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This Command College Independent Study Project is a **FUTURES** study on a particular emerging issue in law enforcement. Its purpose is **NOT** to predict the future, but rather to project a number of possible scenarios for strategic planning consideration.

Studying the future differs from studying the past because the future has not yet happened. In this project, useful alternatives have been formulated systematically so that the planner can respond to a range of possible future environments.

Managing the future means influencing the future -- creating it, constraining it, adapting to it. **A futures study points the way.**

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COMMAND COLLEGE

CLASS III

FINAL PROJECT

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JAMES D. JONES

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HOW CAN THE LOS ANGELES POLICE DEPARTMENT
DRUG RECOGNITION EXPERT PROGRAM BE
TRANSFERRED TO ANOTHER LAW ENFORCEMENT
AGENCY IN THE FUTURE?

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CHAPTER I

EXECUTIVE SUMMARY

Today, there is a greater availability of both legal and illegal narcotics and dangerous drugs consumed within our society. Along with the availability, greater drug use is being documented in all walks of life. An assumption is made that the increase in drug availability and use will continue to increase well into the 1990's and probably beyond.

Members of our society are also expected to continue their abuse of alcohol and drugs while driving vehicles on the public highways. Presently, law enforcement has a well-established program for enforcing laws prohibiting driving under the influence of alcohol (DUI-A); however, people who are driving under the influence of drugs (DUI-D) are not being successfully identified and prosecuted.

The emerging issues of apprehending DUI-D drivers and the difficulties of prosecuting those violators are expected to create considerable public concern in the future. Already, the injury, loss of life and property damage attributable to DUI-D drivers has caused law enforcement agencies to look for technologies to attack the problem.

Because the Los Angeles Police Department (LAPD) Drug Recognition Expert (DRE) Program has already been developed, other law enforcement and governmental agencies are expected to seek methods of acquiring this technology. In order to successfully transfer this emerging technology, law enforcement agencies must carefully plan for that transition.

This research is unique, in that there has never been an attempt to transfer the DRE procedures to a law enforcement agency remote from the Los Angeles area. It was undertaken to set the stage for transferring the program by exploring future conditions that must exist within law enforcement agencies and their communities in order to successfully effect that transfer. Specifically, this research asked the question "How can the LAPD DRE Program be transferred to other law enforcement agencies in the future?"

In order to determine how best to transfer this emerging technology, eleven specialists in the fields of training, driving under influence (DUI) enforcement, drug symptomatology, traffic management and DRE senior instruction were assembled from throughout the United States. Through group participation, past/present trends were identified, studied and forecast in order to focus on how we have developed into our present environment. In order of importance, the past/present trends identified as most helpful in preparing for future forecasting were:

- * Availability of drugs.
- * Public attitude against drug abuse.
- * Increased media attention.
- * Political pressure to reduce drug abuse.

The group then identified four emerging future trends that could be periodically monitored over the years in order to determine whether currently developed policy and strategic planning remained on target or whether those plans should be adjusted in the future. In order that strategic planning for DRE implementation can be monitored through time, the trends selected were, in order of importance, as follows:

- * Greater availability of drugs.
- * Drug legislation and case law.
- * Improved DUI enforcement technology.
- * Public awareness of drug abuse.

The group then selected five possible future events that could significantly impact the transfer of the DRE Program to another law enforcement agency. In order of importance, those events were identified as follows:

- * Significant increase in funding to fight drug abuse.
- * Improvement of DUI-D laws.
- * Emergence of a grass roots anti-drug movement.
- * Development of accurate blood alcohol testing equipment for field use.
- * Major drug-related medical disaster.

From research in these areas, the data clearly indicated an increase in funding would have the greatest impact (+7.2 on a scale of -10 to +10) in transferring the DRE Program. A cross impact analysis of forecasted future events indicated that should a grass roots anti-drug movement become a reality, it would have a significant positive impact on raising the probability that a significant increase in funding for DUI-D programs would occur by 1996. Specifically, proper sequencing of the events raised the probability of achieving a significantly increased level of funding from 64% to 76% within ten years. Following evaluation of all data, a strategic policy decision was formulated that put the primary emphasis on developing community support toward anti-drug movements in order to obtain the necessary funding for implementing the DRE Program.

Based on this background, the strategic planning process next examined the resources that must already be available within a law enforcement agency acquiring the DRE Program. Those resources are listed as follows:

- * The size of the agency should be large enough to permit deployment of one DRE on a 24-hour a day basis.
- * There must be a strong commitment from the chief of police and the traffic commander for implementing the DRE Program.
- * Officers assigned to the traffic function must be proactive DUI enforcement officers who have mastered advanced field sobriety skills including proficiency at alcohol horizontal gaze nystagmus analysis.
- * The agency must have laboratory support capable of determining the presence of drugs in blood or urine samples.
- * The program must be supported by proactive prosecutors who are willing to become familiar with DRE procedures and prosecute DUI-D violators.
- * The local court system must be objective and willing to accept a new program based on its demonstrated merits.

Stakeholders, those entities whose policies and procedures may be affected by DRE Program implementation, were identified and evaluated regarding the perceived assumption of each stakeholder in implementing the DRE Program. The following are a list of the five stakeholders and their perceived assumptions that were determined to be the most important for this study:

- * The chief of Police - assumed to be a strong supporter of the DRE Program.
- * The general public - viewed as being supportive of any program to rid the streets of DUI-D drivers.
- * The media - expected to be somewhat supportive provided that the DRE Program is well-conceived, implemented and managed.
- * Local government officials - expected to be supportive of the program providing that resources could be identified and dedicated.
- * The prosecutors - expected to be supportive if included in the planning process and convinced that DRE procedures are valid.

Within the broad macro-level mission of law enforcement to provide for the overall safety of the community, the specific micro-level mission was to develop community support for the DRE Program, and focus that support toward causing the local political leadership to willingly provide program funding while developing operational and management systems for the acquisition of the DRE Program.

The method of executing the strategic plan was determined through a review of the research data, brainstorming techniques and discussion. It was determined that the development of broad based support for a DUI-D program should be implemented by the chief of police in order to focus government toward providing necessary DRE Program resources. In implementing this strategy, it was also found that the Chief of Police should skillfully forge the prosecutors, the public, and the politicians into allies rather than allowing them to become hostile, or unwilling partners.

Responsibility for the administration of the DRE Program should be placed with the traffic commander. The chief of police should maintain direct involvement through building support from the community and the political leadership for the program. He would maintain overall control of the internal management through periodic written and verbal reports from the traffic commander.

In implementing this strategic plan, issues that are both negotiable and those that are non-negotiable were identified and a plan for approaching negotiation on those issues was developed. Specific tactics were developed for negotiations with the primary stakeholders.

A transition management plan was developed by first evaluating the list of stakeholders and determining which of those stakeholders comprised the "critical mass." The critical mass - those specific individuals or groups who must be supportive of the DRE Program - was plotted regarding whether each was viewed as resistive, merely needed to let the DRE Program be implemented or whether they must be actively involved to make the change happen. That analysis identified a necessity to move the chief of police and the public leadership from a current level of "let change happen" to a "make change happen" category in the future.

Two suggested management structures were developed in order to more effectively implement the DRE Program. An external management structure was comprised of community, government and police leadership in order to assist in acquiring the necessary resources for program implementation. The second management structure was comprised of a police department DRE implementation task force headed by the traffic commander. In addition to the traffic commander, the task force was comprised of key members of the police department who would be directly involved in the operation and management of the DRE Program. Technologies to support program implementation were developed around existing management systems of both the LAPD and the law enforcement agency acquiring the DRE Program.

The need to rid California highways of the drug impaired driver is great. The LAPD DRE Program is a proven procedure that can make a significant impact on the DUI-D problem. Resources for transferring this technology to other law enforcement agencies are expected to be available in the future. This Command College project is intended to assist other law enforcement agencies in developing their own DRE Program to combat the DUI-D problem.

CHAPTER II
INTRODUCTION

A. Objective of the Study.

This study was undertaken in order to examine the possibility of making the LAPD DRE Program available to other California law enforcement agencies in the future. The short term objective was to make other law enforcement agencies and responsible members of government aware that technology now exists to successfully identify, arrest, and prosecute the DUI-D driver in California.

For those agencies that may wish to pursue a policy of active enforcement of DUI-D drivers, this report is intended to provide a guide for analysis of their environment in order to determine whether they have the operational, managerial, political and judicial systems that will support a DRE program. An analysis of the environment was intended to give them an orientation regarding how best to implement a DRE Program in the future.

For those agencies lacking these important prerequisites, the knowledge learned from this study will provide a blueprint for training and developing skills that will be necessary in order to prepare for the implementation of a DRE program. For those agencies possessing the prerequisite skills and environmental conditions, this study is intended to assist in the smooth implementation of a DRE Program.

B. Purpose of the Study.

The broad purpose of this study was to develop a plan for implementing the LAPD DRE Program within other California cities. The foreseeable future is expected to hold the same, if not a greater, threat to society from drug abuse that exists today. This study was undertaken to help other cities remove the menace of the drug impaired driver from their streets through forecasting possible futures, strategic planning, and transition management for program implementation.

C. Scope of the Study.

This study was limited to examining how the LAPD DRE Program can be transferred to other California law enforcement agencies in the future. Trends and events that impact this issue area were examined and criteria for future technology transfer were established. An in-depth analysis was conducted of this emerging critical law enforcement issue. This study also assessed the impact of the DUI-D driver on the future of law enforcement in California.

This project was limited to assisting law enforcement and government in recognizing the importance of planning for the future acquisition of the LAPD DRE technology. It attempted to identify and project significant DUI-D trends and events as they relate to governmental needs in developing new programs for the public safety.

Some questions that this study attempted to answer were: What preparation will law enforcement and government agencies need to undertake in order to successfully implement a DUI-D enforcement and prosecution system in the future? What will be needed in the form of commitment from law enforcement executives? What specialized training will be needed? What financial support will be needed? How will prosecutors and the courts be convinced of the program's effectiveness? What state laws will impact this program? How important will it be to have public support for this program and how should that public support be applied?

Although these questions appear to be broad in nature, the study was limited to the narrow research of transferring the DRE technology to another law enforcement agency. This study did not solve all the problems facing a jurisdiction attempting to implement a DUI-D program, but attempted to identify the basic future conditions under which program implementation can be expected to succeed.

D. Research Structure.

This project was structured around examining the need for DUI-D enforcement in the 1990's and studying the environment that must exist in order for the DRE Program to become established and accepted within another community.

Basic research has been divided among several disciplines included in the California Peace Officers Standards and Training (POST) Command College curriculum. The basic categories of research used in this study are as follows:

1. General research and fact gathering. This consisted of reviewing available literature as well as interviewing experts in the area of DUI-D enforcement, DUI-D prosecution systems, criminal justice system management, politics and development of community support.
2. Defining the future. This was accomplished by using several accepted methods of surveying through group participation. Several alternative futures were developed for consideration and scenarios were written to further focus on possible futures.

