

NW Evaluator

The Pacific Northwest

Drug Recognition Expert Newsletter



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DRE EVALUATION LEADS TO MAJOR DRUG CASE

For many years, I have told various people in Oregon and around the country how DREs can have a major impact on drug investigations and drug seizures. The following is an excellent example of an Oregon case where a Drug Recognition Expert (DRE) conducted a drug-impaired driving evaluation that turned into a very successful drug investigation.

On August 5, 1999, a Roseburg City Police Officer in Oregon stopped a driver in Roseburg who was driving the wrong way on a one-way street. The officer determined that the driver was impaired and arrested the 21-year-old male driver for DUI. The suspect was transported to the local jail and given a breath test, which resulted a .01% BAC. The degree of impairment noted by the arresting officer did not correspond with the breath test results, so he requested a local DRE to conduct a drug evaluation on the suspect. Senior Trooper Tim Plummer, an Oregon State Police DRE, responded and conducted the evaluation and determined that the suspect was under the influence of cannabis (marijuana) and a hallucinogen.

After the arrest, the arresting officer located a small baggy of suspected psilocybin mushrooms in the car. Senior Trooper Plummer questioned the suspect about the drugs located in the vehicle and about his drug use, which is common practice as part of the DRE evaluation. The suspect advised Senior Trooper Plummer of his drug use and where he had obtained the mushrooms. Senior Trooper Plummer then contacted an Oregon State Police detective assigned to the local drug team, requesting that he respond to the jail to continue the investigation. The detective responded and interviewed the suspect, who provided information about a mushroom grow in the local area. Based upon the DRE investigation and the statements of the suspect, a search warrant was applied for and obtained for a residence near Roseburg. Several days later, the local drug team served the search warrant, which resulted in the arrest of two people and the recovery of 63 pounds of psilocybin mushrooms from an outdoor grow operation. It was determined that the majority of the mushrooms were being shipped to China for sale and distribution. The mushroom seizure was, and still is, the largest in Oregon. (continued on page 2)



DRE EVALUATION LEADS TO MAJOR DRUG CASE (Cont. from front page)

However, the investigation did not end there. As a result of the first search warrant, DEA got involved and the investigation identified other suspects. The investigation continued over two years and recently culminated in the following activities:

- **A total of 21 search warrants executed;**
- **11 people arrested;**
- **68 additional pounds of psilocybin mushrooms seized (131 pounds total);**
- **Seizure of varying amounts of Marijuana, LSD, Barbitual and Bufotanine (a hallucinogen);**
- **Seizure of \$22,000 in cash;**
- **And the seizure of five parcels of real estate.**

This is one of the best examples of the partnership between DREs and local drug investigators and how a drugged driving investigation can result in a very successful drug investigation.

Cases like this, and others like it, need to be passed on to law enforcement administrators and drug enforcement officials, justifying the training of DREs and their partnerships with drug enforcement investigators, as we all strive to deter and combat drug-impaired driving and the use and abuse of drugs in our country.

Captain Chuck Hayes
Oregon State Police / Patrol Services Division
Oregon Drug Evaluation Classification Program Coordinator

HIGHWAY SAFETY LEADERS: PER SE LAWS WON'T SOLVE DRUGGED DRIVING PROBLEM

The Governor's Highway Safety Association (GHSA) is encouraged by the White House Drug Czar's new effort to raise public awareness of the problem of drugged driving. At the same, GHSA is concerned that this new federal focus will encourage states to enact solutions that may not be effective.

In November of this year, the Office of National Drug Control Policy (ONDCP) announced a new drugged driving public education campaign, its support for increasing resources for state and local enforcement efforts, and a model policy for

state drugged driving legislation which calls for each state to pass "per se laws" - laws that would make the mere presence of drugs in the body a crime. GHSA Chair Yvonne McBride says, "We are really pleased to see ONDCP so focused on a highway safety problem. However, we do not think there is scientific evidence that supports the need for per se laws. It is unclear how passage of a per se law will help in the detection of drugged drivers. Most of these offenders are also driving drunk in addition to being drugged. When apprehended, they are charged with a drunk driving offense. GHSA questions how drugged driving per se laws will improve the charging of these violations."

