



“Fighting the Battle Against Impaired Driving”

**MI Office of Highway Safety Planning
March 12, 2008**

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Drugged Driving?

Is it a problem?



Who's doing it?



How do we prevent it?

New Data – Washington State

2003 – Study by Dr. Barry Logan revealed that 44 percent of drivers killed in crashes in Washington tested positive for alcohol.

Of those, 38 percent were also positive for psychoactive drugs and 30 percent of the drivers who were alcohol free, were positive for drugs. (WA DRE Newsletter, 2004)

Hand-Sanitizers

- 62 % Alcohol
- Licking
- Rubbing on Gums
- Poisonous

Huffing

- North Little Rock, AR
- 16 Year Old Female
- Unconscious / Ambulance
- Vapor Heavier Than Air – Displaces Oxygen
- Knowledge Came From PO /

Zamboni

- Newark, NJ
- 0.12 %
- Beer, Vodka, Sambuca & Valium

Horseback

- Sylvania, Alabama
- Midnight / City Street
- 40 Year Old Female
- Under the Influence of a Controlled Substance, Drug Possession, etc. etc.
- Crystal Meth, Marijuana

“Cheese”: The New Face of Heroin



Black Tar Heroin

+



Tylenol PM or generic

=



“Cheese”

What is “Cheese”?

- **Black tar heroin combined with crushed Tylenol PM tablets**
- **Highly Addictive and very dangerous**
- **Tan-colored powder usually snorted through the nose with a tube, straw, or small ballpoint pen**
- **Packaged in a small paper bindle or zip lock baggie**
- **Can be bought for as little as \$2**
- **Popular among Hispanic juveniles, both male and female**
- **Has been identified in more than a dozen Dallas ISD secondary and surrounding suburbs**

Symptoms of Use

- Drowsiness and Lethargy
- Euphoria
- Excessive Thirst
- Disorientation
- Sleepiness and Hunger
- Sudden change in grades & friends



References

Information for this presentation obtained from:

- Dallas ISD Police and Safe and Drug-Free Schools/Abstinence Education Programs, February 2007
- TEA Region X Conference Presentation by Jeremy Liebe, CPES, DISD Police Department

The Drugged Driving Problem - What Are We Doing About It?



Are we training our officers properly?

Do officers know what to look for?

Are our prosecutors properly trained to prosecute drugged drivers?



IMPAIRED DRIVER ENFORCEMENT PROGRAMS

- ➔ **Standardized Field Sobriety Testing**
- ➔ **Drug Evaluation Classification Program**

Provides “One-Two Knockout Punch” for detecting impaired drivers.

Standardized Field Sobriety Testing (SFST's)

- ✓ “Foundation” to all impaired driving training
- ✓ Developed by NHTSA
- ✓ Training began in the early 1980's
- ✓ By 1995 – all 50 states involved
- ✓ “Standardized” curriculum

THE THREE TESTS

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

ACCURACY

- These tests, especially HGN and WAT, when administered correctly and sufficient clues are observed, have an 80% reliability that the subject is at or above a .08 BAC
- SFS Tests enable the office to determine whether or not the operator is impaired.
- A trained officer can administer the three test battery on the road.

TRAINING DETAILS

- Training is 32 hours.
- Student to instructor ratio of 3 or 4.
- Unique hands-on learning.
- Two alcohol workshops / **Dry or Wet**
- NHTSA and International Association of Chiefs of Police (IACP) have sanctioned the SFST Training. The SFST training and national standards are under the auspices of the IACP's Highway Safety Committee's Technical Advisory Panel.

Program Transition

- Program oversight was transitioned to the States in the early 1990s.
- State Highway Safety Offices had the oversight and responsibility to ensure the program was administered properly across the State.

What Happened(1)?

- Like many programs, record keeping was lax.
- The proficiency of law enforcement skills declined.
- Some States required law enforcement to be certified, generally through each State's Peace Officers Standards and Training Council (POST).

What Happened(2)?

- Less than optimal communications between law enforcement, Highway Safety Offices, Regional Office and NHTSA HQ.
- As a result, the training often did not follow updated NHTSA/IACP curricula.
- Deterioration of skills caused difficulty in some courts.

Purpose of SFST Program Assessment

- Evaluate the status of a State SFST Program.
- Improve the administration, operation, prosecution, and adjudication of impaired driving cases.
- Improve continuity of program on a State level.
- Identify resources available to the State.

PICTURE THIS SENARIO



A police officer stops a driver operating a vehicle unable to maintain a single lane of travel. The officer finds a clearly impaired driver who is confused, disoriented.

DRIVER FAILS

- The driver fails the roadside tests and is arrested for DUI. However, a breath test fails to detect the presence of alcohol.
- Is the driver impaired? What evidence is needed to convict the driver?

SOLUTION

- Police officers frequently encounter this type of scenario and the aftermath on our roads caused by drug-impaired drivers. Many times the impaired drivers are arrested, but not convicted. Hampered by this type of situation, law enforcement officers sought out other solutions to identify and convict drugged impaired drivers.

