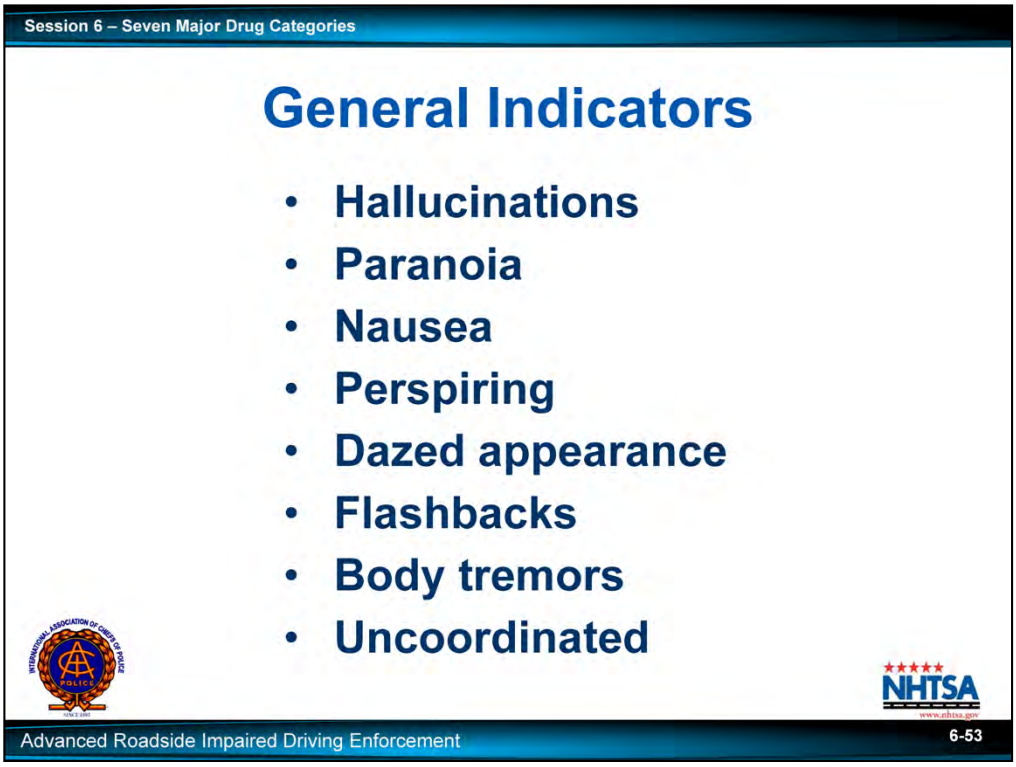
Explain the terms used in the DEC Manual, "Bad Trip" or "Flash Backs"

Spend some time discussing MDMA "Ecstasy"



Hallucinogens can uncover emotional flaws in the user.

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



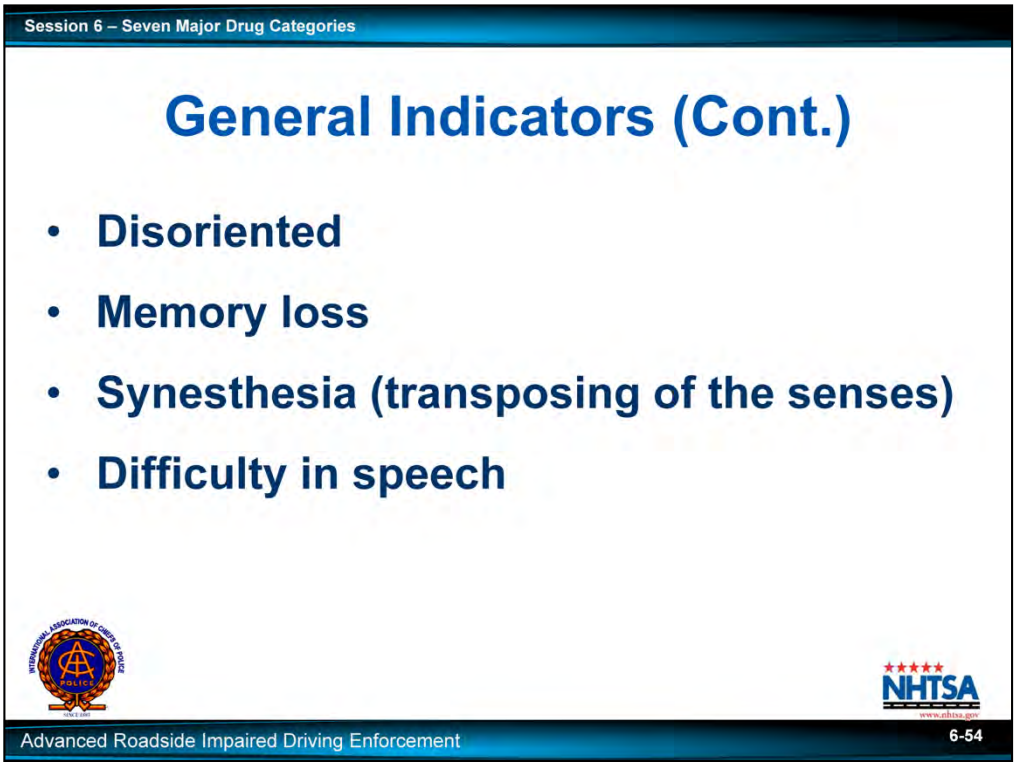
General Indicators

Some of the physical, mental, and medical behaviors associated with Hallucinogens are:

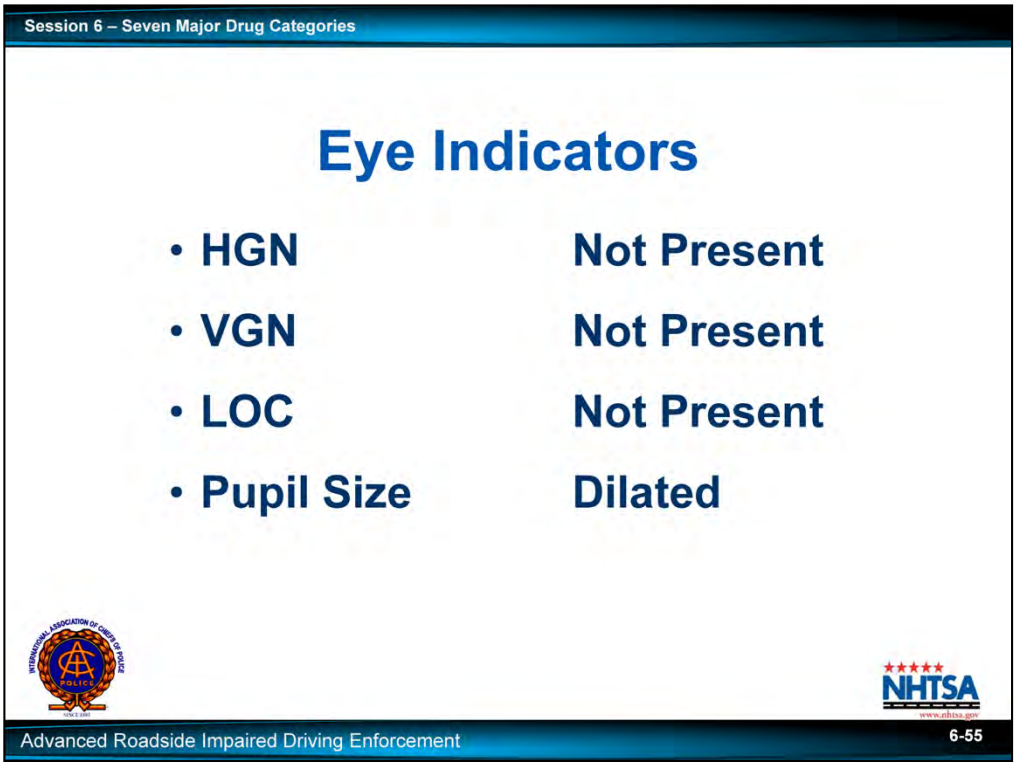
- Hallucinations
- Paranoia
- Nausea
- Perspiring
- Dazed appearance
- Flashbacks
- Body tremors
- Uncoordinated

Note: 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.

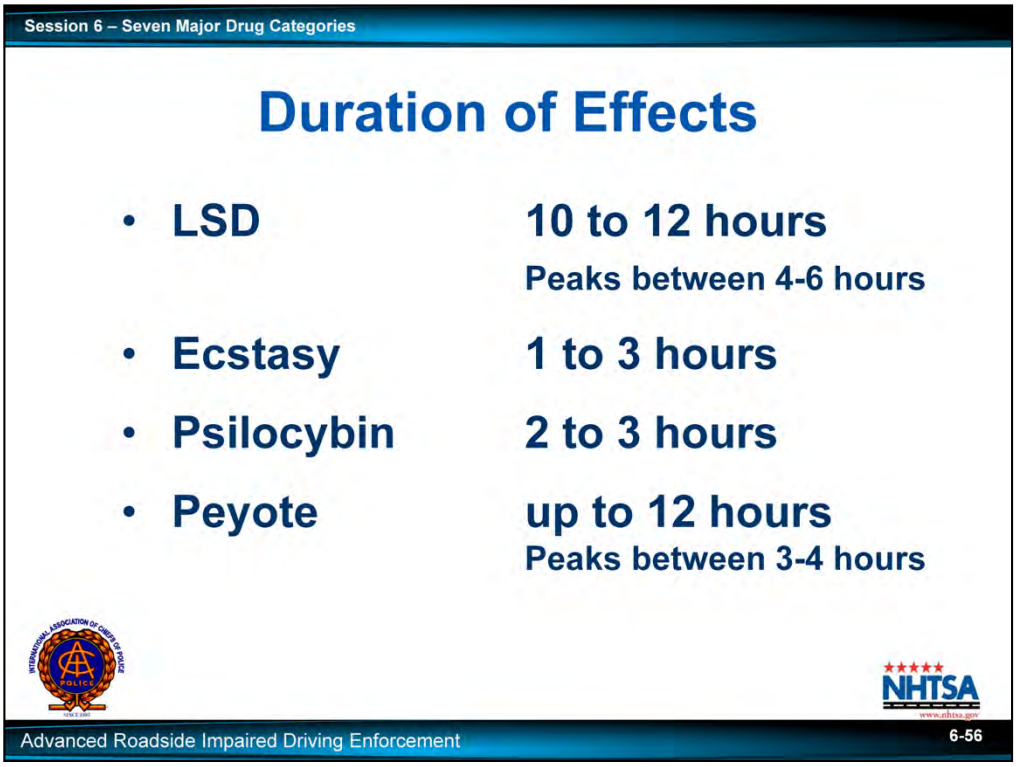


- Disoriented
- Memory Loss
- Synesthesia (mixing of the senses)
- Difficulty in speech



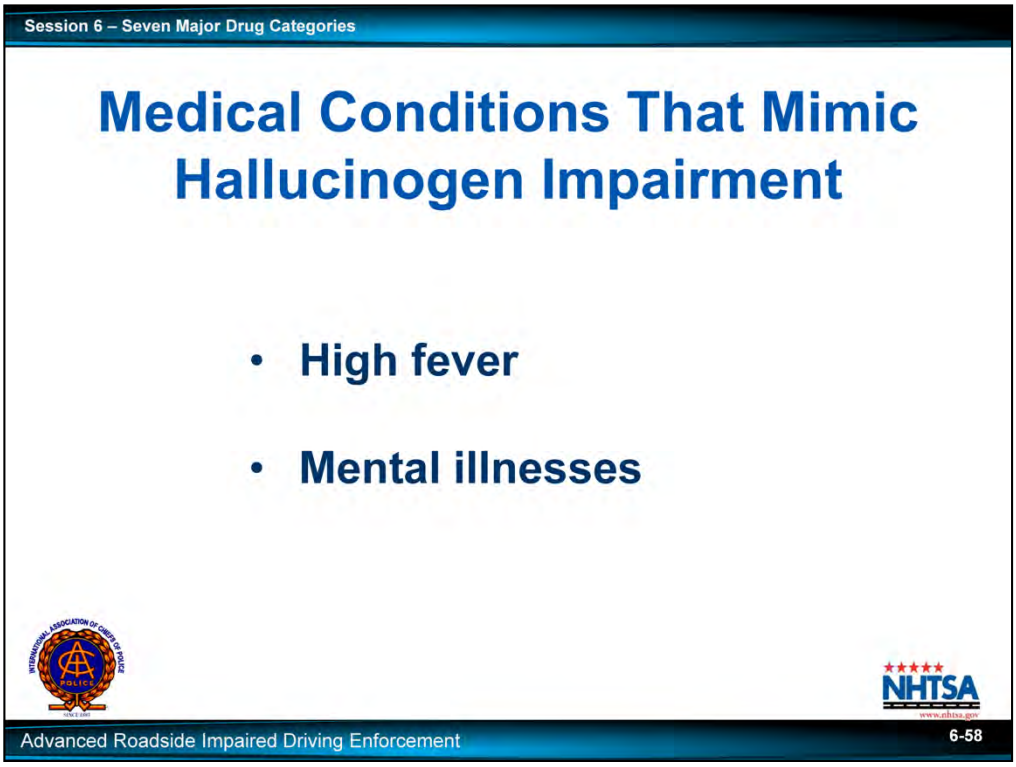
Eye Indicators

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



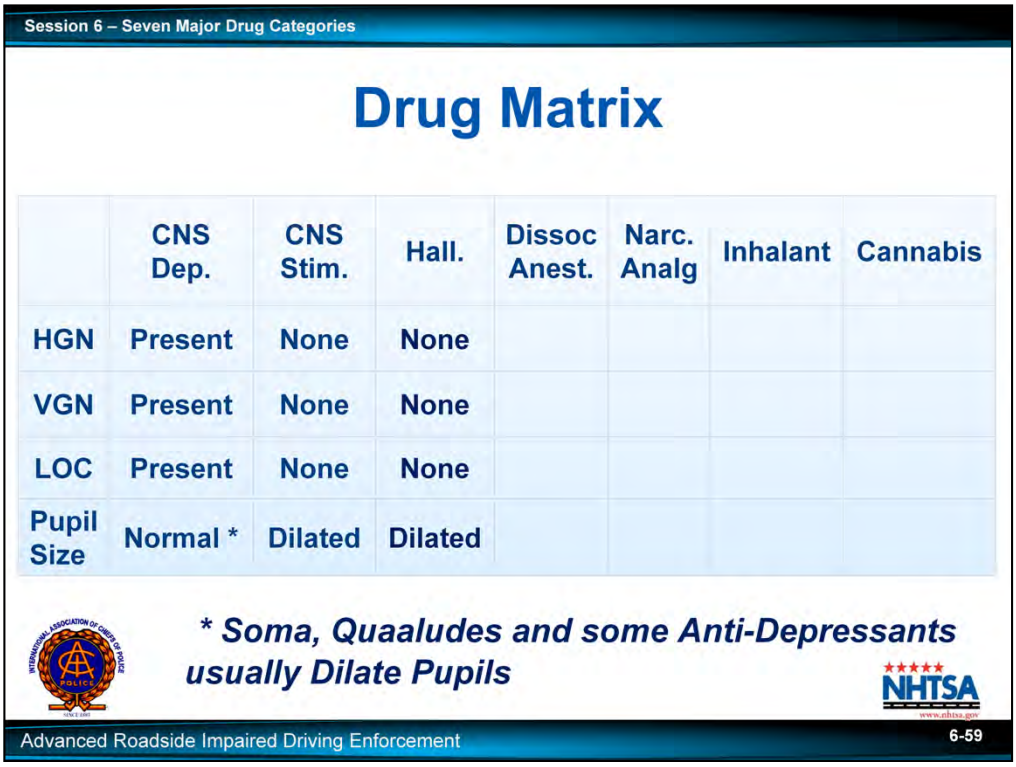
- LSD – 10 to 12 hours (Peaks between 4-6 hours)
- Ecstasy – 1 to 3 hours
- Psilocybin – 2 to 3 hours
- Peyote – up to 12 hours (Peaks between 3-4 hours)

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



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

- High fever
- Mental illnesses



Complete Matrix Chart for the Hallucinogen Category

Seven Drug Categories

Dissociative Anesthetics

NHTSA
www.nhtsa.gov

Dissociative Anesthetics

Phencyclidine, along with its analogs, forms a distinct category all by themselves.

The chemical name for PCP is Phenyl Cyclohexyl Piperidine.

An analog of a drug is one with a similar chemical composition.

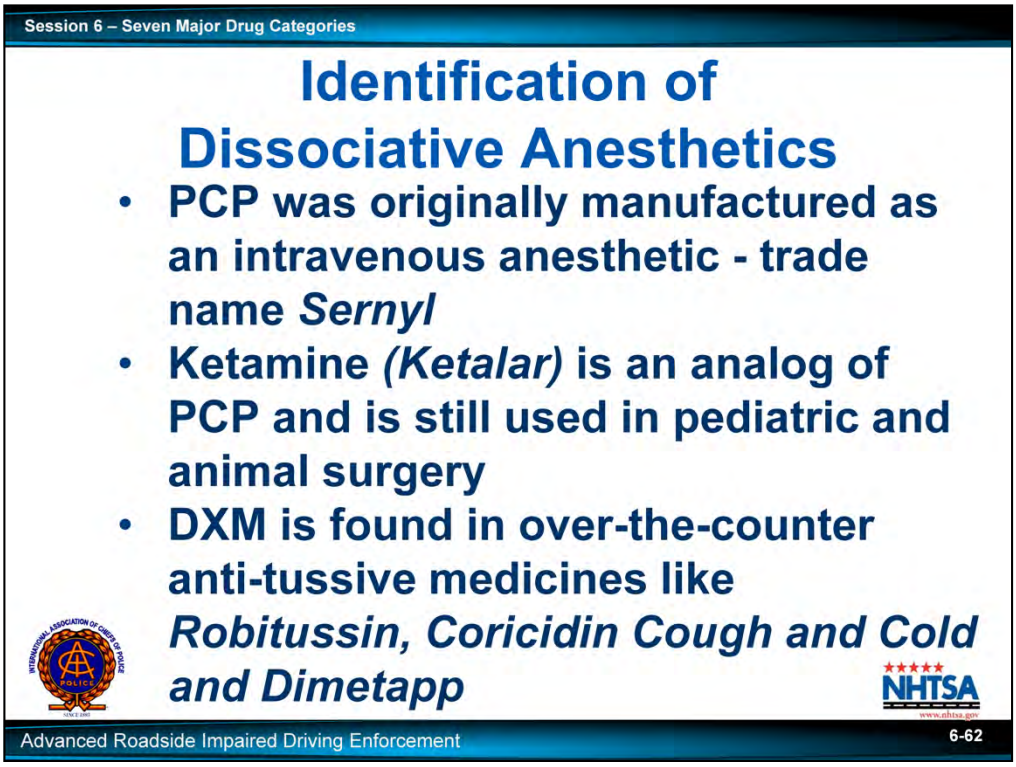
Analogs have slightly different chemical structures but produce the same effects.

Dissociative Anesthetics symptoms may be confused with individuals under the influence of hallucinogens, stimulants and depressants.

Give examples of the categories that mimic Dissociative Anesthetics.

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 Dissociative Anesthetics mimicking hallucinogens***

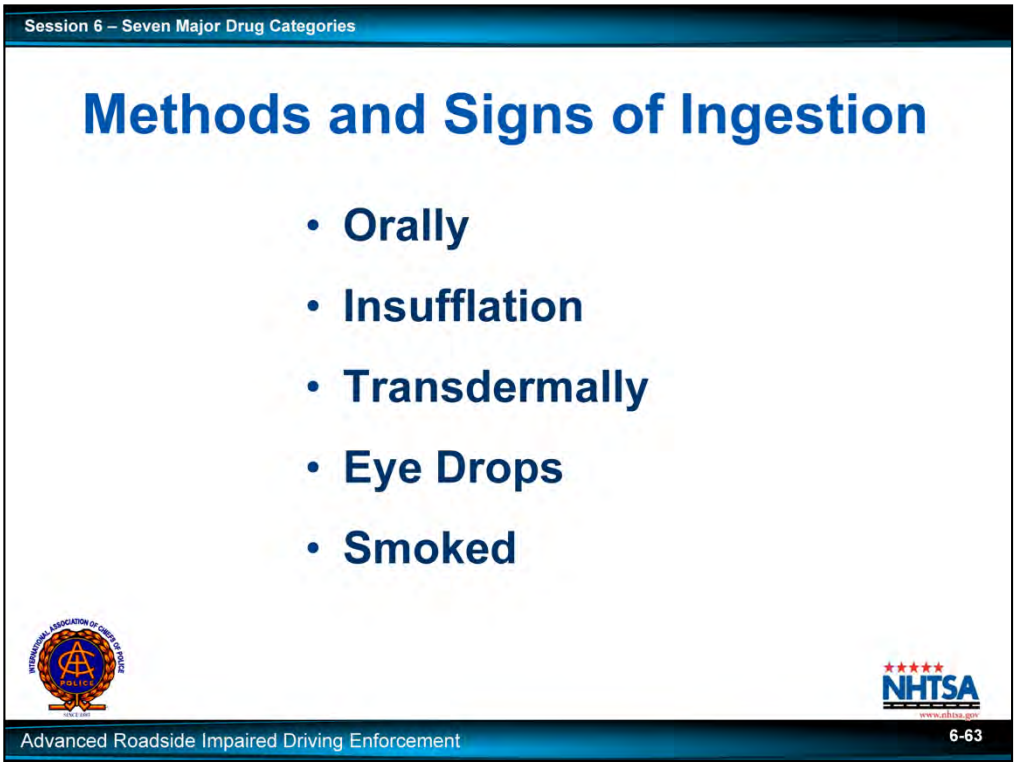


Identification of Dissociative Anesthetics

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 Dissociative Anesthetics and is still used in pediatric and animal surgery.



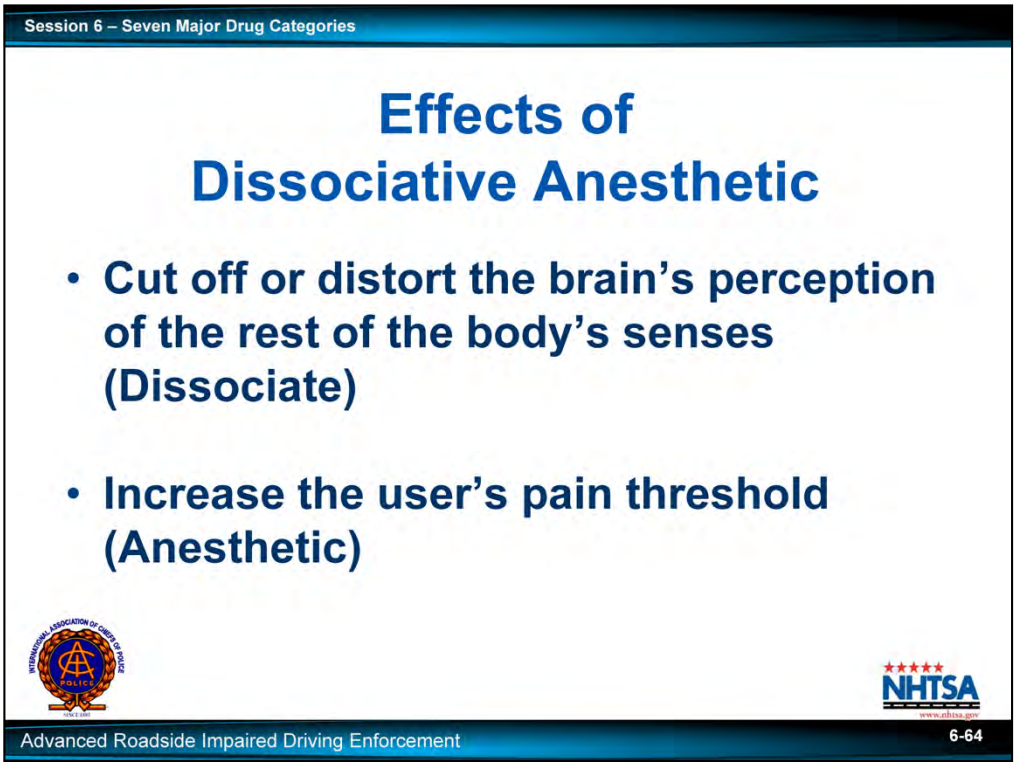
Methods and Signs of Ingestion

Dissocociative Anesthetics ingestion:

- Orally
- Insufflation
- Transdermally
- Eye Drops
- Smoked

Most Common form of ingestion is smoking in cigars, cigarettes, and marijuana

Note: Officer Safety is important. Numerous incidents have been documented where officers have been exposed to the side effects of the drug.



Effects of Dissociative Anesthetic

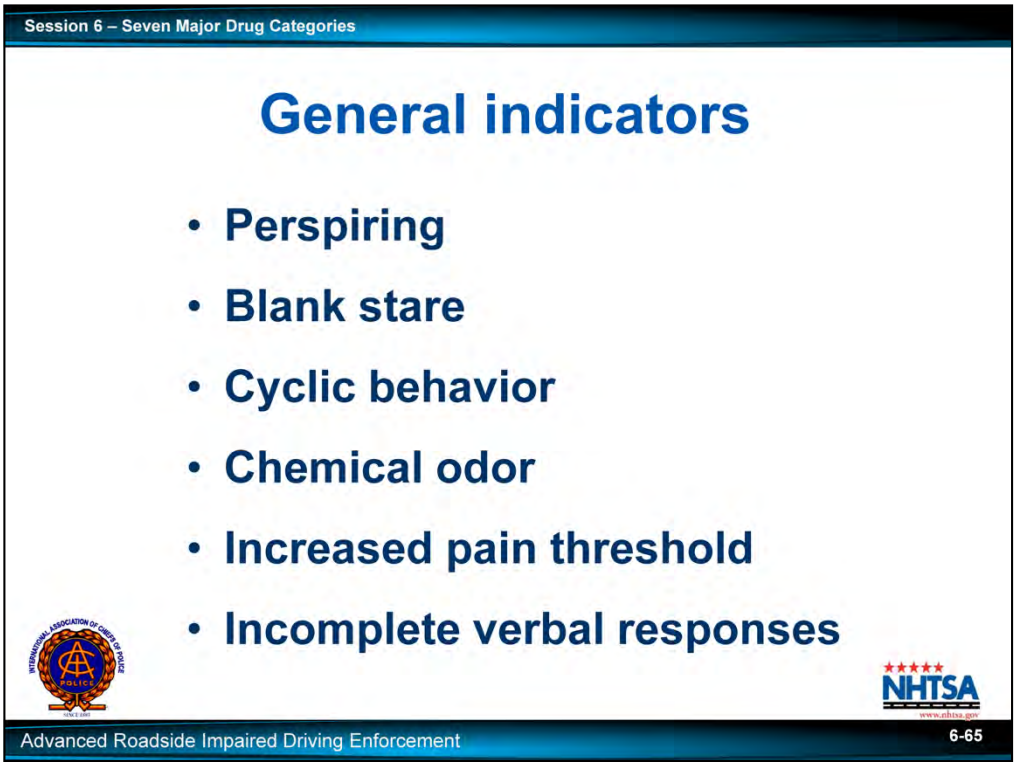
The predominant effect of Dissocociative Anesthetics is as a dissociative anesthetic. This means Dissocociative Anesthetics has the ability to cut off the brain's perception of the rest of the body's senses.

This sense is so strong that many users feel their head is actually separated from their body.

Another, more dangerous, effect of PCP is the user's increased pain threshold.

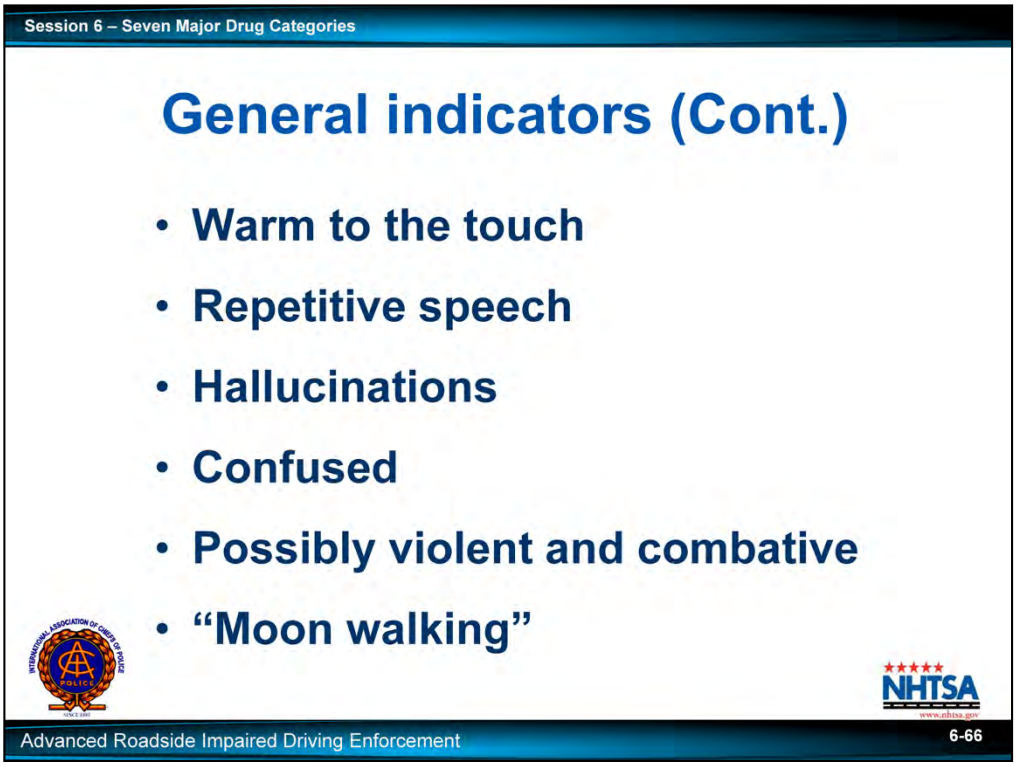
The user is impervious to the same pain sensations that would typically render an impaired person incapacitated.

One should be extremely cautious when dealing with an individual impaired by PCP.

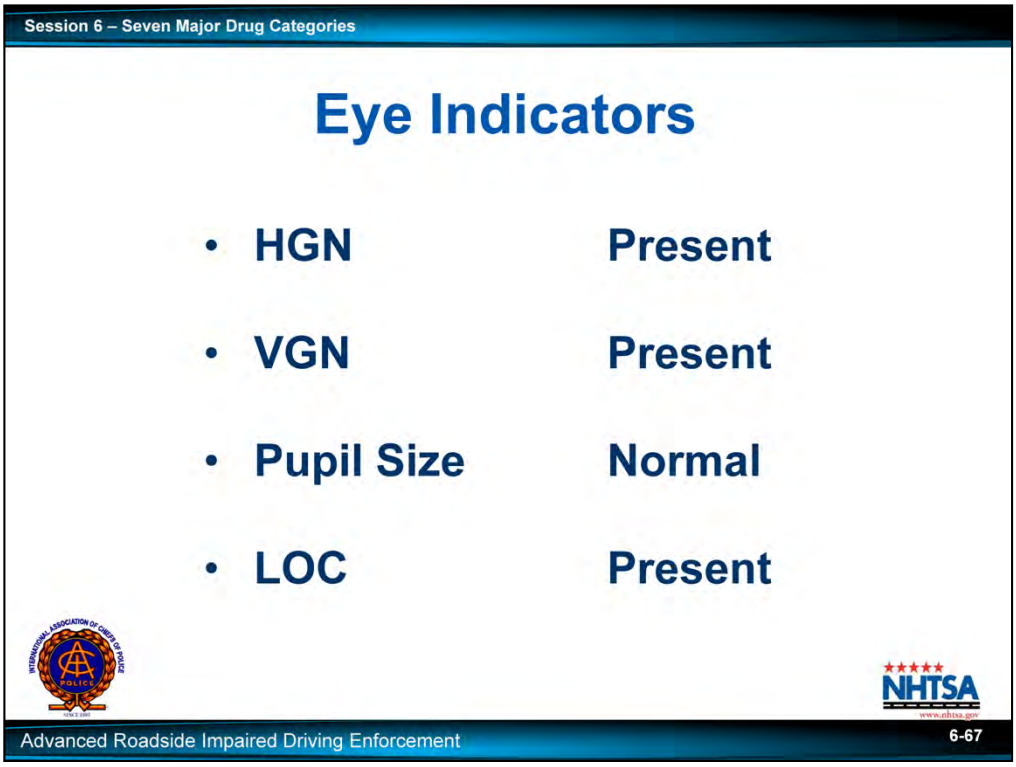


General Indicators

- Perspiring
- Blank stare
- Cyclic behavior
- Chemical odor
- Increased pain threshold
- Incomplete verbal responses



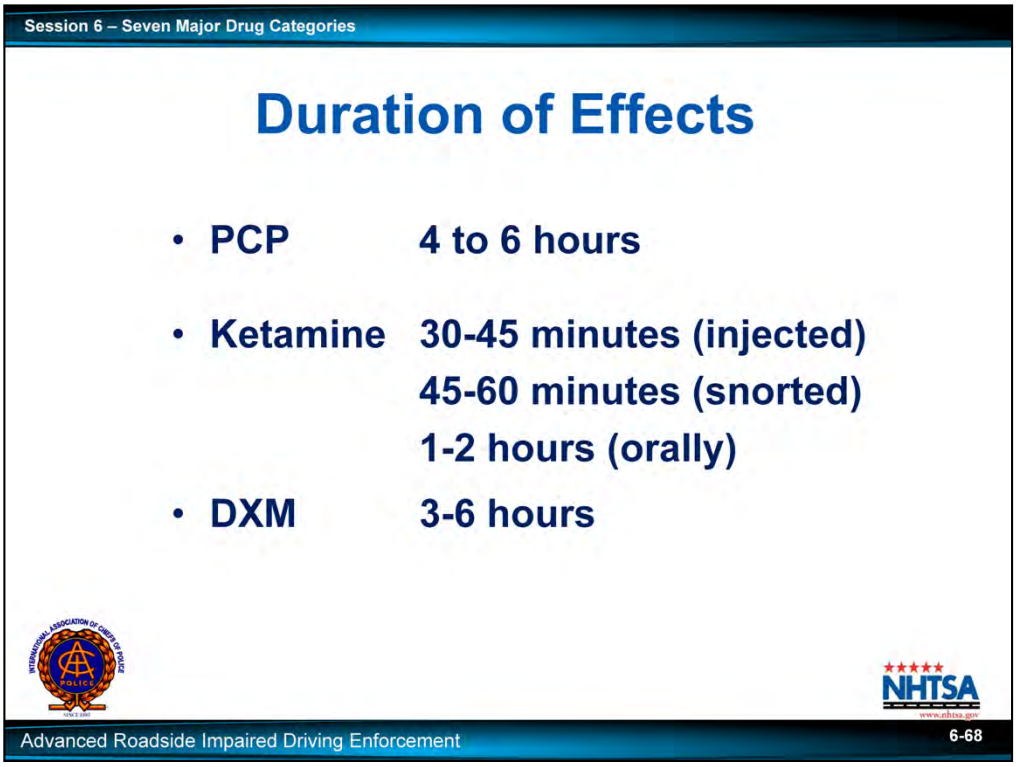
- Warm to the touch
- Repetitive speech
- Hallucinations
- Confused
- Possibly violent and combative
- “Moon walking”



Eye Indicators

HGN	Present
VGN	Present
Pupil Size	Normal
LOC	Present

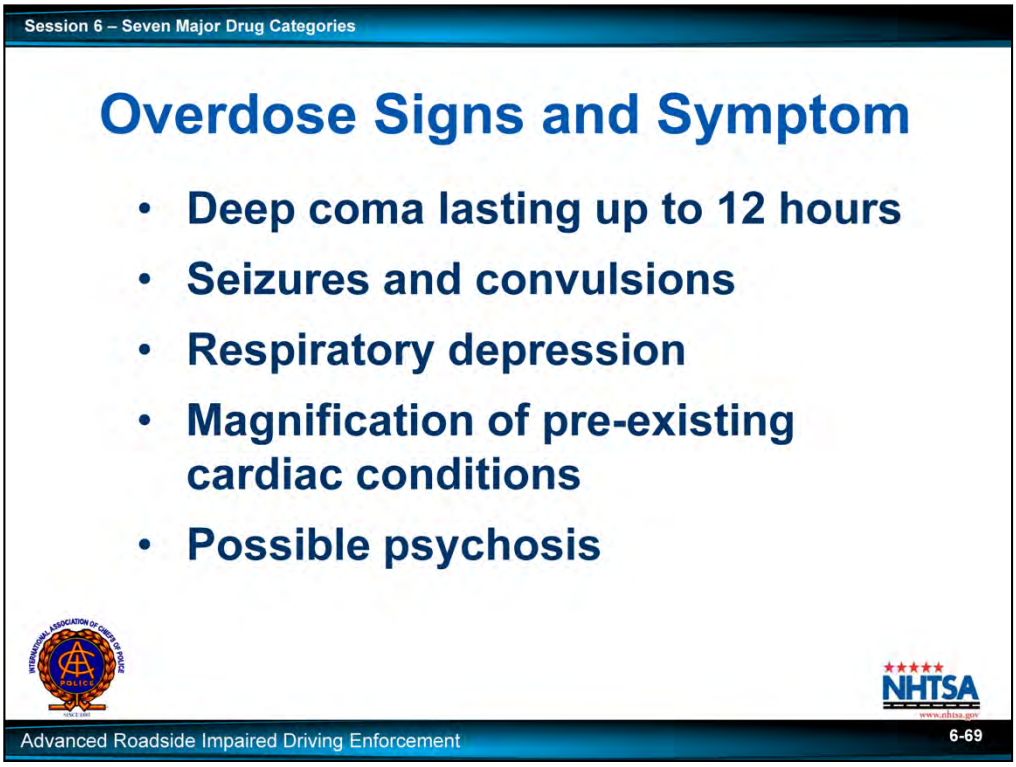
Point out that "normal" refers to pupils within the DEC Program average ranges.



