Impaired Driving Update – FY18

Indiana - Above 200 before 2020

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Discussion Topics

- Impaired Driving Snapshot
- SFST Program Standards
- DEC Program International Standards
- Marijuana Impacts
- DRE Data Entry

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Current Indiana Fatal Numbers

	Fatals	ETOH/ Drug Positive	Positive ETOH	ETOH (.08+)	Drug Positive
2016	827	135	103	89	32
2015	824	159	126	107	26
2014	747	163	137	118	26
2013	784	208	178	145	30

2016 – 31% of Fatalities were Drug Only

Source: Indiana State Police Automated Reporting and Information Exchange System (ARIES) retrieved April 16, 2017

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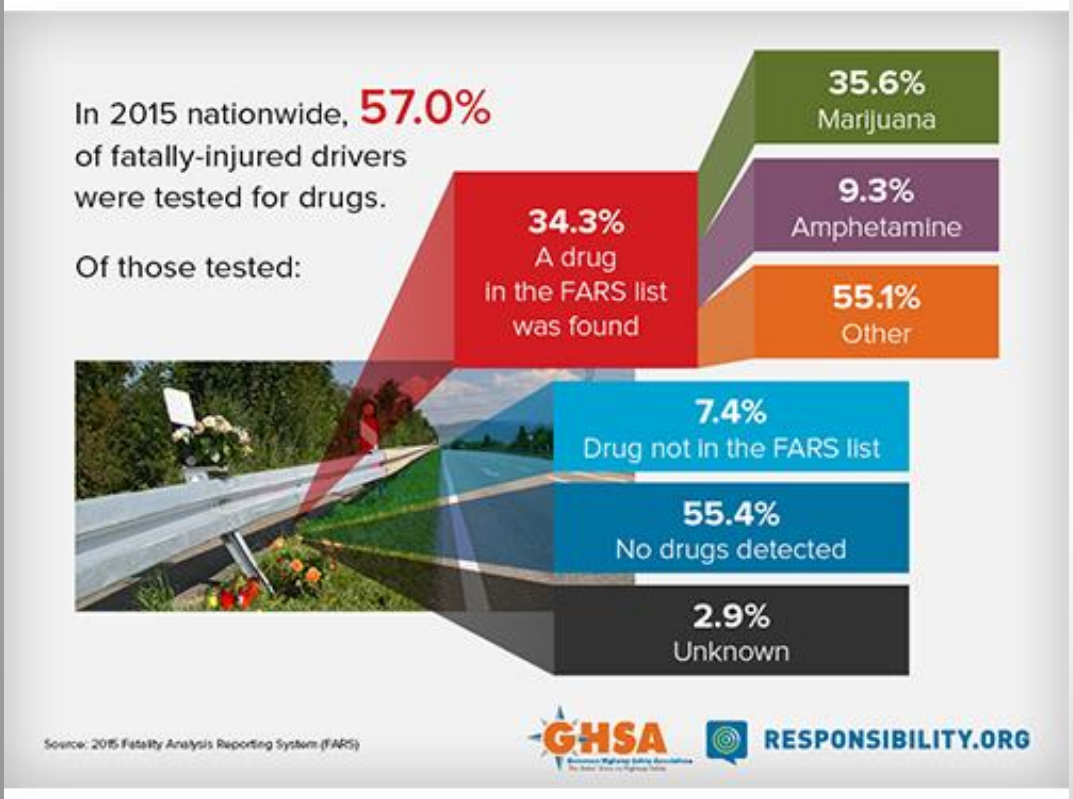
The Problem



Fatal Drivers Who

Tested Positive:

43% Drugs,
37% Alcohol

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Offense Type	(A) SB Patrols
Seat Belt	0
Child Restraint	0
Open Container	0
Underage Alcohol	0
Misdemeanor DUI	0
Felony DUI	0
Habitual Traffic Violator	0
Graduated License	0
MC permit/License Violations	0
Other License Violations	0
Driving W/Susp (Misd/Prior)	0
Driving W/Susp (infraction)	0
Following Too Close	0
Improper Lane Usage	0
Automatic Signal / Stop Sign	0
Driving Left of Center	0
Fail to Yield Right of Way	0
Improper Turning / "U" Turns	0
Obstructing Traffic	0
Equipment Violations	0
Criminal Misdemeanors	0
Criminal Felony	0
Other Traffic Offenses	0
Speed - 0-5 MPH over	0
Speed - 6-10 MPH over	0
Speed - 11-15 MPH Over	0
Speed - 16-20 MPH Over	0
Speed - Over 20 MPH Over	0
Texting	0
DUI Drug	0
DUI Alcohol Over .08	0
Total	0

DATA

- Track DUID and DUI separately in crash, arrest, licensing, and court data to the extent possible.

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Indiana DRE Evaluation Data

	Arrest Evals	Training Evals	Total Evals	Impaired Crashes	Drug Positive
2016	460	284	744	955	32
2015	436	61	497	842	26
2014	475	99	574	675	26
2013	465	178	643	692	30
2012	497	50	547	778	39

Impaired Crashes: Where illegal or prescription drugs was selected as a contributing factor in a crash
Source: Indiana State Police Automated Reporting and Information Exchange System (ARIES) retrieved April 16, 2017

Source: NHTSA: DRE Database retrieved April 16, 2017

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Impaired Driving Curriculum Updates

- 2015 SFST, ARIDE and DRE released in Oct 2015
- SFST and DRE IDC released Febraury 2017
- Next SFST, ARIDE and DRE revisions planned for September 2017

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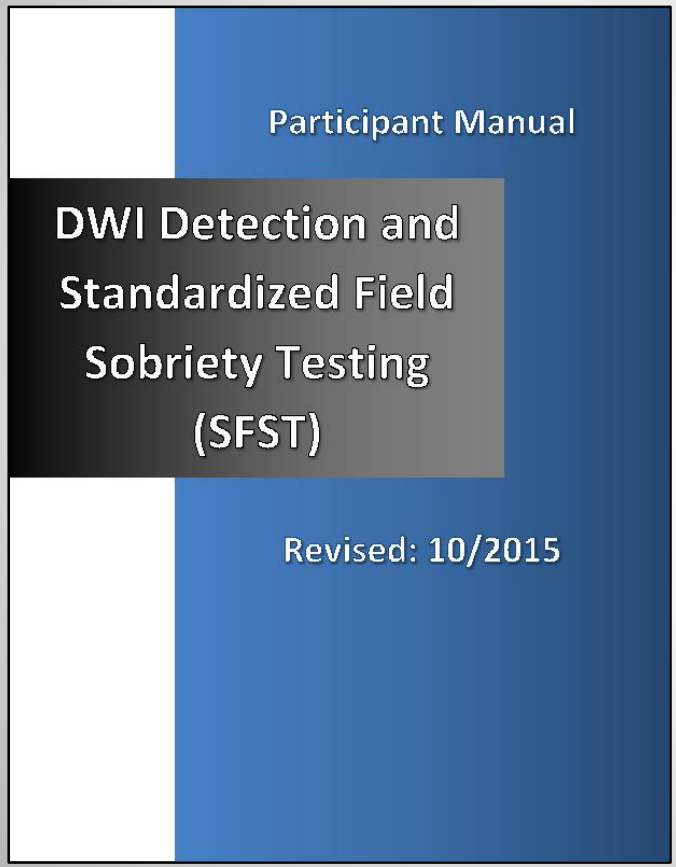
2015 SFST Curriculum



Foundation to all impaired driving training programs.

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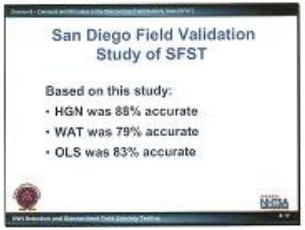
2015 SFST Curriculum



- HGN was 88% accurate
- WAT was 79% accurate
- OLS was 83% accurate

The results of this study provide clear evidence of the validity of the three test battery to support arrest decisions at above or below 0.08. It strongly suggests that the SFSTs also identify BACs at 0.04 and above.

Results: Three SFST 1990's Field Studies

Study.....% Correct

Colorado.....86% Arrest / Release Decisions

Florida.....95% Arrest Decisions

San Diego.....91% Arrest Decisions

These percentages were obtained from seasoned SFST personnel. With experience, properly administering and interpreting the SFSTs in a systematic and standardized manner, officers can obtain results similar to the studies mentioned above.

It is necessary to emphasize this validation applies only when:

- The tests are administered in the prescribed, standardized manner,
- The standardization clues are used to assess the suspect's performance,
- The standardization criteria are employed to interpret that performance.

If any one of the SFST elements is changed, the validity is compromised.

Continue to use original validation studies, but …

Primary emphasis is on San Diego SFST Field Validation Study

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SFST: Blind Eye Testing for HGN

New wording added to allow for HGN testing of subject with a blind/artificial eye.

- Allows officer to proceed with test
- If abnormal findings, not required to continue
- Reminded that this does not follow the standardized protocol and should be acknowledged in report

Source: “Eye Tests on a Suspect with a Blind Eye”, Citek, Sept. 2014

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SFST: 45 Degree Angle of Onset

Removing references to lining up the stimulus with, or slightly beyond the edge of the subject's shoulder.

Now using:
Stimulus 12-15" in front of the nose and then moving an equal distance to the side, and

Checking the eye to see if some white is still visible in the corner of the eye.

SFST: Walk & Turn – Clarified Improper Turn Scoring

Added wording to help clarify how to properly score an improper turn during the Walk and Turn Test

- Turning on the wrong foot is not improper turn
- Raising Arms for balance not scored during Instructional Stage

Walk and Turn Test Clues Summary

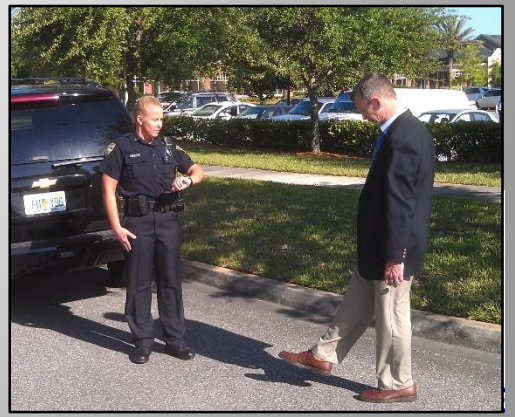
SFSTs are a tool to assist you in seeing visible signs of impairment and are not a pass/fail test

SFST: One Leg Stand Clarification

Wording added to help clarify how the raised foot is to be held during the balance and counting stage.

