INTRODUCTION

The Drug Evaluation and Classification Program (DECP) was developed to assess drivers for impairment due to drugs other than alcohol. The assessment protocol performed by Drug Recognition Experts (DREs) is a systematic and standardized procedure. Included are a series of interviews and observations, psychomotor tests, measurements of vital signs and clinical indicators, and a toxicological evaluation. The purposes of the procedure are: (1) to provide the officer with the necessary evidence to determine whether or not the suspect is impaired, (2) to determine whether the observed impairment is due to drugs rather than a medical condition and, (3) to determine which category (or categories) of drugs might be responsible for the observed impairment.

Since its inception in the late 1970s, the DECP has been adopted by all 50 states; Washington, D.C. and Canada. It also has served as the basis for similar programs in other countries. Despite widespread use and strong support among highway safety advocates, the program is not without its challenges. For example, proficiency in the techniques of the DECP requires rigorous training that only a select group of officers have the opportunity and desire to obtain. Further, the results of the assessment are subject to challenges in court. Nevertheless, the DECP continues to grow and has become a central component of the U.S. criminal justice system response to drug-impaired driving.

The purpose of this project was to identify areas where potential modifications could be implemented to enhance the efficiency and effectiveness of the DECP.

RESULTS

Areas of potential improvement were identified through a literature review, analysis of data from DEC evaluations, review of international programs, investigation of new technologies and key informant interviews. Explanations of the suggestions below, along with a relative timeline, are provided in the full report. It should be noted that a suggestion to alter an aspect of the DECP does not necessarily imply that a problem exists. Rather, the following suggestions are made primarily for the purposes of enhancing the DECP as leveraged in practice. Ideally, this list will guide discussion by the DECP Technical Advisory Panel and other stakeholders.

1. Encourage the implementation of computer tablets for use by DREs to record the results of evaluations.
2. Examine the potential value associated with the use of equipment that provides automated measurement of (a) body temperature and (b) blood pressure and pulse.
3. Allow the use of ocular recording devices.
4. Revise the drug influence evaluation face sheet to include a place for the recording of the presence or absence of eyelid and leg tremors.
5. Add a second measurement of blood pressure.
6. Develop standard scoring systems for the Finger to Nose test and the Modified Romberg Balance test.
7. Encourage the use of subject matter experts to instruct at DRE training schools.
8. Consider the inclusion of measuring respiration rate as a vital sign.
10. Investigate the use of oral fluid to test for the presence of drugs.
11. Encourage and support new validation studies.
12. Incorporate a probationary period following completion of training and certifications during which a candidate must review a specified number of enforcement evaluations (e.g., five) under the supervision of an instructor.

METHODOLOGY

The project utilized five methods:

- A review of the evidence supporting the various components of the DECP as well as a review of the evidence pertaining to its validity and effectiveness.
- A survey of practices for assessing suspected drug-impaired drivers in selected countries around the world to determine if there are alternative or additional approaches that could be adopted.
- An investigation and review of new technologies that could be introduced into the DECP to assist with measurement and improve efficiency.
- Key informant interviews with individuals who have a connection to, or involvement with, the DECP to gather their thoughts and insights into the program as well as suggestions for improvement.
- An examination of data from a large number of DECP evaluations to examine differences in the various indicators from the assessment according to the type of drug ingested.