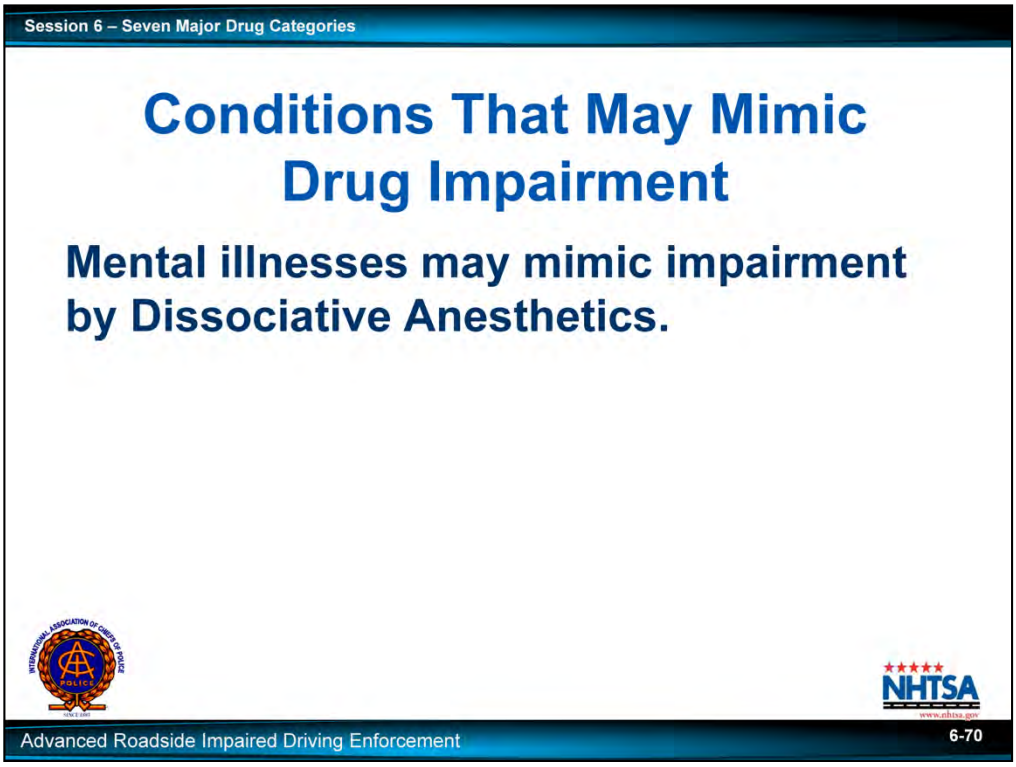
PCP	4 to 6 hours
Ketamine	30 – 45 minutes (injected) 45 – 60 minutes (snorted) 1– 2 hours (orally)
DXM	3-6 hours

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.

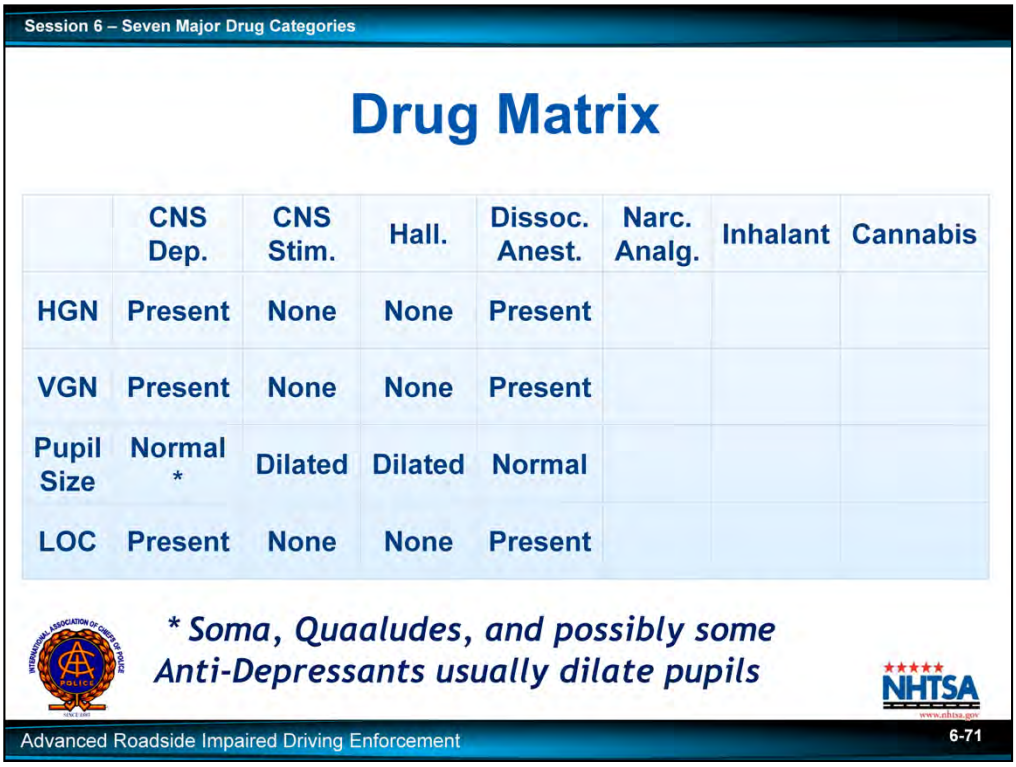


One of the primary overdose symptoms for the Dissociative Anesthetic drug category is a long and intense “trip.”



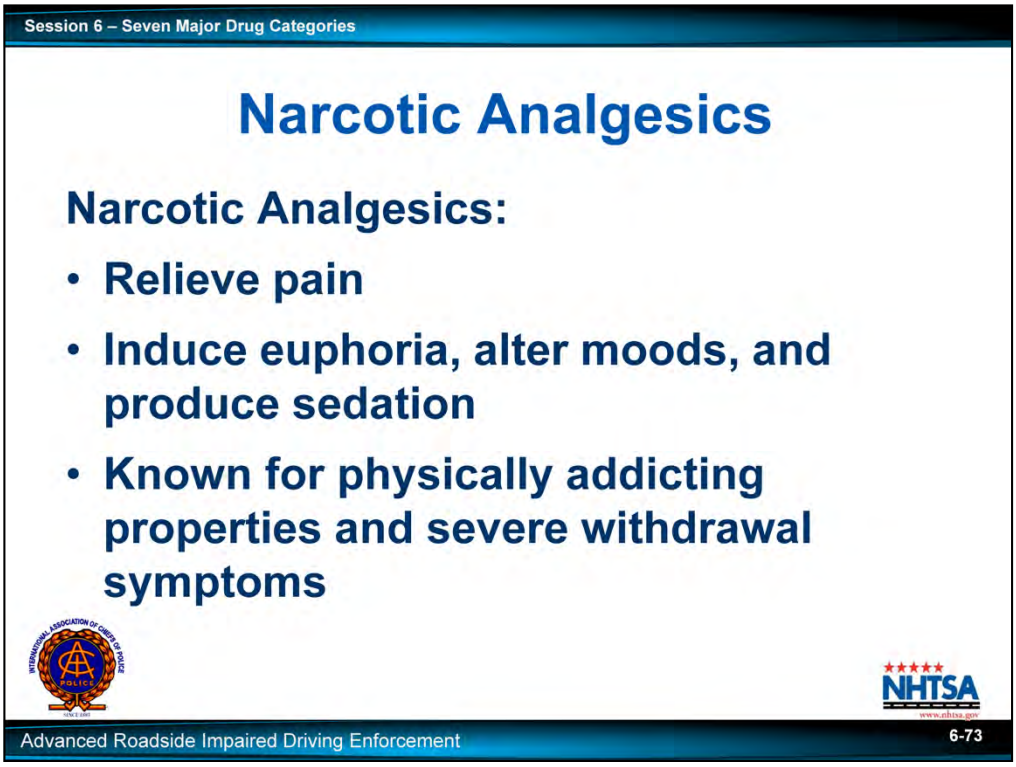
Conditions That May Mimic Drug Impairment

Mental illnesses may mimic impairment by Dissociative Anesthetics.



Complete Matrix Chart for the Dissociative Anesthetic Category

Narcotic Analgesics



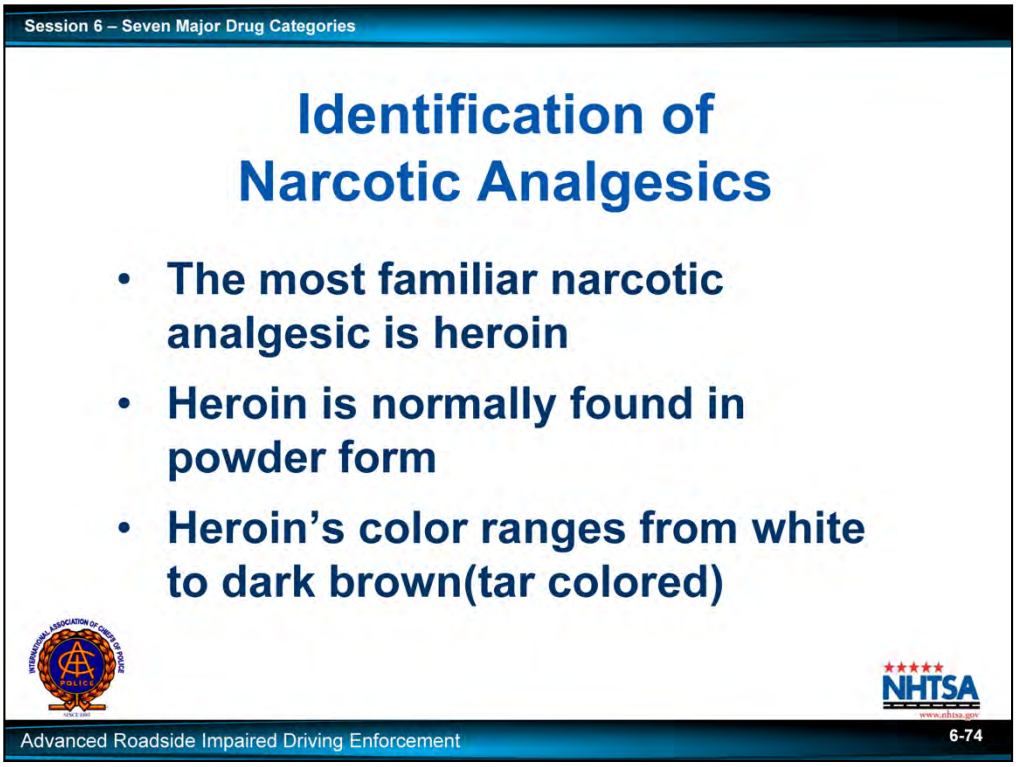
Narcotic Analgesics

Drugs in the narcotic analgesics category relieve pain.

They induce euphoria, alter moods, and produce sedation.

Narcotic Analgesics are also included in the 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

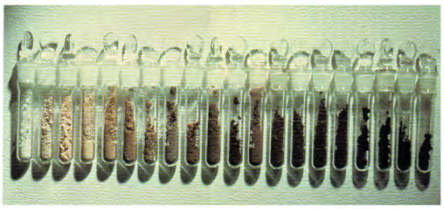


Identification of Narcotic Analgesics

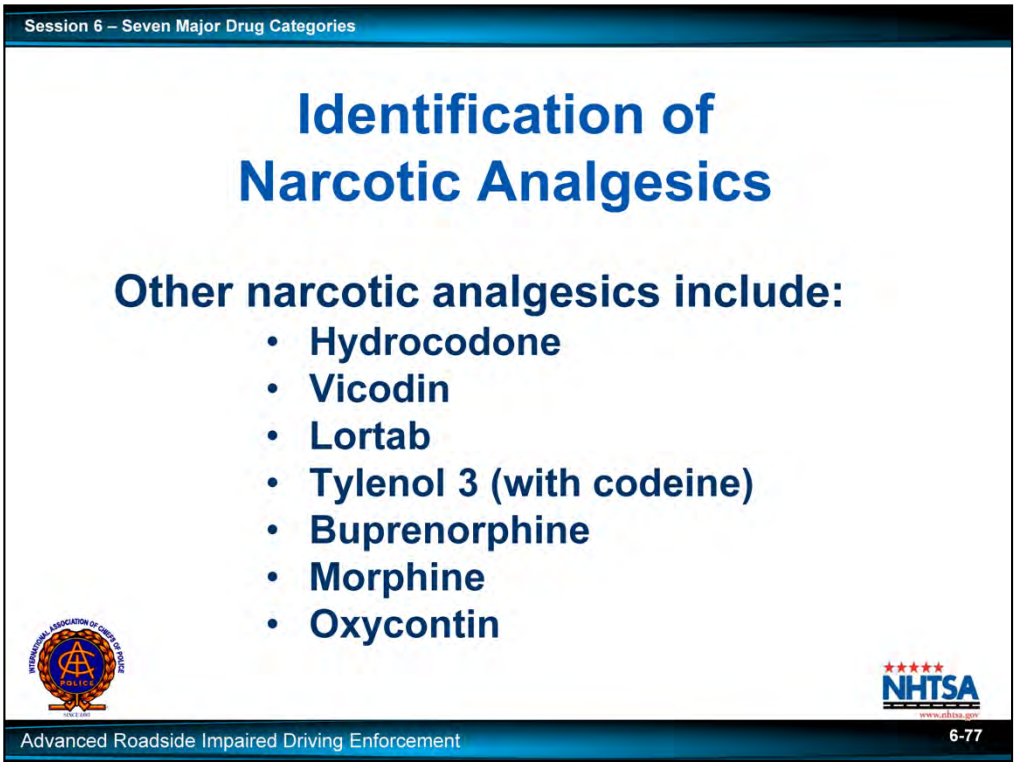
The most familiar narcotic analgesic is heroin.

Depending on the purity, heroin may be a white powder to a dark brown powder/tar color.

Heroin



Heroin (Cont.)



Other narcotic analgesics include:

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

Discuss the Canadian drug market, and the availability of drugs through the internet.

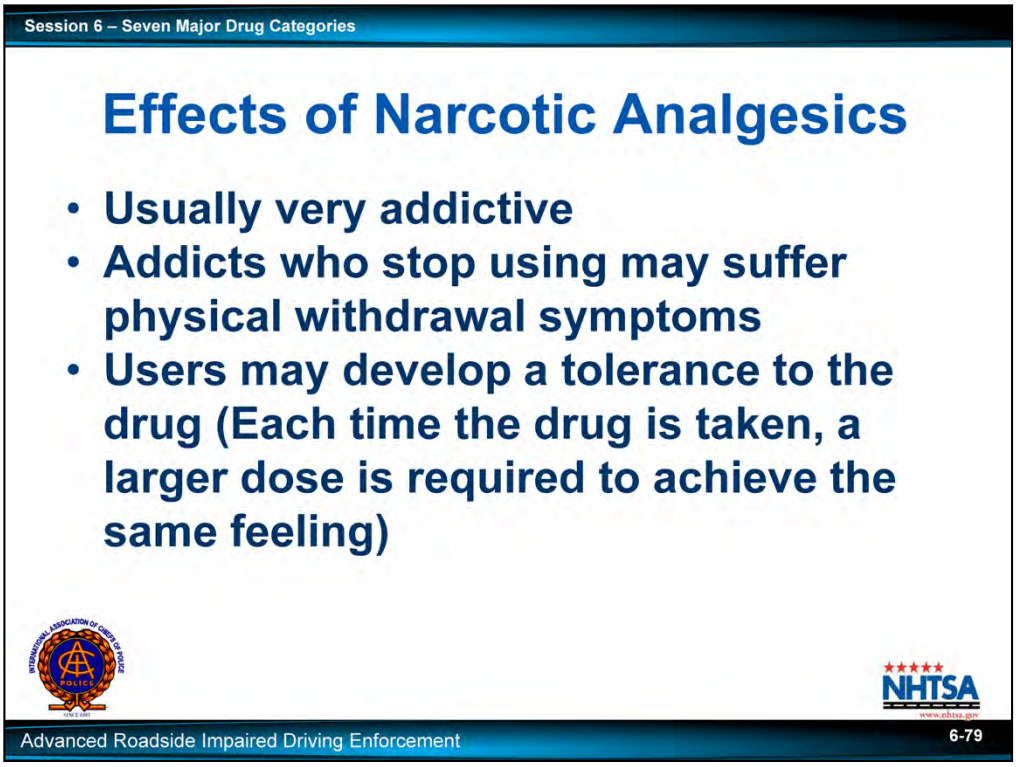
Methods of ingestion vary, depending on the drug used.

They may be taken:

- Orally in pill form
- Inhaled as a powder
- Injected as a liquid

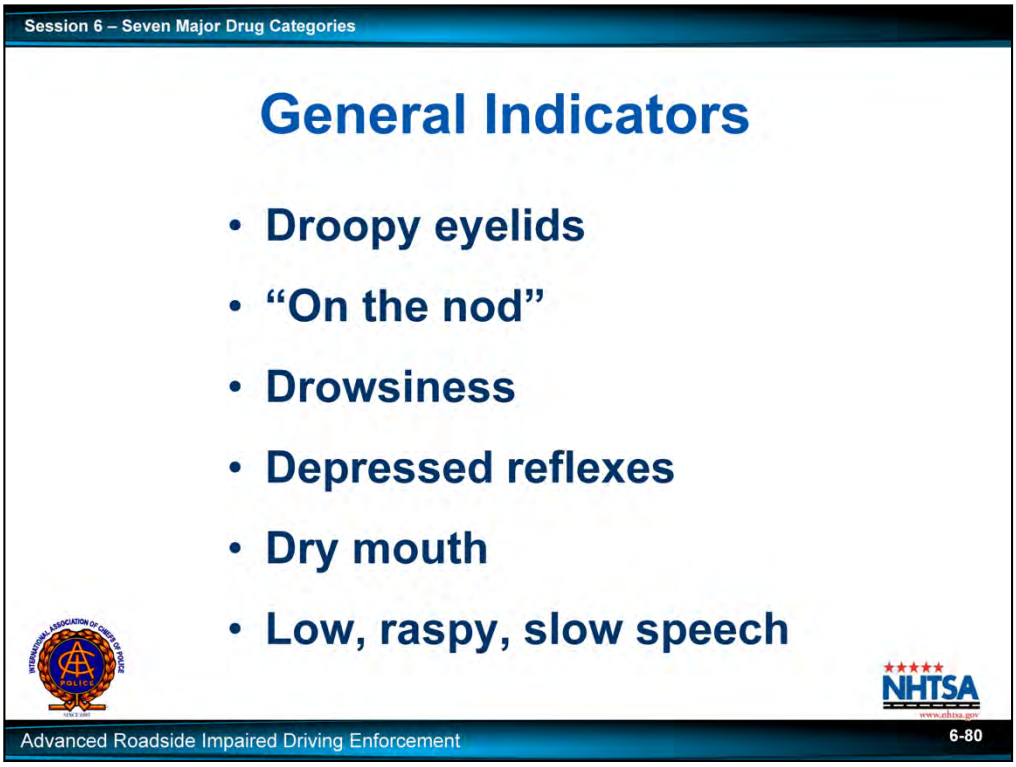
Most of the prescribed pain relievers are found in the pill form, which will be taken orally. If taken orally, signs of ingestion may be limited.

Heroin that is more pure may be inhaled, while heroin that is less pure is typically injected.



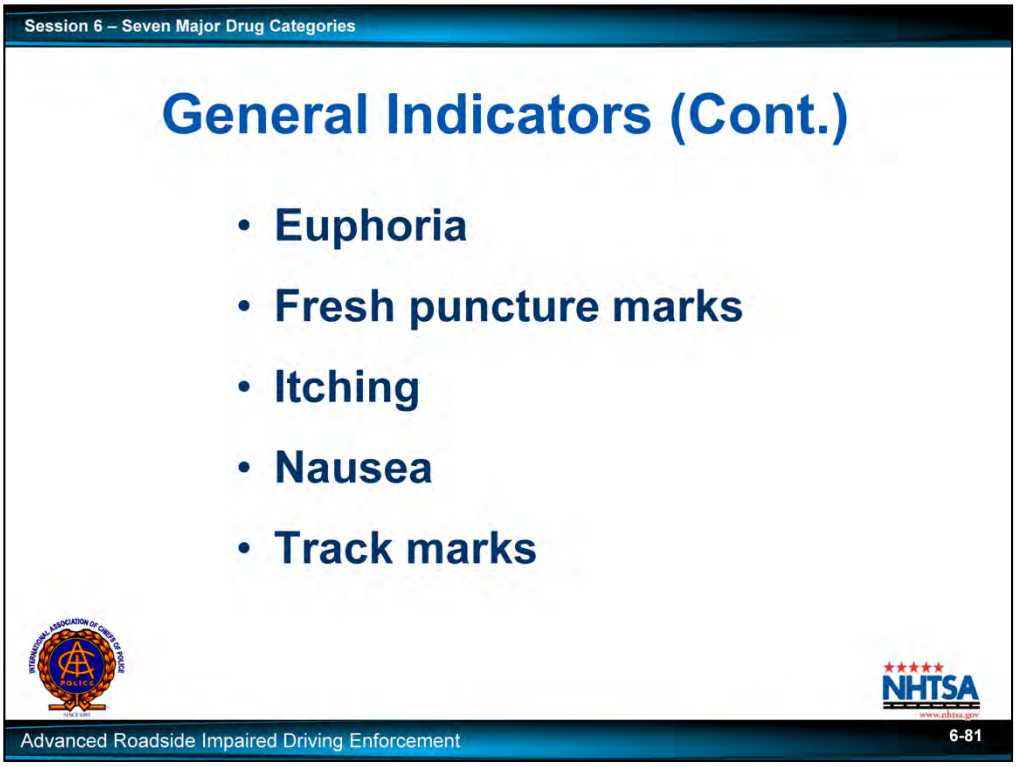
Effects of Narcotic Analgesics

- 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.



General Indicators

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



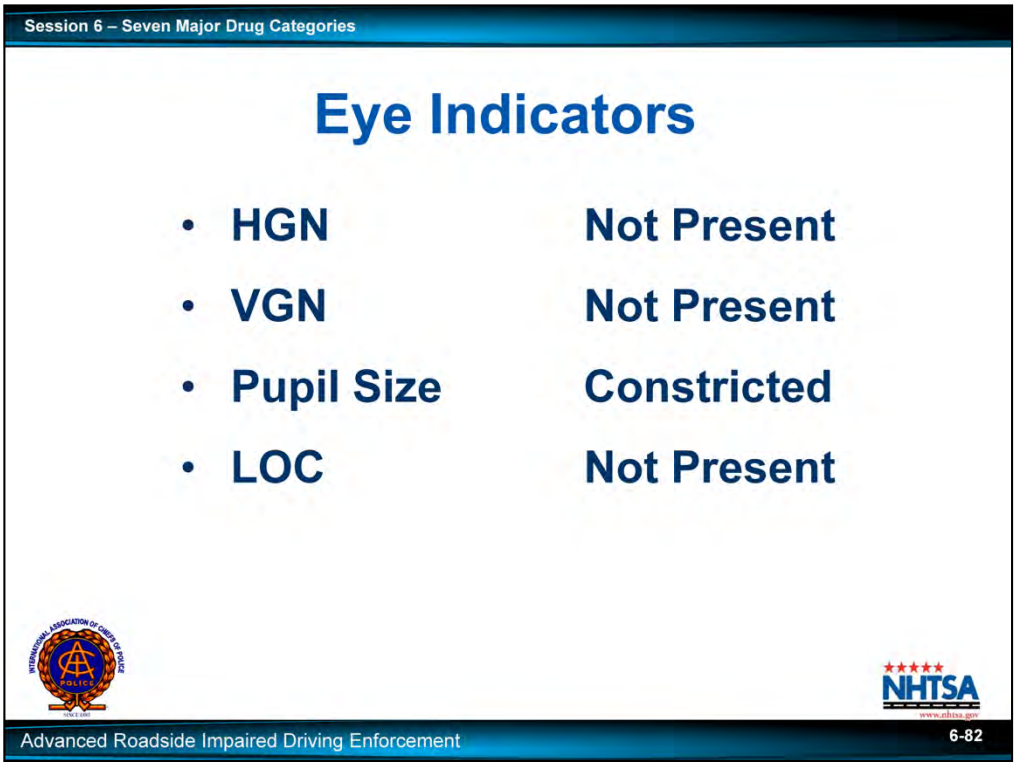
Euphoria

Fresh puncture marks

Itching

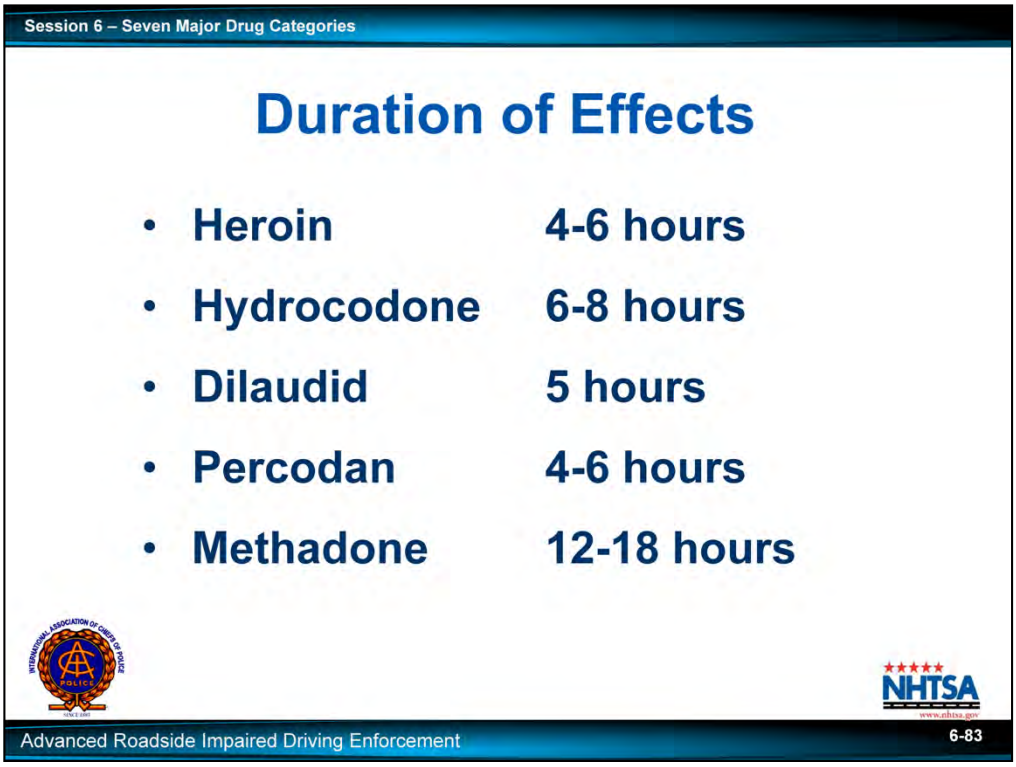
Nausea

Track marks



Eye Indicators

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

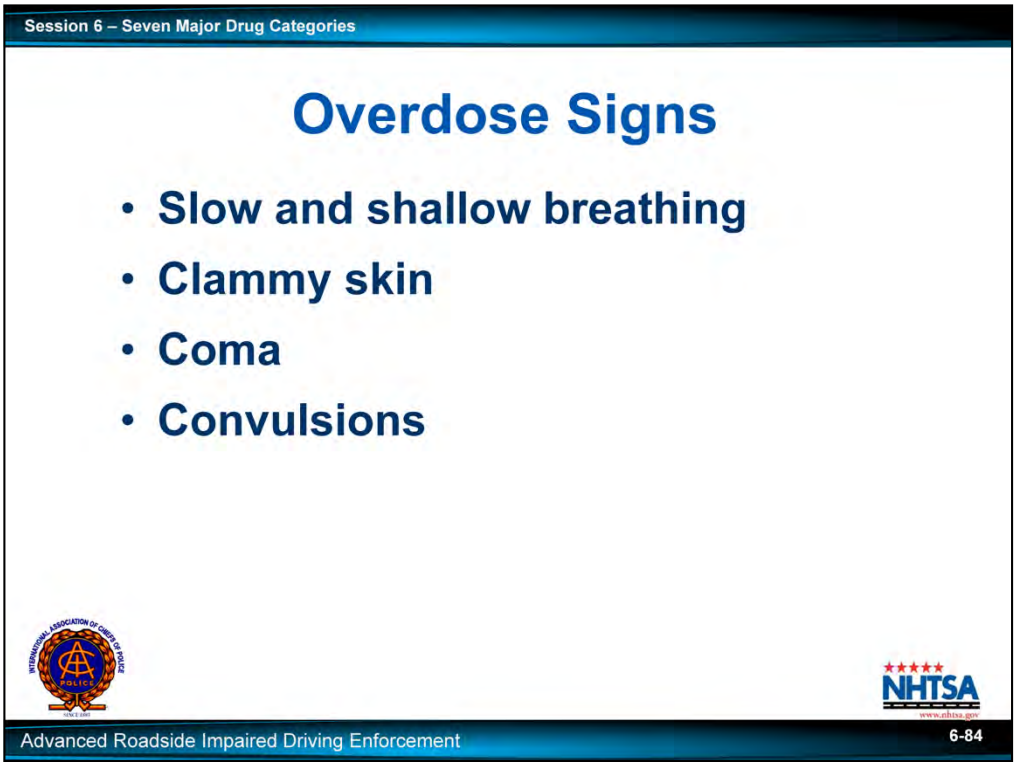


Duration of Effects

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

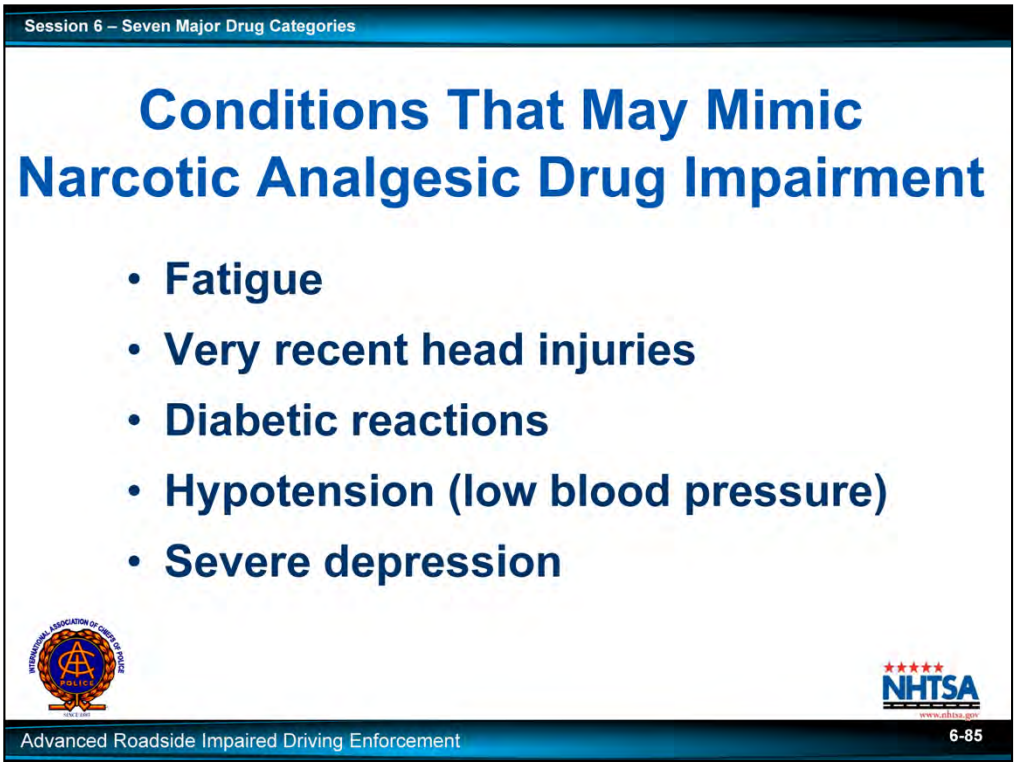
Dosage amounts, age, weight, tolerance, and other variables may dictate the length of actual impairment.

