

PREFACE

The Administrator's Guide provides an introduction and overview of the SFST Refresher Training Program. The SFST Refresher Training Program is an Instructor-led program.

THIS SFST REFRESHER TRAINING PROGRAM IS INTENDED FOR THE PURPOSE OF REFRESHER TRAINING ONLY. THIS PROGRAM IS NOT A SUBSTITUTE FOR NHTSA/IACP APPROVED DWI DETECTION AND STANDARDIZED FIELD SOBRIETY TESTING TRAINING.

The SFST Refresher Training Program focuses on enforcement of alcohol impaired driving. Other programs have been designed to improve police officers' skills in detecting and apprehending drug impaired drivers, including a 4-hour module, "Introduction to Drugged Driving", an 8-hour module, "Drugs That Impair Driving", the 16-hour Advanced Roadside Impaired Driving Enforcement (ARIDE), and the Drug Evaluation and Classification Program (DEC). These are available from the International Association of Chiefs of Police (IACP) and the National Highway Traffic Safety Administration (NHTSA).

The SFST Refresher Program is provided in a minimum 4-hour modular format. Modules may be added to meet the training needs identified by each individual state SFST or DEC Program Coordinators. These optional modules are included in this curriculum package.

DEC Program Coordinators may approve the use of ARIDE to fulfill an individual state's requirement for SFST Refresher Training. Refer to the ARIDE Administrator's Guide for delivery of program.

For more information regarding these or other materials and programs, contact your State Office of Highway Safety, NHTSA Regional Training Coordinator, State DEC Program Coordinator, and/or State SFST Training Coordinator.

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PURPOSE OF THIS DOCUMENT

The Administrator's Guide is intended to facilitate planning and implementation of the SFST Refresher Training Program. The guide provides a general overview of the sequence of instruction for the SFST Refresher Training Program as well as an outline of the Instructor-led modules.

OVERVIEW OF THE COURSE

Intended Audience

SFST Refresher Training is for law enforcement officers at the federal, state, county and local level who have ***successfully completed*** the NHTSA/IACP-approved DWI Detection and Standardized Field Sobriety Testing Training Program.

Purpose of the Training

The primary purpose the SFST Refresher Training Program is to improve the overall consistency of administration of the SFST test battery by individual police officers. Officers can refresh their skills with:

- recognizing and interpreting evidence of DWI;
- administering and interpreting the scientifically validated sobriety tests; and
- describing DWI evidence clearly and convincingly; and
- information regarding recent case law and research studies.

Course Content

The minimum SFST Refresher Training Program has 4 content modules. Each module has an introduction and several topics. Optional modules may be added as described on page one of this document. The following is a description of the topics and content covered in each session:

Session	Title	Duration
I	Introduction and Overview	30 Minutes
II	Vehicle In Motion and Personal Contact	60 Minutes
III	Standardized Field Sobriety Testing Review	60 Minutes
IV	Proficiency and Written Examination	90 Minutes
Optional	Processing the Arrested Subject and Preparation for Trial	90 Minutes
Optional	Overcoming Impaired Driving Defenses and Legal Issues	90 Minutes
Optional	Live Alcohol Workshop	60 Minutes

Optional	Video Alcohol Workshop	60 Minutes
Optional	Overview of Drug-Impaired Driving	90 Minutes

Session 1: Introduction and Overview

This session has two Segments: "Welcoming Remarks and Objectives" and "Administrative Details".

In this session, participants will receive a brief welcome and introduction. Describe your credentials for providing SFST training and carefully state the goals and objectives of the course. This is a **preparation** step, focused in the **cognitive domain** of learning. During this segment have the participants introduce themselves and print their names clearly on name tent cards, so that you will be able to call on them by name.

Next, you must attend to some essential "housekeeping duties", e.g., by notifying participants of the schedule that will be followed, pointing out the locations of rest rooms, lunch rooms, etc.

Session 2: Vehicle in Motion and Personal Contact

This session is a review of the first two phases of Standardized Field Sobriety Testing. Phase 1, Vehicle in Motion, including impaired motorcycle operators, covers the officer's initial observations of vehicular operation, the decision to stop, and observation of the stop. Phase 2, Personal Contact, covers the face-to-face observation and interview of the driver while still in the vehicle and the decision to instruct the driver to exit the vehicle or dismount.

Session 3: Standardized Field Sobriety Testing Review

A detailed review of the Standardized Field Sobriety Tests including the foundational studies and the most recent validation studies. The session objectives are:

- Understand the results of selected SFST validation studies
- Define and describe the Standardized Field Sobriety Tests (SFSTs)
- Define nystagmus and distinguish between the different types
- Describe and properly administer the three SFSTs
- Recognize, document and articulate the indicators and clues of the three SFSTs

Visuals

Session 3 visuals will include short video clips of Horizontal Gaze Nystagmus, Walk-and-Turn, and One-Leg Stand tests imbedded in the PowerPoint presentation.

Session 4: Proficiency and Written Examination

The participant must pass the NHTSA/IACP Proficiency Examination. Participant will be given a minimum of two opportunities (or such number as prescribed by state standards) to successfully complete the Proficiency Examination. The objective for this session is to demonstrate knowledge and proficiency in administering the Standardized Field Sobriety Test Battery.

The evaluation is based on a written examination. The passing grade is 80%.

Participants who fail to obtain a passing grade may take a remedial examination after 15 days but no greater than 30 days following the completion of this course.

Optional Session: Processing the Arrested Subject and Preparation for Trial

In "The Processing Phase", you will review the tasks officers are supposed to perform when processing persons arrested for DWI. Since these tasks vary somewhat from agency to agency, **you may have to modify the content of this segment.**

In "Preparing the DWI Offense/Arrest Report: Documenting the Evidence", you will review the kind of information officers should include in their DWI reports. Participants will view a nighttime DWI stop and arrest scenario.

In "Case Preparation and Pretrial Conference", you will explain the things officers should do in preparing to testify in DWI cases, and you will emphasize the role of the pretrial conference with the prosecutor in trial preparation. You will show a video segment of a pretrial conference, and discuss the strengths and weaknesses of the officer's preparation with your participants.

In "Guidelines for Direct Testimony", you will present and explain some "do's and don't's" of testimony in DWI cases. You may show a video segment of a prepared officer and discuss the officer's performance with your participants.

Optional Session: Overcoming Impaired Driving Defenses and Legal Issues

This session serves as a guide to the most common defenses in impaired driving cases, drawing on the expertise and experience of prosecutors from around the United States. It is suggested that a Traffic Safety Resource Prosecutor (TSRP) or other prosecutor present this session. To locate your TSRP, go to www.ndaa.org

Many offices assign the newest prosecutors to the impaired driving cases, even though these cases can be among the most complex and challenging cases on the docket. Few other cases present the prosecutor and officer with a more complex and litigated statute, a greater likelihood of technical, scientific evidence, or the very real likelihood of expert defense testimony. Even so, some defense attorneys will occasionally use variations of a number of traditional defense tactics when trying DWI cases. Knowing these tactics, and being able to quickly respond to them, gives the prosecutor and the officer the advantage.

This session is based upon the publications *Overcoming Impaired Driving Defenses* published by American Prosecutors Research Institute and *Prosecution of DWI* published by NHTSA.

Optional Session: Live Alcohol Workshop

You will assign the participants to work in teams. But, instead of testing each other, they will administer the tests to a group of volunteer drinkers **who are not members of the class** and who have been recruited especially for this purpose. The participants will carefully record, and interpret, the volunteers' performance of the tests, and will assess each volunteer's impairment. In the final segment of this Session, "Session Wrap-up", participants will report their assessments of the volunteers, and will be informed of the volunteers' BACs. (Instructions for "dosing" volunteers are in the Administrator's Guide, of the current DWI Detection and Standardized Field Sobriety Testing curriculum, page 15).

Optional Session: Video Alcohol Workshop

For this session, participants will view the NHTSA/IACP approved videos designated for Session XI-A in the current DWI Detection and Standardized Field Sobriety Testing curriculum. They will view the videos, assess the subjects' impairment, and record their observations. In the final segment of this Session, "Session Wrap-up", participants will report their assessments of the video subjects, and will be informed of the subjects' BACs. Note that this optional session differs from the current DWI Detection and Standardized Field Sobriety Testing curriculum Session XI-A by not requiring participant practice during the session.

Optional Session: Overview of Drug-Impaired Driving

The purpose of the module is to improve participants' ability to recognize subjects who may be under the influence of drugs other than alcohol, and to take appropriate action when they encounter such subjects. The hope and expectation is that, due to this training, fewer drug-impaired subjects will avoid detection or be treated simply as alcohol-impaired. In those agencies that have a drug evaluation and classification program, the "appropriate action" would be to summon a DRE.

Note that the purpose of this module does not require that the participant develop the ability to distinguish what type of drug is responsible for the observed impairment. Indeed, we assert that this module, by itself, cannot develop that ability. But, the participant should become more adept to recognizing the possible presence of some drug other than alcohol, and at conveying a credible basis for that suspicion.

INSTRUCTOR-LED COURSE MATERIALS

The course materials for the Instructor-led SFST Refresher Training Program consist of the following documents and materials:

- Instructor's Lesson Plans Manual
- Visual Aids
- Participant Manual

Instructor's Lesson Plans Manual

The Instructor's Lesson Plans Manual is a complete and detailed blue print of what the course covers and of how it is to be taught. It is organized into four sessions with five optional sessions included. Each session consists of a cover page, an outline page, the lesson plans, a paper copy of the visual aids ("slides"), and any other related material referenced in the session.

- The **cover page** presents the session's title and the total instructional time required to complete the session.
- The **outline page** lists the content segments and principal types of learning activities that take place during the session.
- The **lesson plans** are arranged in a straight-text format. Shaded boxes contain the training aides (i.e., visual aides) and the Instructor Notes. These notes provide guidance concerning how the content is to be taught. For example, the instructor notes might include the approximate amount of time to be devoted to a particular topic and/or points requiring special emphasis.

In addition to the content, the Instructor's Lesson Plans Manual includes the following:

- Glossary
- Final Test
- ANACAPA Sciences Research Studies
- Listing of NHTSA Regional Offices

The Instructor's Lesson Plans Manual is designed to prepare the instructor to teach the course. Instructors should review the entire set of lesson plans to become familiar with the content and develop a clear understanding of the course flow. Instructors are expected to gather and be prepared to operate any equipment necessary (i.e., projection screen, computer with PowerPoint software, LCD projector, etc.). Instructors should also have all participant manuals and handouts (i.e., post course exam) prepared before class begins. Instructors should use the lesson plans as a tool for helping to maintain the sequence and pace of presentations and other learning activities. The Instructor's Lesson Plans Manual is not a script and should not be read verbatim to the participants.

Visual Aids

The instructor-led program uses two types of visual aids:

- PowerPoint presentations
- Video

The PowerPoint presentation is used to emphasize key points and support the instructor's presentation. Instructors should use this presentation when a computer and/or projection system is available for use.

If a computer is not available to display the PowerPoint presentation, instructors can use the print-ready format. This is a black and white, paper version of the PowerPoint presentation that can be printed from PowerPoint as handouts or transparencies. A CD which includes all of the video clips used in the program can be used to accompany this version of the presentation.

In addition to the PowerPoint presentation and the video, the instructor should feel free to use any available dry-erase board or flipchart paper to add emphasis to a presentation.

Participant Manual

The SFST Refresher Training Participant Manual serves as a reference guide for the participant. Each participant should receive a manual that includes:

- Training Objectives
- Glossary
- Summary of the content for each session
- ANACAPA Sciences Research Studies
- Listing of NHTSA Regional Offices
- Listing of IACP Regional Coordinators

TESTING

Description of Proficiency Testing

You will formally test each participant's ability to administer the three tests properly.