New York State Police

- Erratic vehicle stopped by Non-DRE
- Issued several UTT's
- Ready to cut her loose
- DRE assisted, interviewed
- Arrested for DWAI Drugs
- CNS Depressants & Cannabis
- \$60,000 Drug Money

- Appendix #II & III

Drug Evaluation and Classification Program

- ✓ **Developed in Los Angeles in 1970's as the Drug Recognition Expert (DRE) Program**
- ✓ **1987 - NHTSA assisted in the development and expansion of the program**

DEC Program

- ✓ Trains officers to be Drug Recognition Experts or Drug Recognition Evaluators (DREs)
- ✓ Program oversight to IACP in 1989
- ✓ 44 states in the program
- ✓ Over 6,000 DREs in U.S. (01-01-08)

DRUG RECOGNITION EXPERT

What is a DRE?

A police officer highly trained in detecting and recognizing impairment caused by substances other than alcohol.



What Does the DRE Do?

- ✓ Normally post arrest
- ✓ Provides expertise and assistance in drug impaired driving investigations
- ✓ **Requested when impairment is not consistent with the arrestee's BAC**
- ✓ Drug training expertise
- ✓ Quality DWI enforcement



DRE Determines:

- 1. If the subject is impaired**
- 2. If the impairment is drug or medically related**
- 3. If drug related, which category of drug(s) is likely causing the impairment**

The DRE Drug Influence Evaluation

*12 –Step
Standardized
and
Systematic
Process*



Drug Recognition Training

- ↘ **Phase I - DRE Pre-School (16 hours)**
- ↘ **Phase II - DRE School (56 hours)**
- ↘ **Phase III - Certification Training (40-60 hours)**
- ↘ **Re-Certification training every two years**
- ↘ **On-going training**

THE TWO DAY PRE-SCHOOL

- Includes an introduction to the DRE Program.
- Overview of the seven drug categories.
- Includes an introduction to the twelve step process.
- Includes the proper techniques of taking vital signs.
- Overview and proficiency of the standardized field sobriety tests.

THE SEVEN DAY DRE SCHOOL

- Drugs In Society
- Development and effectiveness of the DEC Program
- The seven drug categories and the signs and effects with each category.
- Physiology and drugs
- The DRE 12-Step process
- Vital signs
- Eye examinations (pupil size, reaction to light, nystagmus)
- Successful completion of a final written exam.

FIELD EVALUATIONS

- DRE must complete a minimum of 12 drug evaluations, administering at least six.
- DRE must correctly evaluate people under the influence of at least three of the seven drug categories.
- Evaluations must be confirmed through toxicology.

DRE PROCEDURES

- 12- Step standardized and systematic process
- DREs are trained to follow an evaluation checklist
- Proceeds from BAC through assessment of signs of impairment to toxicological analysis
- Similar to standard medical diagnosis procedures
- Takes approximately 60 minutes to complete an evaluation

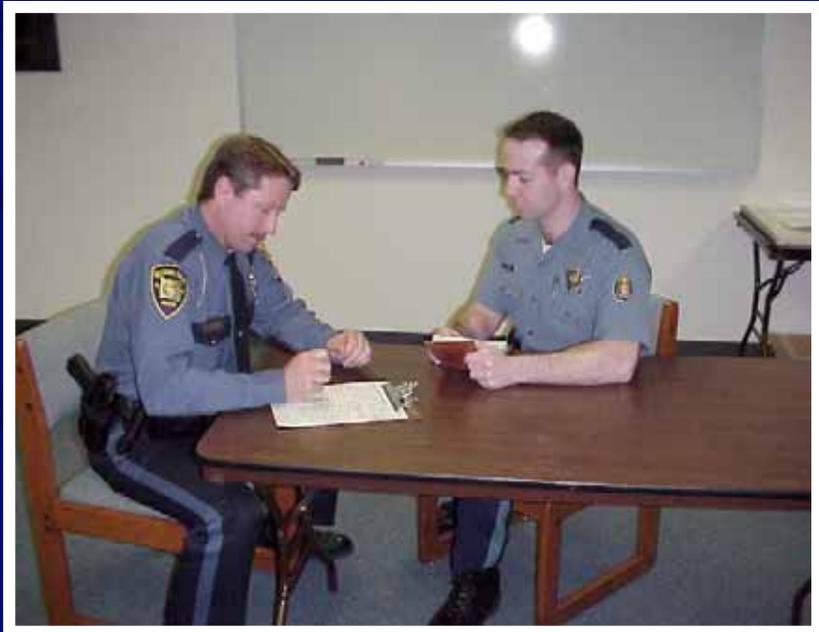
Step 1: Blood Alcohol Content

- DRE or Arresting Officer determines if alcohol is involved.



