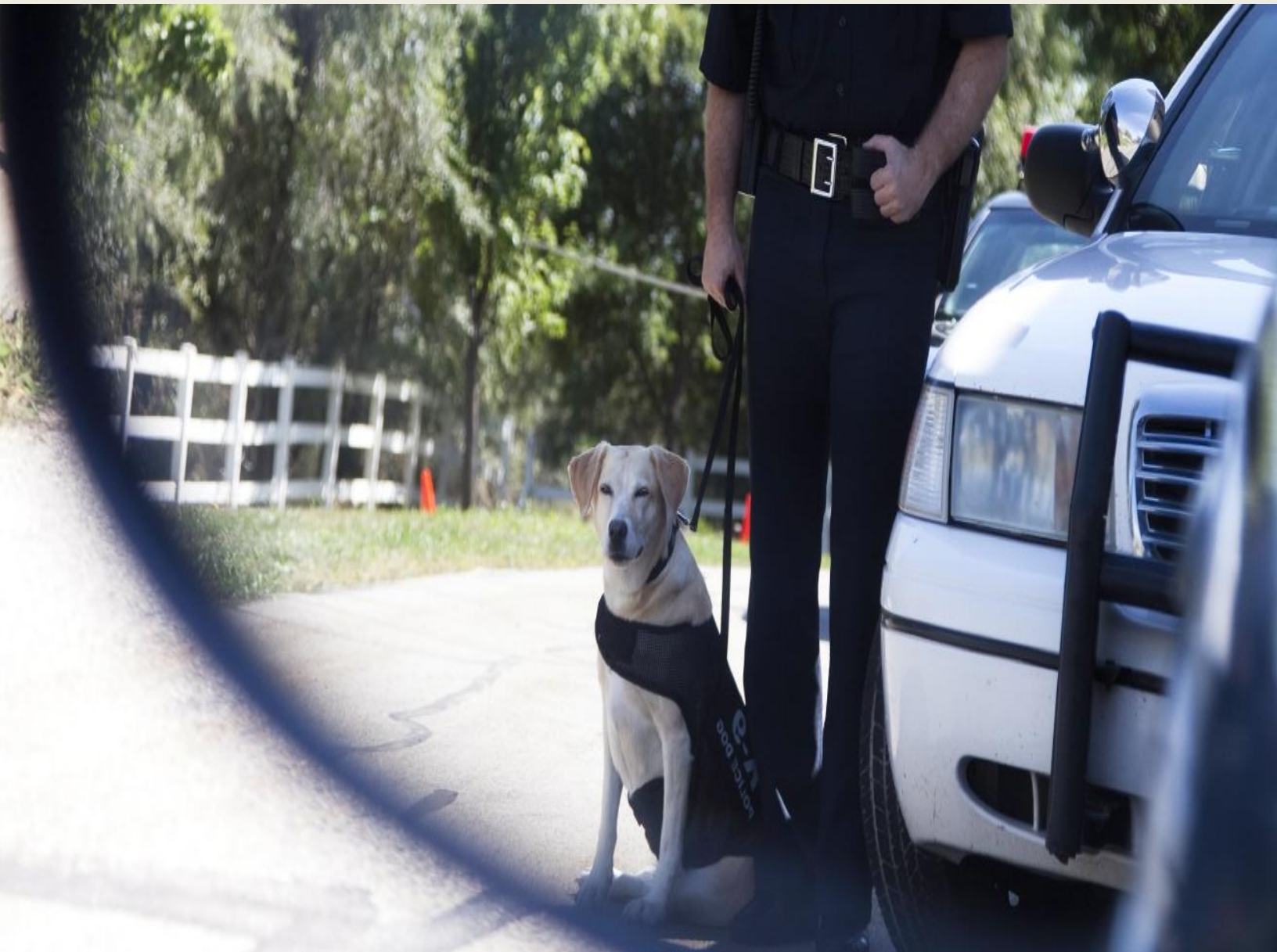


Toxicological Investigation of Drug Impaired Driving **DRE Survey**

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**Toxicological Investigation of Drug Impaired
Driving**

DRE Survey

DRE Survey

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DRE Survey

Introduction:

A survey was conducted to poll United State's drug recognition experts (DREs) with the purpose of gathering information about the needs of the traffic safety community regarding drug collection and testing. State DRE coordinators were surveyed to identify, from the DRE program's perspective, areas of unmet need in what tests are available, turnaround time, training, and other service factors.

Contact lists were acquired for IACP DRE State Coordinators through the International Association of Chiefs of Police (IACP). All DRE officers were contacted via e-mail to initiate communication, confirm contact information, and verify their eligibility to participate in a survey regarding laboratory services in DUID cases. To create the survey, SurveyMonkey™, an on-line web survey instrument, was utilized. The survey was designed to establish current drugs being tested and factors corresponding to laboratory drug testing that can have an effect in drug collecting and drug analysis. The survey was reviewed by the NSC CAOD committee who incorporated feedback to improve and confirm the final survey. The final survey was sent out through SurveyMonkey™ to DRE participants, followed by a second e-mail a week later containing a link to the survey to participants who had not responded. The survey continued with follow up calls and e-mails to DRE officers who had not responded in an attempt to attain results from all participants. This survey was closed after approximately two months.

The survey was fully completed by forty DRE coordinators and partially completed by ten DRE coordinators. Of the data, three states had multiple completed and/or partially completed surveys. Only one set of data was used from each of these states while the other set was discarded. This resulted in five data sets being discarded. The selection of which set to keep was based on the completeness of the survey, the department which completed it, and the time at which it was completed. This left thirty-seven fully complete and eight partially complete surveys for analysis.

DRE Survey

What is your jurisdiction as a DRE coordinator?

Of the forty-five responses, forty-three coordinators (95.6%) responded to being at a state level, and two (4.4%) coordinators responded to being at a regional level. There were no responses to coordinators being at an agency or municipal level.

DRE Survey

Do you have a “drug per se” statute in your state?

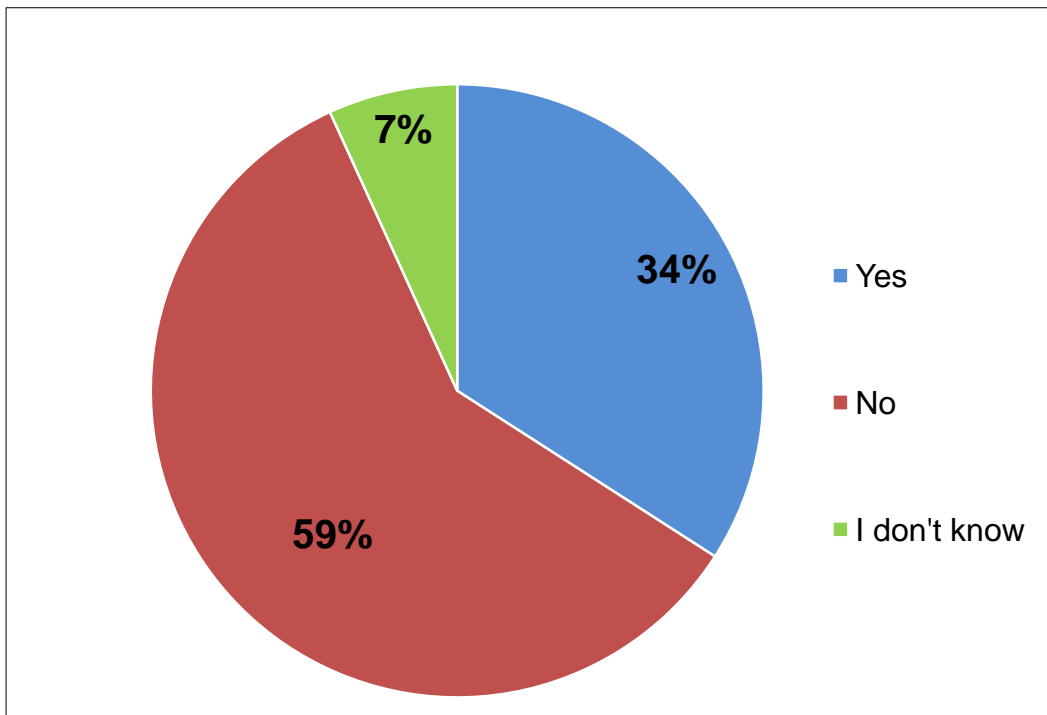


Figure 1: Percentage of responses to whether a state has a “drug per se” statute.

Of the forty-four responses, there were fifteen responses to “yes” and three responses to “I don’t know”. However, the majority of responses (59.1%) was “no” with twenty-six responses (Figure 1).

DRE Survey

What biological specimens are allowed under your state statute in DUI cases?

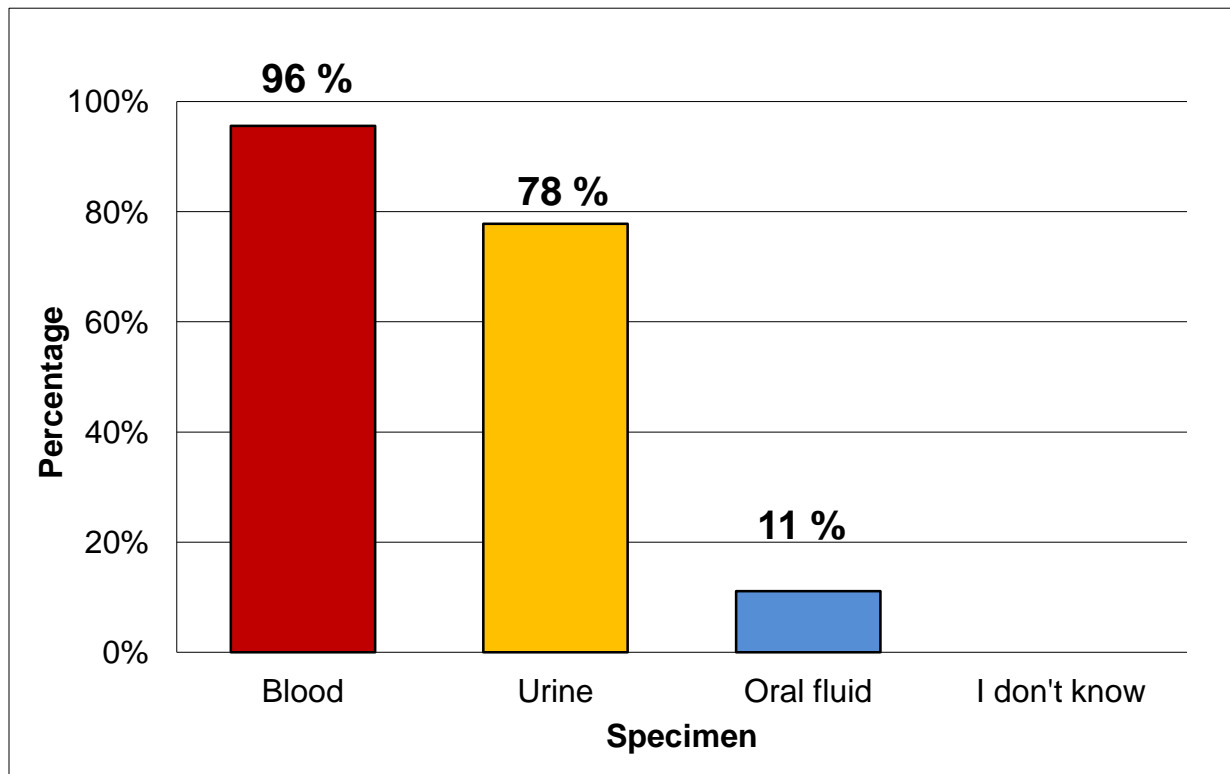


Figure 2: Percent response to individual specimens allowed under state statute.

This question received responses from forty-five states. The most common specimen allowed under state statute was blood with forty-three responses (95.6%). Urine is also a very common specimen with thirty-five responses (77.8%), and five states (11.1%) responded to allowing oral fluid under their statute. There were no responses to “I don’t know”. Refer to figure 2.

DRE Survey

Responses to DRE evaluations:

State	Currently Certified DREs	Enforcement Evaluations in 2010	Enforcement Evaluations in 2011	Training Evaluations in 2010	Training Evaluations in 2011	DREs Certified in 2010	DREs Certified in 2011
AL	14	50	35	120	0	10	0
AR	187	574	348	150	71	24	33
AZ	437	3172	1233	703	300	84	60
DC	8	17	6	2	--	0	3
DE	4	24	18	4	4	0	0
FL	247	924	466	275	150	43	15
GA	102	83	35	134	26	39	30
HI	34	45	19	31	--	12	1
IA	130	672	630	225	225	15	15
ID	88	298	201	1	122	0	0
IN	160	362	314	67	17	26	9
KS	86	322	236	193	43	0	9
KY	75	264	217	96	25	15	10
LA	15	125	88	80	15	5	0
MA	77	405	330	208	60	16	3
MD	143	585	570	102	97	4	4
ME	80	350	320	14	59	1	15
MI	19	0	--	0	180	0	15
MN	190	468	388	465	437	23	25
MS	18	29	40	16	130	0	6
MT	64	165	182	84	118	20	32
ND	35	109	133	39	15	14	1
NE	110	407	260	4	60	0	20
NH	100	48	57	117	84	5	10
NM	107	321	228	360	264	29	22
OH	33	15	28	0	320	0	21
OK	186	243	202	245	166	25	23
OR	190	1450	1250	160	320	24	25
RI	42	66	75	43	61	12	25
SC	77	450	300	290	250	19	30
SD	46	100	60	--	--	13	12
TN	65	85	0	24	40	16	18
TX	400	1200	762	706	677	73	69
UT	130	350	300	150	160	21	23
VT	28	125	110	25	96	1	8
WA	240	1532	--	261	--	30	0
WI	165	488	414	151	190	22	23

Table 1: Table showing the responses given by thirty-seven states regarding DRE numbers and evaluations.

This data from these thirty-seven states was used to evaluate the next seven questions.

DRE Survey

How many currently certified DREs are in your program?