Description of Post Course Exam

The exam is handed out and taken in a paper-based, written format. The questions for the post course exam are adapted from the DWI Detection and Standardized Field Sobriety Testing Training Program. The exam is contained in Session 4: Proficiency and Written Examination

GLOSSARY OF TERMS

ALVEOLAR BREATH - Breath from the deepest part of the lung.

BLOOD ALCOHOL CONCENTRATION (BAC) - The percentage of alcohol in a person's blood.

BREATH ALCOHOL CONCENTRATION (BrAC) - The percentage of alcohol in a person's breath, taken from deep in the lungs.

CLUE - Something that leads to the solution of a problem.

CUE - A reminder or prompting as a signal to do something. A suggestion or a hint.

DIVIDED ATTENTION TEST - A test which requires the subject to concentrate on both mental and physical tasks at the same time.

DWI/DUI - The acronym "DWI" means driving while impaired and is synonymous with the acronym "DUI", driving under the influence or other acronyms used to denote impaired driving. These terms refer to any and all offenses involving the operation of vehicles by persons under the influence of alcohol and/or other drugs.

DWI DETECTION PROCESS - The entire process of identifying and gathering evidence to determine whether or not a subject should be arrested for a DWI violation. The DWI detection process has three phases:

- Phase One - Vehicle In Motion
- Phase Two - Personal Contact
- Phase Three - Pre-arrest Screening

EVIDENCE - Any means by which some alleged fact that has been submitted to investigation may either be established or disproved. Evidence of a DWI violation may be of various types:

- a. Physical (or real) evidence: something tangible, visible, or audible.
- b. Well established facts (judicial notice).
- c. Demonstrative evidence: demonstrations performed in the courtroom.
- d. Written matter or documentation.
- e. Testimony.

FIELD SOBRIETY TEST - Any one of several roadside tests that can be used to determine whether a subject is impaired.

HORIZONTAL GAZE NYSTAGMUS (HGN) - Involuntary jerking of the eyes, occurring as the eyes gaze to the side.

ILLEGAL PER SE - Unlawful in and of itself. Used to describe a law which makes it illegal to drive while having a statutorily prohibited Blood Alcohol Concentration.

IMPAIRED DRIVING - When the mental and/or physical faculties of a person are affected to a degree which renders such person unable to operate a vehicle safely.

NYSTAGMUS - An involuntary jerking of the eyes.

ONE-LEG STAND (OLS) - A divided attention field sobriety test.

PERSONAL CONTACT - The second phase in the DWI detection process. In this phase the officer observes and interviews the driver face to face; determines whether to ask the driver to step from the vehicle; and observes the driver's exit and walk from the vehicle.

PRE-ARREST SCREENING - The third phase in the DWI detection process. In this phase the officer administers field sobriety tests to determine whether there is probable cause to arrest the driver for DWI, and administers or arranges for a preliminary breath test, if available.

PRELIMINARY BREATH TEST (PBT) - A pre-arrest breath test administered during investigation of a possible DWI violator to obtain an indication of the person's blood alcohol concentration.

PSYCHOPHYSICAL - "Mind/Body." Used to describe field sobriety tests that measure a person's ability to perform both mental and physical tasks.

STANDARDIZED FIELD SOBRIETY TEST BATTERY - A battery of tests, Horizontal Gaze Nystagmus, Walk-and-Turn, and One-Leg Stand, administered and evaluated in a standardized manner to obtain validated indicators of impairment based on NHTSA research.

TIDAL BREATH - Breath from the upper part of the lungs and mouth.

VEHICLE IN MOTION - The first phase in the DWI detection process. In this phase the officer observes the vehicle in operation, determines whether to stop the vehicle, and observes the stopping sequence.

VERTICAL GAZE NYSTAGMUS - An involuntary jerking of the eyes (up and down) which occurs as the eyes are held at maximum elevation. The jerking should be distinct and sustained.

WALK-AND-TURN (WAT) - A divided attention field sobriety test.

APPENDIX B

NHTSA Regional Offices

Note: Regional Training Coordinators are located in each Regional Office.

Region	States	Telephone
I <i>Cambridge, MA</i>	Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont	(617) 494-3427
II <i>White Plains, NY</i>	New Jersey, New York, Pennsylvania, Puerto Rico, Virgin Islands	(914) 682-6162
III <i>Baltimore, MD</i>	Delaware, District of Columbia, Kentucky, Maryland, North Carolina, Virginia, West Virginia	(410) 962-0077
IV <i>Atlanta, GA</i>	Alabama, Florida, Georgia, South Carolina, Tennessee	(404) 562-3739
V <i>Olympia Fields, IL</i>	Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin	(708) 503-8822
VI <i>Fort Worth, TX</i>	Indian Nations, Louisiana, Mississippi, New Mexico, Oklahoma, Texas	(817) 978-3653
VII <i>Kansas City, MO</i>	Arkansas, Iowa, Kansas, Missouri, Nebraska	(816) 822-7233
VIII <i>Denver, CO</i>	Colorado, Nevada, North Dakota, South Dakota, Utah, Wyoming	(303) 969-6917
IX <i>San Francisco, CA</i>	Arizona, California, Hawaii, Northern Marianas, American Samoa, Guam	(415) 744-3089
X <i>Seattle, WA</i>	Alaska, Idaho, Montana, Oregon, Washington	(206) 220-7640

For the DEC Program Coordinators refer to the DECP website at: www.decp.org

SESSION I
INTRODUCTION AND OVERVIEW

SESSION I: INTRODUCTION AND OVERVIEW

Upon successfully completing this session, the participant will be able to:

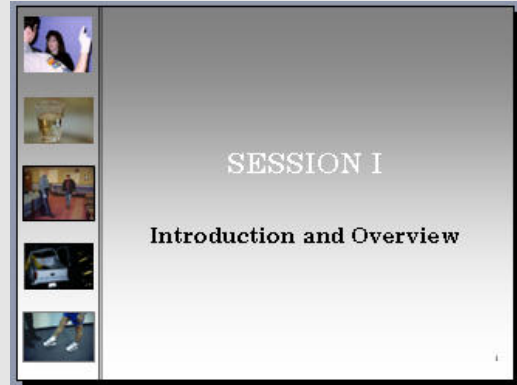
- State the goals and objectives of the training.
- Describe the training schedule and activities.
- Describe the current DWI problem.
- Identify the elements of the drug problem.
- Define and describe impaired driving enforcement programs.
- Understand the roles and responsibilities of the Drug Recognition Expert (DRE) and how this course supports the Drug Evaluation and Classification Program (DECP).
- Define the term drug in the context of traffic safety and impaired driving enforcement as referenced in the DECP.

CONTENT SEGMENTS

- A. Welcoming Remarks and Objectives
- B. Administrative Details
- C. Driving Under the Influence
- D. Impaired Driving Enforcement System
- E. DWI Detection and Standardized Field Sobriety Testing Program
- F. Drugs and Highway Safety

I. INTRODUCTION AND OVERVIEW

Display Slide I-1: Title



A. Welcoming Remarks and Objectives

Welcome to the DWI Detection and Standardized Field Sobriety Testing Refresher Training Program.

Instructor Introductions

- Principal instructor (name, relevant background, etc.)

Write names on dry-erase board or flipchart.

- Instructor aides and other relevant individuals (names, assignments, etc.)

Display Slides I-2 and I-3: Objectives

Session Objectives		Session Objectives (continued)	
	• State the goals and objectives of the training • Describe the training schedule and activities • Describe the current DWI problem • Identify the elements of the drug problem		• Define and describe impaired driving enforcement programs • Understand the roles and responsibilities of the DRE and how this course supports the Drug Evaluation and Classification Program (DECP) • Define the term drug in the context of traffic safety and impaired driving enforcement as referenced in the DECP
			
			
			
			

Session Objectives

- State the goals and objectives of the training.
- Describe the training schedule and activities.
- Describe the current DWI problem.
- Identify the elements of the drug problem.
- Define and describe impaired driving enforcement programs.
- Understand the roles and responsibilities of the Drug Recognition Expert (DRE) and how this course supports the Drug Evaluation and Classification Program (DECP).
- Define the term drug in the context of traffic safety and impaired driving enforcement as referenced in the DECP.

Display Slide I-4: Ultimate Goal



Slide I-4: Ultimate Goal

Ultimate Goal

Increase DWI deterrence and decrease alcohol-related crashes, deaths, and injuries

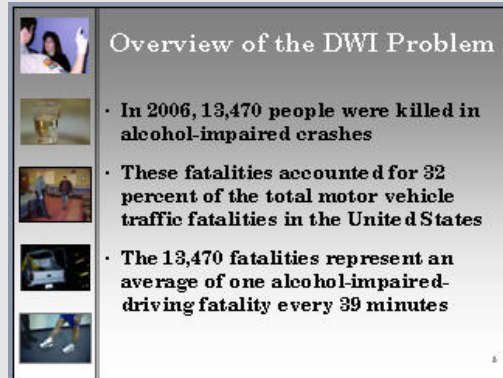
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The slide features a vertical strip of five small images on the left: a person drinking, a car crash, a person at a desk, a car crash, and a person at a desk.

Ultimate Goal

Increase DWI deterrence and decrease alcohol-related crashes, deaths, and injuries.

Display Slide I-5: Overview of the Problem



Slide I-5: Overview of the Problem

Overview of the DWI Problem

- In 2006, 13,470 people were killed in alcohol-impaired crashes
- These fatalities accounted for 32 percent of the total motor vehicle traffic fatalities in the United States
- The 13,470 fatalities represent an average of one alcohol-impaired-driving fatality every 39 minutes

5

The slide features a vertical strip of five small images on the left: a person drinking, a car crash, a person at a desk, a car crash, and a person at a desk.

Overview of the DWI Problem

- In 2006, 13,470 people were killed in alcohol-impaired crashes.
- These fatalities accounted for 32 percent of the total motor vehicle traffic fatalities in the United States.
- The 13,470 fatalities represent an average of one alcohol-impaired-driving fatality every 39 minutes.

Point out that the success or failure of the SFST program will be judged on the participants' proficiency in these key abilities.

B. Administrative Details

- Training schedule (breaks, etc.)
- Facilities (rest rooms, lunchroom, etc.)
- Logistics (travel vouchers, etc.)
- Refer to glossary located at end of Session I

C. Driving Under the Influence

Understand the magnitude of the problem of subjects driving while impaired by drugs and alcohol.

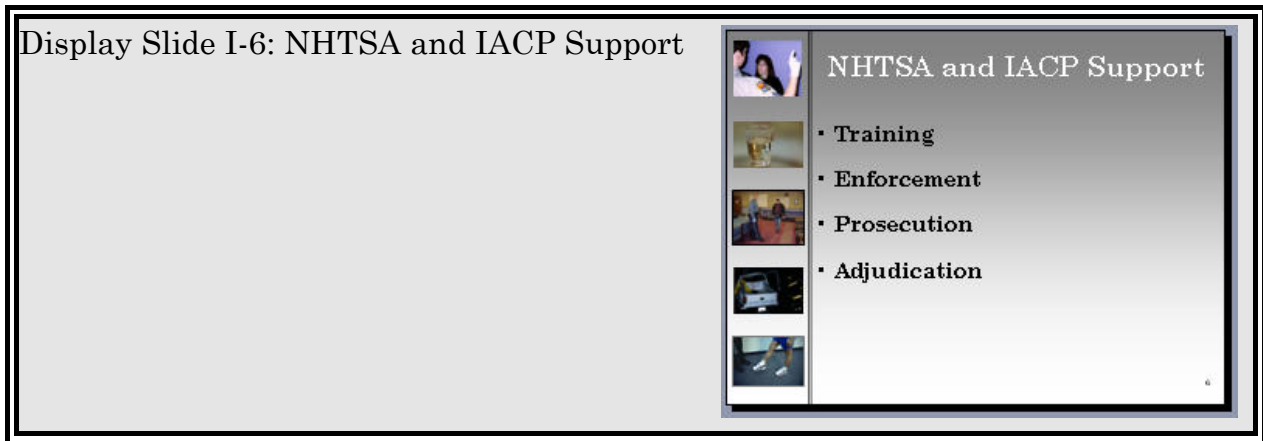
Ask class for examples specific to their state/ locality?