3. Planning for the future. Using the information obtained from the research and futures analysis, policies were established and a strategic plan was developed to implement those policies through the "Situation, Mission, Execution, Administration and Communications" (SMEAC) strategic planning method.
4. Managing the change. Development of two management structures and support technologies were completed in order to assist in the transition of the successful DRE Program to another law enforcement agency.

E. Uniqueness of the Research.

The LAPD DRE Program is, according to United States Secretary of Transportation Elizabeth Hanford Dole, the only program in the nation capable of successfully identifying, arresting and prosecuting the DUI-D driver.(1) Until now, there has not been any formal study conducted to assist in transferring this new law enforcement tool to other agencies. This research was intended to pioneer that field.

F. Background of the Los Angeles Police Department DRE Program.

The initial idea leading to the eventual implementation of the LAPD DRE Program surfaced in the early 1970's. During that time, LAPD traffic officers became increasingly concerned about the growing number of people being arrested for suspicion of DUI who were escaping prosecution because they were actually under the influence of drugs rather than, or in addition to, alcohol. Drivers were being released back to the streets that officers knew were impaired; however, an easily applied technology to prove drug impairment was not available.

It was not uncommon for those persons arrested for suspicion of DUI to have a blood alcohol content (BAC) well below the level required under California law (0.10%). Officers met increasing resistance from medical personnel when they requested an opinion regarding drug usage and intoxication. Doctors who would occasionally provide an opinion regarding drug intoxication found that they spent countless hours in court responding to subpoenas without monetary compensation. Those doctors soon "lost" their ability to identify drug intoxication or simply refused to provide an opinion when asked.

Although the LAPD had historically prosecuted large numbers of persons for DUI-A, there was no effective way for the prosecutors to prove that a driver was under the influence of drugs without expensive, and often inconclusive, blood or urine tests or a qualified medical doctor's opinion regarding intoxication. Although California law requires a driver to submit to a blood or

urine test when DUI-D is suspected, expert testimony concerning drug symptomatology is still required.

In instances when an arresting officer determined that the driver's impairment was so significant, even though the BAC level was less than 0.10%, that a medical professional's opinion of intoxication was sought, criminal complaints were filed in only 40% of those arrests. Of those filed, even fewer cases were successfully prosecuted.

Research was undertaken by narcotics and traffic experts in order to determine whether a method could be developed for prosecuting the DUI-D driver. It was soon learned, however, that neither local, state, nor federal agencies understood the DUI-D problem, and no other public or private agencies had any solutions.

LAPD officers continued their efforts with the assistance of several Southern California narcotics researchers. This collaboration ultimately resulted in the discovery of a series of recognizable symptoms that were specific as to one of seven major classification of drug use. These symptoms were varied and pronounced enough to enable the positive identification of the class of drugs that had been ingested.

The seven major categories of drugs identified were: phencyclidine (PCP), narcotics/analgesias, marijuana, central nervous system (CNS) depressants, CNS stimulants, hallucinogens, and inhalants.

During the search for visible symptoms of drug use, the researching officers realized that they first had to determine what effect alcohol had on the eyes so that they could look for drug use when symptoms other than those characteristic of alcohol were observed. One important effect that alcohol had on the eyes was horizontal gaze nystagmus (HGN), the involuntary jerking of the eyes when moved from side to side.

It was found that the HGN of a person under the influence of alcohol resulted from neuro activity, i.e. neurological systems that transmit messages from the senses of the eye to the brain, and back to the eye. The action on the body's nervous system was found to be not only pronounced, but the onset of HGN from the center of the eye was directly proportional to the level of alcohol within the system.

The research concluded that a level of blood alcohol that will produce driving impairment can normally be expected when the following symptoms have been observed: an early onset of nystagmus (less than 40 degrees from center); the inability to smoothly track an object upon which a person has fixated; or a marked nystagmus at maximum eye deviation in conjunction with

other evidence of impairment. This alcohol nystagmus evaluation procedure, developed by the LAPD, has since become a nationwide standard for advanced field sobriety examinations as an indicator of the blood alcohol content.

This HGN research, subsequently tested and validated by the National Highway Traffic Safety Administration (NHTSA), has become a central component of the DRE Program. When the results of a chemical blood alcohol test are not consistent with the nystagmus, tracking tests, or psychophysical tests incorporated in the Standard Field Sobriety Test, then another substance or medical condition is presumed to have caused the impairment. Absent any medical condition, the presumption is impairment due to drug intoxication.

With the drug symptomatology research completed and the basic DRE Program implemented by training a cadre of DREs through the assistance of a grant from the California Office of Traffic Safety, the DRE Program rapidly became highly successful. The volume of persons being arrested for DUI-D rose dramatically and the prosecutors began to file virtually all (approximately 97%) DUI-D cases in which a LAPD certified DRE made an evaluation of drug intoxication and impairment. Conviction rates rose to the high 90 percentile. Defense attorneys, faced with a DRE as the arresting officer, frequently advised their clients to plead guilty rather than to fight the charges.

As word of this successful program spread, the LAPD DRE Program gained national attention. Due to the uniqueness of this program, two controlled studies were conducted by NHTSA to determine the effectiveness of the DRE procedures.

The first study was conducted in a clinical setting at Johns Hopkins University during the latter part of 1984.⁽²⁾ That research project involved a double blind study using volunteer subjects who had ingested varying clinical doses of either marijuana, depressants, stimulants, or placebos containing no drugs at all. Neither the researchers nor the subjects knew what drug had been administered.

Four LAPD DREs independently evaluated each subject under strict supervision and made a determination of drug influence and impairment. Even though this study limited the examining officers to 20 minutes observation without any test to determine BAC, overwhelmingly positive results were obtained. Regardless of the drug classification, the DREs correctly identified those subjects who were impaired in 93% of the 320 separate evaluations. The specific classification of the drug as either marijuana, a depressant or a stimulant was correctly identified in 92% of the evaluations.

The results of this Johns Hopkins study caused NHTSA to fund a field evaluation of the LAPD DRE Program during the summer of 1985. This study tested 28 DREs who evaluated 173 persons actually arrested in Los Angeles for DUI when the intoxication was suspected to be caused by drugs alone, or in combination with alcohol. The opinion of the DREs was then compared to a detailed chemical analysis of the arrestees' blood conducted by an independent laboratory under contract to NHTSA.

At the conclusion of this extensive field study, a NHTSA technical report documented the following important findings:(3)

- * "When the DREs claimed drugs other than alcohol were present they were almost always detected in the blood (94% of the time). It was rare for the DREs to claim a suspect had used drugs and for no drugs to be found in the suspect's blood (this type of error occurring only 6% of the time).
- * Multiple drug use was common among the suspects arrested in this study with 72% having used two or more drugs (including alcohol), complicating the task of identifying the specific drug or drug classes the suspects had used. Approximately 45% of the suspects had used two or more drugs other than alcohol.
- * The DREs were entirely correct in identifying all of the drugs detected in the blood of almost 50% of the suspects. Most of these suspects had used multiple drugs (other than alcohol).
- * The DREs were able to correctly identify at least one drug other than alcohol in 87% of the suspects evaluated in this study (i.e., they were partially correct).
- * When the DREs identified a suspect as impaired by a specific drug, the drug was detected in a suspect's blood 79% of the time.
- * The use of alcohol in conjunction with other drugs was pronounced with 50% of the suspects who had used drugs having also used alcohol.
- * Only six of the suspects (3.7%) who had used drugs had BACs equal to or greater than 0.10% w/v. It is likely that most, if not all, of the remainder of the suspects would have been released if the drug symptoms had not been recognized by the DREs."

The NHTSA study was concluded:(4)

"The police officers participating in this study were faced with a formidable task of determining whether the suspects brought to them were under the influence of drugs and, if so, what drugs. Determining what drugs the suspects had used was severely complicated by the fact that such a large percentage of the suspects the DREs evaluated had used multiple drugs (in over 70% two or more drugs were detected in the blood samples). There were over 40 different drug combinations detected in the blood of the suspects. There is little doubt that many of these drug combinations resulted in specific drug symptoms being masked or altered in some way.

In the face of these complications, these officers, trained in the LAPD drug recognition procedure, were quite accurate when they judged that suspects had used drugs. In addition, they were able to correctly identify at least one drug other than alcohol in most of the suspects they judged impaired by drugs. In close to half of the suspects they correctly identified all of the drugs detected in the suspect's blood.

The results of the two studies conducted by NHTSA appear to show that the LAPD drug recognition procedure provides the trained police officer with the ability to accurately recognize the symptoms of many types of drug use by drivers. When the officers identify a suspect as having used particular drugs a blood test almost always will confirm their judgement. Blood tests are not currently conducted on a routine basis because the cost of the testing for many possible drugs is prohibitively expensive. Because this procedure allows the police to focus on a few specific drugs, the cost of the blood test should be much less expensive and could therefore be more routine. Information regarding the particular drugs used by DUI drivers should increase successful prosecutions. Thus, this procedure appears to be a useful tool that will greatly enhance the enforcement of 'driving under the influence of drugs' laws."

The Johns Hopkins and the NHTSA field study findings conclusively demonstrated that the LAPD DRE procedures provide the trained police officer with the ability to accurately recognize the symptoms of many types of drugs commonly used by drivers.

CHAPTER III
GENERAL METHODOLOGY

A. Review of Literature.

Traditional literature research was conducted in the areas of the current level of drug use and future projections of the DUI-D problem, transferring technologies, and drug use by the general population. Interviews were conducted and literature was reviewed in the form of special reports, studies, articles from journals, newspapers and other periodicals.

B. Personal Interviews.

During the course of this research, personal interviews were conducted with a multitude of people having expertise in either drug usage or DUI alcohol/drugs training and enforcement. Of those persons interviewed, the following were considered to be the most significant:

1. Administrator, the National Highway Traffic Safety Administration. The discussion centered around validating the LAPD DRE Program and fundamentals of transferring that technology to other cities.
2. Alcohol Program Coordinator, California Office of Traffic Safety. Discussions centered around financing the present LAPD DRE system and future financing for the transfer of DRE technology to other California cities. Interviews were also conducted in order to establish the basic criteria other cities must meet in preparation for assimilating the DRE Program.
3. Chief of Police, Los Angeles Police Department. Discussions concerned future funding and management commitment for the DRE Program in addition to requirements for transferring the program to other cities.
4. Traffic Coordinator, Los Angeles Police Department. Discussions involved management systems necessary for the future coordination of DRE Programs and mechanisms for transferring the technology to other cities.
5. Presiding Judge, Los Angeles Traffic Court. Discussions centered around future DRE training which would ease the transition of the DRE Program to other cities.

