SESSION XXX

TRANSITION TO CERTIFICATION TRAINING

<u>SESSION XXX</u> **TRANSITION TO CERTIFICATION TRAINING**

Upon successfully completing this session the student will be able to:

- Demonstrate their mastery of the knowledge and skills the course was intended to help develop.
- Summarize the key topics covered.
- Offer comments and suggestions for improving the course.
- Receive assignments for Field Certification Training.
- Understand the steps involved in the DRE certification process.

This session completes the second phase, of your training as a Candidate DRE. Among other things, three important events will take place during this session.

(1) You will take a written, multiple choice test, designed to measure your knowledge of drugs, drug influence evaluation procedures, and related facts. This knowledge test is one indicator of whether you are ready for Certification Training. You must pass this examination with a score of 80% or better.

(2) You will take a proficiency examination, in which you will demonstrate your skills in conducting the drug influence evaluation. This skill test is the other indicator of your readiness for the next phase.

(3) You will complete a written -- but anonymous -- critique form, which gives you a chance to express your opinions about this course and the instructors. This information is very important. It will help improve the quality of the training, and to maintain the quality at the highest possible level.

A. Preparing For the Final Knowledge Examination

The following are not the questions that will appear on the Final Knowledge Examination. But some of them are quite similar to the examination questions, and all of them address subject matter that will be covered on the test.

If you can answer these questions correctly, you will have no problem in scoring very well on the knowledge examination.

Answers appear on the pages following the questions.

REVIEW QUESTIONS

1. What is the definition of "drug" that is used in this course? (Hint: it is a simple, enforcement oriented rather than medically oriented definition.)

2. Would model airplane glue be considered a "drug" under this definition? Would Alcohol? Would Nicotine?

3. What are the seven categories of drugs (name them all)?

4. To what category of drugs does Cocaine belong? How about Methamphetamine? How about Demerol? How about Psilocybin?

5. What do we mean when we refer to polydrug use?

6. What does it mean to say that two drugs are antagonistic?

7. What is the name of the pulse point that is located in the crease of the wrist?

8. What are the names of the two pressures that are recorded during a blood pressure measurement? Which is the higher pressure?

9. What category or categories of drugs generally will cause Horizontal Gaze Nystagmus? What categories will not?

10. To what category of drugs does Codeine belong? How about Secobarbital? How about STP?

11. What category or categories of drugs generally will cause the pupils of the eyes to constrict? What categories generally will cause dilation? What categories generally will not affect pupil size?

12. What are the eight clues that are considered in assessing the subject's performance on the Walk and Turn test? What are the four clues considered in the One Leg Stand test?

13. What category or categories of drugs generally will cause a Lack of Convergence of the eyes? What categories generally will not?

14. What is the formula that expresses the approximate relationship between blood alcohol concentration and Nystagmus onset angle?

15. How many times should you measure the suspect's pulse during the drug influence evaluation?

16. What category or categories of drugs generally will cause the body temperature to go down? What categories generally will cause the temperature to go up? What categories generally will not affect body temperature?

17. What are the two subcategories of Narcotic Analgesics?

18. What does the term "Synesthesia" mean?

19. What is Toluene?

20. What category or categories of drugs generally will cause the blood pressure to go up? What categories generally will cause the blood pressure to go down?

21. To what category of drugs does Chloral Hydrate belong? How about Phencyclidine?

22. About how far in front of the subject's face should the stimulus be held to test for Horizontal Gaze Nystagmus or Vertical Gaze Nystagmus?

23. Suppose a subject is under the influence of a combination of Amphetamines and Heroin. Will that subject exhibit Horizontal Gaze Nystagmus? Will the subject's pulse be up, down or normal?

24. What is a Sphygmomanometer? What are its major components, or parts?

25. What category or categories of drugs generally will cause muscle rigidity? What categories generally will not?

ANSWERS TO REVIEW QUESTIONS

1. For purposes of this course, a "drug" is "any substance that, when taken into the human body, can impair the ability of the person to operate a vehicle safely".

2. Model airplane glue definitely would be considered a drug. So would alcohol. But for our purposes, Nicotine is not considered a drug. It is certainly true that consumption of Nicotine, especially over a long period of time, can cause health problems. But there is no evidence of significant driving impairment from Nicotine.

3. The seven categories are CNS Depressants; CNS Stimulants; Hallucinogens; Dissociative Anesthetics; Narcotic Analgesics; Inhalants; and, Cannabis.