Heroin	4-6 hours
Hydrocodone	6-8 hours
Dilaudid	5 hours
Percodan	4-6 hours
Methadone	12-18 hours



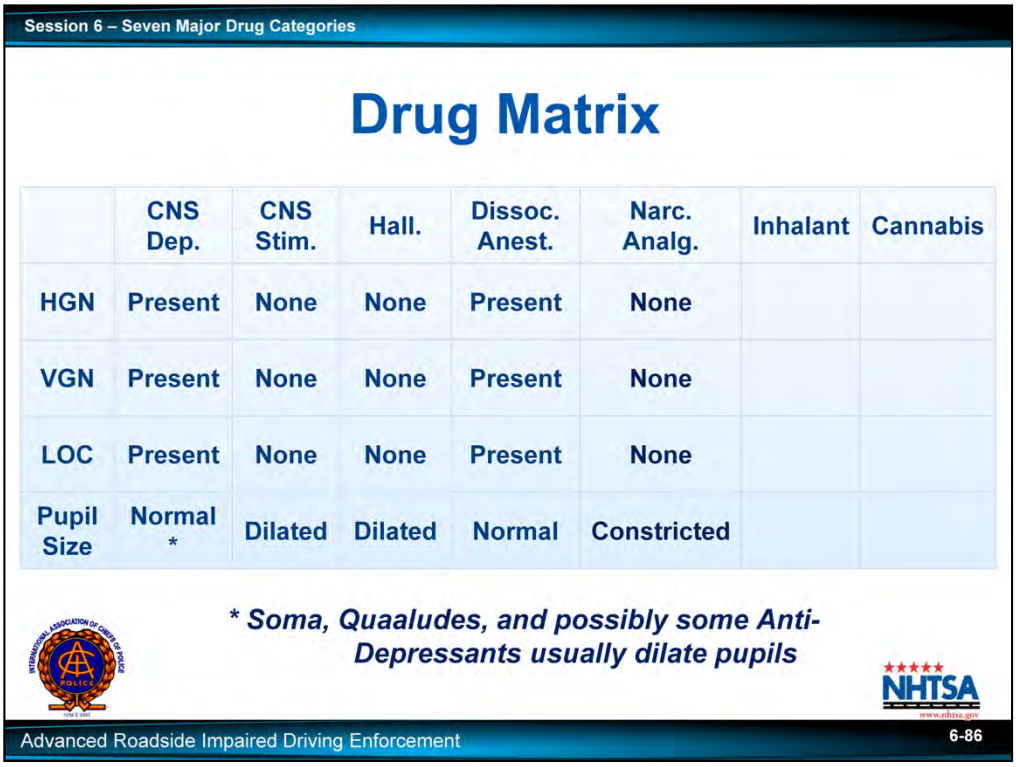
Overdose signs and symptoms of a narcotic analgesic may include, but are not limited to:

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



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

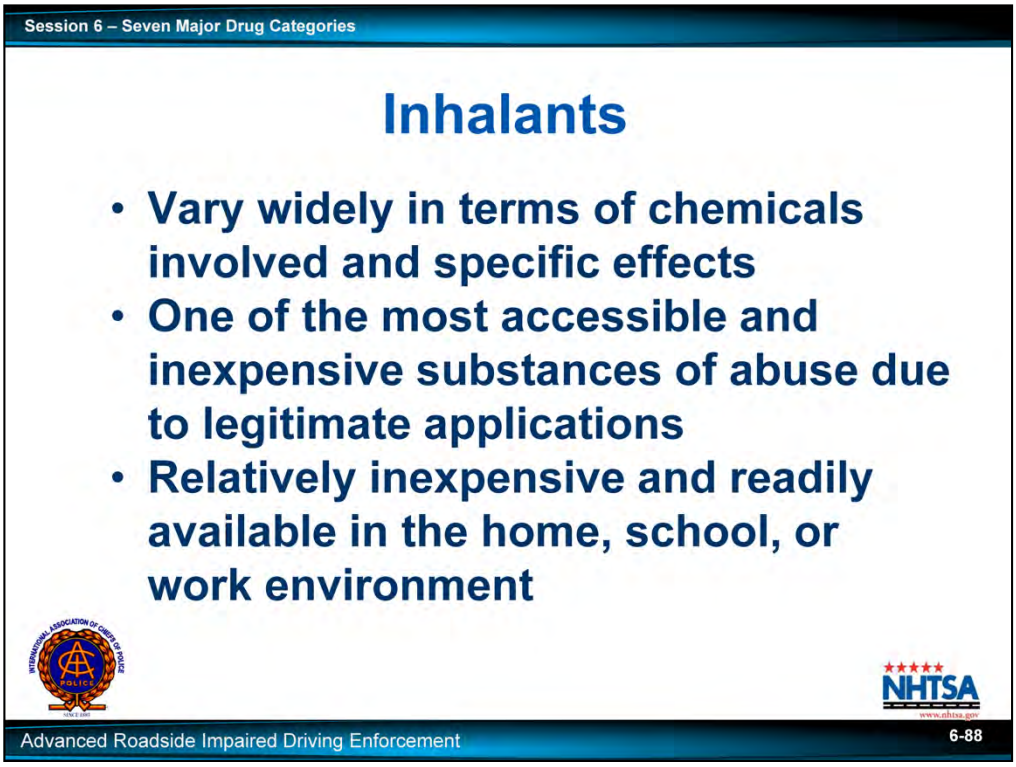
- Fatigue
- Very recent head injuries
- Diabetic reactions
- Hypotension (low blood pressure)
- Severe depression



Complete Matrix Chart for the Narcotic Analgesics Category


Session 6 – Seven Major Drug Categories
Seven Drug Categories
Inhalants
LOCKER ROOM
Classic Formula
RUSH
PURPLE
D & E
NHTSA
Advanced Roadside Impaired Driving Enforcement
6-87

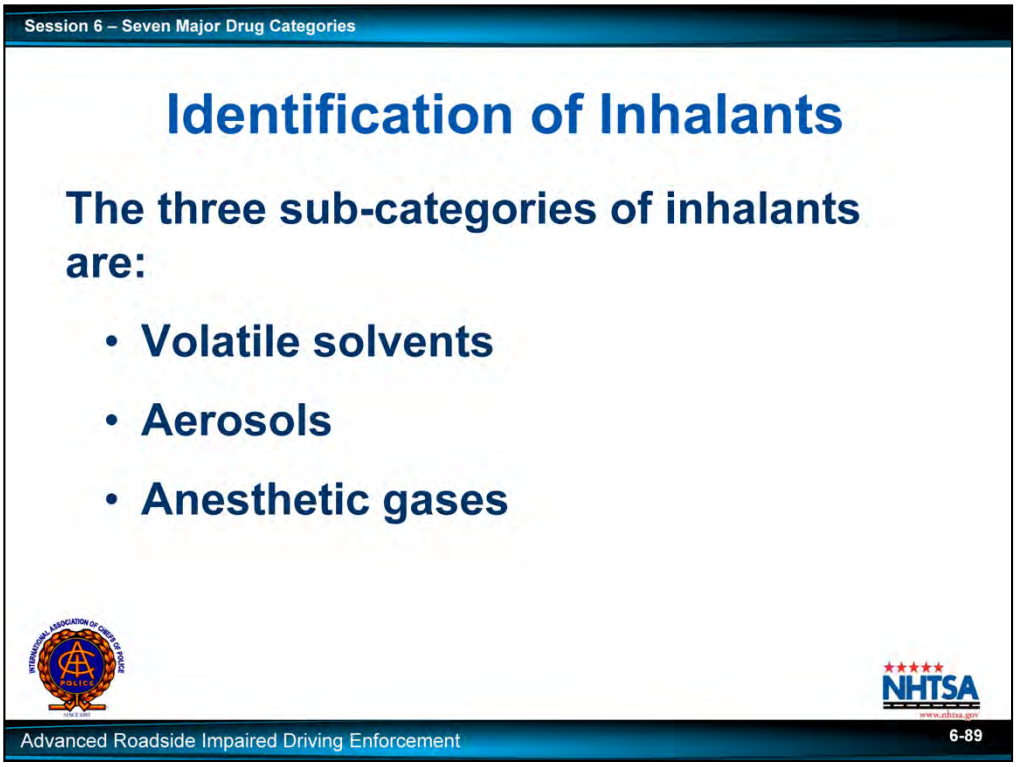
Inhalants



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

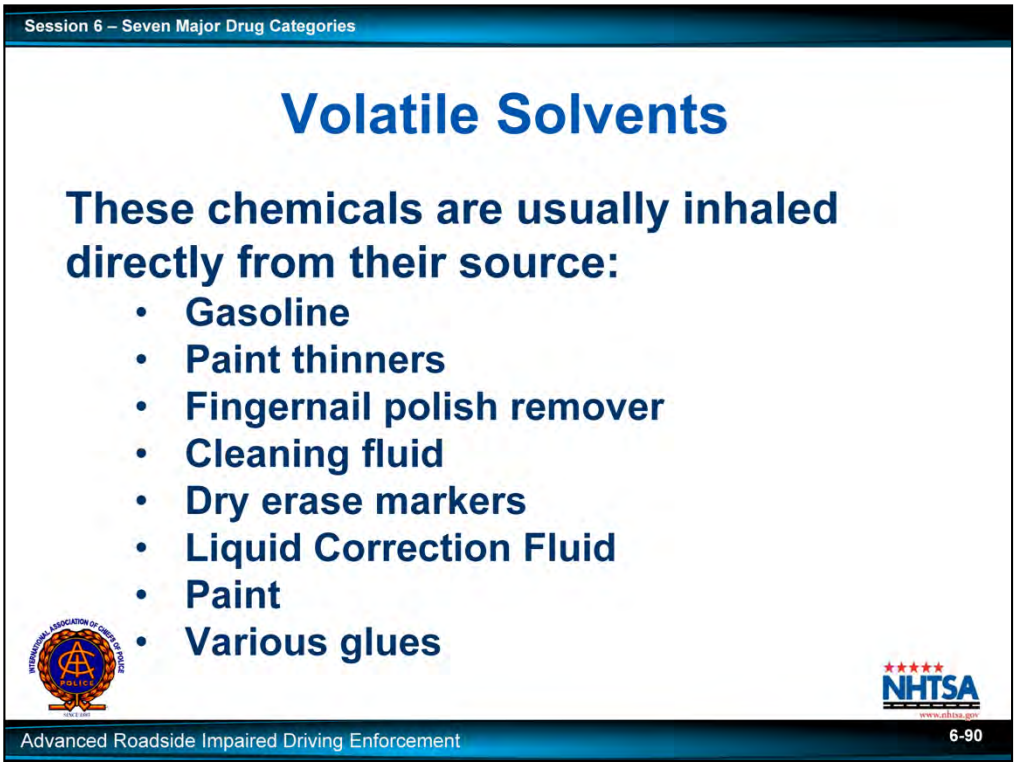
Inhalants are one of the most accessible and inexpensive substances of abuse due to their legitimate applications.

They are relatively inexpensive as well as readily available in the home, school, or work environment.



There are three major categories of inhalant abuse:

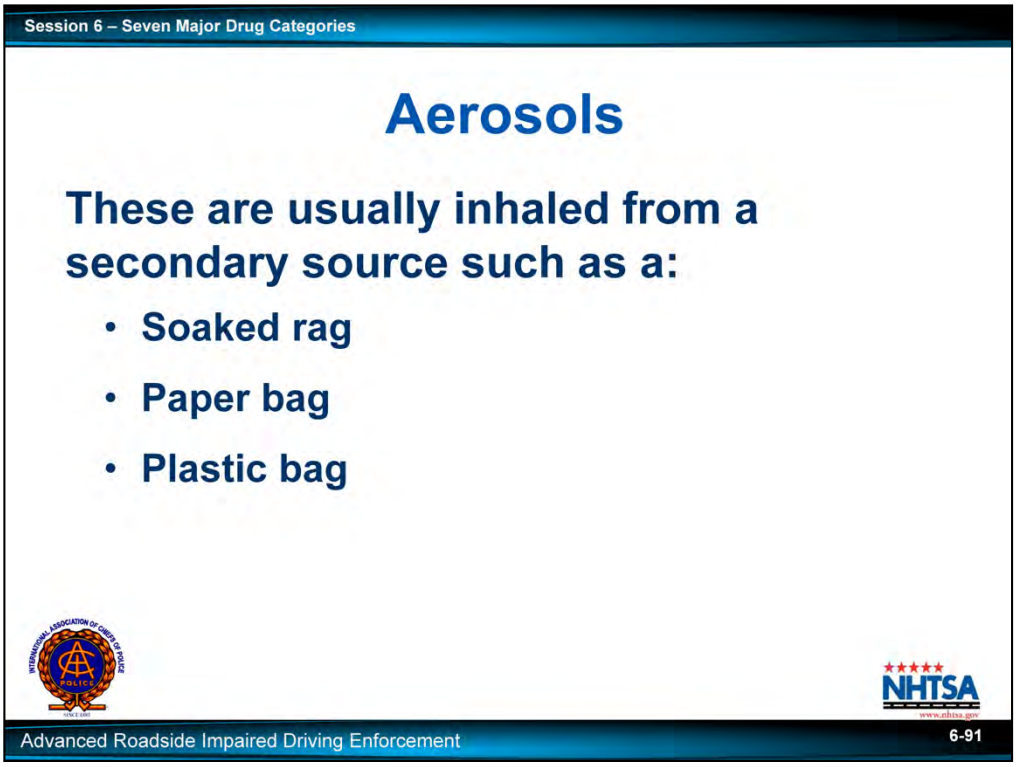
- Volatile solvents
- Aerosols
- Anesthetic gases



These chemicals are usually inhaled directly from their source.

Some of these include:

- Gasoline
- Paint thinners
- Fingernail polish remover
- Cleaning fluid
- Dry erase markers
- Liquid Correction Fluid
- Paint
- Various glues



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

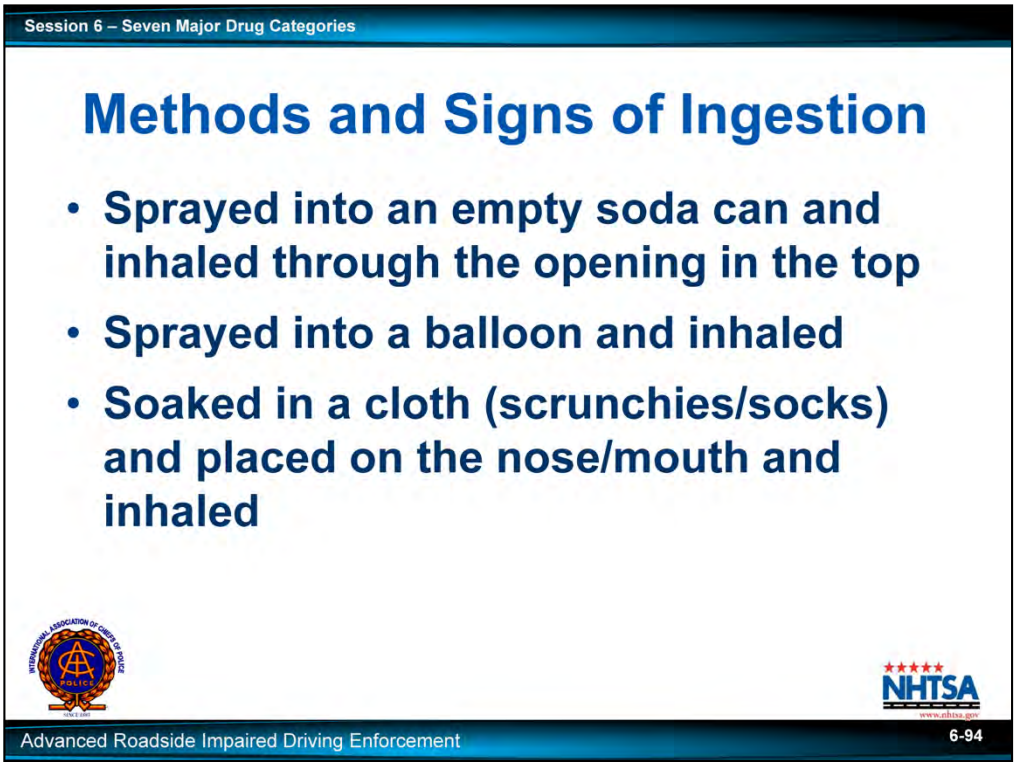
This category is the least abused of the three, mainly because of the expense and unavailability.

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

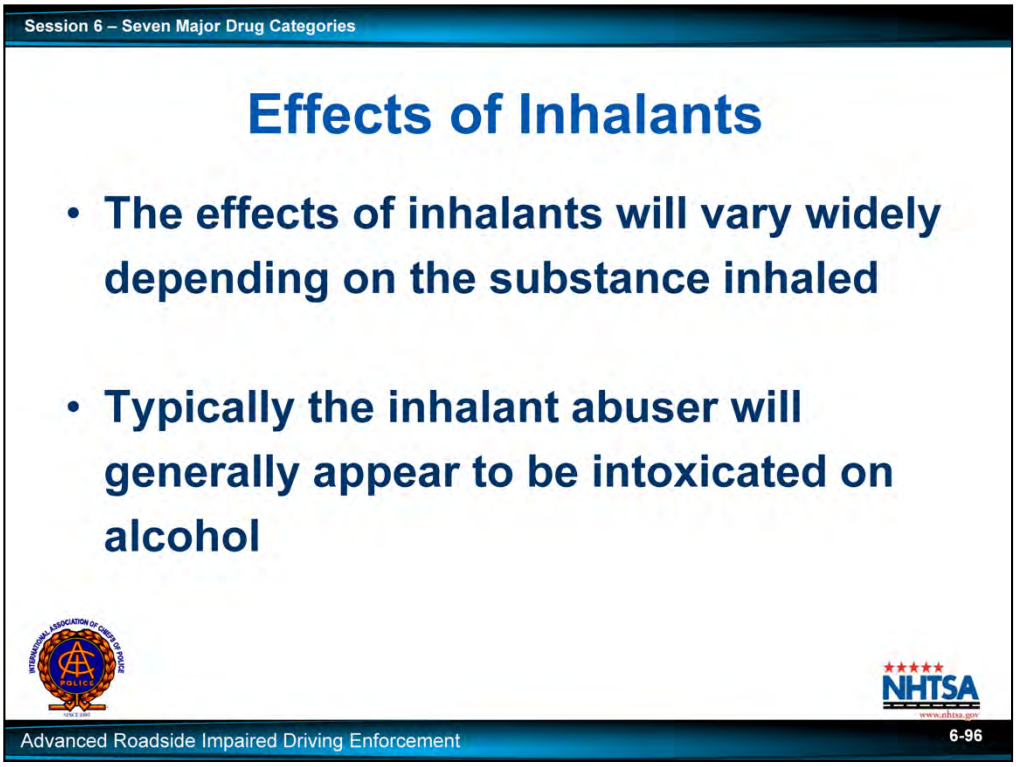


Spray paint and other inhalants:

- Can be sprayed into an empty soda can and 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:

- Hands
- Face
- Mouth

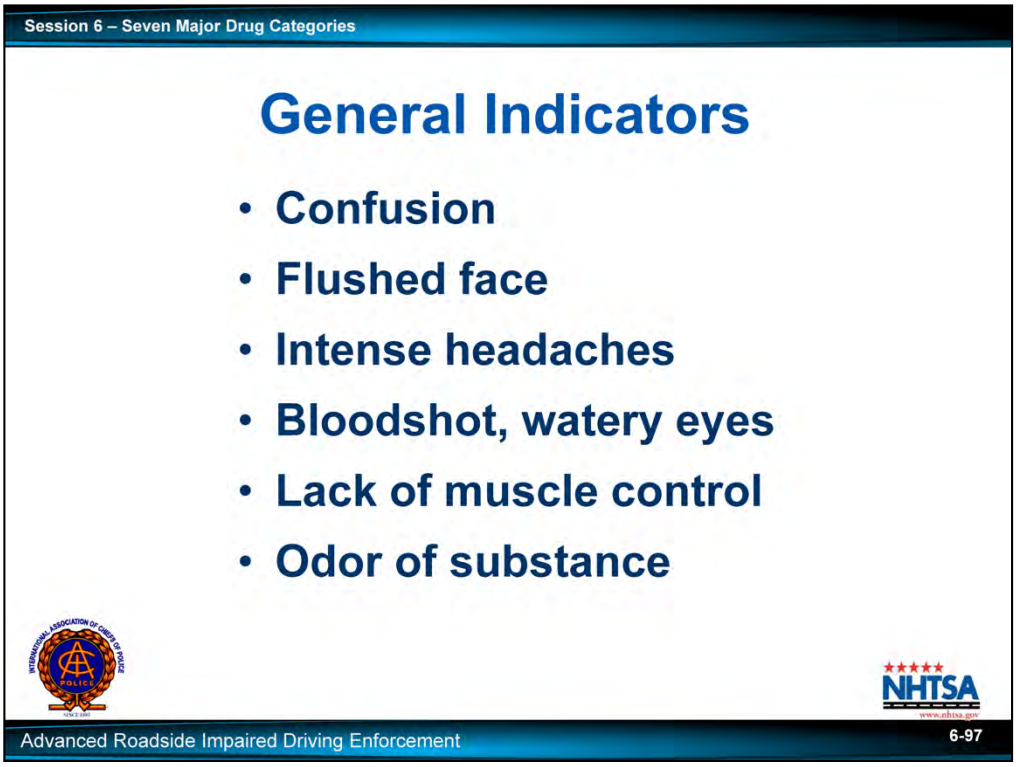


Effects of Inhalants

The effects of inhalants will vary widely depending on the substance inhaled.

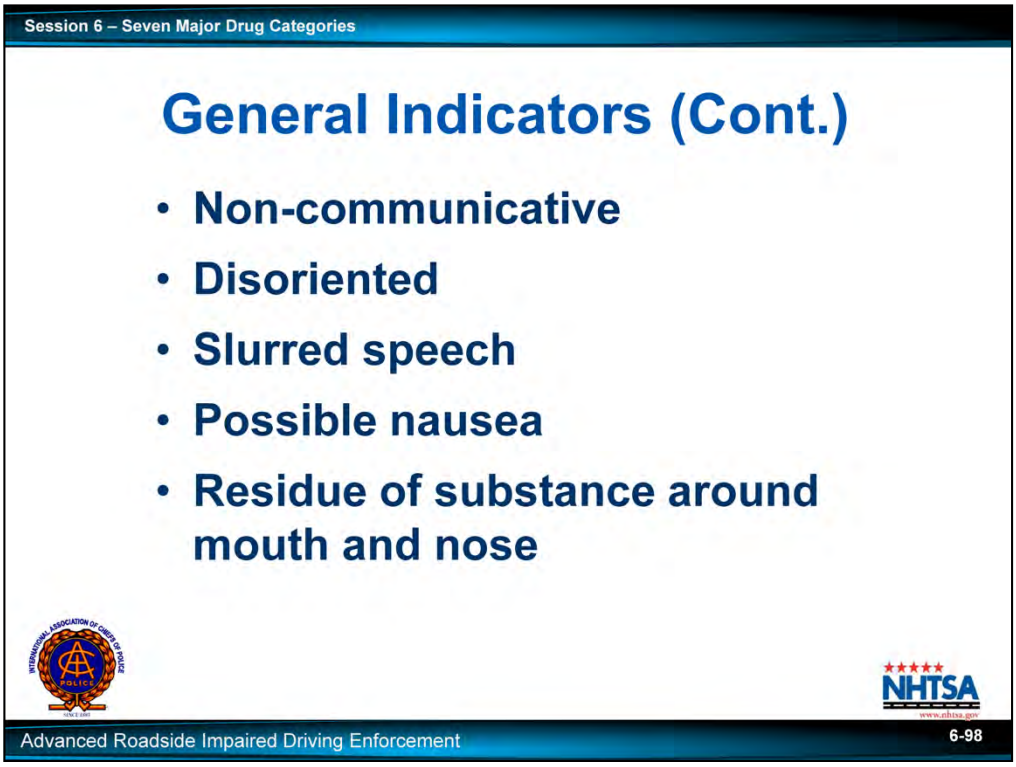
Typically the inhalant abuser will generally appear to be intoxicated on alcohol.

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.

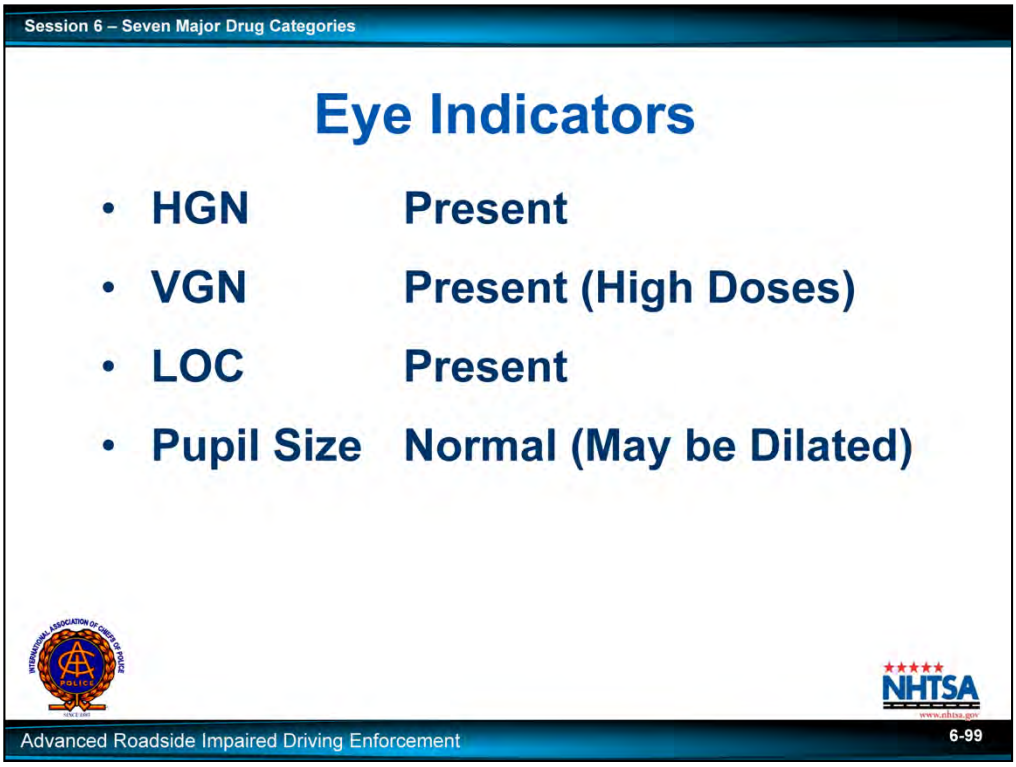


General Indicators

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

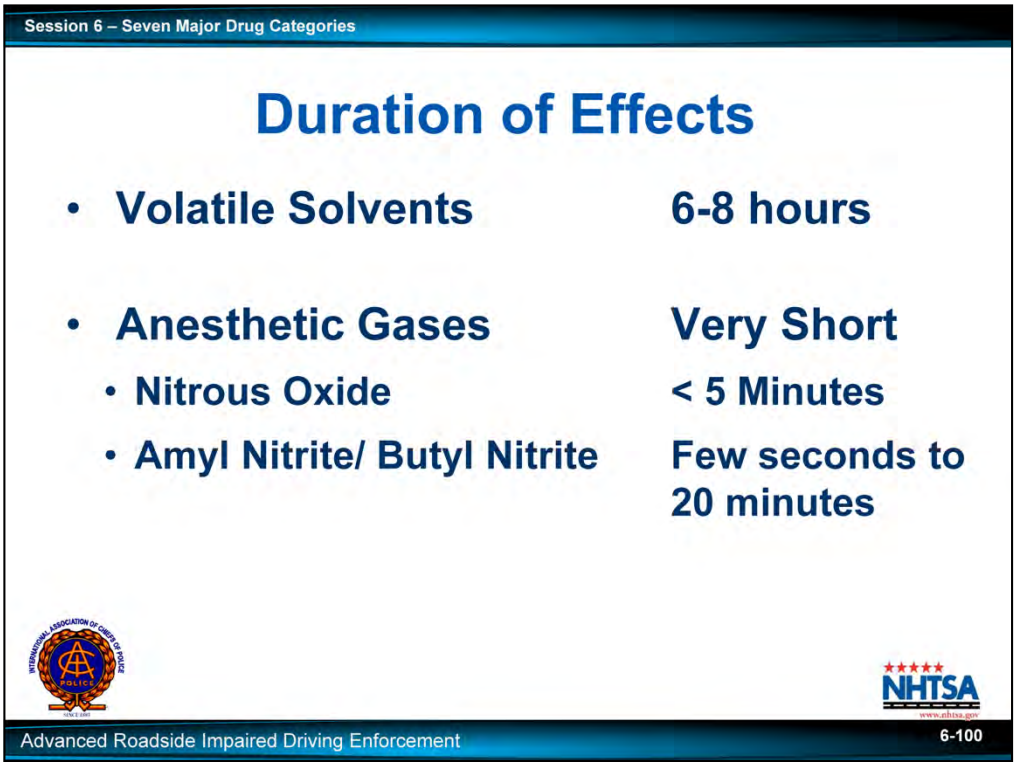


- Non-communicative
- Disoriented
- Slurred speech
- Possible nausea
- Residue of substance around mouth and nose



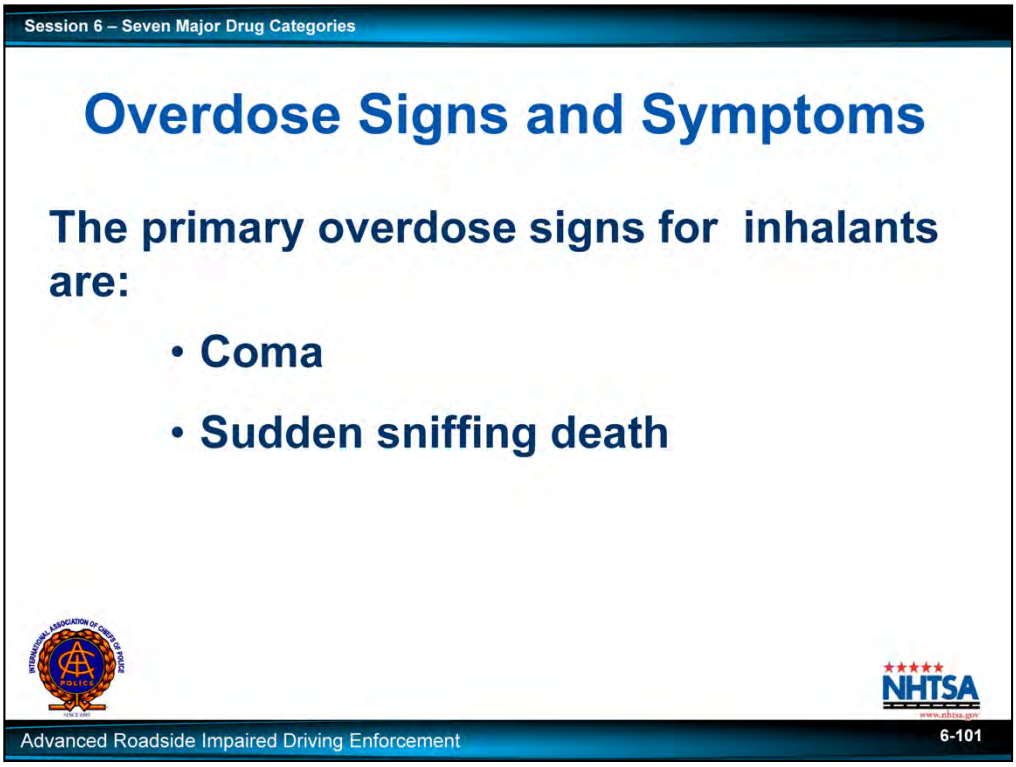
Eye Indicators

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



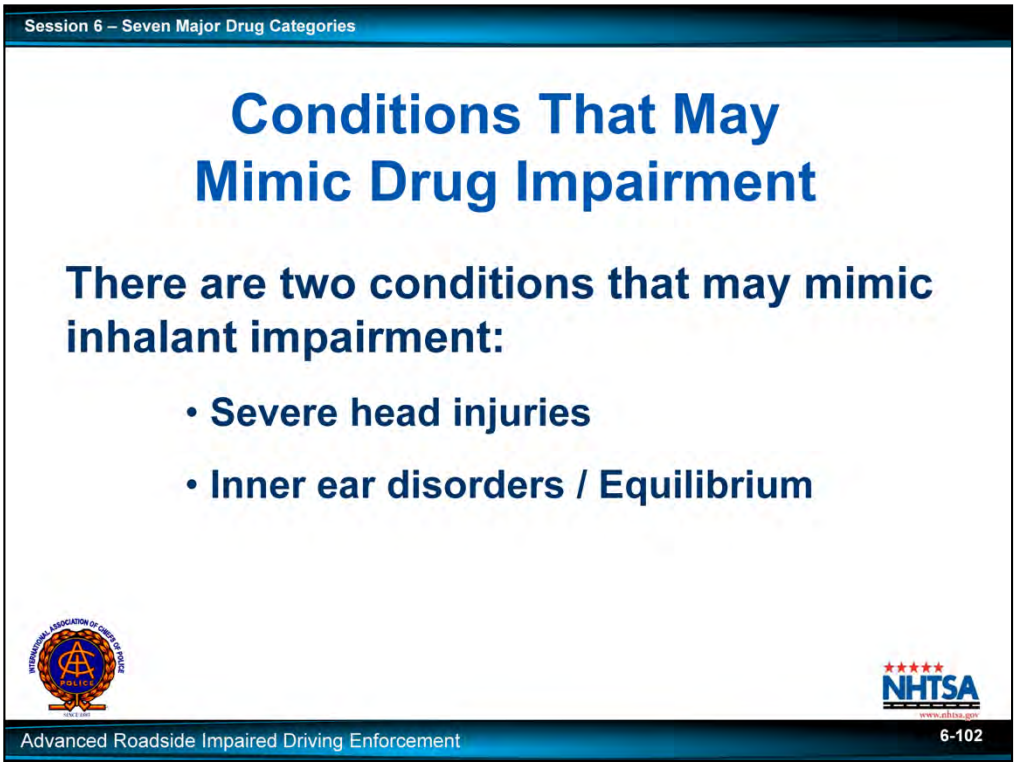
Duration of Effects

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



Overdose Signs and Symptoms

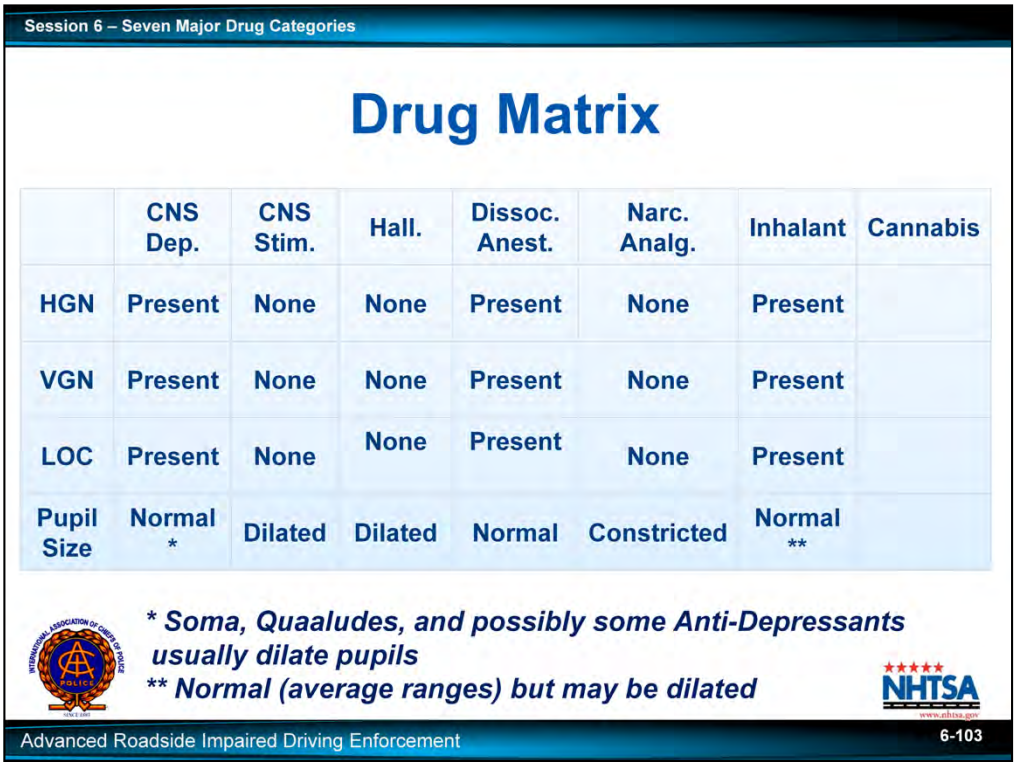
The primary overdose sign for an inhalant is coma or “sudden sniffing death.” This is where the individual stops breathing from inhaling a substance. This may occur during the first experience with an inhalant.



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:

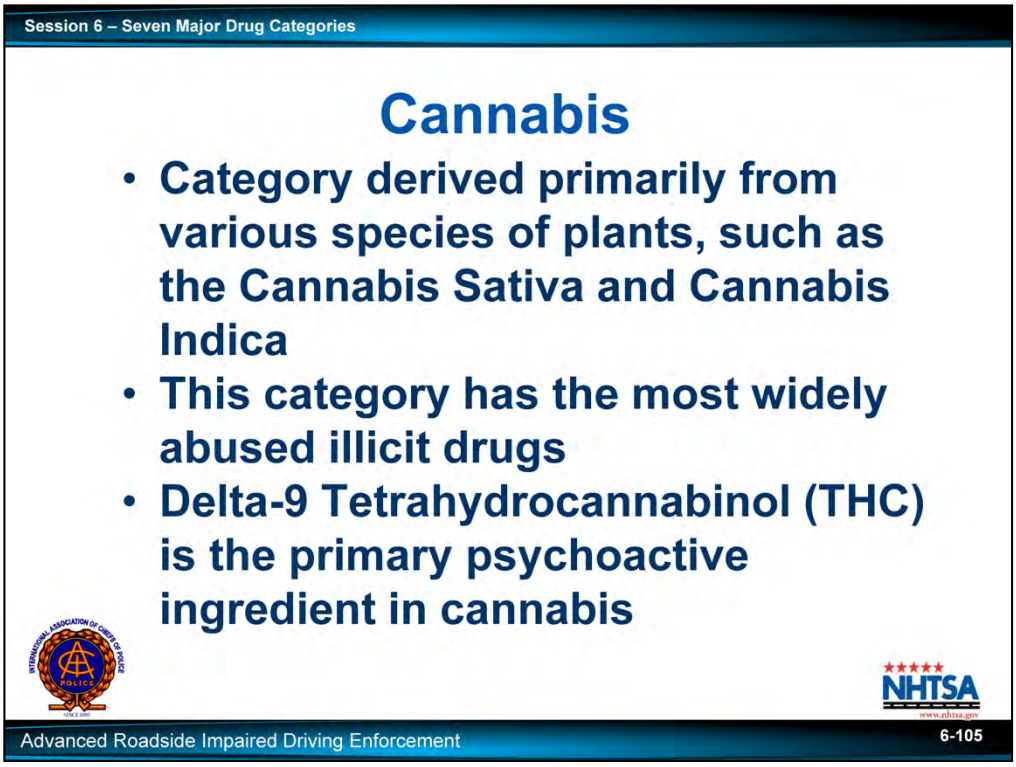
- Severe head injuries
- Inner ear disorders / Equilibrium



Complete the Matrix Chart for the Inhalant Category


Session 6 – Seven Major Drug Categories
Seven Drug Categories
Cannabis
Advanced Roadside Impaired Driving Enforcement
6-104

Cannabis



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 though they are often believed to be fairly benign.