The National Survey on Drug Use and Health report provides a thorough overview of drug and alcohol use in the general population. The survey tells us:

- Males are twice as likely as females to drive under the influence of alcohol.
- An estimated 12.7 percent of persons aged 12 or older reported that they had driven at least once in the last year under the influence of alcohol.
- That further translated into approximately 30% of minors (16-20 years of age) and 29% of those between the ages of 21 and 25 years.
- 9.9 million persons aged 12 or older reported that they drove under the influence of illicit drugs during the last year.

Source: National Survey on Drug Use and Health, 2007

D. Impaired Driving Enforcement System



NHTSA and IACP support:

- Training
- Enforcement
- Prosecution
- Adjudication

What NHTSA/IACP Supports:

Selective Traffic Enforcement Program (STEP) Grants, Crackdown support, Traffic Safety Resource Prosecutors (TSRP), Saturation Patrols, Sobriety Checkpoints, and Judicial Education.

One of the most critical support activities NHTSA/IACP provides is **TRAINING**.

Some examples of law enforcement and justice professional training that NHTSA/IACP provides and supports are:

- Standardized Field Sobriety Testing
- Advanced Roadside Impaired Driving Enforcement (ARIDE)

Explain that ARIDE is a new NHTSA/IACP 16-hour training course designed to bridge the gap between SFST and DRE.

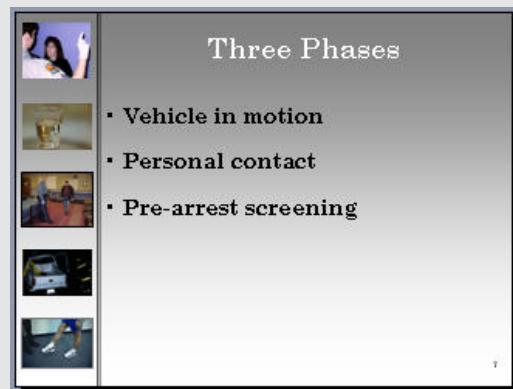
- Drug Evaluation and Classification program
- Drug Impairment Training for Education Professionals
- Prosecuting the Drugged Driver
- Lethal Weapon
- Protecting Lives, Saving Futures

The Standardized Field Sobriety Testing (SFST) Practitioner course provides:

- The cornerstone for a system of impaired driving detection training and enforcement.
- Proficiency in the SFST skills provides a foundation for ARIDE and the Drug Evaluation and Classification (DEC) program.
- The SFST program should be part of all alcohol and drug impaired driving enforcement initiatives.

E. DWI Detection and Standardized Field Sobriety Testing Program

Display Slide I-7: Three Phases



The DWI detection process includes three phases:

1. Vehicle in motion
2. Personal contact
3. Pre-arrest screening

Throughout this training we will be discussing concepts related to these three phases.

The SFST Battery is a set of tests that include the following:

- Horizontal Gaze Nystagmus
- Walk-and-Turn
- One-Leg Stand

These tests are designed:

- To be administered and evaluated in a standardized manner to obtain validated indicators of impairment based on NHTSA/IACP supported research.

The SFST test battery serves as the foundation for impaired driving enforcement. It is critical that these tests be performed and interpreted properly.

F. Drugs and Highway Safety

Many law enforcement officers are trained in Standardized Field Sobriety Testing (SFST) and use the skills gained in the course as part of their overall enforcement of DWI laws.

Alcohol and Drug Use

Social drinking is considered acceptable in many societies.

It is important to understand the use of alcohol in the context of society, since it is related to the enforcement and adjudication of DWI offenses.

Display Slides I-8 and I-9: Alcohol and Drug Use



Alcohol and Drug Use

- 119 million (50.1%) people consider themselves drinkers
- Slightly more than half of Americans aged 12 or older reported being binge drinkers of alcohol (5.1 percent). This translates to an estimated 126.8 million people
- Heavy drinking was reported by 6.9 percent of the population aged 12 or older, or approximately 17 million people

2



Alcohol and Drug Use

- Among young adults aged 18 to 25, the rate of binge drinking was 41.8 percent, and the rate of heavy drinking was 14.7 percent
- An estimated 12.7 percent of persons aged 12 or older drove under the influence of alcohol at least once in the past year according to the survey

3

The National Survey on Drug Use and Health (NSDUH) Survey reports that:

This is a self reported survey. There are some issues that need to be discussed.

For example: limitations of data collected.

2007 research survey

- 119 million (50.1%) people consider themselves drinkers.
- Slightly more than half of Americans aged 12 or older reported being binge drinkers of alcohol (5.1 percent). This translates to an estimated 126.8 million people.
- Heavy drinking was reported by 6.9 percent of the population aged 12 or older, or approximately 17 million people.
- Among young adults aged 18 to 25, the rate of binge drinking was 41.8 percent and the rate of heavy drinking was 14.7 percent.
- An estimated 12.7 percent of persons aged 12 or older drove under the influence of alcohol at least once in the past year according to the survey.

Although these statistics are significant, it is reasonable to assume that the problem is even larger when you consider legal or prescription drugs used in a manner other than for what they have been prescribed or produced.

When we look at drug use specifically, it is helpful to see the trends based on specific types of drugs.

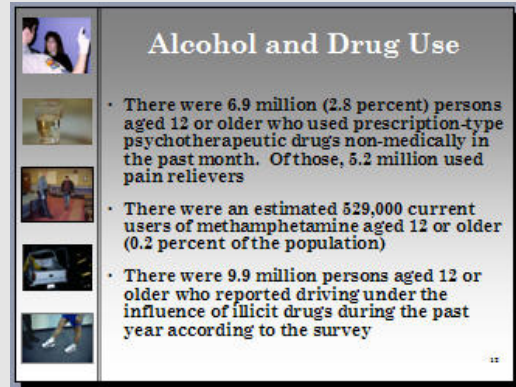
The following summarizes the usage information as reported by the NSDUH Survey 2007:

Display Slides I-10, I-11, and I-12: Alcohol and Drug Use



Alcohol and Drug Use

- An estimated 19.9 million Americans aged 12 or older were current (past month) illicit drug users, meaning they had used an illicit drug during the month prior to the survey
- This estimate represents 8.0 percent of the population aged 12 years old or older. (Illicit drugs include marijuana, marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics used non-medically.



Alcohol and Drug Use

- There were 6.9 million (2.8 percent) persons aged 12 or older who used prescription-type psychotherapeutic drugs non-medically in the past month. Of those, 5.2 million used pain relievers
- There were an estimated 529,000 current users of methamphetamine aged 12 or older (0.2 percent of the population)
- There were 9.9 million persons aged 12 or older who reported driving under the influence of illicit drugs during the past year according to the survey



Alcohol and Drug Use

- Marijuana was the most commonly used illicit drug (14.4 million past-month users)
- Hallucinogens were used in the past month by 1.0 million aged 12 or older
- There were 2.1 million current cocaine users aged 12 or older, comprising 0.8 percent of the population

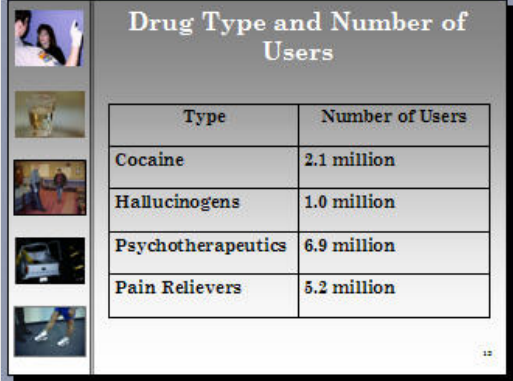
Note: Numbers are very conservative due to self reporting.

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- There were 6.9 million (2.8 percent) persons aged 12 or older who used prescription-type psychotherapeutic drugs non-medically in the past month. Of those, 5.2 million used pain relievers.
- There were an estimated 529,000 current users of methamphetamine aged 12 or older (0.2 percent of the population).
- There were 9.9 million persons aged 12 or older who reported driving under the influence of illicit drugs during the past year according to the survey.

NSDUH provides additional details on drugs used in a manner other than prescription:

Display Slide I-13: Drug Type and Number of Users



Type	Number of Users
Cocaine	2.1 million
Hallucinogens	1.0 million
Psychotherapeutics	6.9 million
Pain Relievers	5.2 million

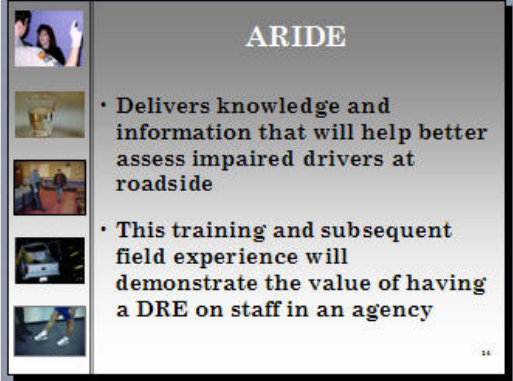
<u>Type</u>	<u>Number of Users</u>
Cocaine	2.1 Million
Hallucinogens	1.0 Million
Psychotherapeutics	6.9 Million
Pain Relievers	5.2 Million

The ARIDE Course

The ARIDE course was designed with a dual purpose:

The ARIDE program will allow the participant to build on the knowledge gained through their training and experience related to the SFSTs.

- Many law enforcement officers have encountered subjects who appear to be impaired by a substance other than alcohol, or seem to be displaying signs and symptoms which are inconsistent with their BAC test results.
- This course will provide additional information which can assist the officer in effective observation and interview techniques related to driving while impaired by alcohol, drugs, or a combination of both, and make an informed decision to arrest or not arrest a subject for impaired driving.

Display Slide I-14: ARIDE


The slide titled "ARIDE" contains two bullet points:

- Delivers knowledge and information that will help better assess impaired drivers at roadside
- This training and subsequent field experience will demonstrate the value of having a DRE on staff in an agency

The slide also features a vertical strip of four small images on the left side: a person at a desk, a glass of alcohol, a person in a vehicle, and a person at a desk.

This sums up the responsibilities and duties of the ARIDE trained officer at the conclusion of this training course.

- This course will deliver knowledge and information that will help them better assess impaired drivers at roadside.
- This training and subsequent field experience will demonstrate the value of having a DRE on staff in an agency and may serve as motivation for the individual officers to attend a DEC course in the future.

A subsequent result of this course will facilitate better utilization of DREs in the field.

The desired outcome of the training is:

- The participant will better understand the role of the DRE and will be able to use their expertise more effectively.
- For those communities with no DREs or limited access to their services, this course will help officers make informed decisions related to testing, documentation, and reporting.

This course is intended to bridge the gap between the SFST and DRE course and to provide a level of awareness to the participants, both law enforcement and other criminal justice professionals, in the area of drug impairment in the context of traffic safety.

Based on that premise, the ARIDE course was developed with the following goals in mind.

Place extreme emphasis on this point. This program is designed to work in conjunction with the DEC program.

Segment Goal

Display Slide I-15: ARIDE Goal - Law Enforcement



**ARIDE Goal
Law Enforcement**

- Observe, identify, and articulate the signs of impairment related to drugs, alcohol or a combination of both in order to reduce the number of impaired driving incidents, serious injury, and fatal crashes

15

The ARIDE course will train law enforcement officers to observe, identify, and articulate the signs of impairment related to drugs, alcohol or a combination of both in order to reduce the number of impaired driving incidents, serious injury, and fatal crashes.