Step 2: Interview the Arresting Officer

- DRE determines the reason for the arrest
- Driving observed?
- SFST results?
- Statements made?
- Other relevant matters



Step 3: Preliminary Examination

- Fork-In-Road
- Determines if the subject is impaired
- Determines if the impairment is drug or medically related
- If drug related, the DRE determines which category of drug's) is likely causing the impairment

DRE Training Medical Rule Outs

- **Tempe, AZ**
- **Diabetic**
- **Nancy**

Step 4: Eye Examinations

DRE tests for:

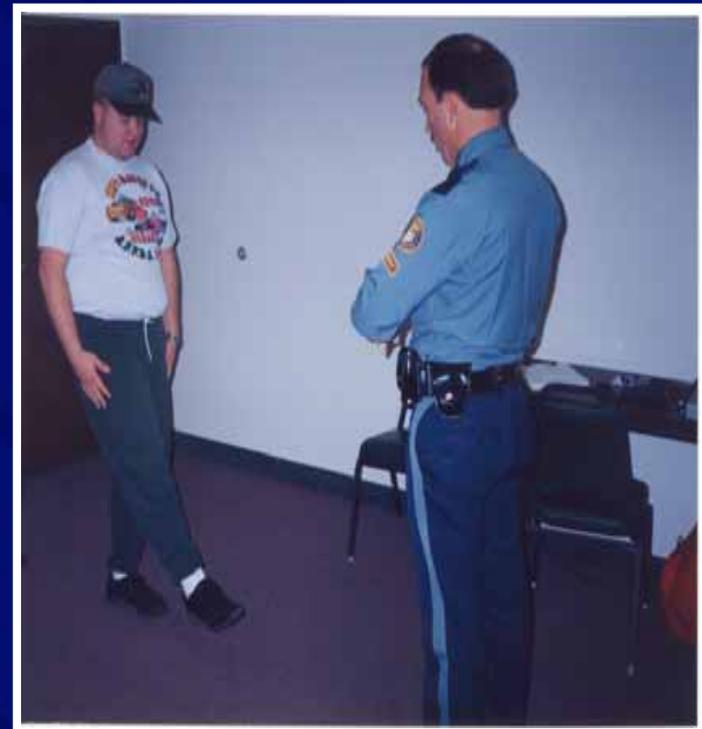
- Horizontal Gaze Nystagmus (HGN)
- Vertical Nystagmus (VGN)
- Eye Convergence



Step 5: Divided Attention

DRE administers the following divided attention tests:

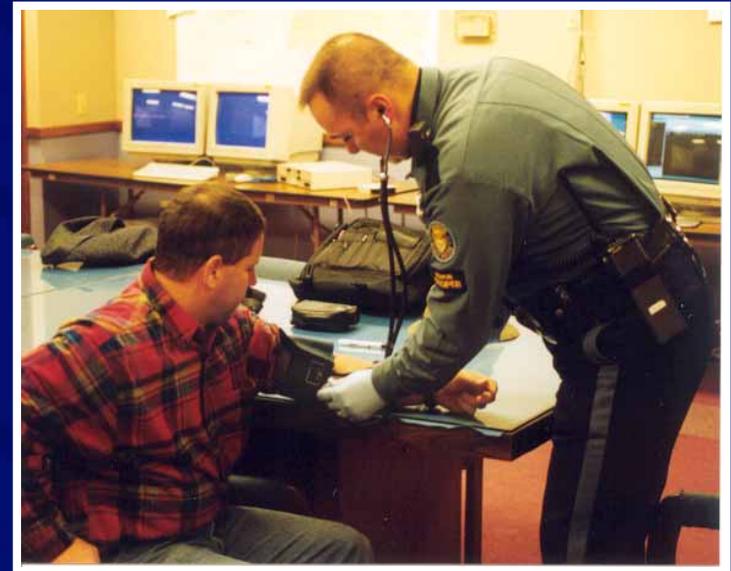
- Romberg Balance
- Walk and Turn
- One-Leg Stand
- Finger-To-Nose



Step 6: Vital Signs Examination

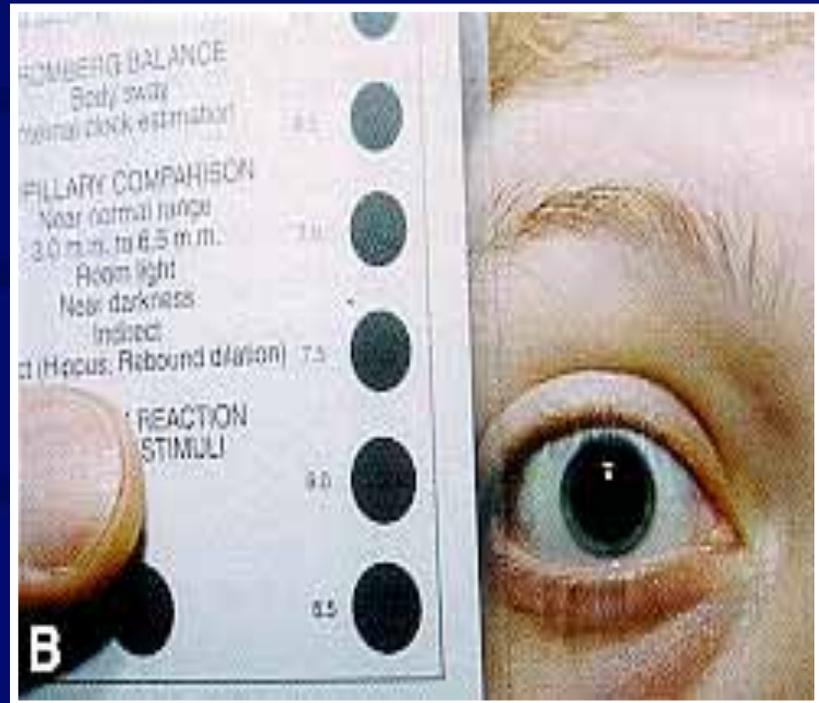
DRE conducts three vital signs examinations:

- Body temperature
- Blood pressure
- Pulse rate (Taken 3 times)



Step 7: Dark Room Examination

- Pupillometer used to estimate the suspect's pupil sizes in three different light levels.
- Includes examination of nasal and oral cavities.