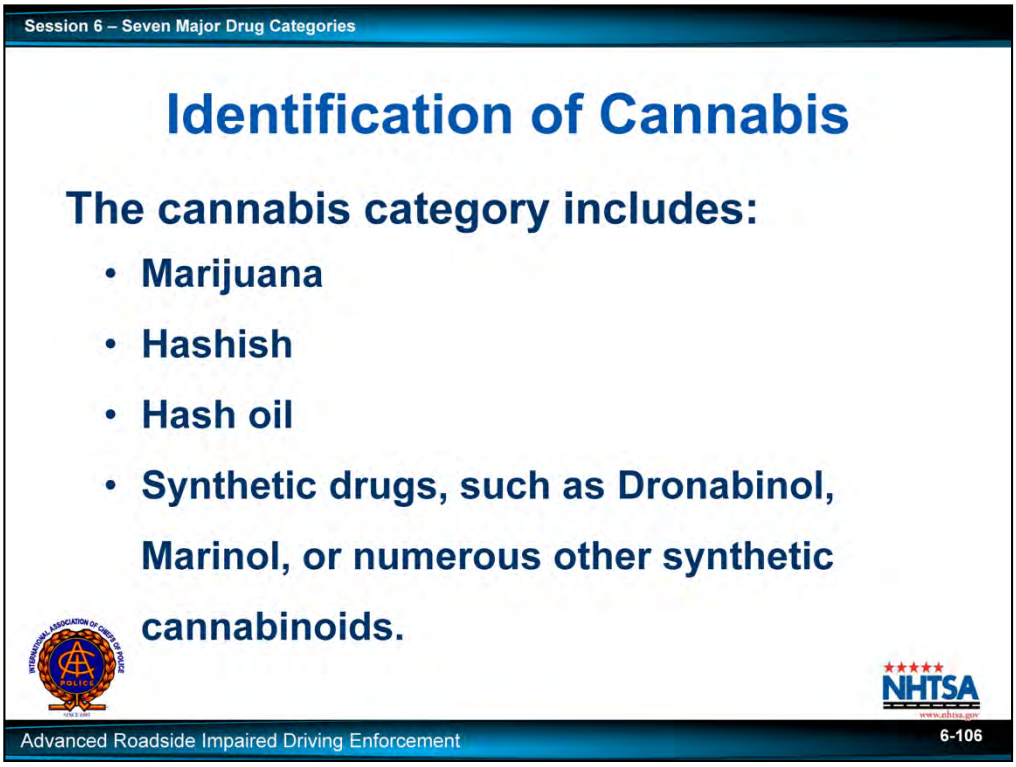
The primary psychoactive ingredient in cannabis is:

- 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.

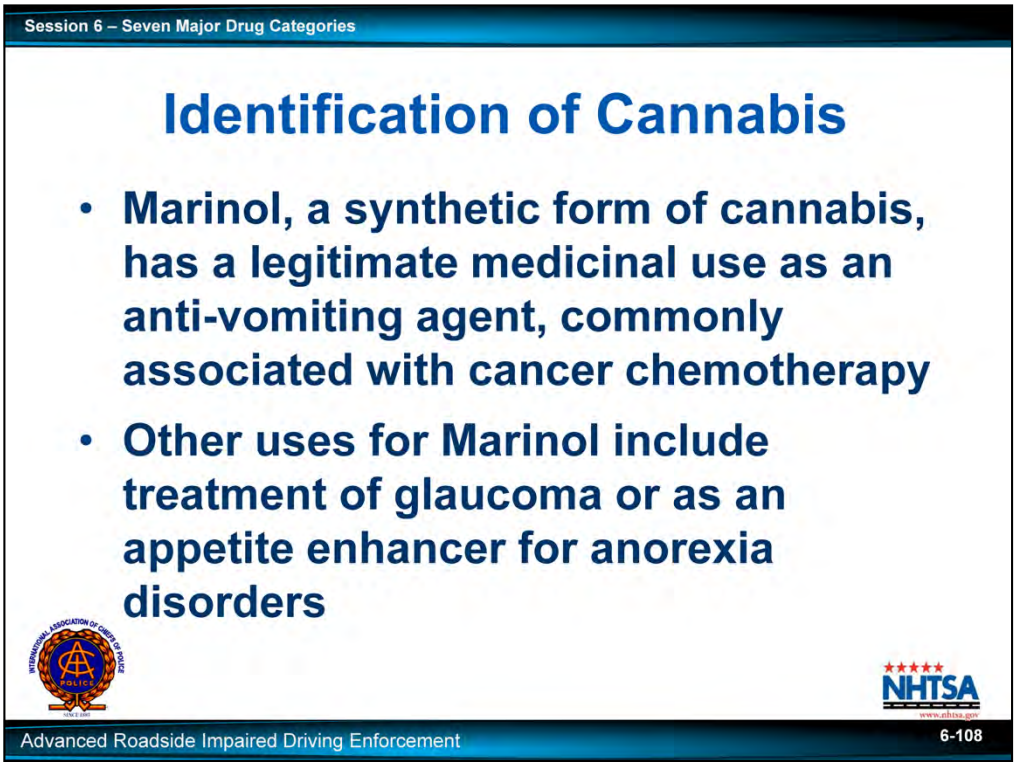
Marijuana is usually found as green leaves.



The cannabis category includes:

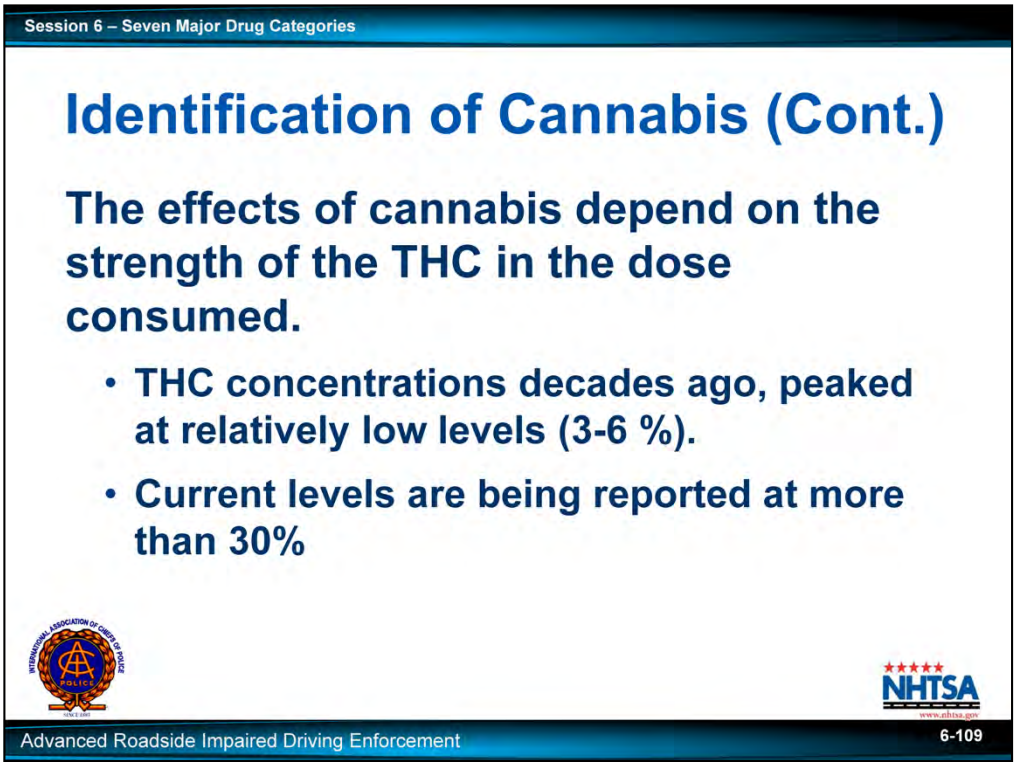
- Marijuana
- Hash
- Hash oil
- Synthetic drug, such as dronabinol, marinol, or numerous other synthetic cannabinoids.

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



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.



The effects of cannabis depend on the strength of the THC in the dose consumed.

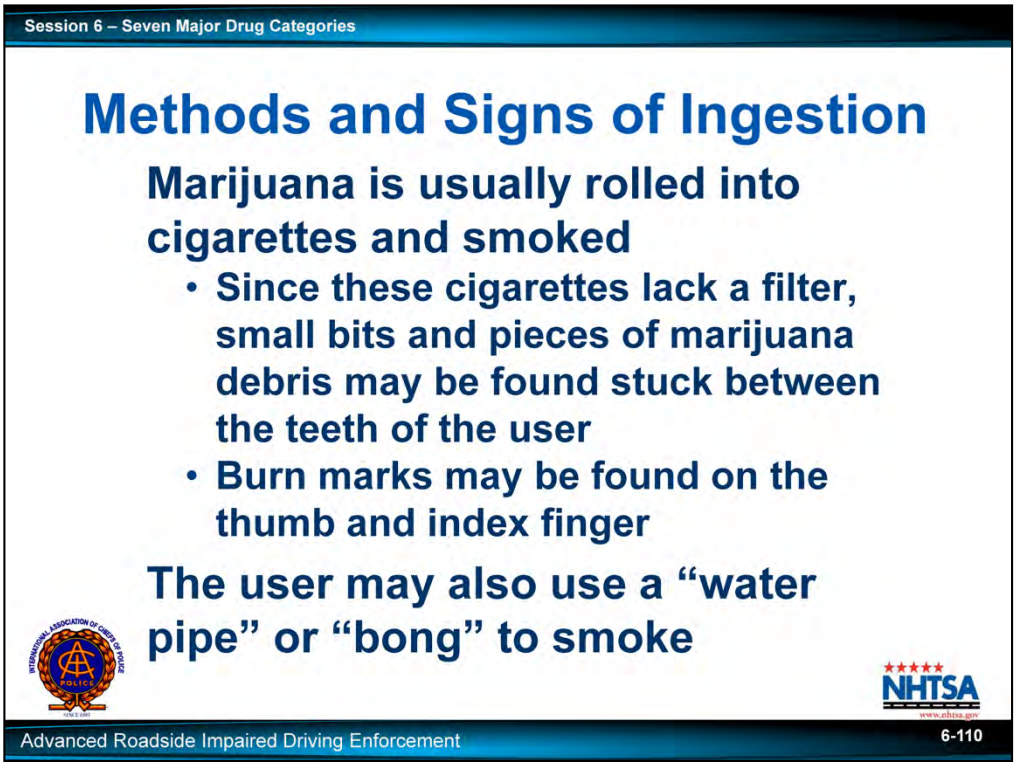
THC concentrations decades ago, peaked at relatively low levels (3-6 %), however, current levels are being reported at more than 30%.

The increase in THC levels is due to hybridization and better cultivation techniques used by producers.

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)



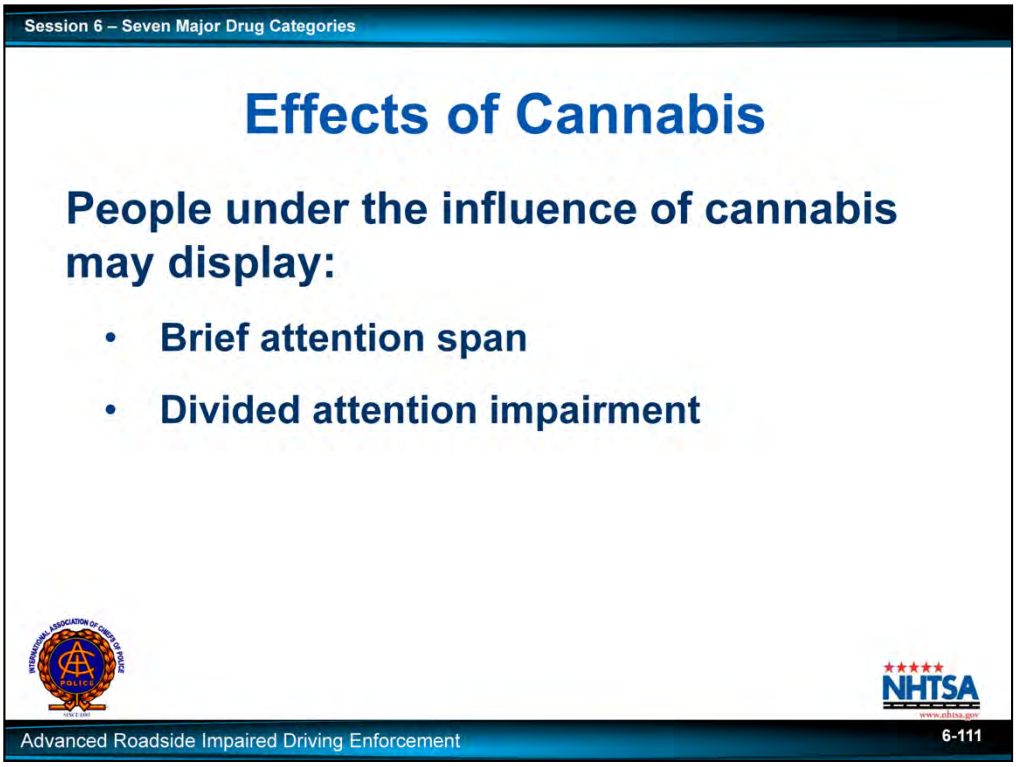
Marijuana is usually rolled into cigarettes and smoked.

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.

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



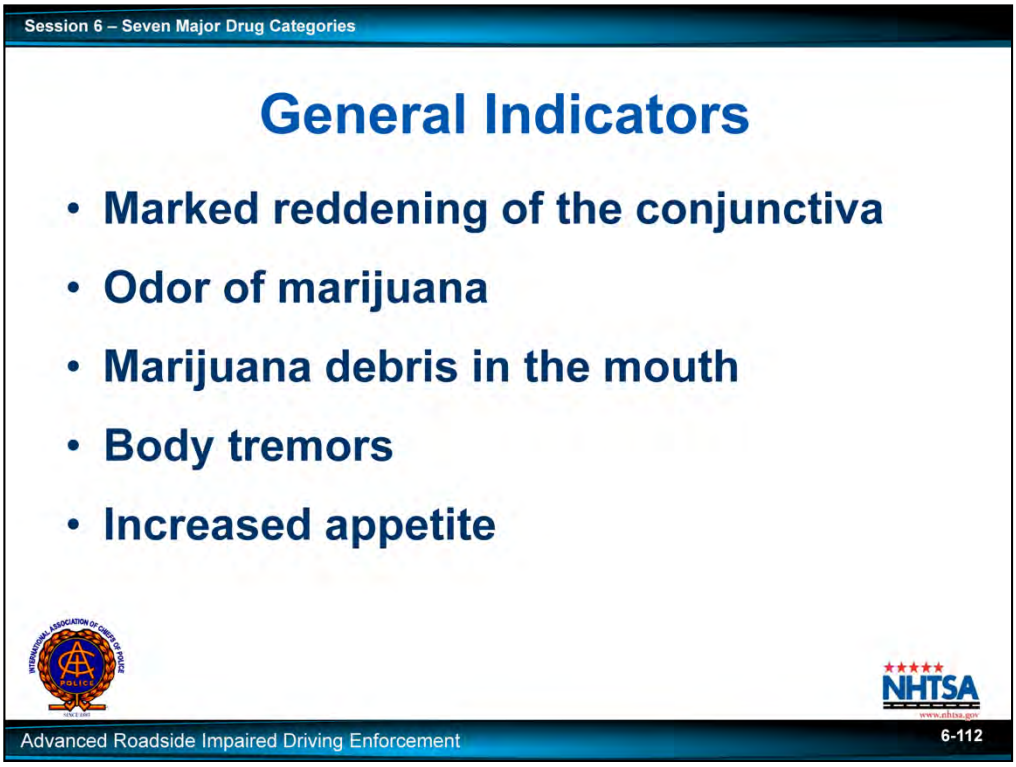
Effects of Cannabis

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

- Pay attention
- May have a very brief attention span.

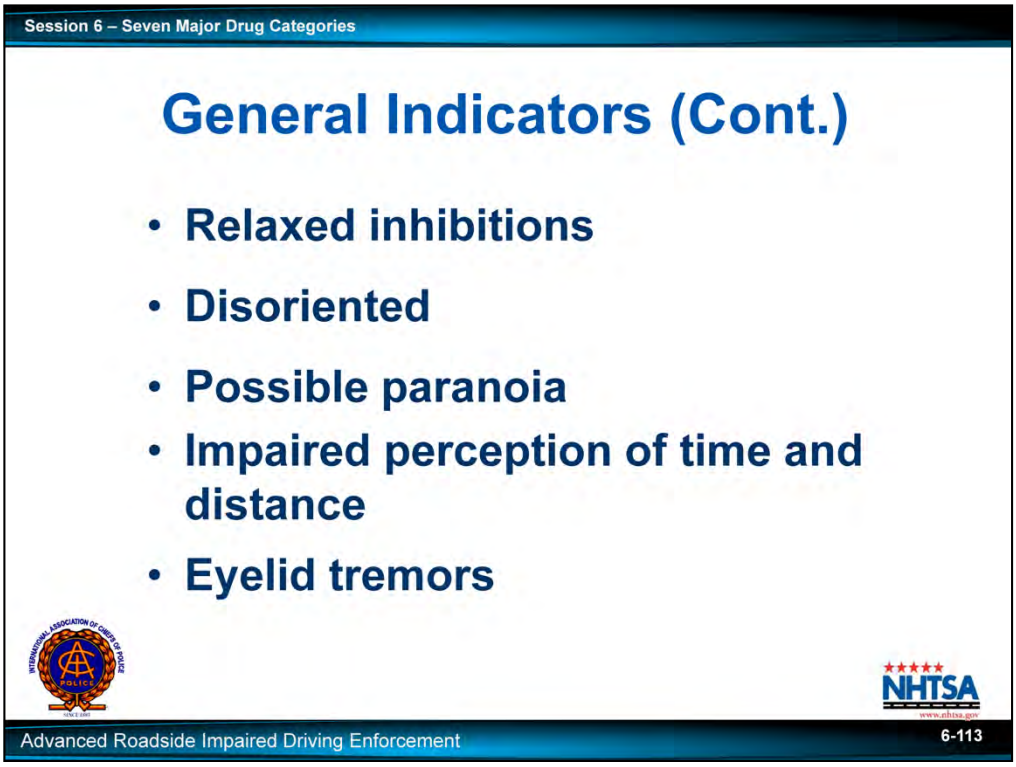
The subjective effects can vary considerably, but they will exhibit divided attention impairment.

The consequences of this in the classroom may be obvious, but the consequences when driving can be fatal.

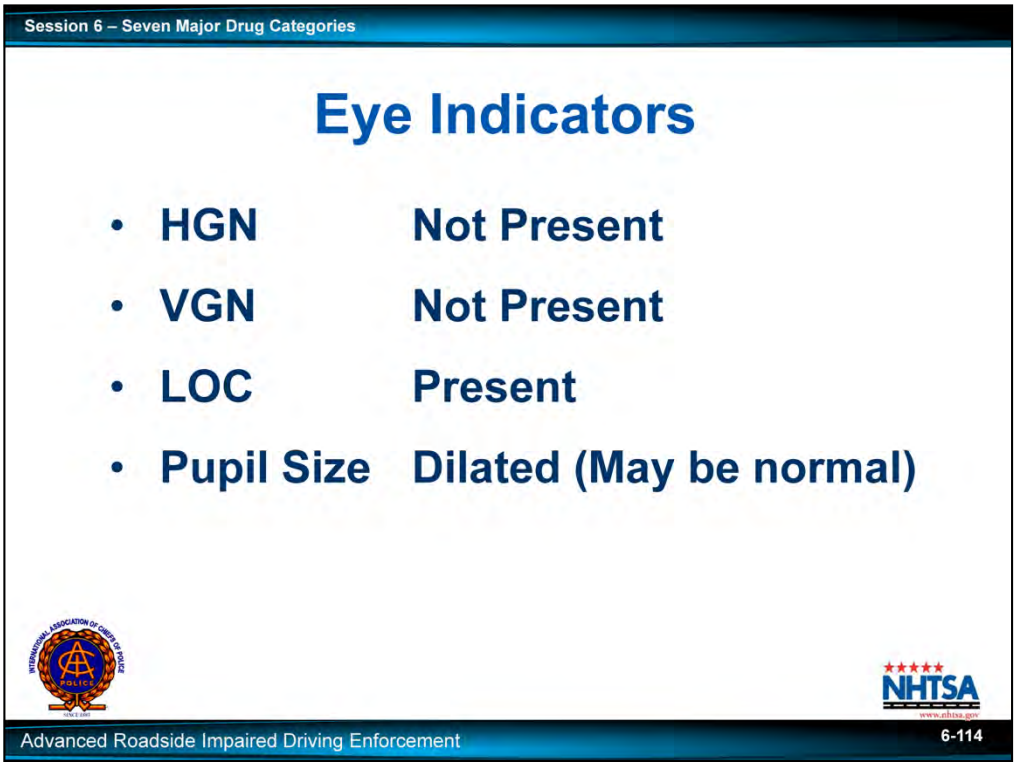


General Indicators

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

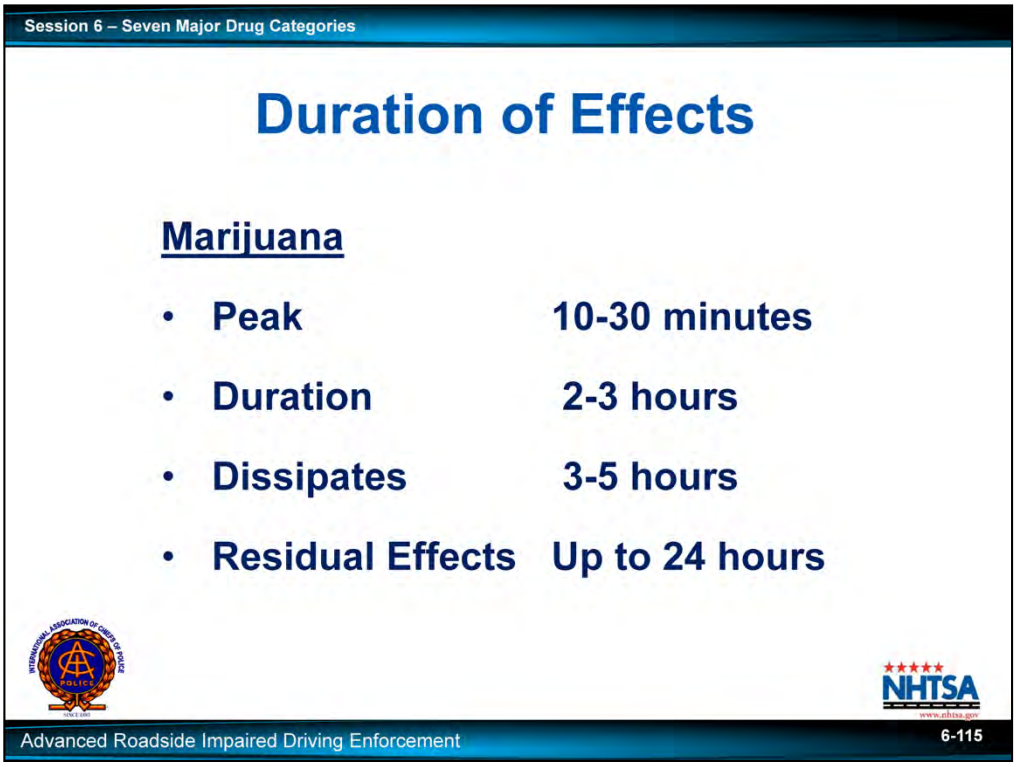


- Relaxed inhibitions
- Disoriented
- Possible paranoia
- Impaired perception of time and distance
- Eyelid tremors



Eye Indicators

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



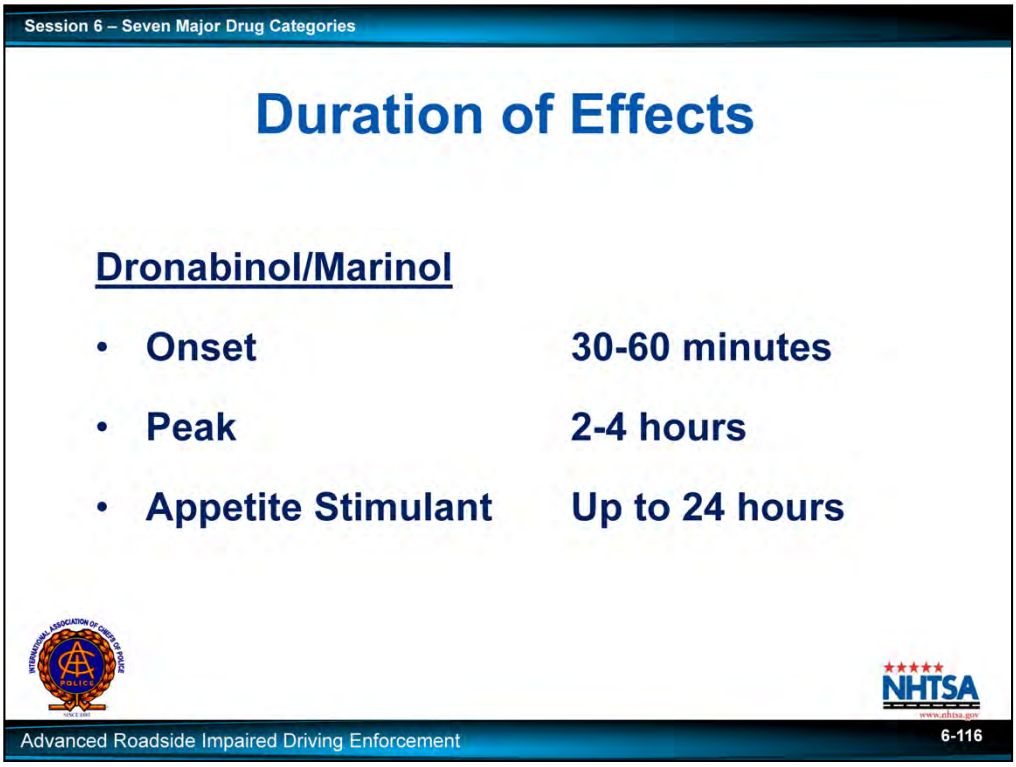
Duration of Effects

When marijuana is smoked, the user will experience peak effects

- Within 10 to 30 minutes.

Typical marijuana users usually exhibit the effects for 2 to 3 hours, with most behavioral and physiological effects dissipating after 3-5 hours.

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.

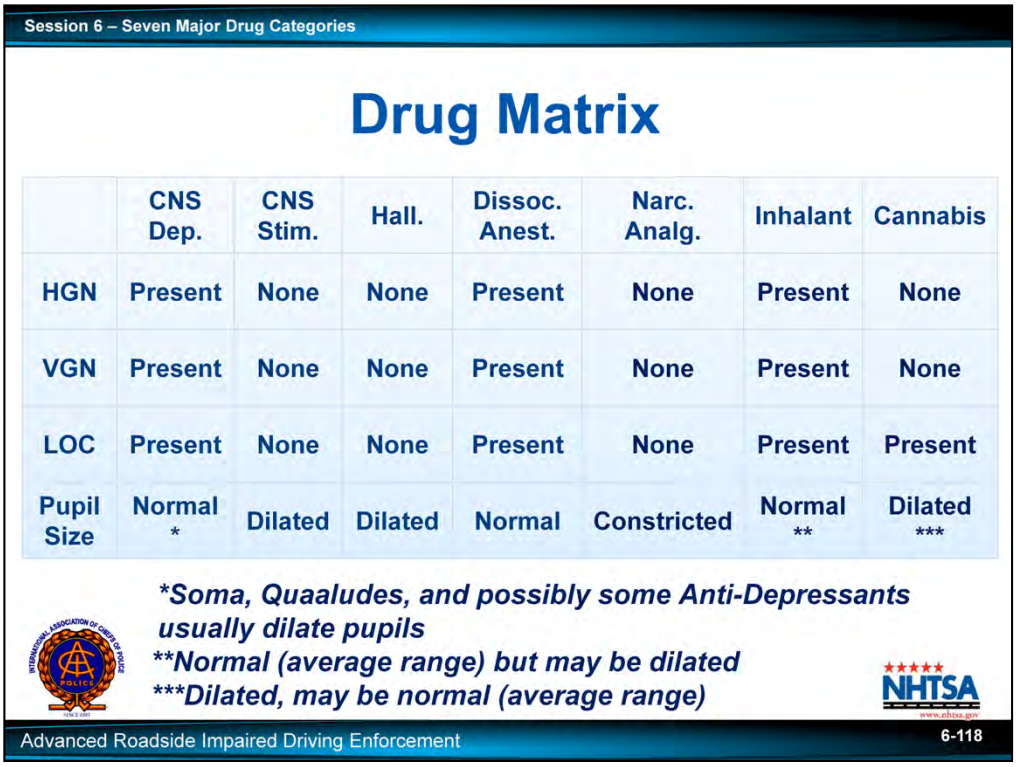
It can stimulate appetite for up to 24 hours

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

- Paranoia
- Fatigue

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.



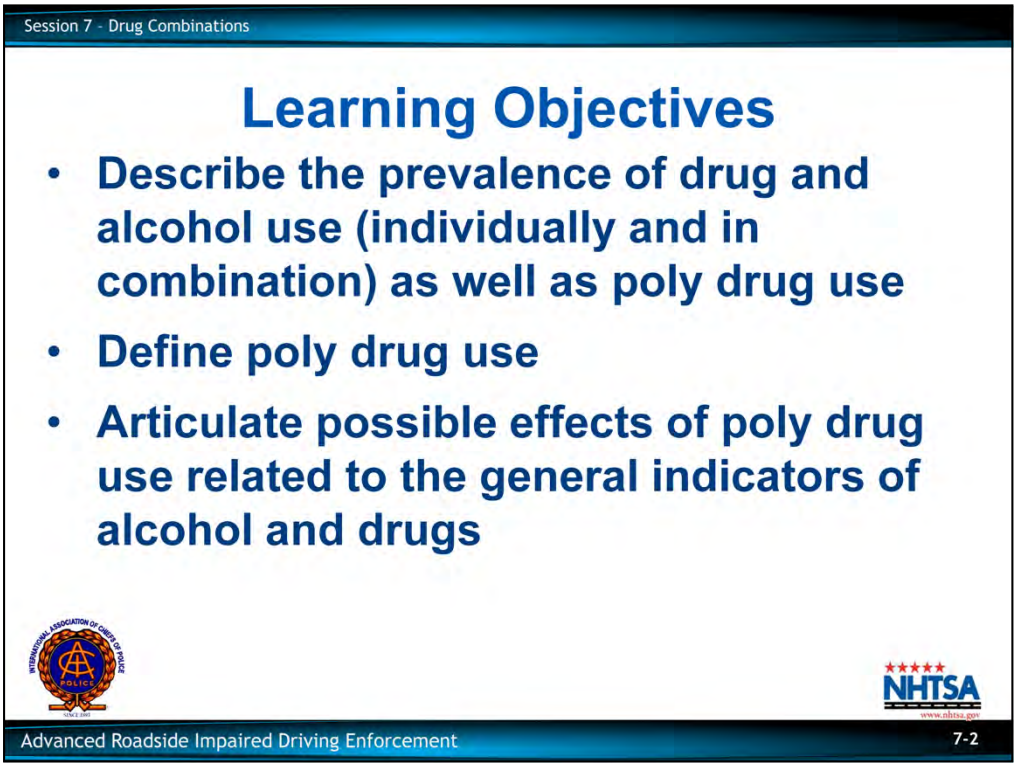
Complete the Matrix Chart for the Cannabis Category

QUESTIONS?

30 Minutes

Session 7

The Effects of Drug Combinations



Briefly review the objectives, content and activities of this Session.

Upon successful completion of this Session the participant will be able to:

- Describe the prevalence of drug and alcohol use (individually and 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.

Content Segments	Learning Activities
A. Prevalence of drug and alcohol use	Instructor-Led Presentation
B. Define poly drug use	
C. Potential effects of poly drug	
D. Types of drug combinations	Instructor-Led Presentation
E. Combinations including alcohol	

A. Prevalence of Drug and Alcohol Use

- In 2010, approximately 7 million people aged 12 years or older used psychotherapeutic drugs non-medically.
  Source: National Survey on Drug Use and Health (NSDUH, 2010).

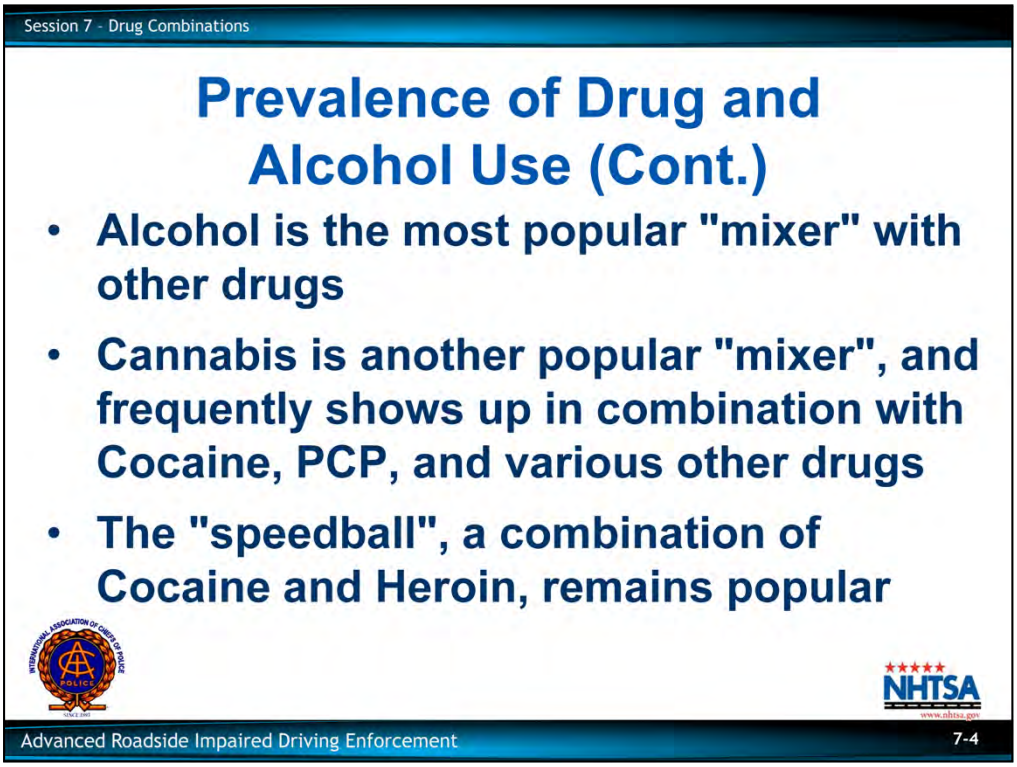
- The exact number of prescription drug users in the U.S. is unknown. However, in 2011 a record 4 billion drug prescriptions were written in the U.S.

  Source: Medical News Today, September 18, 2012.

- Among those aged 50 to 59, the rate of past month illicit drug use increased from 2.7 percent in 2002 to 5.8 percent in 2010. This trend may partially reflect the aging into this age group of the "Baby Boomer" generation, whose lifetime rate of illicit drug use is higher than those of older cohorts.

- Approximately 6.0 million Americans abuse prescription drugs each year.
  Source: NSDUH Report, 2010.

- In 2010, 10.6 million persons aged 12 or older reported driving under the influence of illicit drugs during the past year. This corresponds to 4.0 percent of the population aged 12 or older. In 2010, the rate was highest among young adults aged 18 to 25 (12.7 percent).