“Raise either leg with the foot approximately six inches off the ground, keeping your foot parallel to the ground.”

Not “foot pointed out”



SFST Concerns and Challenges

- W & T and OLS Limitations: 65 years of age, 50 pounds overweight, etc. (Limitations are mentioned in the original SCRI studies)
- Added information that officers should consider all factors when conducting SFSTs at roadside
- Applicability to drugs other than alcohol
- Wet alcohol workshops

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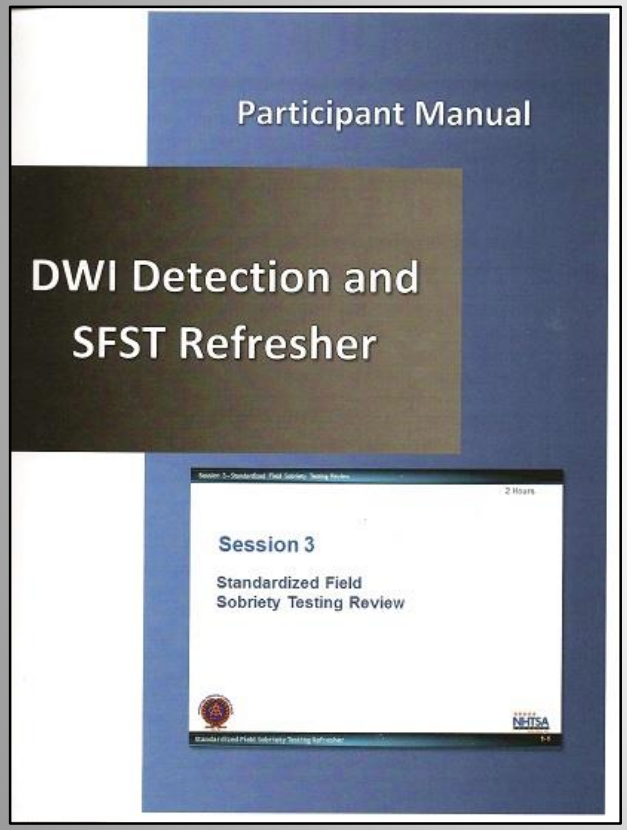
SFST Refresher



Two training options:

- 4 hour class
- 8 hour class

Training options covered in the Administrators Guide

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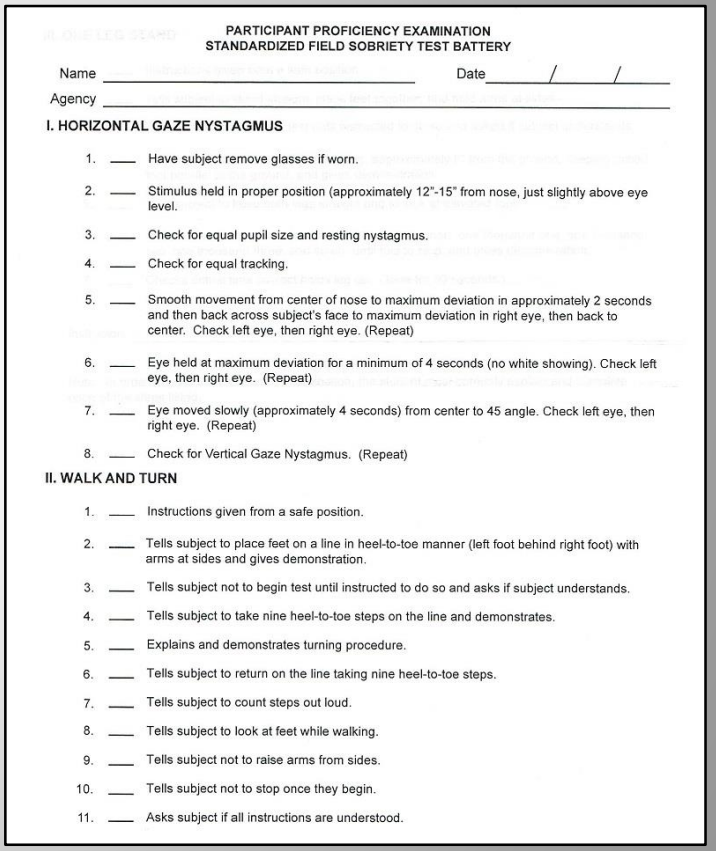
SFST Proficiency

New requirement – all of SFST steps and instructions are required for proficiency and sign-off by an instructor.



PARTICIPANT PROFICIENCY EXAMINATION
STANDARDIZED FIELD SOBRIETY TEST BATTERY

Name _____ Date ____/____/____

Agency _____

I. HORIZONTAL GAZE NYSTAGMUS

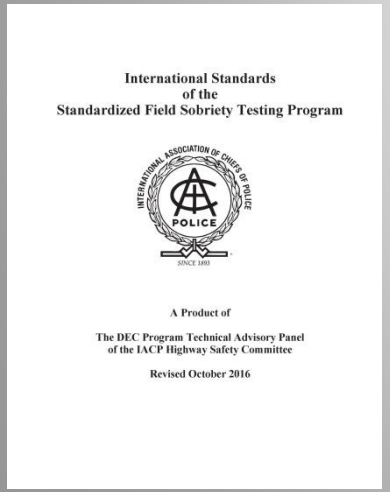
1. ___ Have subject remove glasses if worn.
2. ___ Stimulus held in proper position (approximately 12"-15" from nose, just slightly above eye level.
3. ___ Check for equal pupil size and resting nystagmus.
4. ___ Check for equal tracking.
5. ___ Smooth movement from center of nose to maximum deviation in approximately 2 seconds and then back across subject's face to maximum deviation in right eye, then back to center. Check left eye, then right eye. (Repeat)
6. ___ Eye held at maximum deviation for a minimum of 4 seconds (no white showing). Check left eye, then right eye. (Repeat)
7. ___ Eye moved slowly (approximately 4 seconds) from center to 45 angle. Check left eye, then right eye. (Repeat)
8. ___ Check for Vertical Gaze Nystagmus. (Repeat)

II. WALK AND TURN

1. ___ Instructions given from a safe position.
2. ___ Tells subject to place feet on a line in heel-to-toe manner (left foot behind right foot) with arms at sides and gives demonstration.
3. ___ Tells subject not to begin test until instructed to do so and asks if subject understands.
4. ___ Tells subject to take nine heel-to-toe steps on the line and demonstrates.
5. ___ Explains and demonstrates turning procedure.
6. ___ Tells subject to return on the line taking nine heel-to-toe steps.
7. ___ Tells subject to count steps out loud.
8. ___ Tells subject to look at feet while walking.
9. ___ Tells subject not to raise arms from sides.
10. ___ Tells subject not to stop once they begin.
11. ___ Asks subject if all instructions are understood.

SFST International Standards

- Maintained and updated by IACP Highway Safety Committee and Technical Advisory Panel (TAP)
- Revised October 2016
- Added new language and direction regarding:
  - SFST Refresher Training
  - SFST Instructor refresher training
  - Removal of SFST instructors


International Standards
of the
Standardized Field Sobriety Testing Program

A Product of

The DEC Program Technical Advisory Panel
of the IACP Highway Safety Committee

Revised October 2016

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SFST International Standards

SFST Refresher Training -

3.3 It is recommended that all SFST practitioners complete a state-approved refresher/update training at a ***minimum of every three years*** from the date of their most recent state refresher/update training as an SFST practitioner.

3.4 It is recommended that all SFST instructors complete a ***minimum of 8 hours*** of state-approved refresher/update training at a ***minimum of every two years*** from the date of their most recent state refresher/update training as an SFST instructor.

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SFST International Standards

Removal of SFST Instructors -

4.1 It is recommended that decertification occur when an SFST instructor fails to meet minimum program standards and requirements, or demonstrates unethical or unprofessional behavior that reflects adversely on the program.

4.2 Recognition as an SFST instructor will remain in place as long as that individual meets the requirements of Standards 3.3 and 3.4

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SFST Instructor Training

www.indianasfstinstructor.eventbrite.com

October 2017 - IMPD Academy

February 2018 - IMPD Academy

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SFST at ILEA

May 22-24, 2017 - 23 and 24

September 18-20, 2017 - 19 and 20

www.sfstilea.eventbrite.com

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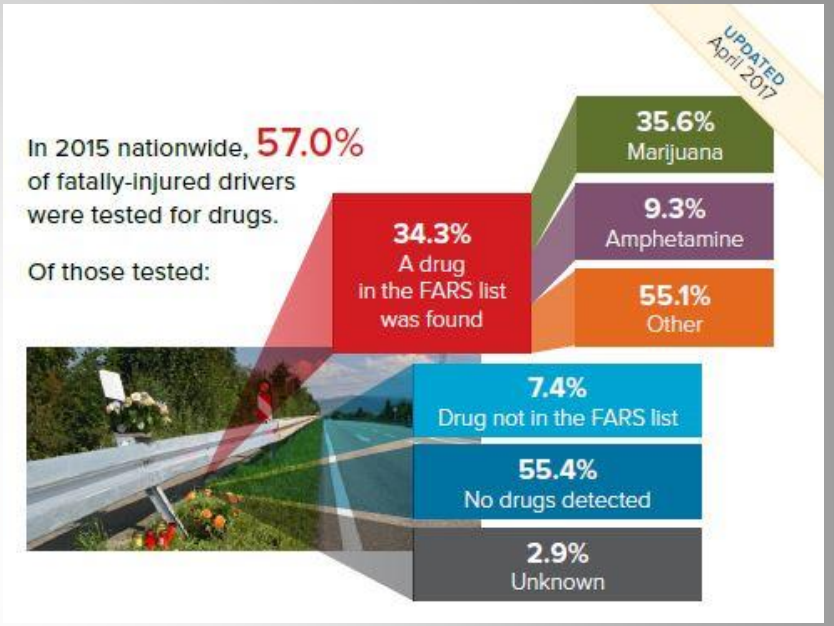
The Problem

UPDATED April 2017

Many officers are
NOT TRAINED to identify
the signs and symptoms of drivers
IMPAIRED BY DRUGS
other than alcohol.



