

128795

**U.S. Department of Justice
National Institute of Justice**

This document has been reproduced exactly as received from the person or organization originating it. Points of view or opinions stated in this document are those of the authors and do not necessarily represent the official position or policies of the National Institute of Justice.

Permission to reproduce this ~~copyrighted~~ material has been granted by

Public Domain/OJP/OJJDP
U.S. Department of Justice

to the National Criminal Justice Reference Service (NCJRS).

Further reproduction outside of the NCJRS system requires permission of the ~~copyright~~ owner.

OJJDP Update on Programs

Robert W. Sweet, Jr., Administrator

Reprinted from *NIJ Reports* No. 221, Summer 1990

Drug Recognition Techniques: A Training Program for Juvenile Justice Professionals

Youthful drug and alcohol use continues to be a prime concern—and challenge—for the juvenile justice system in all parts of the country. *Children in Custody*¹ reported that the number of juveniles held in custody in 1987 for alcohol or drug offenses had increased by more than 50 percent since 1985. A study² of the use of illegal drugs by youth in long-term, State-operated juvenile institutions found the following:

- The median age of onset of drug use in that population was 12 years.
- A total of 80 percent of the juveniles had used drugs.
- A total of 59.7 percent used drugs regularly.
- A total of 39.1 percent were under the influence of drugs at the time of the offense.

A Washington, D.C., study³ reported that overall drug use for the 4,565 juveniles tested in 1988 was 25 percent; cocaine or crack remained the “drug of choice” for 19 percent. Clearly, juvenile justice professionals need strategies that address the drug and crime problem.

In response to the need for early identification of drug-using juveniles, the Office of Juvenile Justice and Delinquency Prevention (OJJDP) is sponsoring the development of a training program for juvenile intake staff, probation officers, and after-care workers who have daily direct contact with juveniles. For OJJDP, the American Probation and Parole Association (APPA), with staff provided by the Council of State Governments, adapted the Drug Recognition Expert Curriculum from the Los Angeles Police Department (LAPD). This program teaches “drug

recognition techniques” to juvenile justice professionals, developing their knowledge and skills to identify youth under the influence of drugs in general (including alcohol) and those who have recently used certain categories of drugs.

The 12 steps in the process range from interviewing the subject to checking for injection sites, monitoring vital signs, and administering some simple psychophysical tests. From the results, a staff member should be able to focus on broad families

¹ *Children in Custody 1987*, Juvenile Justice Bulletin, Office of Juvenile Justice and Delinquency Prevention, U.S. Department of Justice.

² *Survey of Youth in Custody 1987*, Beck, A.J.; Kline, S.A.; and Greenfield, L.A. Bureau of Justice Statistics, U.S. Department of Justice.

³ *1988 Drug Use Trends and Findings*, Washington, D.C., Juvenile Pretrial Services.

From the Administrator

Juveniles who use illegal drugs constitute a fair share of youth who enter the juvenile justice system. While drug and alcohol cases account for a percentage of the delinquency cases handled by the juvenile court each year, youth adjudicated for other delinquent acts may also have drug problems.

It is important to identify such youth as soon as they enter the system, as they may need special treatment and supervision. Early identification can yield more appro-

priate court intervention decisions and help target financial resources.

OJJDP has therefore sponsored the development of the Drug Recognition Techniques Training Program for use by juvenile justice professionals on a nationwide basis. The program helps juvenile justice professionals develop their ability to identify youth under the influence of drugs. It teaches an evaluation process that focuses on the early identification of drug-using juveniles to ensure that the system's intervention is quick and responsive.

At a time when concern over illegal drug use by youth is high, OJJDP is exploring techniques that will assist juvenile justice professionals in improving their response to young people who use drugs. We believe the information in this *OJJDP Update* will enable juvenile justice professionals to focus their efforts on the youth who most need their help.

Robert W. Sweet, Jr.
Administrator

of drugs used. The broad categories of drugs identified through this evaluation are narcotic analgesics, central nervous system stimulants and depressants, hallucinogens, PCP and its analogs, cannabis, and inhalants.

The LAPD program underwent both laboratory and field testing before adaptation by APPA. The National Highway Traffic Safety Administration (NHTSA) and the National Institute on Drug Abuse (NIDA) conducted a laboratory study at the Johns Hopkins University, and, as a result of the Hopkins study, a field evaluation was conducted in 1986.

In the 1985 Hopkins study, subjects received varying doses of marijuana, central nervous system (CNS) depressants, or CNS stimulants. Police identified the "no-drug" subjects correctly 95 percent of the time. And 98.7 percent of the time police identified as impaired those who had received drugs.

In the field test, a larger number of trained police officers in Los Angeles evaluated people who were actually arrested for driving under the influence or for drug use, alone or in combination with alcohol. Using drug recognition techniques, the police correctly identified at least one drug family (other than alcohol) 87 percent of the time.

An overview of the Drug Recognition Techniques Training Program was presented at the American Probation and Parole Association Annual Institute in Milwaukee on August 6, 1989. The next month, probation and parole officers from across the country participated in a 3-day pilot training session in San Francisco, where they received an introduction to the evaluation process, physiological and pharmacological information on all seven drug categories, and a demonstration of the evaluation techniques.