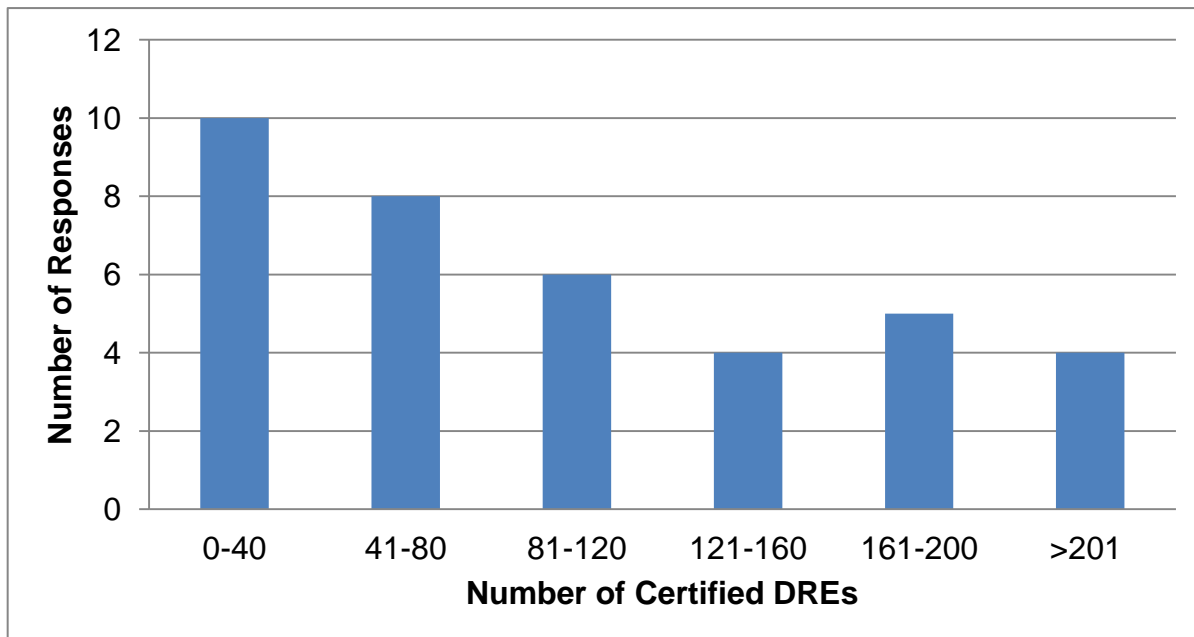


Figure 3: Number of responses representing the distribution of data for the current number of certified DREs.

Thirty-seven states are represented in the data with the responses ranging from four to four hundred thirty-seven currently certified DREs; responses are shown in bins of forty certified DREs per program (Figure 3). The values above two hundred one are two hundred forty, two hundred seven, four hundred, and four hundred thirty seven current certified DREs. These results yielded an average of about one hundred twelve DREs per program, a median of eighty-six.

DRE Survey

How many DRE enforcement evaluations were done in 2010?

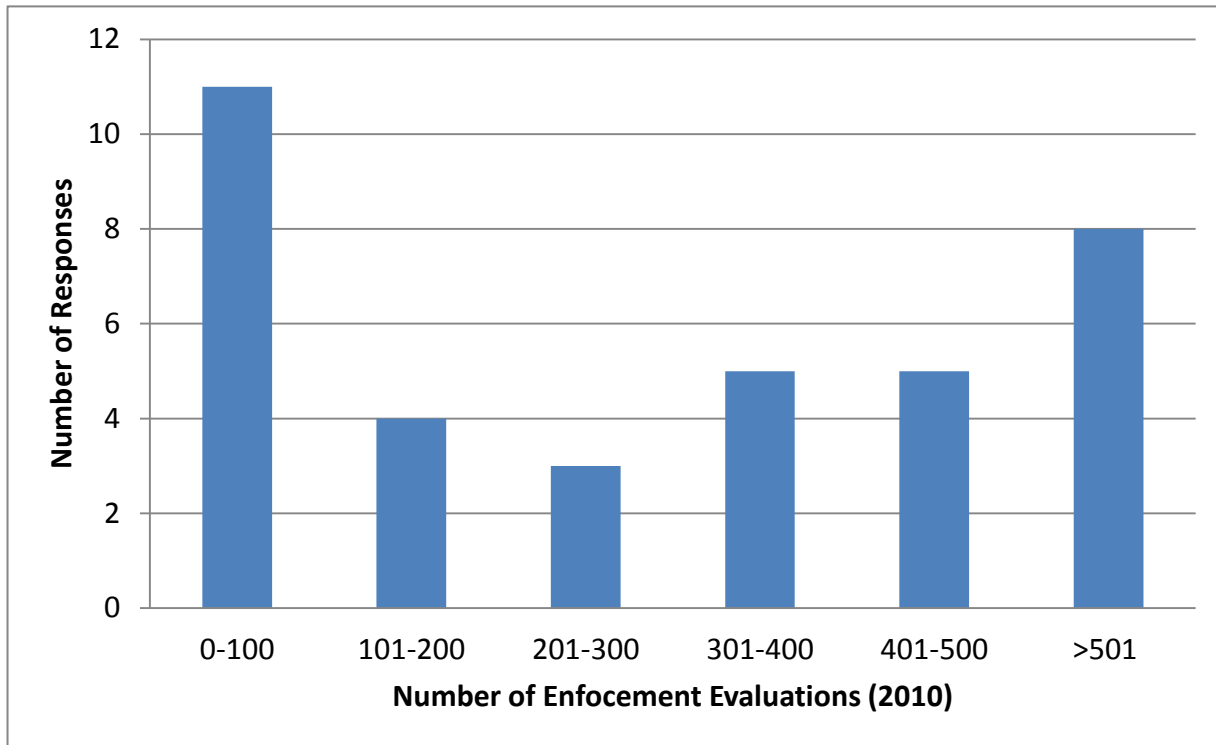


Figure 4: Number of responses representing the distribution of data for the number of enforcement evaluations in 2010.

Comparison of Enforcement Evaluations in 2010 Between Survey Data and 2010 DRE Report		
Calculation	Survey Data	2010 DRE Report
Average	442.3	423.4
Total	15,923	15,242

Table 2: Comparison of the survey data and the 2010 annual DRE report in regards to the number of enforcement evaluations in 2010.

DRE Survey

Comparison Between Survey Data and 2010 DRE Report of Enforcement Evaluations in 2010 per DRE Officer		
Calculation	Survey Data	2010 DRE Report
Average	3.68	3.48
Minimum	0.57	0.67
Maximum	8.48	8.13
Total	132.40	125.45

Table 3: Comparison of the survey data and the 2010 annual DRE report in regards to the number of enforcement evaluations in 2010 per DRE Officers in 2010. The number of DRE officers in 2010 was obtained from the 2010 annual DRE report.

Thirty -six states are represented in the data with the responses ranging from fifteen to 3,172 DRE enforcement evaluations in 2010; responses are shown in bins of one hundred enforcement evaluations in 2010 (Figure 4). The values above five hundred one are 574, 585, 672, 924, 1,200, 1,450, 1,532, and 3,172 enforcement evaluations in 2010. These results yielded an average of about four hundred forty-two enforcement evaluations, a median of three hundred nine and one-half, and a total of 15,923 DRE enforcement evaluations in 2010 in the thirty-six represented states. This data was compared to the data provided by *The 2010 Annual Report of the IACP Drug Recognition Section*. There were some discrepancies in data submitted in this survey and the report. The data from the report was compared to their respective state, and after calculations it can be seen how the discrepancies in the survey data affect the calculated results (Table 2).

In addition, the number of DREs per their respected state was obtained from the DRE annual report. These values were compared to both the survey data and the report to determine the number of enforcement evaluations per DRE officer in each of the thirty-six represented states. Again, only slight discrepancies can be seen between the survey data and the 2010 DRE report (Table 3).

DRE Survey

How many DRE enforcement evaluations have been done so far in 2011?

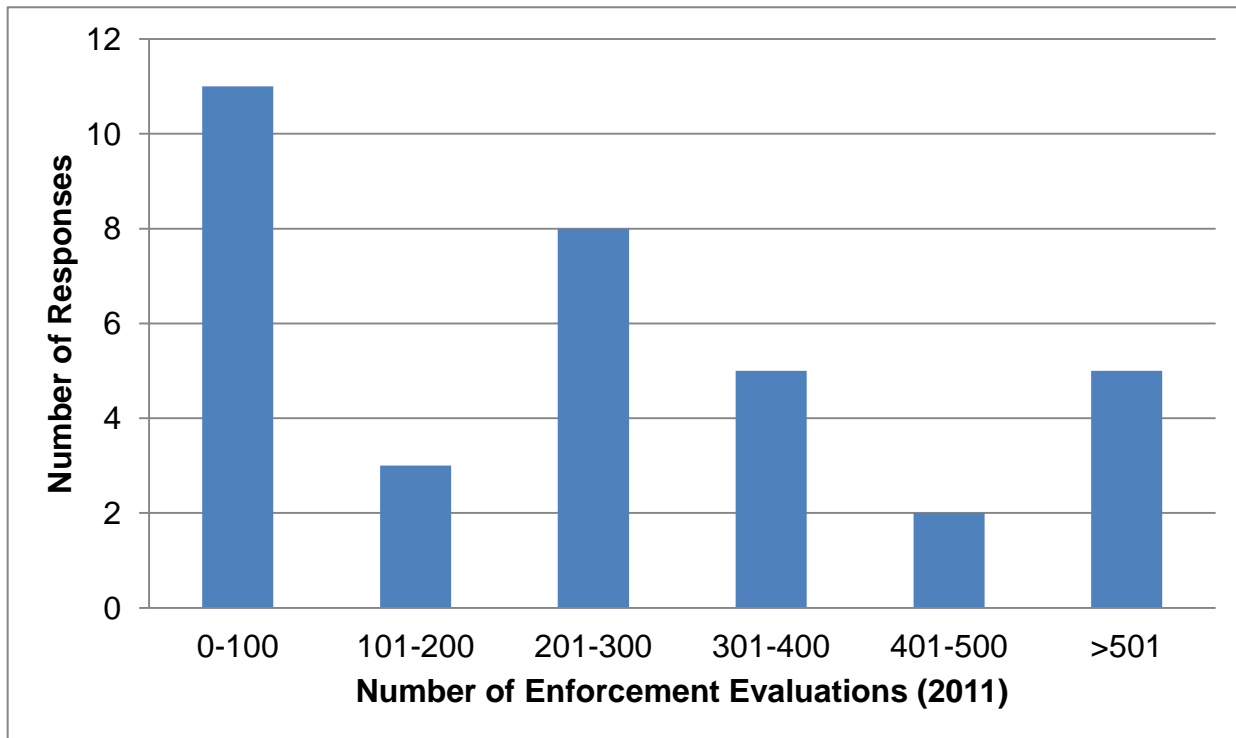


Figure 5: Number of responses representing the distribution of data for the number of enforcement evaluations conducted as of November 2011.

Thirty-four states are represented in this data with the responses ranging from six to 1,250 DRE enforcement evaluations in 2011; responses are shown in bins of one hundred enforcement evaluations in 2011 (Figure 5). The values above five hundred one are 630, 762, 1,233, and 1,250 enforcement evaluations in 2011. This data is only representative through November of 2011 when the data was collected. The results yielded an average of about two hundred ninety, a median of two hundred twenty-two and one-half, and a total of 9,855 DRE enforcement evaluations completed as of the end of November 2011 in the thirty-four represented states.

DRE Survey

How many DRE training evaluations were done in 2010?

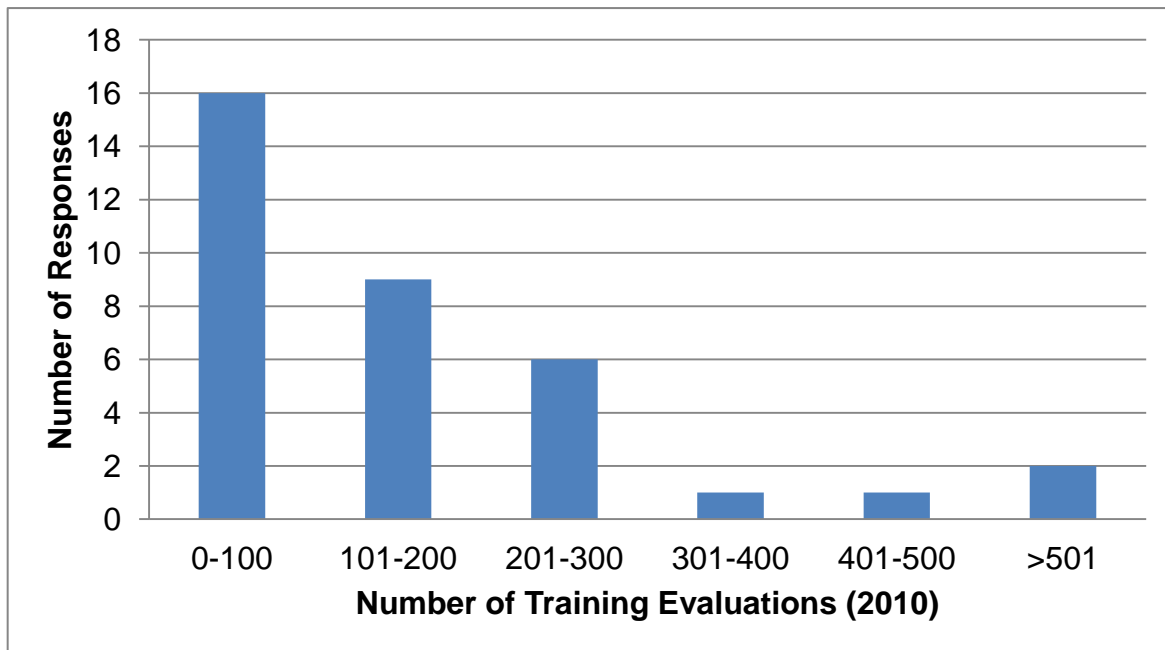


Figure 6: Number of responses representing the distribution of data for the number of training evaluations in 2010.

Comparison of Training Evaluations in 2010 Between Survey Data and 2010 DRE Report		
Calculation	Survey Data	2010 DRE Report
Average	158.4	133.2
Total	5,545	4,774

Table 4: Comparison of the survey data and the 2010 annual DRE report in regards to the number of training evaluations conducting in 2010.

DRE Survey

Thirty-five states are represented in the data with responses ranging from zero to seven hundred six DRE training evaluations in 2010; responses are shown in bins of one hundred training evaluations in 2010 (Figure 6). The values above five hundred one are seven hundred three and seven hundred six. The results yielded an average of about one hundred fifty-eight, a median of one hundred seventeen, and a total of 5,545 DRE training evaluations in 2010 for the thirty-five represented states. This data was compared to the data provided by *The 2010 Annual Report of the IACP Drug Recognition Section*. There were some discrepancies in data submitted in this survey and the report. The data from the report was compared to their respective state, and after calculations, it can be seen how the discrepancies in the survey data affect the calculated results (Table 4).

DRE Survey

How many DRE training evaluations have been done so far in 2011?

