

**The Bill Blackwood  
Law Enforcement Management Institute of Texas**

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**Drug Recognition Expert (DRE):  
A Valuable Resource, but Why are so Few Trained in Texas Law  
Enforcement?**

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**An Administrative Research Paper  
Submitted in Partial Fulfillment  
Required for Graduation from the  
Leadership Command College**

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September 2009**

## **ABSTRACT**

The lack of drug recognition experts (DRE) in Texas is relevant to contemporary law enforcement because it highlights the lack of agencies' manpower and dedication to this specialized training. It is a very valuable resource that is not being used to its full potential. The purpose of this research is to highlight the reasons why there are so few DREs in the state of Texas.

The method of inquiry used by the researcher included journals, articles, and program manuals. The researcher also included information from the Texas Drug Recognition Expert Course website, which included the Texas Drug Recognition Expert Course Applicant Summary. A survey was distributed to 36 participants, and two interviews were also conducted to obtain additional information.

The researcher discovered that modern day policing issues like manpower, promotion, and search warrants for blood are why officers are not being allowed to or do not have the ambition to become drug recognition experts. When a DRE is given a new assignment or promotion, the use of his skills as a DRE are becoming secondary to the new position. This lack of the DRE actually using his skills is deterring some from recertifying. Also, with the ever-increasing use of search warrants to obtain blood samples, the need for a lengthy evaluation to determine the influence of drugs is decreasing.

## TABLE OF CONTENTS

	Page
Abstract	
Introduction. . . . .	1
Review of Literature . . . . .	2
Methodology . . . . .	5
Findings . . . . .	6
Discussions/Conclusions . . . . .	11
References . . . . .	13
Appendix A	
Appendix B	

## INTRODUCTION

A drug recognition expert, also known as a DRE, is an individual who is specially trained to conduct examinations of suspected drug impaired drivers. This is done by a standardized and systematic 12-step evaluation process, where a DRE will be able to determine one or more of the seven categories of drugs the impaired driver is under the influence of. The DRE will only be able to complete this process after an extended amount of training as well as numerous field evaluations conducted on individuals who are under the influence of one or more drug categories. It is necessary to examine why, with approximately 205,000 Texas law enforcement officers, there are only approximately 350 currently trained DRE's in the state of Texas.

A DRE is not just a valuable resource to combating drug impaired drivers, but a lifesaver in preventing deaths due to drug related accidents. There are many agencies in Texas that do not have a DRE, and the purpose of this research is to show why agencies do not have a DRE. The purpose is also to show the training a DRE receives and the qualifications for a DRE to keep the certification. It takes a very dedicated officer to take on the training as well as the recertification that is mandatory every two years. Just as the officer needs to be dedicated, the officer's agency needs to be dedicated in supporting this officer to make it a successful program for that agency.

To complete this paper, it required research from numerous types of resources. The U.S. Department of Transportation Pre-School and The Drug Recognition Expert Schools' student manuals show the training a DRE receives. A *Police Chief* article and National Highway Transportation Safety Administration website details what a DRE

does in the field. A survey will also be distributed to Texas law enforcement agencies to find the reasons why a DRE is not being utilized.

The intended outcome of this paper is to show several possible reasons why a DRE is not being used within agencies across the state of Texas. Additionally, this paper is intended to be used as a tool for law enforcement agencies that may not know what a DRE is and also a resource for officers considering DRE training. Ultimately, however, this research is intended to educate law enforcement in this area in hopes of reducing the number of drivers from Texas roadways that are under the influence of drugs.

## **REVIEW OF LITERATURE**

The research material was very limited in nature, and the researcher was only able to find a few articles written on this topic. When the question was asked regarding why there are so few drug recognition experts (DRE) in the state of Texas, there were many reasons to why more officers are not being trained. According to Hayes (2003), the DRE program began in the 1970s. As of March 2003, 36 states and several countries, including Canada, were involved in this program. Unfortunately, there was no documentation on how many actual officers were trained as a DRE in each state, country, or a total number of officers who are associated with the DRE program.

