

MICROFILM DIVIDER

OMB/RECORDS MANAGEMENT DIVISION
SFN 2053 (2/85) 5M



ROLL NUMBER

DESCRIPTION

1287

2005 HOUSE JUDICIARY

HB 1287

2005 HOUSE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1287

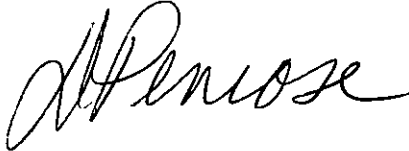
House Judiciary Committee

☐ Conference Committee

Hearing Date 1/24/05

Tape Number	Side A	Side B	Meter #
1	xx		0-20.8
1		xx	33.3-35

Committee Clerk Signature



Minutes: 14 members present.

Chairman DeKrey: We will open the hearing on HB 1287.

Representative Delmore: I am a sponsor of this bill, support it, explained the bill. We looked at law enforcement. One of the things we have done is remove the drivers under the influence of alcohol, but not those driving under the influence of drugs. This is based on a SD law, and provides one more tool for law enforcement. Training for officers already exists, and we have people who can now train other law enforcement people.

Chairman DeKrey: Thank you. Further testimony in support.

Wayne Stenehjem, AG: Support, explained bill (see written testimony).

Chairman DeKrey: Thank you.

Representative Zaiser: The ND map is quite interesting in identifying the arrests around the state. Cass County is the most populated city in the state, and we're only 4 labs here and you indicated Walsh County with 47 and Williams County were 67.

Wayne Stenehjem: Fargo enjoys a situation on I-94 and I-29. It is much easier along these areas along I94 and I29, on the pipeline from the superlabs in the southwestern part of the country and Mexico to get their meth from those labs, rather than make it themselves.

Representative Zaiser: Are we diligent in our searching.

Wayne Stenehjem: We have narcotic task forces that are working around the state of ND, we are diligent. We want to shut down the meth labs. Meth labs are toxic, and if in city, that poses a health risks.

Representative Klemin: The focus of your testimony seems to be on driving while under the influence of these drugs, I don't see it mentioned here that this is part of the Uniform Controlled Substances Act. Does this mean that if somebody is walking down the street, sitting in the park, etc. that somebody can come up and test them for drugs.

Wayne Stenehjem: This bill is not limited to driving under the influence of drugs, so this would apply to anybody in any situation. The standard protections would apply, where there is a requirement that an officer that is making an arrest have probable cause to believe that the person is under the influence of illegal drugs.

Representative Klemin: What amount of drugs do they have to have because this bill doesn't say anything about being under the influence, other than they ingested or inhaled the drug. Would it be correct that even a small quantity would be sufficient to violate this bill.

Wayne Stenehjem: Yes it would. These are illegal offenses, it is against the law to ingest any illegal substance, and if the officer has probable cause to believe that somebody has done that, they ought to be able to make an arrest without the requirement that they find the needles, or the evidence of a meth lab.

Representative Klemin: If it's against the law to inhale or ingest, why do we need this.

Wayne Stenehjem: It is against the law to have the materials that are used to ingest or inhale, but there is no separate offense for having it in your system after you've inhaled or ingested it.

Representative Klemin: So possession is against the law.

Wayne Stenehjem: Yes.

Representative Klemin: That possession would continue once you've inhaled it, and no longer have it in your hand.

Wayne Stenehjem: We did the exact same thing with minors having any amount of alcohol in their systems is an offense, whether they are driving or not. This tracks along with that.

Representative Onstad: If an employer does a random drug test, and if the employee fails the test, is that employer obligated to report that, is that considered a Class C misdemeanor, are they obligated to report it.

Wayne Stenehjem: This bill doesn't deal with an obligation of employer to make a report. I don't know if there are confidentiality clauses that exist in that connection, it doesn't make it obligatory to do that, no.

Representative Charging: As this was explained to me, that if they did blood work to check for alcohol, if they found illegal drugs in their system, they couldn't do anything about it. But you could do something about the blood alcohol.

Wayne Stenehjem: That's right.

Representative Charging: So that is where it's going to come into play, when it's glaring at you in the report, that you can do something about it.

Wayne Stenehjem: Well put.

Representative Kretschmar: You have statistics of the meth labs that have been shut down or stopped. Do you have estimates or information as to how many you don't get.

Wayne Stenehjem: We don't know how many we don't get. Of course, we're not getting them all.

Chairman DeKrey: Thank you. Further testimony in support.

Robert Arman, NDHP: I am here in support of HB 1287, (see written testimony).

Chairman DeKrey: Thank you. Further testimony in support, testimony in opposition. We will close the hearing.

(Reopened in the same session)

Chairman DeKrey: What are the committee's wishes in regard to HB 1287.

Representative Maragos: I move a Do Pass.

Representative Meyer: Second.

12 YES 0 NO 2 ABSENT DO PASS

CARRIER: Rep. Kingsbury

Date: 1/24/05
Roll Call Vote #: 1

2005 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1287

HOUSE JUDICIARY COMMITTEE

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken

Do Pass

Motion Made By

Rep. Maragos

Seconded By

Rep. Meyer

Representatives	Yes	No	Representatives	Yes	No
Chairman DeKrey	✓		Representative Delmore	✓	
Representative Maragos	✓		Representative Meyer	✓	
Representative Bernstein	✓		Representative Onstad	A	
Representative Boehning	✓		Representative Zaiser	✓	
Representative Charging	✓				
Representative Galvin	✓				
Representative Kingsbury	✓				
Representative Klemin	✓				
Representative Koppelman	A				
Representative Kretschmar	✓				

Total (Yes)

12

No

0

Absent

2

Floor Assignment

Rep. Kingsbury

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
January 24, 2005 11:21 a.m.

Module No: HR-15-0905
Carrier: Kingsbury
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HB 1287: Judiciary Committee (Rep. DeKrey, Chairman) recommends DO PASS
(12 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). HB 1287 was placed on the
Eleventh order on the calendar.

2005 SENATE JUDICIARY

HB 1287

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1287

Senate Judiciary Committee

☐ Conference Committee

Hearing Date March 1, 2005

Tape Number	Side A	Side B	Meter #
1	X		0.0 - 2600

Committee Clerk Signature

Maria L Solbey

Minutes: Relating to the ingesting of a controlled substance; penalty.