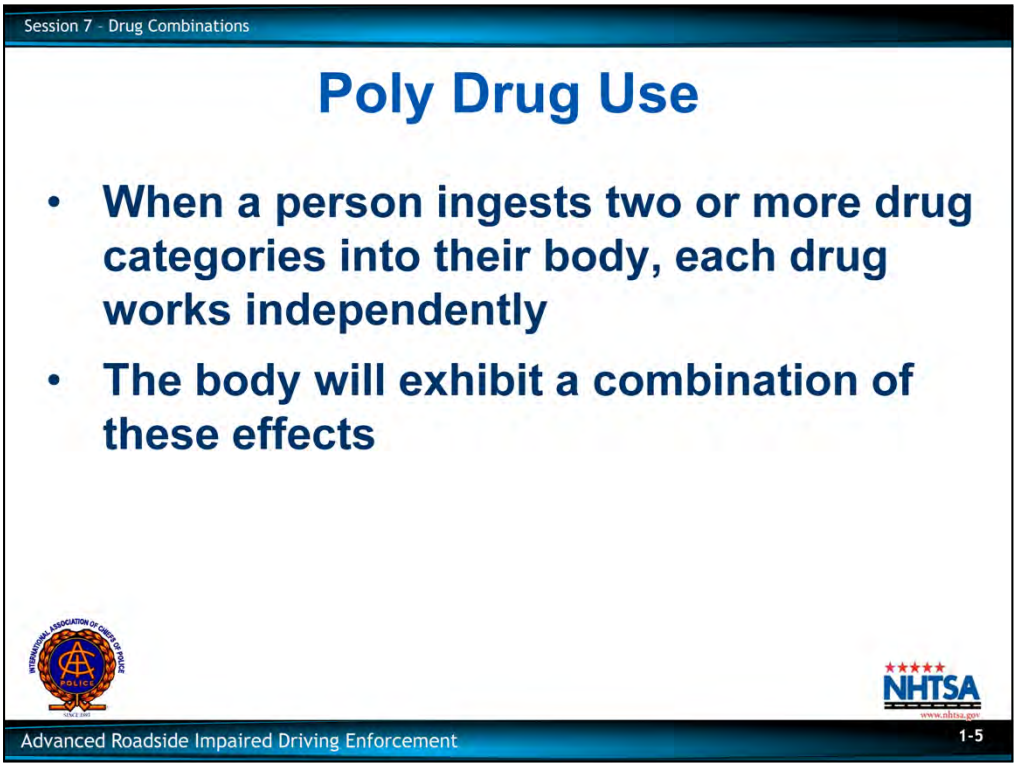
- Research has shown that Alcohol is the most popular "mixer" with other drugs.
- Cannabis is another popular "mixer", and frequently shows up in combination with Cocaine, Dissociative Anesthetics, and various other drugs.
- The "speedball", a combination of Cocaine and Heroin, remains popular

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 understand the effects of poly-drug use.

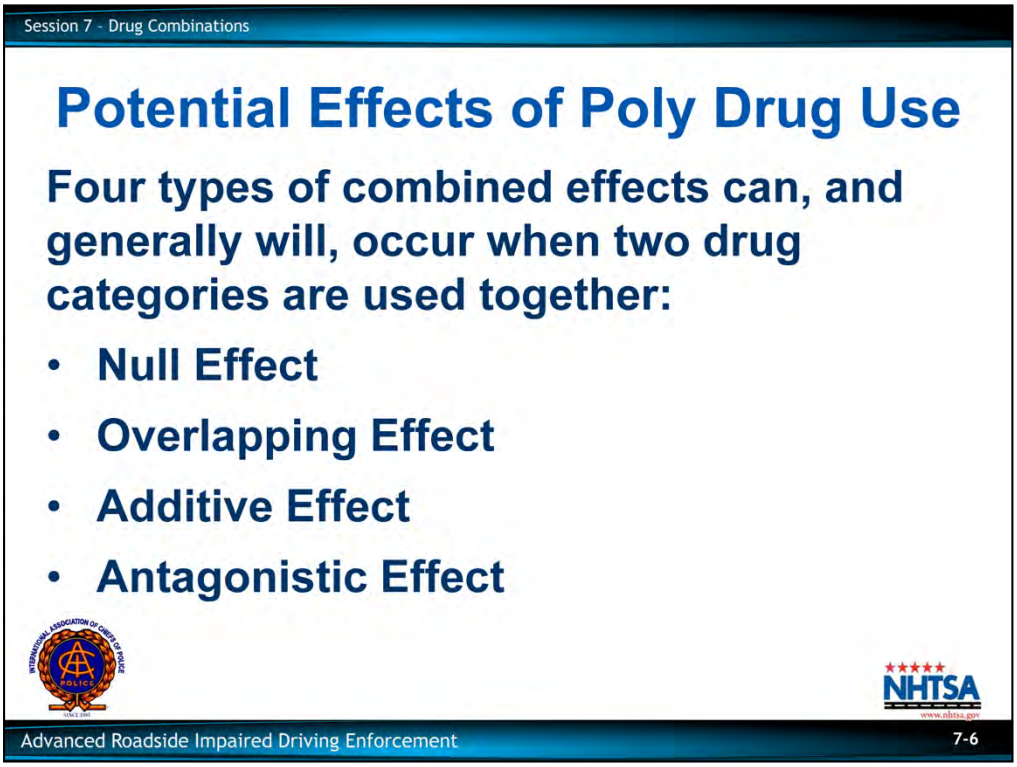


B. <u>Define Poly Drug Use</u>

Poly Drug Use: When a person ingests two or more different drug categories.

Point out that each drug works independently, and the body may exhibit a combination of these effects.

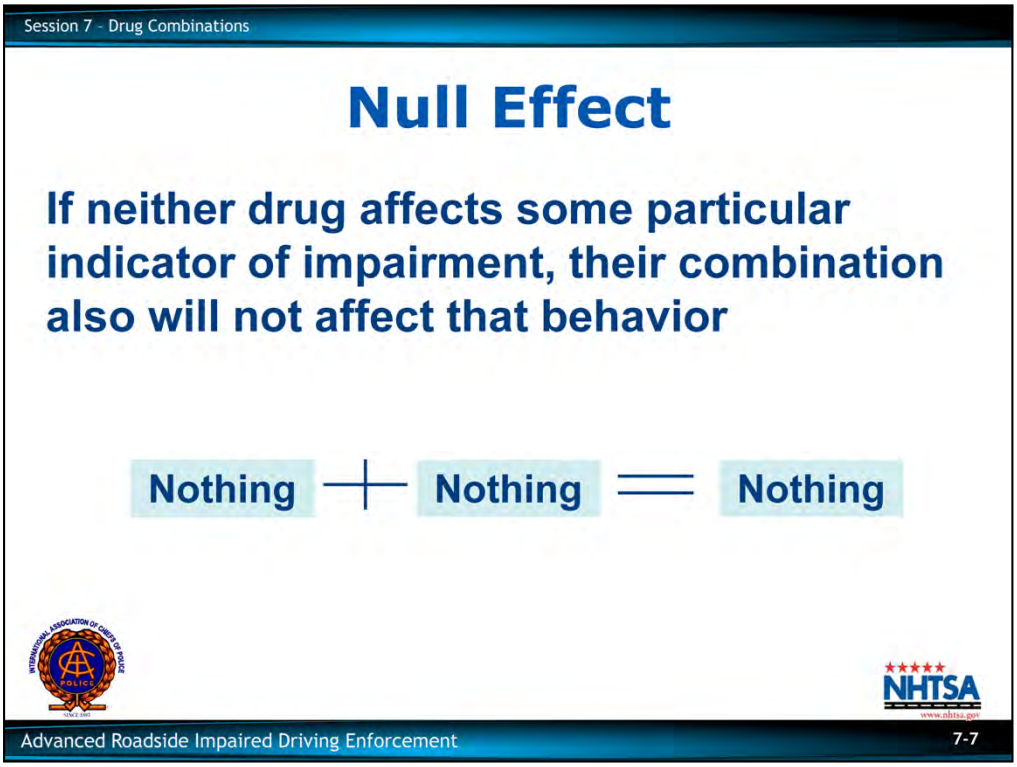
Explain the difference between category and drug.



C. <u>Potential Effects of Poly Drug Use</u>

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

- Null Effect
- Overlapping Effect
- Additive Effect
- Antagonistic Effect



D. <u>Types of Drug Combinations</u>

Null Effect

The simplest way to explain the null effect is using the phrase: “zero plus zero equals zero"

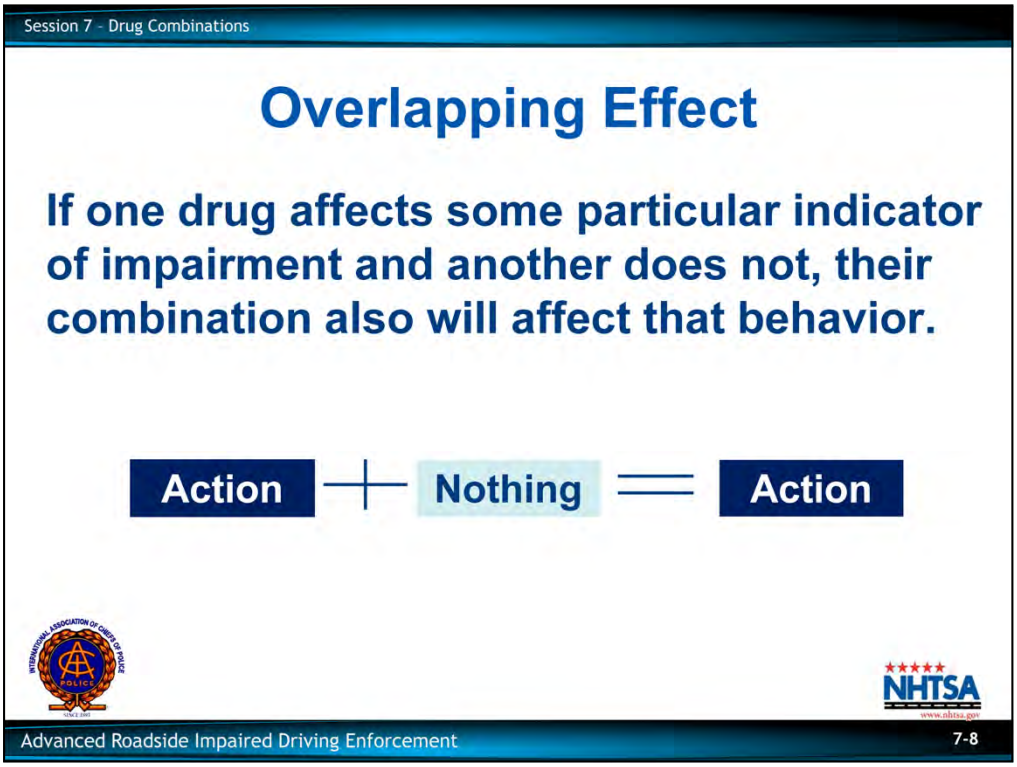
When a subject consumes one drug which does not cause HGN and they also ingest another drug which does not cause HGN, then the officer should not expect to see HGN.

Another example of the null effect is the pupil size of a suspect who was under the influence of Dissociative Anesthetic and a CNS Depressant.

Dissociative Anesthetics do not affect pupil size and neither do CNS Depressants. The combination of these drugs should not affect the size of the pupils.

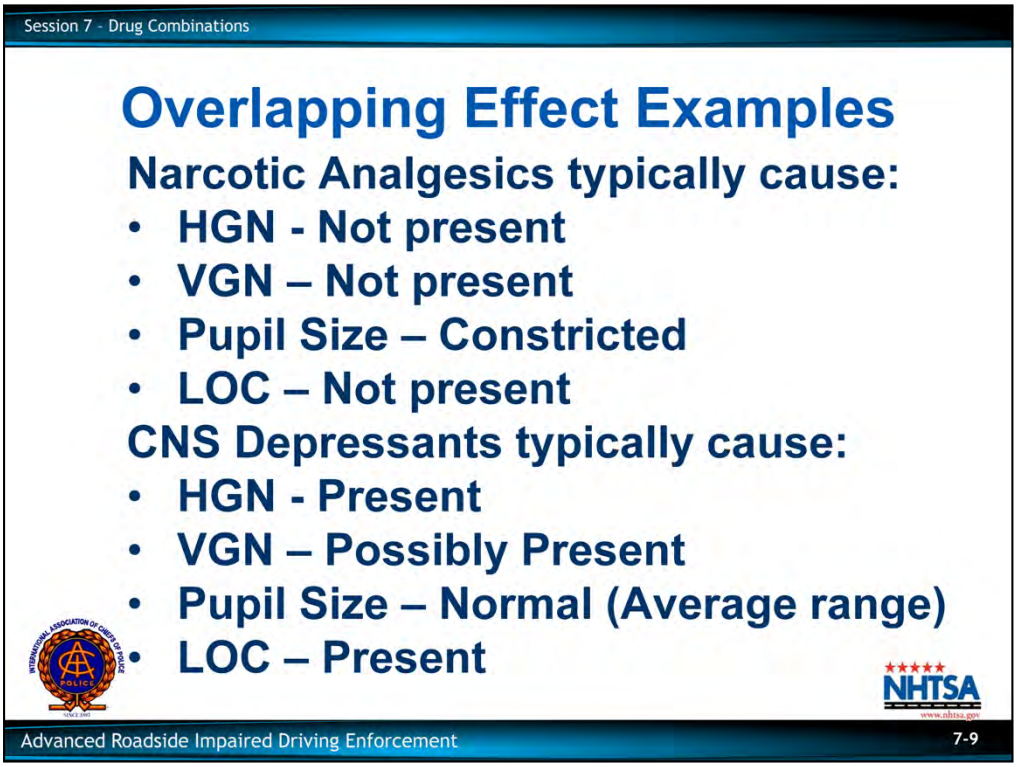
If neither drug affects some particular indicator of impairment, then their combination also will not affect that indicator.

Give examples of NULL Effect. Stimulants and Narcotic Analgesics do not affect LOC.



Overlapping Effect

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.



Examples:

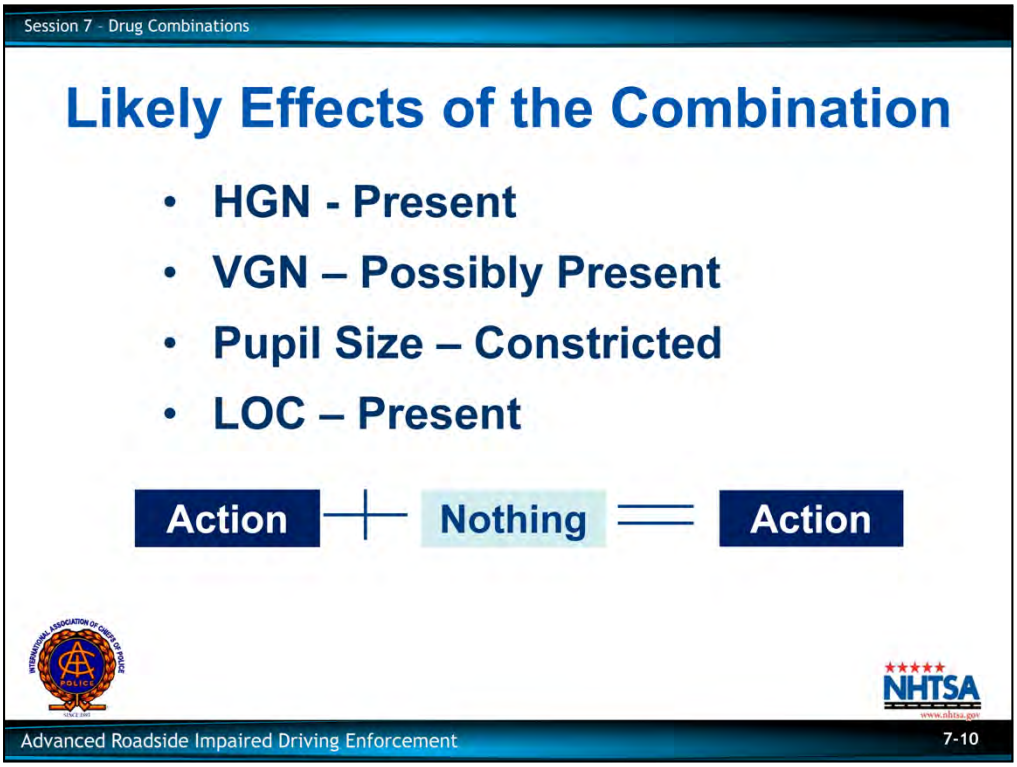
Narcotic Analgesics typically cause:

- HGN - Not present
- VGN – Not present
- Pupil Size – Constricted
- LOC – Not present

CNS Depressants typically cause:

- HGN - Present
- VGN – Possibly Present

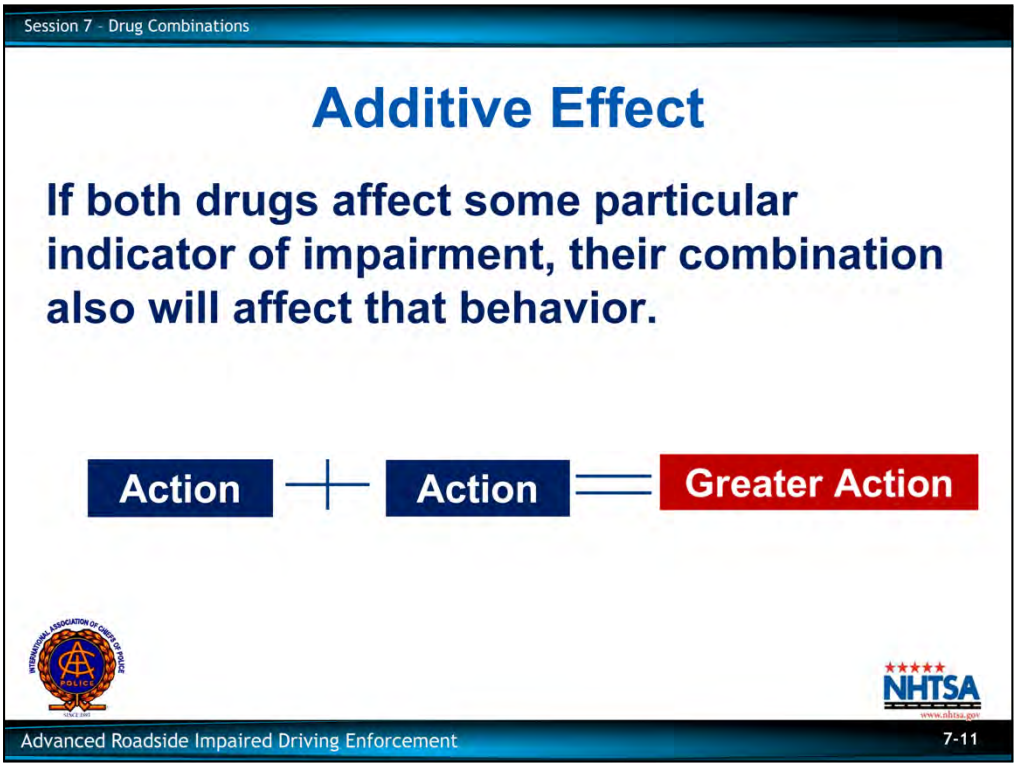
  Note: VGN is present in high doses.
- Pupil Size – Normal (Average range)
- LOC – Present



The specific combination of a CNS Depressant and Narcotic Analgesic can present four different overlapping effects:

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

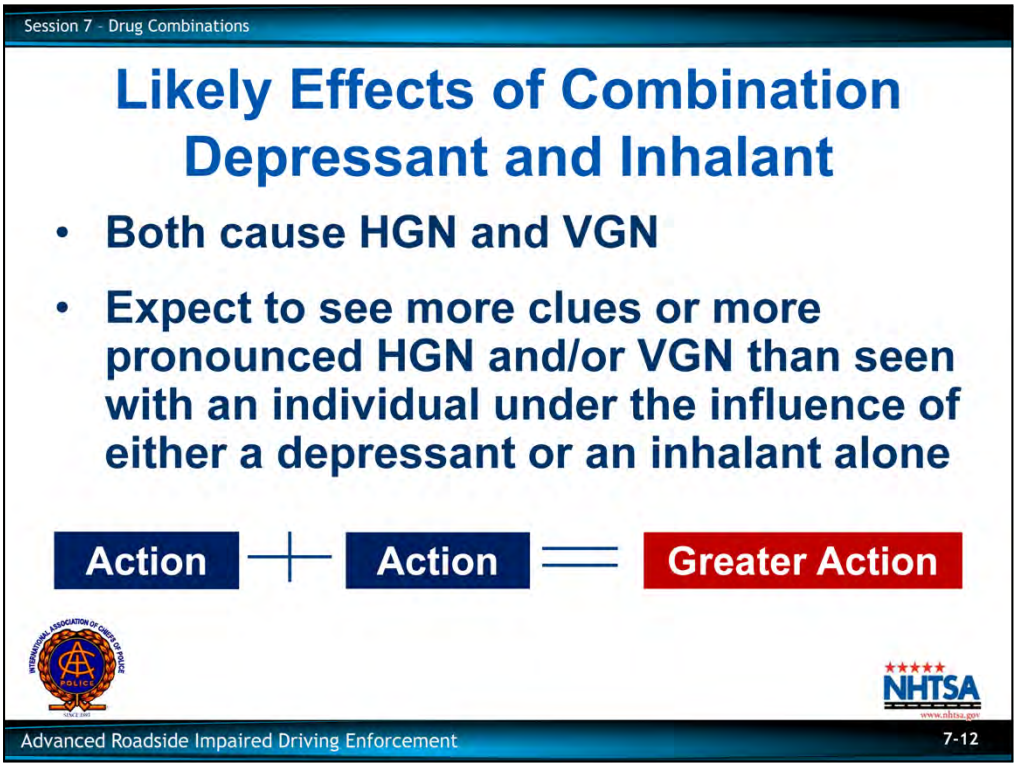
Action plus nothing equals action.



Additive Effect

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

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 cause HGN and VGN.
- We might expect to see more clues or more pronounced HGN and/or VGN than we might see with an individual under the influence of either a depressant or an inhalant alone.

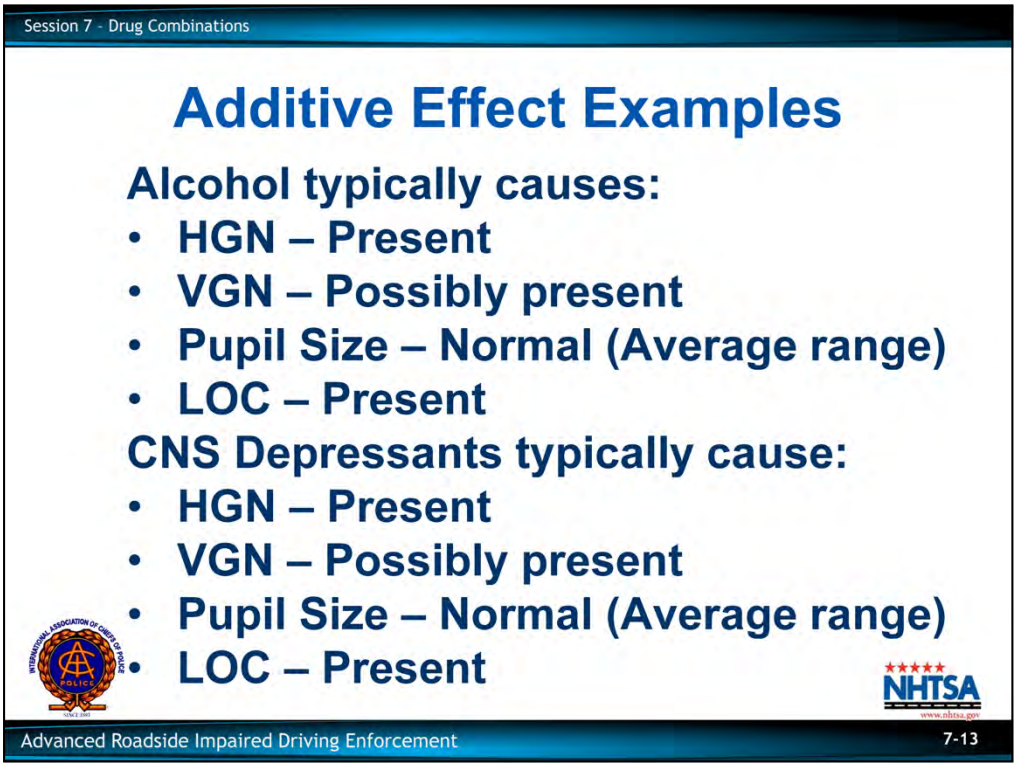
The simplest way to explain the additive effect is to say "action plus action equals greater action".

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"

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.

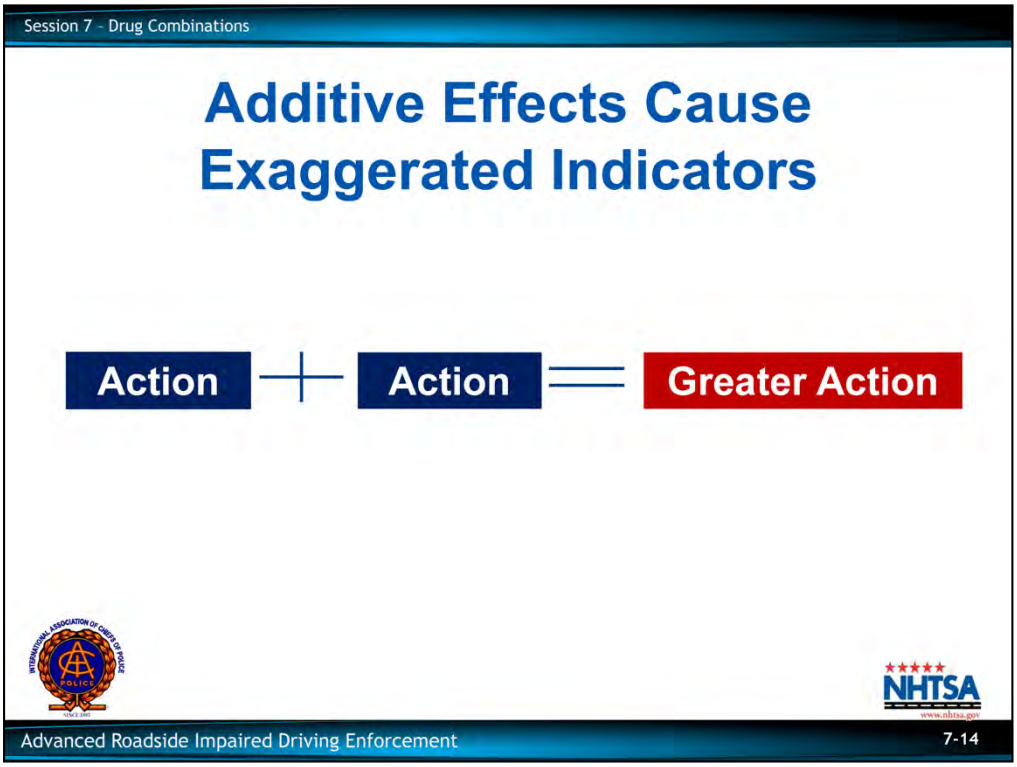


Alcohol typically causes:

- HGN – Present
- VGN – Possibly present
- Pupil Size – Normal (Average range)
- LOC – Present

CNS Depressants typically cause:

- HGN – Present
- VGN – Possibly present
- Pupil Size – Normal (Average range)
- LOC – Present

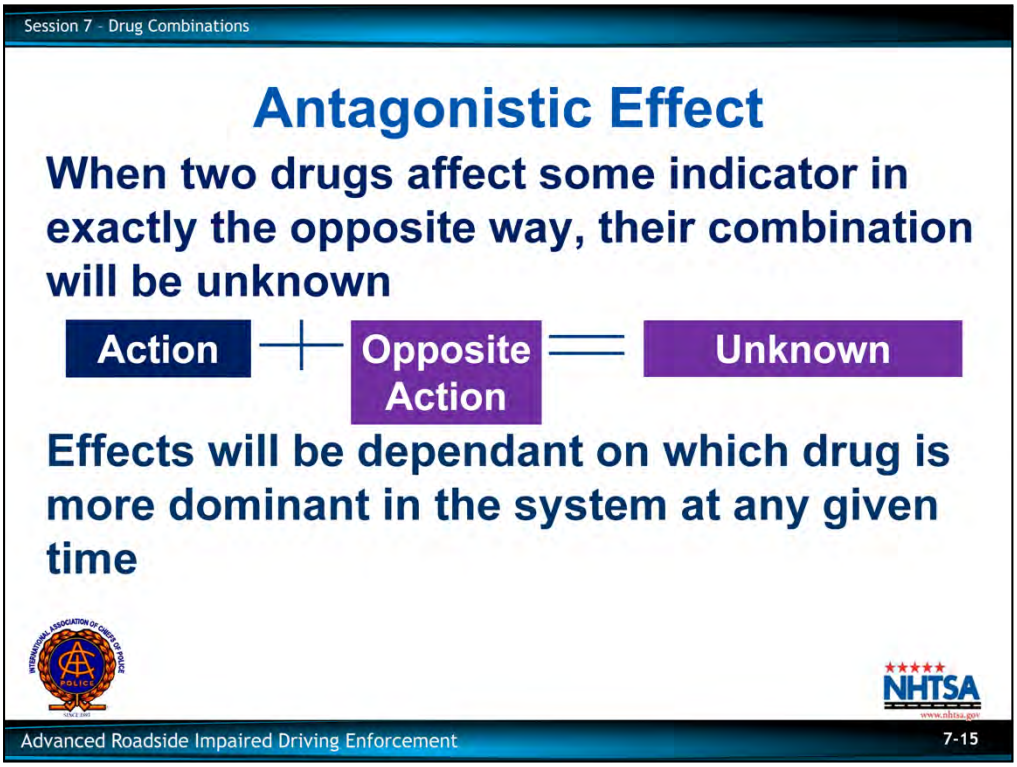


The additive effects may cause the indicators to be exaggerated.

Action + Action = Greater Action

Note: Pupils may be dilated. What you see with HGN usually will not be consistent with the BAC.

Note: 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.



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.

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

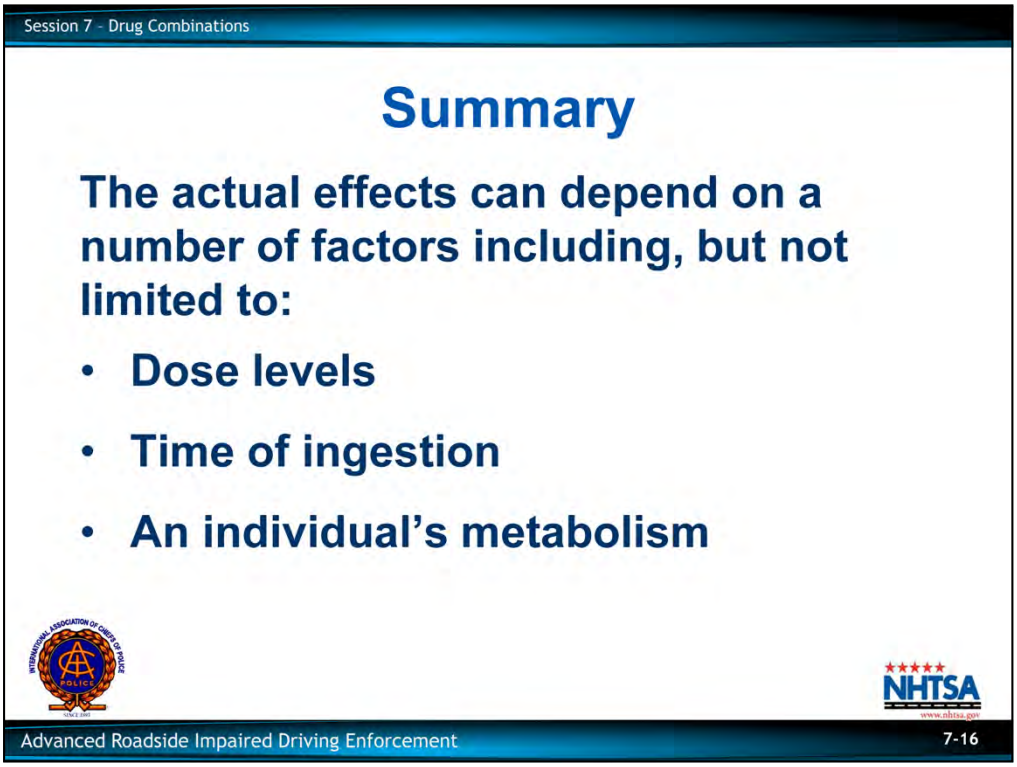
The effects that you will see will be dependant on which drug is more dominant in the system at any given time.

Example:

- If the stimulant is the psychoactive drug in the system, the pupils may be dilated.
- If the narcotic analgesic is more psychoactive drug, the pupils may be constricted.
- If the drugs are acting on the system in an equal manner you may see normal (Average range) pupils.

”Action plus opposite action may be unpredictable”

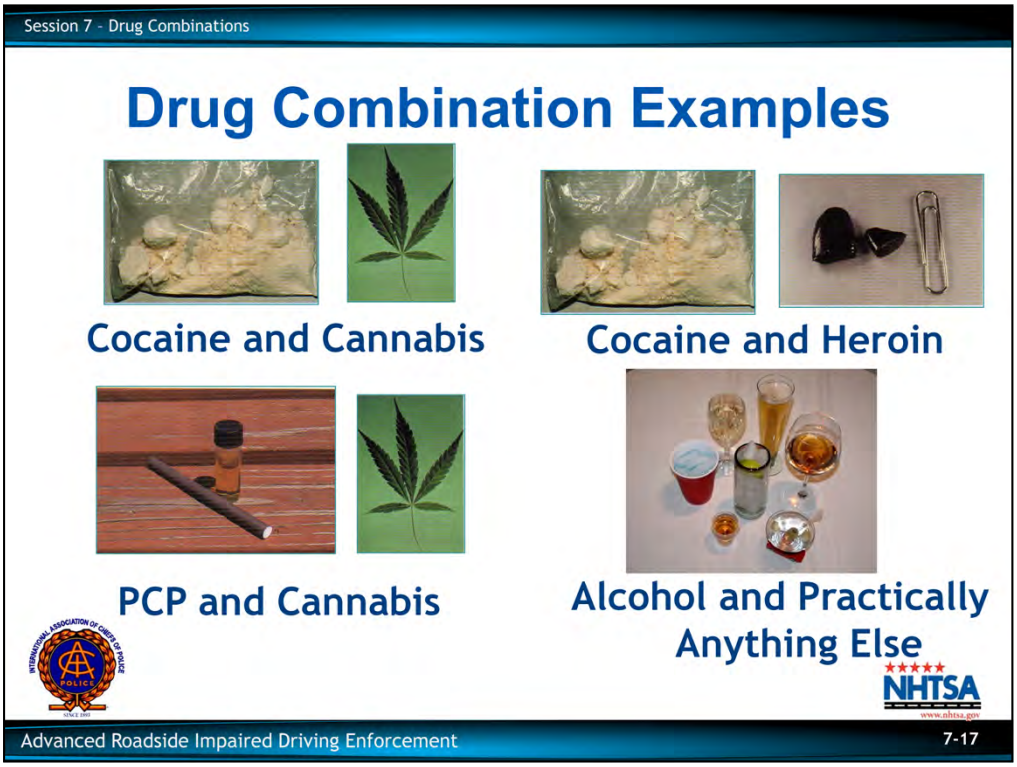
Explain or give an example of Stimulant and Narcotic Analgesic. A person may have taken an oxycontin tablet before smoking crack.



Summary

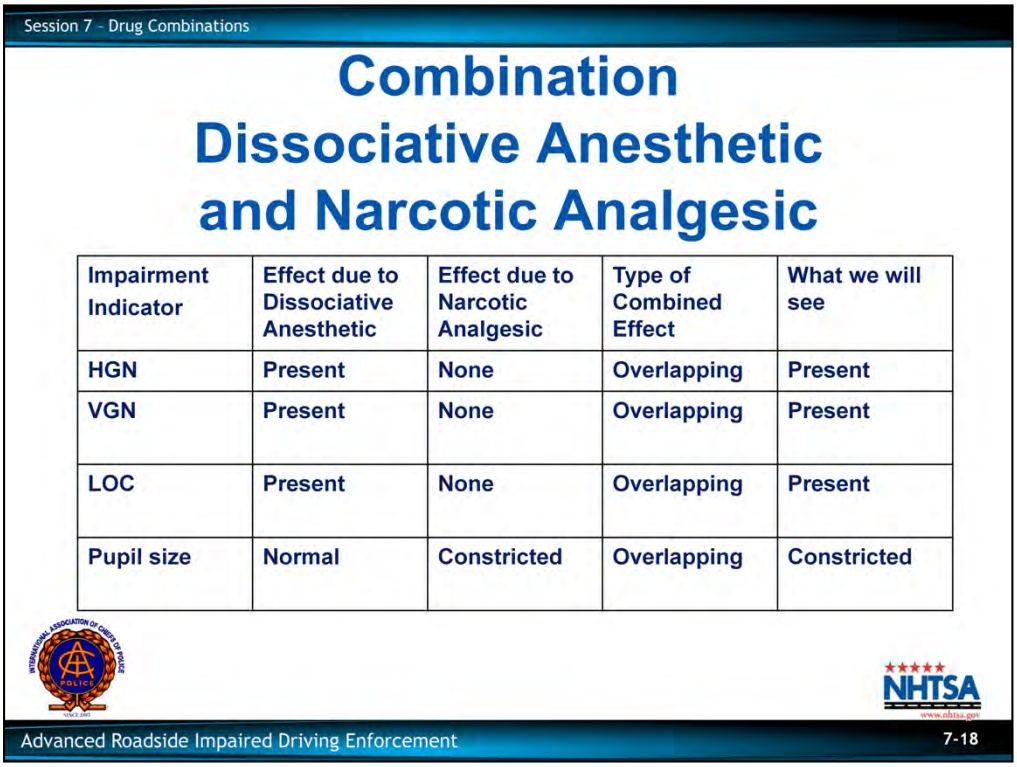
The actual effects can depend on a number of factors including, but not limited to:

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



E. <u>Combinations Including Alcohol</u>

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



Note: "Normal" refers to average range.