DRE training is very extensive and intense. The Texas Drug Recognition Expert Course Applicant Summary requests that before an officer can be accepted into the training, the officer must have to have a minimum of two years of service. It also requests officers complete the 24-hour standardized field sobriety testing course, have a reasonable background and experience level of making driving while intoxicated

arrests, and have an endorsement/recommendation from the officer's agency. Once the officer is accepted, he or she will be scheduled and must pass two phases of training.

Sam Houston State University Drug Evaluation and Classification Program (Sam Houston State University [SHSU], 2006) shows that the first phase training is a 16 hours Pre-School, which is followed by 56 hours of the drug recognition expert school. This phase contains several proficiency and written examinations. The officer will learn, in great detail, the seven drug categories. Officers will be able to observe a subject's pulse and blood pressure as well as physical signs and place the subject into none, one, or more than one of the drug categories.

The Drug Evaluation and Classification Training Student Manual (1999) showed the seven drug categories to be central nervous system (CNS) depressants, CNS stimulants, narcotic analgesic, PCP, hallucinogens, inhalants, and cannabis. Each one of these categories will cause certain changes within the human body. For example, PCP will cause the subject's eyes to have immediate nystagmus, whereas narcotic analgesic will cause the subject's pupils to constrict. The officer will be able to identify these and many more changes after the academic training phase. Training will include instruction on how to conduct these evaluations in a systematic and standardized 12-step process. Taking a pulse, checking blood pressure and pupil size, checking muscle tone, along with several other steps, will be a part of this standardized evaluation. Once all this is achieved, the officer will need to take a final written examination and score a minimum of 80% to show their proficiency to pass the first phase of training.

The second phase is the certification phase, which is approximately 40 hours of training (SHSU, 2009). This phase consists of the officer conducting actual evaluations on drug impaired subjects. This usually takes place over several weekends at a local jail setting. Since it is illegal to consume illicit drugs, the officer will need to find potential test subjects at the designated location. The subjects are people who are possibly under the influence of a drug, have been arrested, been booked in the jail, and must volunteer to be evaluated. Once an officer finds a potential subject, the officer will then begin the 12-step evaluation process. While the officer is performing the evaluation, a second officer will document the observations of the testing officer. This process is also being evaluated by a DRE instructor to make sure the officer is conducting the test correctly. This information is documented on a form that is commonly referred to as the "Face Sheet."

The Drug Evaluation and Classification Training Program (SHSU, n.d.) says that once the evaluation is complete, the officer will look at all the documented observations and make a determination of what drug category, if any, the subject is under the influence of. One important thing that the officer will have to do before they can even attempt the evaluation is to make sure the subject is not under the influence of alcohol. The reason for this is that if a person is under the influence of alcohol, then the elements for the offense of driving while intoxicated has been established and a DRE evaluation is not needed.

Texas DRE Project Coordinator Cecelia Marquat stated that every two years, the DRE has to recertify. The Texas Drug Recognition Expert Course Applicant Summary (2006) stated, "In order to maintain certification, DREs must conduct a minimum of four

evaluations within the two years, submit a rolling log and current resume, and attend eight hours of recertification training” (p. 1). The Rolling Log (Compton, 2001) showed all the subjects who have been tested by the officer, along with a control number, report number, date, opinions of DRE, toxicological results, and witness. Officers also have to keep up with a résumé and update it with any related training the officer completes. According to The National Highway Traffic Safety Agency (n.d.), “the DRE candidate is an officer who has some special knowledge of and commitment to impaired driving enforcement” (p. 3). From all the training and effort put into this program, the officer must have a commitment to continuing this program and making the roadways safer for everyone.

## **METHODOLOGY**

The purpose of this research is to show the reasons why Texas police departments are not sending officers for this training and why officers are not recertifying. Even though this program is long and intense, it provides additional knowledge necessary to stop drug impaired drivers. This research will concentrate on departments that do not have a drug recognition expert (DRE), but departments with a DRE will not be excluded from completing the survey.