Senator John (Jack) T. Traynor, Chairman called the Judiciary committee to order. All Senators were present. The hearing opened with the following testimony:

Testimony In Support of the Bill:

Rep. Delmore, Dist #43 - Member of the A.G. Commission of Drug and Alcohol. Introduced the bill as a South Dakota Law that has worked well for them. The amendment should be viewed by the A.G.'s office. This bill is an important tool to keep drug offenders off the street.

Wayne Stenehjem, Attorney General ND (meter 474) Gave Testimony Att #1. This is the work of the committee for the past four. If an officer sees a suspicious vehicle of a DUI driver, there are tests and standards that have to be met to make the arrest. They do not have to find the empty containers in the car to do this. The offense in "under the influence" In the case of a controlled substance though, they do. If a person is stopped for behavioral observations there is no crime for being "under the influence" of the drug. The officer must find needle marks or

paraphernalia around them. This bill is designed after the law that has been in effect in SD for many years. Sited how an officers training in identifying a person under the influence of drugs as a Drug Recognition Expert (DNR). This legislation is not just pertaining to operating a motor vehicle, it is for any time they have purposefully ingested the drug.

Senator Triplett asked why it took us so long to have this law? You are right! My position has always been as say with the case of a minor, what is the difference if they have a can of beer in there hand or in there blood steam-they should not have it!

Mike McMurty, Bismarck Police Dept. (meter 850) Gave his support of the bill. Mike reviewed his roll as a certified Drug Recognition Expert. Dept. Transport ion put 15 officers through this training. It is important to understand if the behavior is a medical condition or caused by a drug.

Discussed why this law is necessary. Sited the seven categories of drugs. Att. #2. Police Report process. Att. #2a Process is very accurate. I have done 17 tests, 14 were on drugs. One was a medical condition. One the person had had drugs but it was to far out of the system.

Discussed the 12 step process. Att #2 and #2a Test must be done in exact order. If I were to fall below 80% accuracy my certification would be withdrawn.

Senator Triplett asked if the expectation was for a large group to be certified or would it stay the small group it currently is? My opinion is to make as many officers aware of this as possible-like alcohol. I would like to get certified trainers in ND. Discussed the location of trained professionals to be close to the crime scene

Robert Arman, ND Trooper, NDHP (meter 1728) Gave Testimony - Att. #3. Reviewed Certification Process.

Deb Ness, Bismarck Police Chief - Spoke her support of the bill.

Page 3

Senate Judiciary Committee

Bill/Resolution Number HB 1287

Hearing Date March 1, 2005

Testimony in Opposition of the Bill:

none

Senator John (Jack) T. Traynor, Chairman closed the Hearing

2005 SENATE STANDING COMMITTEE MINUTES

BILL/RESOLUTION NO. HB 1287

Senate Judiciary Committee

☐ Conference Committee

Hearing Date March 2, 2005

Tape Number	Side A	Side B	Meter #
2	X		4400 - 5290

Committee Clerk Signature *Maria L Solberg*

Minutes: Relating to ingesting of a controlled substance; penalty.

Senator John (Jack) T. Traynor, Chairman called the Judiciary committee to order. All

Senators were present. The hearing opened with the following discussion:

Committee discussed the bill being modeled after a SD law. We have a crime for possession but not a crime of ingesting it into your body. Referred to an erratic driver who was weaving but they were not drunk, unless they found paraphernalia on our in the vehicle they could not detain or arrest the individual. It is not an equal law as in alcohol offenses. This is not targeted just for driving offenses it is targeted for the non-legalness of drugs. **Sen. Trenbeath** had issues with how the officer proves intent. Discussion of the training process. Why class A.

Senator Triplett made the motion to do pass and **Sen. Nelson** seconded the motion. All members were in favor and bill passes.

Carrier: **Sen. Traynor**

Senator John (Jack) T. Traynor, Chairman closed the Hearing

Date: *3/2/05*
Roll Call Vote #: *1*

2005 SENATE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1287

Senate **Judiciary**

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken *Do Pass*

Motion Made By Senator *Triplett* Seconded By Senator *Nelson*

Senators	Yes	No	Senators	Yes	No
Sen. Traynor	✓		Sen. Nelson	✓	
Senator Syverson	✓		Senator Triplett	✓	
Senator Hacker	✓				
Sen. Trenbeath	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Senator *Traynor*

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE (410)
March 3, 2005 8:27 a.m.

Module No: SR-39-4026
Carrier: Traynor
Insert LC: . Title: .

REPORT OF STANDING COMMITTEE

HB 1287: Judiciary Committee (Sen. Traynor, Chairman) recommends DO PASS
(6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1287 was placed on the
Fourteenth order on the calendar.

2005 TESTIMONY

HB 1287

Testimony of Wayne Stenehjem
Attorney General
HB 1287
January 24, 2005

House Bill 1287 creates a new crime for ingesting a controlled substance. The concept for the bill was brought to the attention of the North Dakota Commission on Drugs and Alcohol by law enforcement officers trained to recognize the tell-tale signs of drug use. This is part of a nationwide movement to certify law enforcement officers as drug recognition experts. The basis for the movement is to curb the number of people driving under the influence of drugs, much like we currently have the ability to arrest people for driving under the influence of alcohol.

The training consists of two weeks of class room study and one week of field experience in Arizona. During the class room study, officers are taught to recognize psychophysical systems of drug usage for seven classes of narcotics. Attached to my testimony is a drug symptom matrix that shows the different symptoms by drug category and a sample of a drug influence evaluation used by the certified drug recognition experts. Also Trooper Robert Arman from the Highway Patrol is here to discuss the technique in more detail once I have finished outlining the bill for you.

The bill makes it a class A misdemeanor to intentionally ingest, inhale or otherwise take a controlled substance. It clarifies that venue for a violation exists either where the offender committed the act or where the controlled substance was detected in the body of the accused. The bill exempts from prosecution individuals taking a prescription ordered by a doctor.

The bill provides another tool to get drug offenders off the street, and as important, to get a dangerous driver off the road. I encourage you to give this bill a do pass.