Often times officers come in contact with the drug impaired driver.

There are many things that could be happening:

- The officer is unfamiliar with the indicators of drug impairment, therefore does nothing with the subject.

Ask class to provide some examples before moving forward.

- Recognizes there is something wrong with the driver, but does not know how to address the issue.
- Allows subject to continue on their way.
- Drives the subject home or allows the subject to ride home with another individual.
- Not familiar with the resources available to them.

Drug Evaluation and Classification

Ask Class if they are familiar with the DEC program and if they have any DEC trained officers in their agencies.

The ultimate goal of the DEC program is to help prevent crashes and avoid deaths and injuries by improving enforcement of drug impaired driving violations.

A participant who successfully completes all phases of the DEC program is known as a Drug Recognition Expert or Drug Recognition Evaluator (DRE).

The DRE officer is trained to conduct a detailed evaluation, consisting of twelve steps (12), and obtain other evidence that can be articulated as an opinion.

They can reach reasonably accurate conclusions concerning the category or categories of drug(s), or medical conditions causing the impairment observed in the subject.

Based on these informed conclusions, the DRE officer can request the collection and analysis of an appropriate biological sample (blood, urine, or saliva) to obtain corroborative, scientific evidence of the subject's drug use.

The progression between each of the impaired driving enforcement programs is:

- The foundation is SFST
- The intermediate level is ARIDE
- The final stage is the DEC program

Display Slides I-16 and I-17: Roles and Responsibilities



Roles and Responsibilities of a DRE

- 72 hours of classroom training
- Field certifications
- Comprehensive final knowledge examination
- Participate in continuing education courses

16



Roles and Responsibilities of a DRE

- Complete a recertification training course every two years
- Maintain a log of all evaluations completed in training and as part of any enforcement activities
- Meet other administrative requirements as established in the IACP

17

Roles and Responsibilities of a Drug Recognition Expert

To obtain a DRE Certification the law enforcement officer must complete:

- 72 hours of classroom training
- Field certifications
- Comprehensive final knowledge examination

In order to retain their certification, the DRE must:

- Participate in continuing education courses.
- Complete a recertification training course every two years.
- Maintain a log of all evaluations completed in training and as part of any enforcement activities.

- Meet other administrative requirements as established in the International Association of Chiefs of Police (IACP) International Standards governing the DEC program.

The State DEC program state coordinators may place other standards on each DRE that is specific to that state.

Drug Impairment Training for Education Professionals

The purpose of the DITEP training is to provide school administrators, teachers, and nurses with a systematic approach to recognizing and evaluating subjects in the academic environment who are using, abusing, and/or impaired by drugs, in order to provide early intervention.

This training is not intended to qualify participants as DREs, but is intended to aid in the evaluation and documentation of those suspected of being impaired by drugs.

SESSION II

VEHICLE IN MOTION AND PERSONAL CONTACT

SESSION II: VEHICLE IN MOTION AND PERSONAL CONTACT

Upon successfully completing this session, the participant will be able to:

- Identify typical cues of Vehicle in Motion
- Identify typical observations made during Personal Contact.
- Describe the observed cues clearly and convincingly.
- Understand the significance of the problem of impaired motorcycle riders.
- Obtain the skills necessary to detect, arrest, and prosecute alcohol- and drug-impaired motorcyclists.

CONTENT SEGMENTS

A. Phase One: Vehicle in Motion

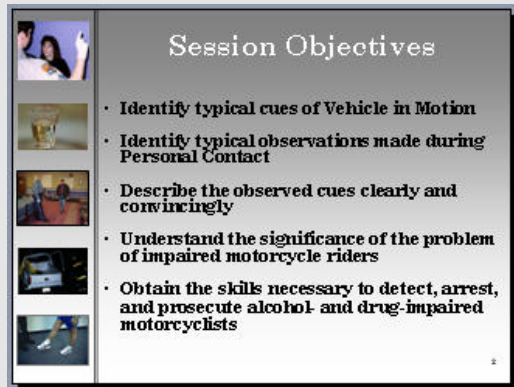
B. Phase Two: Personal Contact

II. VEHICLE IN MOTION AND PERSONAL CONTACT

Display Slide II-1: Title



Display Slide II-2: Objectives



Session Objectives

- Identify typical cues of Vehicle in Motion
- Identify typical observations made during Personal Contact.
- Describe the observed cues clearly and convincingly.
- Understand the significance of the problem of impaired motorcycle riders.
- Obtain the skills necessary to detect, arrest, and prosecute alcohol- and drug-impaired motorcyclists.

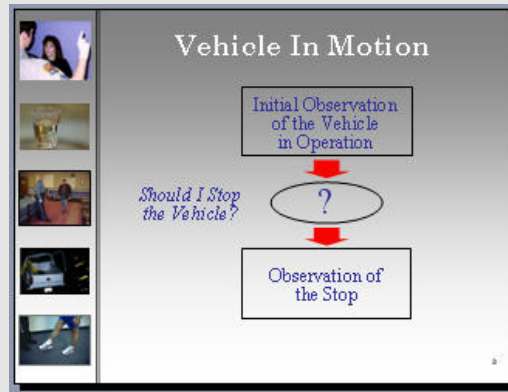
A. Phase One: Vehicle in Motion

Overview: Tasks and Decision

Display Slide II-3: Vehicle In Motion

Point out block No. 1 on the slide.

Pose this question: "What are some of the kinds of things that might first draw your attention to a vehicle?"



DWI Detection Phase One, Vehicle in Motion, consists of the initial observation of vehicular operation, the stop decision and the observation of the stop.

The initial observation of vehicular operation begins when the officer first notices the vehicle and/or the driver.

Once the stop command has been communicated to the suspect driver, the officer must closely observe the driver's actions and vehicle maneuvers during the stopping sequence.

Point out block No. 2 on the slide.

Sometimes, significant evidence of alcohol influence comes to light during the stopping sequence.

In some cases, the stopping sequence might produce the first suspicion of DWI.

Initial Observations: Visual Cues of Impaired Operation (Automobiles)

Drivers impaired by alcohol and/or other drugs may respond in unexpected and dangerous ways to the stop command.

Emphasize officer's need to be alert for own safety.

The National Highway Traffic Safety Administration sponsored research to identify the most common and reliable initial indicators of DWI.

ANACAPA Sciences, DOT HS 808 654, 1997.

Research identified 100 cues, each providing a high probability indication that the driver is under the influence.

The cues presented in these categories predict a driver is DWI at least 35 percent of the time.

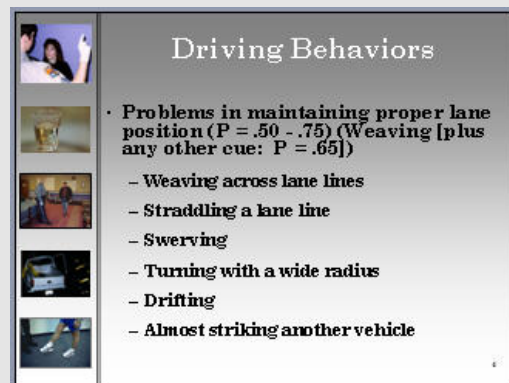
The list was reduced to 24 cues during three field studies involving hundreds of officers and more than 12,000 enforcement stops.

Generally, the probability of DWI increases substantially when a driver exhibits more than one of the cues.

Note: There is a brochure published by NHTSA that contains these cues. The title is "The Visual Detection of DWI Motorists" DOT HS 808 677.

The driving behaviors are presented in four categories:

Display Slide II-4: Driving Behaviors



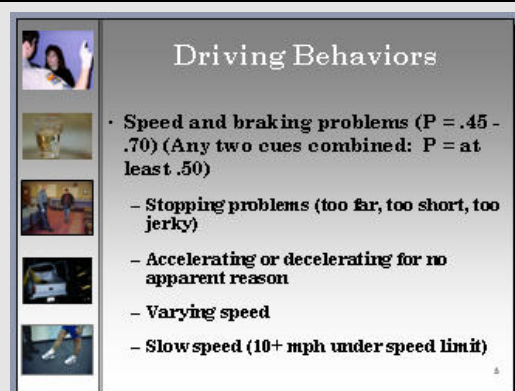
Driving Behaviors

- **Problems in maintaining proper lane position ($P = .50 - .75$) (Weaving [plus any other cue: $P = .65$])**
 - Weaving across lane lines
 - Straddling a lane line
 - Swerving
 - Turning with a wide radius
 - Drifting
 - Almost striking another vehicle

Remind participants that the formula are designed to identify the most common and reliable initial indicators of DWI based on 1997 ANACAPA Sciences Study.

- Problems in maintaining proper lane position. [P=.50-.75]
 - Weaving
 - Weaving across lane lines
 - Straddling a lane line
 - Swerving
 - Turning with a wide radius
 - Drifting
 - Almost striking a vehicle or other object

Display Slide II-5: Driving Behaviors



Driving Behaviors

- **Speed and braking problems** (P = .45 - .70) (Any two cues combined: P = at least .50)
 - Stopping problems (too far, too short, too jerky)
 - Accelerating or decelerating for no apparent reason
 - Varying speed
 - Slow speed (10+ mph under speed limit)

- Speed and braking problems. [P=.45-.70]
 - Stopping problems (too far, too short, or too jerky)
 - Accelerating or decelerating for no apparent reason
 - Varying speed
 - Slow speed (10+ mph under limit)

Display Slide II-6: Driving Behaviors



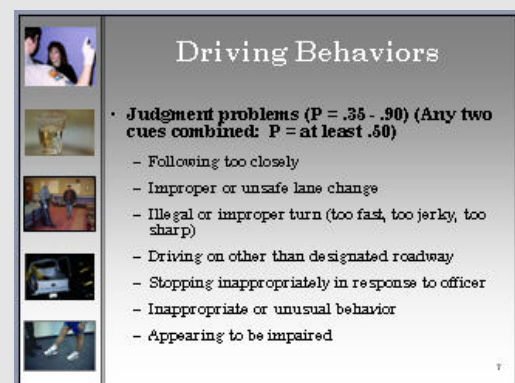
Driving Behaviors

- **Vigilance problems (P = .55 - .65)**
 - Driving in opposing lanes or wrong way on a one-way street
 - Slow response to traffic signals
 - Slow or failure to respond to officer's signals
 - Stopping in lane for no apparent reason
 - Driving without headlights at night
 - Failure to signal or inconsistent

6

- Vigilance problems. [P=.55-.65]
 - Driving in opposing lanes or wrong way on one way
 - Slow response to traffic signals
 - Slow or failure to respond to officer's signals
 - Stopping in lane for no apparent reason
 - Driving without headlights at night
 - Failure to signal or signal inconsistent with action

Display Slide II-7: Driving Behaviors



Driving Behaviors

- **Judgment problems (P = .35 - .90) (Any two cues combined: P = at least .50)**
 - Following too closely
 - Improper or unsafe lane change
 - Illegal or improper turn (too fast, too jerky, too sharp)
 - Driving on other than designated roadway
 - Stopping inappropriately in response to officer
 - Inappropriate or unusual behavior
 - Appearing to be impaired

7

- Judgment problems. [P=.35-.90]
 - Following too closely
 - Improper or unsafe lane change
 - Illegal or improper turn
 - Driving on other than designated roadway
 - Stopping inappropriately in response to officer

- Inappropriate or unusual behavior (throwing objects, arguing, etc.)
- Appearing to be impaired

Initial Observations: Visual Cues of Impaired Vehicle Operation (Motorcycles)

The National Highway Traffic Safety Administration (NHTSA) estimated that in 2005, about 27 percent of motorcycle operators involved in fatal crashes had a BAC of 0.08 or higher.