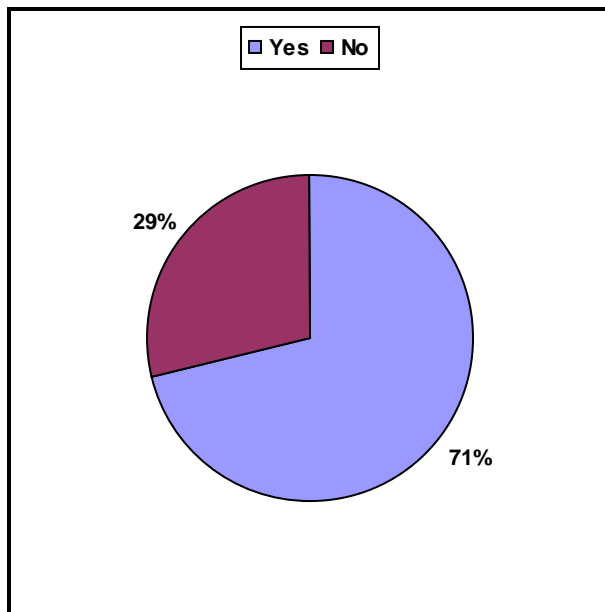
The primary method of inquiry will be a seven question survey sent to agencies across the state of Texas. The survey will be used to obtain the agency’s level of knowledge of what a DRE does, manpower, and reasons why a DRE is not used within that department. The survey was sent to 36 agencies, of which only 24 surveys (67%) were returned. The information obtained from this survey will give the numerous, different reasons for why a DRE is not used. A secondary method of inquiry will be to



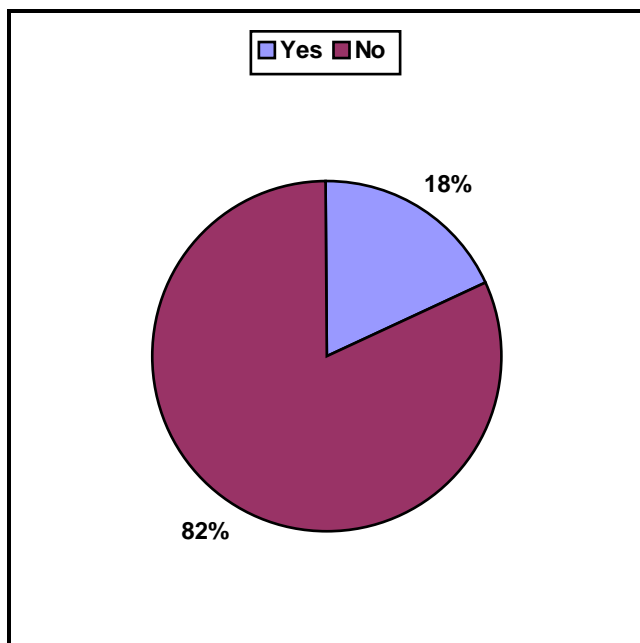
interview two current DRE's and obtain their perspective of why there are so few DRE's in Texas. A third method of inquiry was contacting the Texas DRE Project Manager, Cecelia Marquat, via e-mail about updated rules and regulations of the DRE program.