Drug Symptom Matrix

Examples :

	Quaaludes ↑ CNS	METH/COKE ↑ CNS	Ecstasy/ MDMA *Hallucinogens	PCP	Opium-based Narcotic Analgesics	Inhalants	Cannabis
Depressants	Stimulants						
HGN	Present	None	None	Present	None	Present	None
VERTICAL NYSTAGMUS	Present* (High Dose)	None	None	Present	None	Present* (High Dose)	None
LACK OF CONVERGENCE	Present	None	None	Present	None	Present	Present
PUPIL SIZE	Normal (1)	Dilated	Dilated	Normal	Constricted	Normal (4)	Dilated (6)
REACTION TO LIGHT	Slow	Slow	Normal (3)	Normal	Little to none visible	Slow	Normal
PULSE RATE	Down (2)	Up	Up	Up	Down	Up	Up
BLOOD PRESSURE	Down	Up	Up	Up	Down	Up/Down (5)	Up
BODY TEMPERATURE	Normal	Up	Up	Up	Down	Up/Down/ Normal	Normal
GENERAL INDICATORS	Uncoordinated Disoriented Sluggish Thick, Slurred speech Drunk-like behavior Gait ataxia Drowsiness Droopy eyes Fumbling	Restlessness Body tremors Excited Euphoric Talkative Exaggerated reflexes Anxiety Bruxism Redness to nasal area Runny nose Loss of appetite Insomnia Increased alertness Dry mouth Irritability	Dazed appearance Body tremors Synesthesia Hallucinations Paranoia Uncoordinated Nausea Disoriented Difficulty in speech Perspiring Poor perception of time and distance Memory loss Disorientation Flashbacks (NOTE: With LSD, piloerection may be observed)	Perspiring Warm to the touch Blank Stare Difficulty in speech Incomplete verbal responses Repetitive speech Increased pain threshold Cyclic behavior Confused and agitated Possibly violent and combative Chemical odor "Moon walking" Smoked Oral Insufflated Injected Eye drops	Droopy eyelids (ptosis) "On the nod" Drowsiness Depressed reflexes Low, raspy, slow speech Dry mouth Facial itching Euphoria Fresh puncture marks Nausea Track marks *Note: Tolerant users exhibit relatively little psychomotor impairment	Residue of substance around nose and mouth Odor of substance Possible nausea Slurred speech Disorientation Confusion Bloodshot, watery eyes Lack of muscle control Flushed face Non- communicative Intense headaches	Very red eyes Odor of marijuana Body tremors Eyelid tremors Relaxed inhibitions Increased appetite Impaired perception of time and distance Possible paranoia Disorientation
USUAL METHODS OF ADMINISTRATION	Oral Injected	Insufflated Smoked Injected Oral	Oral Insufflated Smoked Injected Transdermal	Smoked Oral Insufflated Injected Eye drops	Injected Oral Smoked Insufflated	Insufflated	Smoked Oral
DURATION OF EFFECTS	1-16 hours (depending on the substance)	5 minutes to 12 hours (depending on the substance)	Varies depending on type of hallucinogen	4-6 hours	4-24 hours (depending on the substance)	5 minutes to 8 hours (depending on the substance)	2-3 hours
OVERDOSE SIGNS	Shallow breathing Cold, Clammy skin Pupils dilated Rapid, weak pulse Coma	Agitation Increased body temp. Hallucinations Convulsions	Long, intense trip	Long, intense trip	Slow, shallow breathing Clammy skin Coma Convulsions	Coma	Fatigue Paranoia

1. Soma and Quaaludes usually dilate pupils
2. Quaaludes and ETOH may elevate
3. Certain psychedelic amphetamines may cause slowing
4. Normal but may be dilate
5. Down with anesthetic gases, up with volatile solvents and aerosols
6. Pupil size possibly normal

*High dose for that particular individual



BISMARCK POLICE DEPARTMENT DRUG INFLUENCE EVALUATION

REPORT NUMBER: 04-19890 (04-19890)

TYPE OF EVALUATION:

EVALUATOR: M. M. M. M.

IACP#:

ROLLING LOG# 04-19

SCRIBE: M. M. M. M.

WITNESS: GRISON KRIELE

Arresting Officer (Name, ID#)

DEFT'S NAME (Last, First, Middle)

Date Examined / Time / Location

Miranda Warning Given

Given By: M. M. M. M.

Time now / Actual

Do you take insulin?

Are you taking any medication or drugs?

Speech:

Corrective Lenses: ☒ None

☐ Glasses ☐ Contacts, if so ☐ Hard ☐ Soft

Pupil Size: ☒ Equal

☐ Unequal (explain)

Pulse and time

HGN

Right Eye

Left Eye

1. 94 / 1420

Lack of Smooth Pursuit

2. 92 / 1429

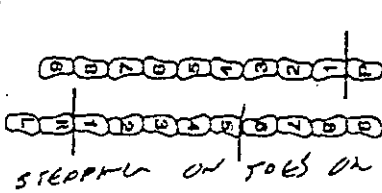
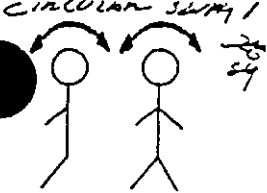
Maximum Deviation

3. 90 / 1435

Angle of Onset

Rhomberg Balance

Walk and turn test



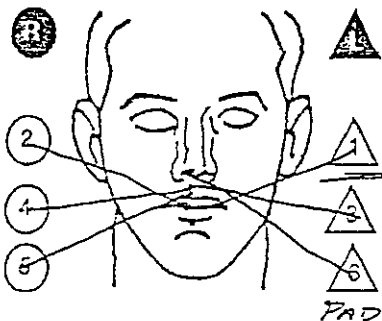
COUNTED 1, 2, 3

Internal clock

26 estimated as 30 seconds

Describe Turn

Draw lines to spots touched



Blood pressure

156 / 72

Temperature

98.3

Muscle tone:

☒ Normal

☐ Flaccid

☐ Rigid

Drugs or medications have you been using?

How much?