6. Three City Council members, City of Los Angeles. Input was obtained regarding future funding of DRE Programs and future political considerations when implementing the DRE technology.
7. Supervising Attorney, Traffic Court, Los Angeles City Attorney's Office. Information was obtained regarding the involvement of local prosecutors during planning and implementing a DRE Program in other cities.
8. Chief of Police, City of Glendale. Discussion concerned the transferability of the DRE Program and requirements for management commitment by the chief law enforcement executive of cities desiring a DRE Program.
9. Supervising Attorney, Traffic Court, Los Angeles County Public Defender's Office. Information was obtained regarding the transferability of the DRE Program, particularly relating to accurate reporting, laboratory analysis and implementation familiarization training for defense counsel.
10. Five member delegation representing the Virginia State Legislature. This delegation was comprised of a Chief of Police, a State prosecutor, a traffic research expert and two contract researchers. Discussion specifically involved the transferability of the DRE Program not only to another California city but to agencies within another state. Specific categories of law enforcement expertise, state law requirements, local political support as well as laboratory and other support services were discussed.
11. Project Manager, two senior DUI instructors and two researchers from the National Highway Traffic Safety Administration. Discussion centered around current testing of the DRE Program in order to produce future simplified symptomatology charts that would ease the transition of the DRE Program into other cities, agency cite selection, financing and training curriculum.
12. Senior Planner, Los Angeles County Department of Health Services, Office of Alcohol Programs.
13. Research Analyst, National Institute on Alcohol Abuse and Alcoholism, National Clearing House for Alcohol Information, Rockville, Maryland.
14. Two nationally prominent DRE instructors, LAPD. These experts provided insight into necessary future training, management systems, political support and laboratory services needed for transferring the DRE Program.

C. Research Methodology.

Brainstorming and Nominal Group Technique (NGT) were selected as the primary means for forecasting and evaluating the data. An initial group of eleven specialists were assembled for this purpose in Oklahoma City, Oklahoma during August of 1986. This panel contained national experts in the fields of DUI enforcement, DUI-D enforcement, drug symptomatology, DUI instructional skills, and management of DUI and DRE Programs. The individual panelists were as follows:

1. DRE Program Coordinator, Los Angeles Police Department.
2. DRE Founder and Training Coordinator, Los Angeles Police Department.
3. Senior DRE Instructor, Los Angeles Police Department.
4. Impaired Driver Apprehension (IDA) Grant Manager, Los Angeles Police Department.
5. Program Analyst, Office of Alcohol and State Programs, NHTSA.
6. Highway Safety Specialist, Office of Alcohol and State Programs, NHTSA.
7. Senior Enforcement Specialist, Office of Alcohol and State Programs, NHTSA.
8. Division Manager, Highway Safety Division, Traffic Safety Institute.
9. DRE Training Coordinator/Instructor, California Highway Patrol.
10. Statewide DUI Coordinator, Arizona Department of Public Safety.
11. DUI Project Specialist, Arizona Department of Public Safety.

The general methodology and purpose of the study was explained to the Oklahoma group. The group was provided with no materials for reference and had been instructed specifically not to prepare, or review, any materials prior to attending the NGT and brainstorming sessions.

The methodology employed in developing the past/present trends was to first explain the rationale for, and the significance of, developing these trends before forecasting future trends and events. Background trends were fully identified as those trends needed to be considered prior to proceeding with, or preparing for forecasting future trends and events.

Brainstorming was used to generate a list of seventeen past/present trends. The scope of the trend generation exercise was explained to be broad in nature, including social, technical, economical, environmental and political areas, should individual group members believe them to be appropriate. Both objective and subjective trends were allowed.

Group members generated 17 possible trends for consideration (see page 22). Each trend was clearly written on a flip chart in front of the group for common consideration. Individual ballots of the committee members were collected and the votes tabulated in order to determine the most important of those trends. This was done by having the group vote on each trend as being either "priceless" or "very helpful". The final selection was accomplished by totaling the "priceless" category votes for each trend and selecting those having the most votes for further analysis. The group was presented with the results of the voting and accepted them without further extensive discussion or another vote.

The four most important trends were then evaluated by the group as to their importance through the use of a trend evaluation process. Those results were collected and votes for each trend were averaged. The high and low values were also determined and recorded. After the results were presented to the group, there was further discussion, a revote, recalculation and a second presentation to the group prior to acceptance.

The methodology used to identify emerging future trends was identical to that used in establishing the list of past/present trends. This time, however, the group demonstrated a much better understanding of the brainstorming process and a lengthy clarification of listed trends was not required. The concept of indicator trends was also explained to focus the group toward identifying methods by which society could accomplish desired changes through future policy actions.

The group generated a list of 19 emerging future trends (see page 23). Through the system of secret ballot, four of the most significant trends were identified for further study.

The NGT was next used by the Oklahoma group to develop a list of possible future events that could impact the issue area. This time, the NGT was explained to the group with an emphasis on the impact that policy management could have on the events selected for study.

Rather than using the brainstorming method, ideas were privately generated in writing by each group member. They were recorded on a flip chart after selecting one from each group member, in sequence, until no new ideas were obtained. The possible events

listed were discussed, voted on by secret ballot, and the results presented to the group. After moderate discussion, the initial vote was accepted without a second round of voting. The group identified 27 possible future events and, through secret ballot, identified the five most significant possible future events for this study.

A cross impact analysis of possible future events was conducted through open voting of the group members. The five possible events were presented to group members through the use of an event cross impact evaluation form. The changes, due to the impact of each event on each other event, were recorded by each group member, submitted and averaged. The resulting information was presented to the group and accepted without lengthy discussion.

The promulgation of a list of stakeholders was made possible through brainstorming techniques involving the Oklahoma City group and through previously conducted interviews with DUI and DUI-D experts. The stakeholders were prioritized through open voting and analysis obtained through general discussion with individual group members and through subsequent interviews of other nationally recognized DUI experts.

PAST/PRESENT TRENDS

1. Health care improvements
2. Increased availability of drugs
3. Greater variety of drugs
4. Jail population due to drug abuse
5. Public attitude against drug use/abuse
6. Cultural shifts in society
7. Cost/Affordability of drugs
8. Drug relationship to crime
9. Political pressure to reduce drug abuse
10. Fiscal restraint of government
11. DUI-drugs legislation and case law
12. Increased media attention
13. Parental influence decreasing
14. Economic impact
15. International efforts to fight drug enforcement
16. Increased awareness of drug enforcement
17. Knowledge of drug symptomatology

In order of importance, the four most significant trends were determined to be:

1. Availability of drugs
2. Public attitudes against drug abuse
3. Increased media attention
4. Political pressure to reduce drug abuse

EMERGING FUTURE TRENDS

1. Use of drugs in the workplace
2. Use of drug testing in the workplace
3. Public awareness of drug abuse
4. Knowledge of drug symptomatology
5. Improved DUI enforcement technology
6. Long-range side effects of drug use on the social/medical community
7. Public acceptance
8. Availability of drugs
9. International concerns
10. International relations
11. Economic impact
12. Youth use of drugs
13. Drug education
14. Drug relationship to crime
15. Peer pressure
16. Parental influence
17. Variety of drugs
18. Drug legislation and case law
19. Media attention to drug abuse

In order of importance, the four most significant emerging trends were determined to be:

1. Availability of drugs
2. Drug legislation and case law
3. Improved DUI enforcement technology
4. Public awareness of drug abuse

POSSIBLE FUTURE EVENTS

1. Society shifting to "natural" drugs
2. Legislation lowering legal drinking age
3. Significant increase in funding to fight drug abuse
4. Significant legislative support to fight drug abuse
5. Significant increase in prosecuting/adjudication support
6. International poisoning of drug supplies
7. Introduction of a new, non-addictive drug
8. Improvement of DUI-drugs laws
9. Drug-related epidemic
10. Foreign countries eradicate drug production
11. Formation of a national DUI-task force
12. Regionalization of policing
13. Shift away from drug enforcement priority
14. Decrease in foreign relations
15. Development of long-term drug block
15. Closing of United States borders
17. Long-term drug-related genetic problems
18. Grass roots anti-drug movement
19. Nationwide drug testing
20. Major economic depression
21. Armed anti-drug public rebellion
22. Anti-drug education takes effect
23. Development of accurate blood alcohol testing equipment for field use
24. Development of new highly addictive drugs

25. Legalization of all drugs
26. Collapse of the U. S. military command
27. Major drug-related medical disaster

In order of importance, the five most significant possible future trends events were determined to be:

1. Significant increase in funding to fight drug abuse
2. Improvement of DUI-drugs laws
3. Grass roots anti-drug movement
4. Development of accurate alcohol and drug testing equipment for field use
5. Major drug-related medical disaster

CHAPTER IV
EVALUATING THE DATA

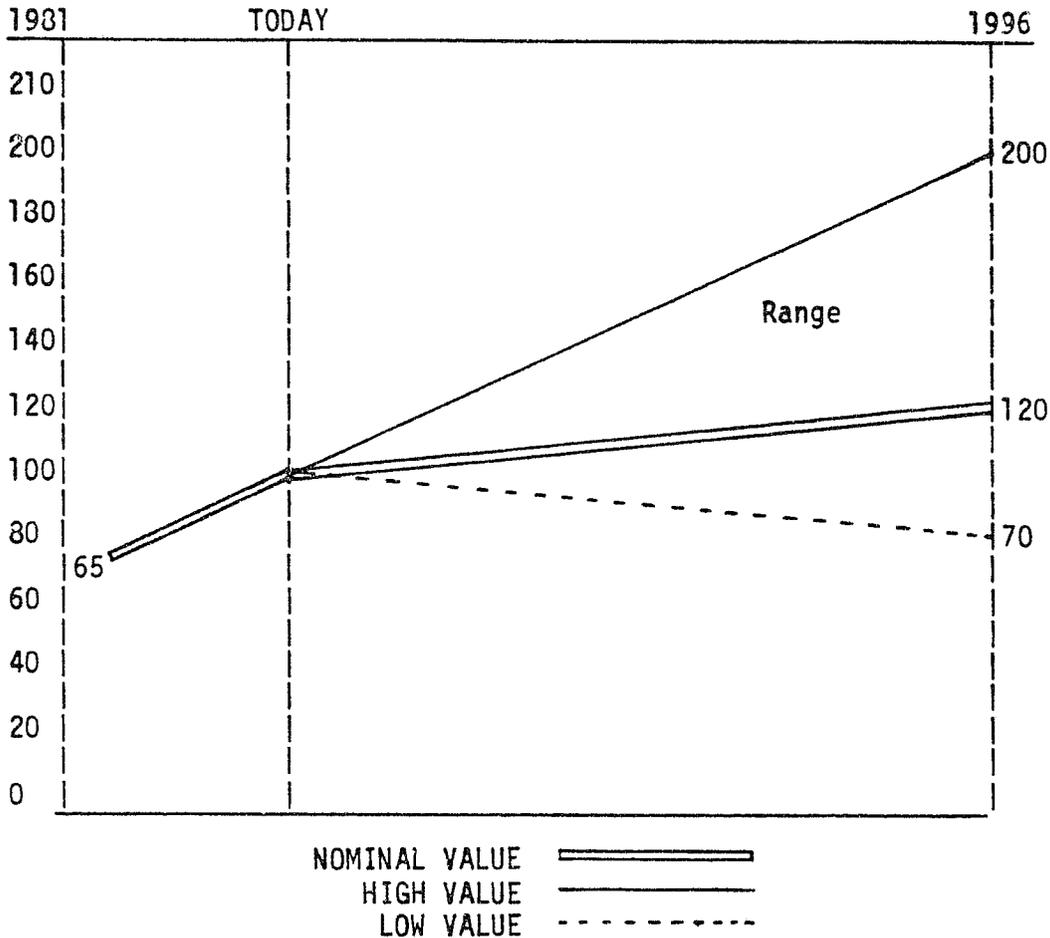
A. Past/Present Trends.