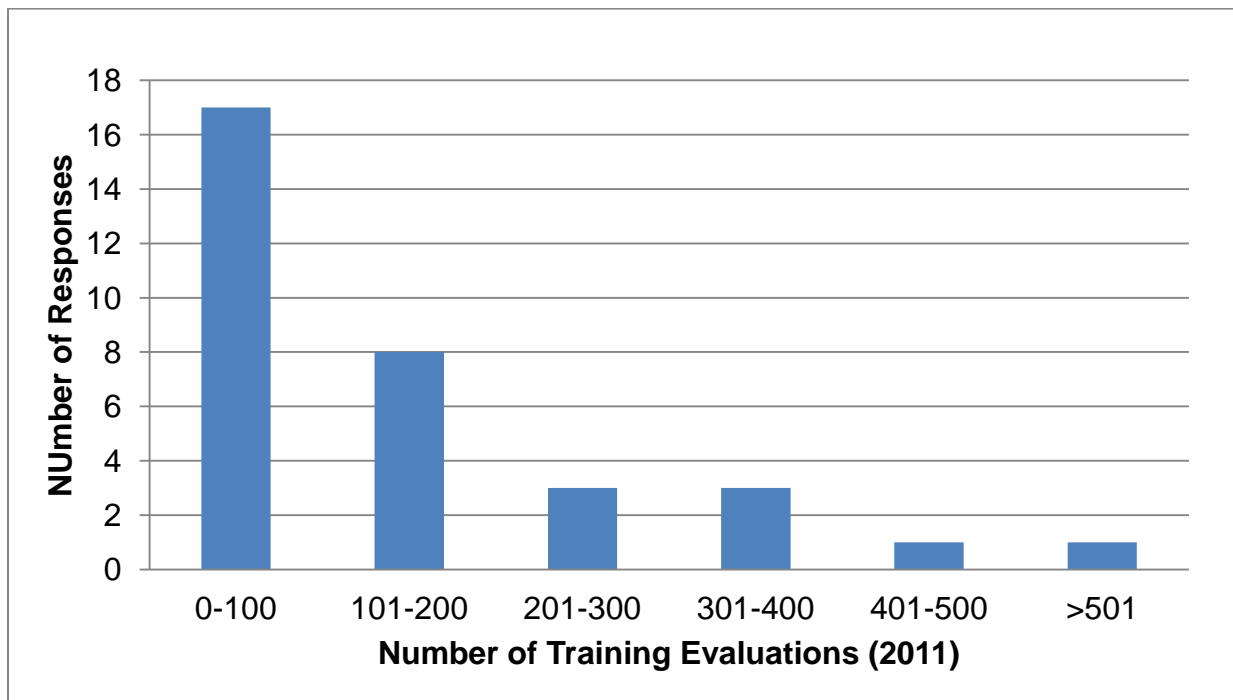


Figure 7: Number of responses representing the distribution of data for the number of training evaluations conducted as of November 2011.

Thirty-three states are represented in the data with responses ranging from zero to six hundred seventy-seven DRE training evaluations done as of the end of November 2011; responses are shown in bins of fifty training evaluations in 2011 (Figure 7). The value above five hundred one is six hundred seventy-seven. The results yielded an average of about one hundred forty-five, and median of ninety seven, and a total of 4,782 DRE training evaluations as of the end of November 2011 for the thirty-three represented states.

DRE Survey

How many new DRE Officers were certified in 2010?

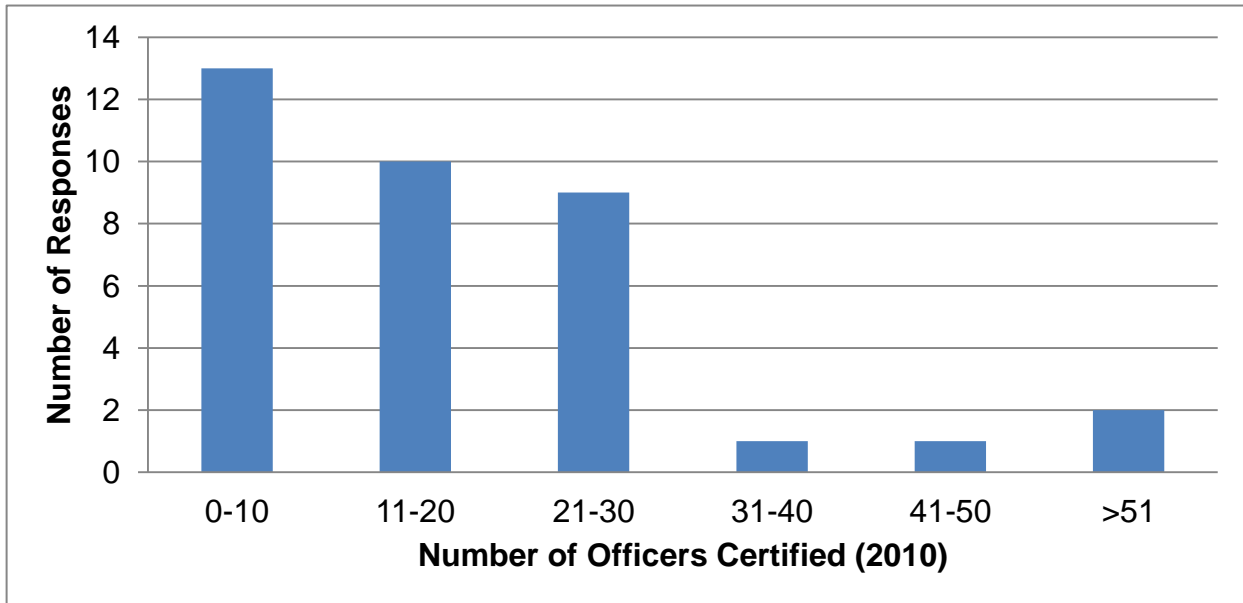


Figure 8: Number of responses representing the distribution of data for the number of DRE officers certified in 2010.

Comparison of Officers Certified in 2010 Between Survey Data and 2010 DRE Report		
Calculation	Survey Data	2010 DRE Report
Average	17.8	17.8
Total	641	640

Table 5: Comparison of the survey data and the 2010 annual DRE report in regards to the number of officers certified in 2010 per DRE Officers in 2010. The number of DRE officers certified in 2010 was obtained from the 2010 annual DRE report.

Thirty-six states are represented in the data with responses ranging from zero to eighty-four DRE officers certified in 2010; responses are shown in bins of ten officers certified in 2010 (Figure 8). The values above fifty-one are seventy-three and eighty-four. The results yielded an average of about eighteen, a median of fifteen, and a total of six hundred forty-one DRE officers certified in 2010 in the thirty-six represented states. This data was compared to the data provided by *The 2010 Annual Report of the IACP Drug Recognition Section*. There were very slight discrepancies between the data submitted in this survey and the report (Table 5).

DRE Survey

How many new DRE officers have been certified so far in 2011?

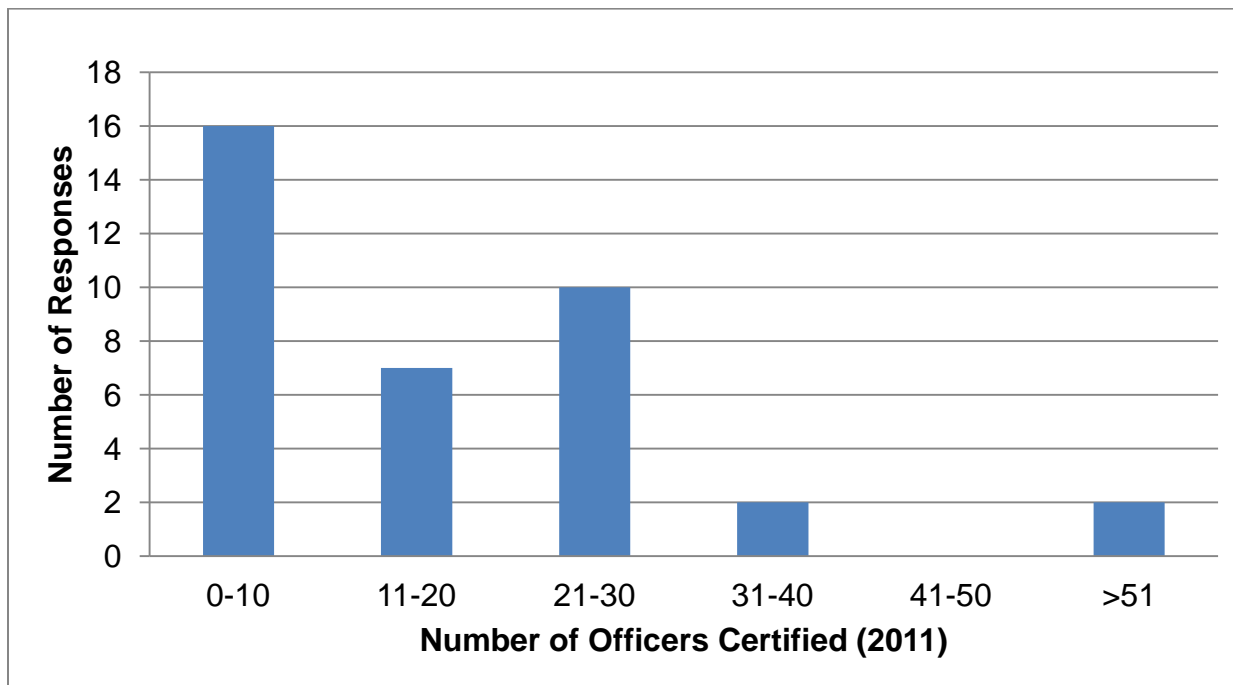


Figure 9: Number of responses representing the distribution of data for the number of DRE officers certified as of November 2011.

Thirty-seven states are represented in the data with responses ranging from zero to sixty-nine DRE officers certified as of the end of November 2011; responses are shown in bins of ten officers certified in 2011 (Figure 9). The values above fifty-one are sixty and sixty-three. The results yielded an average of about seventeen, a median of fifteen, and a total of six hundred fifteen DRE officers certified as of the end of November 2011 in the thirty-seven represented states.

DRE Survey

Is a toxicologist(s) involved in the DRE training?

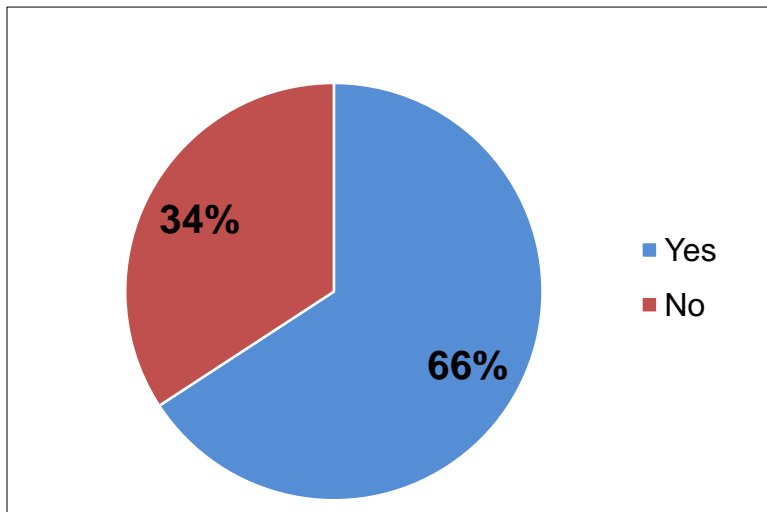


Figure 10: Percentage of responses to whether a toxicologist is involved in DRE training.

Of the thirty-eight responses, the majority of the responses (65.8%) were “yes” with twenty-five responses (Figure 10). It was also asked what type of toxicology training is provided. The main training provided is the overview of the laboratory process and protocols from submitting evidence, overall testing procedure, chain of evidence, paperwork, and in general what the toxicologist can and cannot provide for them. There may also be an overview of drug trends and drug specifics. It was also asked that the DRE officer provide the contact information of the main provider for toxicology training. Nineteen contact names were collected, and of these, six were added to a current list of toxicology laboratories to be contacted for a separate toxicology laboratory survey.

There were thirteen responses to “no”, and when asked why a toxicologist was not involved in the DRE training, two responses were given to having no toxicologist available along with six responses given to a toxicologist’s training not seen as necessary. Other reasons given were the cost factor, the program is trained by lab technicians versus toxicologists, toxicologist training is only used in In-service, or training is done in a different region. It appears, however, that a couple of programs are going through a transition that will allow a toxicologist to become involved in the training.

DRE Survey

What fluid samples are collected for toxicology analysis in DRE enforcement evaluations?

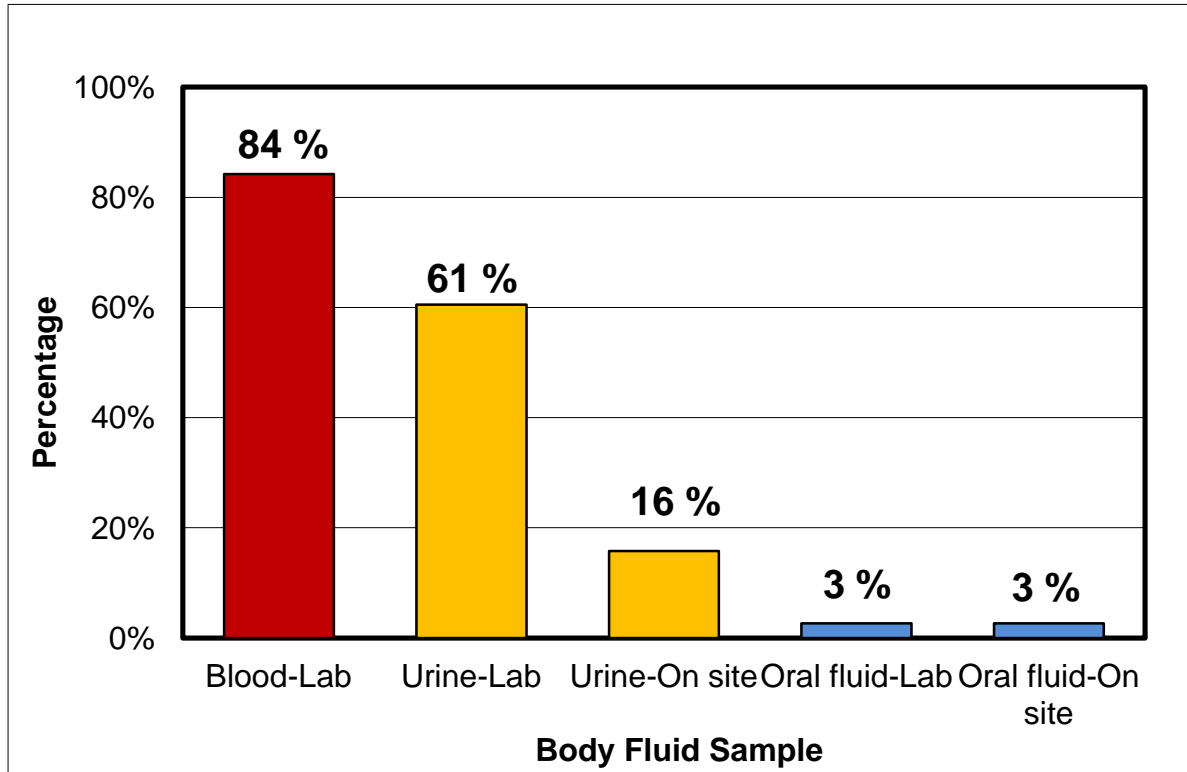


Figure 11: Percentage of responses to fluid samples collected for toxicology analysis in DRE enforcement evaluations.