Date / Time of arrest:

Time DRE was notified:

Evaluation start time:

Evaluation completion time:

Precinct Station:

Opinion of Evaluator:

☐ Depressant

☐ Stimulant

☐ Hallucinogen

☐ PCP

☐ Narcotic Analgesic

☐ Inhalant

☒ Cannabis

☐ Alcohol

☐ Medical Rule Out

☐ No Opinion

Officer's Signature:

Felony Offense:

Misdemeanor Offense:

Reviewed/approved by / Date:

Face:

Blindness:

☒ None ☐ Left ☐ Right

Able to follow stimulus

☒ Yes ☐ No

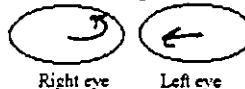
Tracking:

☒ Equal ☐ Unequal

Eyelids:

☒ Normal ☐ Droopy

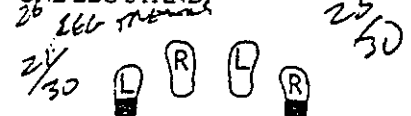
Convergence



Right eye

Left eye

ONE LEG STAND



L R

☐ Sways while balancing

☐ Uses arms to balance

☐ Hopping

☒ Puts foot down 29 sec

Cannot keep balance

Starts too soon

Stops walking

Misses heel-toe

Steps off line

Raises arms

Actual steps taken

Cannot do test (explain)

PUPIL SIZE

Left Eye

Right Eye

HIPPUS

Room light

6.0

Darkness

8.5

Direct

3.5-5.5

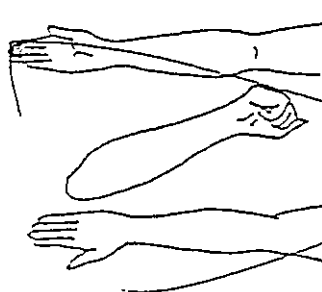
☐ Yes

☒ No

REBOUND DILATION

☒ Yes ☐ No

RIGHT ARM



Type of footwear:

RUBBER SOLED LOAFERS

Nasal area:

CLEAN

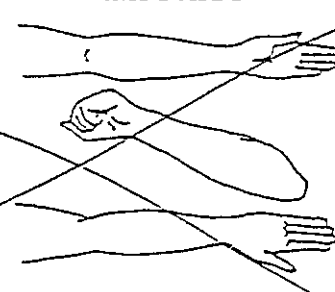
Oral cavity:

HLAP TUBERS TONGUE/FILL

REACTION TO LIGHT:

NORMAL

LEFT ARM



**NORTH DAKOTA
DRUG INFLUENCE EVALUATION REPORT
CASE # 04-19890
SUBJECT: [REDACTED]**

1. LOCATION: Bismarck Police Department

2. WITNESSES: Officer Krile

3. BREATH ALCOHOL TEST: 0.00

4. NOTIFICATION AND INTERVIEW OF THE ARRESTING OFFICER: Arresting Officer is I

5. INITIAL OBSERVATION OF SUSPECT: Subject was in his vehicle which I stopped for a traffic violation. I observed the subject's eyes displayed reddened conjunctiva. His movements were slow and methodical and speech slow and raspy. I could smell the odor of marijuana from the vehicle which upon his exit, could smell on him. When I asked him why I smell marijuana he informed me that he had just smoked marijuana at his friends house prior to me stopping him.

6. MEDICAL PROBLEMS AND TREATMENT: Subject claimed no current medical problems, nor any disabilities

7. PSYCHOPHYSICAL: Rhomberg Balance. Subject swayed in an approximately 2" circular pattern throughout. Eye tremors were present. Subject estimated 30 seconds in 26 seconds. Walk and Turn: Subject was unable to walk heel to toe as instructed and demonstrated. He would step nearly every step on top of his toe and at an angle. On step 6 he missed his toe to heel by more than 1/2 inch. The nine steps out, he raised his arms for balance for approx. 2 steps. One leg stand: Left foot planted resulted in leg tremors throughout. Right foot planted subject swayed for approx the last 5 seconds, then placed his foot down once. Finger to nose: Subjects movements were very lethargic and he "wandered" with his finger to try and find his nose. The first five attempts completely missed his nose and actually touched him mouth twice with the other three touching directly above his upper lip. The last attempt subject used the pad of the finger to touch.

8. CLINICAL INDICATORS: Subjects pupils were dilated and conjunctive reddened. His pulse and blood pressure were elevated (subject did state his blood pressure is sometimes high but not what I obtained today). Subject stated he is able to "cross" his eyes. LOC resulted in eyes converging for a moment, then immediately the right eye began to "wander out". Rebound dilation was present under direct light observation.

9. SIGNS OF INGESTION: subjects back of tongue had reddened heat bumps and a thick film was present.

10. SUSPECT'S STATEMENT: Subject was forthcoming stating he shared "a fairly good size" joint with one other person at his friend's house approximately 1/2 hour before he was stopped.

11. DRE'S OPINION: It is my opinion that subject [REDACTED] is under the influence of Cannabis and can not safely operate a vehicle.

12. **TOXICOLOGICAL SAMPLE:** I obtained a urine sample from Claymore which I hand delivered to the Bismarck post office to be mailed to the State Lab.