Step 8: Muscle Tone

- DRE examines arrestee's arms for muscle tone; flaccid, rigid, or normal.



Step 9:

Examine For Injection Sites

DRE examines for injection sites. Most frequently used areas include:

- Arms
- Neck
- Ankles



Step 10: Statements & Interview

- DRE conducts a structured interview
- Miranda warnings given if not previously done
- Suspect questioned about drug use based upon the results of the evaluation
- DRE records admissions

Step 11: Opinion of the DRE

- **DRE forms an opinion as to the drug influence and the category(s) of drug(s)**
- **Makes an “informed opinion” based upon totality of evaluation and evidence**
- **Symptomology Chart used to form final opinion**



Step 12: Toxicology

- DRE requests urine or blood sample for analysis
- Implied Consent
- Statutes followed



DRE: HOW EFFECTIVE?

- Currently in 44 states and growing
- Proven to increase DUID arrests
- Oregon, 130% increase since 1995
- Washington, 75% increase since 1996
- Approximately 80% confirmation rate nationally (based upon toxicology)
- Increased acceptance in courts nationally

OREGON DRE VALIDATION STUDY

- 3,364 DRE evaluations reviewed from 1996 - 2002
- Urine test results used
- Included over 150 Oregon DREs statewide
- Data entered and analyzed by the Oregon State Police and Pacific University College of Optometry
- Modeled after the Arizona DRE Validation Study (June 1994 by Adler and Burns)

OREGON DRE STUDY

OBJECTIVES

- Determine relationship and trends of drug signs and symptoms to various drug categories and drug combinations
- Identify driving behaviors associated to various drug categories and combinations
- Determine overall effectiveness of the Oregon DEC Program

Conclusion

Drug Recognition and the Drug Evaluation Classification Program is a proven, effective tool to detect and apprehend drug-impaired drivers and reduce the injuries and fatalities they cause.

Results

- More suspected drugged impaired drivers arrested and removed from highways
- More people identified with drug abuse problems and treated
- Greater awareness of police officers
- More successful DUID prosecutions
- Increased public awareness of drugged driving and drug effects

Goals

- Expand the DEC program to all 50 states
- Expand and increase basic drugged driving training to all law enforcement
- Train more DREs nationally
- Educate more judges and prosecutors in drugged driving issues
- Expand drugged driving research and detection measures

Pinellas Park, FL – 8/23/07

- Drug Expert Spotted Use By Ex-Buc
- PO Eric Schroder
- David Boston – Asleep at the wheel / Traffic light
- Failed OLS and WAT
- No BAC
- No illegal substance
- Based on DRE / HGN / evaluation asked for another test
- 3 Weeks later / GHB

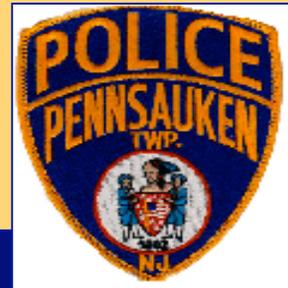
Now police officers from across the country are learning the telltale signs of intoxication produced by drugs other than alcohol. They also determine the class of drug(s) involved, and, most important, get convictions for driving under the influence of drugs.

In police language, they are training to become "*Drug Recognition Experts*"

One chief's comments on the value of Drug Recognition Experts

"When you have a Drug Recognition Expert at the scene, it makes it so much easier to get a conviction down the road," In the past, drug-intoxicated drivers may have had an easier time avoiding prosecution. But as the number of recognition experts grows, that's getting tougher. "

*Pennsauken NJ Police Chief John Coffey
5-6-2001 Philadelphia Inquirer*



DRE Seven Drug Categories:

- **CNS Depressants**
- **CNS Stimulants**
- **Hallucinogens**
- **Dissociative Anesthetic**
- **Narcotic Analgesics**
- **Inhalants**
- **Cannabis**

MI DRE

- Officer Jeramey Peters – Auburn Hill PD

DRE Seven Drug Categories:

 CNS Depressant

 CNS Stimulants

 Hallucinogens

 Dissociative Anesthetic

 Narcotic Analgesics

 Inhalants

 Cannabis

Central Nervous System Depressants



DITEP – Drug Impairment Training for Educational Professionals

The most familiar CNS Depressant is **Alcohol**

Other CNS Depressants are legally prescribed for depression, anxiety, phobias, and other psychotic disorders; and slow down the process of the brain and many other functions that the brain controls.