Of the thirty-eight responses, the two major responses were “blood-lab” with thirty-two responses (84.2%) and “urine-lab” with twenty-three responses (60.5%). Oral fluids, lab and on-site, received a response from only one state (Figure 11).

DRE Survey

For enforcement evaluations, in what percentage of cases are each of the following fluids collected (blood, urine, & oral fluid)?

Fluid Samples Collected for Enforcement Evaluations	
Answer Option	Response Average
Blood	45.76%
Urine	54.19%
Oral Fluid	0.05%

Table 6: Response averages for fluid samples collected for enforcement evaluations.

Twenty-one responses were provided with percentage values that added to 100% between the three fluids. As expected, blood and urine were the most commonly collected samples in almost equal proportions (Table 6). Oral fluid is reported to be collected in one state for enforcement evaluations 1% of the time.

DRE Survey

What fluid samples are collected for toxicology analysis in DRE training evaluations?

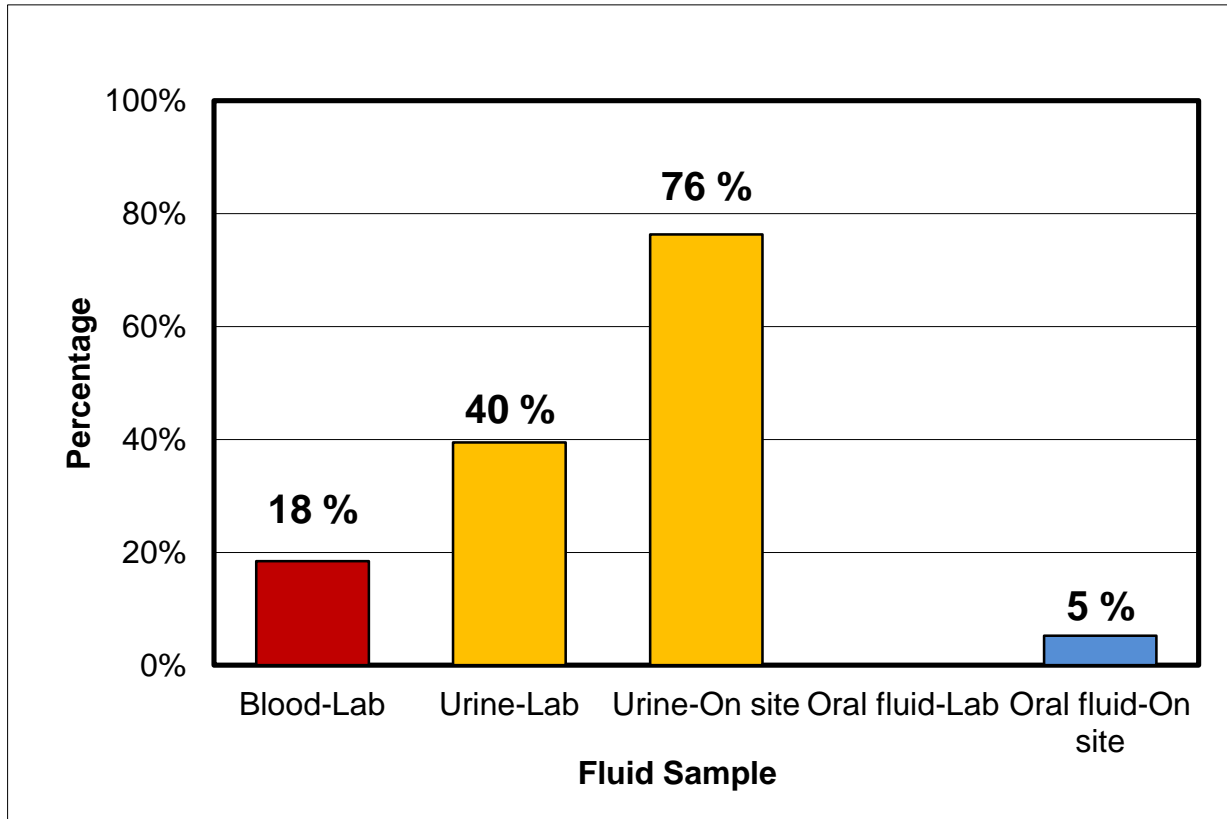


Figure 12: Percentage of responses to fluid samples collected for toxicology analysis in DRE enforcement evaluations.

The thirty-seven responses showed that, as opposed to enforcement evaluations, the major training evaluation sample fluid collected is urine-on site (76.3%) with twenty-nine responses (Figure 12). Two states reported to collect oral fluid for training evaluations.

DRE Survey

For training evaluations, in what percentage of cases are each of the following fluids collected (blood, urine, & oral fluid)?

Fluid Samples Collected for Training Evaluations	
Answer Option	Response Average
Blood	3.6%
Urine	93.3%
Oral Fluid	3.1%

Table 7: Response averages for fluid samples collected for training evaluations.

Thirty-two responses were provided with percentage values that added to 100% between the three fluids. As opposed to enforcement evaluations, urine is collected an overwhelming amount of the time (Table 7). Oral fluid is reported to be collected in one state 100% of the time for training evaluations.

What model best describes your laboratory's service?

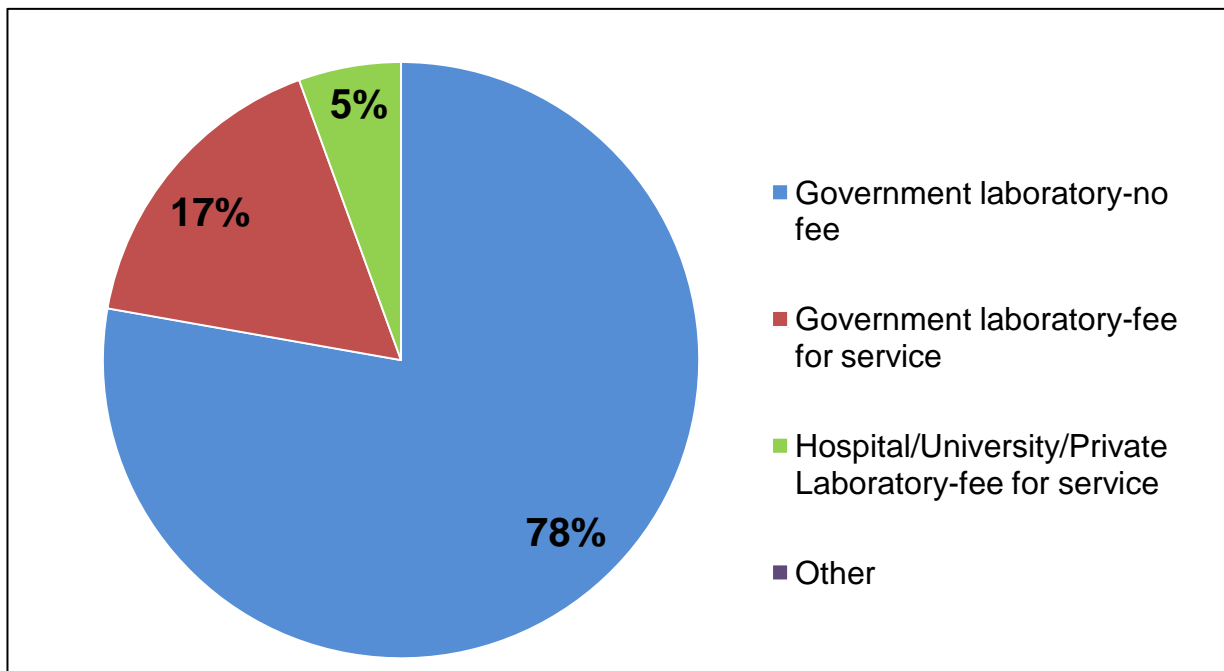


Figure 13: Percentage of responses to the best described model of laboratory's services provided to the DRE officer.

Thirty-six responses showed that the majority (77.8%) of DREs are serviced by government laboratories that do not charge a fee (Figure 13). Respondents were also asked to provide the name of the main laboratory where biological samples are sent for toxicology testing along with the main contact person and whether or not the laboratory is part of their agency. Forty names of laboratories were provided with only twenty-five percent of the laboratories being part of the DRE's agency. Twelve were added to a current list of toxicology laboratories to be contacted for a separate toxicology laboratory survey.

DRE Survey

Does your lab provide testing for the following drugs?

The following drugs were divided into the seven DRE drug categories. Respondents were asked if drug testing was provided by their laboratory for the specific drug in blood, urine, and/or oral fluid samples. There are thirty-seven states that provided answers for the following questions. The answers for each state was correlated with the question regarding what biological specimen is allowed under their state statute. This is to ensure that the results are more representative of what laboratories provide. If an answer was not present, it was assumed that testing for that drug is not available in any body fluid specimen. If a state statute does not allow blood analysis, that state's answer could be misleading to what laboratories can provide as a whole for blood analysis across the nation. The same goes for urine analysis. This results in thirty-six states represented for blood specimen analysis and twenty-eight states represented for urine specimen analysis. There are only four states represented for oral fluid as it is allowed under their state statute.

Cannabinoids:

Cannabinoid Testing Provided		
Drug	Blood	Urine
Marijuana	80.6%	92.9%
Synthetics (K2, Spice)	16.7%	3.6%

Table 8: The percentage of responses to confirming that testing is provided for the listed cannabinoids.

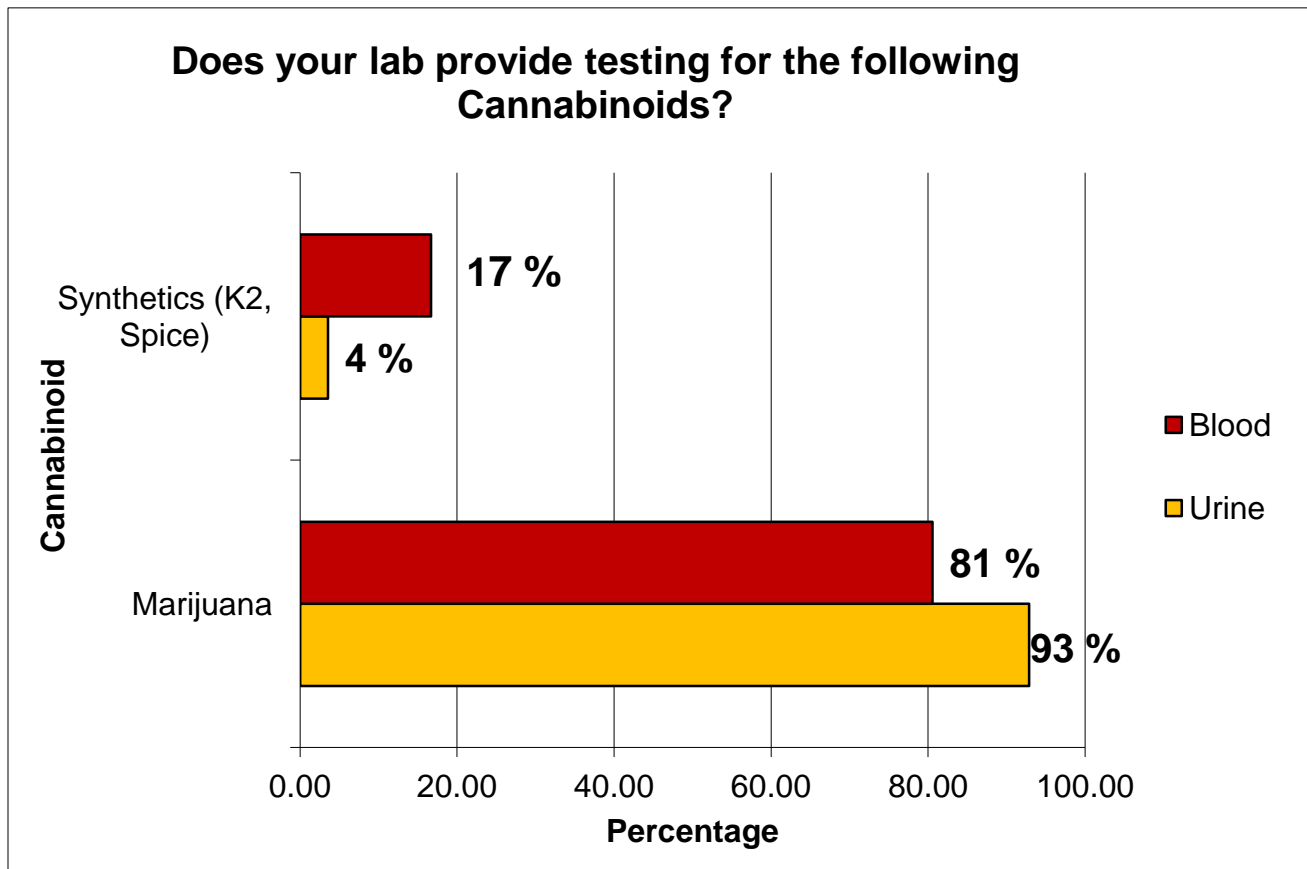


Figure 14: The percentage of responses to confirming that testing is provided for the listed cannabinoids.

The results shows that marijuana use was commonly tested for in blood and urine, 80.6% and 92.9%, respectively. Testing for synthetic cannabinoids (K2, Spice, etc) is not frequently offered by respondent’s laboratories, however, it was offered more frequently in blood (16.7%) than in urine (3.6%); (Table 8 & Figure 14).

DRE Survey

Stimulants:

Stimulant Testing Provided		
Drug	Blood	Urine
Cocaine	86.1%	89.3%
Methamphetamine	83.3%	89.3%
Bath Salts (e.g. MDPV, Mephedrone)	27.8%	17.9%

Figure 15: The percentage of responses to confirming that testing is provided for the listed stimulants.