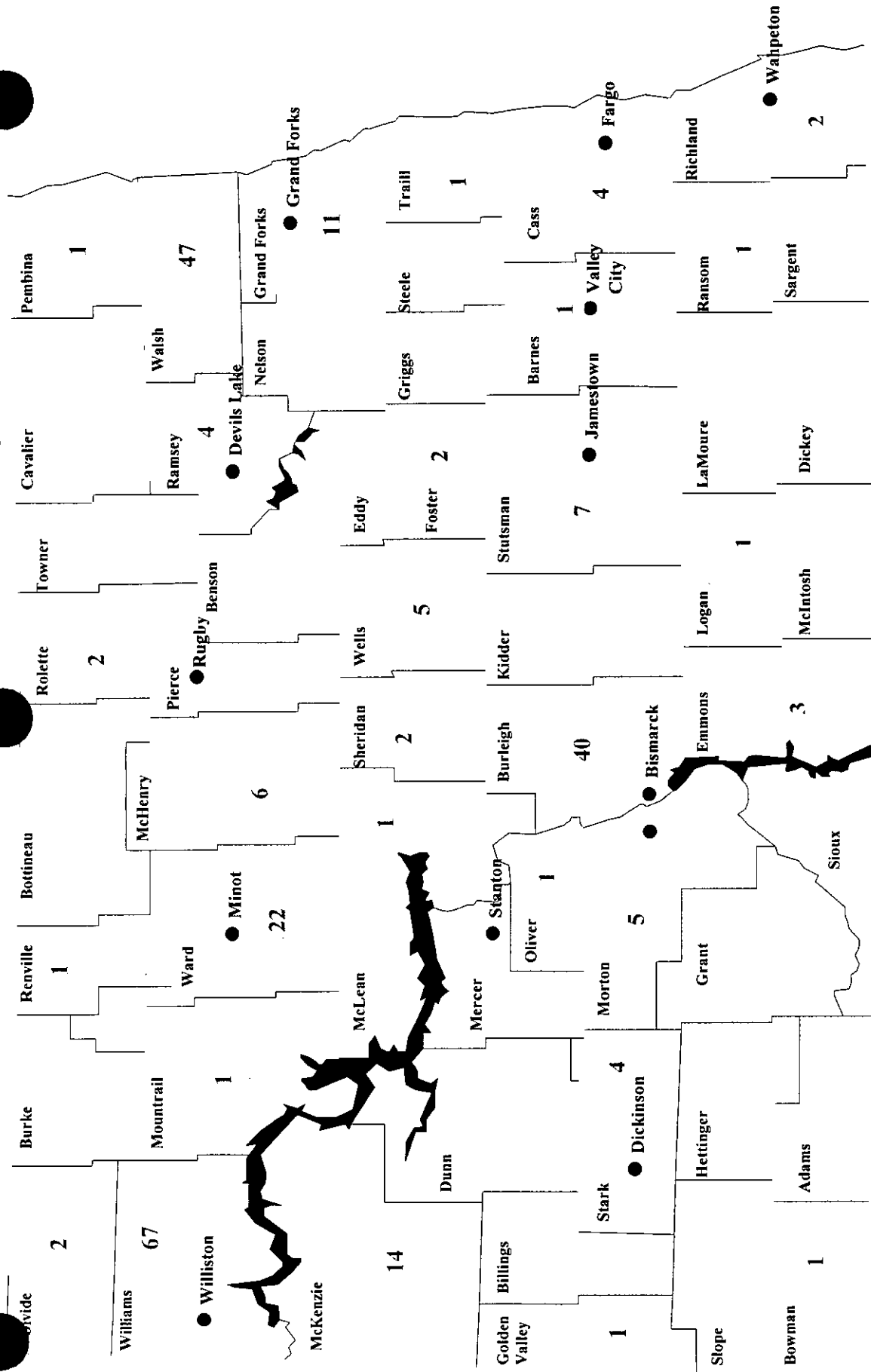
13. **MISCELLANEOUS:** I bag containing marijuana and zigzag papers were seized from the subject's crotch area of pants.

DRE OFFICER SIGNATURE:



DEPARTMENT: Bismarck Police Department

NORTH DAKOTA Clandestine Methamphetamine Laboratory Seizures CY2004

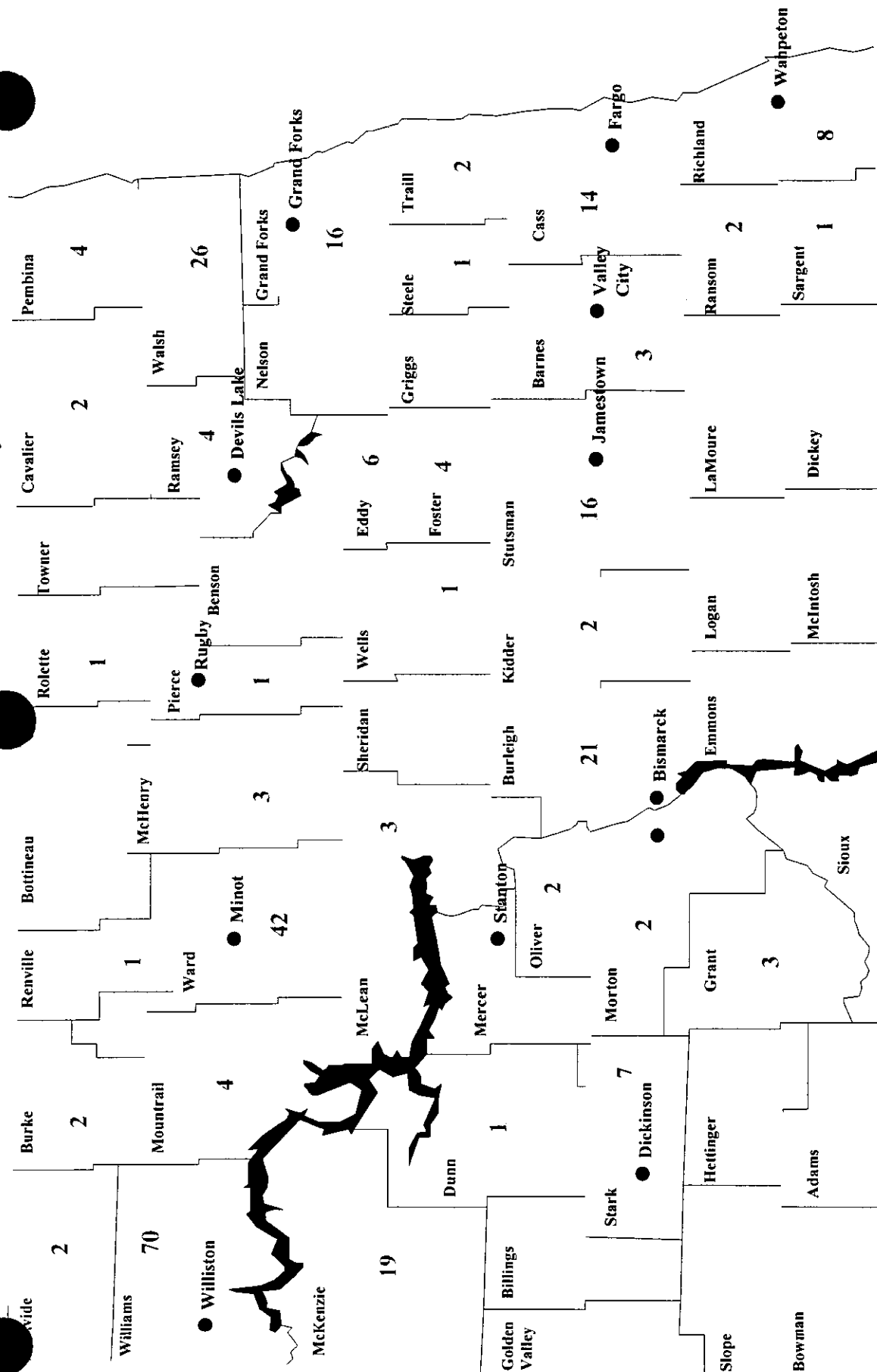


260 Lab Seizures

These figures reflect the number of Clandestine Methamphetamine Lab incidents that have been submitted to EPIC by NDBCI.