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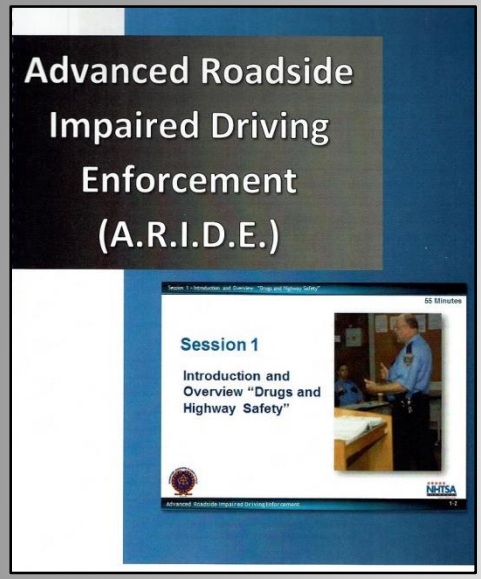
ARIDE Training



Replaced the 8-hour Drugs That Impair Driving curricula.

16 Hour course with required SFST Proficiency.

www.aridetrainingindiana.eventbrite.com

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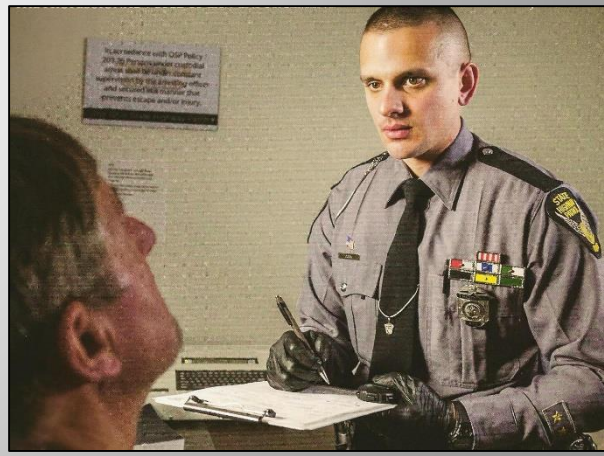
DRE Program Update

Indiana - Above 200 before 2020

Statewide –

- 159 DRE's
- 8,200 DREs nationally

- 80 City Police Departments
- 44 Sheriff's Departments
- 14 Indiana State Police Troopers
- 54 Total Agencies



DRE Field Certifications

DRE instructor must observe and supervise the entire certification evaluation in order to sign-off on the evaluation.

Only DRE instructors that observe the field evaluation(s) can sign-off on the DRE candidate.

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DECP International Standards

- Recertification of DRE (3.4):
  - Four acceptable drug evaluations
  - All reviewed and approved by DRE instructor
  - *One must be witnessed by DRE instructor*
  - 8 hours of approved recertification training
  - Updated CV and Rolling Log

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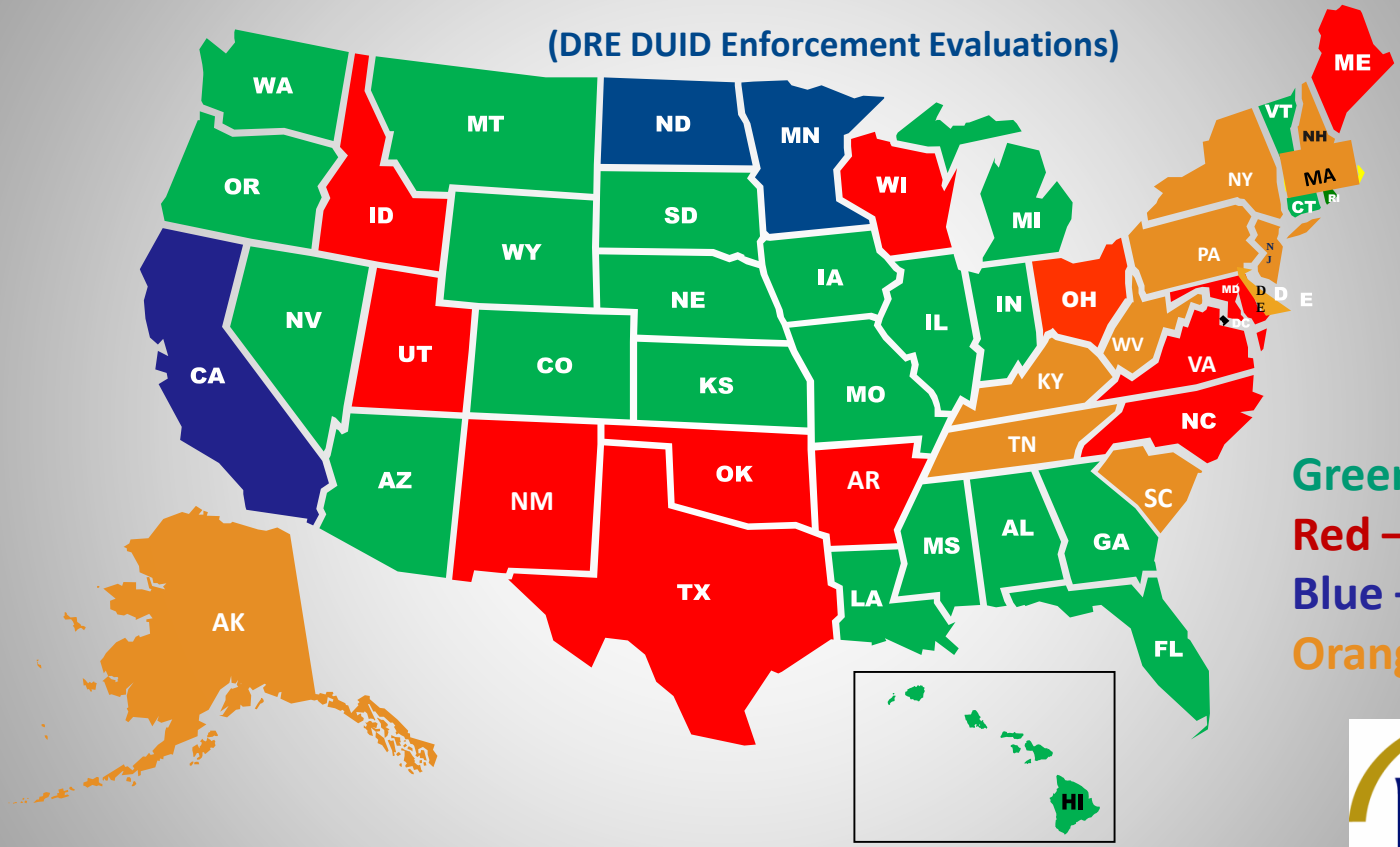
Drug Categories Predicted by DREs
(2016 Enforcement Evaluations)

1. Cannabis – 273
2. CNS Depressants – 194
3. Narcotic Analgesics – 168
4. CNS Stimulants – 109

**Poly Drug Cases – 131

Top Detected Drug Category by State 2014-2015



Green – Cannabis

Red – Depressants

Blue – Stimulants

Orange - Narcotics

Source: NHTSA NSTRC

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"Drug Recognition Expert (DRE) Examination Characteristics of Cannabis Impairment"

Hartman, Richman, Hayes, and Huestis

Accident Analysis and Prevention 92 (2016) 219–229

Contents lists available at ScienceDirect

Accident Analysis and Prevention

journal homepage: www.elsevier.com/locate/aap

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Rebecca L. Hartman[a], Jack E. Richman[b], Charles E. Hayes[c], Marilyn A. Huestis[a,*]

[a] Chemistry and Drug Metabolism, Intramural Research Program, National Institute on Drug Abuse, National Institutes of Health, 251 Bayview Boulevard Ste 200 Rm 05A721, Baltimore, MD, 21224, USA
[b] Hingham Police Department, 212 Central Street, Hingham, MA 02043, USA
[c] International Association of Chiefs of Police, 44 Canal Center Plaza, Suite 200, Alexandria, VA 22314, USA

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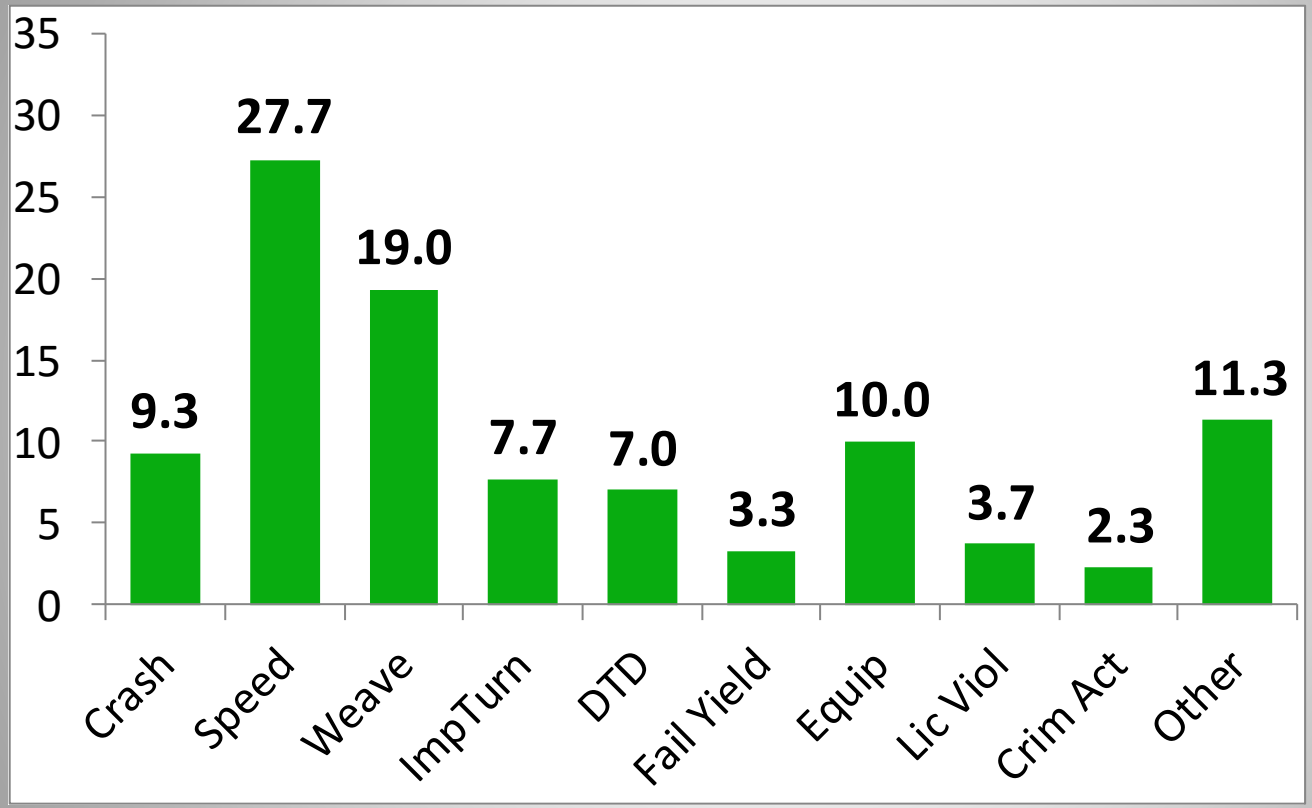
Contributing Problem: THC Potency

