Drug Recognition Expert

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Drug Recognition Expert

 A drug recognition expert or drug recognition evaluator (DRE) is a police officer trained to recognize impairment in drivers under the influence of drugs other than, or in addition to, alcohol. <u>The International Association of</u> <u>Chiefs of Police (IACP)</u> coordinates the International Drug Evaluation and Classification (DEC) Program with support from the National Highway Traffic Safety Administration (NHTSA) of the U.S. Department of Transportation. In addition to officers, who are certified as DREs, the DECP educates prosecutors and judges in the prosecution of drugged drivers.



DRE Working Definition of a "Drug"

ANY substance that when taken into the human body, can impair the ability of the person to operate a vehicle safely



How Drugs Work

- Homeostasis- dynamic balance, or steady state, involving levels of salts, water, sugars and other material in the body's fluids
- Drugs artificially create natural body reactions generally associated with the work of neurotransmitters and hormones
- Large, abusive doses of drugs may produce greatly exaggerated simulations of the natural action of hormones and neurotransmitters, sometimes with disastrous results

7-Categories of Drugs

- CNS Depressants
- CNS Stimulants
- Hallucinogens
- Dissociative Anesthetics
- Narcotic Analgesics
- Inhalants
- Cannabis



Central Nervous System Depressants

- Alcohol
- Barbiturates
- Non-Barbiturates
- Anti-Anxiety Tranquilizers
- Anti-Depressants
- Anti-Psychotic Tranquilizers



Alcohol

- The single most commonly abused drug
- Its effects are familiar to most people
- Alcohol is the model for the CNS Depressant category
- With very few exceptions, all CNS
 Depressants produce effects that are quite similar to the effects of alcohol



Alcohol



CNS Depressants Common Signs and Symptoms

- Reduced inhibitions
- Divided attention impairment
- Slowed reflexes
- Impaired judgement and concentration
- Impaired vision
- Lack of coordination
- Emotional instability

- Disoriented
- Droopy eyelids
- Drowsiness
- Drunk-like behavior
- Unsteady on feet
- Slow sluggish reactions
- Thick, slurred speech

Horizontal Gaze Nystagmus



Central Nervous System Stimulants



- Amphetamines
- Methamphetamine



10 Years of Meth Use



Central Nervous System Stimulants

- CNS Stimulants speed up the operation of the central nervous system, and of the various bodily functions controlled by the central nervous system.
- Cause the user to become hyperactive, extremely talkative.
- Speech may become rapid and repetitive.
- Heart rate increases.
- Blood pressure increases.

Central Nervous System Stimulants General Indicators

Anxiety

- Body Tremors
- Bruxism (grinding of the teeth)
- Dry mouth
- Euphoria
- Exaggerated reflexes
- Eyelid and body tremors
- Increased alertness
 - Irritability

Talkative



Central Nervous System Stimulants



Hallucinogens

• LSD

- Peyote
- Ecstasy
- Molly
- Psilocybin (mushrooms)



Hallucinogens

- Hallucinogens may create hallucinations. That is, they may create apparent perceptions of things not truly present.
- Hallucinogens may also create very distorted perceptions, so that the user sees, hears and smells things in a way quite different from how they really look, sound and smell.
- Instead, Hallucinogens cause the nervous system to send strange or false signals to the brain.
- Produce sights, sounds and odors that aren't real.
- Induce a temporary condition very much like psychosis or insanity.

Can create a "mixing" of sensory modes, for example, the user "hears colors," "sees music," "tastes sounds," etc., referred to as "Synesthesia."

Hallucinogens



Dissociative Anesthetics

- Phencyclidine (PCP)
- Ketamine
- Dextromethorphan (DXM)



Blank Stare

Dissociative Anesthetics General Indicators

- Confused
- Cyclic behavior
- Difficulty with speech
- Hallucinations
- Non-Communicative
- Perspiring
 - Extreme Violence

Dissociative Anesthetics



Narcotic Analgesics

- Heroin
- Morphine
- Codeine
- Prescription Pain Killers
- Fentanyl



Narcotic Analgesics

- Drug overdose is the second leading cause of death by injury in the United States today
- Drug overdose deaths now outnumber those caused by motor vehicle crashes and homicides
- The CDC reports that approximated 100 Americans died of overdose every day in 2010.

Narcotic Analgesic

- Persons under the influence of Narcotic Analgesics often pass into a semi-conscious type of sleep or near sleep.
- Persons "on the nod" may be awakened easily.
- They often are sufficiently alert to respond to questions effectively.
- Higher doses of Narcotic Analgesics can induce coma, respiratory failure and death.