Clandestine Methamphetamine lab seizures include operational labs, non-operational labs, chemical/equipment/glassware seizures, and dumpsites.

NORTH DAKOTA Clandestine Methamphetamine Laboratory Seizures CY2003

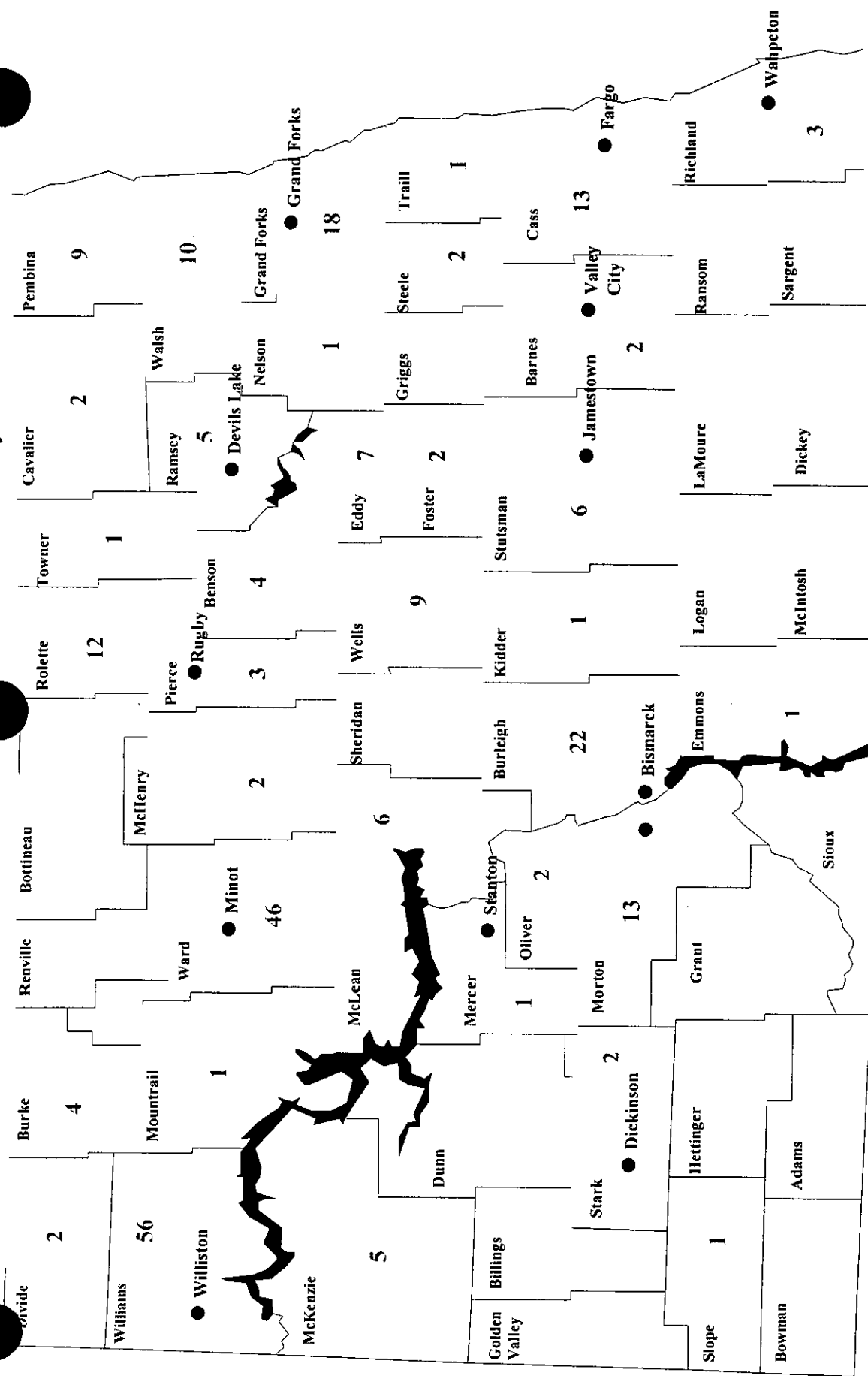


297 Lab Seizures

These figures reflect the number of Clandestine Methamphetamine Lab incidents that have been submitted to EPIC by NDBCI.

Clandestine Methamphetamine lab seizures include operational labs, non-operational labs, chemical/equipment/glassware seizures, and dumpsites.