TRENDS	% in 1981	Present	% in 1996
	high	100	200
1. Greater availability of drugs	65	100%	120
	low	40	70
	high	100	300
2. Public attitudes against drug abuse	52	100%	116
	low	10	70
	high	50	300
3. Increased media attention	35	100%	101
	low	10	5
	high	70	500
4. Political pressure to reduce drug abuse	34	100%	123
	low	10	50

In order of importance, the four most significant past/present trends were determined to be: (1) greater availability of drugs; (2) public attitudes against drug abuse; (3) increased media attention; and (4) political pressure to reduce drug abuse.

A collective analysis of these past/present trends indicated a projected overall nominal increase over the next ten years. With the projected 20% increase in the already tremendous availability of drugs, the incidents of DUI-D can be expected to be proportionately higher by 1996, unless a successful program is implemented to change that trend. The public attitude toward reducing drug use, increased media attention and continual political pressure to reduce drug abuse all equate to an environment that could be expected to actively seek out and implement a DRE Program.

1. Greater availability of drugs.

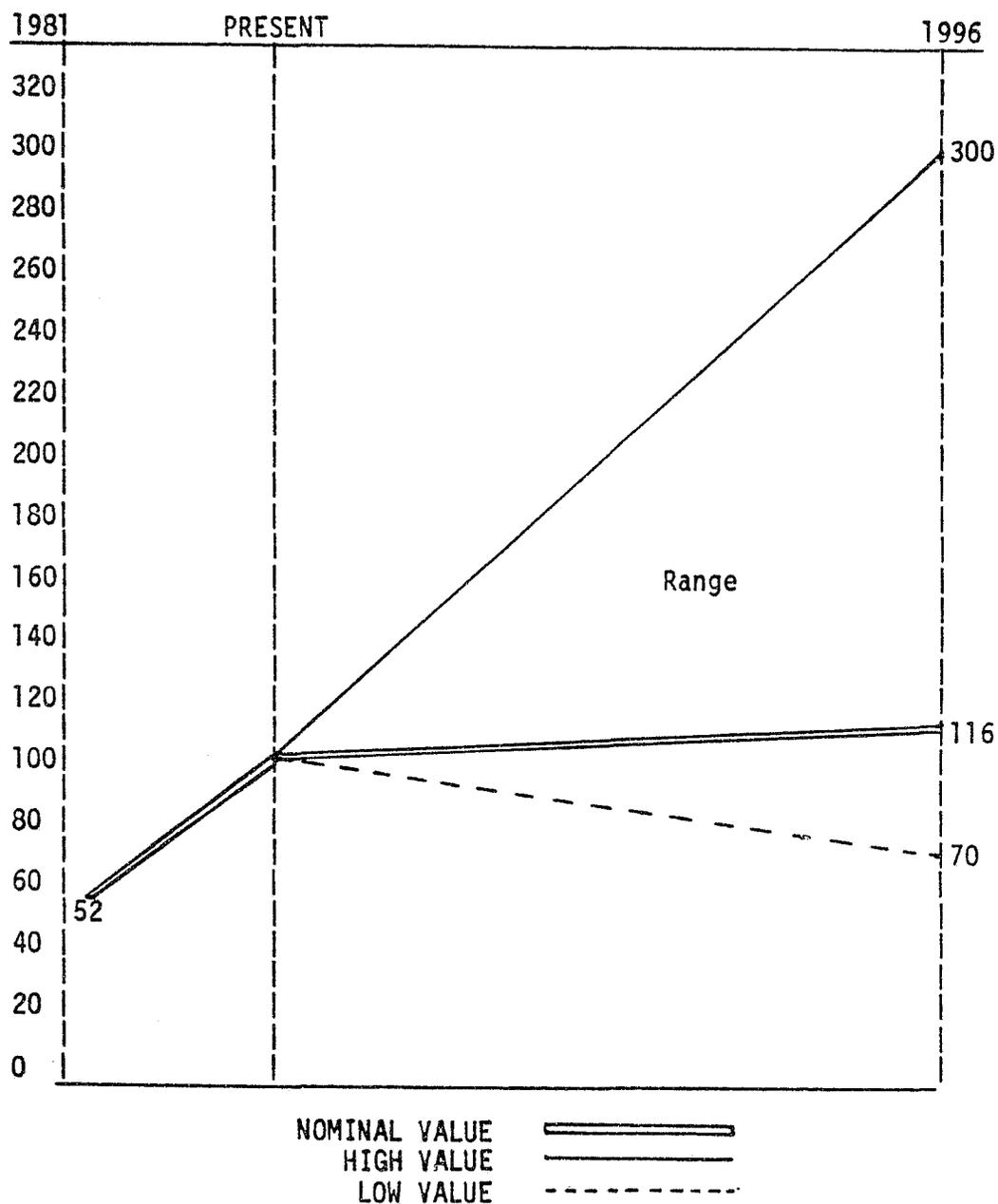


It is evident that a greater availability of drugs in society, as a whole, is a trend the Oklahoma City group believed would significantly impact the transferability of the LAPD DRE Program to other law enforcement agencies. The group believed that drugs are available today at almost twice the rate they were five years ago. The group forecast that the availability of drugs would still increase an additional 20% over today's level during the next ten years. The 20% increase is significant in itself; however, when added to the current level of drug availability, the results are staggering.

Although the range of projection to the year 1996 varied from 70% of today's availability on the low end to 200% on the high end, it is interesting to note that even the low range projection was higher than the availability of drugs five

years ago. There appears to be strong confidence that no dramatic turn around in the availability of drugs will occur within the foreseeable future.

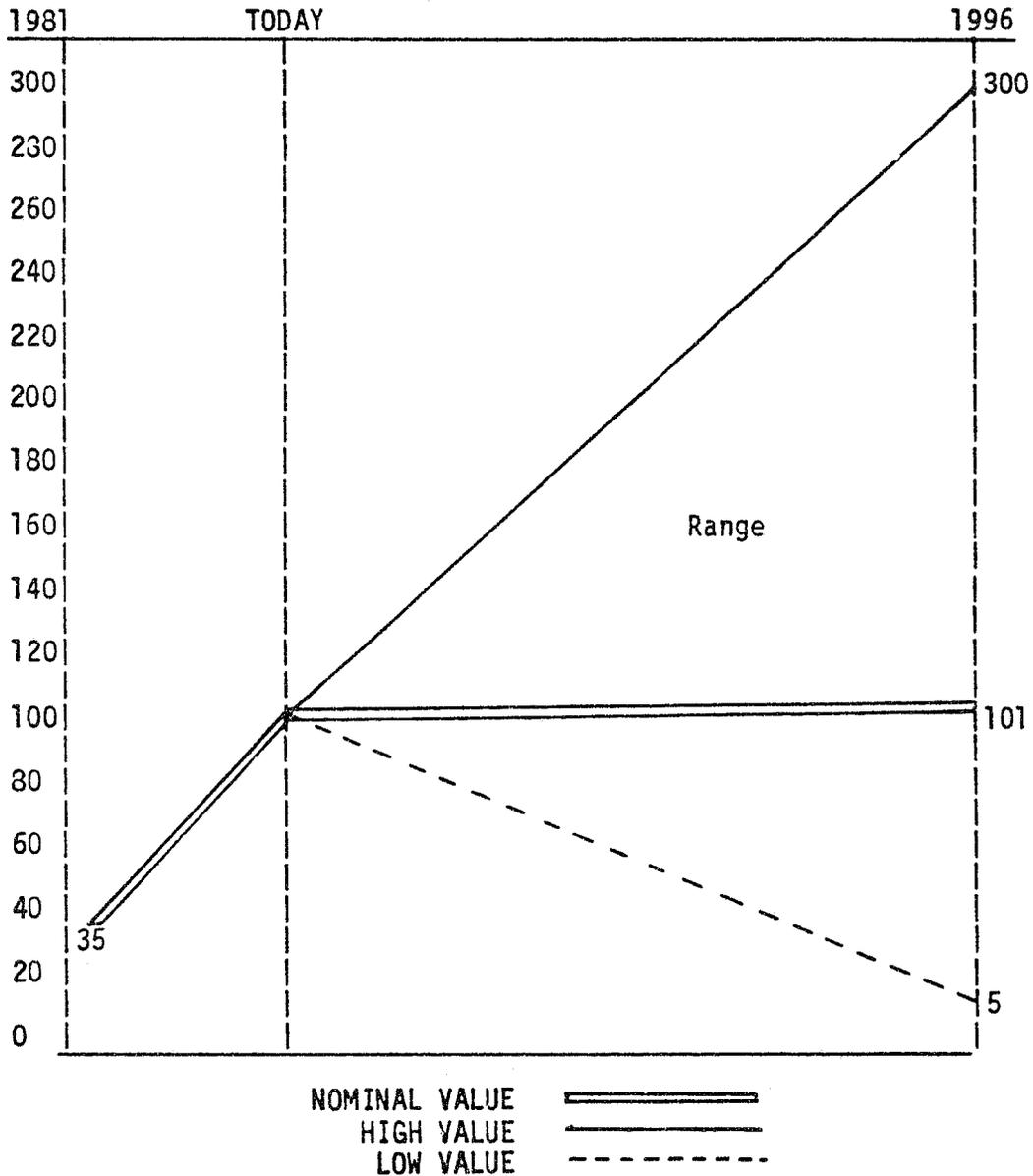
2. Public attitude toward drug use.