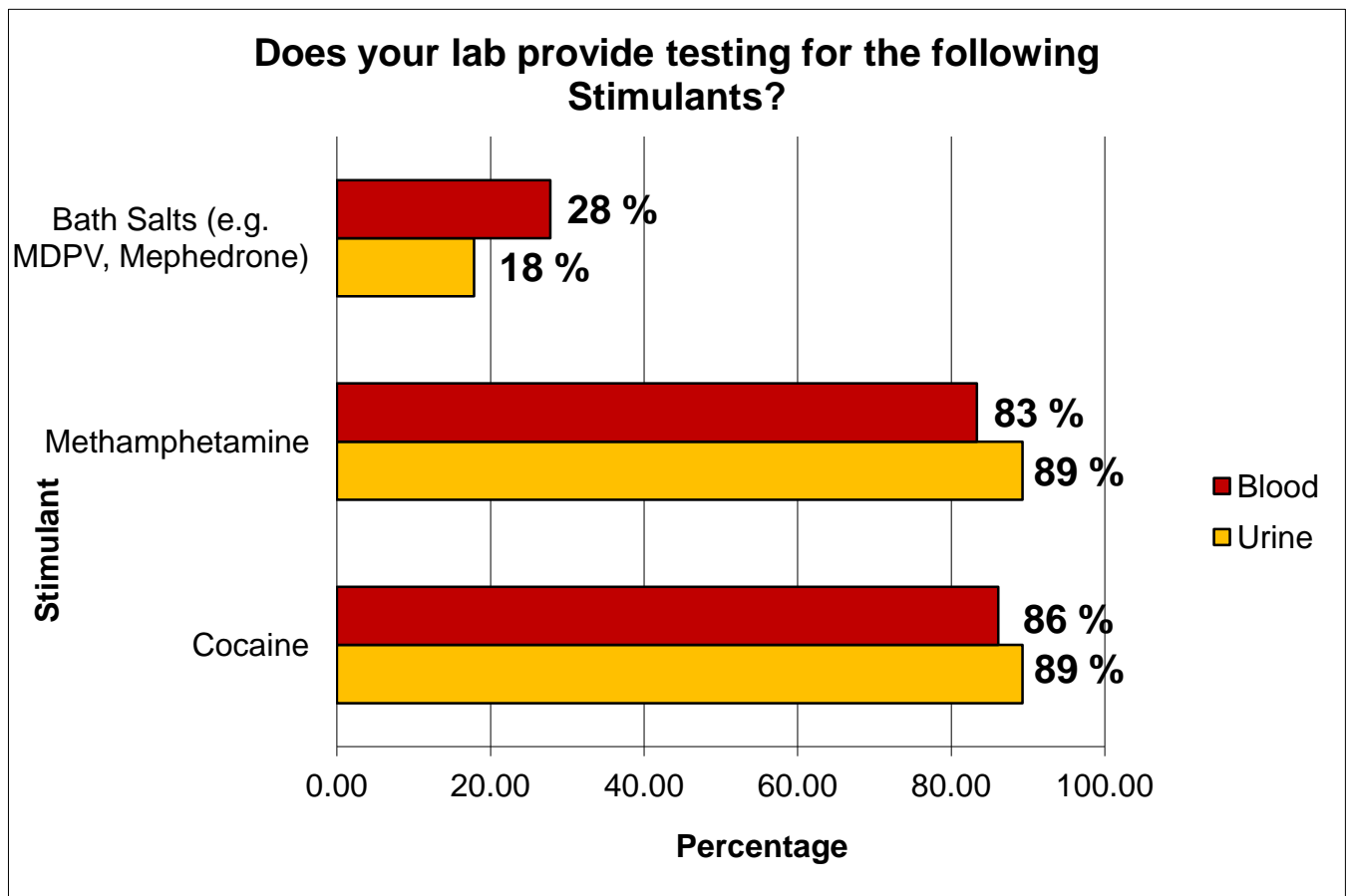


Table 9: The percentage of responses to confirming that testing is provided for the listed stimulants.

The results show that cocaine and methamphetamine are the more common stimulants with testing provided, and are tested in blood almost as much as they are in urine. It can also be seen that testing for bath salts is not provided as often as the other stimulants (Table 9 & Figure 15).

DRE Survey

Narcotic Analgesics:

Narcotic Analgesic Testing Provided		
Drug	Blood	Urine
Codeine	77.8%	75.0%
6-acetylmorphine	63.9%	57.1%
Hydrocodone	80.6%	75.0%
Hydromorphone	77.8%	71.4%
Methadone	77.8%	78.6%
Morphine	77.8%	75.0%
Oxycodone	80.6%	78.6%
Propoxyphene	61.1%	57.1%
Tramadol	66.7%	64.3%
Buprenorphine	52.8%	57.1%

Table 10: The percentage of responses to confirming that testing is provided for the listed narcotic analgesics.

DRE Survey

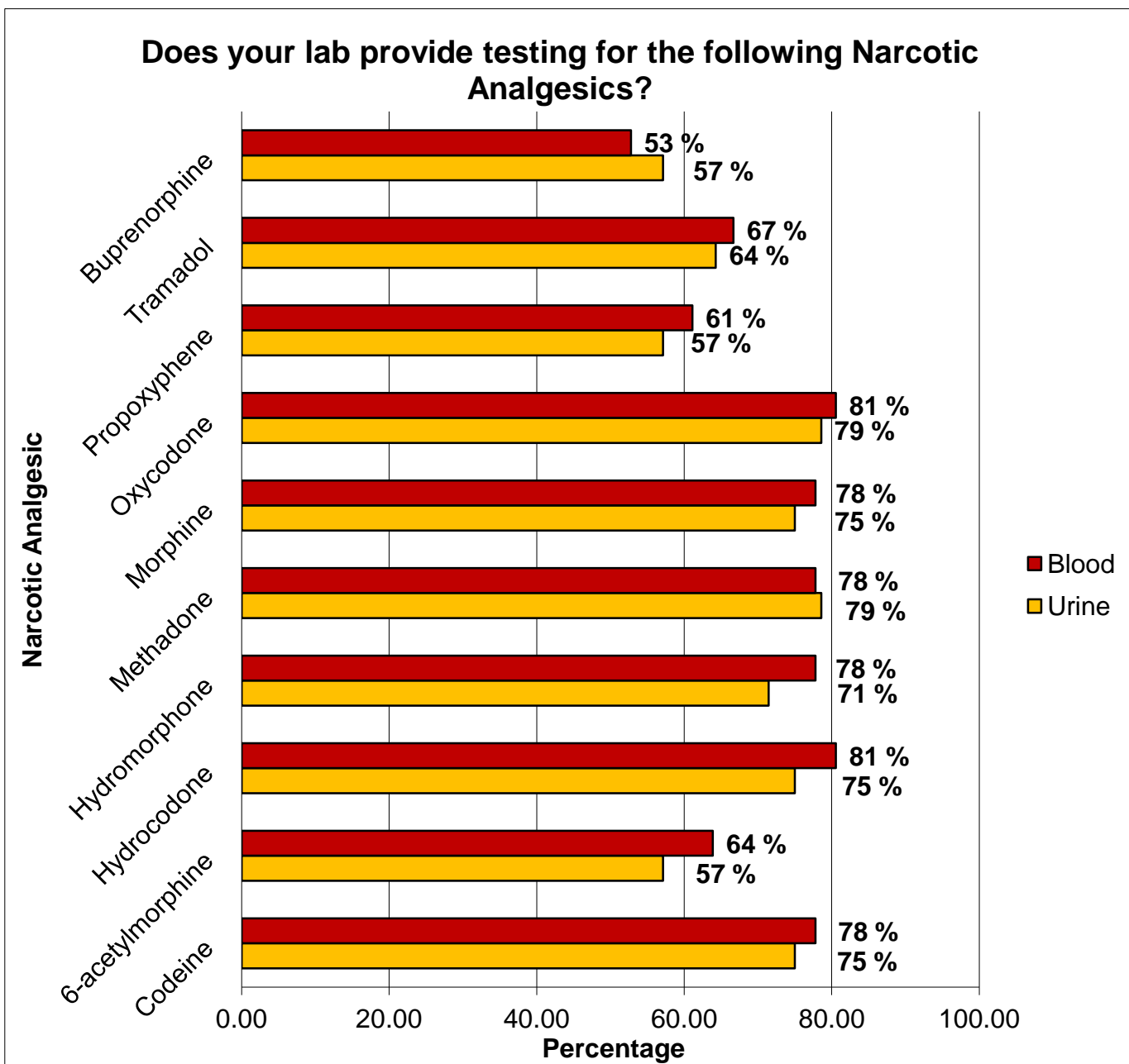


Figure 16: The percentage of responses to confirming that testing is provided for the listed narcotic analgesics.

The results show that codeine, hydrocodone, hydromorphone, methadone, morphine, and oxycodone are the more common narcotic analgesics with testing available. Testing provided for all drugs in blood is available more than urine, and no oral fluid testing is provided (Table 10 & Figure 16).

Dissociative Drugs:

Dissociative Drug Testing Provided		
Drug	Blood	Urine
PCP	72.2%	67.9%
Ketamine	69.4%	71.4%
Dextromethorphan	63.9%	64.3%

Table 11: The percentage of responses to confirming that testing is provided for the listed dissociative drugs.

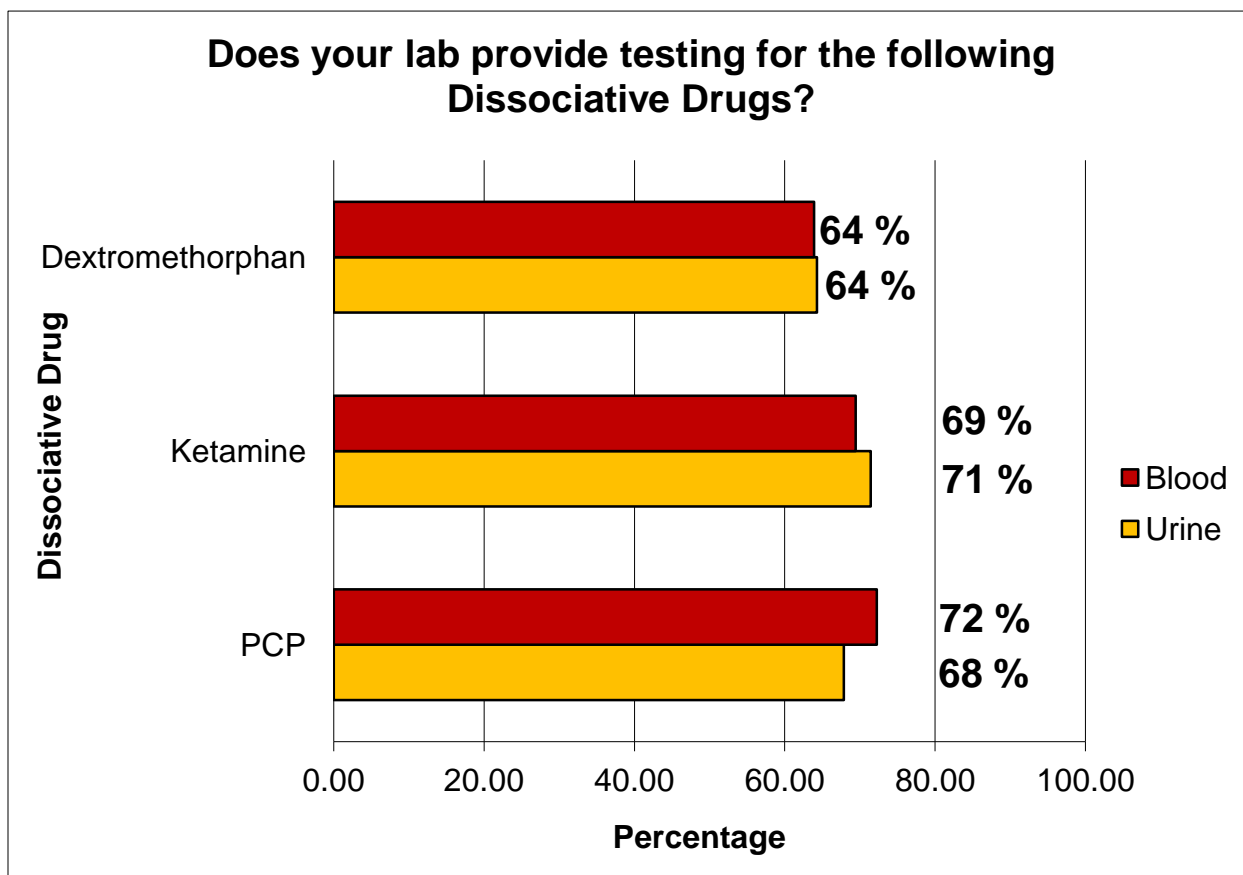


Figure 17: The percentage of responses to confirming that testing is provided for the listed dissociative drugs.

The results show that testing is provided in fairly equal value to all the dissociative drugs listed. They also show that testing is provided to blood slightly more than urine, and no oral fluid testing is provided (Table 11 & Figure 17).

DRE Survey

CNS Depressants:

CNS Depressant Testing Provided		
Drug	Blood	Urine
Benzodiazepines	77.8%	82.1%
Barbiturates	77.8%	78.6%
GHB	44.4%	42.9%
SSRIs (e.g. Fluoxetine/Prozac, Zoloft)	61.1%	67.9%
Anti-depressants (e.g. Amitriptyline, Trazodone)	69.4%	75.0%
Anti-epileptics (e.g. Carbamazepine, Topiramate)	58.3%	53.6%
Muscle Relaxants (e.g. Soma)	66.7%	78.6%
Sleeping Aids (e.g. Zolpidem, Zopiclone)	69.4%	75.0%

Table 12: The percentage of responses to confirming that testing is provided for the listed CNS depressants.

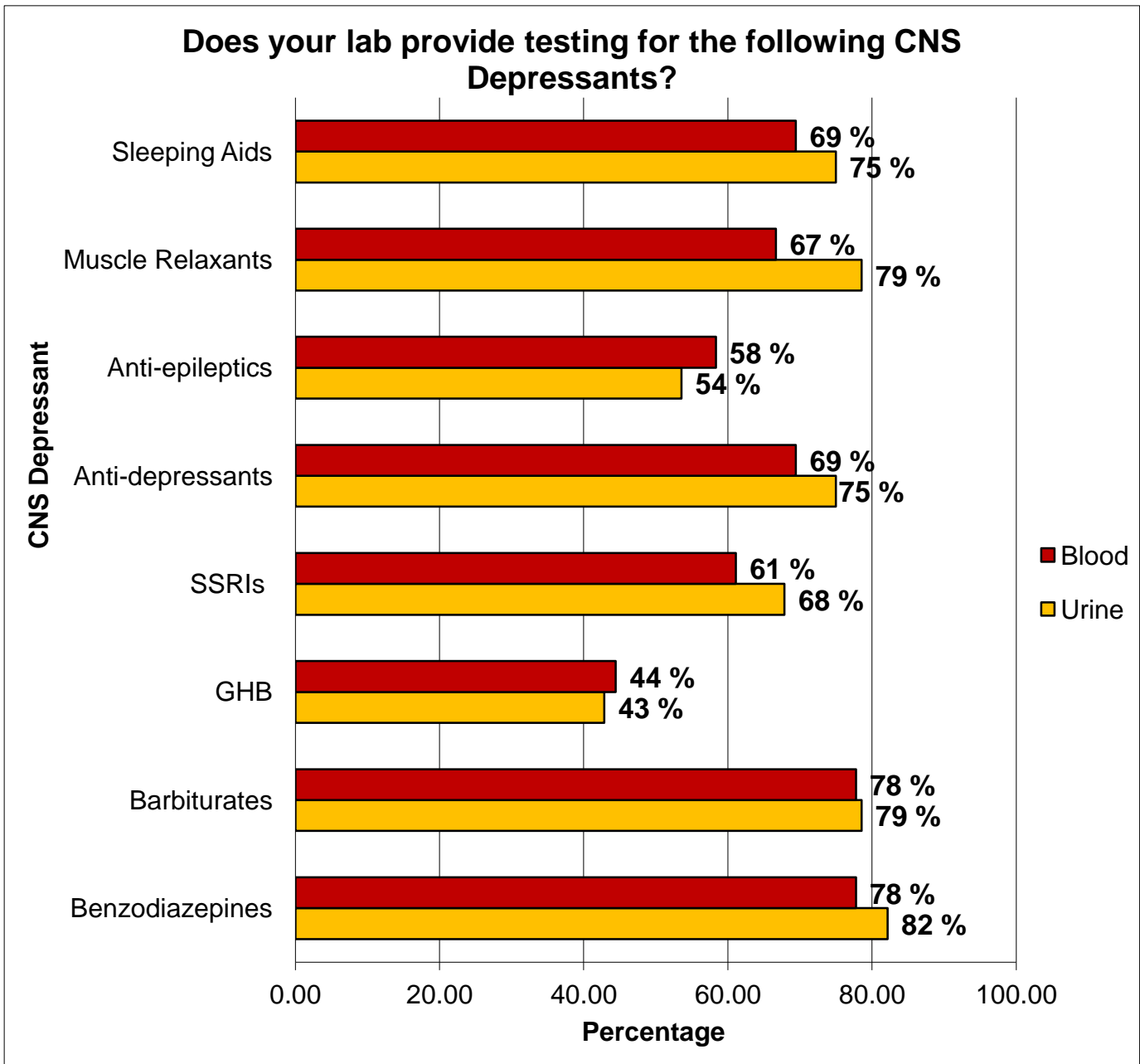


Figure 18: The percentage of responses to confirming that testing is provided for the listed CNS depressants.