In 2005, NHTSA also estimated that 34 percent of the motorcycle operators involved in crashes had a BAC of .01 or higher.

Source: The Detection of DWI Motorcyclists, DOT HS 807 856, July, 2007 and Fatal Accident Reporting System (FARS).

NHTSA sponsored research to develop a set of behavioral cues to be used by law enforcement personnel to detect motorcyclists who are operating their vehicles while impaired.

Source: National Survey of Drinking and Driving Attitudes and Behaviors, DOT HS 810 644, NHTSA.

8 clues best discriminate between DWI and unimpaired motorcycle operation. These cues have been labeled as:

- Excellent Predictors
- Good Predictors

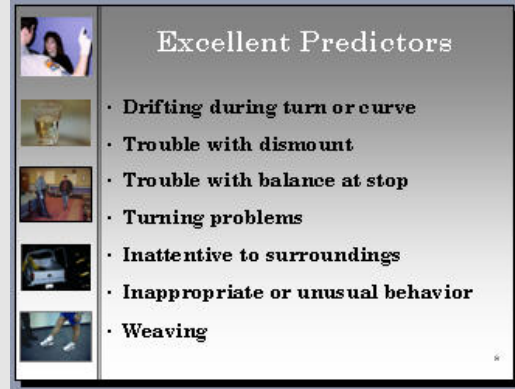
These cues can be used both day and night.

The excellent cues predicted impaired motorcycle operation at least 50 percent of the time.

The good cues predicted impaired motorcycle operation at least 30 to 49 percent of the time.

Cases that involve speeding require additional clarification. Motorcyclists stopped for excessive speed are likely to be driving while impaired only about 10 percent of the time.

Display Slide II-8: Excellent Predictors



Study indicated probability rider being impaired is at least 50 percent.

Source: NHTSA, HS 807 839

Excellent Predictors

- Drifting During Turn or Curve

The most common cause of single vehicle, fatal motorcycle crashes is "Failure to Negotiate Curves".

This type of collision is usually caused by impaired balance and coordination.

If you see a motorcycle drifting during a turn or curve, do the rider a favor and pull him or her over.

- Trouble with Dismount

Parking and dismounting a motorcycle can be a useful field sobriety test.

The operator must decide on a safe place to stop the motorcycle.

The operator must then balance their weight on one foot while swinging their other foot over the seat to dismount.

Operators having problems dismounting are impaired 50 percent of the time.

- Trouble with Balance at Stop

Riders whose balance has been impaired by alcohol and/or drugs often can not maintain control of the motorcycle while stopped.

Riders may be observed noticeably shifting their weight from side to side while stopped at a red light or stop sign for any length of time.

- Turning Problems

- Unsteady during turn of curve

As a result of impairment an officer might observe a motorcycle's front wheel or handle bars wobbling as the rider attempts to maintain balance at slow speeds.

The gyroscopic effects of a motorcycle's wheels tend to keep a motorcycle "on track" as long as the speed is maintained.

- Late Braking During Turn

An impaired motorcyclist might misjudge the speed or distance to the corner or curve, requiring an application of brakes during the maneuver.

- Improper Lean Angle During Turn

When a rider's balance or speed decision making is impaired, the rider frequently attempts to sit upright through the maneuver.

- Erratic Movement During Turn

Unsteady during a turn or curve, brake late, assumes an improper lean angle, or makes erratic movements during a turn or curve.

- Inattentive to surroundings
- Inappropriate or unusual behavior
 - Open containers
 - Dropping objects from motorcycle
 - Urinating at roadside
 - Arguing with other motorists
 - Disorderly conduct
- Weaving – involves excessive movement within a lane or across lane lines.

Display Slide II-9: Good Predictors



Good Predictors

- Erratic movements while traveling straight
- Operating without lights at night
- Recklessness
- Following too closely
- Running stop light or sign
- Evasion
- Wrong way

Study indicated probability rider being impaired is 30 to 49 percent.

Source: NHTSA, HS 807 839

Good Predictors

- Erratic Movements While Traveling Straight

Motorcyclists making erratic movements or sudden corrections while attempting to ride in a straight line.

- Operating Without Lights at Night

- Recklessness

HS00178C 8/08

II-11

- Following Too Closely
- Running Stop Light or Sign

Failure to stop at a red light or stop sign can indicate either vigilance capabilities, or impaired judgment.

- Evasion
- Wrong Way

Typical Reinforcing Cues of the Stopping Sequence

After the command to stop is given, the alcohol impaired driver may exhibit additional important evidence of DWI.

Ask participants to suggest possible cues that might be observed after the stop command that might reinforce the initial suspicion of DWI.

Some of these cues are exhibited because the stop command places additional demands on the driver's ability to divide attention.

Point out the dangers inherent with fleeing operators. If time allows, review agency's pursuit policy.

The signal to stop creates a new situation to which the driver must devote some attention. For example, emergency flashing lights, siren, etc., demand and divert the subject's attention.

Signal to stop requires the driver to turn the steering wheel, operate the brake pedal, activate the signal light, etc.

As soon as officer gives the stop command, the subject's driving task becomes more complex.

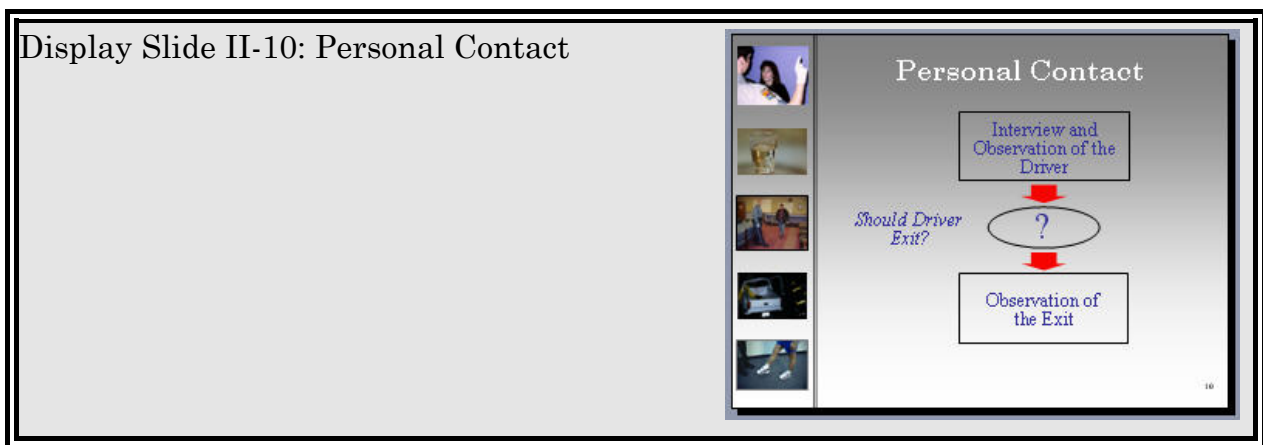
If subject is under the influence, the subject may not be able to handle this more complex driving very well.

Emphasize that turning on the patrol vehicle's emergency lights creates a simple test of the subject's driving impairment.

It is the officer's responsibility to capture and convey the additional evidence of impairment that may be exhibited during the stopping sequence.

Requires ability to recognize evidence of alcohol and/or other drug influence and to describe that evidence clearly and convincingly.

B. Phase Two: Personal Contact



DWI Detection Phase Two, Personal Contact, consists of:

- The face-to-face observation and interview of the driver while still in the vehicle.
- The decision to instruct the driver to exit the vehicle.
- The observation of the driver's exit from the vehicle.

Typical Investigation Clues of the Driver Interview

The interview and face-to-face observation of the driver allow the officer to use three senses to gather evidence of alcohol and/or other drug influence.

Write "see -- hear -- smell" on dry-erase board.

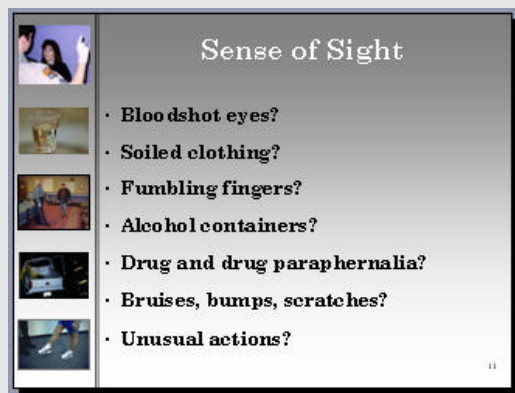
Remind participants that the interview and face-to-face observation will involve three of the five senses.

Sense of Sight

Ask participants to suggest typical things that an officer might see during the interview that would be describable clues or evidence of alcohol and/or other drug influence.

Display Slide II-11: Sense of Sight

After most major sight clues have been suggested, display them via slide II-11.



Sense of Hearing

Ask participants to suggest typical things that an officer might hear during the interview that would be describable clues or evidence of alcohol and/or other drug influence.

Display Slide II-12: Sense of Hearing

After most major sound clues have been suggested, display them via slide II-12.



Sense of Hearing

- Slurred speech?
- Admission of drinking?
- Inconsistent responses?
- Unusual statements?
- Abusive language?

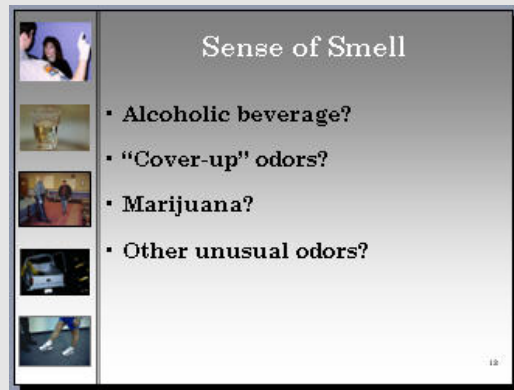
12

Sense of Smell

Ask participants to suggest typical things that an officer might smell during the interview that would be describable clues or evidence of alcohol or drug ingestion. NOTE: For officer safety be aware of communicable airborne diseases, etc.

Display Slide II-13: Sense of Smell

After most major odor clues have been suggested, display them via slide II-13.



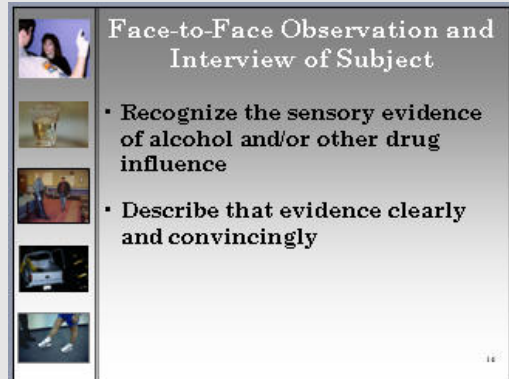
Sense of Smell

- Alcoholic beverage?
- “Cover-up” odors?
- Marijuana?
- Other unusual odors?

13

Proper face-to-face observation and interview of the subject demands two distinct but related abilities of the officer:

Display Slide II-14: Face-to-Face Observation and Interview



Face-to-Face Observation and Interview of Subject

- Recognize the sensory evidence of alcohol and/or other drug influence
- Describe that evidence clearly and convincingly

14

- Recognize the sensory evidence of alcohol and/or other drug influence.
- Describe that evidence clearly and convincingly.