From that introduction followed requests for expanded training and implementation in home jurisdictions. Joint efforts of OJJDP and the New York City Probation Department resulted in an 8-day session for selected city staff in February 1990, including 3 days of hands-on practice.

Teaching drug recognition process techniques

Training is necessary for juvenile justice professionals to implement the techniques correctly. The steps need to be followed rigorously to maintain their legal integrity, and the medical examinations require some practice to be performed effectively (see box on page 3).

During the training course, participants practice drug recognition techniques while receiving feedback from instructors. The training period is based on the needs of the participants (i.e., their knowledge on entering the course and the use they make of the techniques). For instance, the probation officer and police officer on the street may need more hands-on practice than a court employee. The program can last 4 days or longer.

The Drug Recognition Techniques Training Program teaches juvenile justice professionals a systematic, standardized evaluation process. It is systematic in that it is based on a variety of observable signs and symptoms, known to reliably indicate drug impairment. The conclusion is based on the complete analysis, not on any single element of the evaluation. The process is standard in that it is conducted in the same way for every juvenile.

The recognition techniques include the evaluation of specific physical and behavioral symptoms (examination of eyes and vital signs, scrutiny of speech and coordination) that indicate if a juvenile:

- Is currently under the influence of drugs (substances actively circulating in the blood).
- Has recently used drugs (within the last 3 days). The evaluation can also provide information about the category of drug used.

The evaluation will *not* identify the exact drug or drugs a juvenile has used. The process permits the presence of drugs to be narrowed down to certain broad categories (for example, central nervous system stimulants), but not to specific drugs such as cocaine. It can be determined that a juvenile probably used a narcotic anal-

gesic but not whether it was morphine, codeine, heroin, or some other substance.

The evaluation does *not* substitute for chemical testing of juveniles who exhibit signs of drug influence or recent use. The process will usually supply accurate grounds for suspecting that a particular category of drugs is present in urine or blood, but sample collection and analysis must still be done if *scientific or legal evidence* is needed.

Drug categories

The evaluation process can suggest the presence of seven broad categories of drugs, distinguishable from each other by observable signs they generate in users:

1. Central nervous system stimulants (e.g., cocaine, amphetamines, methamphetamines).
2. Central nervous system depressants (e.g., alcohol, barbiturates, tranquilizers).
3. Hallucinogens (e.g., LSD, peyote, psilocybin—but not PCP).
4. Narcotic analgesics (e.g., Demerol, codeine, heroin, methadone).
5. Phencyclidine (PCP and its analogs).
6. Cannabis (e.g., marijuana, hashish, hash oil).
7. Inhalants (e.g., model airplane glue, aerosols).

Drug recognition techniques

Professionals who implement the drug recognition techniques should follow these 12 steps, in the given order:

1. Take a drug history. Ask a structured series of questions concerning prior drug involvement. The drug history may reveal patterns of usage that will be of assistance in the evaluation.

2. Administer a breath alcohol test. With a breath-testing device, you can determine if alcohol is contributing to the juvenile's observable impairment and whether the concentration is sufficient to be the sole cause of that impairment. An accurate and immediate measurement of blood alcohol

determines the juvenile's blood alcohol concentration (BAC). If the BAC is not sufficient to produce the observed level of impairment, continue the evaluation to detect the presence of other drugs. The BAC is also useful in determining if a juvenile is in need of immediate medical treatment or other special attention.

3. Perform the preliminary examination (prescreen). Ask a structured series of questions, make specific observations, and have the juvenile perform simple tests that provide your first opportunity to examine the youth closely and directly. Determine if the juvenile is suffering from an injury or some other condition not necessarily related to drugs. You can also begin to systematically assess the juvenile's appearance and behavior for signs of possible drug influence or drug use, as well as screening out juveniles who do not exhibit signs of drug use. For asymptomatic juveniles, no further evaluation or drug testing is necessary.

4. Examine the eyes. The inability of the eyes to converge toward the bridge of the nose suggests the presence of certain drugs, such as cannabis. Other categories of drugs can induce horizontal-gaze nystagmus, an involuntary jerking that may occur as the eyes gaze to one side or as they are elevated. CNS depressants (alcohol, barbiturates, tranquilizers) will typically cause horizontal-gaze nystagmus.

5. Administer the divided-attention psychophysical tests. These include the Romberg Balance, the Walk and Turn, One-Leg Stand, and Finger to Nose. Specific errors of omission or commission can point toward specific categories of drugs causing impairment. For example, a juvenile under the influence of a CNS stimulant (cocaine or amphetamines) may move very rapidly on the Walk and Turn test but exhibit a distorted sense of time on the Romberg test (estimating 15 seconds to be 30).

6. Perform the dark room examination. Make systematic checks of the size of the pupils, the reaction of the pupils to light, and evidence of drugs taken by nose or mouth. Certain categories of drugs affect the eyes, especially the pupils, in predictable ways. For example, a juvenile under

the influence of a CNS stimulant or hallucinogen will have dilated (enlarged) pupils. A juvenile under the influence of a narcotic analgesic such as heroin will have extremely constricted (small) pupils, which will exhibit little or no response to the presence or absence of light.