From “Ditch Weed” to “Super Weed”

- 1970’s - THC potency was approximately 3 - 4%
- 2012 – Approximately 13% THC
- Today – Averaging about 20%
  (Reported high of 37.2%,
  California 2008)

Source: Drug Identification Bible 2014/2015

Reason for the Traffic Stop



72% of cases involved one or more moving violations. DTD – Disobeyed Traffic Device

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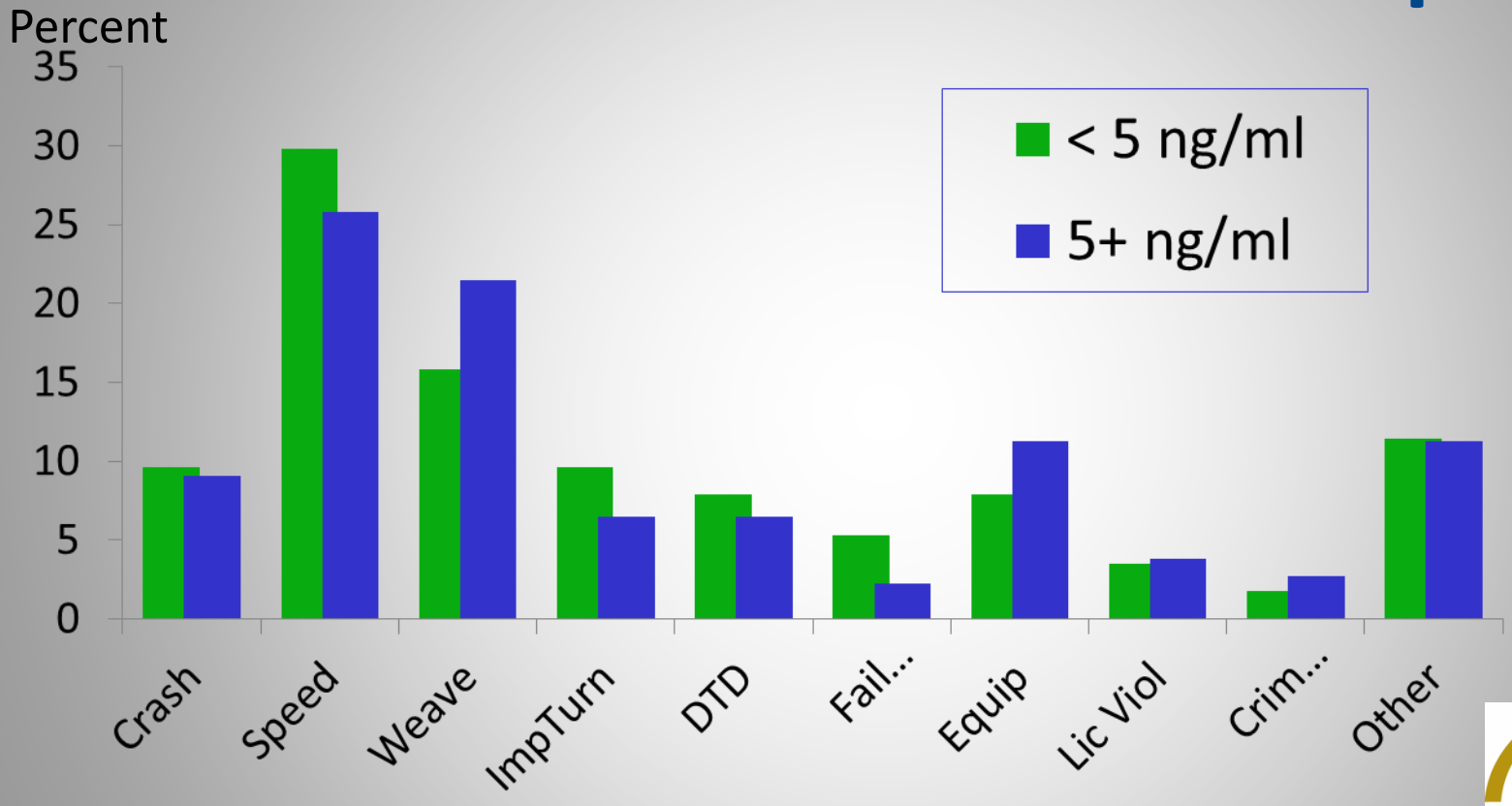
Reason for Traffic Stop



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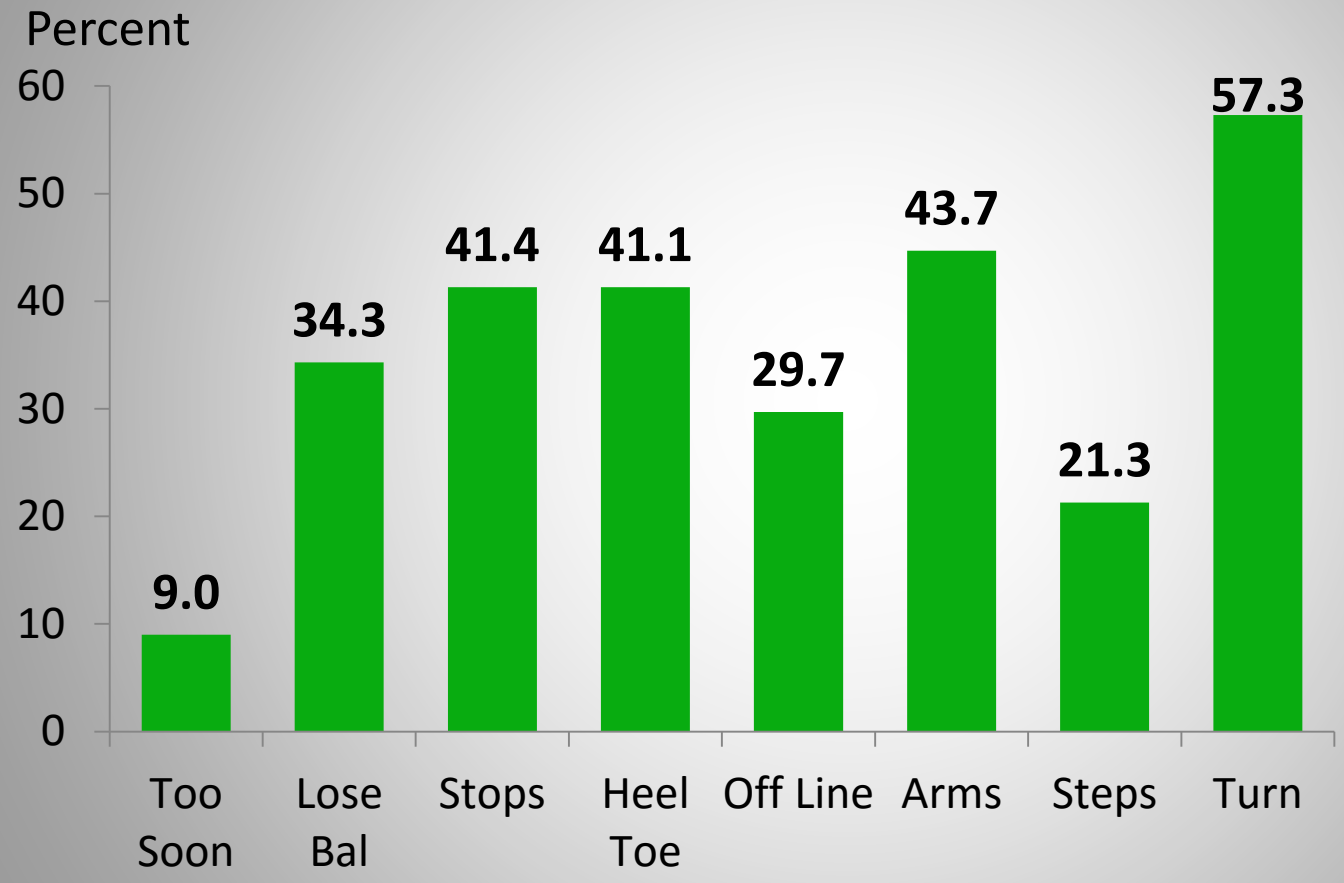
Roadside and Evaluation Observations

Most frequent observations:

- ✓ Odor of marijuana (on person / in vehicle)
- ✓ Red, bloodshot, watery eyes
- ✓ Dilated pupils
- ✓ Difficulty performing SFSTs
- ✓ Eyelid tremors
- ✓ Body tremors
- ✓ Carefree attitude