The results show that benzodiazepines and barbiturates are the most common CNS depressants with testing available with more testing available for blood than urine. GHB is the drug with the least amount of testing available. In addition, blood testing is more available than urine, and no oral fluid testing is provided (Table 12 & Figure 18).

Inhalants:

Inhalant Testing Provided		
Drug	Blood	Urine
Benzene	44.4%	17.9%
Toluene/Xylene	41.7%	17.9%
DFE (Dust Off)	41.7%	25.0%

Table 13: The percentage of responses to confirming that testing is provided for the listed Inhalants.

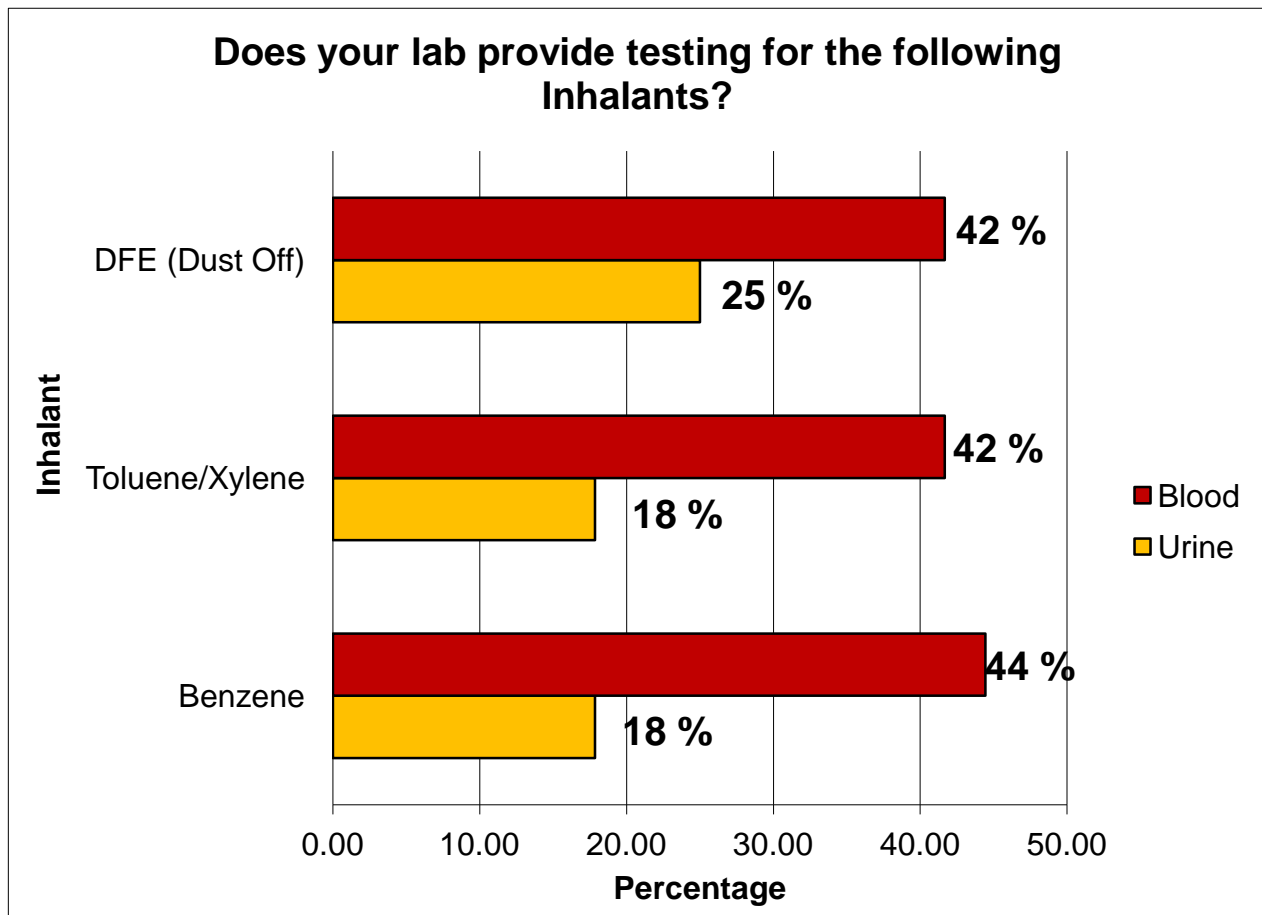


Figure 19: The percentage of responses to confirming that testing is provided for the listed Inhalants.

The results show that all three inhalant categories have the same amount of testing available for blood and a significantly less amount of testing available for the inhalants in urine. No testing is provided for inhalants in oral fluids (Table 13 & Figure 19).

DRE Survey

Hallucinogens:

Hallucinogen Testing Provided		
Drug	Blood	Urine
MDMA	63.9%	60.7%
LSD	47.2%	35.7%
Psilocybin (Mushrooms)	44.4%	42.9%

Table 14: The percentage of responses to confirming that testing is provided for the listed Hallucinogens.

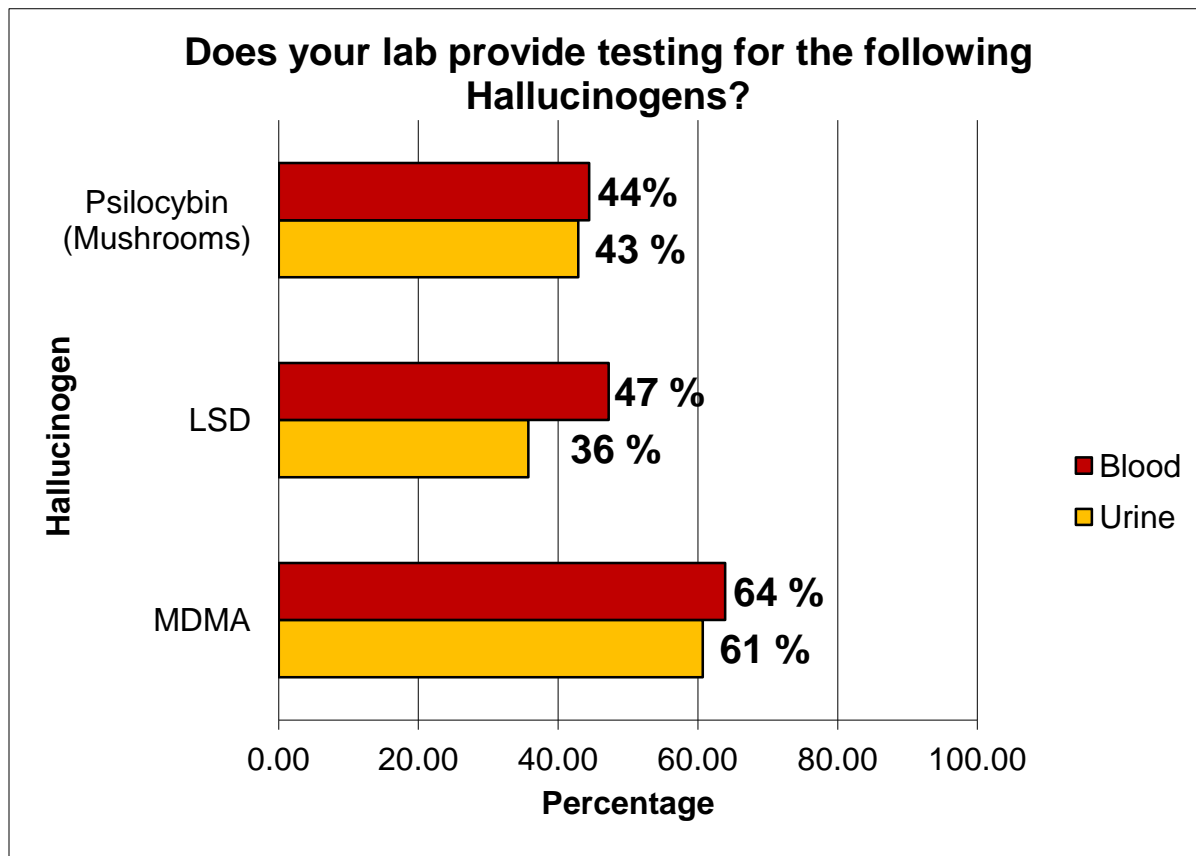


Figure 20: The percentage of responses to confirming that testing is provided for the listed Hallucinogens.

The results show that MDMA is the Hallucinogen with the most availability for testing in the form of blood samples. LSD and Psilocybin have about the same availability of testing with blood sample testing more available. No oral fluid testing is provided for hallucinogens (Table 14 & Figure 20).

DRE Survey

All drugs:

A chart of all drugs in their respective categories is provided as a visual aid for comparison purposes (Figure 21).

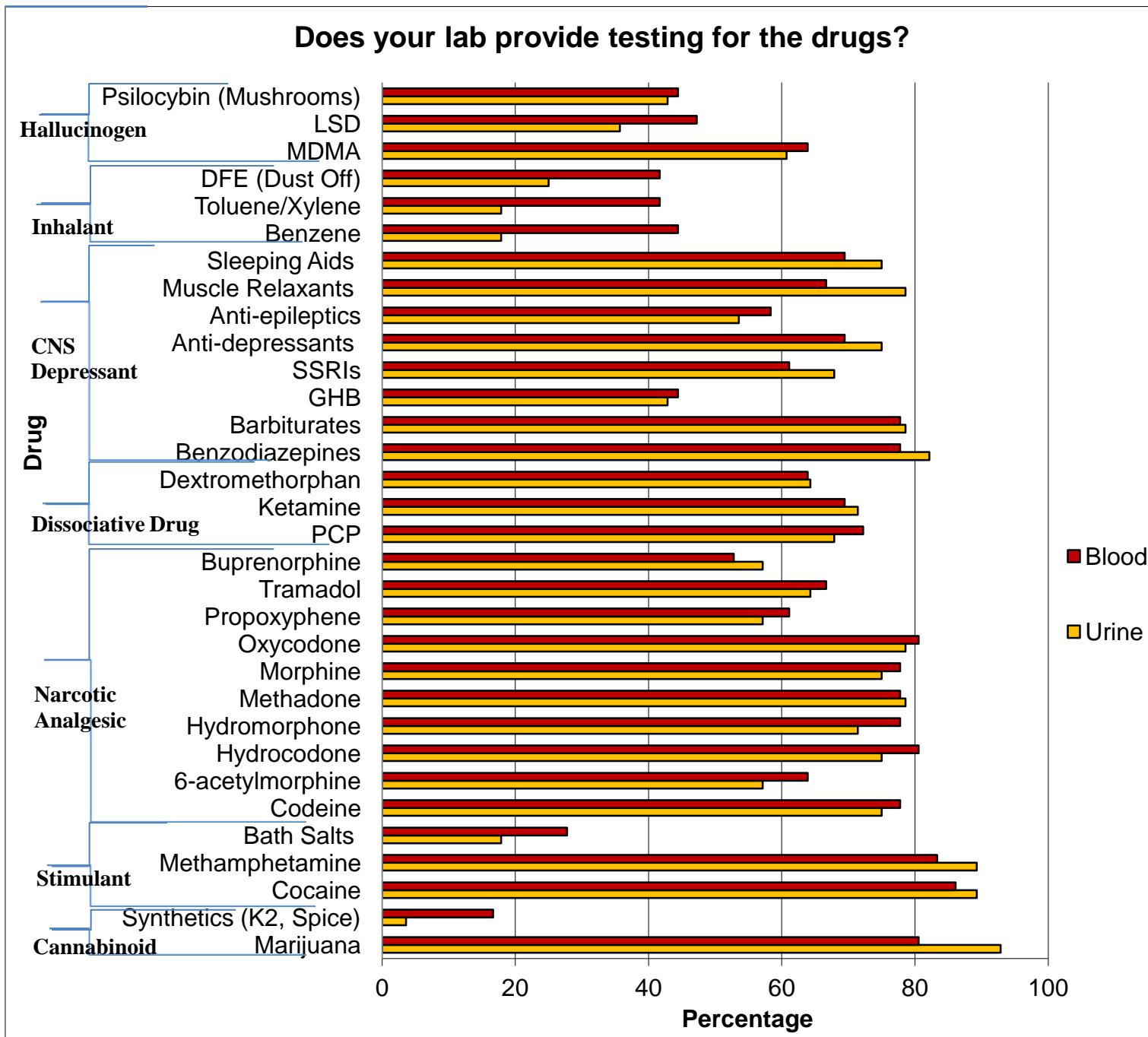


Figure 21: The percentage of responses to confirming that testing is provided for all the listed drugs in their respective categories.

DRE Survey

Oral fluid testing:

Of the four states that are represented for oral fluid allowed under their state statute, only one state responded to testing with oral fluids. The drugs reported to be tested in Utah in oral fluid are marijuana, cocaine, methamphetamine, and bath salts.

DRE Survey

What is the approximate turnaround time from your toxicology lab in regards to ALCOHOL analysis?

