



## NATIONAL SAFETY COUNCIL

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### Position/Policy Statement

#### Drug Recognition Experts

##### **Need for Policy Position:**

By adopting this position, NSC will be able to increase involvement in the area of drug-impaired driving, enabling us to become a leader on driving safety and impairment as states continue the trend of decriminalizing marijuana, over-the-counter and prescription drug use increases and illegal drug use increases.

This policy position is based on the National Safety Council Alcohol and Drugs Impairment Division Marijuana and Driving Impairment Research.

##### **NSC Policy/Position:**

Driving under the influence of impairing substances is an important public safety concern. Drug impaired driving endangers those both inside and outside a driver's vehicle. However, drug impairment is not all readily revealed by tests used for alcohol; therefore, alternative methods to determine impairment must be available.

Drug recognition experts (DREs) are trained officials who can evaluate the signs of impairment from drugs, to allow for the enforcement of impaired driving laws in the absence of physical tests at the roadside.<sup>1</sup> NSC supports increased federal, state and local funding for training and deployment of drug recognition experts. As necessary, NSC also supports the continued validation and refinement of the 12-step DRE process to improve the effectiveness and outcomes achieved by the program.

NSC also supports Advanced Roadside Impaired Driving Enforcement (ARIDE) training for law enforcement officials. ARIDE training bridges the gap between Standardized Field Sobriety Testing (SFST) training and full Drug Evaluation and Classification (DEC) Program, which results in DRE certification.

##### **Facts**

DREs are police officers trained to recognize impairment in drivers under the influence of drugs, including but not limited to alcohol.<sup>2</sup> If a DRE determines that a driver is too impaired to operate

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<sup>1</sup> <http://www.decp.org/drug-recognition-experts-dre/>

<sup>2</sup> Ibid

a vehicle in a safe manner, s/he will look for indications of the drug or drugs suspected, by the common perceivable effects the drugs have on the human body.<sup>3</sup> A DRE accomplishes this by conducting a 12-step drug evaluation process looking for impairment in 7 drug categories, utilizing his or her expert knowledge of impairment. These seven categories of classifications a DRE is looking for are depressants, stimulants, dissociative anesthetics, cannabis, hallucinogens, inhalants, and narcotic analgesics.

The 12-step process for a DRE evaluation consists of:<sup>4</sup>

1. An initial breath alcohol test by the arresting officer to determine if the suspected impairment is attributable (at least in part) to alcohol. If the result does not explain the suspected impairment, the officer can request a full DRE evaluation.
2. The DRE officer and arresting officer discuss the circumstances of the stop, including the subject's behavior, appearance and driving.
3. The DRE conducts a preliminary investigation of the subject, similar to the interview portion of a field sobriety test. This includes questioning on recent ingestion of food, drugs and other substances while checking for physical response. This also includes determining if the suspect's pupils are of equal size and if the eyes can follow a moving stimulus and track equally. The DRE also checks for horizontal gaze nystagmus test (checking for involuntary jerking of the eye that can be caused by certain substances) and takes the subject's pulse. If the DRE determines there is still probable cause to suspect drug impairment, he or she continues to the next step.
4. The DRE examines the subject for horizontal gaze nystagmus, vertical gaze nystagmus, and lack of convergence.
5. The DRE administers four psychophysical tests: the Modified Romberg Balance, the Walk and Turn, the One Leg Stand, and the Finger to Nose test.
6. The DRE takes the subject's blood pressure, temperature, and pulse (for a second time).
7. The DRE estimates the subject's pupil sizes under three different lighting conditions with a measuring device called a pupilometer. The device will assist the DRE in determining whether the subject's pupils are dilated, constricted, or normal.
8. The DRE examines the subject's skeletal muscle tone. Certain categories of drugs may cause the muscles to become rigid. Other categories may cause the muscles to become very loose and flaccid.
9. The DRE examines the subject for injection sites, which may indicate recent use of certain types of drugs. The DRE also takes the subject's pulse for the third and final time.
10. The DRE typically reads *Miranda Rights*, if not done so previously, and asks the subject a series of questions regarding the subject's drug use.
11. Based on the totality of the evaluation, the DRE forms an opinion as to whether or not the subject is impaired. If the DRE determines that the subject is impaired, the DRE will indicate what category or categories of drugs may have contributed to the subject's impairment.
12. After completing the evaluation, the DRE normally requests a urine, blood and/or saliva sample from the subject for a toxicology lab analysis and ultimate confirmation.

Formally established by the Los Angeles Police Department in 1979, the success of the program quickly attracted the attention of the National Highway Traffic Safety Administration (NHTSA).<sup>5</sup> In cooperation with the International Association of Chiefs of Police (IACP), NHTSA

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<sup>3</sup> <http://www.decp.org/drug-recognition-experts-dre/12-step-process/>

<sup>4</sup> Ibid

<sup>5</sup> <http://www.decp.org/drug-recognition-experts-dre/>

initiated Drug Evaluation and Classification (DEC) pilot programs in 4 states in 1987, increasing to 7 states in 1988 before a continued expansion beginning in 1989.

Currently, all 50 states, DC, Canada and several other countries participate in the program.<sup>6,7</sup> Of the approximate 8,000 DREs internationally, through 2016, approximately 2,350 were employed with state police and highway patrol agencies, approximately 4,100 were affiliated with city police and municipal agencies, approximately 1,250 were with sheriff's departments and 296 were with other agencies (military police, fish & game, etc). The number of completed enforcement evaluations has continuously risen on an annual basis, with 31,421 completed evaluations in 2016-compared with 21,865 in 2011.<sup>8</sup> Cannabis was the most frequently identified drug category in 2016, with 13,603 opinions citing it as the impairing substance.<sup>9</sup> Funding for more training is vital, especially as drug use is increasing in this country and states are decriminalizing marijuana. Presently, the bulk of funding for training comes from Impaired Driving Countermeasures Grants under Section 405 of the FAST Act, which allows for use of grant funds for DRE training. Both the House and Senate have recommended the NHTSA requested funding level of \$597.629 million for Highway Traffic Safety Grants in FY 18, which includes \$147.105 million for Impaired Driving Countermeasures Grants.

*This position statement reflects the opinions of the National Safety Council but not necessarily those of each member organization.*

Adopted by the National Safety Council, 2018

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<sup>6</sup> Ibid

<sup>7</sup> 2015 Annual Report of the IACP Drug Evaluation & Classification Program. Accessed at [http://www.decp.org/wp-content/uploads/2017/05/203203\\_IACP\\_2015\\_DEC\\_Annual\\_Report\\_FINAL.pdf](http://www.decp.org/wp-content/uploads/2017/05/203203_IACP_2015_DEC_Annual_Report_FINAL.pdf)

<sup>8</sup> Ibid

<sup>9</sup> Ibid