Walk and Turn Test Clues



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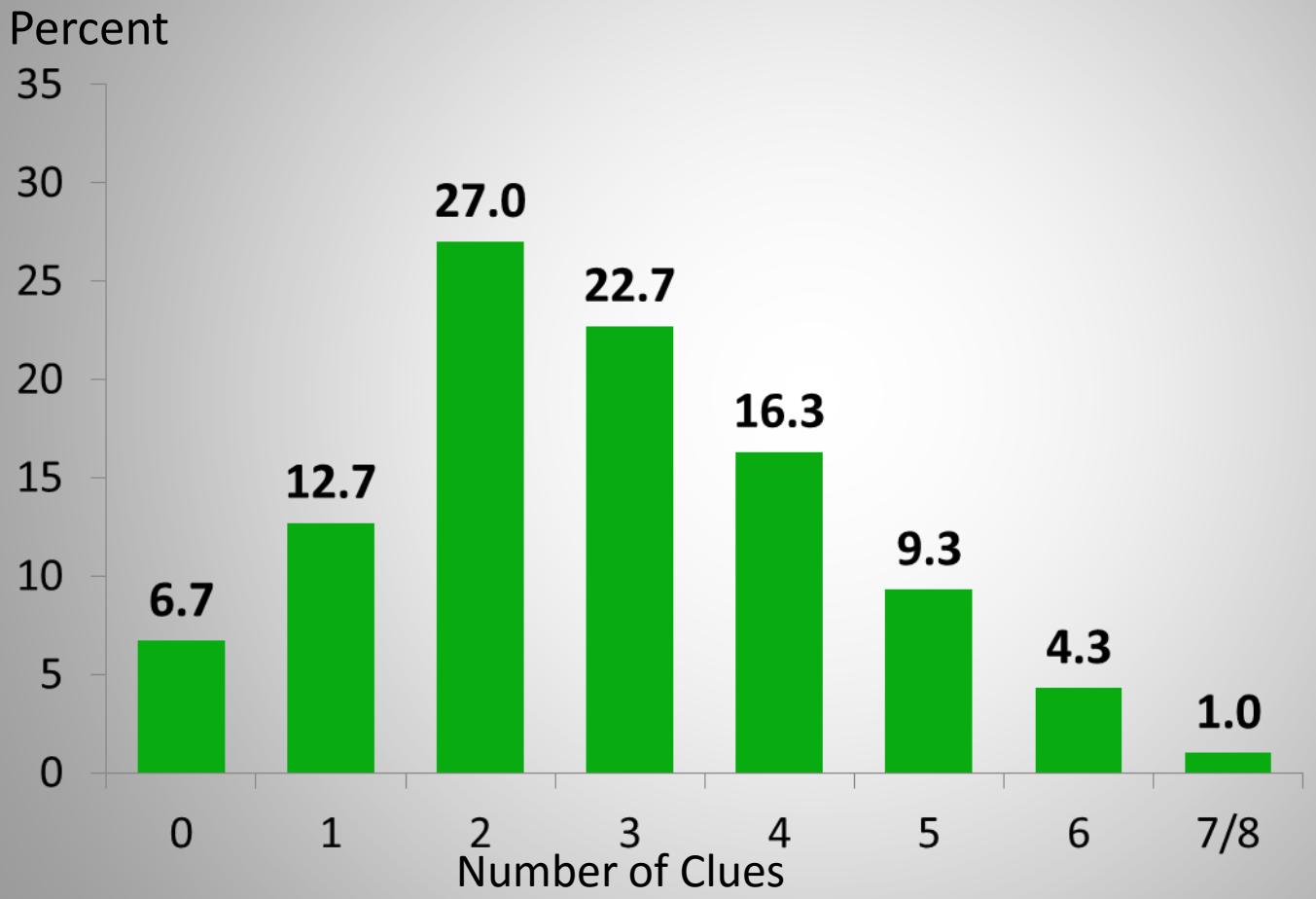

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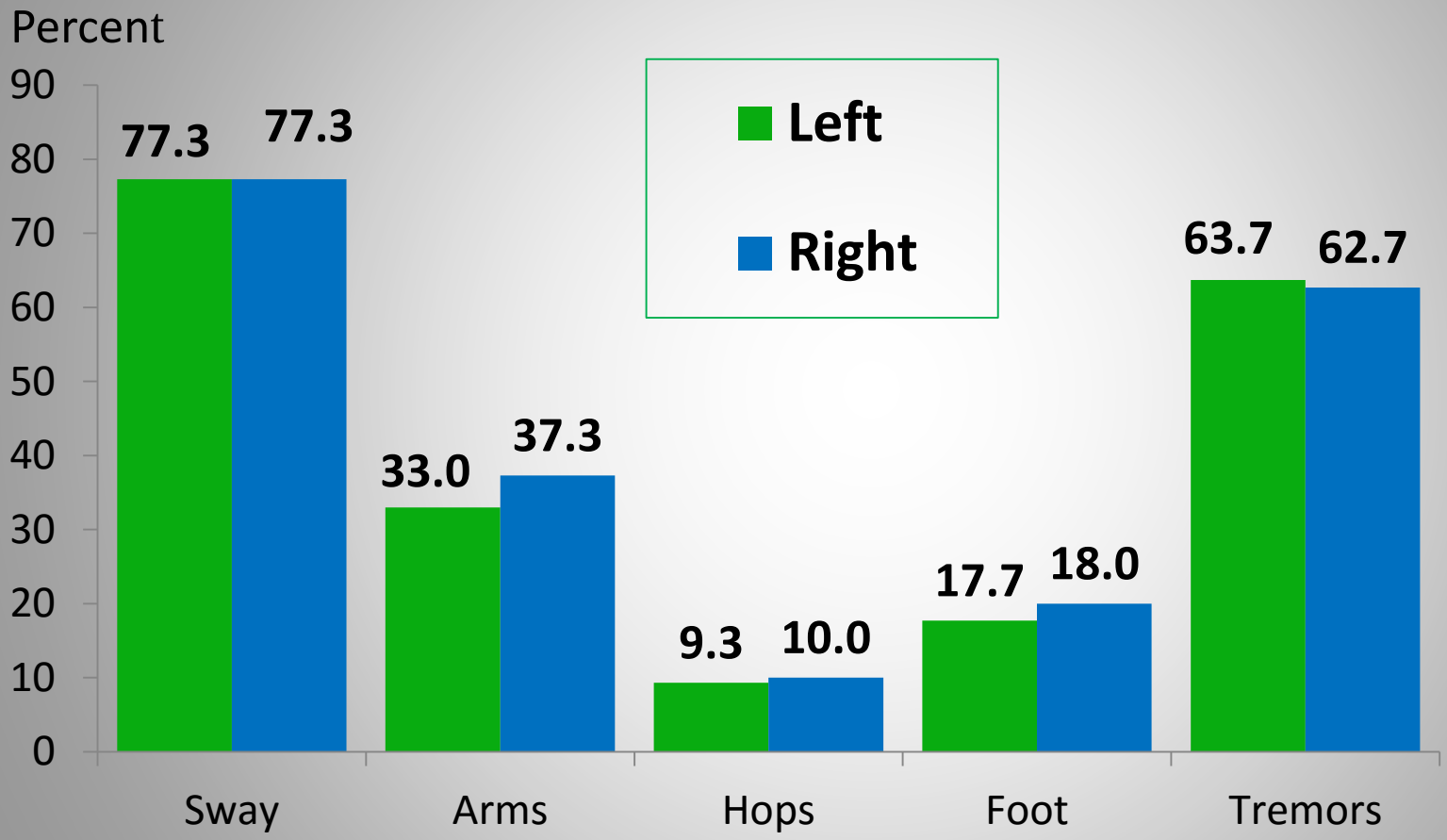
One Leg Stand Test Clues



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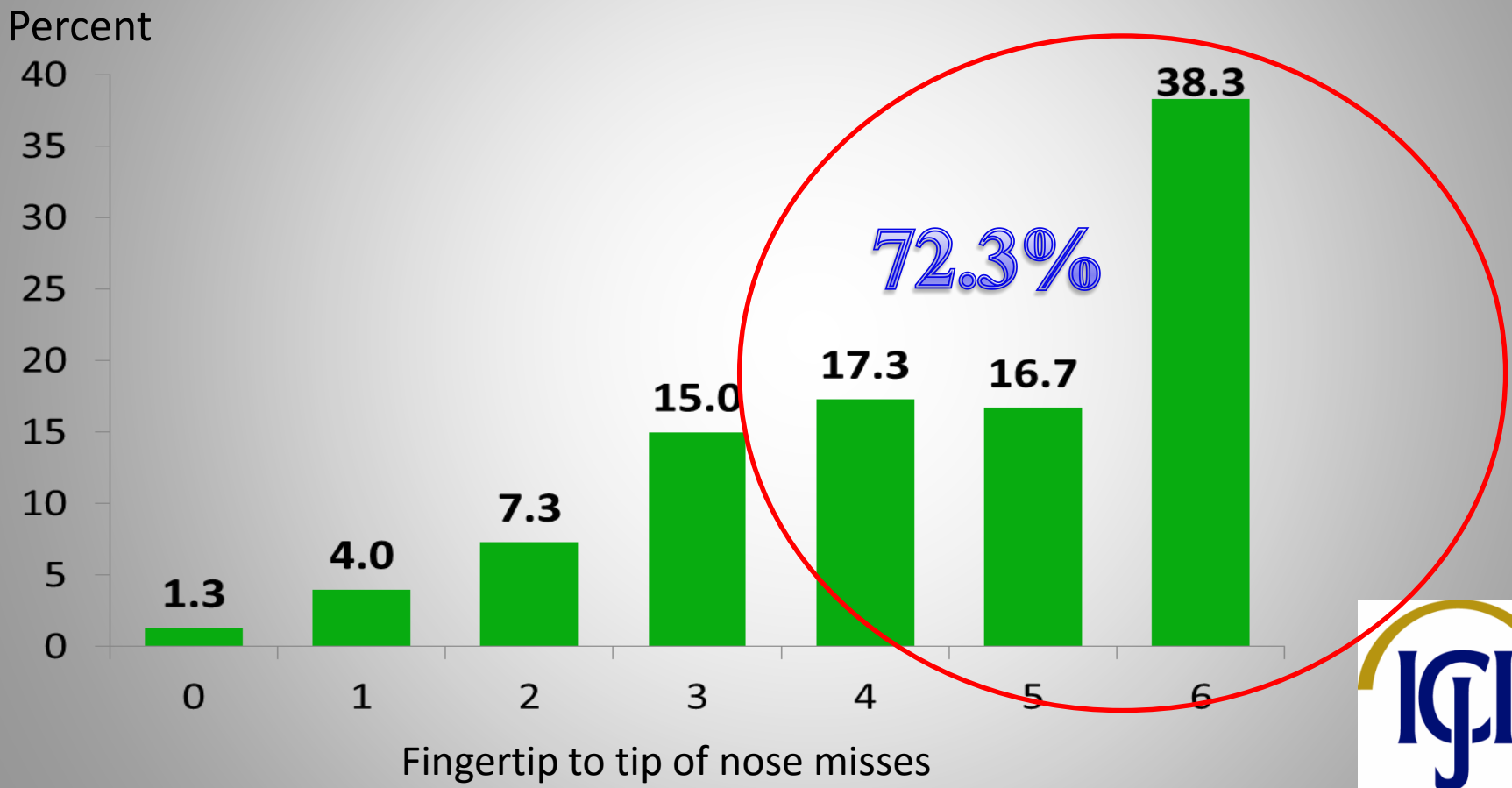
Finger to Nose Test