## FINDINGS

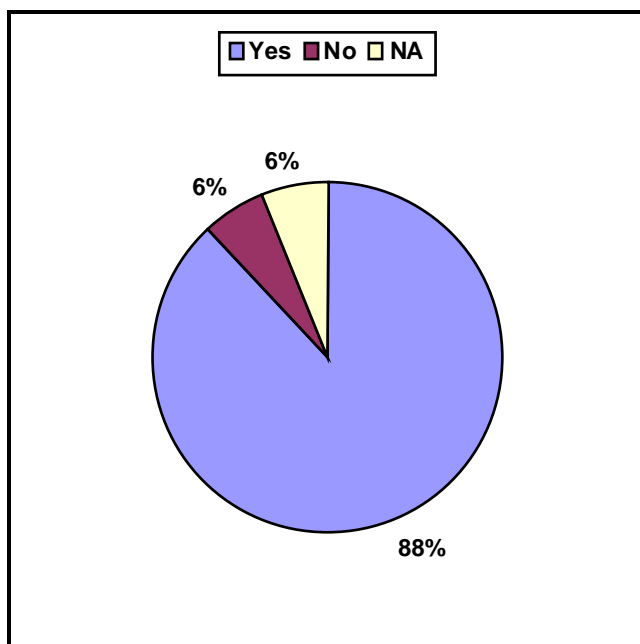
The surveys were returned and the information was examined to determine the reasons why a drug recognition expert (DRE) is not more prevalent in Texas law enforcement. Included are the numbers and percentages of reasons why there are a lack of DREs. Out of the 24 surveys returned, 16 departments (67%) were shown not to have a DRE. Twenty-nine percent of the 16 departments were unable to allow an officer to attend the training, and three departments (18%) would not have the manpower for an officer to make the arrest and lengthy evaluation process. In one department, the officer would not be able to get the field evaluations necessary for recertification.



**Figure 1.** Percentage of departments that have the available manpower for DRE training.



**Figure 2.** Percentage of Departments that have available manpower for lengthy arrest



**Figure 3.** Percentage of departments were DRE would be able to obtain required evaluations for recertification.

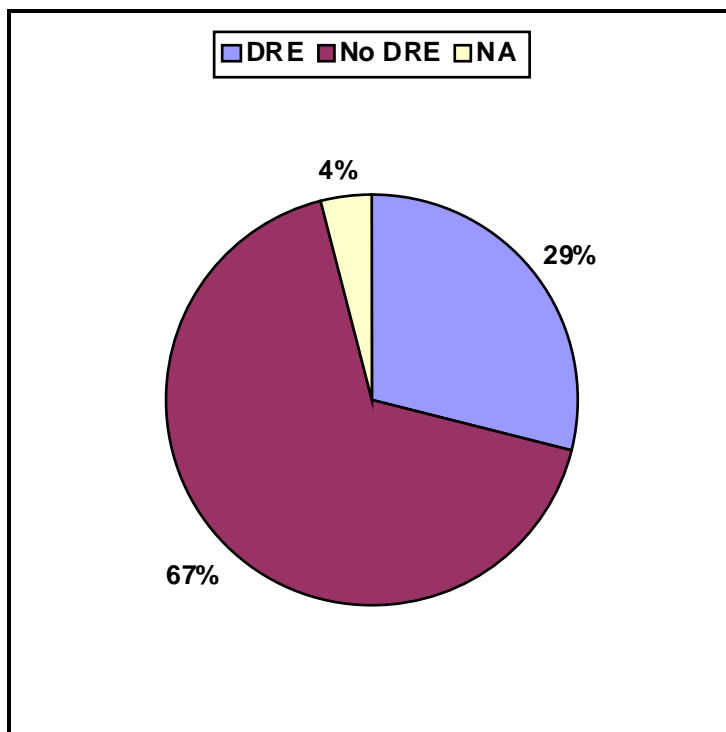
Note, From DRE Survey (Appendix A)

Some other reasons given as to why the department did not have a DRE was training request denial, manpower, length of training, no interest by officers, and the lack of opportunity for required evaluations. An additional comment made revealed that there is no benefit in the length of training because the evaluation is too time consuming and requires a cooperative subject. Ninety-six percent showed the respondents had knowledge of the abilities of a DRE.