4. Cocaine is a CNS Stimulant. Methamphetamine also is a CNS Stimulant. Demerol is a Narcotic Analgesic. Psilocybin is an Hallucinogen.

5. Polydrug use means the ingestion of drugs from two or more drug categories. This is very common, especially combinations involving alcohol.

6. Two drugs are antagonistic when they produce some opposite signs and symptoms. An example would be a Narcotic Analgesic and a CNS Stimulant. The Narcotic Analgesics will cause the pulse rate and blood pressure to go down. The Stimulant generally will cause both pulse rate and blood pressure to go up. A person using both drugs might exhibit normal pulse rate and blood pressure, as the antagonistic effects of the two drugs mask each other's signs and symptoms.

7. The radial artery pulse point is located in the crease of the wrist.

8. The Systolic is the higher pressure. The Diastolic is the lower.

9. CNS Depressants, Dissociative Anesthetics, (most) Inhalants will cause Horizontal Gaze Nystagmus. CNS Stimulants, Hallucinogens, Narcotic Analgesics and Cannabis will not.

10. Codeine is a Narcotic Analgesic. Secobarbital (like all Barbiturates) is a CNS Depressant. STP is an Hallucinogen.

11. Narcotic Analgesics will cause constriction of the pupils. CNS Stimulants and Hallucinogens will cause pupil dilation. Cannabis might induce dilation or may be normal. Dissociative Anesthetics and (most) Inhalants generally won't affect pupil size. The specific CNS Depressant Methaqualone ("Quaalude") will dilate the pupils; other CNS Depressants won't affect pupil size.

12. For the Walk and Turn test, the eight clues are:

    (1) Whether the subject loses balance while the instructions are being given.
    (2) Whether they start walking too soon, i.e. before the instructions are completed.
    (3) Whether they step off the line;

(4) or fails to touch heel to toe;
(5) or raises the arms while walking;
(6) or stops while walking.
(7) Whether the subject turns improperly; and,
(8) Whether the correct number of steps are taken.

For the One Leg Stand test, the four clues are:

(1) putting the foot down;
(2) swaying;
(3) hopping;
(4) raising the arms.

13. Lack of Convergence generally will be caused by CNS Depressants; Dissociative Anesthetics; (most) Inhalants; and, Cannabis. Lack of Convergence will <u>not</u> be caused by CNS Stimulants, Hallucinogens or Narcotic Analgesics.

14. Either of the following formulae expresses the approximate, statistical relationship:

    (1) BAC = 50 - ONSET ANGLE
    (2) ONSET ANGLE = 50 - BAC

    <u>But remember:</u> this is only a gross approximation. It is not an exact relationship. It can never be used as a substitute for a chemical test.

15. Pulse rate should be measured <u>three</u> times.

16. Narcotic Analgesics generally will cause the body temperature to go down. Dissociative Anesthetics, Stimulants and Hallucinogens generally will <u>cause</u> temperature to go up. Depressants and Cannabis generally will not affect temperature. Different Inhalants may affect temperature in different ways.

17. The two subcategories of Narcotic Analgesics are the Opiates and the Synthetic Opiates. Natural Alkaloids are actually found in, and can be isolated from, the sap of the Opium Poppy. The Opium Derivatives are produced by chemically treating the Natural Alkaloids. The Synthetic Opiates have nothing at all to do with the opium poppy, but are produced entirely artificially.

18. <u>Synesthesia</u> is a mixing of the sensory modes. For example, a person may <u>look</u> at a particular color, and that visual input may cause the person to <u>hear</u> a sound or <u>smell</u> an odor. Synesthesia is an effect generally associated with Hallucinogens.

19. Toluene is one of the active ingredients in various volatile solvents, a subcategory of the Inhalants.

20. CNS Depressants and Narcotic Analgesics cause the blood pressure to go down. CNS Stimulants, Hallucinogens, Cannabis and Dissociative Anesthetics generally cause the blood pressure to go up. With Inhalants, it depends on the particular subcategory: Anesthetic Gases lower blood pressure, while Aerosols and Volatile Solvents raise blood pressure.

21. Chloral Hydrate is a CNS Depressant. Phencyclidine is a Dissociative Anesthetic.

22. It is good practice to hold the stimulus about 12 to 15 inches in front of the subject's face.

23. Amphetamine is a CNS Stimulant. Heroin is a Narcotic Analgesic. Neither category will cause Horizontal Gaze Nystagmus. Therefore, their combination also will not cause Nystagmus.