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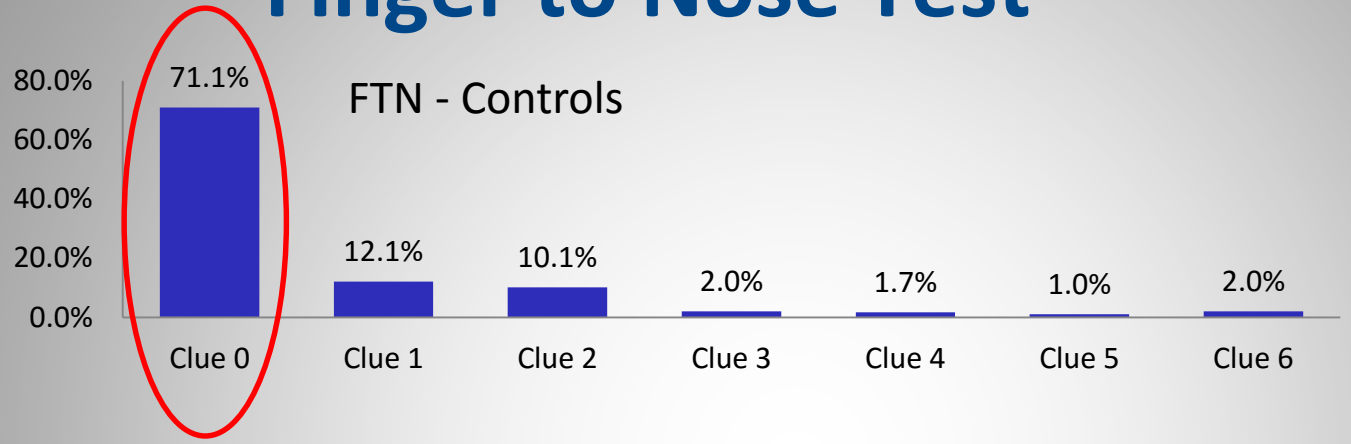

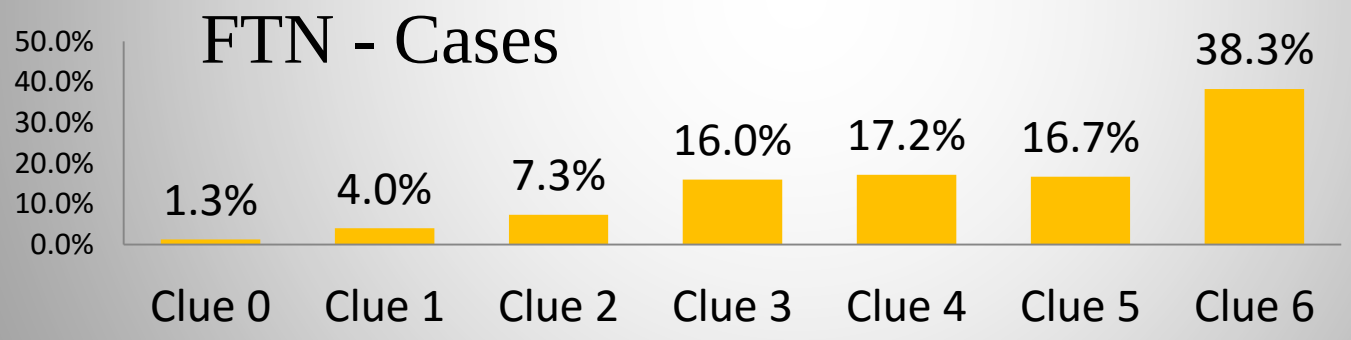

Fingertip to Tip of Nose Misses

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Best Overall Indicators

1. Elevated pulse rate
2. Dilated pupils
3. Lack of Convergence
4. Bloodshot eyes
5. Rebound Dilation
6. Finger-to-Nose
7. Walk & Turn (Improper Turn & Using Arms for Balance)
8. One Leg Stand (Swaying & Raising Arms for Balance)
9. Eyelid tremors
10. MJ odor

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[b] Hingham Police Department, 212 Central Street, Hingham, MA 02043, USA
[c] International Association of Chiefs of Police, 44 Canal Center Plaza, Suite 200, Alexandria, VA 22314, USA

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Toxicology Submissions to ISDT

Year	ETOH & Drugs	Drugs	% Change
2012	9,390	4,044	----------
2013	10,446	4,287	+ 5.7%
2014	11,326	4,419	+ 8.5%
2015	13,673	5,310	+ 23.8%
2016	15,883	6,517	+ 37.9%
2017(Q1)	4,127	1,670	+ 65.2%

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Indiana State Department of Toxicology
Testing Summary

Drug	Trade/Alternate Name	Screening Cutoff Blood	Screening Technique	Confirmation Cutoff Blood	Confirmation Technique
Amphetamines					
Amphetamine	Adderall	20 ng/mL	ELISA	Outsourced to NMS	Outsourced to NMS
MDMA (Ecstasy)	Ecstasy				
Methamphetamine	Methamphetamine				
Pseudoephedrine	Sudafed				
Barbiturates					
Amobarbital	Amobarbital	500 ng/mL	ELISA	Outsourced to NMS	Outsourced to NMS
Butabarbital	Butabarbital				
Butalbital	Fioricet, Fiorinal				
Pentobarbital	Nembutal				
Phenobarbital	Luminal				
Secobarbital	Secobarbital				
Benzodiazepines					
α-Hydroxyalprazolam	Alprazolam metabolite	50 ng/mL	ELISA	5 ng/mL	LC/MS/MS
7-Aminoclonazepam	Clonazepam metabolite			10 ng/mL	
Alprazolam	Xanax				
Clonazepam	Klonopin				
Desalkylflurazepam	Flurazepam metabolite				
Lorazepam	Ativan				
Midazolam	Versed				
Diazepam	Valium			50 ng/mL	
Nordiazepam	Diazepam metabolite				
Oxazepam	Serax				
Temazepam	Restoril				
Zolpidem	Ambien	10 ng/mL		10 ng/mL	

Drug	Trade/Alternate Name	Screening Cutoff Blood	Screening Technique	Confirmation Cutoff Blood	Confirmation Technique
Cannabinoids					
THC	Marijuana	10 ng/mL	ELISA	Outsourced to NMS	Outsourced to NMS
THC-COOH	Marijuana metabolite				
Carisoprodol/Meprobamate					
Carisoprodol	Soma	500 ng/mL	ELISA	Outsourced to NMS	Outsourced to NMS
Meprobamate	Carisoprodol metabolite				
Cocaine					
Cocaine	Cocaine	50 ng/mL	ELISA	20 ng/mL	GC/MS
Benzoylecgonine	Cocaine metabolite				
Fentanyl					
Fentanyl	Duragesic	1.0 ng/mL	ELISA	Outsourced to NMS	Outsourced to NMS
Norfentanyl	Fentanyl metabolite				
Methadone	Methadone	50 ng/mL	ELISA	Outsourced to NMS	Outsourced to NMS
Opiates					
Codeine	Tylenol #3	20 ng/mL	ELISA	Outsourced to NMS	Outsourced to NMS
Hydrocodone	Vicodin, Lortab				
Hydromorphone	Dilaudid				
Morphine	MS Contin				
6-MAM	Heroin metabolite				
Oxycodone	Percocet, Oxycontin				
Oxymorphone	Opana				
Alcohols					
Acetone	Acetone	0.010 g/100 mL	HS-GC	0.010 g/100 mL	HS-GC *The lower of the two confirmations will be used to report.
Ethanol	Beer, Wine, Spirits				
Isopropanol	Rubbing Alcohol				
Methanol	Wood Alcohol				

NOTE: All positive screening results will be confirmed and quantified.

Testing up till March 2017

35 Items

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Testing as of March 31, 2017