The CNS Depressant category has six sub-categories:

- R Barbiturates
- R Anti-anxiety tranquilizers
- R Anti-depressant tranquilizers
- R Anti-psychotics
- R Non-barbiturates
- R Combinations

General Indicators

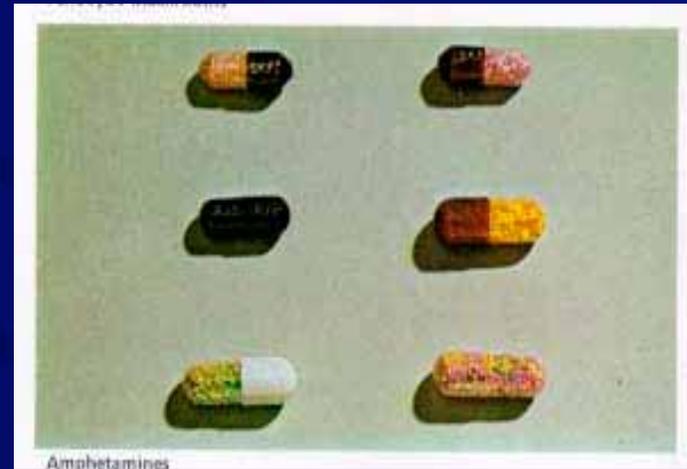
- R Drowsiness
- R Thick slurred speech
- R Uncoordinated, fumbling
- R Flaccid muscle tone
- R Sluggish
- R Eyelids may be droopy
- R Eyes may be bloodshot and watery

Sleep Driving

- Ambien – 26.5 million prescriptions
- Warning – Don't mix with alcohol

- Appendix # I

Central Nervous System Stimulants



DITEP – Drug Impairment Training for Educational Professionals

CNS Stimulants Include:

- R Cocaine / Crack
- R Amphetamines
- R Methamphetamines
- R General Cellular

General Indicators

- R Restlessness
- R Anxiety
- R Excited
- R Exaggerated reflexes
- R Bruxism
- R Runny nose
- R Paranoia
- R Euphoria
- R Loss of appetite
- R Loss of weight

Hallucinogens



DITEP – Drug Impairment Training for Educational Professionals

Hallucinogens

Hallucinogens are drugs that cause hallucinations. The user perceives things differently from the way they actually are.



Illusions / Delusions

- **Illusions:** A false perception
- **Delusions:** A false belief

Synesthesia

The transposition of sensory modes.

“Seeing Sounds”

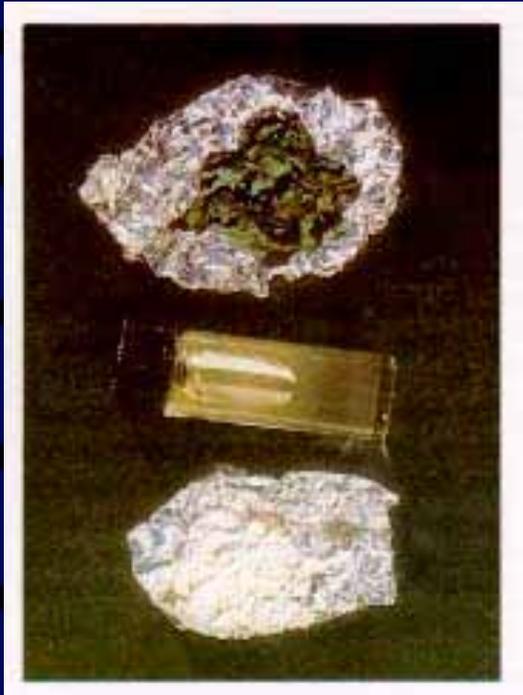
“Hearing Colors”



General Indicators

- R Dazed appearance
- R Body tremors
- R Perspiring
- R Paranoia
- R Disoriented
- R Nausea
- R Difficulty with speech
- R Piloerection
- R Statements suggesting hallucinations

Dissociative Anesthetics



DITEP – Drug Impairment Training for Educational Professionals

Dissociative Anesthetics will:

- R Slow down the thought process like
CNS Depressants
- R Speed up the vital signs like CNS
Stimulants
- R Cause hallucinations like the
Hallucinogen category

PCP and Its Analogs

- R** Phencyclidine is a shortened form of the chemical name PhenylCyclohexylPiperidine or PCP.
- R** An “analog” is a “chemical first cousin.”
- R** An analog has a slightly different chemical structure but produces the same effects.
- R** Ketamine, an analog of PCP, is legally manufactured for use in surgery. It is often times stolen from veterinary offices

General Indicators

- R Blank stare
- R Loss of memory
- R Perspiring heavily
- R Warm to touch
- R Incomplete, slurred verbal responses