Public attitude against drug abuse has almost doubled over the last five years and is projected to increase to 116% of

today's level by the year 1996. Although the projected 1996 low value was identical to that of the preceding graph (70% of present value), the high range of the future projected value rose to 300%, giving this trend a slightly lower confidence level due to the greater range of raw data. The overall nominal increase in public attitude against drug abuse will, however, aid in future efforts to combat the DUI-D driver and transfer the DRE program.

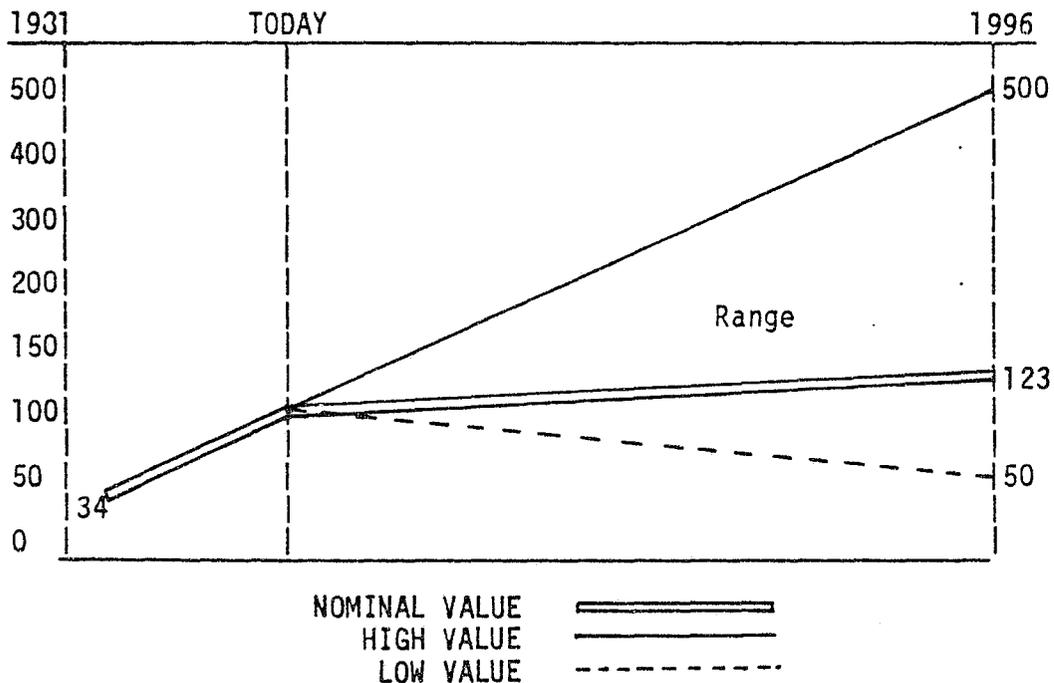
3. Increased media attention.



The NGT group believed that the media paid almost no attention to the drug impaired driver in 1981 as compared to today. The group also forecast the same high level of media attention in 1996 that we currently enjoy today. The rapid rise of media attention during the last five years may just now be resulting in increased community and political support. With the constant pressure of media attention keeping the public aware of the DUI-D menace to society, the likelihood of a successful DRE transition is increased.

In interpreting this data the confidence level of the group was not considered high due to the extreme variation in the range of collected data. From the 1996 projected low of 5% of today's media attention, to the projected high of 300% of today's value, the projected 101% of today's level does not appear to be on as solid ground as do projections for the availability of drugs or continued public attitude toward controlling the overall drug problem.

4. Political pressure to reduce drug abuse.



Once again the group determined there was a significant increase over the last five years of political involvement to reduce drug abuse. Due to the similarities of 1981 evaluations of this trend when compared to the proceeding trend, the data gives rise to a question of whether there is

a cause and effect relationship between increased media attention and the increase in political pressure to reduce drug abuse. A slight increase of that political pressure is expected to continue through 1996.

The closely aligned nominal values of the political pressure, availability of drugs and the public attitude trends forecast for 1996 indicate that those trends may be interrelated in the future. Further study through cross impact analysis will help clarify the relationship of events closely aligned with these past/present trends.

B. Emerging Future Trends.

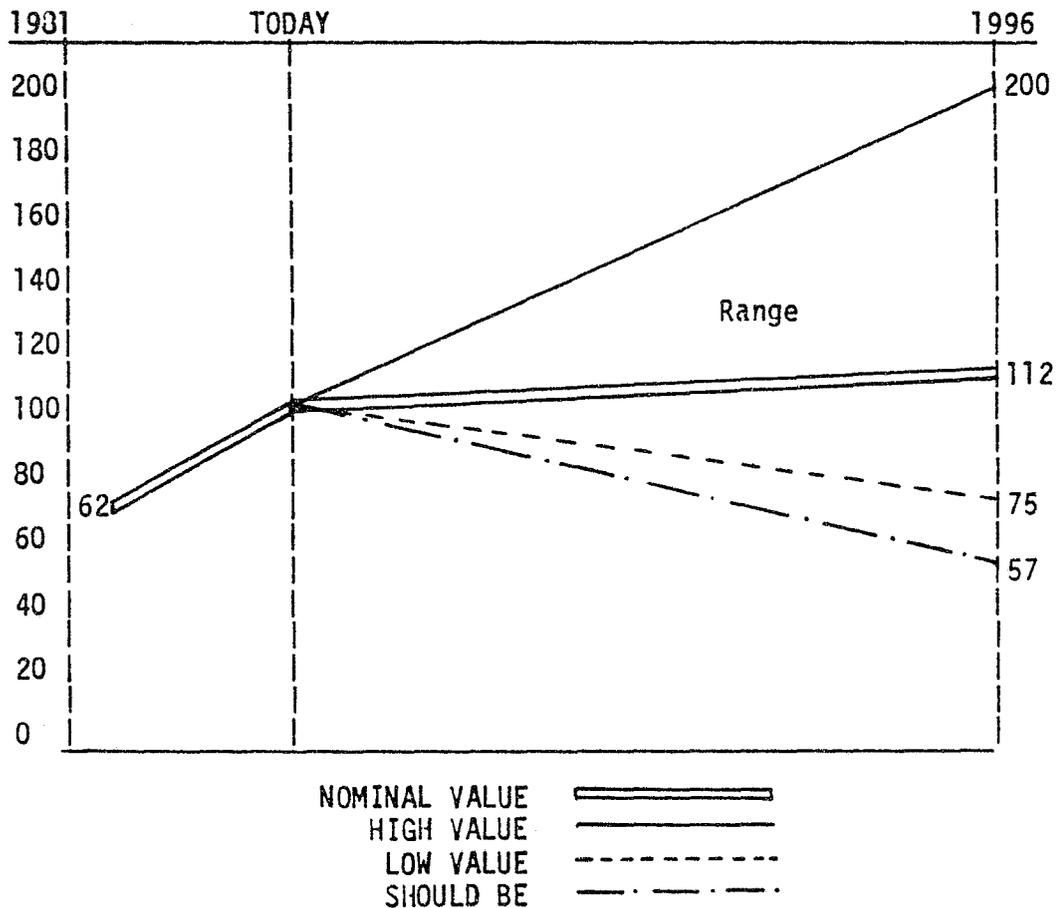
TRENDS		1981 (0-100)	Present (%)	1996 (0-100)	Should be 1996 (0-100)
1. Availability of Drugs	high	80		200	80
	low	40	100	75	25
2. Drug Legislation & Case Law	high	75		300	300
	low	5	100	75	75
3. Improved DUI Enforcement Technology	high	75		300	500
	low	5	100	100	120
4. Public Awareness of Drug Abuse	high	75		300	500
	low	10	100	75	100

By order of importance, the four most significant emerging trends were determined to be: (1) availability of drugs; (2) drug legislation and case law; (3) improved DUI enforcement technology; and (4) public awareness of drug abuse.

Collectively, the emerging future trends show an increase in availability of drugs but a sharper and more significant increase in legislation and a still greater increase in technology and public awareness to combat the DUI-D driver. Once again, the similarities of the 1981 trend levels and the forecasted 1996 levels give rise to a question of interdependence of these trends.

The "should be" levels clearly indicate that a significant impact on the future is possible through policy determination and action. The broad interpretation of this data indicates a possible inverse relationship between the availability of drugs and the combined influence of improved DUI enforcement technology and public awareness of drug abuse. Similar to the evaluation of the past/present trends, the nominal values of the expected 1996 emerging future trends would strongly support the transition of the LAPD DRE Program to other law enforcement agencies.

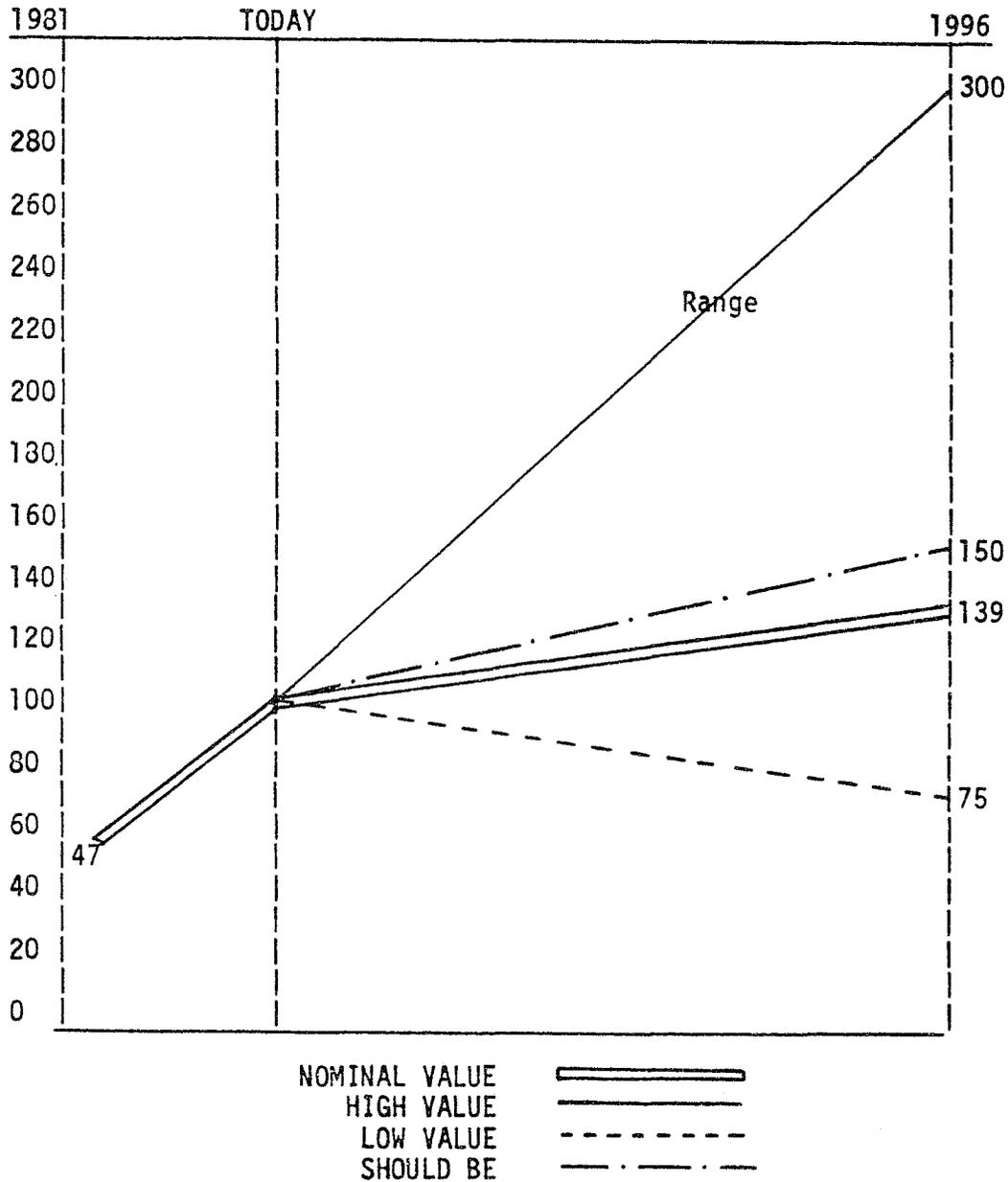
1. Availability of drugs.