Drug Name	Drug Classification	Confirmation Class	Trade/Alternate Name	Screen cutoff	Screening Technique	Confirmation cutoff	Confirmation Technique
Benzoylecgonine	Stimulant	Cocaine	Cocaine metabolite	20 ng/mL	LC-TOF	20 ng/mL	GC-MS
Cocaine	Stimulant	Cocaine	Coke, White, Snow, Speedball	10 ng/mL	LC-TOF	20 ng/mL	GC-MS
7-Aminoclonazepam	Benzodiazepine	Benzodiazepine-Z-drug	Clonazepam metabolite	10 ng/mL	LC-TOF	10 ng/mL	LC-MS-MS
Alprazolam	Benzodiazepine	Benzodiazepine-Z-drug	Xanax	10 ng/mL	LC-TOF	10 ng/mL	LC-MS-MS
Clonazepam	Benzodiazepine	Benzodiazepine-Z-drug	Klonopin, Rivotril	10 ng/mL	LC-TOF	10 ng/mL	LC-MS-MS
Desalkylflurazepam	Benzodiazepine	Benzodiazepine-Z-drug	Norflurazepam	10 ng/mL	LC-TOF	10 ng/mL	LC-MS-MS
Diazepam	Benzodiazepine	Benzodiazepine-Z-drug	Valium, Diastat	10 ng/mL	LC-TOF	50 ng/mL	LC-MS-MS
Lorazepam	Benzodiazepine	Benzodiazepine-Z-drug	Ativan	10 ng/mL	LC-TOF	10 ng/mL	LC-MS-MS
Midazolam	Benzodiazepine	Benzodiazepine-Z-drug	Versed	10 ng/mL	LC-TOF	10 ng/mL	LC-MS-MS
Nordiazepam	Benzodiazepine	Benzodiazepine-Z-drug	Nordaz, Stilny, Madar, Vegesan, Calmday, Diazepam metabolite	10 ng/mL	LC-TOF	50 ng/mL	LC-MS-MS
Oxazepam	Benzodiazepine	Benzodiazepine-Z-drug	Serax, Zaxopam, Diazepam metabolite	10 ng/mL	LC-TOF	50 ng/mL	LC-MS-MS
Temazepam	Benzodiazepine	Benzodiazepine-Z-drug	Restoril, diazepam metabolite	10 ng/mL	LC-TOF	50 ng/mL	LC-MS-MS
α-Hydroxyalprazolam	Benzodiazepine	Benzodiazepine-Z-drug	Alprazolam metabolite	10 ng/mL	LC-TOF	5 ng/mL	LC-MS-MS
Zolpidem	Sedative Hypnotic	Benzodiazepine-Z-drug	Ambien	10 ng/mL	LC-TOF	10 ng/mL	LC-MS-MS
Flunitrazepam	Benzodiazepine	Flunitrazepam	Rohypnol	10 ng/mL	LC-TOF		
THC	Cannabinoid	Cannabinoid	Marijuana	10 ng/mL	ELISA		
THC-COOH	Cannabinoid	Cannabinoid	Marijuana metabolite	10 ng/mL	ELISA		
Carisoprodol	Muscle Relaxant	Carisoprodol	Soma	500 ng/mL	LC-TOF		
Meprobamate	Muscle Relaxant	Carisoprodol	Carisoprodol metabolite	500 ng/mL	LC-TOF		
Cyclobenzaprine	Muscle Relaxant	Cyclobenzaprine	Flexeril, Amrix, Fecmid	10 ng/mL	LC-TOF		
Buprenorphine	Narcotic Analgesic	Buprenorphine	Suboxone, Buprenex	10 ng/mL	LC-TOF		
Norbuprenorphine	Narcotic Analgesic	Buprenorphine	Buprenorphine metabolite	10 ng/mL	LC-TOF		
Acetylfentanyl	Narcotic Analgesic	Fentanyl	Fentanyl analog	1 ng/mL	LC-TOF		
Fentanyl	Narcotic Analgesic	Fentanyl	Duragesic, Abstral, Subsys	1 ng/mL	LC-TOF		
Norfentanyl	Narcotic Analgesic	Fentanyl	Fentanyl analog	1 ng/mL	LC-TOF		
Meperidine	Narcotic Analgesic	Meperidine	Demerol, Meperitab	10 ng/mL	LC-TOF		
EDDP	Narcotic Analgesic	Methadone	Methadone metabolite	10 ng/mL	LC-TOF		
Methadone	Narcotic Analgesic	Methadone	Dolophine, Methadose	10 ng/mL	LC-TOF		
Naloxone	Narcotic Analgesic	Naloxone	Narcan, Evzio, (Zubsolv, Suboxone)	10 ng/mL	LC-TOF		
Naltrexone	Narcotic Analgesic	Naltrexone	Vivtrol	10 ng/mL	LC-TOF		
6-Monoacetylmorphine	Narcotic Analgesic	Opioids	6-MAM, 6-acetylmorphine, 6-AM, Heroin metabolite				
Codeine	Narcotic Analgesic	Opioids	Codeine	10 ng/mL	LC-TOF		
Dihydrocodeine	Narcotic Analgesic	Opioids	Drocode, Paracodeine and Parzone	10 ng/mL	LC-TOF		
Hydrocodone	Narcotic Analgesic	Opioids	Vicodin, Lortab, Lorcet, Norco, Verdrocet	10 ng/mL	LC-TOF		
Hydromorphone	Narcotic Analgesic	Opioids	Dilaudid	10 ng/mL	LC-TOF		
Morphine	Narcotic Analgesic	Opioids	Duramorph, DepoDur, Astramorph, Heroin metabolite	10 ng/mL	LC-TOF		
Oxycodone	Narcotic Analgesic	Opioids	Oxycotin, Percodan, Percocet	10 ng/mL	LC-TOF		
Oxymorphone	Narcotic Analgesic	Opioids	Opana, Numorphan, Numorphone	10 ng/mL	LC-TOF		
O-Desmethyltramadol	Narcotic Analgesic	Tramadol	Tramadol metabolite	10 ng/mL	LC-TOF		
Tramadol	Narcotic Analgesic	Tramadol	Ultram, ConZip, Ryzolt	10 ng/mL	LC-TOF		
Amobarbital	Sedative Hypnotic	Barbiturates	Amylobarbitone, Amytal	500 ng/mL	ELISA		
Butalbital	Sedative Hypnotic	Barbiturates	Fioricet, Fiorinal	500 ng/mL	ELISA		
Pentobarbital	Sedative Hypnotic	Barbiturates	Nembutal	500 ng/mL	ELISA		
Butabarbital	Sedative Hypnotic	Barbiturates	Butisol	500 ng/mL	ELISA		
Phenobarbital	Sedative Hypnotic/Anticonvulsant	Barbiturates	Luminal, Solfoton	500 ng/mL	ELISA		
Secobarbital	Sedative Hypnotic/Anticonvulsant	Barbiturates	Seconal	500 ng/mL	ELISA		
Zaleplon	Sedative Hypnotic	Zaleplon	Sonata	10 ng/mL	LC-TOF		
Zopiclone	Sedative Hypnotic	Zopiclone	Lunesta	10 ng/mL	LC-TOF		
Amphetamine	Stimulant	Amphetamines	Adderal, Methamphetamine metabolite	10 ng/mL	LC-TOF		
Ephedrine	Stimulant	Amphetamines	Bronkaid, Primatene	10 ng/mL	LC-TOF		
MDA	Stimulant	Amphetamines	Tenamfetamine				
MDEA	Stimulant	Amphetamines	MDE, Eve	10 ng/mL	LC-TOF		
MDMA	Stimulant	Amphetamines	Ecstasy	10 ng/mL	LC-TOF		
Methamphetamine	Stimulant	Amphetamines	Desoxyn, Meth, Speed, Crystal, Glass, Ice, Crank, Yaba	10 ng/mL	LC-TOF		
Phentermine	Stimulant	Amphetamines	Adipex-P, Suprenza	10 ng/mL	LC-TOF		
Phenylpropanolamine	Stimulant	Amphetamines	Propalin Proin, PPA, Norephedrine, Norpseudoephedrine, Cathine	10 ng/mL	LC-TOF		
Pseudoephedrine	Stimulant	Amphetamines	Sudafed	10 ng/mL	LC-TOF		
Phencyclidine	Dissociative anesthetic	Phencyclidine	PCP, Angel dust, Sernyl	10 ng/mL	LC-TOF		
Propoxyphene	Stimulant	Propoxyphene	Darvon, Darvocet	10 ng/mL	LC-TOF		
Dextromethorphan	Stimulant/Antitussive	Dextro/Levo Methorphan	Delsym, Robitussin, Zicam, DXM, DM	10 ng/mL	LC-TOF		

60 Items

Outsourced to NMS

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2016 Toxicology Data – With a Fatality Involved

Drug Positive Operators with BAC 0.00 or under 0.08	**116**	74.83%
Negative for Drugs and Alcohol Involved with BAC above 0.08	39	25.16%
Impaired Driving Involved Operators for 2016	**155**	
Alcohol Under 0.08 and Drug Negative	11	
No know drug or Alcohol involvement	205	55.25%
Total	371	

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2016 Toxicology Data – With a Fatality Involved

Percentage of Impaired Drivers	**41.80%**
Percentage of Non-Impaired Drivers	**55.25%**
Drug - Impaired Operators of Impaired Operators	**74.83%**
Alcohol - Impaired Operators of Impaired Operators	**25.16%**

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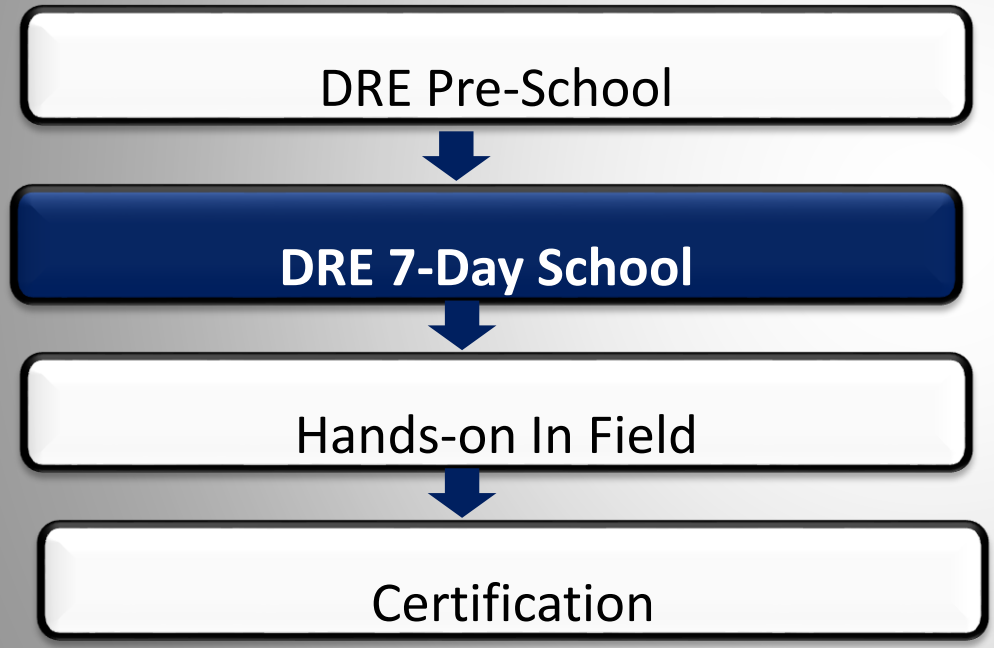
Drug Recognition Expert (DRE) Training



- **Over 112 Hours of Training**
- **Four Examination Phases**
- **Training Equivalency:**
  - **(4) Three Credit Hour College Courses**
  - **(1) College Semester in Three Weeks**