74

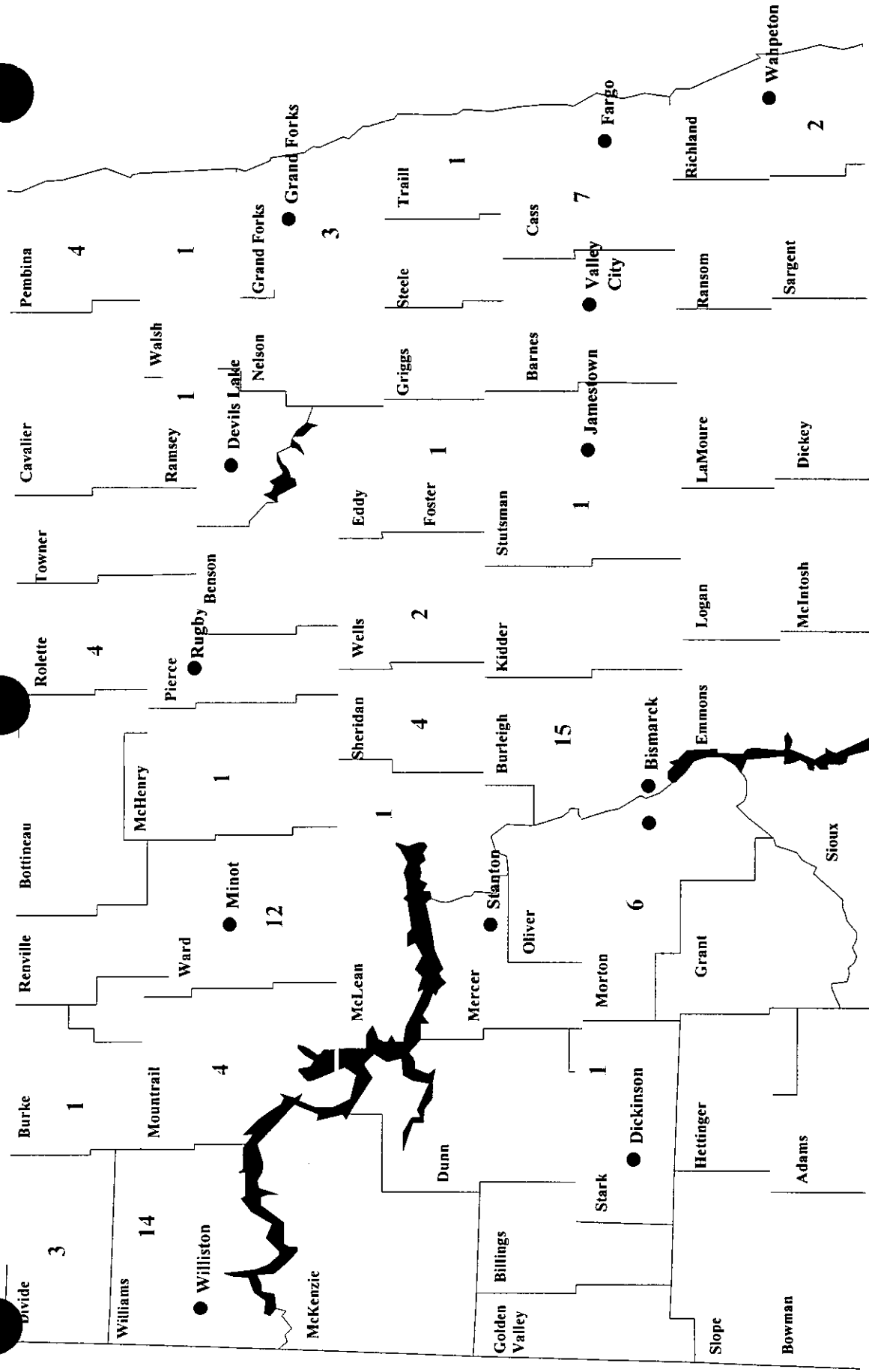


These figures reflect the number of Clandestine Methamphetamine Lab incidents that have been submitted to EPIC by NDBCI.

275 Lab Seizures

Clandestine Methamphetamine lab seizures include operational labs, non-operational labs, chemical/equipment/glassware seizures, and dumpsites.

NORTH DAKOTA Clandestine Methamphetamine Laboratory Seizures CY2001



89 Lab Seizures

These figures reflect the number of Clandestine Methamphetamine Lab incidents that have been submitted to EPIC by NDBCI.

Clandestine Methamphetamine lab seizures include operational labs, non-operational labs, chemical/equipment/glassware seizures, and dumpsites.



Clandestine Methamphetamine lab seizures include operational labs, non-operational labs, chemical/equipment/glassware seizures, and dumpsites.

46 Lab Seizures

House Bill 1287

Submitted by

Trooper Robert Arman, NDHP

Good morning, Mr. Chairman and members of the House Judiciary Committee. My name is Robert Arman and I am a trooper with the North Dakota Highway Patrol.

Drug Recognition Expert (DRE) training is probably the most rigorous academic training that any law enforcement officer can undertake. Only selected experienced officers are allowed to enroll in the course. In order to attend DRE training, the candidate is typically nominated in writing by the officer's commanding officer. Some agencies require the candidate to submit a formal application form, while other agencies may require the candidate to appear for an oral interview. The criteria for selection include a demonstrated aptitude and interest in DUI enforcement and/or narcotics enforcement. Candidates must also have demonstrated an ability to testify clearly and convincingly in court.

The International Association of Chiefs of Police (IACP) is the regulating and certifying body for the Drug Recognition Expert program. The IACP establishes minimum standards for all phases of DRE training, including recertification.

DRE training and eventual certification by the IACP consists of the following criteria:

1. Standardized Field Sobriety Test (SFST) training
2. DRE preliminary training
3. DRE School
4. DRE School Classroom Examination
5. Minimum number of evaluations
6. Minimum number of drug categories observed
7. Toxicological corroboration
8. "Rolling" log reviewed
9. Resume reviewed
10. Certification final examination
11. Endorsement by an instructor
12. Endorsement by a second instructor
13. Certification by the International Association of Chiefs of Police

A Systematic and Standardized 12 Step Process

In order to reach an opinion that the individual is under the influence of a specific category (or categories) of drugs, DREs utilize a 12 step, systematic and standardized process. The DRE will not reach a final opinion until the entire evaluation has been completed. The process is standardized in that all DREs, regardless of agency, utilize the same procedure, in the same order, on all suspects. It is systematic in that it

logically proceeds from a BAC, through an assessment of signs of impairment, to toxicological analysis for the presence of drugs. This procedure is rooted in standard medical procedures that are used to reach a diagnosis of illness or injury.

The 12 steps are:

- Step One: The Breath (or Blood) Alcohol Concentration
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- Step Eleven: Opinion
- Step Twelve: Toxicology: Obtaining a specimen and subsequent analysis

The Tools of the Trade: DRE equipment

A DRE utilizes the following equipment in conducting a drug influence evaluation:

- Pupillometer: a small, approximately 3 inch by 5 inch card (approximately 7 to 12 cm), that is usually plastic, that displays dark circles ranging in half-millimeter gradations from 1.0 millimeters to 9.0 millimeters.
- Sphygmomanometer: a manual, aneroid blood pressure cuff consisting of a pumping bulb, a screw valve, an analog gauge, and a bladder.
- Stethoscope: single or double diaphragm, double tubed.
- Thermometer: oral, digital, with disposable covers.
- Penlight: low power, medical style.
- Magnifying light: generally five to ten magnification powers, similar to those used by stamp collectors and model builders.
- Pen or Pencil: used as a stylus to conduct eye movement examinations.
- Evidence containers: for blood or urine.
- Protective gloves, latex and/or rubber.