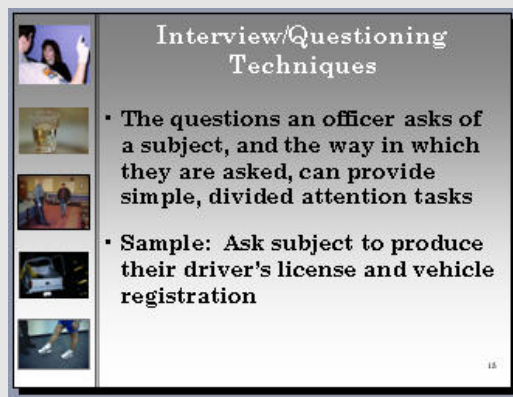
Recognition and Description of Investigation Clues

The research also identified 10 post stop cues. [P > .85]

- Difficulty with motor vehicle controls
- Difficulty exiting the vehicle
- Fumbling with driver license or registration
- Repeating questions or comments
- Swaying, unsteady, or balance problems
- Leaning on the vehicle or other object
- Slurred speech
- Slow to respond to officer/ officer must repeat
- Provides incorrect information, changes answers
- Odor of alcoholic beverage from the driver

Interview/Questioning Techniques

Display Slide II-15: Interview/Questioning Techniques



Interview/Questioning Techniques

- The questions an officer asks of a subject, and the way in which they are asked, can provide simple, divided attention tasks
- Sample: Ask subject to produce their driver's license and vehicle registration

15

The questions an officer asks of a subject, and the way in which they are asked, can provide simple, divided attention tasks.

Sample Divided Attention Question: ask subject to produce their driver's license and vehicle registration.

Things to watch for in the subject's response to your instruction to produce driver's license and vehicle registration:

Ask participants to suggest possible evidence of impairment that might come to light during the production of the license and registration.

- Forgets to produce both documents (divided attention).
- Produces inappropriate or other documents.
- Passes over the license and/or registration while searching through the wallet.
- Fumbles or drops wallet, license or registration.
- Unable to retrieve documents, using fingertips.

Variation on the request for license and registration: the interrupting or distracting question.

The interrupting or distracting question forces the subject to divide attention between the license/registration search and the new question.

Have participants give examples of effective interrupting or distracting questions.

Things to watch for in subject's response to the interrupting or distracting question:

- Subject ignores question, because subject is concentrating on the license/registration search.
- Subject forgets to resume search for license and registration after answering the question.
- Subject supplies incorrect answer to the question.

After obtaining the license and registration: verifying information through unusual questions.

There are probably dozens of questions which the subject should be able to answer very easily, but which might be very difficult to handle while impaired, simply because they are unusual.

Unusual questions require the subject to process information; this can be especially difficult to do when the subject doesn't expect to have to process information.

Example: subject may respond to the question about the middle name by giving first name.

In this case, subject ignores the unusual question and instead answers an unspoken usual question.

Ask class to suggest other unusual questions that might be put to the subject.

Sample tests that can be administered while the subject is still inside the vehicle.

Point out that these kinds of tests have not been scientifically validated but still can be useful for obtaining evidence of impairment.

Demonstrate the examples listed below.

Alphabet Recital

- Recite the alphabet, beginning with the letter E as in Edward, and stopping after the letter P as in Paul.

Count-down Tests

- Count out loud backwards, starting with the number 67 and ending at the number 54.

Finger Count Test

- Touch the tip of right thumb, in turn, to tips of the fingers of the right hand, simultaneously counting "one, two, three, four"; then reverse direction on fingers, simultaneously counting down "four, three, two, one".

Recognition and Description of Clues Associated With the Exit Sequence

The decision to instruct the subject to exit the vehicle may be based on suspicion that the subject may be impaired.

Even though that suspicion may be strong, the subject usually is not yet under arrest at this point.

How the subject exits the vehicle, and the actions and behavior of the subject during the exit sequence, may provide important additional evidence of alcohol and/or other drug influence.

Usual kinds of evidence obtained during observation of the exit sequence.

Ask participants to suggest typical things that might be seen with an impaired subject during the exit sequence.
--

SESSION III

STANDARDIZED FIELD SOBRIETY TESTING REVIEW

SESSION III: STANDARDIZED FIELD SOBRIETY TESTING UPDATE AND REVIEW

Upon successfully completing this session, the participant will be able to:

- Understand the results of selected SFST validation studies.
- Define and describe the Standardized Field Sobriety Tests (SFSTs).
- Define nystagmus and distinguish between the different types.
- Describe and properly administer the three SFSTs.
- Recognize, document and articulate the indicators and clues of the three SFSTs.
- Identify the limitations of the three SFSTs.

CONTENT SEGMENTS

- A. SFST Validation Studies
- B. Overview of Selected Types of Nystagmus
- C. Standardized Field Sobriety Tests

III. STANDARDIZED FIELD SOBRIETY TESTING REVIEW

Display Slide III-1: Title



Display Slide III-2: Objectives



Session Objectives

- Understand the results of selected SFST validation studies.
- Define and describe the Standardized Field Sobriety Tests (SFSTs).
- Define nystagmus and distinguish between the different types.
- Describe and properly administer the three SFSTs.
- Recognize, document and articulate the indicators and clues of the three SFSTs.
- Identify the limitations of the three SFSTs.

A. Overview of the SFST Validation Studies

For many years law enforcement officers have utilized field sobriety tests to determine a subject's impairment due to alcohol.

The performance of the subject on those field sobriety tests was used by the officer to develop probable cause for arrest and as evidence in court.

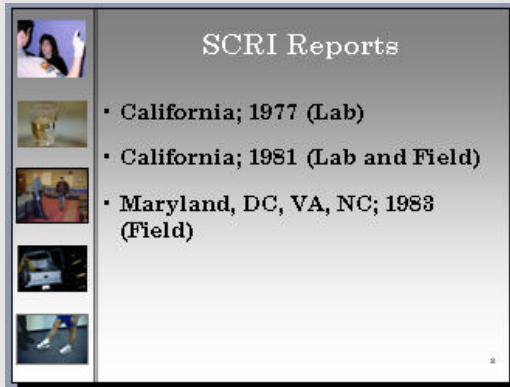
This may not seem important, but officers are seeing this in court as a defense strategy.

A wide variety of field sobriety tests being used by officers throughout the country.

There was a need to develop a battery of standardized, validated tests.

Study conducted in 1975, Sponsored by NHTSA through a contract with the Southern California Research Institute (SCRI)

Display Slide III-3: SCRI Reports



SCRI Reports

- California; 1977 (Lab)
- California; 1981 (Lab and Field)
- Maryland, DC, VA, NC; 1983 (Field)

SCRI conducted several research projects and published the following three reports:

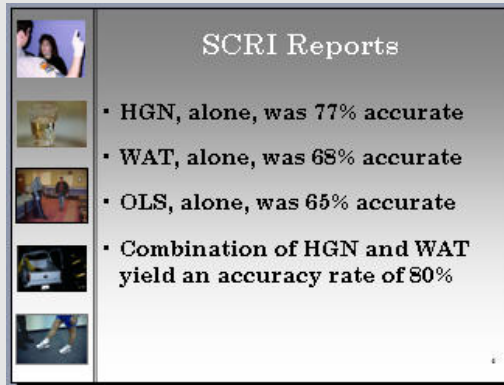
1. California; 1977 (Lab)
2. California; 1981 (Lab and Field)
3. Maryland, DC, VA, NC; 1983 (Field)

Primary distinction (Validated at 0.10 BAC)

The recommended battery included the following SFSTs:

- Horizontal Gaze Nystagmus (HGN)
- Walk-and-Turn (WAT)
- One-Leg Stand (OLS)

Display Slide III-4: SCRI Reports



SCRI Reports

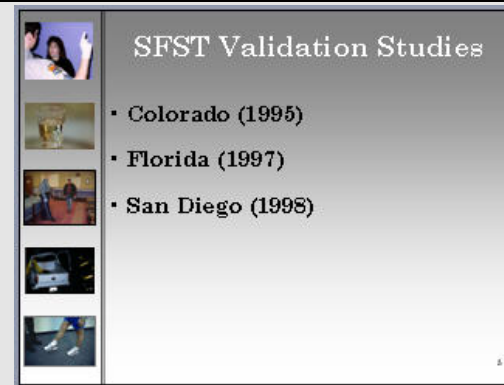
- HGN, alone, was 77% accurate
- WAT, alone, was 68% accurate
- OLS, alone, was 65% accurate
- Combination of HGN and WAT yield an accuracy rate of 80%

The slide features a vertical column of five small images on the left side, depicting various activities related to the SFSTs: a person performing HGN, a person performing WAT, a person performing OLS, a person performing a combination of HGN and WAT, and a person performing a combination of HGN and WAT.

SCRI analyzed the laboratory test data and determined that:

- HGN, alone, was 77% accurate
- WAT, alone, was 68% accurate
- OLS, alone, was 65% accurate
- Combination of HGN and WAT yield an accuracy rate of 80%

Display Slide III-5: SFST Validation Studies



SFST Validation Studies

- Colorado (1995)
- Florida (1997)
- San Diego (1998)

The slide features a vertical column of five small images on the left side, depicting various activities related to the SFSTs: a person performing HGN, a person performing WAT, a person performing OLS, a person performing a combination of HGN and WAT, and a person performing a combination of HGN and WAT.

Additional research studies were conducted to validate the 3-test battery.

Three SFST validation studies were:

1. Colorado (1995)
2. Florida (1997)
3. San Diego (1998)

Keep in mind when these studies were conducted not all states had 0.08 BAC as their Per Se limit.

The Colorado SFST validation study was the first full field study that utilized law enforcement personnel experienced in the administration of SFSTs.

The results of this study indicated that correct arrests decisions were made 93% of the time based on the 3-test battery (HGN, WAT, OLS)

Display Slide III-6: Colorado



Colorado (1995)

- The first full field study that utilized law enforcement personnel experienced in the use of SFSTs.
- Correct arrest decisions were made 93% of the time based on the three-test battery (HGN, WAT, OLS). Substantially higher than the initial study results

Colorado was the first full field study that utilized law enforcement personnel experienced in the use of SFSTs.

Correct arrest decisions were made 93% of the time based on the three-test battery (HGN, WAT, OLS). Substantially higher than the initial study results.

Display Slide III-7: Florida



Florida (1997)

- Florida was the first study to evaluate the three-test battery at a 0.08 BAC
- Correct decisions to arrest were made 95% of the time based on the three-test battery (HGN, WAT, OLS)

The Florida SFST field validation study examined whether SFSTs are valid and reliable indices of the presence of alcohol when used under present day traffic and law enforcement conditions.

Florida was the first study to evaluate the 3-test battery at a 0.08 BAC.

Correct decisions to arrest were made 95% of the time based on the 3-test battery (HGN, WAT, OLS).

Display Slide III-8: San Diego



San Diego (1998)

- Undertaken because of the nationwide trend towards lowering the BAC limits to 0.08
- Based on the revised arrest and release criteria, the officers in the study made correct decisions 91% of the time based on the 3-test battery (HGN, WAT, OLS) at the 0.08 BAC level and above

The San Diego SFST validation field study was undertaken because of the nationwide trend towards lowering the BAC limits to 0.08.

The research was done to investigate how well the SFSTs discriminate at BACs below 0.10. Based on the revised arrest and release criteria, the officers in the study made correct decisions 91% of the time based on the 3-test battery (HGN, WAT, OLS) at the 0.08 BAC level and above.

B. Overview of Selected Types of Nystagmus

Display Slide III-9: Nystagmus



Nystagmus

- An involuntary jerking of the eyes
- Natural Nystagmus –
 - Normal and occurs naturally
- Induced Nystagmus –
 - Occurs as a result of an external influence

Nystagmus

The involuntary jerking of the eyes and is normal and occurs naturally.

Horizontal Gaze Nystagmus is defined as the involuntary jerky of the eyes, as the eyes gaze to the side.