    However, the combination of Amphetamine and Heroin may have unpredictable effects on pulse rate. The stimulant, by itself, will tend to cause the pulse to go up, the narcotic will tend to cause the pulse to go down. A person using both drugs may exhibit a pulse that is up/down/normal. And, this can change during the course of the examination.

24. A Sphygmomanometer is a device used for measuring blood pressure. Its major parts are:

    - the compression cuff, which contains an inflatable rubber bladder.
    - the manometer, or pressure gauge.
    - the pressure bulb, which is squeezed to inflate the bladder.
    - the pressure control valve, which regulates inflation and deflation of the bladder.

25. Muscle rigidity generally will be caused by Dissociative Anesthetics, and possibly will be caused by CNS Stimulants or Hallucinogens. CNS Depressants, Narcotic Analgesics, Inhalants or Cannabis generally will not cause muscle tone to be rigid.

B. Preparing For The Proficiency Examination

On the three pages that immediately follow, you will find a copy of the Proficiency Examination Checklist that your instructors will use to assess your skills in conducting the drug influence evaluation. Review the checklist carefully. It will give you a good idea of what factors will be considered in your examination, i.e. the errors of omission or commission that you need to avoid.

Practice conducting the procedures before submitting yourself to this proficiency examination. Make sure you can administer the procedures flawlessly. It would be a good idea to conduct some after class hours practice with fellow students, so that you can coach each other and help each other progress to Certification Training.

PROFICIENCY EXAMINATION CHECKLIST
(For Use During Certification Training)

Student's Name _____

Date _____ Examiner _____

I. Preliminary Examination

1. Did the student ask all preliminary examination questions?

_____yes _____no

(If No: What questions were deleted? _____

_____

2. Did the student properly estimate pupil size?

_____yes _____no

3. Did the student properly assess the eyes' tracking ability?

_____yes _____no

4. Did the student properly measure pulse rate?

_____yes _____no

II. Eye Examinations

1. Did the student properly administer the Horizontal Gaze Nystagmus test?

_____yes _____no

(If no, explain deficiencies) _____

_____

2. Did the student properly administer the Vertical Gaze Nystagmus test?

_____yes _____no

(If no, explain deficiencies) _____

_____

3. Did the student properly administer the test for Lack of Convergence?

_____yes _____no

(If no, explain deficiencies) _____

_____

III. Psychophysical Tests

1. Did the student properly administer the Romberg Balance test?

_____yes _____no

(If no, explain deficiencies) _____

_____

2. Did the student properly administer the Walk and Turn test?

_____yes _____no

(If no, explain deficiencies) _____

_____

3. Did the student properly administer the One Leg Stand test?

_____yes _____no

(If no, explain deficiencies) _____

_____

4. Did the student properly administer the Finger To Nose test?

_____yes _____no

(If no, explain deficiencies) _____

_____

V. Vital Signs Examinations

1. Did the student properly measure blood pressure?

_____yes _____no

(If no, explain deficiencies) _____

_____

2. Did the student properly measure temperature?

_____yes _____no

(If no, explain deficiencies) _____

_____

3. Did the student properly measure pulse?

_____yes _____no

(If no, explain deficiencies) _____

_____

IV. Dark Room Examinations

1. Did the student properly control the pen light for the two checks of pupil size?

_____ yes _____no

(If no, explain deficiencies) _____

_____

2. Did the student accurately estimate pupil size?

_____yes _____no

3. Did the student properly check the nasal area?

_____yes _____no

4. Did the student properly check the oral cavity?

_____yes _____no

VI. Examinations of Muscle Tone

1. Did the student adequately inspect for muscle tone?

_____yes _____no

(If no, explain deficiencies) _____

_____

V. Examinations of Injection Sites and Third Pulse

1. Did the student adequately inspect for injection sites?

_____yes _____no

(If no, explain deficiencies) _____

_____

2. Did the student properly measure pulse?

_____yes _____no

(If no, explain deficiencies) _____

_____

VII. Evaluator's Opinion of Student's Proficiency

(Offer appropriate, specific comments concerning the student's progress)

_____

_____

_____

_____

C. The Anonymous Written Critique

The Student's Critique Form appears on the following pages. You will have time, during the final session of the course, to complete this form and offer any comments that you think are appropriate. It will be especially helpful to hear your suggestions for improving this training.

Please look over the critique form prior to the final session, to start organizing your thoughts and feelings about the instruction you have received.

D. Maintaining the Log of Drug Influence Evaluations

Beginning with your first night of Certification Training, and **continuing throughout your career as a DRE**, you will maintain a log of all persons you examine for possible drug impairment. The log is your personal record of your work as a DRE, and it will have a major impact on three things that should be of major importance to you:

(1) Whether or not your instructors can recommend you for your initial certification as a DRE.