Combination
Cannabis and Stimulant

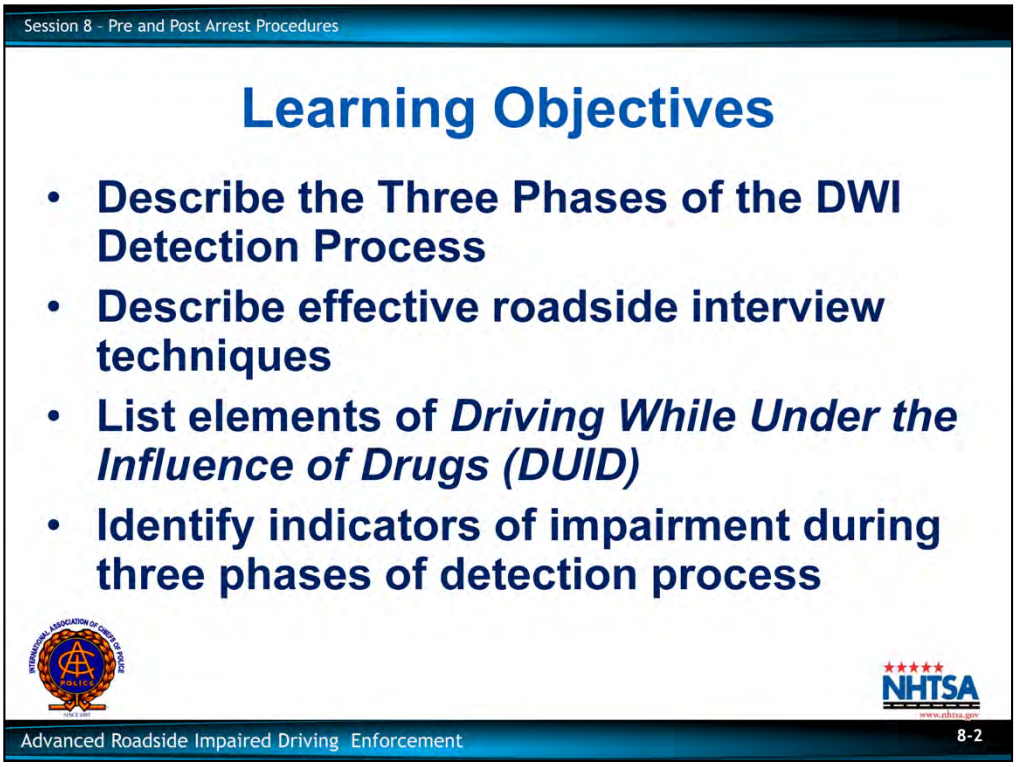
Impairment Indicator	Effect Due to Cannabis	Effect Due to Stimulant	Type of Combined Effect	What we will see
HGN	None	None	Null	None
VGN	None	None	Null	None
LOC	Present	None	Overlapping	Present
Pupil size	Dilated or Normal	Dilated	Overlapping	Dilated

QUESTIONS?

2 Hours

Session 8

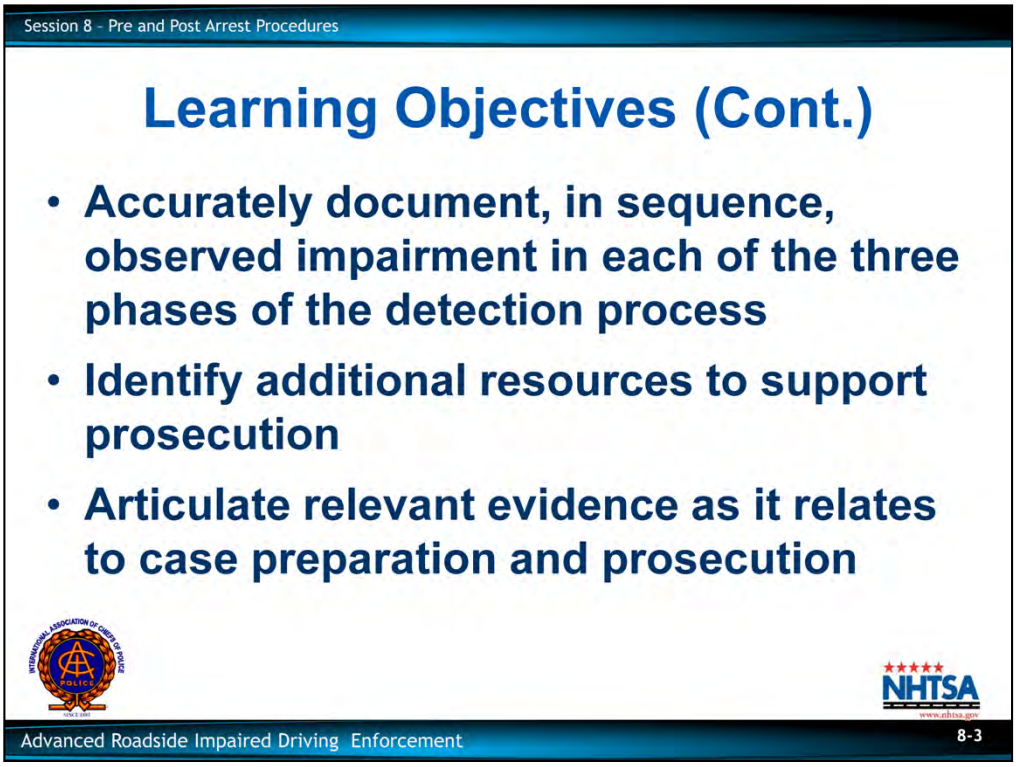
Pre and Post Arrest Procedures



Briefly review the objectives, content and activities of this session.

Upon completion of this session participants will be 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

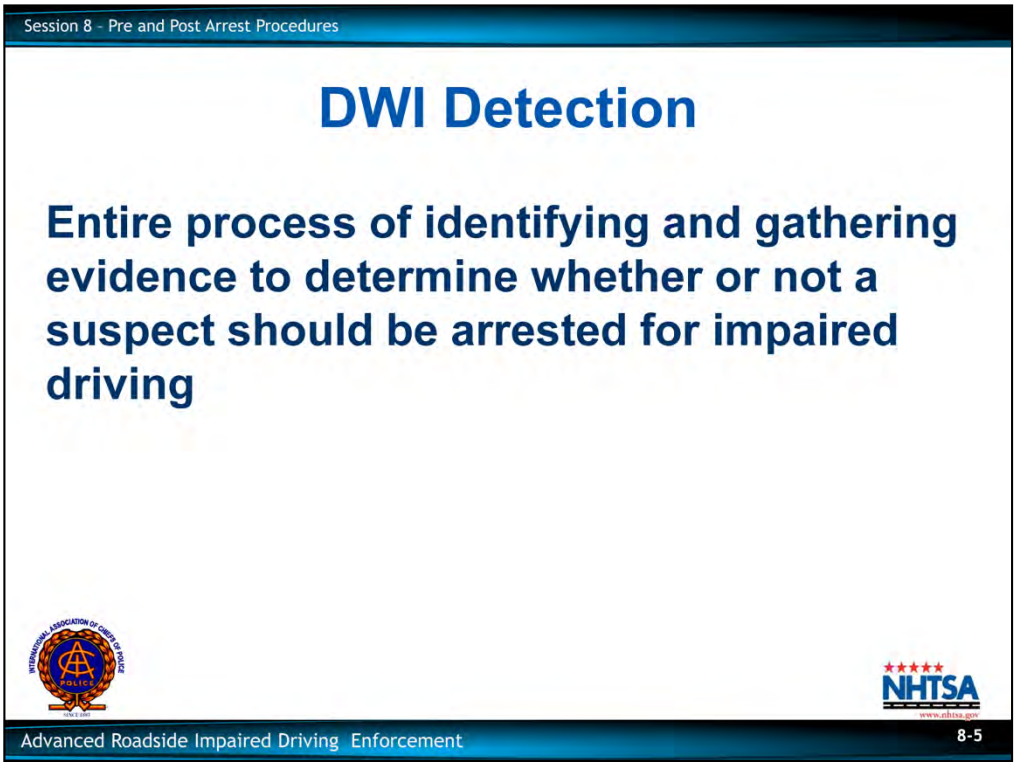
Content Segments	Learning Activities
A. What is DWI Detection?	Instructor-Led Presentation
B. Three phases of the detection process	Instructor-Led Presentation
C. Effective roadside interview techniques	Instructor-Led Presentation and Student Practice Session
D. Identifying and documenting observed indicators of impairment	Instructor-Led Presentation and Student Practice Session
E. Case studies and scenarios	Student Practical Exercise
F. Case preparation and prosecution	Instructor-Led Presentation and Student Practice Session

Although this course is designed to make the Participant 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:

- Active Observation
- Effective Documentation
- Articulation
- Courtroom Testimony

This refers to the SFST Curriculum.

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.



A. <u>What is DWI Detection?</u>

DWI detection will be defined as:

"The entire process of identifying and gathering evidence to determine whether or not a suspect should be arrested for impaired driving attributed to alcohol, drug or a combination of alcohol and drugs."

The instructor should highlight situations locally and nationally resulting in poor enforcement activities. Increase in fatal crashes, etc…

B. <u>Three Phases of the Detection Process</u>

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

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

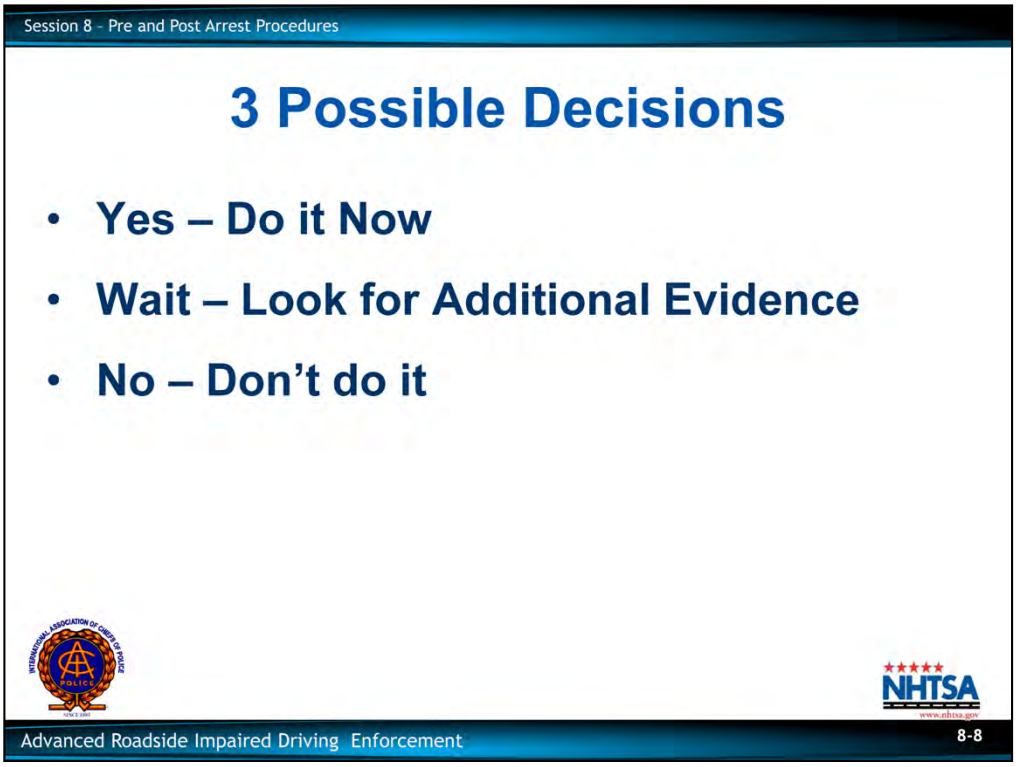
The Detection Process

When does it begin?

- What draws your attention to a vehicle?

When does it end?

- What do you base the arrest decision on?



The detection process:

- Yes - Do it now
- Wait - Look for additional evidence
- No - Don't do it

When does it begin?

- 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.

The detection process ends when the officer decides that there is or there is not sufficient probable cause to arrest the suspect for DWI.

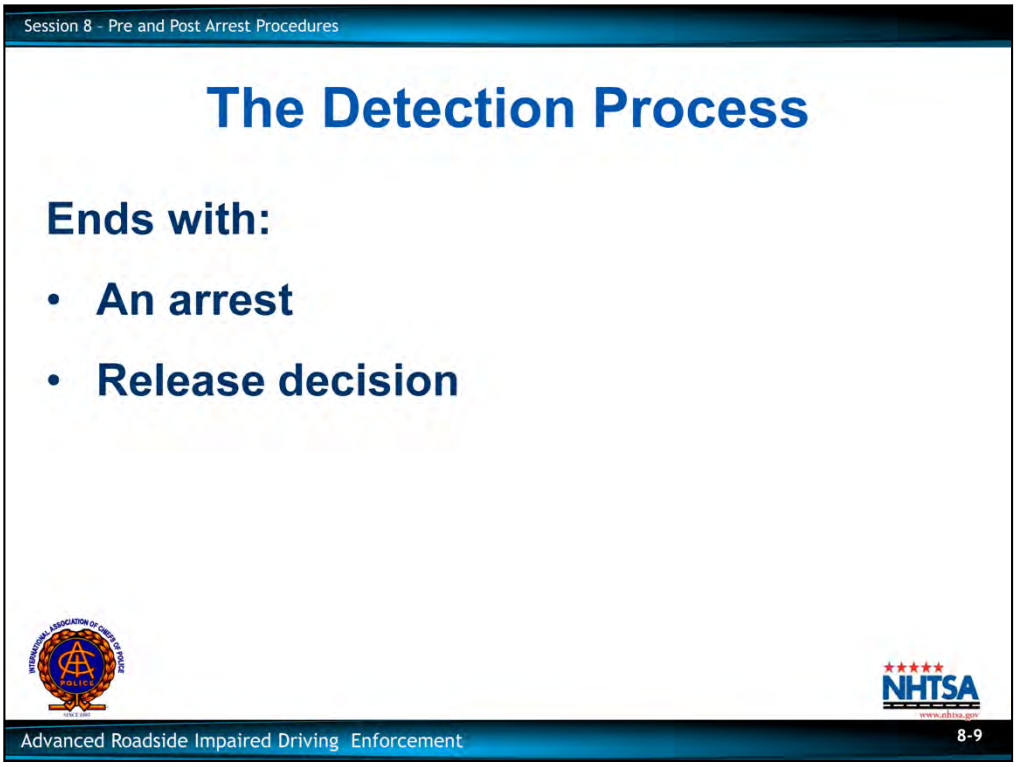
The officer's attention may be drawn to a particular vehicle or individual for a variety of reasons.

DWI arrests can be initiated through any contact with motorist.

The precipitating event may be a loud noise; an equipment or moving violation; behavior that is unusual, but not necessarily illegal; or almost anything else.

Most vehicle stops do not begin with suspicion of DWI.

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



The detection process ends with:

- An Arrest
- Release Decision

That decision, should ideally, be based on:

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

When the totality of the evidence is available.

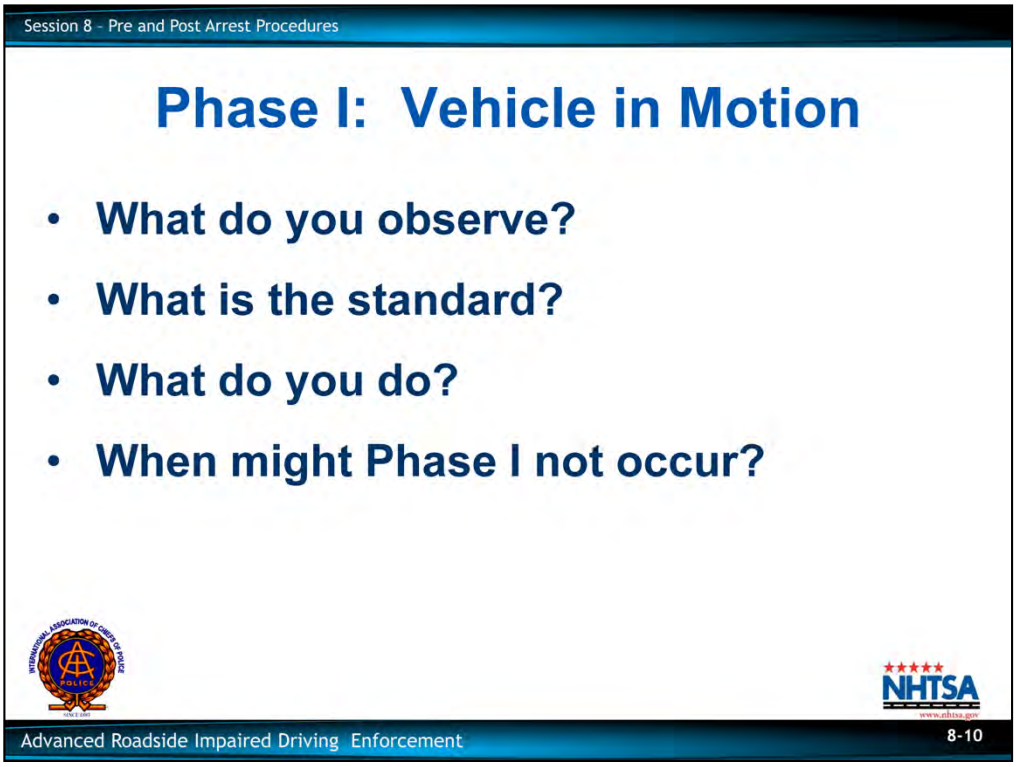
However, situations and circumstances may vary in a manner that could preclude the completion of all three phases.

Examples of these circumstances would be:

- Police pursuits
- Motorist assists
- Vehicle crashes
- Traffic direction
- Sobriety Checkpoints

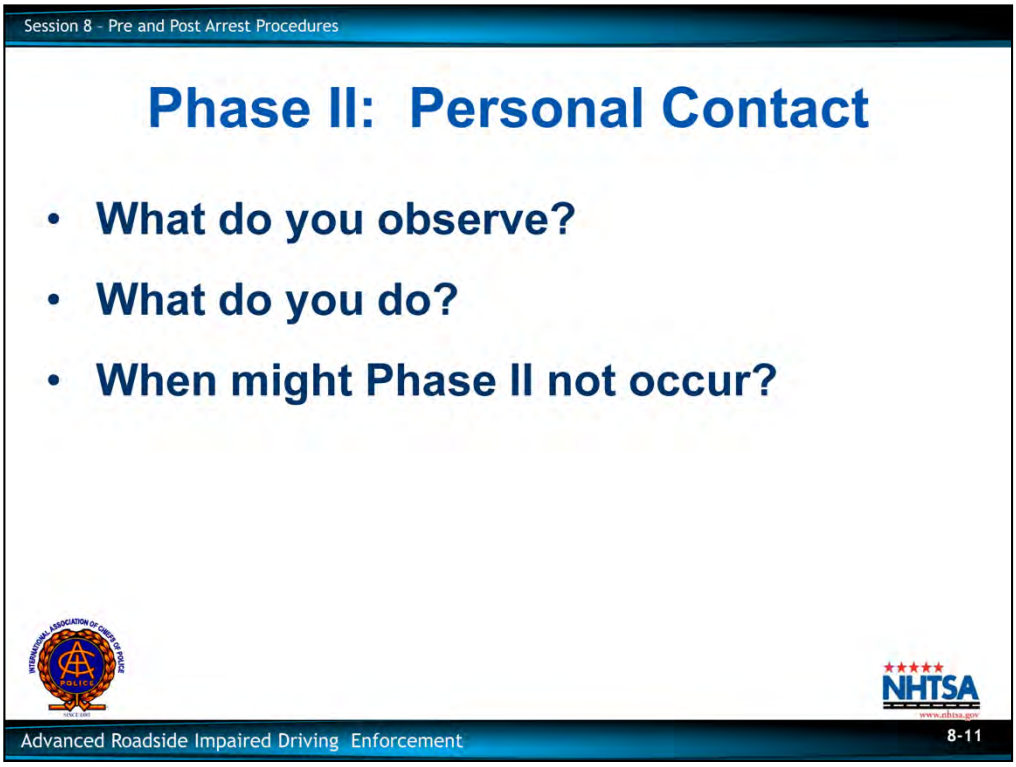
Law enforcement officers should not leap to the arrest/no arrest decision, but rather proceed carefully through each of the three phases when possible.

This process helps to identify all the available evidence needed to make an arrest decision.



Phase I: Vehicle in Motion

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

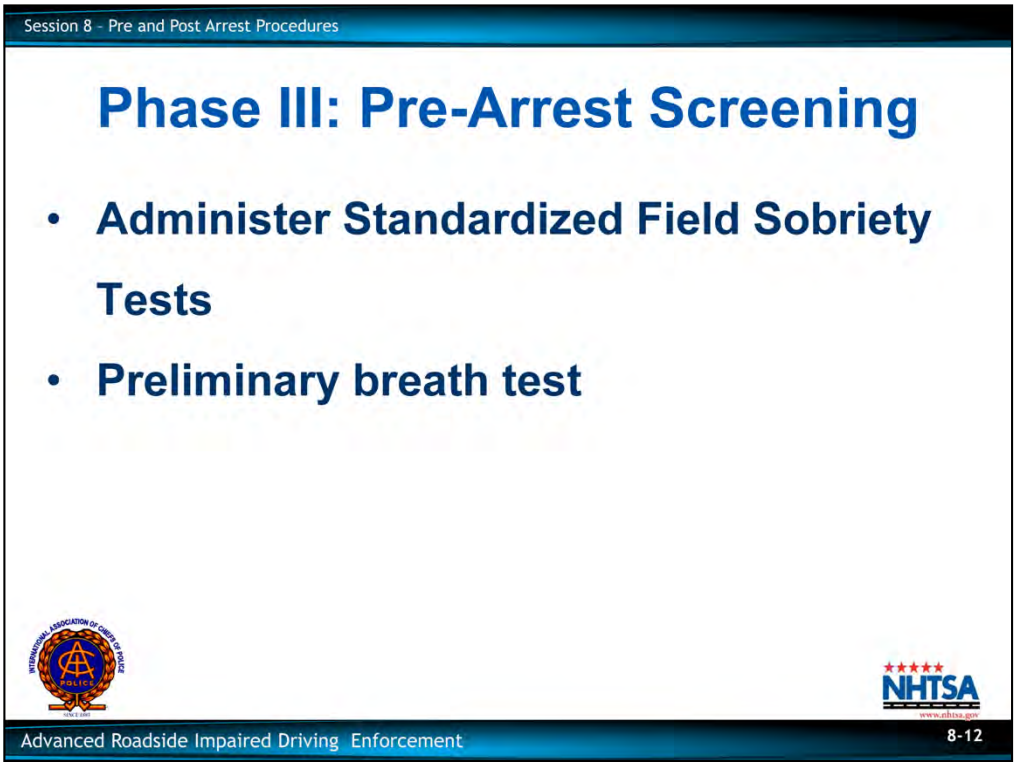


Phase II: Personal Contact

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

Give examples of what should be used:

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



Phase IIII: Pre-Arrest Screening

In Phase Three, you usually have an opportunity to administer the Standardized Field Sobriety Tests (SFSTs) to the driver to evaluate whether there is any degree of impairment.

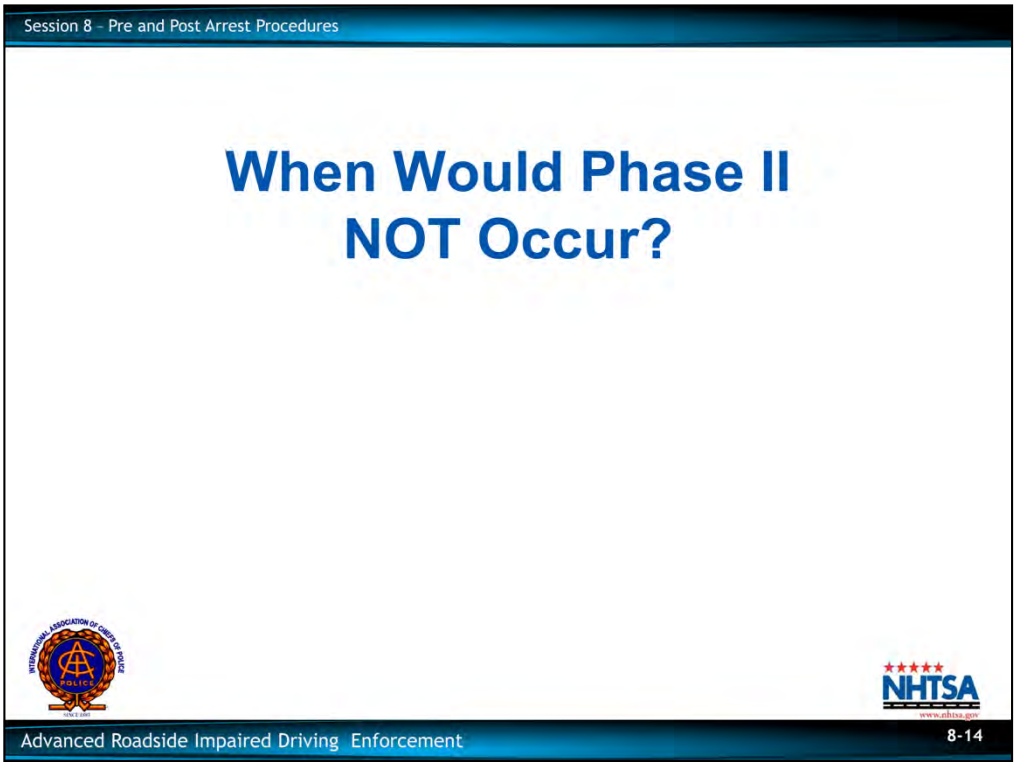
You may, depending upon your agency policies and state laws, administer a preliminary breath test in addition to SFSTs to verify that alcohol is or is not the cause or a contributing factor of the impairment.

The DWI detection process does not always Include all three phases. Sometimes DWI detection occurs when Phase One is absent, such as, cases in which you have no opportunity to observe the vehicle in motion.

Ask class to identify other examples of incidences where the officer does not observe Phase One.

Examples include:

- Crashes
- Sobriety checkpoint
- Motorist assistance

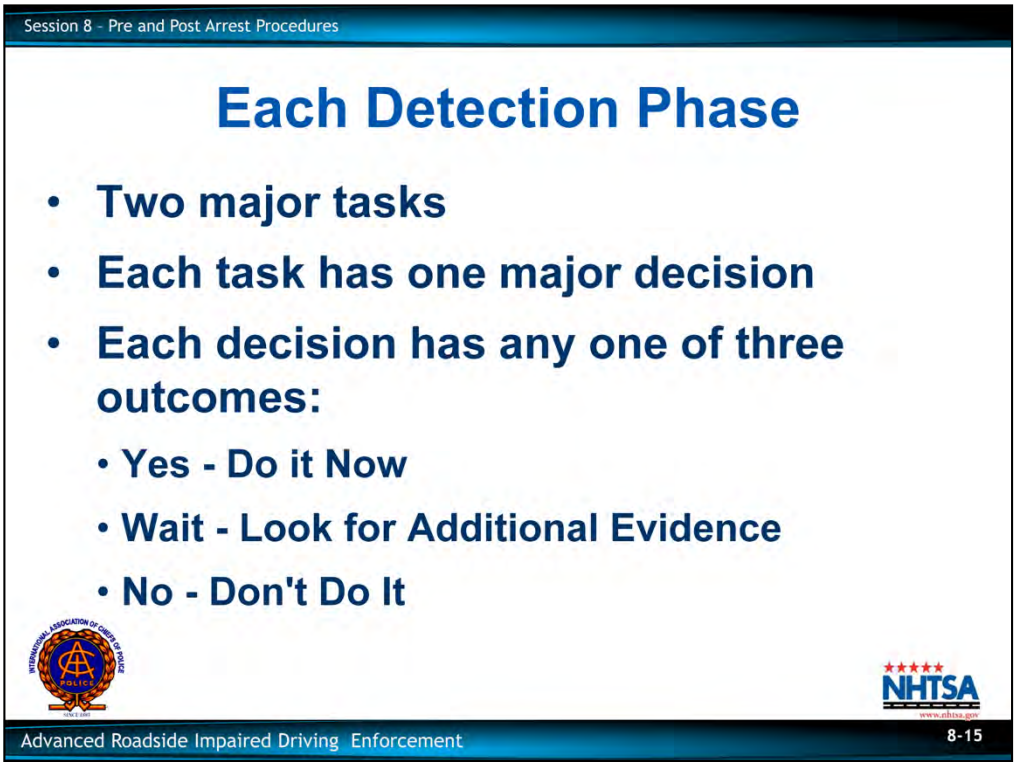


Sometimes there are situations when Phase Two does not occur.

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

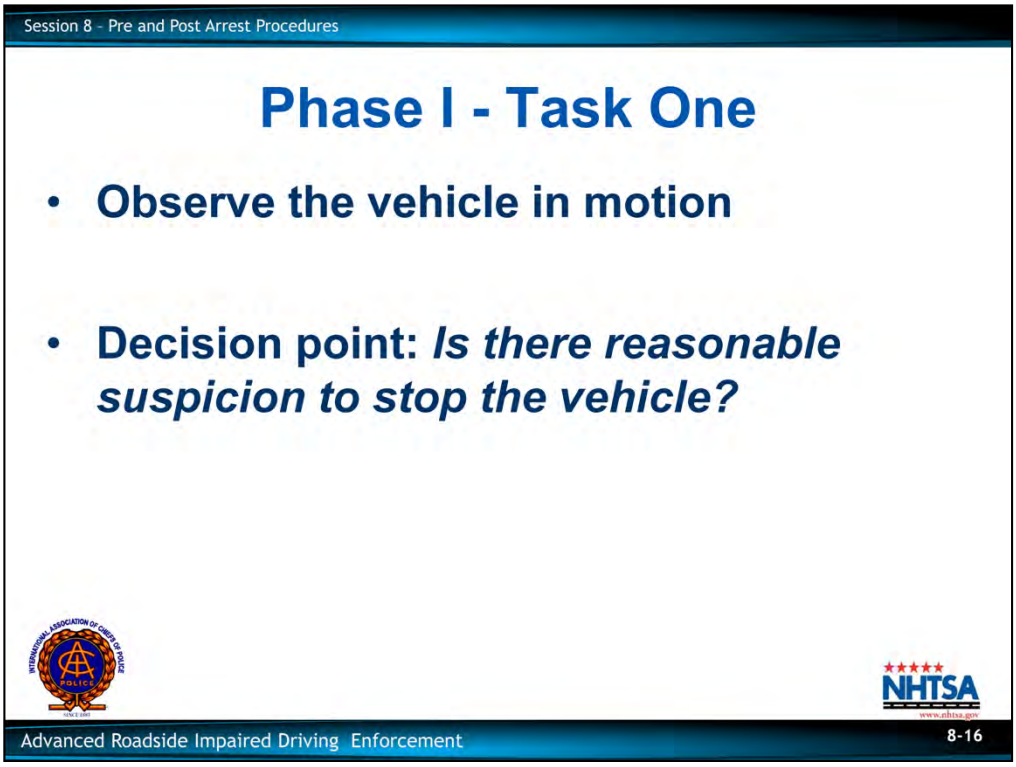
Examples include:

- Crashes where driver are transported to hospital and significant time passes before an investigating officer makes contact with the driver.



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:

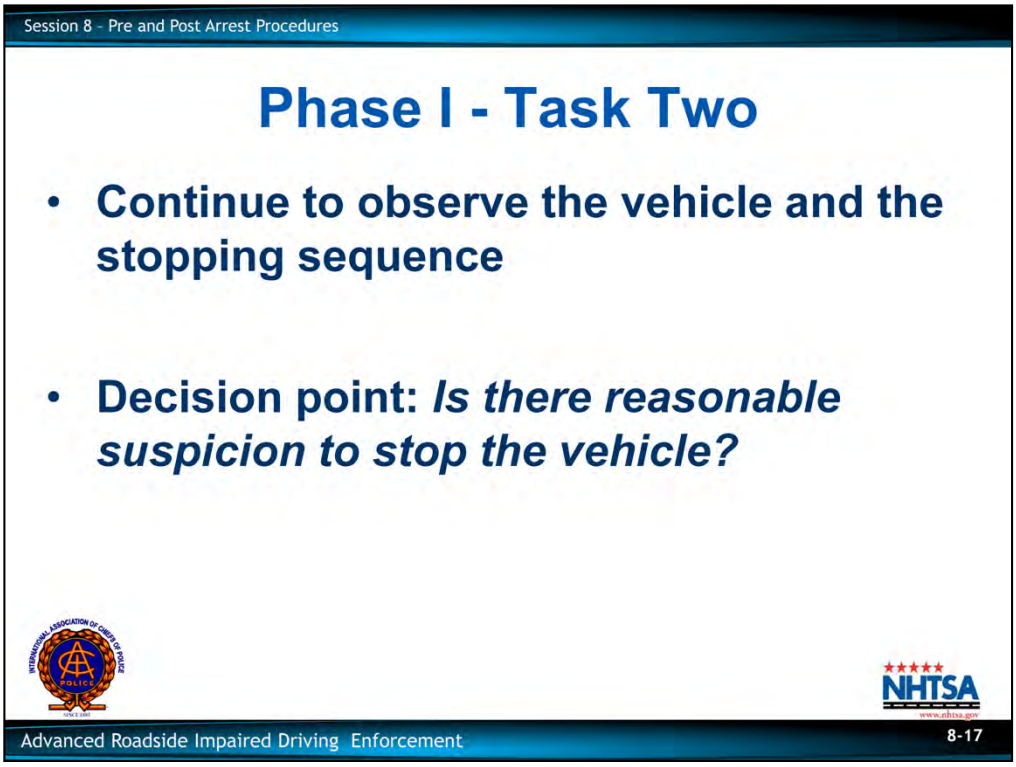
- Yes - Do it Now
- Wait - Look for Additional Evidence
- No - Don't Do It



Phase One:

- Task 1 Observe the vehicle in operation.

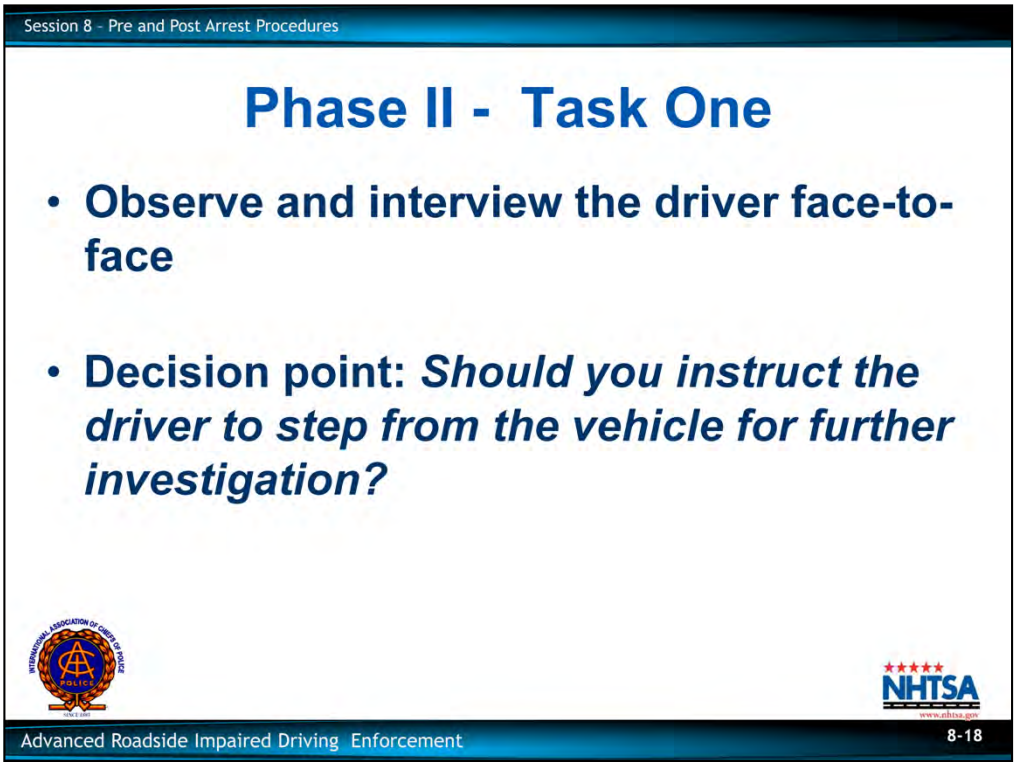
Decision Point: Is there reasonable suspicion to stop the vehicle?