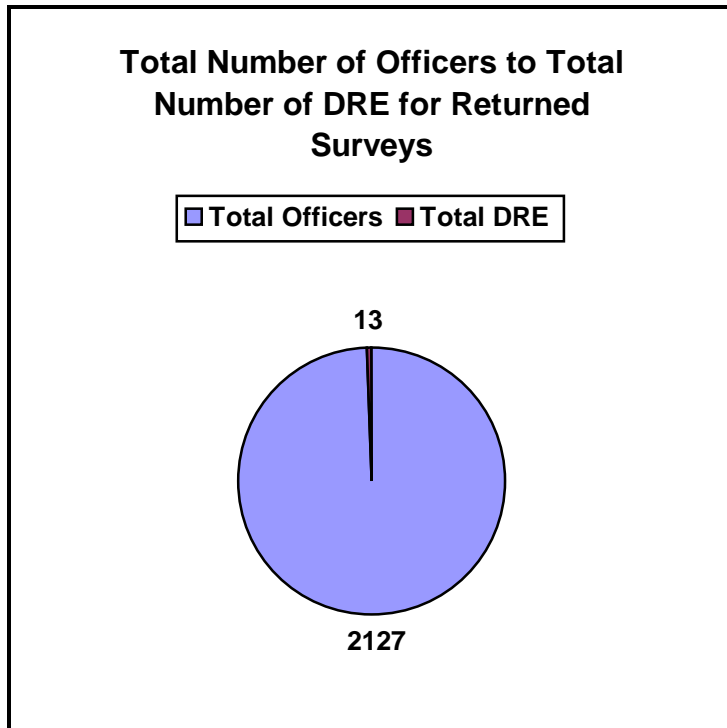
City of Dickinson Police Sergeant Jay Jaekel, who is currently a DRE in the state of Texas, was questioned on why DREs are so limited in Texas. Jaekel believed that part of the problem is due to the DRE being transferred and/or promoted to other positions within the department. When a DRE is transferred and/or promoted, the DRE accepts new responsibilities that may prevent the DRE from spending as much time in patrol. With the new position and limited patrol time, the DRE is not putting the training to use, which may cause the DRE not to recertify (J. Jaekel, personal communication, February 27, 2008).

City of Flower Mound Sergeant Shane Jennings, who is also a DRE in the state of Texas, was questioned regarding why he believes the number of DREs is limited. Jennings stated he believed that one reason is the increased number of search warrants for blood. With these increases, Jennings believed that fewer and fewer drug recognition experts will take the class and recertify. With the ever-increasing use of search warrants for blood and the infrequent use of his DRE abilities, Jennings is even thinking of not recertifying the next time he is scheduled to do so (S. Jennings, personal communication, February 27, 2008).

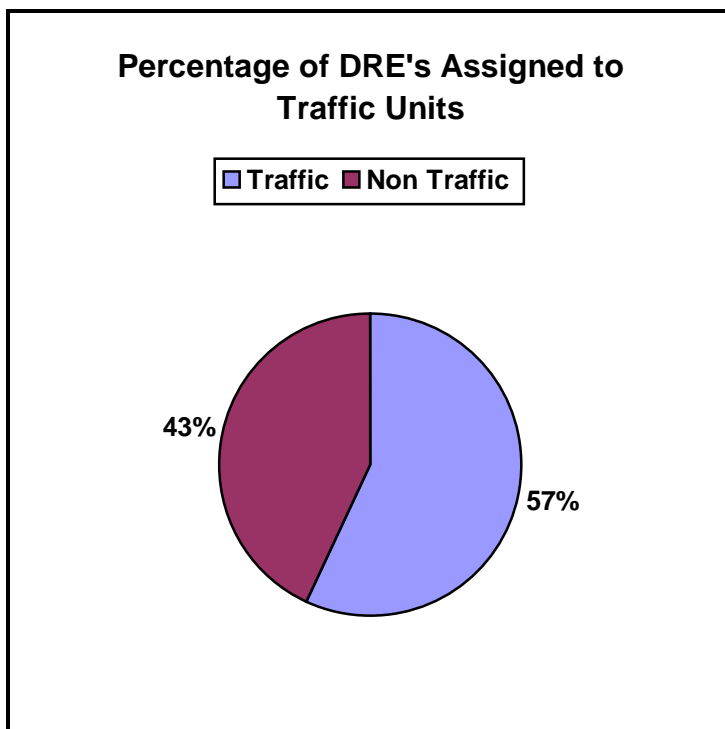
Some other interesting facts obtained from the 24 surveys showed just how few of the drug recognition experts are being used to their capacity. The results showed that seven departments (29%) did have a DRE on staff, 16 departments (67%) did not have a DRE, and one department (4%) did not have the information available to the person completing the survey. Of the departments that do have a DRE, 57% were assigned to a patrol or traffic division. The survey also showed that a DRE accounted for less than 1% of the total officers of all the departments.