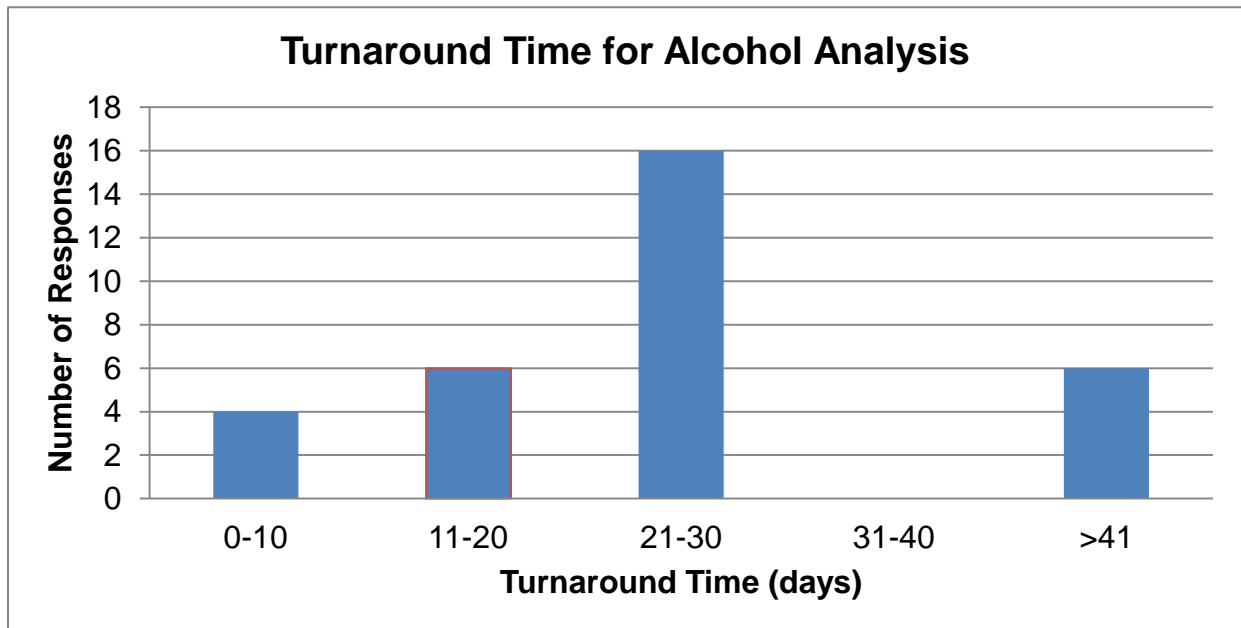


Figure 22: Number of responses for the turnaround time from toxicology labs for alcohol analysis in terms of days.

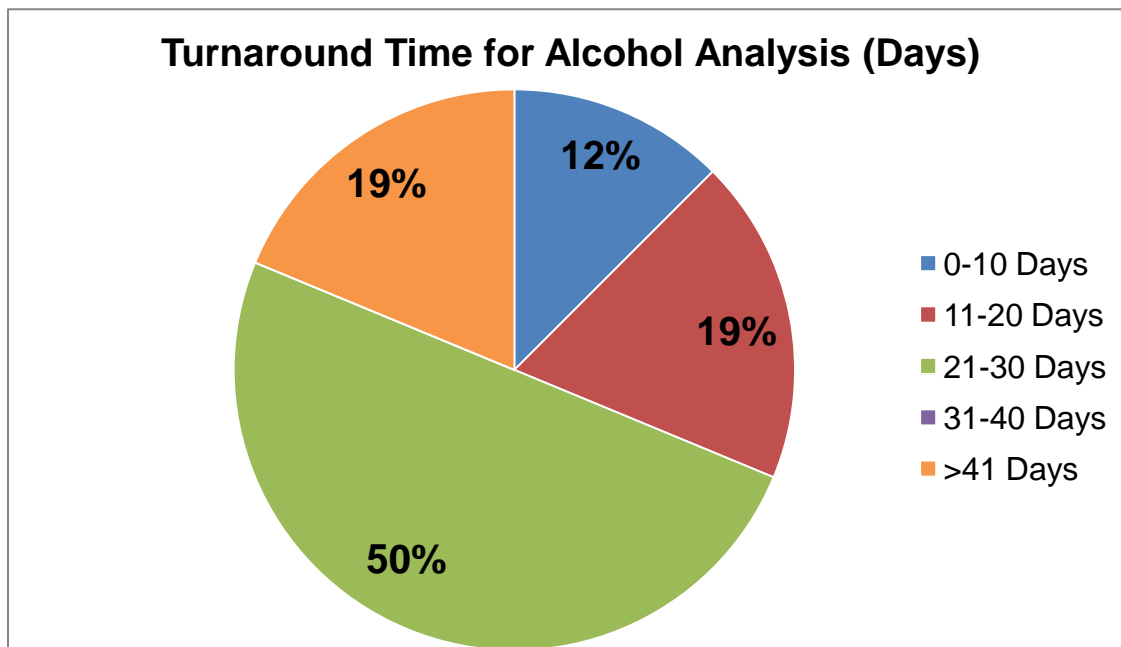


Figure 23: Percentage of responses to the turnaround time from toxicology labs for alcohol analysis in terms of days.

DRE Survey

A total of thirty-two answers resulted in responses ranging from one day to one hundred twenty days. The distribution of data shows the number of responses in ten day bins (Figure 22) . The values that are above forty one days are forty two (reported twice), forty five (reported twice), sixty, and one hundred twenty. The average turnaround time calculated to be about twenty-eight days with a median of twenty eight days. The distribution also shows that in the majority of circumstances (50%), turnaround time from toxicology labs occurs in about twenty-one to thirty days (Figure 23).

DRE Survey

What is the approximate turnaround time from your toxicology lab in regards to DRUG analysis?

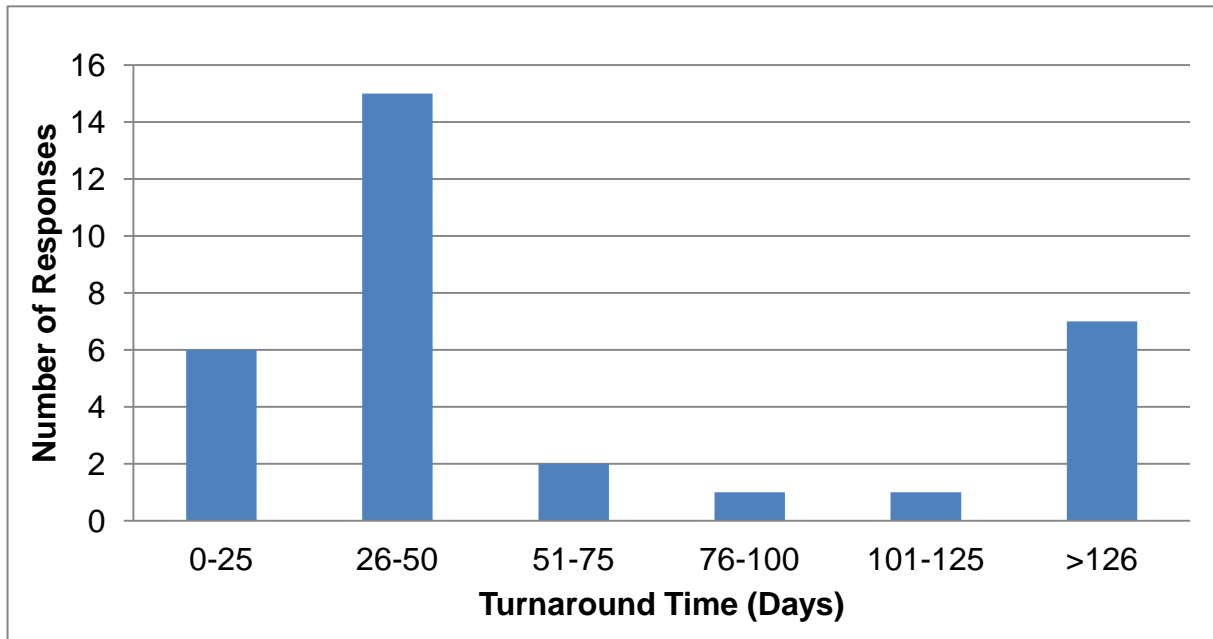


Figure 24: Number of responses for the turnaround time from toxicology labs for drug analysis in terms of weeks.

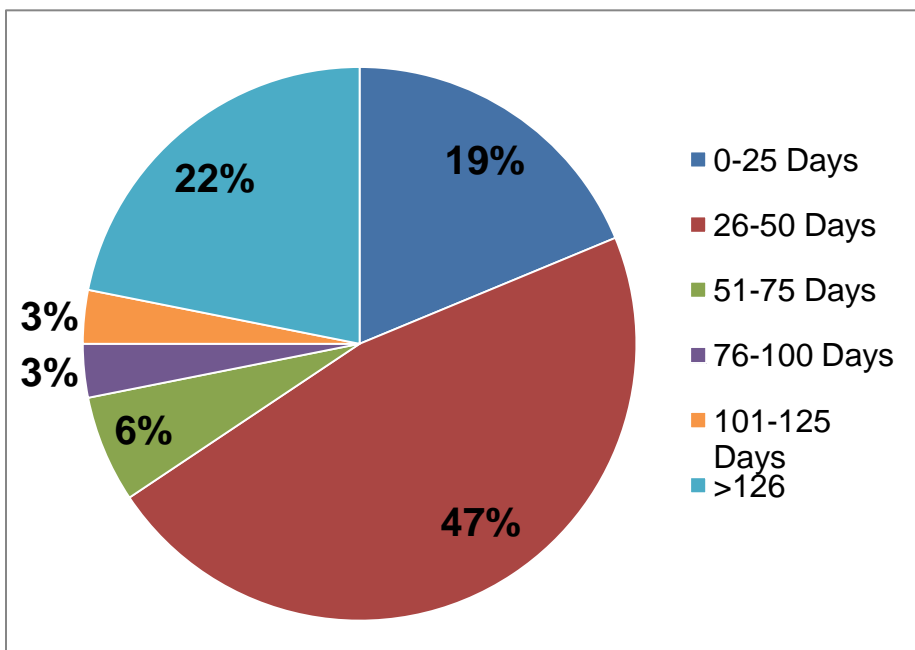


Figure 25: Percentage of responses to the turnaround time from toxicology labs for drug analysis in terms of days.

DRE Survey

A total of thirty-two answers resulted in responses ranging from five days to three hundred sixty days. The distribution of data shows the number of responses in twenty-five day bins (Figure 24). The values that are above one hundred twenty-six days are one hundred eighty (reported four times), two hundred forty, and three hundred sixty days. The average turnaround time calculated to be about seventy-seven days and a median of forty-two. The data also indicates that in a large portion of circumstances (47%), the turnaround time from toxicology labs occurs in about twenty-six to fifty days (Figure 25).

DRE Survey

How satisfied are you with the following aspects in regards to your toxicology lab?

Turnaround time; 1-10 (10 being very satisfied):

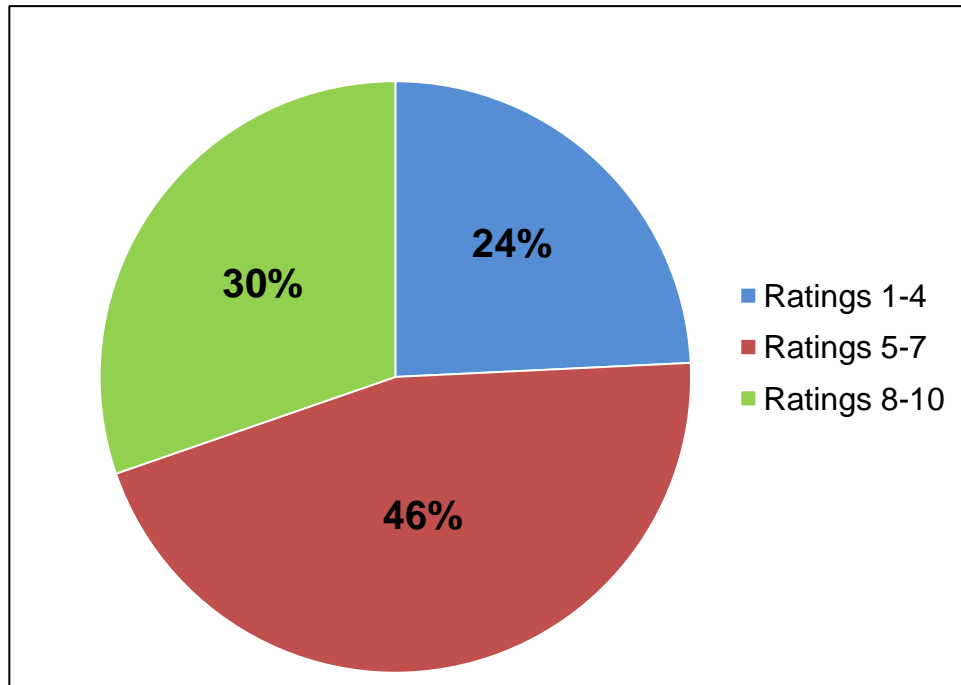


Figure 26: Percentage of responses to satisfaction in regards to the turnaround time from toxicology labs.

DRE Survey

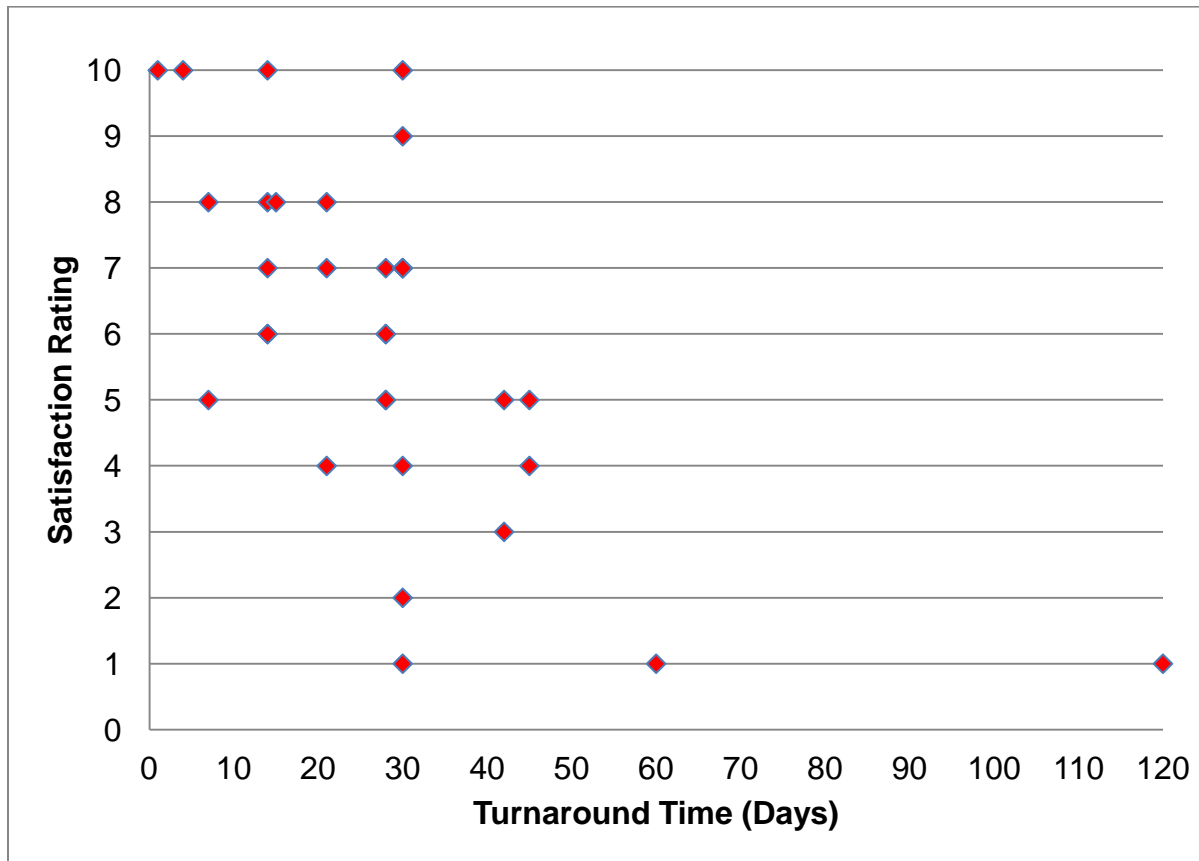


Figure 27: Correlation between turnaround times for alcohol analysis in terms of days and the satisfaction ratings respective to the data set.