Narcotic Analgesics



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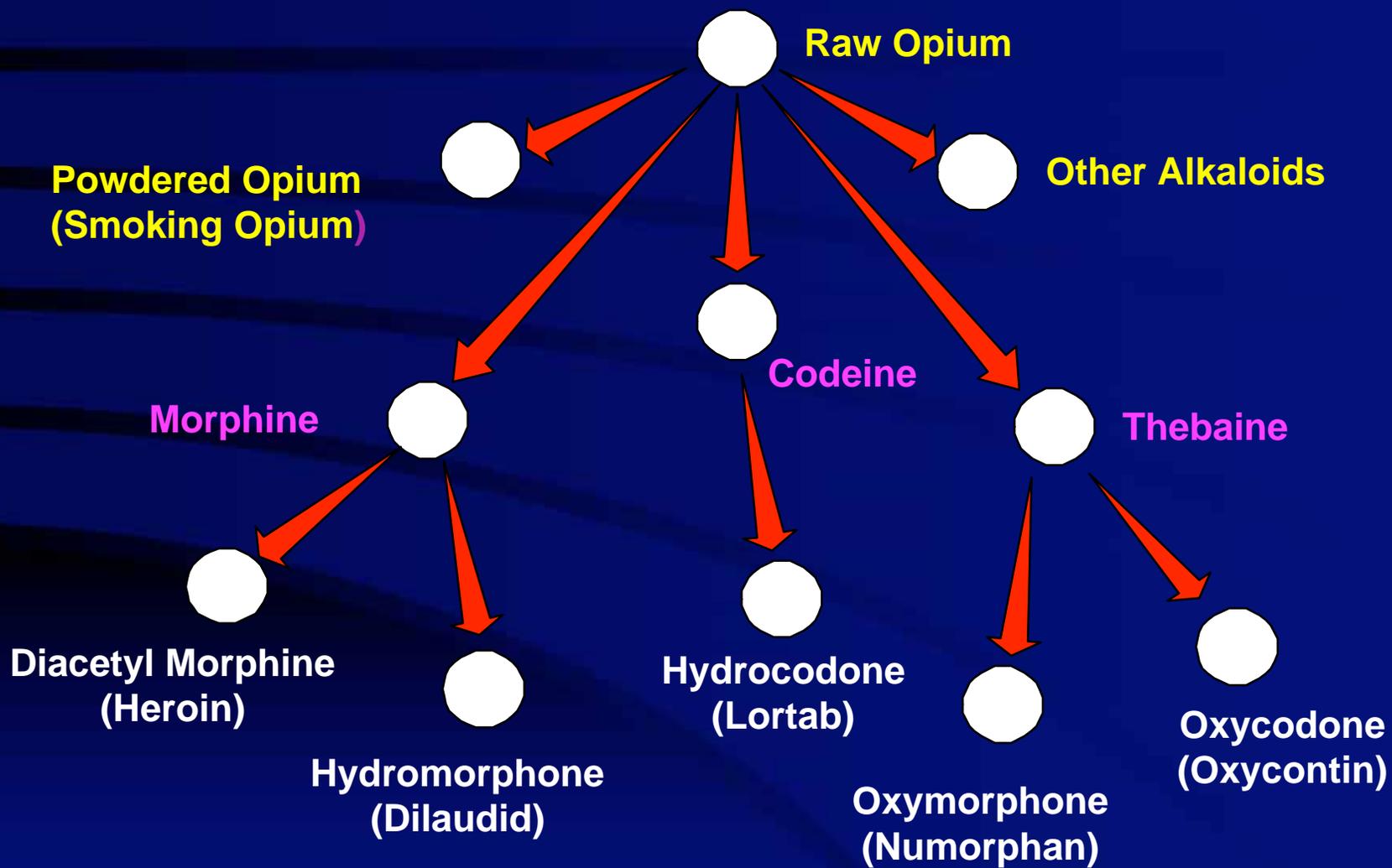
Narcotic Analgesics

Natural Alkaloids: occur naturally in Opium.

Synthetics: chemically produced Narcotic Analgesics with no relations to opium but produce similar effects.



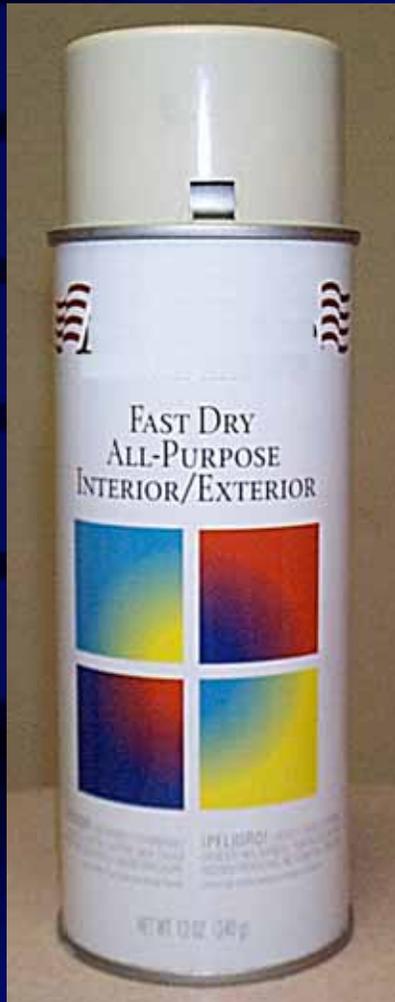
Commonly-Abused Opiates and Their Derivation From Opium



General Indicators

- R "Track marks"
- R "On the nod"
- R Slowed reflexes
- R Low, slow, raspy speech
- R Facial itching
- R Dry mouth
- R Euphoria
- R Flaccid muscle tone

Inhalants



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Inhalants



- R Volatile solvents (gasoline)
- R Aerosols (hair spray)
- R Anesthetic gases (Ether)