The availability of drugs, voted the most important of the emerging future trends, was also identified as the most important past/present trend analyzed by the Oklahoma City group. As should be expected, a reanalysis of this same trend produced similar forecasted results with only an 8% difference between the past/present and future 1996 nominal values. Although the group believed that in 1996 the

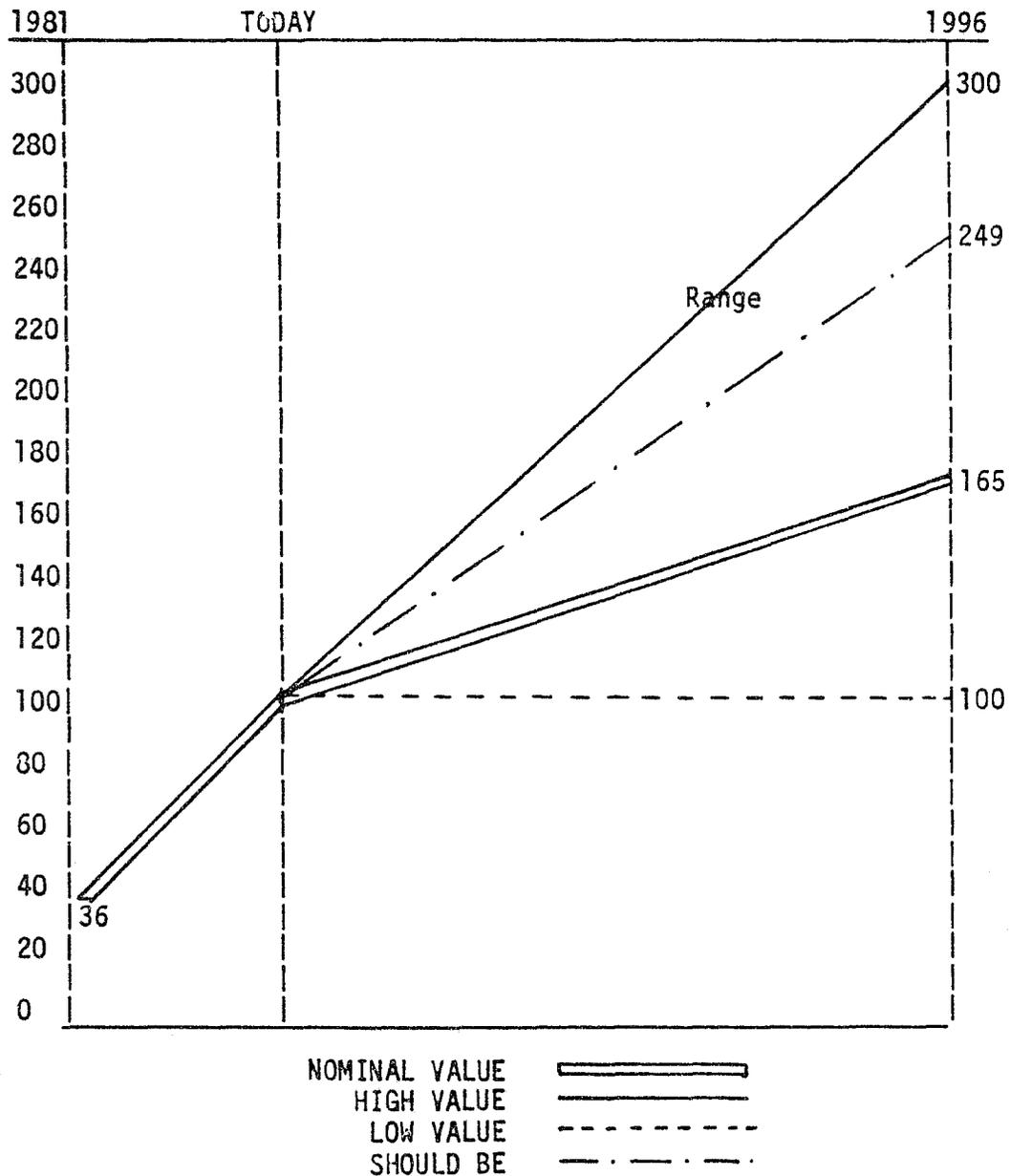
availability of drugs "should be" reduced to 57% of today's level, they also projected that the actual level will be 12% greater than today. Once again, this clearly indicates that the DUI-D problem will be at an even greater level in 1996 than it is today.

2. Drug legislation and case law.



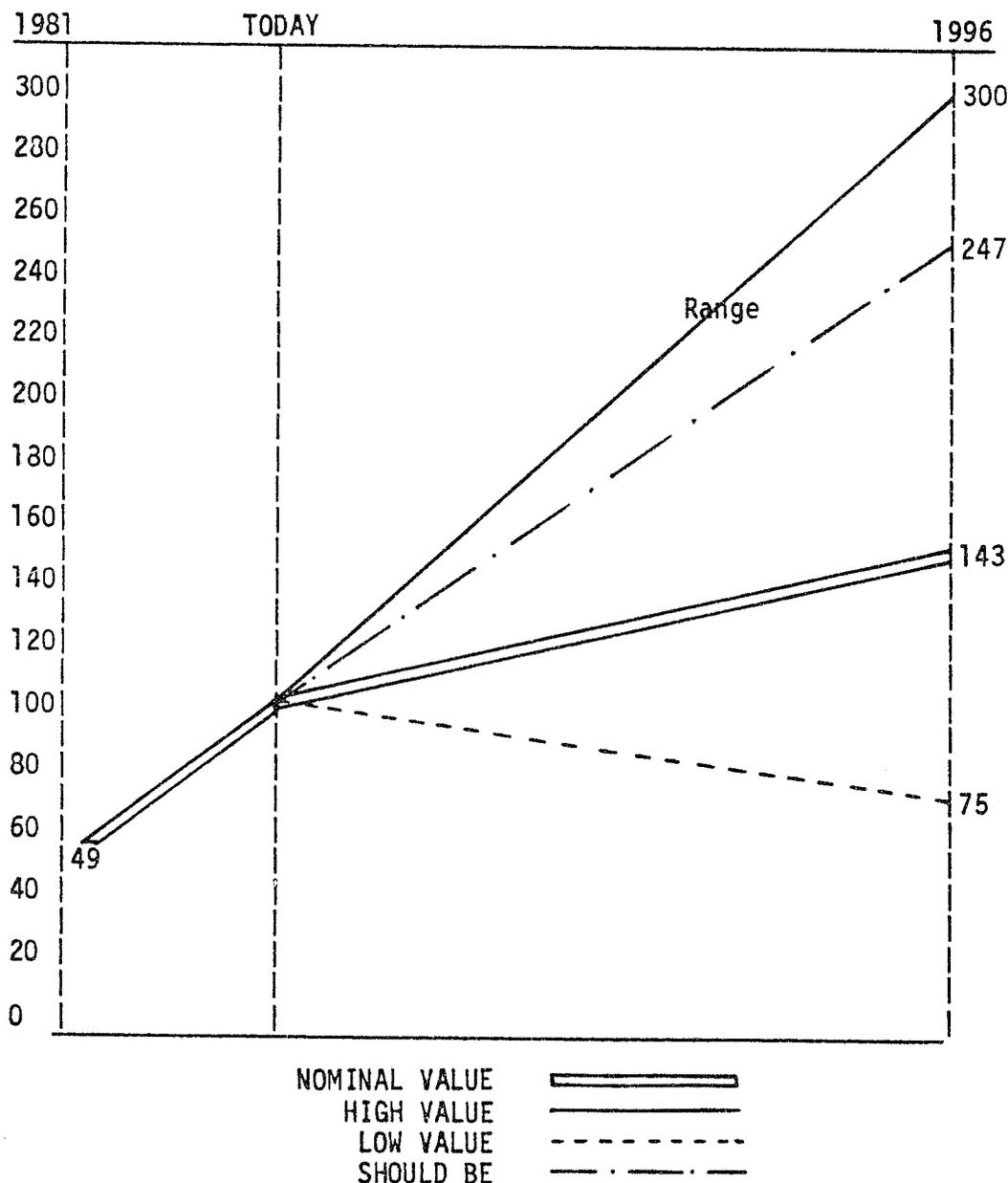
The group anticipated assistance in combating the DUI-D driver in California over the next ten years by indicating a nominal projection of 39% greater assistance from legislation and case law. Even the "should be" value was only slightly higher than the 1996 nominal value. From this evaluation, little policy formulation will be required in order to achieve the desired legislative results.

3. Improved DUI Enforcement Technology.



When compared to other trends, technology was forecast to increase to a higher level than any other trend. The "should be" category for improved technology was also the highest of this trend group. Evaluation of the data indicates a stronger confidence in future success of scientific improvements than in other professional areas. There is further indication that, even with considerable effort, legislation and case law will only increase with a corresponding demand while there is strong confidence that technology should increase at a much faster rate.

4. Public awareness of drug abuse.



The NGT group clearly forecast a significant increase in public awareness of the drug abuse problem. With a 43% increase in awareness over the next ten years, continual public pressure to reduce the DUI-D problem can be expected. The "should be" value of public awareness (147% greater than today's value) indicates that, while a significant increase is expected by 1996, a much greater level of community awareness and support might be realized through policy management. With the possibility of raising the level of community awareness more than with any other emerging future trend through policy management (143% - 247%), considerable attention must be devoted to interpreting these data.