7. Examine vital signs. Perform systematic checks of the juvenile's blood pressure, pulse rate, and temperature. Certain categories of drugs (including stimulants) will elevate blood pressure and pulse rate, raise the body temperature, and cause breathing to become rapid. Other drugs, including narcotic analgesics, have the opposite effects.

8. Examine for muscle rigidity. Certain categories of drugs, such as phencyclidine

(PCP), can cause the muscles to become hypertense and very rigid.

9. Look for injection sites. Some users of certain categories of drugs routinely or occasionally inject their drugs. Evidence of hypodermic needle use (scars or "tracks") may be found in veins along the arms, legs, or neck. Injection sites are frequently found on users of narcotic analgesics.

10. Interview the juvenile; make observations. Based on the results of the previous steps, you should have formed at least a suspicion about the category or categories of drugs that may be present. Attempt to interview the juvenile concerning the specific drug or drugs.

Training Program on Drug Recognition Techniques

The program offers juvenile justice professionals the opportunity to acquire additional knowledge and skills through lectures, demonstrations, participant practice, and small group exercises. The training focuses on specific pharmacological information and physiological signs and symptoms associated with the seven drug categories, as well as demonstration and practice of the evaluation techniques (e.g., examination of eyes, vital signs, and possible injection sites). The following topics are discussed in the training:

- History of the drug recognition program.
- Drugs, crime, juveniles, and drug recognition techniques.
- Explanation of the drug evaluation process.
- Overview of physiology and drugs.
- Eye examinations and practice.
- Divided-attention psychophysical tests.
- Examination for injection sites.

- Vital signs examination and practice.
- Demonstration of the evaluation sequence.
- Central nervous system depressants.
- Central nervous system stimulants.
- Hallucinogens (excluding PCP).
- Narcotic analgesics.
- Cannabis.
- Phencyclidine.
- Inhalants.
- Drug combinations.
- Practice test interpretation.
- Court testimony.
- Resources.

The American Probation and Parole Association (APPA) estimates the cost of providing this drug recognition techniques training to be between \$8,000 and \$12,000, on a group basis, for a 5- to 8-day training session. To obtain more information about this training, call Tim Matthews at APPA (606-231-1915).

11. Form your own opinion. Based on all the evidence and your observations, you should be able to reach an informed conclusion about the following:

- Whether the juvenile is under the influence of drugs or has recently used drugs.
- If so, the category or categories of drugs that are the probable cause of the youth's impairment.

12. Request a toxicological examination. Chemical tests provide scientific, admissible evidence to substantiate your conclusions. Generally, urinalyses are performed (90 percent of the time); in some cases, blood tests are ordered also.

Application of drug recognition techniques

Drug recognition techniques offer an additional tool for the early identification of juveniles using drugs. The techniques have a wide range of applications throughout the juvenile justice system—at intake and during field or institutional supervision.

- *Juvenile intake.* Accurate knowledge concerning a juvenile's drug use can

assist staff in making detention/release decisions—information needed because of the risks drug-impaired juveniles may pose to themselves and the community. The ability of staff to recognize symptoms associated with drug influence, overdoses, and withdrawal will contribute to more appropriate medical referrals.

- *Investigation.* Self-disclosure during predisposition investigation frequently fails to identify a juvenile's involvement with drugs. The recognition techniques enable staff to make more accurate assessments.
- *Field supervision.* Drug recognition techniques enable juvenile justice professionals to make immediate and appropriate casework decisions regarding intervention, recommendations for urinalysis, treatment referrals, or violation proceedings.
- *Institutional supervision.* Recognizing physical symptoms associated with drug use enables staff to better monitor recent drug use of juveniles housed in open institutions as well as those returning from furlough.
- *Intensive supervision.* The collection of urine samples in the field is particularly time consuming, costly, and disruptive.

Staff members trained in drug recognition techniques identify asymptomatic juveniles and exclude them from toxicological testing.

- *Budgetary benefits.* Eliminating testing for asymptomatic juveniles will produce substantial savings.

Conclusion

Juvenile justice professionals—State and local probation and aftercare agencies, as well as the courts—must be able to identify juveniles who need treatment and additional supervision. Drug recognition techniques offer a mechanism for immediate detection of drug use by juveniles, thus aiding in timely and appropriate intervention.

The Assistant Attorney General, Office of Justice Programs, coordinates the activities of the following program Offices and Bureaus: the Bureau of Justice Statistics, National Institute of Justice, Bureau of Justice Assistance, Office of Juvenile Justice and Delinquency Prevention, and the Office for Victims of Crime.

NCJ 124881 128795

U.S. Department of Justice
Office of Justice Programs
Office of Juvenile Justice and Delinquency Prevention
Washington, D.C. 20531

BULK RATE
POSTAGE & FEES PAID
DOJ/OJJDP
Permit No. G-91

Official Business
Penalty for Private Use \$300