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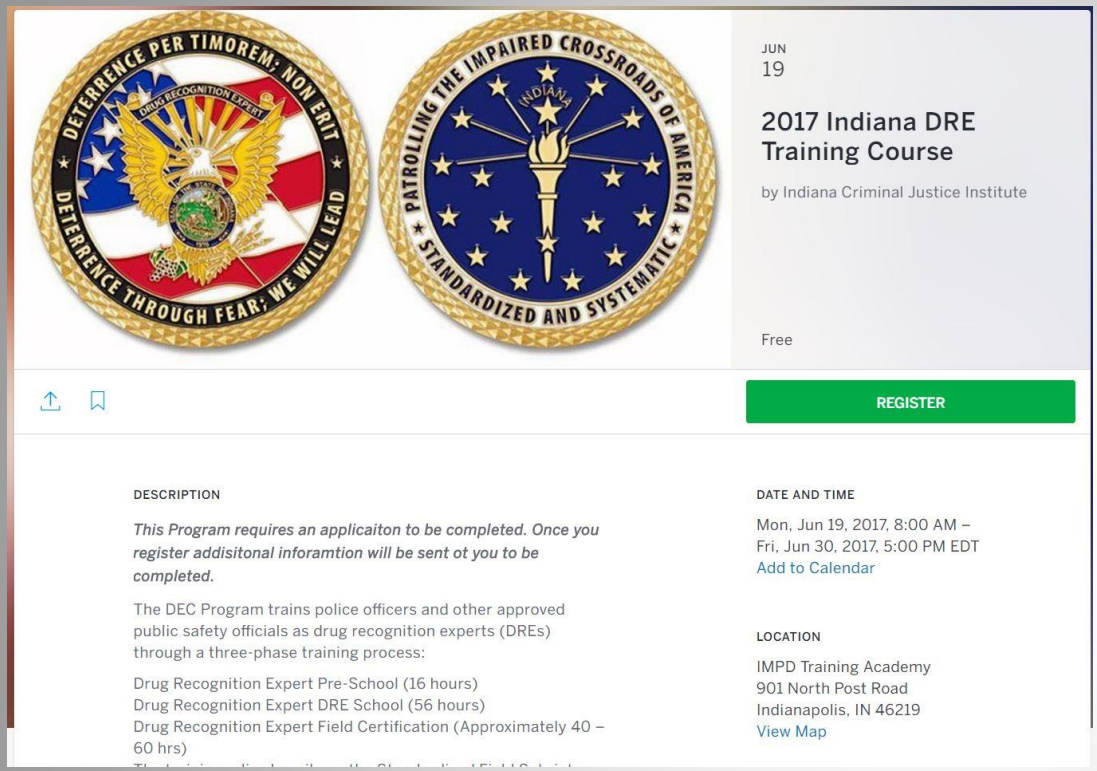

- **Classroom – June19-30, 2017**
  Indianapolis, IMPD
- **Field Certification – Sept 14-20, 2017**
  Jacksonville, Florida

All Lodging, Per Diem, Equipment, and Travel Costs Covered by ICJI

www.indianadre2017.eventbrite.com

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The Indiana Connection

- Toxicology Results
- Officers Need ARIDE and DRE Training
  - ARIDE: Advanced Roadside Impaired Driving Enforcement (16 Hours)
  - DRE: Drug Recognition Expert School
    - 72 Hours Classroom, 40 hours Field Cert with Evals and a Comprehensive Written Exam

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The Indiana Toxicology Connection

- All samples submitted to ISDT will be screened for the standard ISDT Panel
  - All Positives are confirmed as standard protocol
  - **<u>If the case involves a DRE Evaluation, additional testing for specific drugs outside of the screen may be requested to support the DRE Opinion</u>**

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The Indiana Toxicology Connection

- This additional testing is at ***no charge*** to the Agency, Prosecutors Office, or County/City

- Prosecutor is still responsible for Testimony
  Costs if needed for trial

The cost for this testing is provided through a Federal Traffic Safety Grant to support the DRE Program

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DRE Tablet Program

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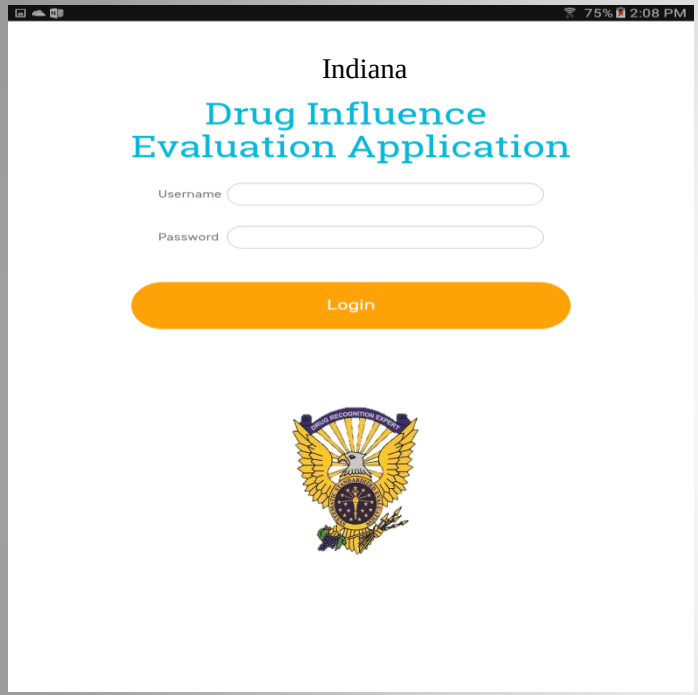
DRE Application



- ITSMR will electronically transmit required data elements from the state's DRE database

- To the National database housed and maintained by the National Highway Traffic Safety Administration.

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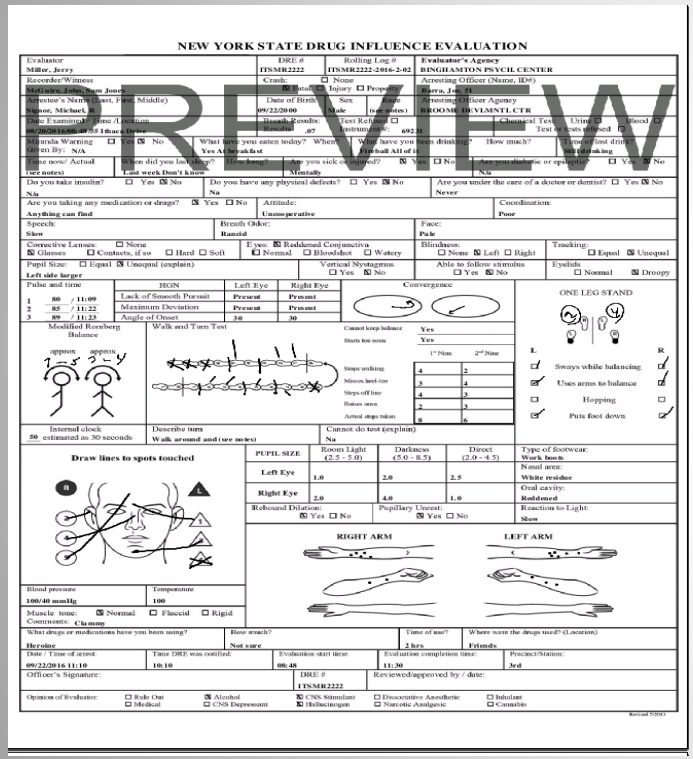
Functionality Features



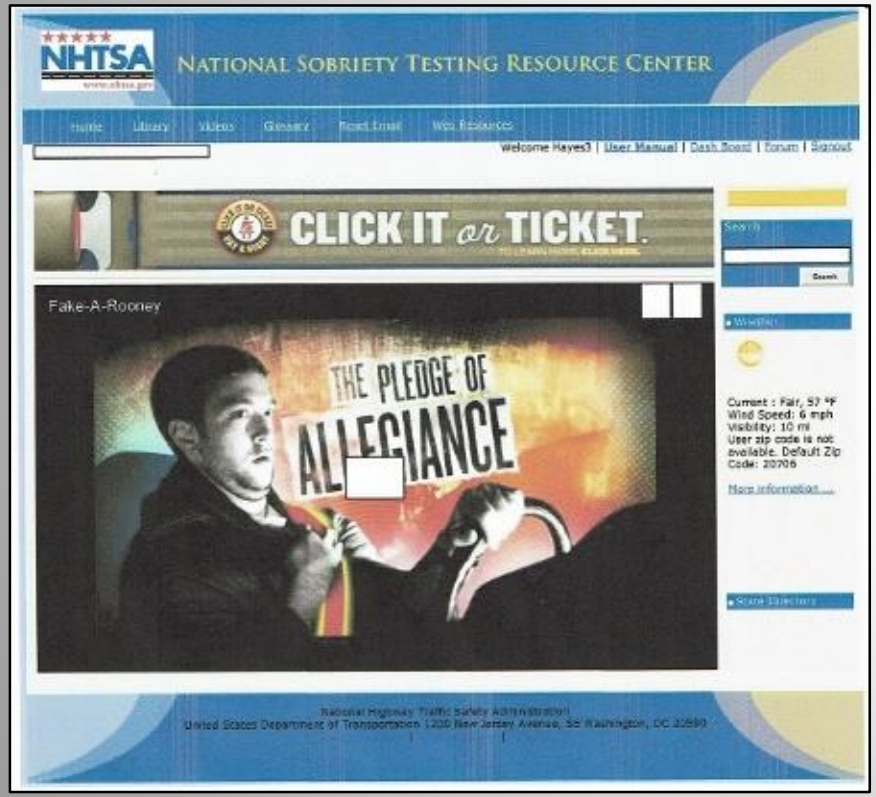
NEW YORK STATE DRUG INFLUENCE EVALUATION

REVIEW

- The data collected is automatically transferred to the IACP Drug Influence Evaluation form.

DRE Data Entry

https://dredata.nhtsa.gov



Go to DRE

Takes you to the main page

Click on “Evaluation”

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Impaired Driving Update – FY18

Rob Duckworth

SFST and DRE Impaired Driving Program Coordinator

rduckworth@cji.in.gov

812-614-1593

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