DRE Survey

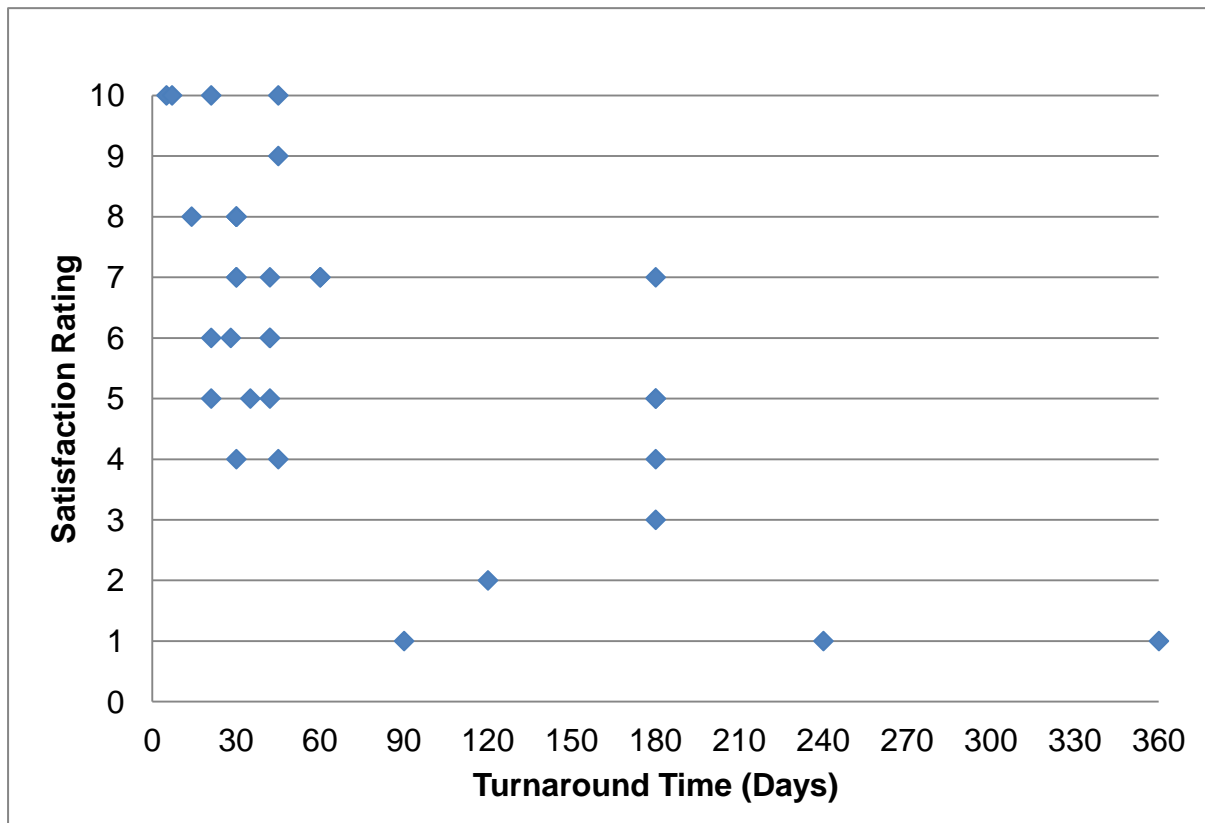


Figure 28: Correlation between turnaround times for drug analysis in terms of days and the satisfaction ratings respective to the data set.

A total of thirty-three responses yielded results that show that the the satisfaction ratings are reasonably split with the highest percentage (46%) being only mildly satisfied with the turnaround times of toxicology labs (Figure 26). The satisfaction ratings were interpreted to indicate high satisfaction with ratings of 8 – 10, satisfaction with ratings of 5 – 7, and less satisfaction with ratings of 1 – 4. The data can be correlated with the data in the previous two questions in terms of days. As expected, a quicker turnaround time typically led to a higher satisfaction rating. Trends show that when turnaround times, especially for drugs, started to exceed sixty days, ratings dropped significantly. Trends also show that the mild satisfaction ratings may be due to turnaround times around twentyto fifty days. A corellation can be better distinguished with the turnaround time for drug analysis as there is a significantly larger range of turnaround time than for alcohol analysis (Figure 27 and Figure 28).

DRE Survey

How satisfied are you with the following aspects in regards to your toxicology lab?

Ability to have your questions answered; 1-10 (10 being very satisfied):

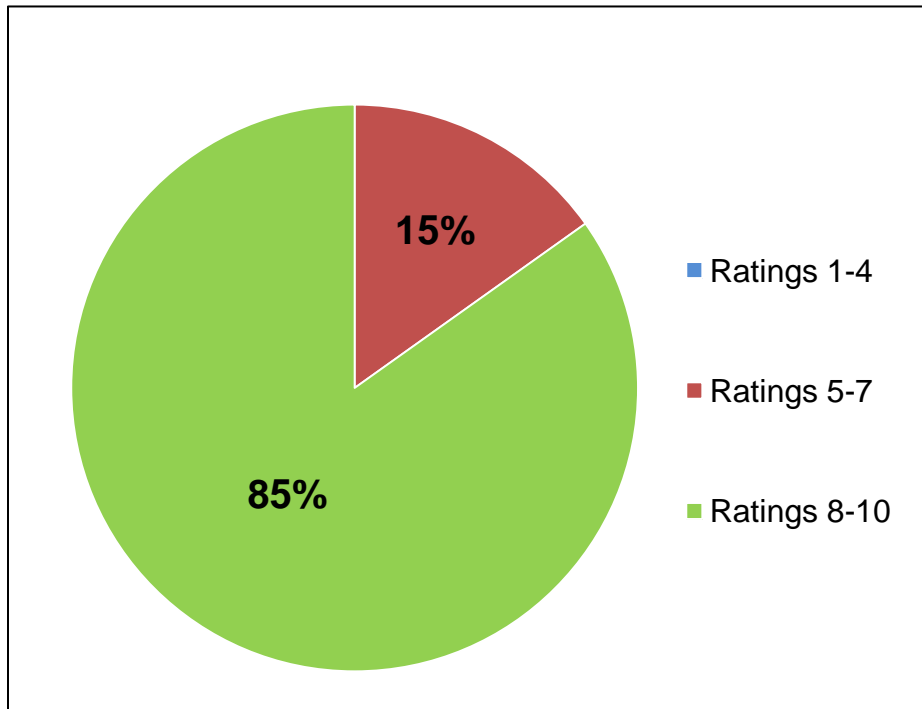


Figure 29: Percentage of responses to satisfaction in regard to the ability of toxicologists to answer questions for DREs.

A total of thirty-three responses yielded results that show that the majority (85%) are very satisfied with a toxicologist's ability to answer questions for DRE officers (Figure 29). The satisfaction ratings were interpreted to indicate high satisfaction with ratings of 8 – 10, satisfaction with ratings of 5 – 7, and less satisfaction with ratings of 1 – 4.

DRE Survey

How satisfied are you with the following aspects in regards to your toxicology lab?

Availability for Training; 1-10 (10 being very satisfied):

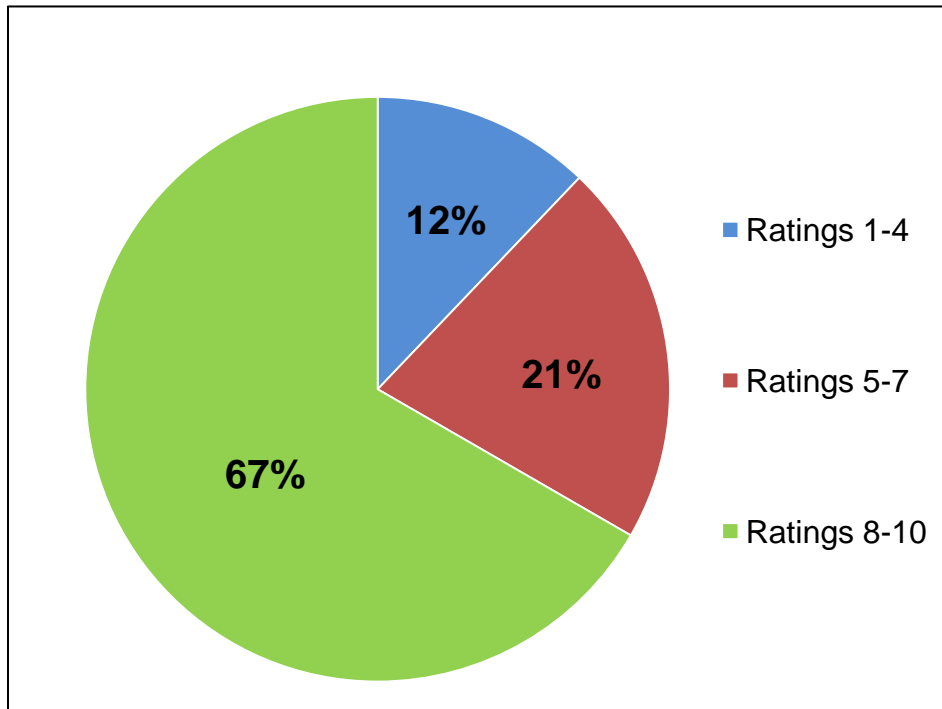


Figure 30: Percentage of responses to satisfaction in regard to the availability of toxicologists for training.

A total of thirty-three responses yielded results that show that the majority (67%) are very satisfied with a toxicologist's availability for training (Figure 30). The satisfaction ratings were interpreted to indicate high satisfaction with ratings of 8 – 10, satisfaction with ratings of 5 – 7, and less satisfaction with ratings of 1 – 4.

How satisfied are you with the following aspects in regards to your toxicology lab?

Scope and Sensitivity of Testing; 1-10 (10 being very satisfied):

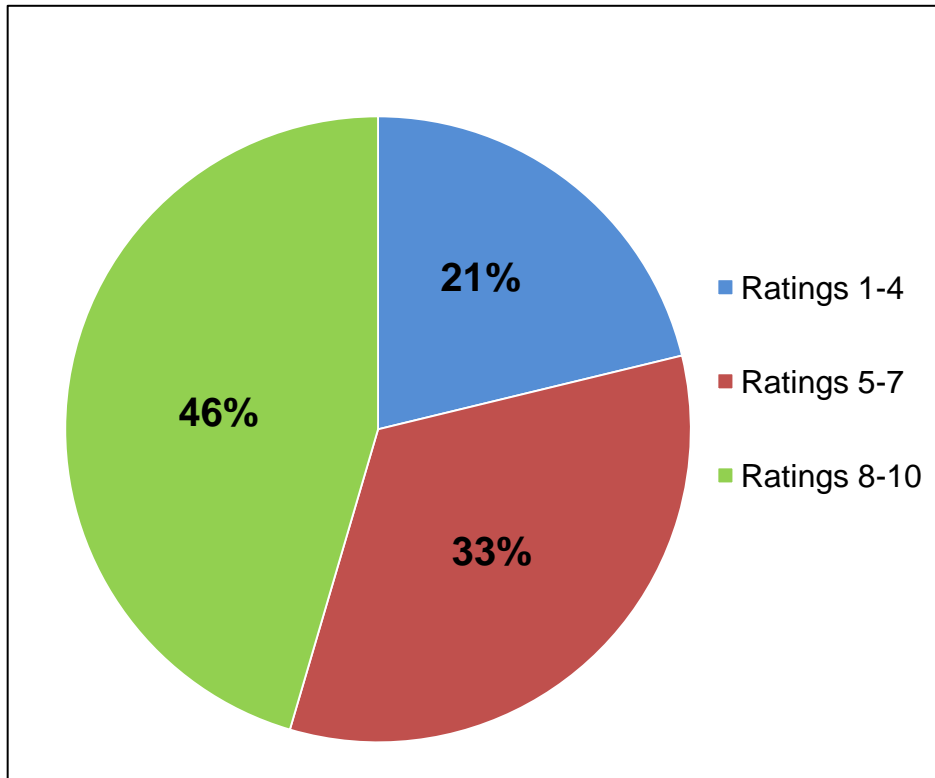


Figure 31: Percentage of responses to satisfaction in regard to the scope and sensitivity of testing provided by toxicology labs.

A total of thirty-three responses yielded results that show a reasonable split in satisfaction in regard to the scope and sensitivity of the testing provided by toxicology labs. The largest portion (46%) is very satisfied with the scope and sensitivity of testing provided by toxicology labs (Figure 31). The satisfaction ratings were interpreted to indicate high satisfaction with ratings of 8 – 10, satisfaction with ratings of 5 – 7, and less satisfaction with ratings of 1 – 4.

DRE Survey

Please provide information on any experience (positive or negative) you have had with on-site testing of urine and/or oral fluid (testing completed at the scene):

Not all states have experience with on-site testing. For those who provided input with their experience, there doesn't appear to be any input regarding oral fluid testing, but there are many positive responses to urine on-site testing, and it appears MedTox urine kits are used most often. It is a cheaper procedure that has resulted in quicker turnaround times and lessened backlog in some instances. There has also been positive feedback in training and certification evaluations. Because of this, instructors can analyze and confirm the results that the students get. On-site testing has also proven beneficial for prosecutors in that the quick results can prevent dismissal of charges which can happen when waiting for lab results.

Some downsides to on-site testing are the limitations on what can be tested for. Not all drugs can be tested for on-site, and new drugs that the DREs find cannot be tested for. This results in samples still being sent to labs in some cases. For prosecutors, it can be difficult to win a case based on the on-site results, so they too must wait for lab results in some cases.

DRE Survey

Feel free to submit any other resources you would like to mention or any further input:

Most input given was directed at the DRE officer's particular state. Some comments included the improvement in turnaround time, relationships with toxicology sections, and training evaluations. There are some issues that may come up with sample processing issues. Some agencies have to go to private labs for certain tests or quantification for urine samples may not be available. This sometimes causes issues for prosecutors if they can't get the results that they would need.