Phase One:

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

Decision point: *Is there reasonable suspicion to stop the vehicle?*

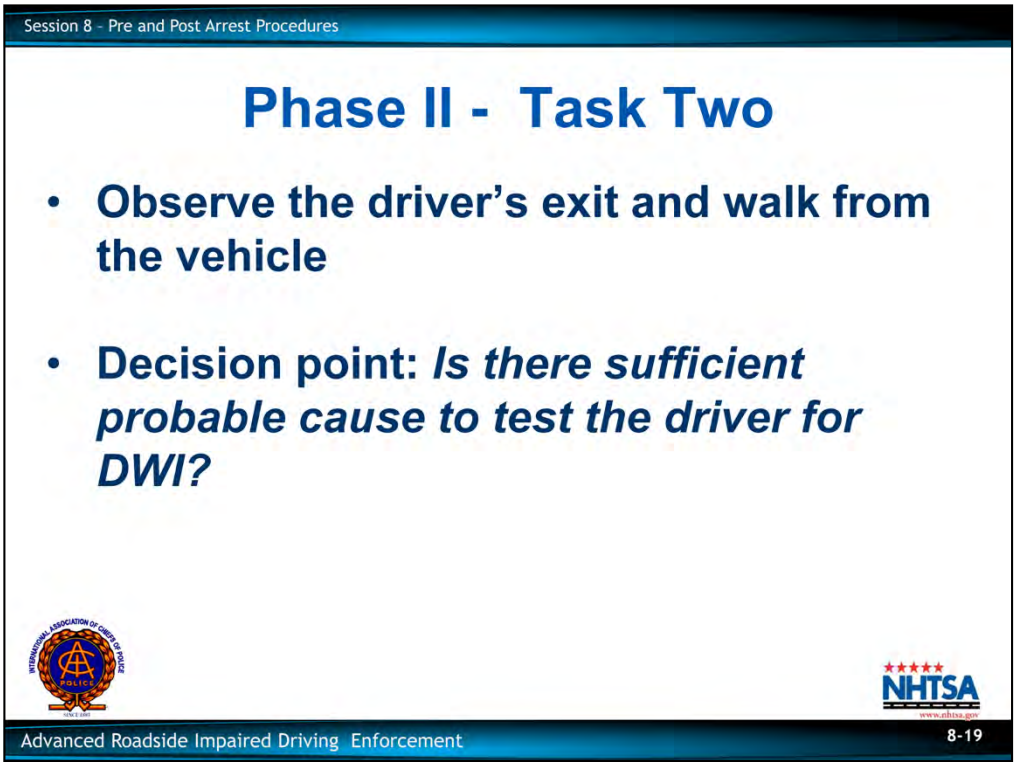


Phase Two:

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

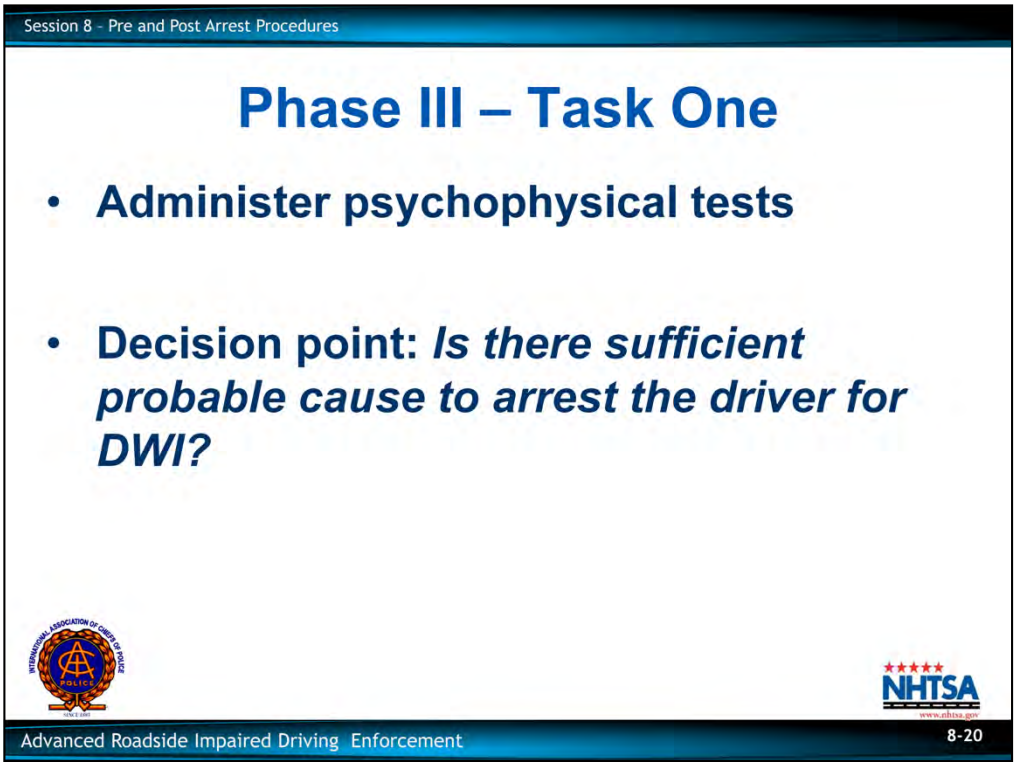
Note: Officer should follow their departmental policy governing traffic stops and investigations.

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



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

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



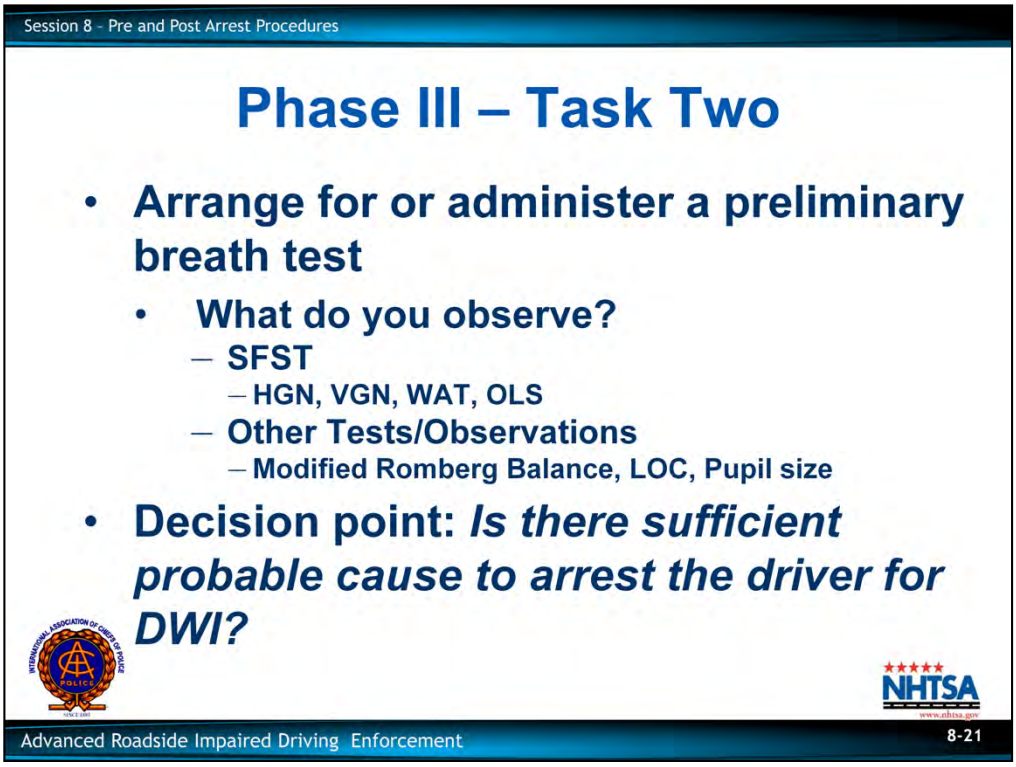
Phase Three:

Give examples of what should be used:

SFST (including VGN), Modified Romberg Balance, LOC, Pupil size observation.

Task 1: Administer psychophysical tests.

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

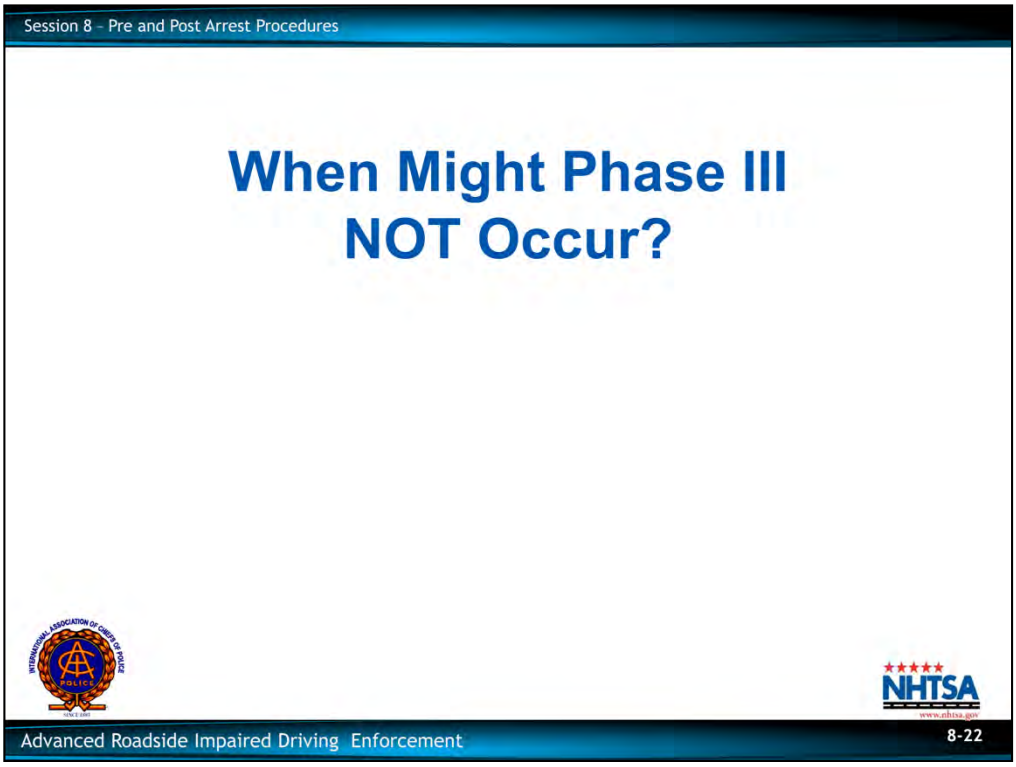


Task 2: Arrange for or administer a preliminary breath test.

What do you observe?

- SFST
  - HGN, VGN, WAT, OLS
- Other Tests/Observations
  - Modified Romberg Balance, LOC, Pupil size

- Decision point: Is there sufficient probable cause to arrest the driver for DWI?
- What do you do?



Ask class for examples where phase three may not occur.

Sometimes there are situations when Phase Three does not occur.

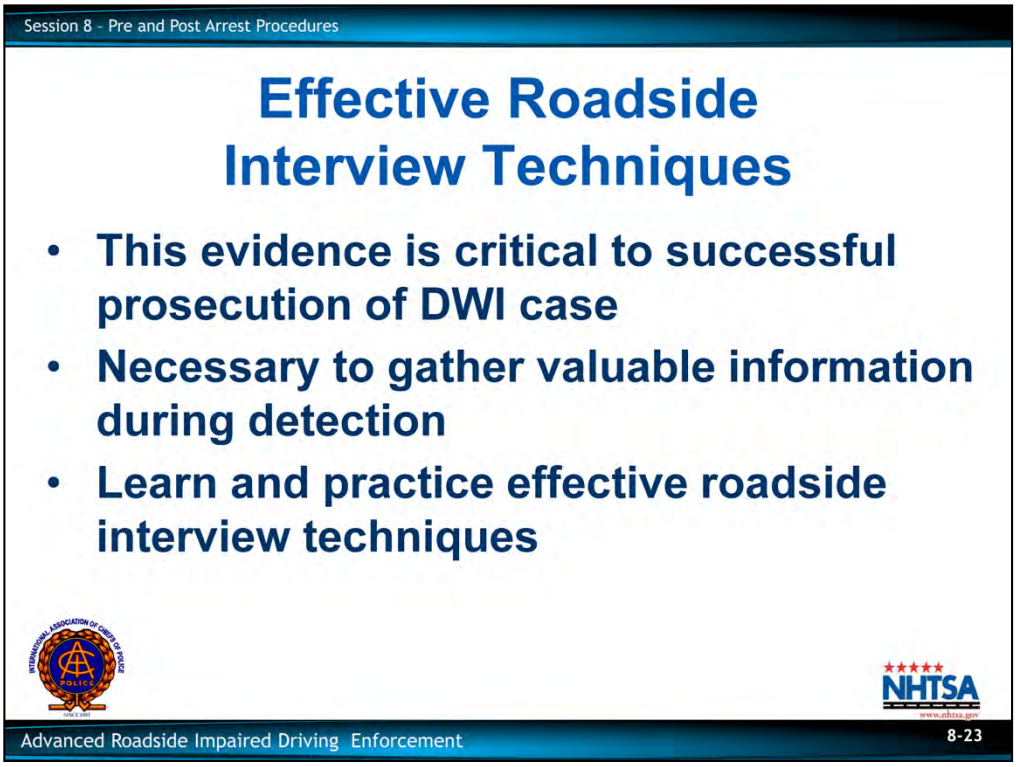
- There are cases in which you would not or could not administer SFSTs to the driver.

Note: This decision is made by the officer.

Ask Participants for examples.

Examples include:

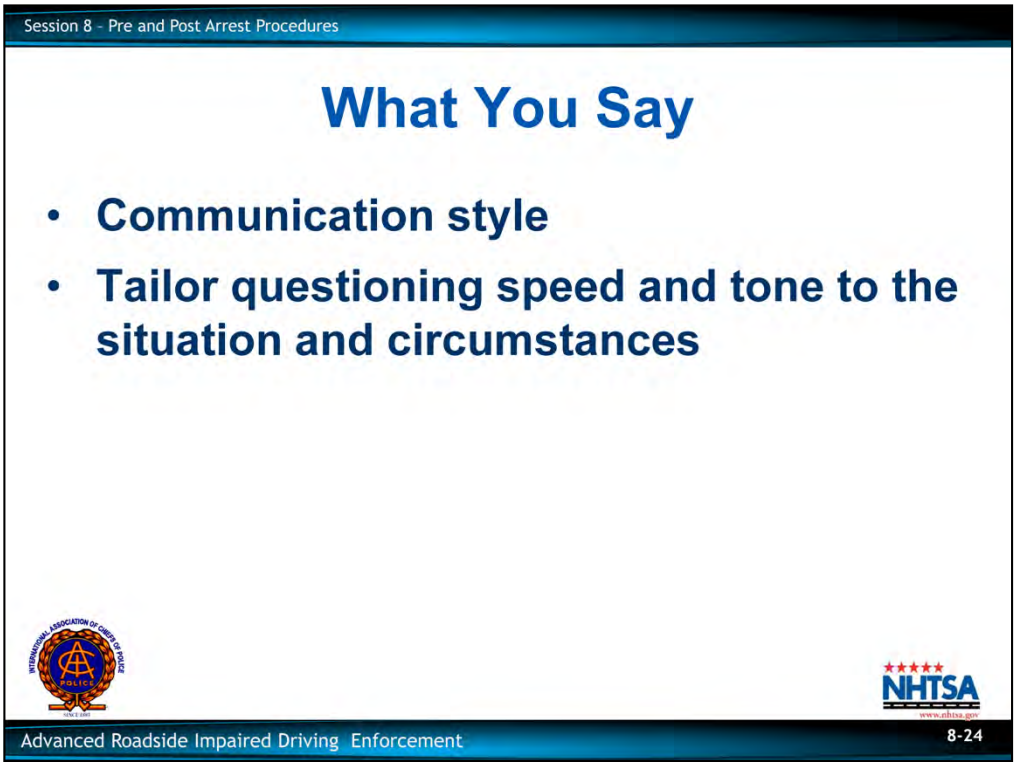
- Driver is impaired to the point they are unable to safely complete the tests
- Injured to the extent they are unable to complete the tests
- Refuses to submit to tests
- Circumstances or other conditions that do not allow for the safe administration of SFSTs



C. <u>Effective Roadside Interview Techniques</u>

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.



What you say : Word choice, communication style

Example: crash or accident

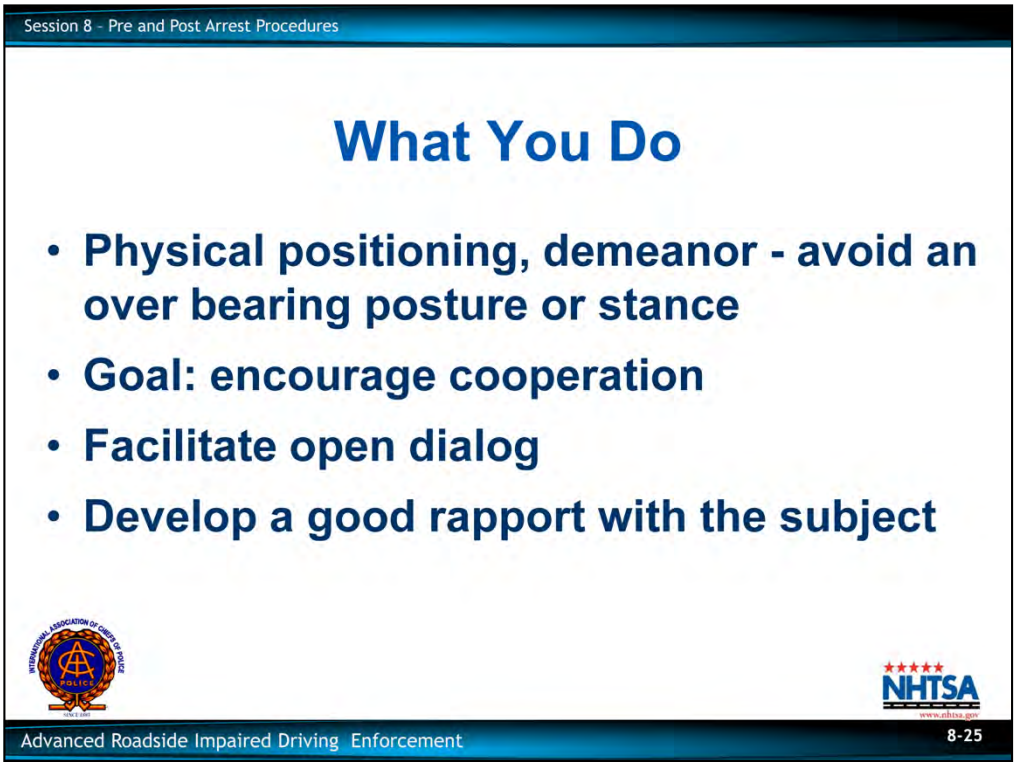
Ask Participants for some examples of appropriate word choices?

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

Communication style

Example: The rate of the questioning, tone of your voice.

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



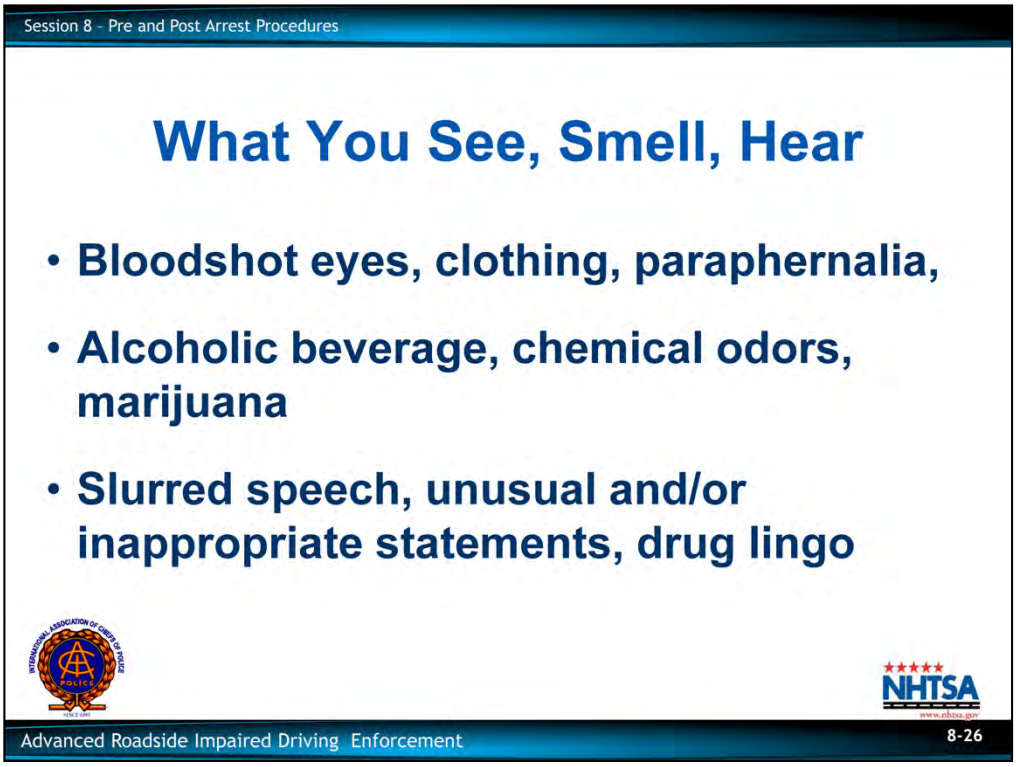
What you do: Physical positioning, demeanor

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.

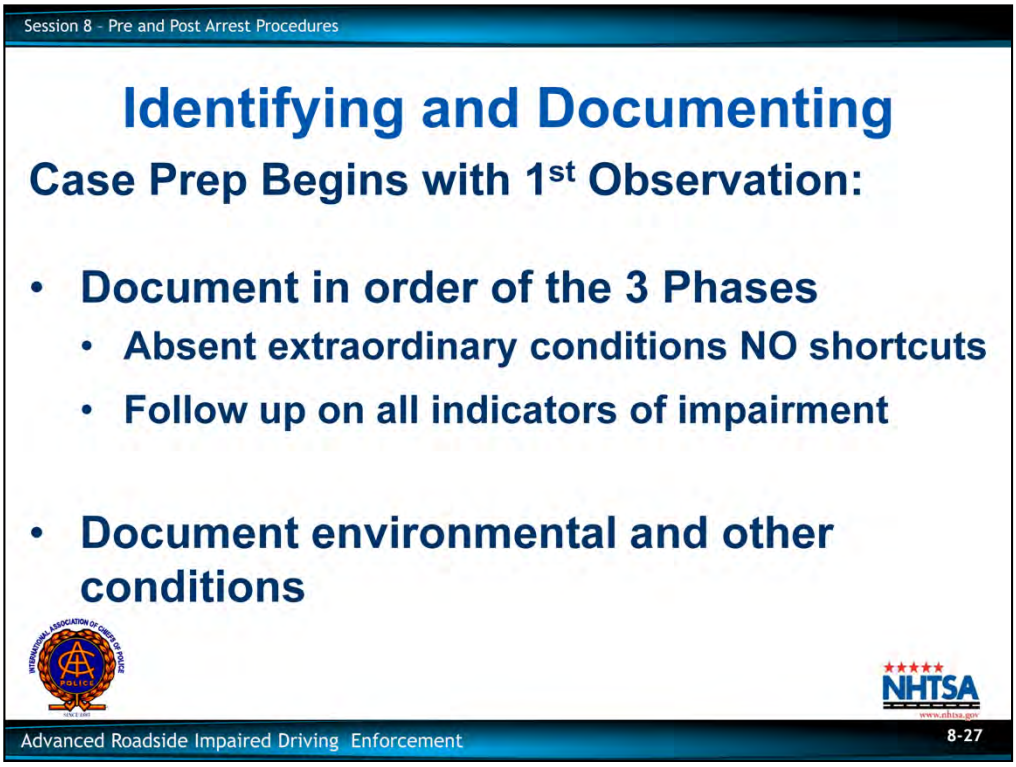
Note: Ask questions that will place them at ease. Allow them to talk about themselves. Develop a good rapport with the subject.



What you see : Bloodshot eyes, clothing, paraphernalia, etc…

What you smell: Alcoholic beverage, chemical odors, marijuana, etc…

What you hear : Slurred speech, unusual and/or inappropriate statements, drug lingo, etc…



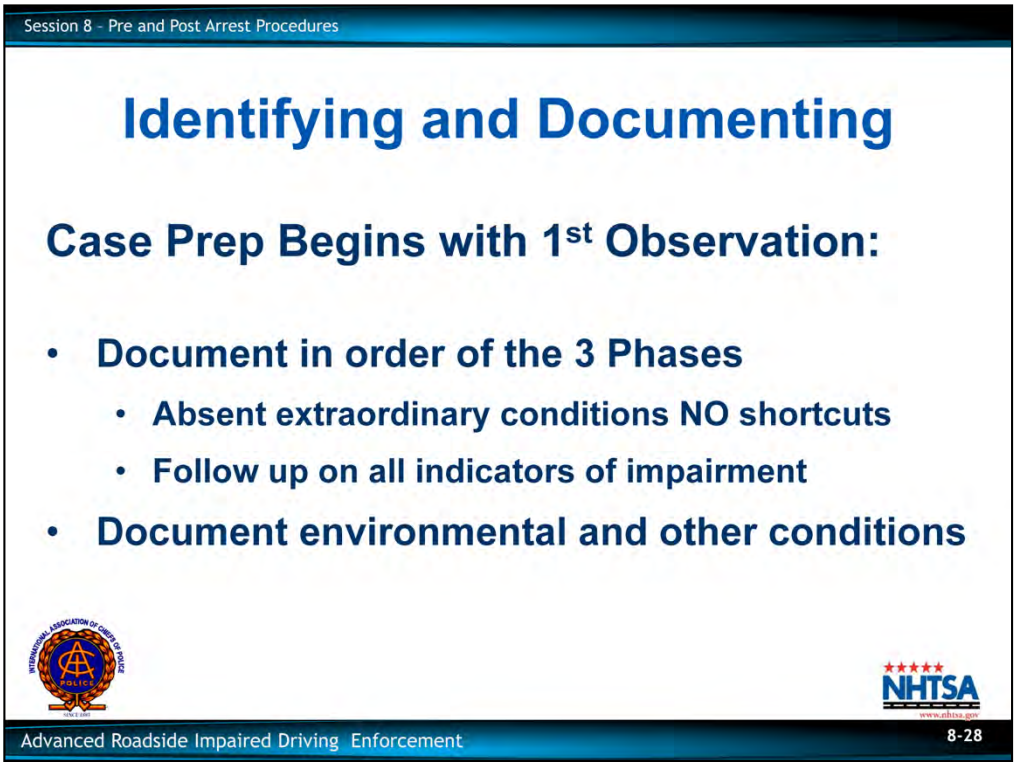
D. <u>Identifying and Documenting Observed Indicators of Impairment</u>

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.

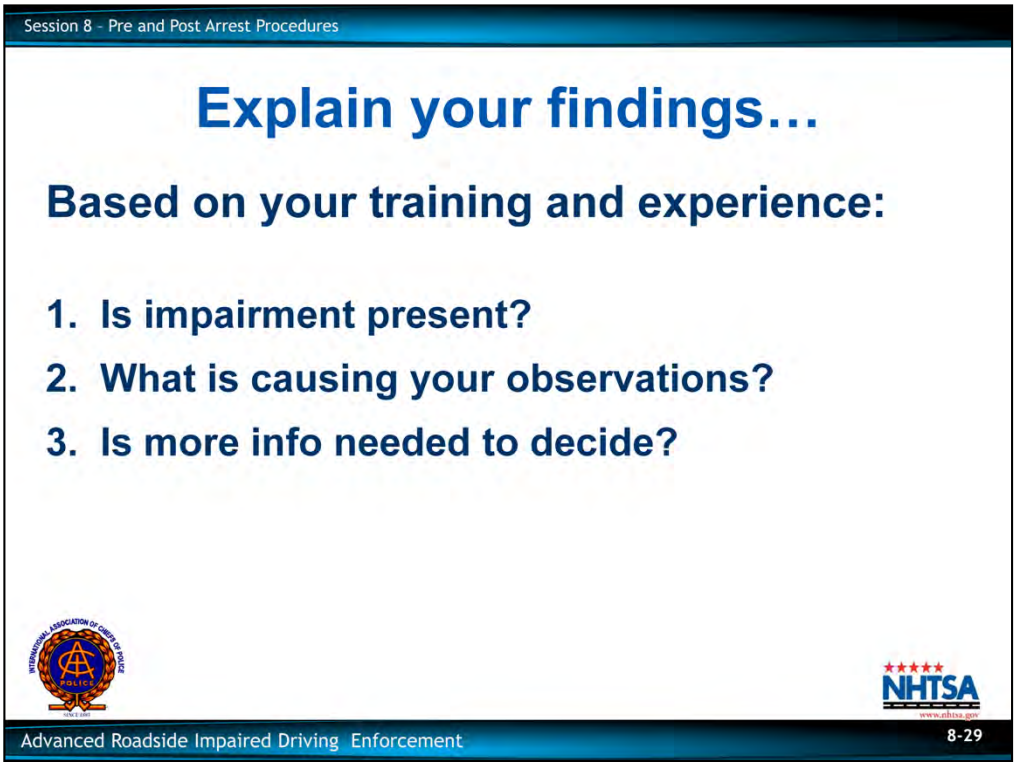


During phase two of the detection process, a driver may offer a reason for their behavior or physical appearance.

Ask for examples from personal experiences.

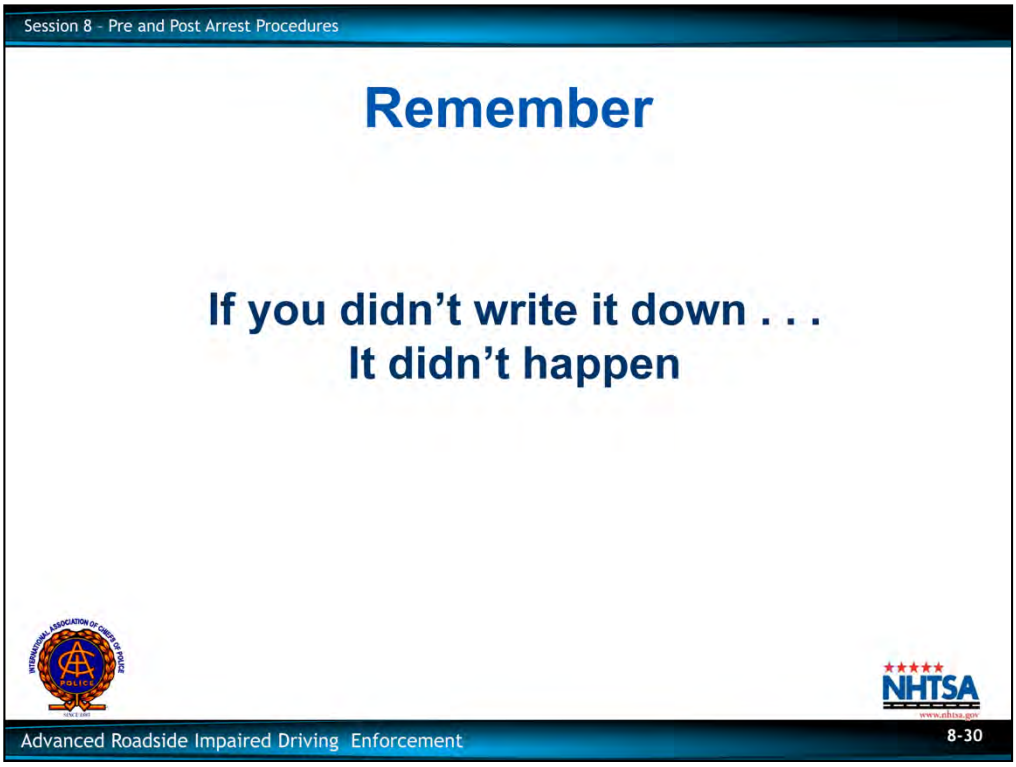
Example:

- 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:

- If impairment is present
- What is causing the signs that you have observed?
- If more information is needed to make a determination



** Remember**

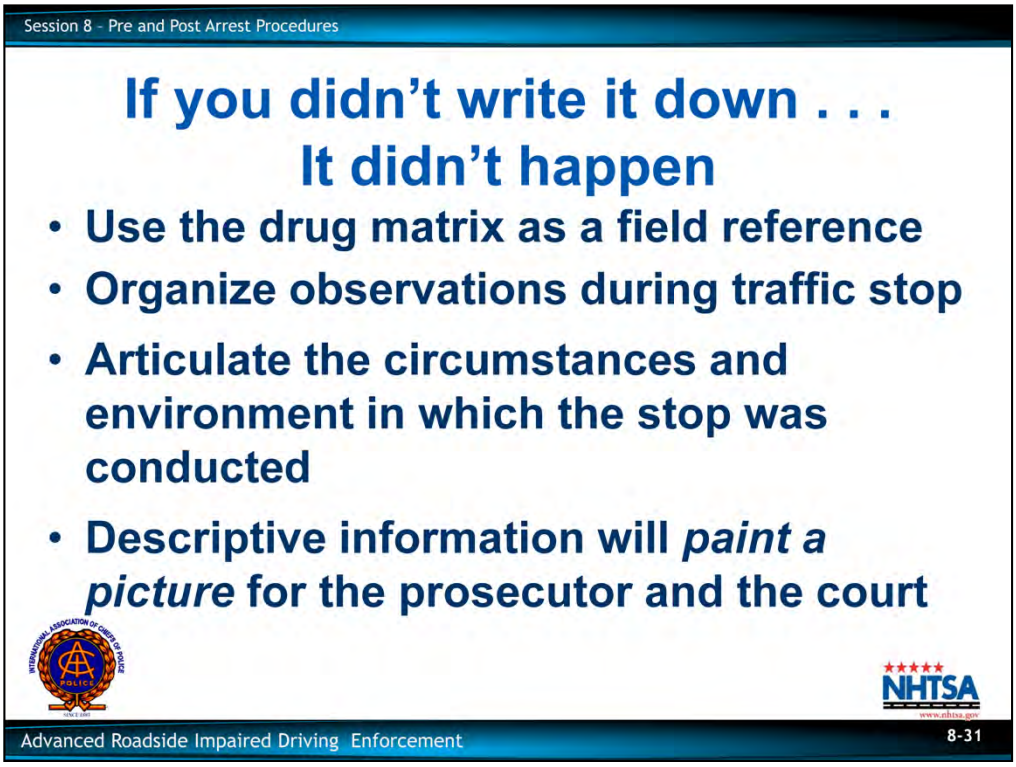
- If you don't record the evidence, it didn't happen.

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.

Again, remind the participants 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 Participant 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.

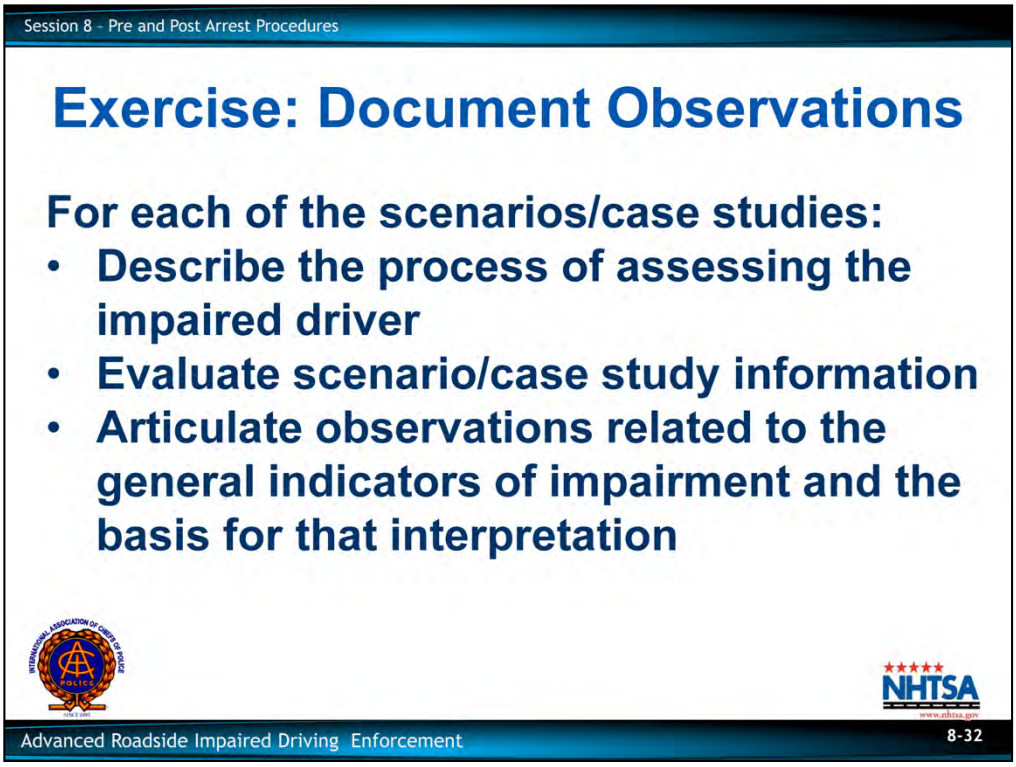
It is suggested that officers use this matrix or another documentation tool as a field reference.