Display Slide III-10: Nystagmus



Nystagmus

- Over 40 different types of nystagmus – this course focuses on two
 - Horizontal Gaze Nystagmus (HGN)
 - Vertical Gaze Nystagmus (VGN)

There are over 40 different types of nystagmus, but during this course we will focus on two types of nystagmus:

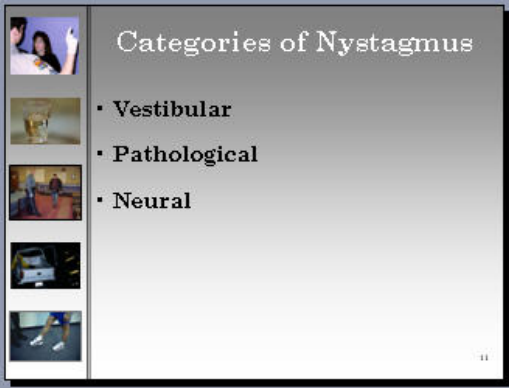
- Horizontal gaze nystagmus (HGN)
- Vertical gaze nystagmus (VGN)

The ability to recognize horizontal and vertical gaze nystagmus are important tools in impaired driving enforcement.

Alcohol and certain other drugs have been shown, through research, to cause horizontal and vertical gaze nystagmus, which is visible without the aid of specialized instrumentation.

Categories of Nystagmus

Display Slide III-11: Categories of Nystagmus



Vestibular Nystagmus

Caused by movement or action to the vestibular system that can occur when an individual is spun around and the fluid in the inner ear is disturbed or there is a change in the fluid (temperature, foreign substance, etc.).

Pathological Nystagmus

Caused by the presence of specific pathological disorders, which include brain tumors, other brain damage, or some diseases of the inner ear.

Neural Nystagmus

Caused by some disturbance to the neural system.

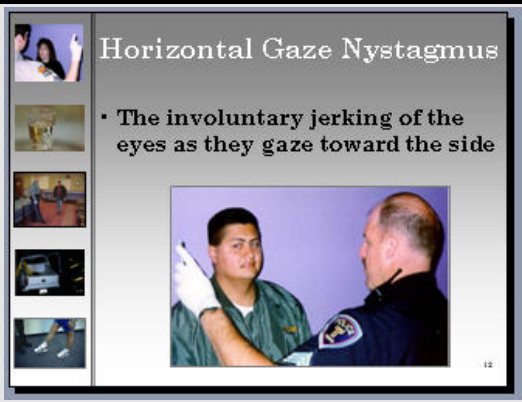
In this course we will only be concerned with gaze-evoked neural nystagmus.

Alcohol and/or specific types of drugs can cause the following three types of nystagmus. These examples of gaze-evoked neural nystagmus can be visible to the officer during the proper administration of the HGN and VGN tests.

Gaze Nystagmus

Horizontal Gaze Nystagmus

Display Slide III-12: Horizontal Gaze Nystagmus



Horizontal Gaze Nystagmus

- The involuntary jerking of the eyes as they gaze toward the side

Defined as the involuntary jerking of the eyes as they gaze toward the side.

As defined in the August 2006 revision of the SFST curriculum.

Although this type of nystagmus is useful in determining alcohol influence, its presence may also indicate use of CNS Depressants, Inhalants, and Dissociative Anesthetics. These are known as DID drugs.

Display Slide III-13: Vertical Gaze Nystagmus



Vertical Gaze Nystagmus

- An involuntary jerking of the eyes (up and down), which occurs when the eyes are held maximum elevation. The jerking should be distinct and sustained.

Vertical Gaze Nystagmus

Defined as the involuntary jerking of the eyes (up and down), which occurs when the eyes gaze upward at maximum elevation.

The presence of this type of nystagmus is usually associated with a Dissociative Anesthetic, high dose of a CNS Depressant (including alcohol), or an Inhalant for a particular subject.

VGN will not be present without HGN.

If VGN is present and HGN is not, it could indicate a medical condition.

Resting Nystagmus

Defined as the involuntary jerking of the eyes as they gaze straight ahead.

This condition is not frequently seen. Its presence usually indicates a pathology or high doses of a drug such as a Dissociative Anesthetic like PCP.

If detected, take precautions. As always, exercise sound officer safety techniques and consider calling for medical aid.

C. Standardized Field Sobriety Tests

Horizontal Gaze Nystagmus

HGN may be observable when a subject is impaired by alcohol.

As the subject's BAC increases, jerking will appear sooner.

HGN is also visible when an individual is impaired by certain drugs. Examples include CNS Depressants, Inhalants, Dissociative Anesthetics.

In administering the HGN test:

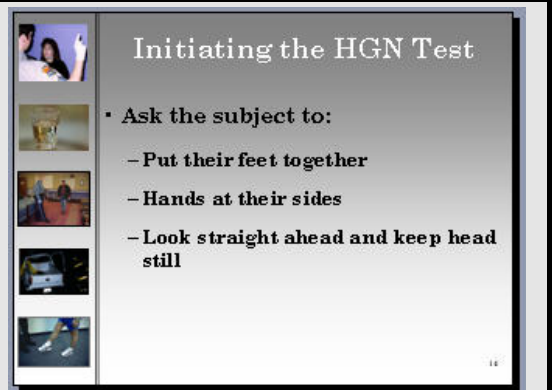
- Subject must focus on stimulus
- You will need a contrasting stimulus for the subject to follow with their eyes. This can be the tip of your index finger, penlight, or pen.

Ask class to give examples of a good stimulus.

Make sure you remind the officer to follow their local policy or recommendations when selecting a stimulus.

Initiating the HGN Test

Display Slide III-14: Initiating the HGN Test



Initiating the HGN Test

- Ask the subject to:
 - Put their feet together
 - Hands at their sides
 - Look straight ahead and keep head still

Ask the subject to:

1. Put their feet together,
2. Hands at their side,
3. Look straight ahead and keep head still

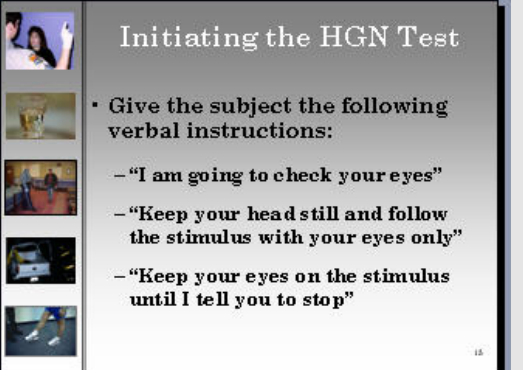
Begin the test by positioning the subject in a manner that is deemed safe by the officer and safe for the subject being tested.

When practical, subject should be turned away from emergency lights.

Remind participants that HGN will not be influenced by optokinetic nystagmus when administered properly.

The subject should not be wearing glasses during the test.

Display Slide III-15: Initiating the HGN Test



Initiating the HGN Test

- Give the subject the following verbal instructions:
 - “I am going to check your eyes”
 - “Keep your head still and follow the stimulus with your eyes only”
 - “Keep your eyes on the stimulus until I tell you to stop”

15

Give the subject the following verbal instructions:

1. “I am going to check your eyes.”
2. “Keep your head still and follow the stimulus with your eyes only.”
3. “Keep your eyes on the stimulus until I tell you to stop.”

Position the stimulus approximately 12 to 15 inches from the face in front of the subject’s nose and hold it slightly above eye level.

Check both eyes for equal pupil size and resting nystagmus.

- Both pupils should be of equal size.
- If the pupils are noticeably unequal in size or there is noticeable nystagmus at rest, this could indicate a medical condition or a head injury.

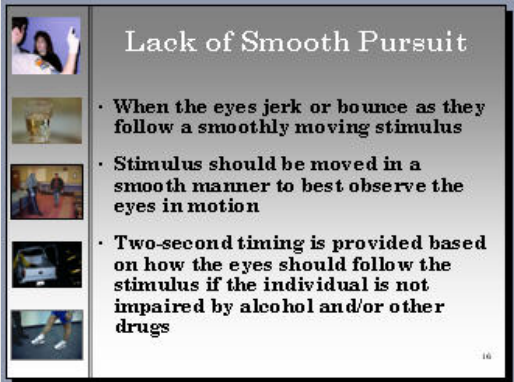
Check both eyes for equal tracking.

This is done by making a horizontal pass across both eyes. The movement should go from center, across the left eye, across the face to the person's right eye, and back to center.

Both eyes should track the stimulus together. If the eyes fail to track together, discontinue the test. This could be the indication of a possible medical disorder, injury or blindness.

Administration of the HGN

Display Slide III-16: Lack of Smooth Pursuit



Lack of Smooth Pursuit

When the eyes jerk or bounce as they follow a smoothly moving stimulus.

1. Check the subject's left eye by moving the stimulus to your right. Move the stimulus smoothly, at a speed that requires approximately two seconds to bring the subject's eye as far to the side as it can go. While moving the stimulus, look at the subject's eye and determine whether it is able to pursue smoothly.

2. Move the stimulus all the way to the left, back across subject's face checking if the right eye pursues smoothly. Movement of the stimulus should take approximately two seconds out and two seconds back for each eye.
3. Repeat the procedure.

The stimulus should be moved in a smooth manner to best observe the eyes in motion.

The two-second timing is provided based on how the eye should follow the stimulus if the individual is not impaired by alcohol and/or other drugs.

Display Slide III-17: Distinct and Sustained Nystagmus at Maximum Deviation



Distinct and Sustained Nystagmus at Maximum Deviation

- At extreme lateral gaze the nystagmus is obvious and sustained when the stimulus is held for a minimum of four seconds

Distinct and Sustained Nystagmus at Maximum Deviation

At extreme lateral gaze, also known as the endpoint or maximum deviation, the nystagmus is obvious and sustained when the stimulus is held for a minimum of 4 seconds.

1. Start again with the subject's left eye.
2. Move the stimulus to the subject's left side until there is no more white of the eye visible.
3. The eye should not be able to move any further on the horizontal plane.

4. Hold the left eye in that position for a minimum of four (4) seconds.

Remind participants that fatigue nystagmus may begin if the subject's eyes are held at a maximum deviation for more than 30 seconds.
--

5. Observe the eye for distinct and sustained nystagmus while being held in this position.
6. Move the stimulus all the way to the left, back across the subject's face and check the right eye.
7. Repeat the procedure until each eye has been checked twice.

Onset of Nystagmus Prior to 45 Degrees

1. Start again with the subject's left eye
2. Move the stimulus at a speed that would take at least four seconds to reach the 45 degree angle.
3. Watch the eye carefully for any sign of jerking.
4. If jerking is observed, hold the stimulus at that position and verify the jerking continues.
5. Move the stimulus all the way to the left, back across the subject's face and check the right eye.
6. Repeat the procedure until each eye has been checked twice.

HGN Test Criterion

Vertical Nystagmus

1. Start with the stimulus approximately 12-15 inches from the face in front of the nose.
2. Elevate the stimulus up until the eyes can not elevate further.

3. Hold the stimulus in that position for a minimum 4 seconds.
4. If vertical nystagmus is present it must be distinct and sustained.

Test Interpretation

There are three clues in each eye and six total clues.

Lack of Smooth Pursuit

- Present
- Not Present
- If present, it accounts for 2 clues, one in each eye.

At this point the instructor should have the Dry Lab workshop videos cued to the beginning of tests for one subject. This subject should be used to demonstrate the tests throughout this section.

Distinct and Sustained Nystagmus at Maximum Deviation

It is important to hold the eye in this position for at minimum of four (4) seconds.

This jerking must be distinct and sustained.

- Present
- Not present
- If present, it accounts for 2 clues, one in each eye.

Onset of Nystagmus Prior to 45 Degrees

The earlier the onset the more impaired a subject may be.

Documenting the HGN Clues

The HGN test has been researched and found to be a reliable indicator of impairment with subjects at or above 0.08 BAC.