(2) Whether or not you qualify for re-certification, when your initial certification expires.

(3) Whether or not the trial judge in a particular drug impairment case qualifies you as an expert, and allows you to render your opinion as evidence.

Under the International Standards for the Drug Evaluation and Classification Program established by IACP, your instructors cannot endorse you for certification unless your log of drug influence evaluations is up-to-date, complete and accurate. The next-to-last line on the Certification Progress Log that you received at the beginning of the DRE Pre-School, and that you handed back in at the start of this School, is titled "Rolling" Log Approved. ("Rolling Log" is the informal name of the log used to document your drug influence examinations.) If a valid instructor's signature does not appear on that line, IACP cannot grant you a certificate. Once you do receive a certificate, it usually will be valid for two years. At that time, to qualify for re-certification, you must submit a copy of the entries in your "Rolling Log" since you were certified, as proof that you have maintained your proficiency. And, each time you go to court as a DRE, you must bring your "Rolling Log" along, to help establish your credentials as an expert. Remember that your state may have more stringent requirements.

What is the "Rolling Log"? Five copies of it appear on the final pages of this manual. Remove one of those copies now, so that you can refer to it as you read the instructions for entering information on it.

At the top of the Log, there is a space in which you will print your name ("Drug Recognition Expert"); another space for the page number (obviously, the first page will be #1, the second #2, and so on; as you continue your career as a DRE, the page number will grow very large); and, a third space in which to print your DRE certification number assigned to you by

IACP. Until you have completed your certification training, you will print the word "STUDENT" in that space.

Each subsequent line of the log corresponds to a drug influence evaluation in which you participated. In the "Control Number" box, you will print the number that you assign to the evaluation; i.e. if this is the seventh examination in which you participated in 2005, the control number would be 2005-7. If you were the actual examining DRE for this particular case, you need not print anything other than the control number in that box. But if you served only as the recorder, you must print "RECORDER" in the box, immediately below the control number. Likewise, if you were participating only as a witness, you will print "WITNESS" in the box.

In the box to the right of the control number, you will print the subject's full name (last, first, middle initial); further to the right, enter the arrest booking number if applicable. The booking number is whatever control number the responsible law enforcement agency assigned to track the case. In some instances, there may be no booking number. For example, you may have an opportunity to examine a person who is receiving drugs in a clinical setting, and no arrest is involved. Or, the person you are examining might be someone already incarcerated in the jail who agrees to submit to the evaluation with the understanding that its outcome will not affect their particular case; in that instance, the booking number would not be relevant. In any case where there is no relevant booking number, simply print "N/A" in the box.

In the next box, print the date on which the evaluation began; in other words, an evaluation that starts one minute before midnight on March 17th is recorded on that date, not on the 18th, despite the fact that almost all of the work took place on the later day.

The next box, of course, is very important. Record your opinion in complete detail. If you conclude that the subject is not impaired, that is what you will record. If you conclude that the person is under the influence of alcohol only, that is what you must record. If you believe the subject is suffering from an injury or illness, print "Medical Rule Out" in the box. Otherwise, print the category or combination of categories of drugs that you believe is causing the impairment. If the subject has a positive BAC, don't forget to include "alcohol or ETOH" as one of those.

In the "Toxicologic Results" box, you will print the outcome of all chemical tests performed on the subject. Obviously, days or weeks will usually pass by before you have the results of blood or urine tests, so you will routinely have to "update" your log. Don't forget to include the BAC obtained from the breath test in this space. And, if the suspect refused to submit to the blood or urine test, indicate that.

In the final box, print the names of persons who witnessed the evaluation, and include any other appropriate comments. Use the reverse side of the page, or add continuation sheets, if longer comments are appropriate.

Experienced DREs usually maintain two copies of their "Rolling Log" to ensure preservation of this most important record.

E. Certification Requirements

At a minimum you will need to conduct 12 DRE evaluations with an instructor. You need to be the evaluator on at least 6 of these evaluations, and at least 75% of your opinions must be collaborated by toxicological results.

If no instructor is available you may still be able to complete an evaluation. Check with your DRE State Coordinator or DRE Agency Coordinator to determine what polices pertain to this situation. The ultimate goal of this program is to remove the drugged driver from the roadway.

Remember, you must have a DRE Instructor present when you conduct an evaluation to receive credit for certification.