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.



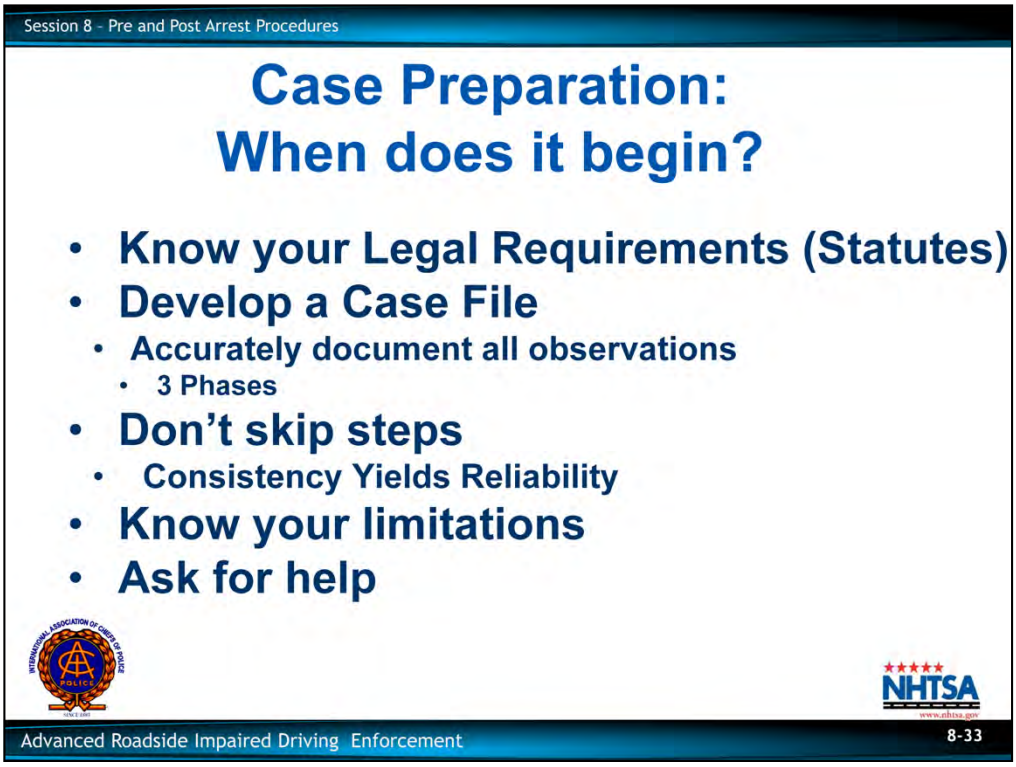
E. <u>Case Studies and Scenarios</u>

Case scenarios are in the administrative guide.

Practical Exercise: During this exercise, apply the information you have learned during this course in order to effectively document observations offered in the written scenarios and case studies.

The Participant will complete the following for each of the scenarios/case studies provided in the class:

- Describe the process of assessing the impaired driver in the context of the traffic safety related scenario/case study
- Evaluate scenario/case study information: How to analyze information/observations and describe what the results indicate
- Demonstrate the ability to articulate observations related to the general indicators of impairment and the basis for that interpretation.

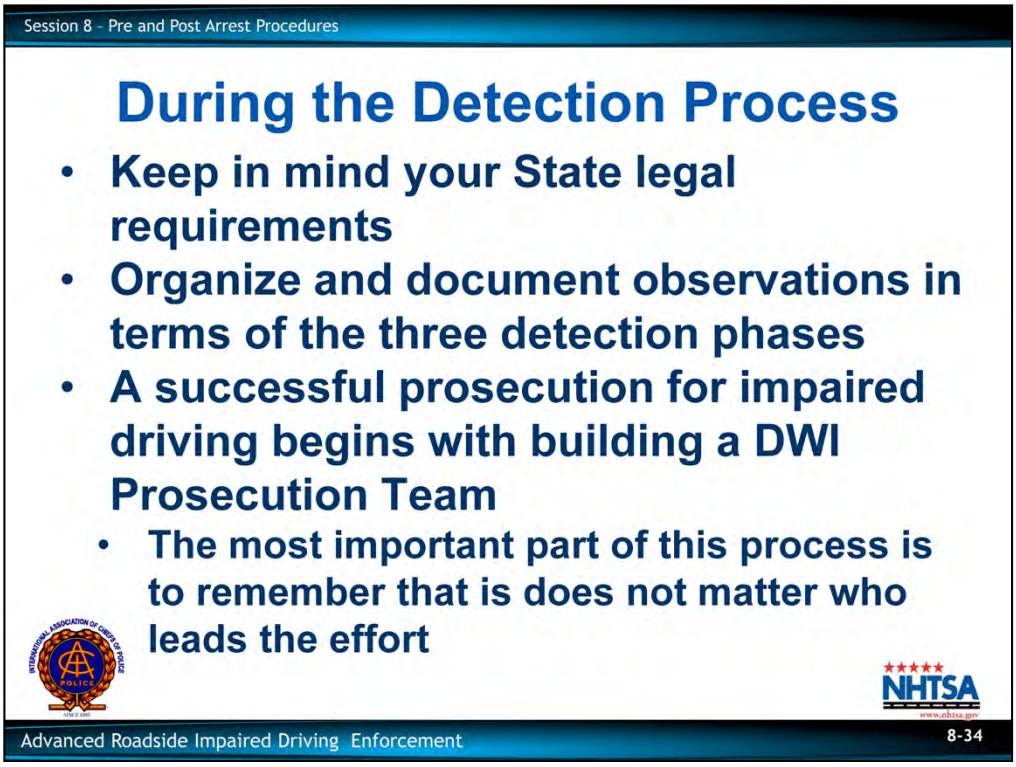


F. <u>Case Preparation and Prosecution</u>

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.

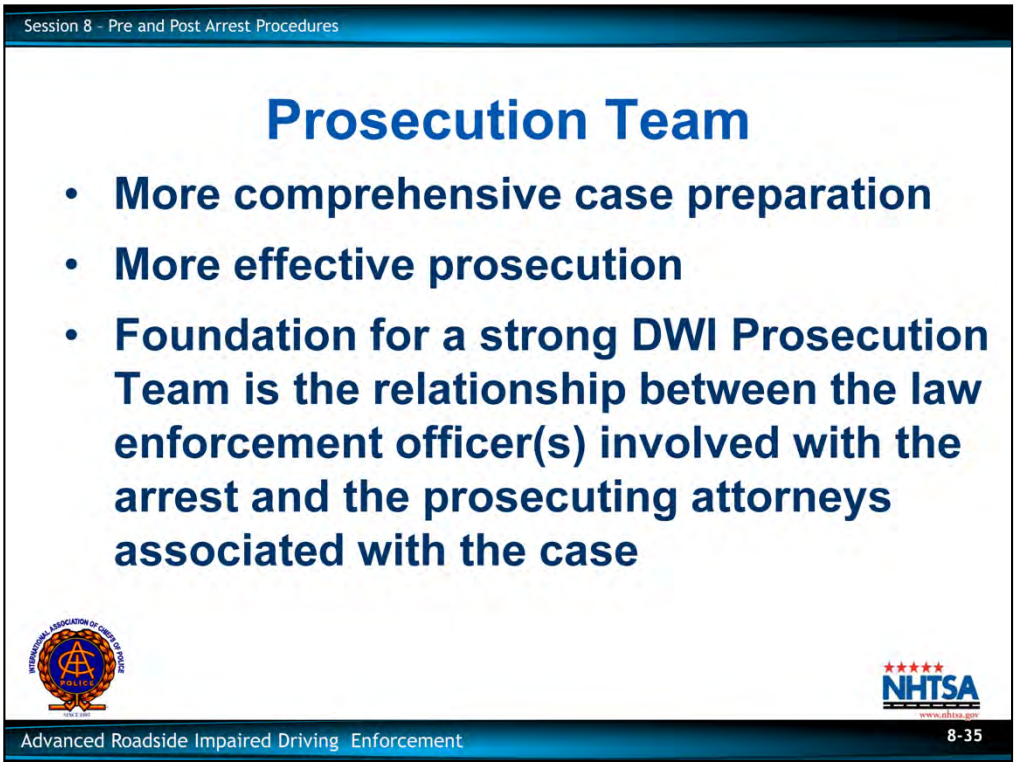


During the detection process, it is critical that officers keep in mind the legal requirements of their state. It is equally important that the officer organize and document their observations in terms of the three detection phases.

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.

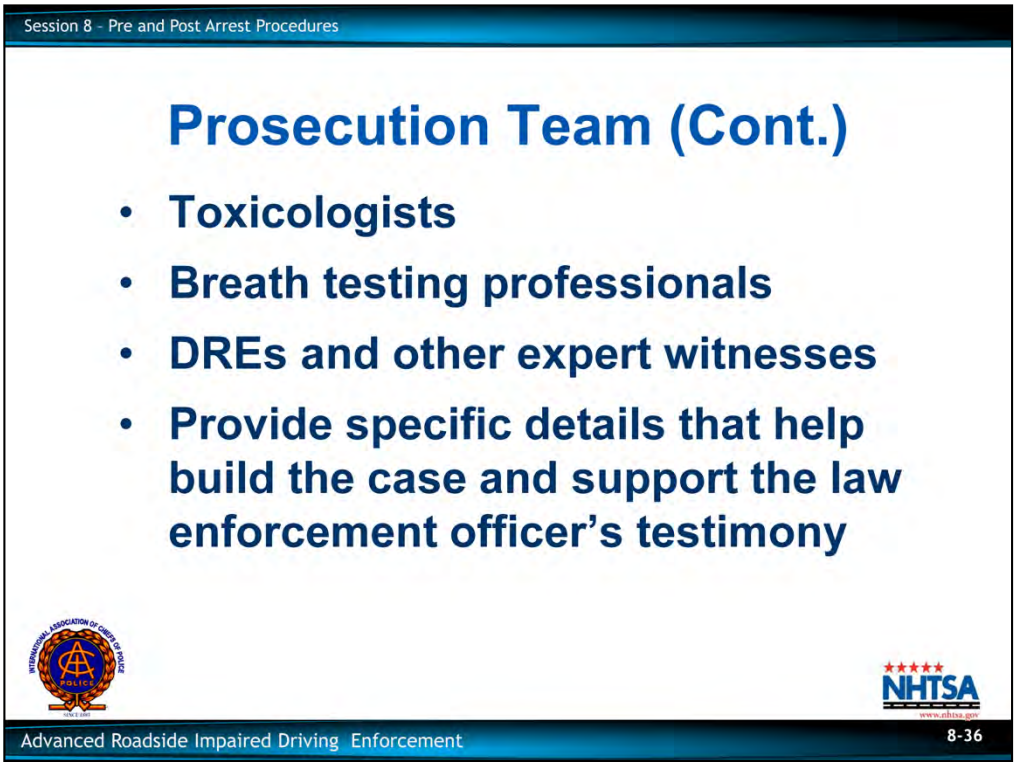


The most significant benefit of the team is more comprehensive case preparation and a more effective prosecution.

- What does that mean – DWI Prosecution Team?
- Who is on that team?
- Why isn't the officer's word and observations enough?
- Doesn't 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 is essential to the success of the DWI prosecution team.

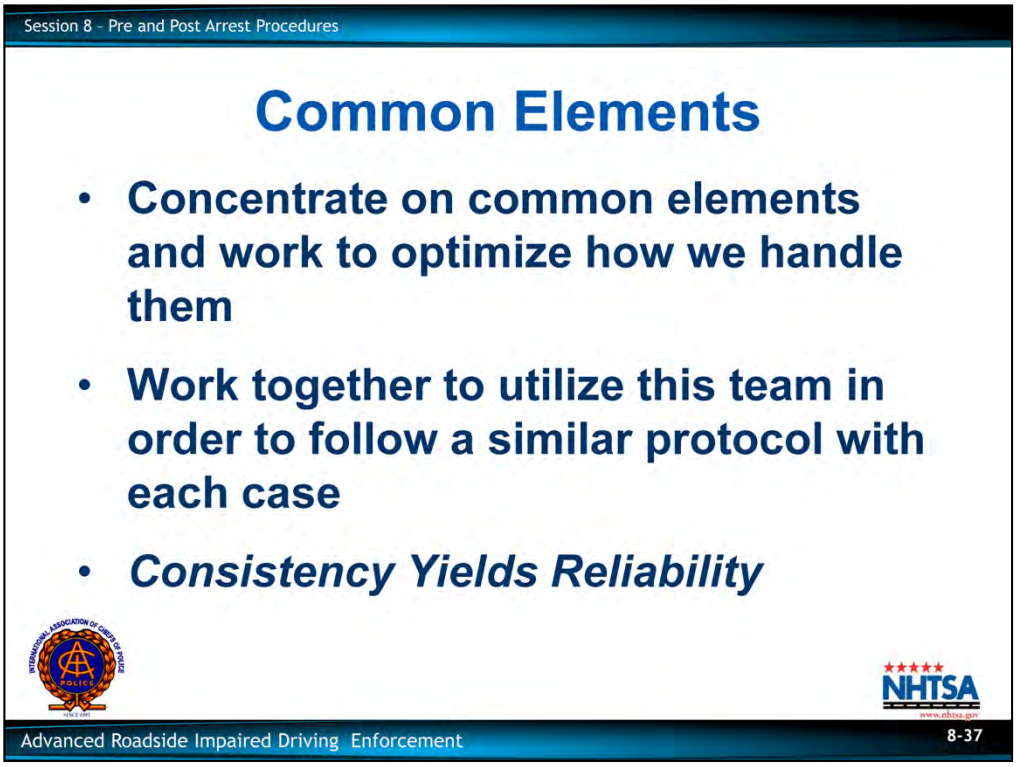


Additionally, toxicologists, breath testing professionals, DREs and other expert witnesses provide specific details that help build the case as well as support the law enforcement officer's testimony during the trial.

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

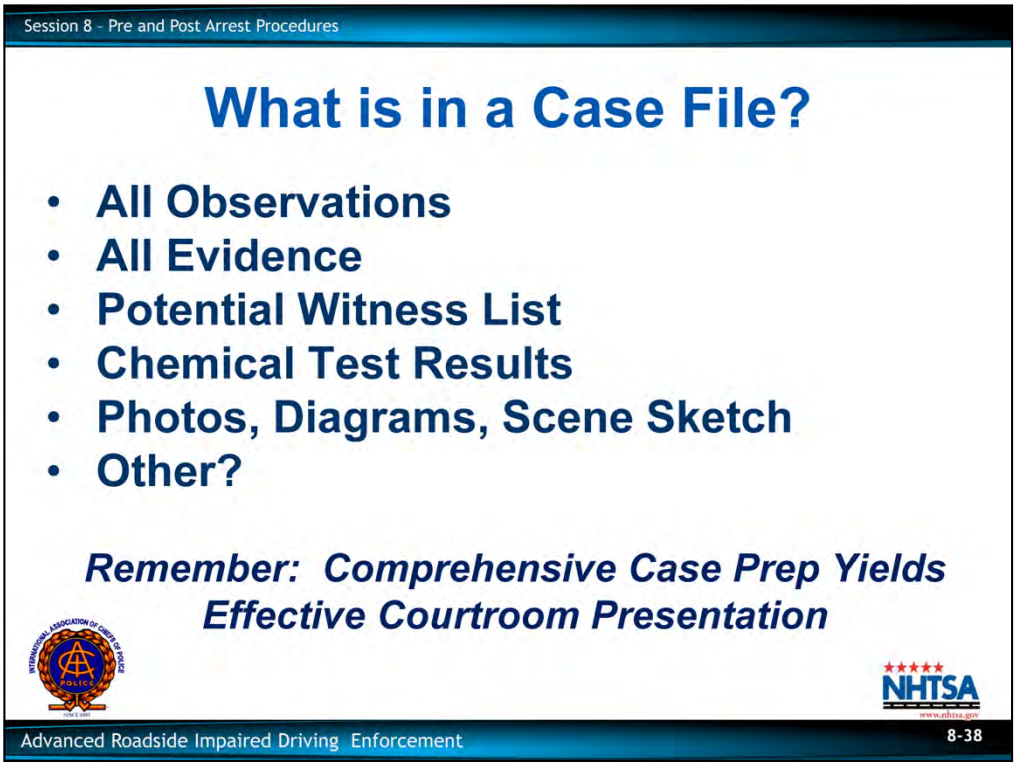


It is rational to believe that every DWI traffic stop, arrest and prosecution are different, but it is also reasonable to assume that there are common elements each time an officer encounters an impaired driver and a prosecutor prepares a DWI case.

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.**

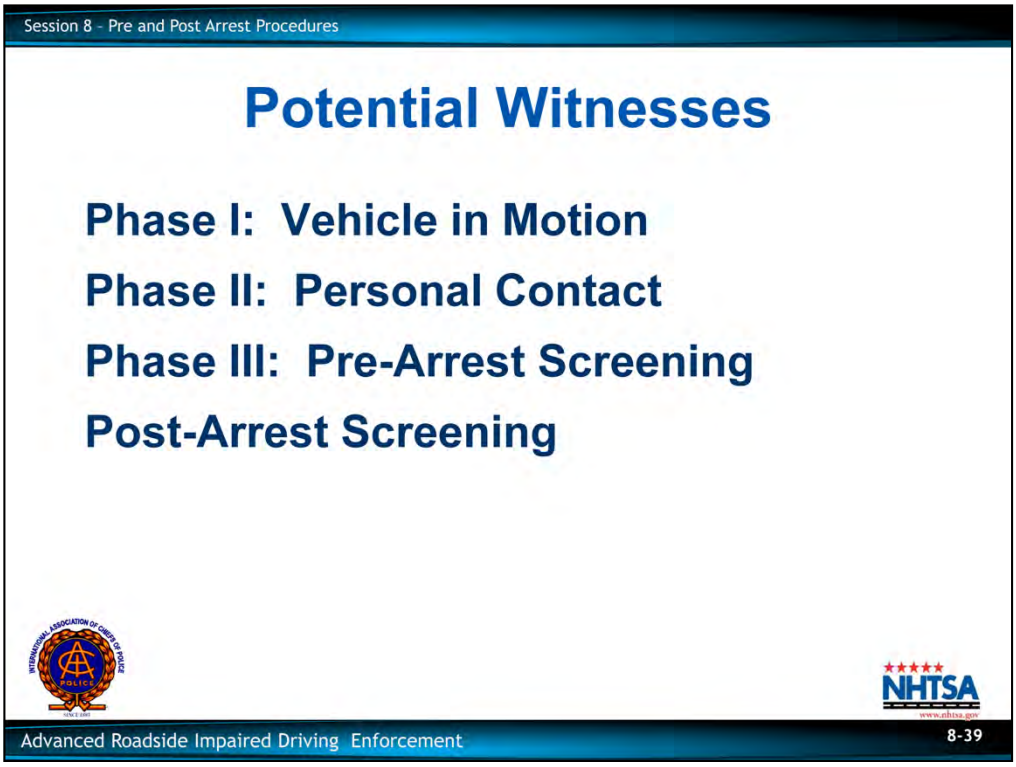
Throughout this course, we have discussed information in terms of the three phases of DWI detection process.



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



Phase I: Vehicle in Motion

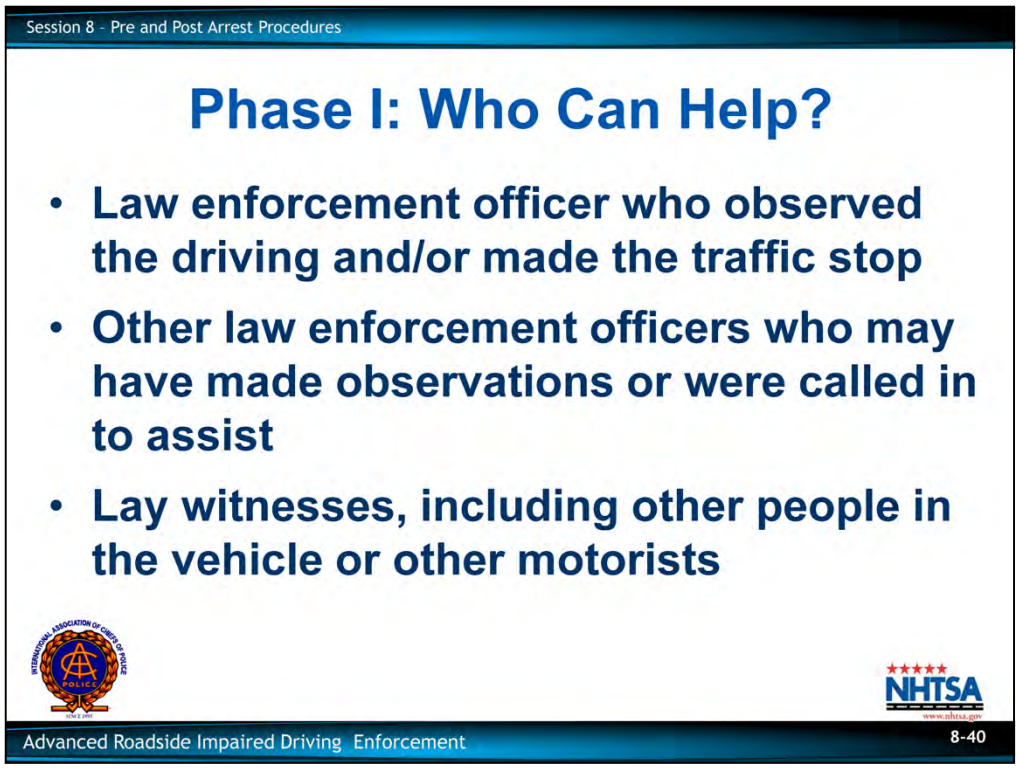
(Observation of the suspect's driving)

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.

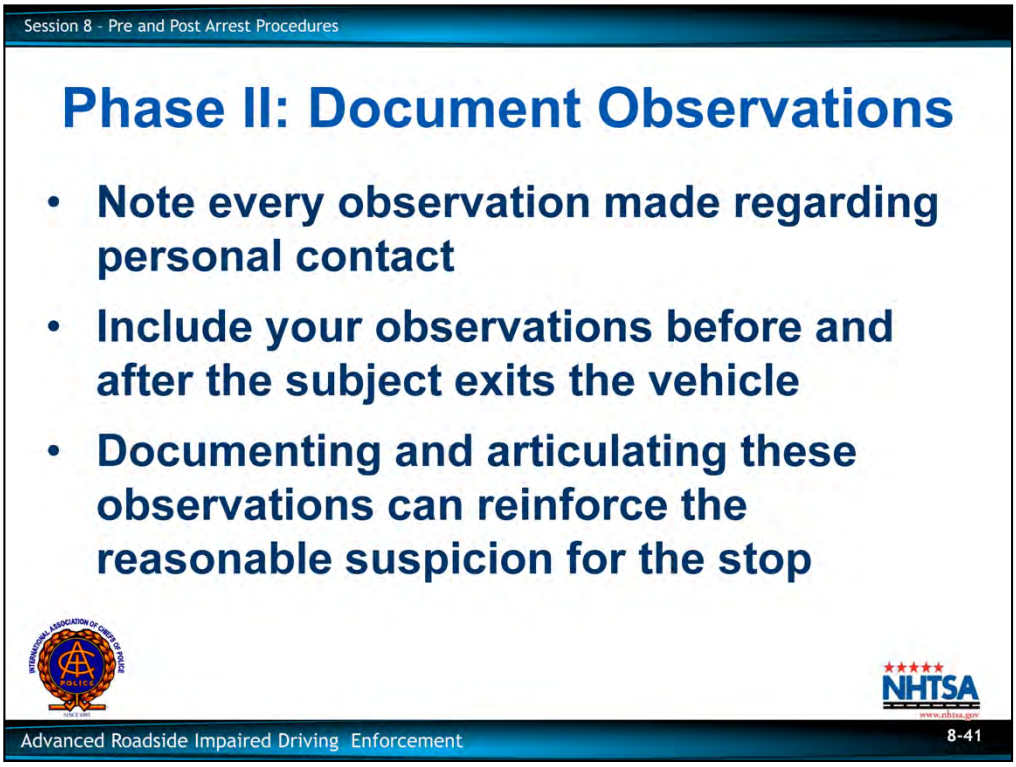
Potential team members involved at this point may be involved at this point may include:



- 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 motorists.

Law enforcement officers should note every observation made regarding driving. This includes observations before and 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

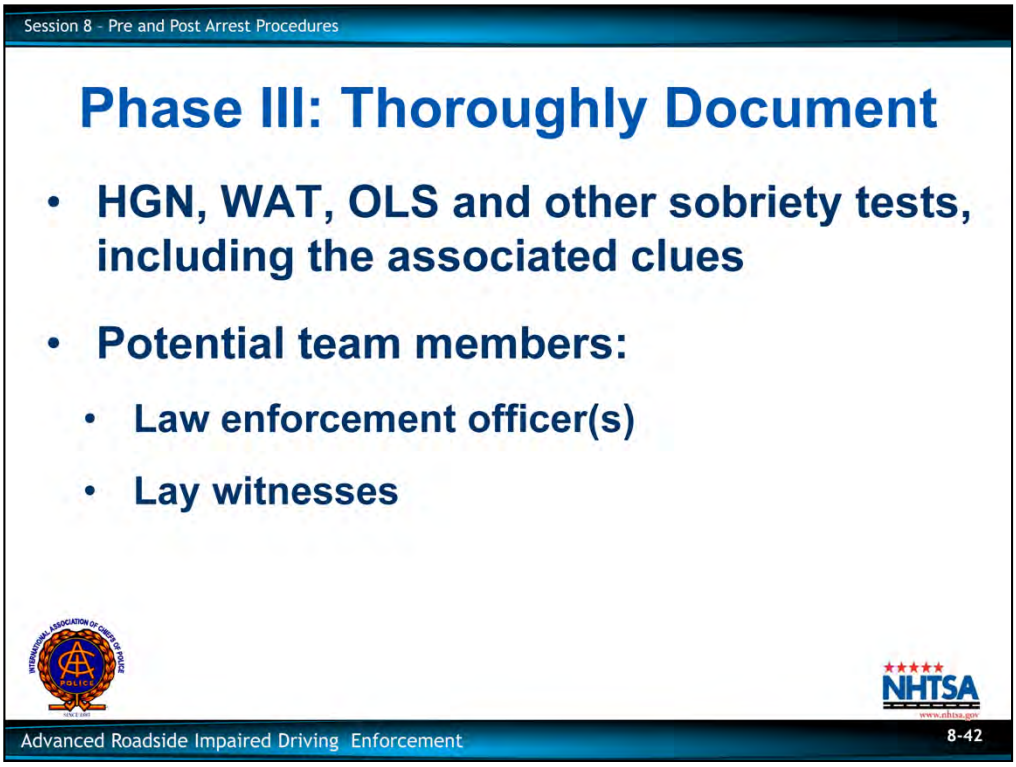
(Observations of the suspect after the stop)

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)

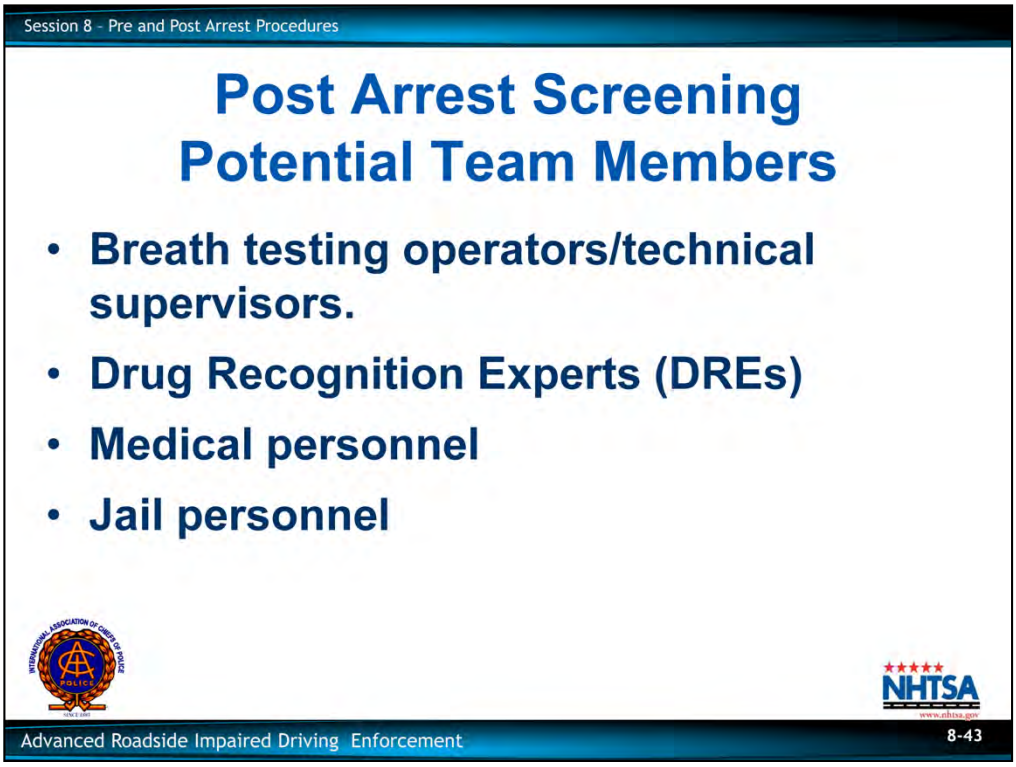
Preparation for trial continues with the officer conducting pre-arrest screening. Observations made during HGN, WAT, OLS and other sobriety tests, including the associated clues, must be thoroughly documented.

Example: During the Walk and Turn 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.



Post Arrest Screening

During post arrest screening the team will potentially include:

- Breath testing operators/technical supervisors.
- Drug Recognition Experts (DREs)
- Medical personnel
- Jail personnel

DRE's should be utilized whenever available. The officer should document what 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.

Pre-Trial Preparation

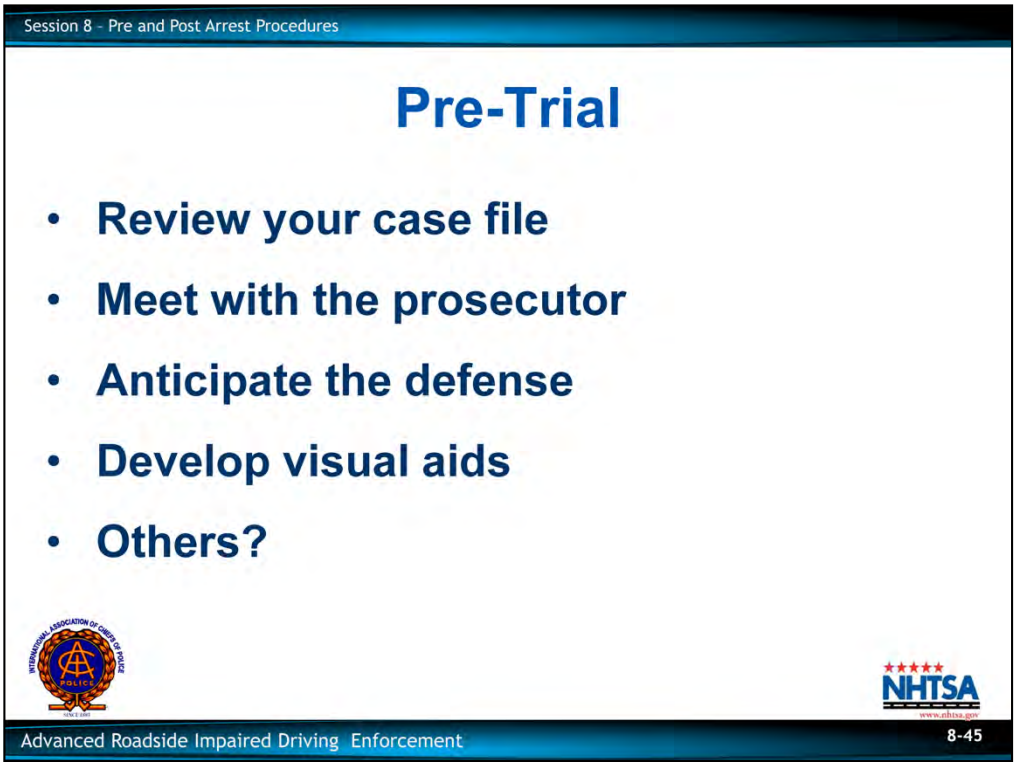
For this reason, it remains essential to document, in detail, all observations including those made after arrest.

As preparation for trial begins the team should expand:

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

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

- 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



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.

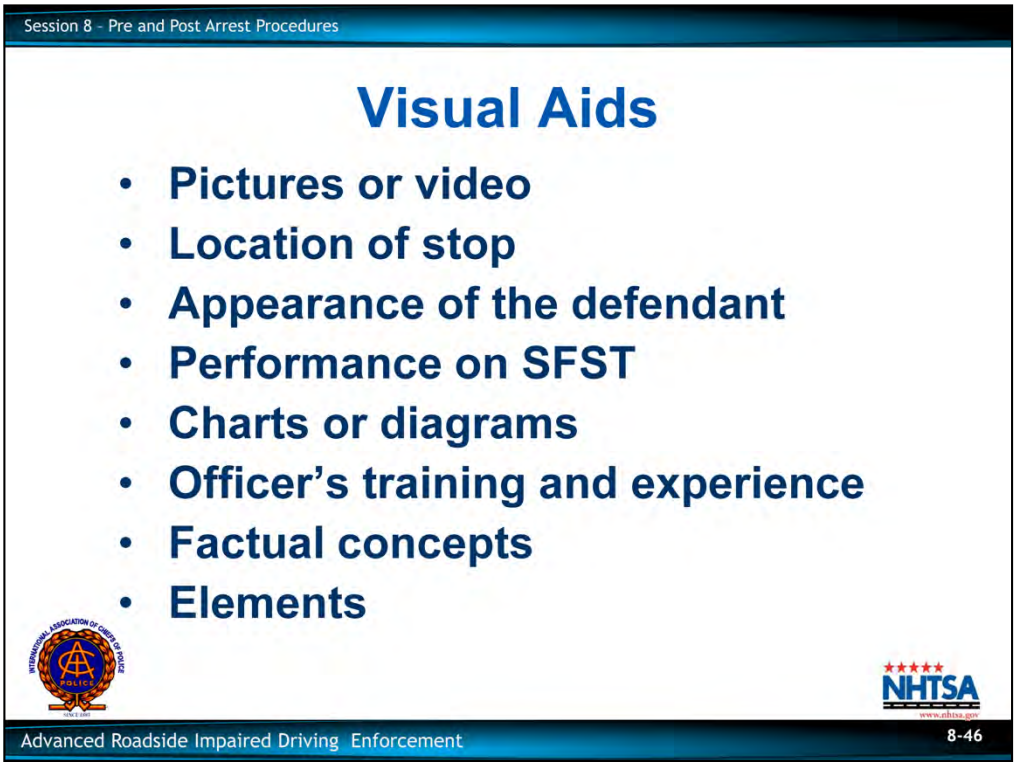
The toxicologist in a DEC state can be used to corroborate the testimony of the DRE.

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 and the IACP may also serve as additional resources.



Briefly discuss the importance and relevance of each of visual aid examples listed.

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.

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.

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

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

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.

Trial (Cont.)

Cross Examination

- Be Professional
- Answer only the Question Asked
- If You Don't Know the Answer Just Say So
  - I do not know
  - I do not recall
  - I cannot answer that question without explanation

Remember

There is
NO Substitute
For Preparation

QUESTIONS?