This data, once again, clearly creates a very positive atmosphere for transplanting the DRE Program.

C. Possible Future Events.

EVENT STATEMENT		Probability By:		Net Impact on the Issue (-10 to +10)
		1991 (0-100)	1996 (0-100)	
1. Significant Increase in Funding to Fight Drug Abuse	high	100	100	10
	low	64	64	+7.2
2. Improvement of DUI-Drugs Laws	high	75	100	10
	low	53	68	+6.6
3. Grass Roots Anti-Drug Movement	high	80	80	8
	low	62	64	+4.5
4. Development of Accurate Blood Alcohol Testing Equipment for Field Use	high	35	45	1
	low	80	90	9
5. Major Drug-related Medical Disaster	high	46	73	+2.1
	low	10	45	-10
	high	70	70	9
	low	39	51	+3.2
	low	20	25	-1

In order of importance, the five most significant possible future events were determined to be: (1) significant increase in funding to fight drug abuse; (2) improvement of DUI-D laws; (3) emergence of a grass roots anti-drug movement; (4) development of accurate blood alcohol testing equipment for field use; and (5) major drug-related medical disaster.

An analysis of the possible future events disclosed a probability that the first three of those events will occur within five years and that all of the events are expected to occur by 1996. A significant increase in funding to fight drug abuse was not only the most important significant possible future event selected by the Oklahoma City group but it also ranked first in probability of occurring by the year 1991 and scored the highest (+7.2) as directly impacting on the issue area.

1. Significant increase in funding. A successful DRE program requires training, equipment and support services that only additional resources can provide. In addition to officers requiring considerable training in DRE procedures, each arrest takes longer to process due to the DRE evaluations; laboratory services are required to verify the category of drug intoxication and some field equipment is required for each DRE. The data does not indicate that a significant increase in funding is necessary to implement a DRE program, but it would be extremely helpful in removing many of the rough edges of DRE program implementation.
2. Improvement of DUI-D laws. The improvement of DUI-D laws had the second highest probability of occurring by the year 1996 and also scored the second highest (+6.6) as impacting on the issue area. The standardization of DUI laws on a national basis was believed to be important. The Oklahoma City group believed that consistent case law within California concerning DUI-D was extremely important.

California law requires suspected drug impaired drivers to submit to a chemical test of blood or urine to determine the presence and concentration of drugs other than alcohol.

That law, however, may be invoked only when an officer is able to articulate specific reasons that would lead one to believe a driver was impaired by a substance other than alcohol. Clearly, an officer specifically trained in drug recognition could articulate those reasons with expertise. Additionally, laws accepting proven DRE methods, including the horizontal gaze nystagmus test, should be passed to strengthen prosecution of DUI-D cases. Once again, realization of this possible future event will even further enhance the need for a DRE Program.

3. Development of accurate blood alcohol testing equipment for field use. This event was given the highest probability of occurring by 1996; however, it registered the lowest net impact on the issue area (+2.1).

The Oklahoma City group was confident that even if field equipment could be developed to automatically measure and accurately identify drug intoxication, let alone measure the alcohol BAC, such measurements would be resisted in the courts as a violation of the 4th Amendment, i.e. an unreasonable search and seizure. Historically, the courts have not allowed an intrusion into, or around, the body without probable cause, and the courts are not expected to change their position in the foreseeable future.

The low net impact on this issue area appears to show confidence that the court will continue to require expertise, similar to that possessed by a DRE, prior to allowing present or future developed equipment to be used.

4. Major drug-related medical disaster. Although it is anticipated that such a disaster will occur by the year 1996, the 51% probability rating does not indicate a great degree of confidence in that forecast. Should that event occur, it would have some impact (+3.2) on the issue area; however, the impact would not be significant when compared to other possible future events. Also, it is obvious that management policy to make that event happen will not be undertaken by responsible managers.

D. Evaluation of Possible Future Events and Policy Determination.

CROSS IMPACT ANALYSIS OF POSSIBLE FUTURE EVENTS

EVENT STATEMENT	1996 Proba- bility	Net Change in Probability				
		Event No. 1	Event No. 2	Event No. 3	Event No. 4	Event No. 5
1. Significant in-crease in funding to fight drug abuse	64		7.8	11.7	7.3	11.3
2. Improvement of DUI-Drugs laws	68	8.0		5.9	7.8	5.0
3. Grass roots anti-drug movement	64	8.0	2.2		1.7	13.3
4. Development of accurate blood alcohol testing equipment for field	73	14.8	7.2	6.1		6.1
5. Major drug-related disasters	51	-1.7	-1.1	0	0	

The cross impact analysis clearly indicates that the first four in the prioritized list of possible future events could be increased in probability of occurrence if the fifth listed event, a major drug-related disaster, occurred. Such a disaster would significantly increase the probability of other significant events occurring; however, future managers cannot count on such a disaster happening and will not formulate policy in order to see that such an event does happen. Therefore, any policy discussion concerning inducement of a major drug-related disaster will be excluded from consideration.

The development of accurate blood alcohol testing equipment for field use had the highest probability of events occurring by 1996 and increased to an incredibly high probability (88%) of occurring should a significant increase in funding to fight drug abuse occur. Although the development of new testing equipment is highly probable, it had the lowest net impact on the issue area. This low impact was probably due to the belief that it will still be necessary for an arresting officer to render an opinion regarding intoxication before an arrestee is required to submit to an examination using any present, or future developed,

testing equipment. Similarly, the opinion of a DRE regarding drug impairment will still be required prior to mandating an arrestee submit to a chemical test of blood, urine, saliva, brain waves or any other conditions requiring laboratory analysis. Therefore, this event should not be the primary focus of policy management.

Policy management should focus on impacting an increase in funding to fight drug abuse as this event clearly has the greatest net impact on the issue area. Resources produced through funding can provide the training, equipment and laboratory services needed for DRE Program implementation without draining existing valuable resources. Once resources are provided, commitment from key people is the only remaining necessary element for successful implementation.

From examining the cross impact analysis chart, it becomes clear that policy consideration to achieve a grass roots anti-drug movement would most directly impact the probability of increasing funding to fight drug abuse. With the realization of a powerful grass roots anti-drug movement, the probability of significantly increased funding rose from 64% to 76% by the year 1996. Current and future policy alternatives suggested by this analysis should, therefore, be primarily focused on developing community support toward an anti-drug movement in order to obtain the necessary resources for implementing a DRE Program.

CHAPTER V

SCENARIOS

With the analysis of past and future trends, along with the detailed analysis of future possible events, it becomes possible to apply this insight in the area of policy formulation and management. Using the data from the proceeding chapters, possible future scenarios have been developed applying the differing management policy alternatives.

A. Scenario Number One.

In 1987, the community of Cannabis Hill experienced an increase in drug-related traffic accidents and drug-related crimes, especially involving children and young adults. The chief of police recognized the necessity of implementing a program to combat the drug impaired driver; however, the existing budget of his department would not allow for specialized training for his officers or acquisition of necessary equipment. The chief does, however, have a cadre of well-trained DUI enforcement officers who have proven themselves over the past years.

The political climate in Cannabis Hill is such that the local politicians refuse to increase local taxes or to impose any new revenue generating fees in order to provide for an increase in the police department's budget. They have also specifically denied the implementation of any new programs in order to rebuild the city's reserve fund.

Recognizing the fiscal posture of the city, the chief of police embarks on a campaign to heighten public awareness in support of the DRE program.

By 1989, several community groups have come together into an anti-drug coalition containing a strong anti DUI-D movement. The chief has used the media to publicize drug-related incidents, particularly those involving persons suspected of driving under the influence of drugs.

Public liaison officers have been dispatched to address local church, business and other community groups regarding the DUI-D problem. The police department has also provided speakers to that educate students concerning drugs and the danger of driving while under the influence of alcohol or drugs. In addition, the police department has taken an active role in educating the general public regarding drug symptom awareness so they can detect and report persons suspected of driving under the influence of drugs or alcohol.

Late in 1989, the grass roots groups begin to call upon the City Council to find and implement a program to combat the increasing DUI-D problem. Some council members begin to listen.

While the community groups solicited assistance from the politicians, the chief remained in the background. He offered assistance to both the community groups and the politicians and indicated his willingness and ability to assume responsibility for a new DUI-D program should funding become available. The City Council was divided on funding such a program and further action was stalled in the political process.

In 1990, a drug-impaired driver caused a bus, carrying the local football team, to crash in a highly congested intersection of the city. That collision resulted in the death of twenty people. The driver causing the accident was arrested because objective symptoms of impairment were observed, but was not prosecuted because of the low blood alcohol level reading in a chemical breath test. Everyone suspected drug intoxication but no one was able to provide the expertise necessary to prosecute.

Community support for a DRE-type program strongly increased and many Council members were verbally attacked on the Council floor for their failure to support implementation of the DRE Program. Several members of the City Council who had opposed funding this program in the past were removed from office during the 1990 fall election. The new City Council began to consider alternative sources of funding and the chief of police continued to work with the council and the community preparing his department to acquire the DRE program.

By 1991, some local money was made available in addition to some financial assistance from the California Office of Traffic Safety in the form of a DRE Grant. A DRE program was implemented during the later part of that year.

Although officers have now been trained and a marked increase in DUI-D arrests has occurred by 1992, the local prosecutor has refused to file criminal charges in these cases. This problem occurred because the chief of police failed to include the prosecutor in the planning phase of the program and also neglected to educate members of the judicial system regarding the DRE Program. These failures involving the planning and implementation stage of the DRE program caused a serious, but temporary, setback.

After basic familiarization training of concerned criminal justice system members was completed, the chief of police, recognizing the power of the grass roots organizations, encouraged the public to hold the judiciary accountable for sentencing of convicted DUI-D offenders. After a year of effort, both through training, collaboration and public support, prosecution difficulties were overcome, criminal complaints were routinely filed on DUI-D cases and convictions were obtained.

Although the number of prosecutions by 1994 had increased significantly, the existing laboratory facilities experienced difficulties in conducting both preliminary drug screens and subsequent detailed analysis of blood and urine specimens due to the increased volume of arrestees. In addition, more and more accurate equipment became necessary to ensure successful prosecutions. Once again, public support in lobbying the City Council was utilized by the chief.

By 1995, increased funding became available through changes in drug forfeiture laws, an increase in the amount of money given to local governments from the imposition of increased mandatory DUI fines, and continued political financial assistance. These revenue resources guaranteed continuing support would be available for the successful DRE Program.

B. Scenario Number Two.

In 1937, the police chief of Poppy Grove, California recognized the increasing problem of the drug impaired driver. Ridding his community of DUI-D drivers became one of his personal priorities for action. The chief implemented some advanced training for traffic enforcement officers in order to assist them in becoming a highly skilled DUI enforcement unit.