General Indicators

- R Odor of inhaled substance
- R Dizziness, numbness
- R Possible traces of substance around the face and nose
- R Bloodshot, watery eyes
- R Distorted perception, time and space

Cannabis



DITEP – Drug Impairment Training for Educational Professionals

Cannabis

The primary psychoactive
ingredient in Cannabis is:
Delta-9
Tetrahydrocannabinol
(THC)

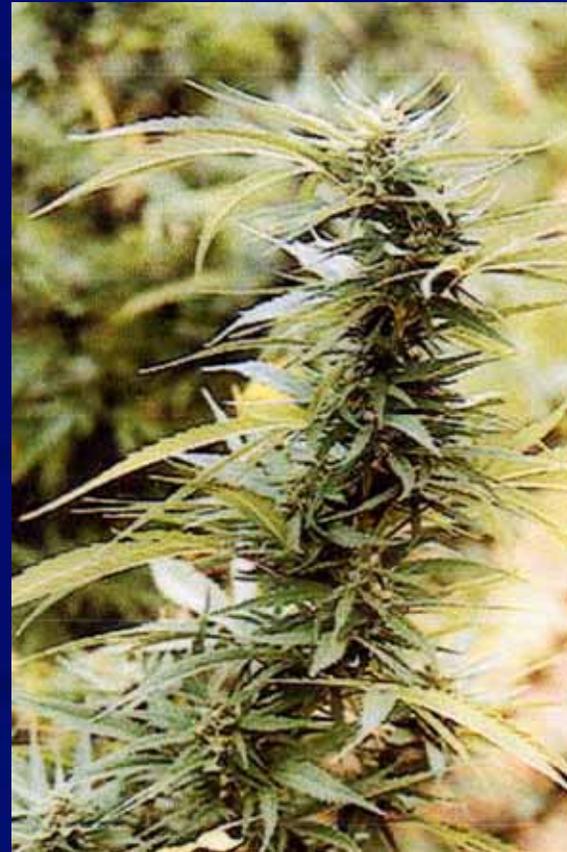
Types Of Cannabis

Marijuana

Hashish

Hashish Oil

Marinol



General Indicators

- R Odor of marijuana
- R Relaxes inhibitions
- R Marked reddening of the conjunctiva
- R Body tremors
- R Disorientation
- R Impairs attention
- R Impaired perception of time and distance

Relationships to the Categories

	CNS Depressant	CNS Stimulant	Hallucinogen	Dissociative Anesthetic	Narcotic Analgesic	Inhalant	Cannabis
HGN	Present	None	None	Present	None	Present	None
VGN	Present *	None	None	Present	None	Present *	None
LOC	Present	None	None	Present	None	Present	Present
Pupil Size	Normal*	Dilated	Dilated	Normal	Constricted	Normal *	Dilated *
Reaction To Light	Slow	Slow	Normal *	Normal	Little or None Visible	Slow	Normal

* High dose for that particular person.

* Pupil size may be dilated for Soma and Quaaludes

* Pupil size may be dilated for some inhalants

* Pupil size may be normal

* Certain psychedelic amphetamines
may cause slowing

Vital Sign Relationship to the Seven Drug Categories

	CNS Depressant	CNS Stimulant	Hallucinogen	Dissociative Anesthetic	Narcotic Analgesic	Inhalant	Cannabis
Pulse	Down *	Up	Up	Up	Down	Up	Up
Blood Pressure	Down	Up	Up	Up	Down	Up/ Down*	Up
Body Temp	Normal	Up	Up	Up	Down	Up/ Normal/ Down	Normal

* Quaaludes and ETOH may elevate.

* Up for aerosols and volatile solvents and down for anesthetic gases.

National DRE Data Tracking System



Drug Recognition Expert Data Tracking System

DRE DATA TRACKING

www.dretracking.org

DRE Database 2007

- ◆ Currently there are more than 1,642 evaluators using the system in 37 States.
- ◆ Currently, there are 9,222 evaluations for 2007.
- ◆ The National ratio for evaluators vs. evaluations is 5.6 evaluations.

Report Results:Opinion and Toxicology Results Match

All States 2007

9222 Total records for all evaluations that meet selected criteria **6066** Records have completed toxicology **5305** of which **Opinion** is Supported **5947** evaluations are considered **89.2%** **Supported**

Medical Ruleouts

- 1.87 % - 2005
- 1.62 % - 2006
- 1.80 % - 2007

Challenges

- People will do almost anything to beat a DUI charge
- The youngest and most inexperienced assistants prosecute these cases
- Some of the most experienced and highly paid defense attorneys (with incredible resources) defend them



Resource Prosecutor Michigan

- Ken Stecker – (517)449-5646
- MI Prosecutors Association

NATIONAL TRAFFIC LAW CENTER

Between the Lines

- NHTSA's Prioritizing of Prosecutors: TSRP, What Does it Mean and How Can It Help You?
- Stop, Look and Listen: Prosecutors at the Crash Scene
- Event Data Recorders (EDR) – Recording Automotive Crash Event Data
- Crawford Made Simple
- Above and Beyond
- Selling the Obvious

Contact Information
National Traffic Law Center
(NTLC)

Joanne Michaels

Phone: (703) 549-4253

Fax: (703) 836-3195

E-mail: joanne@ndaa.org

[http://www.ndaa-
apri.org/apri/programs/traffic/ntlc_h
ome.html](http://www.ndaa-apri.org/apri/programs/traffic/ntlc_home.html)

Website

- DRE Publication – Phoenix Prosecutor
<http://phoenix.gov/phxpros.html>

Advanced Roadside Impaired Driving Enforcement

(ARIDE)

**National Highway Traffic Safety
Administration**

Advanced Roadside Impaired Driving Enforcement (ARIDE)

ARIDE trains law enforcement officers to **observe, identify, and articulate** the signs of impairment related to drugs, alcohol at roadside.