Furthermore, there are a number of issues that need to be researched before additional states consider passing per se laws. These include:

- There are not national standards for measuring drug-impaired drivers that are equivalent to Blood Alcohol Content tests (BAC) for drunk drivers. Given this, while we know drugged driving is a significant highway safety problem, we do not know the full scope of the problem. More studies need to be conducted to help us understand the frequency of drugged driving.
- Eight states currently have per se laws for drugs. The federal government should conduct evaluations of these laws' effectiveness before urging additional states to pass similar measures.
- The federal government should evaluate the drug detection tests that are currently on the market for their accuracy, reliability, and cost-effectiveness.
- ONDCP's suggested model state law does not differentiate between illegal substances and legal substances such as over-the-counter medications, glue, or paint. More study needs to be done to show the type of characteristics that people impaired with legal substances tend to exhibit. Also, there also needs to be a clear way to define and to measure impairment by legal substances.

McBride is also concerned that a new push for drugged driving legislation may distract states from passing drunk driving legislation. She says, "There is clear proof that passing anti-drunk driving measures, such as .08 BAC, repeat offenders, and other drunk driving legislation will save lives. There is not such evidence for drugged driving per se laws." Additionally, while it is not known how many highway safety deaths drugged driving causes, drunk drivers killed more than 17,000 people last year. McBride says,

“Limited resources require states to focus our efforts where they will have the greatest impact, which is toward the drunk driver.”

GHSA stresses that while more research is being conducted to determine the best detection methods and countermeasures to drugged driving, the federal government should increase its support for Drug Recognition Experts (DRE). Once certified, these officers learn basic drug terminology, pharmacology, how to identify categories of drugs, and the indicators of impairment. These officers also learn how to present evidence of drug impairment that is acceptable to the judicial system. Only 35 states currently have DRE programs. Even states that have DRE programs may not have the resources to train the needed number of officers. In Georgia, for example, the Georgia Police Academy was forced to deny more than 300 volunteers who wanted to become DREs due to insufficient financial resources. McBride says, “Our biggest problem related to drugged driving isn’t that we don’t have enough legislation, it’s that we don’t have enough resources to detect drugged drivers. Greater support for the DRE program will help eliminate this challenge and therefore, GHSA encourages the federal government to adequately fund DRE programs in every state.”

In conclusion, McBride says that drugged driving, like drunk driving, is not a new problem and that states will continue to focus on these issues with innovative education and enforcement programs. She says, “States are working hard on the impaired driving problem and we need the federal government to provide additional resources for it.”

Source: Governor’s Highway Safety Association
December 11, 2002

DRE GOES CROSS COUNTRY IN CANADA

Canada will hold its first countrywide DRE school January 13 - 24, 2003. The training will be held at the Ontario Police College in Aylmer, which is southeast of London, Ontario. After completing the classroom training, students will conduct their field certifications in Toronto.

The students will be a mixture of RCMP and municipal agencies and will include Customs and Corrections personnel from Canada. The

students will come from Alberta, Saskatchewan, Ontario, Quebec and Nova Scotia. British Columbia and Manitoba will be excluded because they already have DRE’s in those provinces.

The lead instructors for the course will be Wayne Jeffery (retired RCMP) and Evan Graham of the RCMP in British Columbia. Other instructors for the training will come from the RCMP and DRE instructors from Vancouver, Victoria, and West Vancouver.

The Ontario School will be the first course provided through federal funding. The funding became available due to the pending decriminalization of marijuana (a federal citation for possession of small quantities).



KIDS’ USE OF PRESCRIPTION DRUGS OUTPACES SENIORS’

Growth in use of prescription drugs, including Ritalin and other medications for psychological disorders, is growing faster among children than among senior citizens, with spending per patient up to 28 percent for those under age 19.

The Associated Press reported September 19, 2002, that a survey by Medco Health Solutions, a pharmacy managed-care firm, found that the most-prescribed drugs for children are for allergies, asthma, and infections. But prescriptions for Ritalin and other drugs for neurological and psychological disorders were also common. And childrens’ prescriptions for heartburn and other gastrointestinal drugs jumped 660 percent over the past five years.

Spending on drugs for attention deficit hyperactivity disorder (ADHD), like Ritalin, was up 122 percent over the past four years, accounting for eight percent of all drug spending on children. Anti-depression medications accounted for five percent of child prescription spending.

Observers worry about the long-term impact of prescribing these types of drugs to children, especially since they only have been tested on adults.

Source: Association Press

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9TH ANNUAL IACP “Drugs, Alcohol, & Impaired Driving Seminar”

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