**Figure 4.** Percentage of departments that have and do not have a DRE



**Figure 5.** Total number of officers to total number of DRE's for returned surveys



**Figure 6.** Percentage of DRE's assigned to traffic units

Note, From DRE Survey (Appendix A)

## **DISCUSSIONS/CONCLUSIONS**

The problem or issue examined by the researcher considered the reasons for why there is a lack of drug recognition experts (DRE) in the state of Texas. The purpose of this research was to determine the reasons why officers are not being trained as drug recognition experts in the state of Texas. The researcher discovered that there were limitations due to a very small amount of literature on this topic and that most information would have to be gained by surveys and interviews.

The research question that was examined focused on the reasons why officers are not being allowed to train as a DRE and/or the reasons why a DRE does not recertify. The researcher hypothesized that lack of dedication by the officer and the officer's department was the main cause to the few numbers of DREs. The researcher also predicted that departments lacked of knowledge of what the DRE actually does.

The researcher concluded from the findings that there are so few DREs, not because of a lack of dedication by the officer or the department, but because the officer is not being allowed to attend the training. The researcher discovered that due to modern day policing issues and along with several unforeseen issues, officers are not being allowed to or do not have the drive to become a DRE. The researcher also discovered that agencies did know what a DRE does and what is needed to become and maintain proficiency as a DRE.

The findings of the research did support the hypothesis. The information showed that there is a lack of DREs, but there may be other alternatives to taking drug impaired drivers off of the roadway. From one interview, information was obtained that showed a search warrant for blood is a tool that can be used. It was also expressed that this tool

may be a driving force for why an officer is not trained as a future DRE. There is also proposed legislation within the state of Texas that will make it easier to obtain a blood draw on certain types of driving while intoxicated cases. The study of the lack of drug recognition experts in Texas is relevant to contemporary law enforcement because it highlights the lack of agencies' manpower and dedication to specialized training.

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## Appendix A: Survey

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Number of Sworn Officers: \_\_\_\_\_

1. Do you know what a Drug Recognition Expert (DRE) does?

Yes      No

If yes, please  
explain: \_\_\_\_\_

\_\_\_\_\_

2. Do you have any DRE's in your department?

Yes      How Many? \_\_\_\_\_ (Please go to question #6)

No      If no, is there a reason why? \_\_\_\_\_

\_\_\_\_\_

3. DRE training consist of 80 classroom training hours, and 70 hours of evaluations that take place on Thursday, Friday, and Saturday for 4-5 weeks.

With your department manpower would your department be able to have an officer away from work for this period of time for this training?

Yes      No

4. A DRE Evaluation takes approximately 30 to 45 minutes, which does not include the intoxilyzer test, blood draw, and booking in process.

Would your department manpower allow for an officer to remain off of the streets for this period of time?

Yes      No

5. A DRE also has to recertify every two years and have two field evaluations.  
Would a DRE with your department be able to get two field evaluations completed within this two years?

Yes      No

6. Are your DRE's assigned to patrol or traffic units?

Yes      No

7. Are your DRE's active in making Driving While Intoxicated arrests?

Yes      No

8. Does your department support this program and allow the DRE's to actively look for Drug Impaired Drivers as well as the continual training and recertification?

Yes      No

Is there anything you would like to add to this survey? \_\_\_\_\_

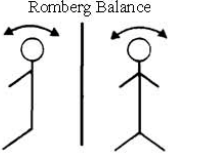
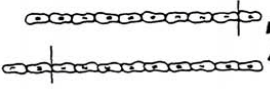

