

# Drug Evaluation and Classification Program



As a law enforcement officer, you may stop someone for speeding and upon closer observation suspect that the driver is impaired. To justify your suspicion, you ask the person to do the Standardized Field Sobriety Tests, which the driver fails to perform satisfactorily. You take the suspect to the police station and administer a breath test. The reading on the breath testing instrument shows a blood alcohol concentration (BAC) reading of 0.00. You are certain that the suspect is impaired, but the breath test indicates otherwise. Chances are that the impairment is caused by a drug other than alcohol. In many states, without a BAC reading of 0.10 or above (0.08 in some states), this driver might not be charged with impaired driving.

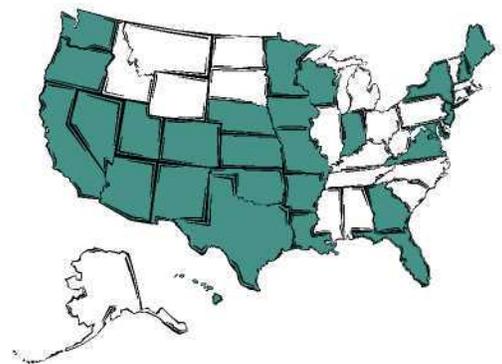
The Drug Evaluation and Classification (DEC) Program was developed to arrest and convict drivers impaired by drugs other than alcohol. The DEC process is a systematic, standardized, post-arrest procedure to determine whether a suspect is impaired by one or more categories of drugs. The process is systematic because it is based on a variety of observable signs and symptoms proven to be reliable indicators of drug impairment. Officers who complete an extensive training program are certified as Drug Recognition Experts (DREs). DREs learn to observe a suspect's appearance, behavior, performance of psychophysical tests, eyes in different lighting conditions, and vital signs to ascertain what category or categories of drugs have been used. A blood or urine sample is submitted to a laboratory for analysis and corroboration of the DRE's conclusion.

Standardization of the process is essential to avoid errors of omission and secure acceptance in court. To ensure standardization, every DRE conducts the process in the same way for every suspect.

## WHAT HAS BEEN THE IMPACT OF THE PROGRAM?

Currently, 29 states and the District of Columbia are participating in the DEC program. As of January 1, 1996, there were 3,745 DREs, 605 of which are DRE instructors.

Some states have conducted studies on the impact and the accuracy rates of the DREs. Some examples of these studies are described below.



States that have implemented a DEC program in at least one site

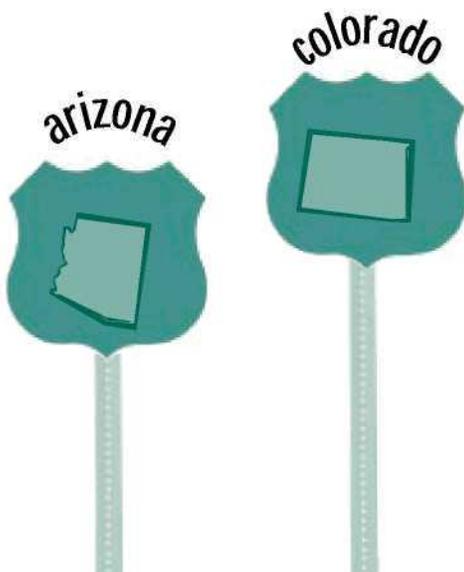


## ARIZONA

In 1993, the Arizona Department of Public Safety Central Regional Crime Laboratory received a grant from the Governor's Office of Highway Safety (currently named the Governor's Office of Community and Highway Safety) to conduct a study to determine the accuracy of the DREs and the validity of the methodology. The study looked at 500 cases where a DRE conducted an evaluation on a driving-under-the-influence suspect and a laboratory analyzed the specimen. Out of 500 suspects, a total of 484 specimens were analyzed (16 arrestees refused to provide specimens).

A variety of methods were used to check the accuracy of DRE findings. Analysis results showed that specimens from 416 suspects contained one or more drugs. During their post-arrest observations of these 416 suspects, DREs identified 378 suspects (91 percent) as being impaired by at least one drug.

Most of the drivers in this study could not have been arrested and prosecuted without the evidence of impairment obtained from the DRE evaluation and the corroboration of urine or blood analysis. Slightly less than one-third of the arrestees had consumed alcohol, and only five percent of the positive BACs were 0.10 or higher. Without the drug influence evaluation, the majority of these impaired drivers would not have been held or charged with an offense.



## COLORADO

The Colorado Department of Public Health and Environment Laboratory has been tracking the DRE evaluations and toxicology results of urine specimens since the program began in October 1988. The use of more than one category of drugs or poly drug use (excluding alcohol) has increased to 35 percent in 1995 (from 24 percent in previous years). Cannabis continues to be the most prevalent drug identified, followed by the Central Nervous System Stimulants (cocaine and amphetamines).

Of the samples submitted, 85 percent have been positive for at least one drug or drug metabolite. For the period June 1992 to December 1994, certified DREs submitted an average of 50 specimens a month. In 1995, the average increased to approximately 75 specimens per month.

## NEW YORK

In 1994, 423 DRE arrest evaluations were conducted, an 80 percent increase from 1993 levels. These arrests resulted in 349 drugged driving arrests. Since the inception of the DRE program, arrests for driving under the influence of drugs have increased over 300 percent in New York.

The DREs opinions were corroborated by toxicological analysis in 92.4 percent of the cases. In approximately 72 percent of the cases, the arrestees were found to have used two or more categories of drugs (excluding alcohol). Cannabis was the most commonly found *single* drug at 59 percent. The number one combination was cannabis/alcohol; the number two combination was cannabis/stimulants; and the number three combination was cannabis/PCP. Cannabis was found in 86 percent of all arrest evaluations.



U.S. Department of Transportation

## MINNESOTA

The Minnesota Department of Public Safety has been collecting data on DRE evaluations conducted in the state. From 1991 through the middle of 1995, DREs conducted 1,000 evaluations. This is an average of 6.3 evaluations per year per DRE. The DREs were accurate in identifying the category of drugs the person ingested 94 percent of the time.



Minnesota has launched a public information and education program to "Snare the Drug Impaired Driver" from the highway. A poster was developed to be displayed in each law enforcement agency near the breath testing instrument. The poster lists the agencies with certified DREs and their phone numbers. The DREs are on call 24 hours a day to conduct an evaluation on a suspect believed to be impaired by a drug other than alcohol. A brochure was also developed to describe the DEC Program and show the impact of traffic safety on crime.

For additional information about the DEC Program, contact Ernie Floegel, International Association of Chiefs of Police, DEC National Coordinator, at (914) 682-6162 or fax (914) 682-6239.