DRUG EVALUATION AND CLASSIFICATION PROGRAM

LOG OF DRUG INFLUENCE EVALUATIONS

Drug Recognition Expert _____ Page: _____

IACP Certification Number _____

CONTROL NUMBER	SUSPECT'S NAME	WITNESS	DATE	OPINION OF DRE	TOXICOLOGICAL RESULTS

Course Location Date

DRE SCHOOL
STUDENT'S CRITIQUE FORM

1. Rating The Various Segments Of The School

On a scale from 1 (="low") to 5 (="high"), please indicate how import each major topic or activity of this school was for you personally.

Drugs In Society and In Vehicle Operation _____

Development and Effectiveness of the DEC Program _____

Overview of the Drug Recognition Expert Procedures _____

Physician's Desk Reference _____

Eye Examinations: Explanation and Demonstrations by Instructors _____

Eye Examinations: Hands-on Practice by Students _____

Vital Signs: Explanations and Demonstrations by Instructors _____

Vital Signs: Hands-on Practice by Students _____

Physiology and Drugs _____

The Alcohol Workshop _____

The **"Practice: Test Interpretation"** Sessions _____

The Sessions on the Individual Drug Categories _____

Overview of Signs and Symptoms _____

Drug Combinations _____

Curriculum Vitae Preparation and Maintenance _____

Preparing the Narrative Report _____

Case Preparation and Testimony _____

The Mid-Course Review Session _____

The Role Play Session (Instructors "simulating" drug impaired subjects) _____

The Quizzes _____

2. Suggestions For Improving The School

If you absolutely had to cut four hours out of this school, what topics or sessions would you reduce or eliminate?

_____

_____

If you could add four hours to the School, how would you recommend that the additional time be spent?

_____

_____

3. Specific Features Of The School

Please circle the appropriate word to indicate your agreement or disagreement with each of the following statements.

1. The DRE School is at least one day too long.

   Agree Disagree Not Sure

2. We spent too much time in hands-on practice.

   Agree Disagree Not Sure

3. Now that I've had the DRE School, I believe that the PRE-School really wasn't needed.

   Agree Disagree Not Sure

4. Some of the instructors didn't seem to be as well prepared as they should have been.

   Agree Disagree Not Sure

5. I do not feel confident about my ability to estimate nystagmus onset angle accurately.

   Agree Disagree Not Sure

6. This School was much harder than I thought it would be.

   Agree Disagree Not Sure

7. We should have spent more time in hands-on practice.

   Agree Disagree Not Sure

8. The instructors seemed to know their material, but some of them didn't get it across very well.

   Agree Disagree Not Sure

9. We spent too much time on the details of each drug category.

   Agree Disagree Not Sure

10. I am not confident that I can measure blood pressure accurately.

Agree Disagree Not Sure

11. I would have to say that the final examination was hard, but fair.

Agree Disagree Not Sure

12. Some of the instructors "threw the bull" a bit too much.

Agree Disagree Not Sure

13. Now that I've had the DRE School, I am more convinced than ever that the PRE-School is very important.

Agree Disagree Not Sure

14. I am still very confused about drug combinations and their effects.

Agree Disagree Not Sure

15. I am not confident that I can estimate pupil size accurately.

Agree Disagree Not Sure

16. I would have to say that this School wasn't quite as hard as I thought it would be.

Agree Disagree Not Sure

17. There were too many quizzes in this School.

Agree Disagree Not Sure

18. The final examination was much harder than it should have been.

Agree Disagree Not Sure

19. We did not receive enough information about the effects, signs and symptoms of the various drug categories.

Agree Disagree Not Sure

20. I am confident that I will succeed in the Certification Stage of my training.

Agree Disagree Not Sure

21. The DRE School is at least one day too short.

Agree Disagree Not Sure

4. Rating of Instructors

On a scale from 1 (="poor") to 5 (="excellent"), please indicate your overall assessment of each instructor.

Instructor Rating _____

Instructor Rating _____

Instructor Rating _____

Instructor Rating _____

Instructor Rating _____

Instructor Rating _____

Instructor Rating _____

Instructor Rating _____

Instructor Rating _____

Instructor Rating _____

Instructor Rating _____

Instructor Rating _____

Instructor Rating _____

Instructor Rating _____

Instructor Rating _____

Instructor Rating _____

Instructor Rating _____

Instructor Rating _____

5. Overall Rating Of The School

On a scale from 1 (="poor") to 5 (="excellent"), please indicate your overall assessment of the quality of this School:

1 2 3 4 5

Please offer any final comments or suggestions that you feel are appropriate.

_____

_____

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