ARIDE Training

- **SFST training a pre-requisite**
- **16-hour course**
- **Bridges the gap between SFST and DRE**
- **Promotes use of DREs**
- **Trains law enforcement and prosecutors together**

Overall Course Goal

- This 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, traffic fatalities and serious injuries.

Important Note

**This course is not intended to be a
– substitute for the Drug Evaluation and
Classification Program.**

**This course will NOT qualify or certify
the student as a DRE.**

Foundations of ARIDE

DWI Detection Process

- _ Phase One: Vehicle in Motion
- Phase Two: Personnel Contact
- Phase Three: Pre-arrest Screening

SFST Test Battery

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

Difference Between DECP and ARIDE

DREs are required to:

- Complete 72 Hrs of classroom training
- Field certifications
- Comprehensive final knowledge examination
- Maintain certification through continuing education

Bridging the Gap

- ARIDE training will allow the student to
 - build on SFST skills and knowledge
- ARIDE will provide the student with information which will assist them to identify the drug impaired driver
- ARIDE is designed to support the DECP

DITEP

- Drug Impairment Training for Educational Professionals
- 26 States
- 2 day Training – Day 1 ALL – Day 2, School Nurses & SROs

DRE List Serve

- <http://www.drug-recognition-1.org/>
- 900 plus, police, prosecutors, toxicologist highway safety and medical professionals personnel

DRE Website

- <http://www.decp.org/>
- What's new, updates, history, training conference information.
- State Coordinators. Password access for Forms, Standards, Manuals, etc.

The Technical Advisory Panel (TAP)

**Subcommittee of IACP
Highway Safety**

**Ensures integrity of the DECP
and SFST training (standards,
curricula)**

#



The Role of the TAP

Asst. Comm. Earl M. Sweeney
Chair, Technical Advisory Panel
and
IACP Highway Safety Committee

TAP Membership

- HSC Chairman
- IACP Staff (One Vote)
- DRE Representatives From Each of the Four Regions
- Police Administrator

TAP Membership

(cont'd)

- DRE Section Chair (1 year)
- At Large
- Highway Safety Representative
- Medical / Optometry
- Medical / MD

TAP Membership

(cont'd)

- NHTSA (Ex-Officio Member)
- Police Training Institution
- IADLEST member (POST director or designee)
- Prosecutor

TAP Membership

(cont'd)

- State DEC Coordinator
- Toxicologist

Results

- More suspected drugged impaired drivers arrested and removed from highways
- More people identified with drug abuse problems and treated
- Greater awareness of police officers
- More successful DUID prosecutions
- Increased public awareness of drugged driving and drug effects

GENERAL SUPPORT FOR DEC

- **State/local law enforcement training**
- **Alcohol, Drug Abuse Department**
- **Drug/Alcohol Treatment Providers**
- **Governor's Traffic Safety Commission**
- **Private Traffic Safety groups (MADD)**
- **NHTSA Regional HQ**
- **Chief's and Sheriff's Association**
- **Motor Vehicles Division**

Specific Support For DEC

- Legislation – 1) submit to more than one test; 2) of blood and or urine as well as breath; 3) for the purpose of determining the alcohol/and or drug content of his/her blood.
- Enforcement – SFST trained
- Prosecution – Be aggressive in seeking court acceptance of SFST evidence, including HGN
- Toxicology

HOW

-  Site visit
-  Criteria is met or close to
-  Designate someone to lead
-  Designee submits plan to TAP –
TAP meets twice a year
-  Approval / Disapproval

Approval / Support

-  Support in setting up the program
-  Support in setting up schools
-  Support from IACP / NHTSA
with out of state instructors
-  Expert witnesses
-  Technical support (TAP)

Approval / Support, cont'd

✂ Technical Advisory Panel – DRE
Instructors, Toxicology, Prosecution,
Medical, Highway Safety, IACP &
NHTSA

✂ DRE Conference

✂ Regional Meetings

Surrounding States

Indiana

Illinois

Ohio

Wisconsin

Canada

Surrounding States DREs and Number of Evaluations

- Indiana – 96 DREs – 353 Evals
- Illinois – 10 DREs – 0 Evaluations
- Ohio – 4 DREs
- Wisconsin – 86 DREs – 350 Evaluations
- *Pennsylvania – 15 DREs – 203 Evaluations

Pennsylvania

- 1st DRE Training 2005
- Total DREs to date – 36
- 2006 – 203 DRE Evaluations
- 2007 – 440 Evaluations + 600 DWI

DEC Program Contact Information

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