Narcotic Analgesic

- "On the Nod"
 - Common indicator of narcotic analgesic abuse
 - Semiconscious
 - Droopy eyelids
 - Head slumped forward, chin on the chest
 - Easily awakened
 - Normally alert to questions

Narcotic Analgesics

Tolerance for a Drug

- The same dose of the drug will produce diminishing effects
- A steadily larger dose is needed to produce the same effects
- Diminished when "clean"

Narcotic Analgesics General Indicators

- Slowed reflexes
- Slow and raspy speech
- Slow, deliberate movements
- Slowed breathing
- Itching of the face, arms or body
- Constricted pupils (pinpoint)



Narcotic Analgesics

• Withdrawal signs and symptoms normally begin 4-6 hours after use

- Aches
- Chills
- Insomnia
- Nausea
- Goose bumps
- Vomiting
- Loss of appetite

NarcotignAnalghains

- "Slows" everything down
- Breathing will become slow and shallow
- Death can occur from severe respiratory depression
- Clammy skin
- Convulsions and coma
- Blue lips and pale or blue skin
 - Extremely constricted pupils

Narcotic Analgesics

Injection is the most common form of ingestion







Narcotic Analgesics

- Cooker (typically a spoon)
- Lighter or matches
- Tourniquet
- Cottons
- Syringe





Inhalants



• Glue

• Nitrous Oxide



Inhalants

- Inhalants are fumes of certain substances that produce mind altering results.
- There are three subcategories of inhalants:
- Volatile solvents (e.g., gasoline, glue, oil-based paint, cleaning fluids, paint remover, etc.)
- Aerosols (i.e., the propellant gases in spray cans, e.g., hair sprays, insecticides, etc.)
- Anesthetic Gases (e.g., nitrous oxide, ether, amyl nitrite, butyl nitrate, etc.)

Inhalants

- Different inhalants produce different effects.
- Many produce effects similar to those of CNS depressants.
- A few produce stimulant like effects.
- Some produce hallucinogenic effects.
- The inhalant abuser's attitude and demeanor can vary from inattentive, stuporous and passive to irritable, violent and dangerous.

The abuser's speech will often be slow, thick and slurred.

- Marijuana
- Hashish
- Marinol
- K-2 / Spice
- BHO



- The active ingredient in Cannabis is the substance known as "Delta-9 Tetrahydrocannabinol," or "THC."
- Apart from alcohol, marijuana is one of the most commonly abused drugs.



- 8-9 seconds User begins to feel and exhibit effects
- 10-30 minutes Peak effects are reached
- 2-3 hours User continues to feel and exhibit effects
- 3-6 hours User feels "normal"

- Body tremors
- Disoriented
- Debris in mouth (possible)
- Eyelid tremors
- Impaired perception of time and distance
- Increased appetite
 - Marked reddening of the conjunctive



Cannabis Butane Honey Oil-BHO

BHO is a waxy concentrated cannabis extract



BHO

HIGH TIMES 2015 VAPE PEN BUYER'S GUIDE

By Jen Bernstein June 29, 2015 🕴 🕈 🛡



Polydrug Use

- Though drug evaluation subjects may be under the influence of any one of the mentioned categories of drugs, it is not uncommon to find individuals who have taken several combinations of drugs.
- The term "polydrug" use refers to instances where the subject has ingested drugs from two or more drug categories.

"Speedball"

DRE Matrix

INDICATORS CONSISTENT WITH DRUG CATEGORIES

MAJOR INDICATORS	CNS DEPRESSANTS	CNS STIMULANTS	HALLUCINOGENS	DISSOCIATIVE ANESTHETICS	NARCOTIC	INHALANTS	CANNABIS
HGN	PRESENT	NONE	NONE	PRESENT	NONE	PRESENT	NONE
VGN	PRESENT (HIGH DOSE)	NONE	NONE	PRESENT	NONE	PRESENT (HIGH DOSE)	NONE
LACK OF CONVERGENCE	PRESENT	NONE	NONE	PRESENT	NONE	PRESENT	PRESENT
PUPIL SIZE	NORMAL (1)	DILATED	DILATED	NORMAL	CONSTRICTED	NORMAL (4)	DILATED (6)
REACTION TO LIGHT	SLOW	SLOW	NORMAL (3)	NORMAL	LITTLE OR NONE VISIBLE	SLOW	NORMAL
PULSE RATE	DOWN (2)	UP	UP	UP	DOWN	UP	UP
BLOOD PRESSURE	DOWN	UP	UP	UP	DOWN	UP / DOWN (5)	UP
BODY TEMPERATURE	NORMAL	UP	UP	UP	DOWN	UP / DOWN / NORMAL	NORMAL
MUSCLE TONE	FLACCID	RIGID	RIGID	RIGID	FLACCID	NORMAL OR FLACCID	NORMAL

FOOTNOTE: These indicators are those most consistent with the category, keep in mind that there may be variations due to individual reaction, dose taken and drug interactions.