HH #1

Testimony of Wayne Stenehjem
Attorney General
HB 1287
March 1, 2005

House Bill 1287 creates a new crime for ingesting a controlled substance. The concept for the bill was brought to the attention of the North Dakota Commission on Drugs and Alcohol by law enforcement officers trained to recognize the tell-tale signs of drug use. This is part of a nationwide movement to certify law enforcement officers as drug recognition experts. The basis for the movement is to curb the number of people driving under the influence of drugs, much like we currently have the ability to arrest people for driving under the influence of alcohol.

The training consists of two weeks of class room study and one week of field experience in Arizona. During the class room study, officers are taught to recognize psychophysical systems of drug usage for seven classes of narcotics. Attached to my testimony is a drug symptom matrix that shows the different symptoms by drug category and a sample of a drug influence evaluation used by the certified drug recognition experts. Also Sergeant Mike McMerty from the Bismarck PD is here to discuss the technique in more detail once I have finished outlining the bill for you.

The bill makes it a class A misdemeanor to intentionally ingest, inhale or otherwise take a controlled substance. It clarifies that venue for a violation exists either where the offender committed the act or where the controlled substance was detected in the body of the accused. The bill exempts from prosecution individuals taking a prescription ordered by a doctor.

The bill provides another tool to get drug offenders off the street, and as important, to get a dangerous driver off the road. I encourage you to give this bill a do pass.

AA #2

12-Step DRE Evaluation Matrix	
1.0	1. Breath Alcohol Test
1.5	2. Interview of Arresting Officer
2.0	3. Preliminary Examination
2.5	• First Pulse
3.0	• Initial Angle of Onset
3.5	• Initial Estimate of Pupil Size
4.0	4. Eye Examination
4.5	HGN • Lack of Smooth Pursuit
5.0	• Nystagmus at Maximum Deviation
5.5	• Angle of Onset
6.0	Vertical Nystagmus
6.5	Lack of Convergence
7.0	5. Divided Attention Tests
7.5	1. Romberg balance
8.0	2. Walk and Turn
8.5	3. One Leg Stand
9.0	4. Finger to Nose
	6. Vital Signs
	Pulse 60-90 b.p.m.
	30 Seconds X 2= b.p.m.
	Blood Pressure
	120-140 Systolic
	70-90 Diastolic
	Body Temperature
	98.6°F ± 1.0°F
	7. Dark Room Checks
	Pupil Size 3.0mm - 6.5mm
	1. Room Light
	2. Near Total Darkness
	3. Indirect Light
	4. Direct Light
	Ingestion Examination
	Nasal Area Oral Cavity
	8. Check For Muscle Tone
	9. Check For Injection Sites
	• Third Pulse
	10. Interrogation of Subject
	• Observations
	11. Opinion of Evaluator
	12. Toxicological Sample

	45° .05	40° .10	35° .15	30° .20	Immediate 0 - 30°	Immediate 0 - 30°	30° .20	35° .15	40° .10	45° .05
		CNS Depressants	CNS Stimulants	Halluci- nogens	PCP	Narcotic	Inhalants	Cannabis		
Horiz. Gaze Nystagmus		Present	None	None	Present	None	Present	None		
		(High Dose)					(High Dose)			
Vertical Nystagmus		Present	None	None	Present	None	Present	None		
Lack of Convergence		Present	None	None	Present	None	Present	Present		
Pupil Size		(1)Normal	Dilated	Dilated	Normal	Constricted	(4)Normal	(6)Dilated		
Reaction to Light		Slow	Slow	Normal(3)	Normal	Little or None Visible	Slow	Normal		
Pulse		(2)Down	Up	Up	Up	Down	Up	Up		
Blood Pressure		Down	Up	Up	Up	Down	(5)Up/Down	Up		
Body Temperature		Normal	Up	Up	Up	Down	Up/Down Normal	Normal		
Muscle Tone		Flaccid	Rigid	Rigid	Rigid	Flaccid	Flaccid	Normal		

(1) Soma and Quaaludes usually dilate.
 (2) Quaaludes and alcohol may elevate.
 (3) Certain psychedelic amphetamines cause slowing.
 (4) Normal but may be dilated.
 (5) Down with anesthetic gases
 —up with volatile solvents and aerosols.
 (6) Possibly normal.

DRE Coordinator
651-297-7132

House Bill 1287

Submitted by

Trooper Robert Arman, NDHP

Good morning, Mr. Chairman and members of the Senate Judiciary Committee. My name is Robert Arman and I am a trooper with the North Dakota Highway Patrol.

Drug Recognition Expert (DRE) training is probably the most rigorous academic training that any law enforcement officer can undertake. Only selected experienced officers are allowed to enroll in the course. In order to attend DRE training, the candidate is typically nominated in writing by the officer's commanding officer. Some agencies require the candidate to submit a formal application form, while other agencies may require the candidate to appear for an oral interview. The criteria for selection include a demonstrated aptitude and interest in DUI enforcement and/or narcotics enforcement. Candidates must also have demonstrated an ability to testify clearly and convincingly in court.

The International Association of Chiefs of Police (IACP) is the regulating and certifying body for the Drug Recognition Expert program. The IACP establishes minimum standards for all phases of DRE training, including recertification.

DRE training and eventual certification by the IACP consists of the following criteria:

1. Standardized Field Sobriety Test (SFST) training
2. DRE preliminary training
3. DRE School
4. DRE School Classroom Examination
5. Minimum number of evaluations
6. Minimum number of drug categories observed
7. Toxicological corroboration
8. "Rolling" log reviewed
9. Resume reviewed
10. Certification final examination
11. Endorsement by an instructor
12. Endorsement by a second instructor
13. Certification by the International Association of Chiefs of Police

A Systematic and Standardized 12 Step Process

In order to reach an opinion that the individual is under the influence of a specific category (or categories) of drugs, DREs utilize a 12 step, systematic and standardized process. The DRE will not reach a final opinion until the entire evaluation has been completed. The process is standardized in that all DREs, regardless of agency, utilize the same procedure, in the same order, on all suspects. It is systematic in that it

logically proceeds from a BAC, through an assessment of signs of impairment, to toxicological analysis for the presence of drugs. This procedure is rooted in standard medical procedures that are used to reach a diagnosis of illness or injury.

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