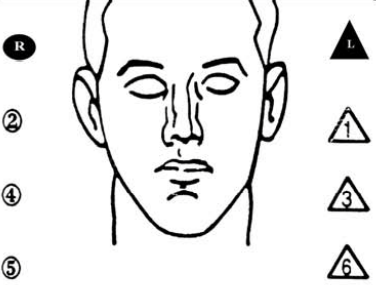
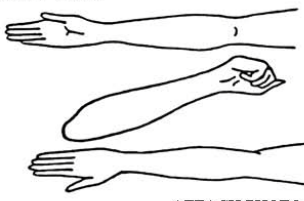
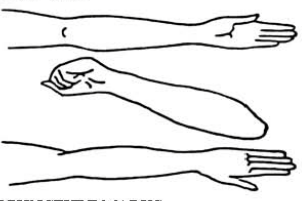
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## Appendix B: Face Sheet

### Texas DRE Face Sheet

Evaluator		DRE No.		Rolling log No.		Case Number		Evaluator's Agency	
Recorder/Witness		Crash: <input type="checkbox"/> None <input type="checkbox"/> Fatal <input type="checkbox"/> Injury <input type="checkbox"/> Property				Misc. No.		Arresting Officer's Agency	
Arrestee's Name: (Last, First, MI)		DOB:		Gender:		Race		Arresting Officer:	
Date Examined / Time / Location		Breath Results: <input type="checkbox"/> Refused Instrument #				Chemical Test: <input type="checkbox"/> Refused <input type="checkbox"/> Urine <input type="checkbox"/> Blood			
Miranda Warning Given: <input type="checkbox"/> Yes <input type="checkbox"/> No By:		What have you eaten today?		When?		What have you been drinking?		Time of last Drink?	
Time Now?		When did you last Sleep? How long?		Are you sick or injured? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you diabetic or epileptic? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you take insulin? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have any physical defects? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you under the care of a Doctor / Dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you taking any medication or drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No		ATTITUDE				COORDINATION			
		BREATH				FACE			
SPEECH		EYES <input type="checkbox"/> Reddened Conjunctiva <input type="checkbox"/> Normal <input type="checkbox"/> Bloodshot <input type="checkbox"/> Watery				Blindness: <input type="checkbox"/> None <input type="checkbox"/> Left Eye <input type="checkbox"/> Right Eye		Tracking: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal	
CORRECTIVE LENS: <input type="checkbox"/> None <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts, if so <input type="checkbox"/> Hard <input type="checkbox"/> Soft		PUPIL SIZE: <input type="checkbox"/> Equal <input type="checkbox"/> Unequal (explain)		Able to follow stimulus: <input type="checkbox"/> Yes <input type="checkbox"/> No		Eyelids: <input type="checkbox"/> Normal <input type="checkbox"/> Droopy			
PULSE & TIME		HGN Lack of Smooth Pursuit		Right Eye		Left Eye		Vertical Nystagmus <input type="checkbox"/> Yes <input type="checkbox"/> No	
1 / 2 / 3 /		Maximum Deviation						Convergence Right Eye Left Eye	
		Angle of Onset							
Romberg Balance 		Walk And Turn Test		Cannot keep balance _____ Starts too soon _____ 1 <sup>st</sup> Nine 2 <sup>nd</sup> Nine		ONE LEG STAND:			
				Stops Walking _____ Miss Heel - Toe _____ Steps off line _____ Raises arms _____ Actual # Steps _____					
INTERNAL CLOCK Estimated as 30 sec.		Describe Turn		Cannot do test (explain)		Type of Footwear			
		PUPIL SIZE		Room light		Darkness		Direct	
		LEFT EYE							
		RIGHT EYE							
		HIPPIUS <input type="checkbox"/> Yes <input type="checkbox"/> No		REBOUND DILATION <input type="checkbox"/> Yes <input type="checkbox"/> No		Reaction to Light			
BLOOD PRESSURE _____		TEMPERATURE _____ °F		RIGHT ARM		LEFT ARM			
Muscle Tone: <input type="checkbox"/> Near Normal <input type="checkbox"/> Flaccid <input type="checkbox"/> Rigid		Comments:							
ATTACH PHOTOS OF FRESH PUNCTURE MARKS									
What medicine or drug have you been using?				How much?		Time of use?		Where were the drugs used? (location)	
Member Signature (Include rank)				ID #		Reviewed by:			