Soma, Quaaludes and possibly some anti-depressants usually dilate pupils. Quaaludes, ETOH and possibly some anti-depressants may elevate. Certain psychedelic amphetamines may cause slowing. Normal, but may be dilated. Down with anesthetic gases, up with volatile solvents and aerosols. Pupil size possibly normal. (1) (2) (3) (4) (5) (6)

DRE Matrix

	CNS DEPRESSANTS	CNS STIMULANTS	HALLUCINOGENS	DISSOCIATIVE ANESTHETICS	NARCOTIC ANALGESICS	INHALANTS	CANNABIS
GENERAL	Disoriented Droopy eyes (Ptosis) Drowsiness Drunk-like behavior Gait ataxia Slow, sluggish reactions Thick, slurred speech Uncoordinated <u>NOTE</u> : With Methaqualone, pulse will be elevated and body tremors will be evident. Alcohol and Quaaludes elevate pulse. Soma and Quaaludes dilate pupils.	Anxiety Body tremors Dry mouth Euphoria Exaggerated reflexes Excited Eyelid tremors Grinding teeth (Bruxism) Increased alertness Insomnia Irritability Redness to nasal area Restlessness Runny nose Talkative	Body tremors Dazed appearance Difficulty w/speech Disoriented Flashbacks Hallucinations Memory loss Nausea Paranoia Perspiring Poor perception of time and distance Synesthesia Uncoordinated <u>NOTE</u> : With LSD, piloerection may be observed (goose bumps, hair standing on end).	Blank stare Confused Chemical odor Cyclic behavior Difficulty w/speech Disoriented Early HGN Onset Hallucinations Incomplete verbal responses Increased pain threshold "Moon Walking" Muscle rigidity Warm to touch Non communicative Perspiring Possibly violent Sensory distortions Slow, slurred speech	Constricted pupils Depressed reflexes Drowsiness Droopy eyelids (Ptosis) Dry mouth Euphoria Facial itching Nausea "On the Nod" Puncture marks Slow, low, raspy speech Slowed breathing <u>NOTE</u> : Tolerant users exhibit relatively little psychomotor impairment.	Bloodshot, watery eyes Confusion Disoriented Flushed face Intense headaches Lack of muscle control Non-communicative Odor of substance Possible nausea Residue of substance Slow, thick, slurred speech <u>NOTE</u> : Anesthetic gases cause below normal blood pressure; volatile solvents and aerosols cause above normal blood pressure.	Body tremors Disoriented Debris in mouth Eyelid tremors Impaired perception of time & distance Increased appetite Marked reddening of conjunctiva Odor of Marijuana Possible paranoia Relaxed inhibitions
DURATION OF EFFECTS	Barbiturates: 1-16 hours Tranquilizers: 4-8 hours Methaqualone: 4-8 hours	Cocaine: 5-90 minutes Amphetamines: 4-8 hours Meth: 12 hours	Duration varies widely from one hallucinogen to another. LSD: 4-6 hours Psilocybin: 2-3 hours	PCP Onset: 1-5 minutes Peak Effects: 15-30 minutes Exhibits effects up to 4-6 hours DXM: Onset 15-30 min. Effects 3-6 hours	Heroin: 4-6 hours Methadone: Up to 24 hours Others: Vary	6-8 hours for most volatile solvents Anesthetic gases and aerosols – very short duration	2-3 hours – exhibit effects (Impairment may last up to 24 hours, without awareness effects.)
USUAL METHODS OF ADMINISTRATION	Oral Injected (occasionally)	Insufflation (snorting) Smoked Injected Oral	Oral Insufflation Smoked Injected Transdermal	Smoked (PCP) Oral Insufflation (PCP) Injected (PCP) Eye drops	Injected Oral Smoked Insufflation	Insufflation (Historically, have been taken orally.)	Smoked Oral
OVERDOSE SIGNS	Shallow breathing Cold, clammy skin Pupils dilated Rapid, weak pulse Coma	Agitation Increased body temperature Hallucinations Convulsions/Seizures	Long intense "trip"	Long intense "trip"	Slow, shallow breathing Clammy skin Coma Convulsions	Coma	Fatigue Paranoia

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Common Concealment Techniques





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