Based on the 1998 San Diego field validation study, if four or more clues are observed, it is likely that the subject's BAC is at or above 0.08.

If two or three clues are observed, it is likely that the subject's BAC is at or above 0.04 but under 0.08.

When applicable you should always document the clues of impairment as you are conducting the roadside tests.

Make sure that you keep officer safety in mind when documenting these clues.

Each jurisdiction has come up with methods and forms to record the results. As long as these forms follow the NHTSA/IACP manuals, they may be used. Listed in your manual is only one example that could be used.

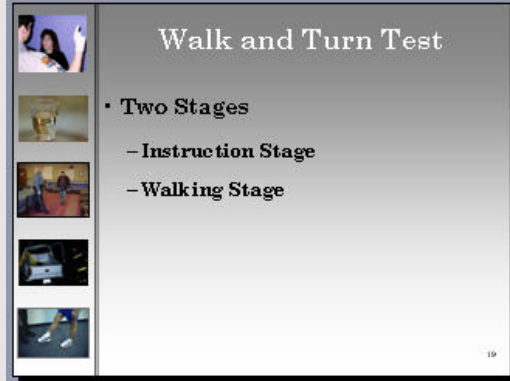
Display Slide III-18: Horizontal Gaze Nystagmus – video demonstration



Remind participants to accurately document everything associated with the DWI arrest, from the time of vehicle observation through the post arrest processing.

Walk and Turn Test

Display Slide III-19: Walk and Turn Test



The Walk and Turn (WAT) test is divided into two stages:

1. Instruction Stage
2. Walking Stage

Instruction Stage

Stand heel-to-toe with arms at their sides.

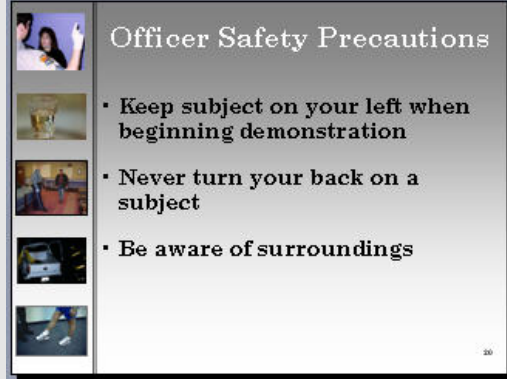
Divided attention: listening to and remembering instructions.

Walking Stage

Balancing, walking heel-to-toe, and turning.

Small muscle control, counting out loud, and short-term memory, recalling the number of steps required, turning as instructed, and counting correctly.

Display Slide III-20: Officer Safety Precautions

A presentation slide titled "Officer Safety Precautions". On the left side, there is a vertical column of five small images: an officer talking to a person, a person in a vehicle, an officer in a room, an officer with a radio, and an officer running. To the right of these images is a list of three bullet points: "Keep subject on your left when beginning demonstration", "Never turn your back on a subject", and "Be aware of surroundings". The slide number "20" is in the bottom right corner.

- Keep subject on your left when beginning demonstration
- Never turn your back on a subject
- Be aware of surroundings

Officer safety precautions:

- Keep subject on your left when starting demonstration
- Never turn your back on a subject
- Be aware of surroundings

Left handed officers should demonstrate a test at more than arms length.

Instruction Stage

1. "Place your left foot on the line" (real or imaginary).

Demonstrate.

2. "Place your right foot on the line ahead of the left foot, with heel of right foot against toe of left foot".

Demonstrate.

3. "Place your arms down at your sides".

Demonstrate

4. "Maintain this position until I have completed the instructions. Do not start to walk until told to do so."

5. "Do you understand the instructions so far?"

Make sure subject verbally acknowledges understanding.

Walking Stage

1. "When I tell you to start, take nine heel-to-toe steps, turn, and take nine heel-to-toe steps back."

Demonstrate by taking several heel-to-toe steps.

2. "When you turn, keep the front foot on the line, and turn by taking a series of small steps with the other foot, like this."

Demonstrate

3. "While you are walking, keep your arms at your sides, watch your feet at all times, and count your steps out loud."
4. "Once you start walking, don't stop until you have completed the test."
5. "Do you understand the instructions?" (Make sure the subject understands.)

Make sure subject verbally acknowledges understanding.

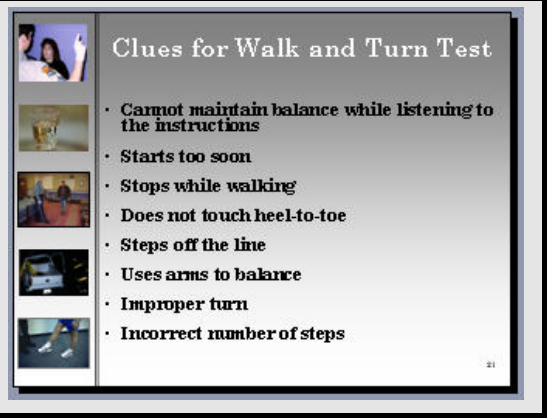
6. "You may begin."

Note: There may be instances when the officer may have to remind the suspect that the first step from the heel-to-toe position is step "one".

Clues for Walk and Turn Test

Look for the following clues each time the Walk-and-Turn test is administered.

Display Slide III-21: Clues for Walk and Turn Test



1. Cannot keep balance while listening to the instructions.
 - Record this clue if the subject does not maintain the heel-to-toe position throughout the instructions.
 - Feet must actually break apart or leave the line.
2. Starts before the instructions are finished.
 - Since you specifically instructed the subject not to start walking "until I tell you to begin," record this clue if the subject does not wait.
3. Stops while walking.
 - The subject pauses while walking.
4. Does not touch heel-to-toe. The subject leaves a space of more than one-half inch between the heel and toe on any step.
5. Steps off the line. The subject steps so that one foot is entirely off the line.
6. Uses arms to balance. The subject raises one or both arms more than 6 inches from the sides in order to maintain balance.
7. Improper turn. The subject removes the front foot from the line while turning. Also record this clue if the subject has not followed directions as demonstrated, i.e., spins or pivots around.

8. Incorrect number of steps. Record if the subject takes more or fewer than nine steps in either direction.

**If a subject is unable to complete the test he/she will
be held accountable for only the clues that were observed.**

Documenting the Walk and Turn Clues

Each clue is noted by placing a slash in the appropriate place on the assessment form.

For example, if the subject raised their arms twice and stepped off the line three times, they would be considered to have demonstrated “two” clues.

It is a good practice to use an assessment form that documents the administrative procedures.

Considerations

Walk-and-Turn test requires a real or imaginary line, and should be conducted on a reasonably dry, hard, level, non-slippery surface.

There should be sufficient room for subjects to complete nine heel-to-toe steps.

However, recent field validation studies have indicated that varying environmental conditions have not affected a subject’s ability to perform this test.

This exercise has not been researched with individuals over 65 years of age.

Subjects wearing heels more than 2 inches high should be given the opportunity to remove their shoes.

Display Slide III-22: Walk and Turn Test Criterion

Walk and Turn Test Criterion

- 2 or more clues indicates a BAC at or above .08



22

Walk-and-Turn Test Criterion

- 2 or more clues indicates a BAC at or above .08
- Is unable to complete the test

Display Slide III-23: Walk and Turn Video Demonstration

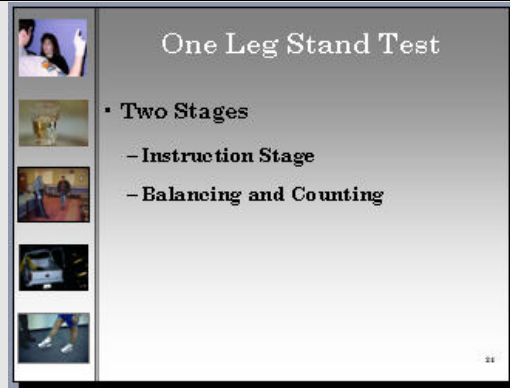
Walk and Turn Test Video Demonstration



Walk and Turn

23

Display Slide III-24: One Leg Stand



One Leg Stand

The One Leg Stand (OLS) test is divided into two stages:

1. Instruction stage
2. Balancing and counting

Instruction Stage

- Balancing
- Listening to instructions

The Balancing and Counting Stage

- Balancing and counting
- Short-term memory

Administrative Procedures

Initial Positioning and Verbal Instructions

1. “Stand with your feet together and your arms by your side.”
2. “Do not start to perform the test until I tell you to do so.”

3. "Do you understand the instructions so far?"

Make sure subject verbally acknowledges understanding.

Instructions for the Balancing and Counting Stage

1. "When I tell you to start, raise one leg, either leg, with the foot approximately six inches off the ground, keeping your raised foot parallel to the ground and pointed out."
2. "Keep both legs straight, and your arms by your side."
3. "While holding that position, count out loud in the following manner: "one thousand and one, one thousand and two, one thousand and three, and so on until told to stop."
4. "Keep your arms at your sides at all times and keep watching the raised foot."
5. "Do you understand?"

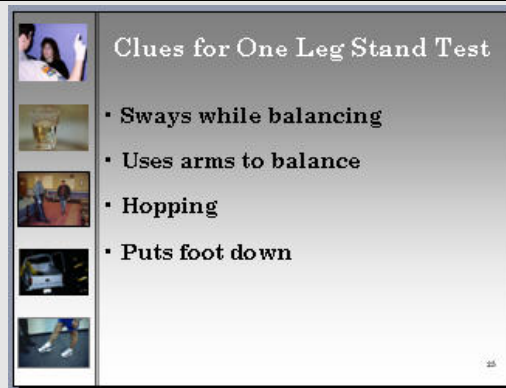
Make sure subject verbally acknowledges understanding.

6. "Go ahead and begin the test."

You should always time for 30 seconds, at which time discontinue the test.

If the subject puts their foot down, instruct the subject to pick the foot up again and continue counting from the point at which the foot touched the ground.

Display Slide III-25: Clues for One Leg Stand Test



Clues for One Leg Stand Test

Look for the following clues each time the One-Leg Stand test is administered:

1. Puts foot down.

Explain if necessary.

2. Uses arms to balance.

Subject raises arms more than 6 inches from their side to balance.

3. Sways while balancing.

Side to side, back to front.

4. Hopping

Documenting the One Leg Stand Clues

Each clue is noted by placing a slash in the appropriate place on the assessment form.

For example, if the subject used their arms twice and swayed three times, they would be considered to have demonstrated “two” clues. It is a good practice to use an assessment form that documents the administrative procedures.

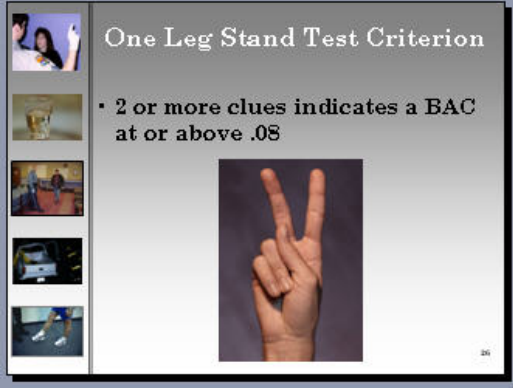
Considerations

Some people may have difficulty with the one leg stand test even when not impaired. Persons over 50 pounds overweight and /or with injuries to their legs and/or hips or inner ear disorders may have difficulty with this test.

This exercise has not been researched with individuals over 65 years of age.

Subjects wearing shoes more than 2 inches high should be given the opportunity to remove them.

Display Slide III-26: One Leg Stand Test Criterion



One Leg Stand Test Criterion

- 2 or more clues indicates a BAC at or above .08
- Is unable to complete the test

Display Slide III-27: One Leg Stand Video
Demonstration