Realizing the magnitude of the problem and the limited resources available for in-house training, as well as the even smaller amount of money available for additional outside training and new equipment, he lobbied the city government for money to implement a proven drug recognition expert program. Using the local media, he publicized drug-related traffic arrests and accidents and initiated a DUI checkpoint program.

The chief included the LAPD type of DRE program and supporting equipment as part of his budget package. When unable to gather enough support for that budget program, he issued a warning to the politicians and the community that if the funds were not forthcoming, the problem of the drug impaired driver would continue to grow unabated in the fair city of Poppy Grove. Additionally, the chief publicly blasted members of the local judiciary when cases involving drug impaired drivers were dismissed for lack of sufficient probable cause to arrest.

The media, always alert for an opportunity to report on conflicts within government, gave much attention to the squabble between the chief of police, the courts and the politicians. The media quickly began following the chief's plight to acquire the DRE program and reporting the newsworthy interplay among the various stakeholders.

Although several local community groups already involved in anti-DUI programs had been established in Poppy Grove, there was no concentrated effort to enlist their unified support or direct assistance to obtain a DRE program. The chief of police never personally contacted community groups or considered organizing them into a politically active unit.

In 1988, the visible drug problem in Poppy Grove continued to increase, in spite of an increase in arrests of persons selling illegal drugs and an increase in community support for stiffer penalties for convictions of all violations of narcotics laws.

Again, the chief submitted an additional budget request for the DRE program. Once again, the local government, concerned about increasing local taxes, failed to appropriate the funds requested by the chief of police. The media reported, in detail, the conflicts between the chief of police and the council members during the budget hearings for the chief's recommended DRE program.

In 1990, tragedy struck Poppy Grove. A truck, driven by a drug impaired driver, overturned and caused a multiple car collision directly in front of city hall. As a result, fourteen local residents were severely injured; five suffered fatal injuries including one six-year old school girl crossing the street within a cross walk. It was discovered that the driver of the truck had been stopped by a Poppy Grove traffic enforcement officer for suspicion of driving under the influence only five minutes before the fatal accident occurred. Unable to smell any alcohol on the driver's breath, and being told by the driver that the reason he was unable to stay within his lane of traffic was due to lack of sleep, the traffic officer released the truck driver failing to recognize symptoms of drug impairment that undoubtedly would not have escaped a DRE.

Because the truck driver had been killed in the accident, an autopsy was conducted and the results of his blood tests were made public. The coroners office found that the truck driver had both cocaine and marijuana in his system at the time of the fatal accident.

In response to the public outcry, the chief attempted to blame government leaders because of their failure to fund the DRE program which the chief made very clear he had included in his previous budgets. When the public demanded accountability from the local government, the politicians quickly pointed to the seemingly large budget of the police department and questioned the ability of the chief of police to effectively manage his resources. Although the chief had recognized the need for a DUI-D enforcement program, the politicians reminded the public through the media, that the chief of police had negligently failed to combat the DUI-D problem through reallocation of his existing resources.

This conflict continued for the next two years with continual lack of financial support for the DRE program. The chief made more open demands for political and financial support for a DRE program but the council continued to resist; now finding themselves in a position where political support for a DRE program under the existing chief of police would make it appear that the chief had been right and the council had been wrong. This situation was obviously politically dangerous to the mayor and the council.

Because the chief failed to gain grass roots support from the community, the 1992 reelection of all council members put the mayor and council in a position of strength and the chief in an intolerable political environment. Some members of the public and several council members now demanded the chief's resignation for his failure to protect the city from the drug impaired driver.

While pondering his dilemma, the chief wondered whether going to the community for support in dealing with the DUI-D problem while working with the politicians to find ways of reallocating resources or raising the necessary revenue would have been a better strategy to employ when he first recognized the need for action. He now realized that creating win-win relationships among himself, the politicians, and the community would have been the better course of action.

CHAPTER VI
STRATEGIC PLAN

A. Situation.

In order to successfully transplant the LAPD DRE Program, other law enforcement agencies must have a need for that program. The visible need for a DUI-D program will help generate public support, help motivate politicians and, most importantly, help generate the resources necessary for program implementation. Research conducted to determine the actual need for the DRE program was difficult because the DUI-D enforcement concept is new. When researching this emerging field, reliable data indicating a direct statistical need for the DRE program was non-existent.

Research was conducted in order to determine the extent of drug use and explore the probability of whether one could reasonably expect drivers to be under the influence of drugs. As a start, several major cities in California and several other states were surveyed to determine the number of DUI-D arrests currently being made. The California cities surveyed were San Diego, Anaheim, San Jose, San Francisco, Sacramento, Long Beach and Los Angeles. Cities outside of California surveyed included New York City, New York; Seattle, Washington; Kansas City, Missouri; Detroit, Michigan; Chicago, Illinois; and Philadelphia, Pennsylvania.

The law enforcement agencies in all of those cities, including Los Angeles, were unable to specify the exact number of arrests that were made for DUI-D during the preceding year. Except for Los Angeles, all other major cities contacted indicated that just a small handful, if any, arrests for DUI-D were made by local law enforcement. Of the approximately 30,000 DUI arrests made by the LAPD each year, hundreds are for DUI-D; however, systems for capturing that data have only recently been implemented and yearly data is not yet available.

Research found that the State of Virginia evaluated their effort to plan for combating the drug-impaired driver and, according to a 1985 research paper prepared by the Virginia Highway and Transportation Research Council, they reported that for calendar year 1984, only four convictions for DUI-D were obtained statewide from a total of 43,000 DUI arrests.(5)

Some cities and states that did report small numbers of convictions for DUI-D, usually obtained those convictions following prosecution of persons that have been involved in serious traffic accidents. The typical successful prosecution

for DUI-D resulted from seriously injured drivers being transported to hospitals where blood samples have been taken and drugs detected in subsequent blood analysis.

Due to the lack of available information, this study examined the general use of drugs within society in order to give insight to the present magnitude of the DUI-D problem in California and the corresponding impact that this would have on the future transferability of the LAPD DRE technology to other law enforcement agencies. This research painted the following drug abuse picture:

1. National drug abuse. The consumption of illicit drugs and the abuse of prescription drugs have significantly increased throughout the nation over the recent years. The facts are mind-boggling. According to one recent report concerning documented widespread substance abuse in the workplace:(6)
 - * The National Institute on Drug Abuse (NIDA) has concluded that "drug abuse is the most common health hazard in the American workplace": According to NIDA, nearly two-thirds of those entering the work force for the first time have used illegal drugs; 44% have used them within the last year; between 10% and 23% of all workers abused drugs on the job.
 - * The average age of the first-time drug user is now 12.5 years. One-third of all 18 to 25 year olds regularly use illegal drugs.
 - * In 1985, after implementing a pre-employment drug testing program, a major Dallas, Texas construction firm discovered that more than 40% of its applicants tested positive.
 - * The number of persons smoking marijuana doubled in the last 10 years, from 12 million to 25 million Americans. One out of three graduating high school seniors has smoked marijuana within the last 30 days. Americans smoked over 9,000 tons of marijuana in 1935.
 - * Twenty-five million Americans have tried cocaine. Five to six million use cocaine at least once a month; nearly one-third of recent college graduates have used cocaine. Twenty percent of all 18 to 25 year olds use cocaine at least once per month. Nearly 40% of all 27 year olds have used cocaine. In 1976 Americans used 18 tons of cocaine; in 1985 they used 100 tons. Every day, another 5,000 Americans try cocaine for the first time.
 - * Requests for treatment for cocaine use have increased 600% since 1983.

- * According to the August 8, 1986 Journal of the American Medical Association, only a few months ago no cocaine users called the National Cocaine Hotline that had even mentioned crack (rock cocaine), but today over one-third of the callers report that crack is their primary drug of abuse. The Hotline has received calls from crack users in over 25 different states and 16 major cities.
- * Ninety percent of cocaine users use it on the job. Forty-three percent of cocaine addicts sell drugs at work and 63% of cocaine addicts report that they can easily buy drugs at work.
- * Heroin consumption increased 55% between 1981 and 1984.

Other sources of information are equally causes for concern. According to the House Select Committee on Narcotics and Abuse Control, "more than 20 million Americans use marijuana regularly; approximately 8 million to 20 million are regular cocaine users; about 500,000 are heroin addicts; a million are regular users of hallucinogens; and six million people abuse prescription drugs."(7)

The House Select Committee further reported that cocaine has escalated to epidemic proportions, afflicting famous athletes, doctors, lawyers, professional leaders, blue collar workers and one in five high school students. Millions of Americans aged 24 to 40 who had smoked marijuana during their younger years in the 1960's and 1970's now use cocaine.(8)

Totaling these assessments of national drug use, it would seem likely that in a nation of approximately 242 million, somewhere between 35 and 50 million regularly abuse drugs. Twice that many or even more may occasionally abuse drugs.

2. California drug abuse. Statewide studies indicate that the drug usage problem in California is probably more serious than an average of the rest of the nation. Studies also indicate that the California drug problem is spread throughout the state and is not primarily found in any one locality or only in major metropolitan areas.

One recent statewide survey of drug and alcohol use among California students in the 7th, 9th and 11th grades provided the following information:(9)

- * The survey assessed over seven thousand students in 87 California secondary schools and was limited to English-speaking students only. The sample of schools was proportional, random and stratified according to six regions of the state (San Francisco, Los Angeles, San Diego, Northern, Central, and Inland/Southern).

- * Marijuana was the most popular non-alcoholic drug among students surveyed. It was used by 42% of 11th grade students within the six months preceding the survey.
- * Cocaine ranked next among single substances. It was used by 18% of 11th grade students.
- * Inhalants, a class of substances including commonly available hydrocarbons such as paint thinner or gasoline, were used by a large number of students, especially at the lower grade levels. At the 11th grade level, 14% of students reported at least some use of inhalants.
- * Psychedelic substances were reportedly used less often; however, 6% of 11th grade students reported the use of LSD and 9% of that group reported using psychoactive mushrooms.
- * There was relatively little, if any, reported use of hard narcotics, such as heroin. This is well below the level of "hard" narcotics used by the general population. However, this lower level of use of hard narcotics is more than offset by the heavy use of marijuana and the significantly higher mean level of psychoactive drug use found in the general population.
- * Marijuana was reportedly used weekly by 9% of the 11th grades students and daily use of marijuana was reported by 7.4% of all 11th grade students. That percentage projects to almost 18,000 11th grade students statewide. If comparable figures for grades 10 and 12 could be added, it would yield an estimate of over 60,000 California secondary school students who use marijuana on a daily basis. This single statistic indicates a public health, law enforcement and educational problem of great magnitude.
- * Daily use of marijuana or any other drug by adolescents, at the very least, defines a high risk group. If not already addicted, its members are in great danger of becoming addicted. Research to establish a possible correlation between drug usage and fatal traffic accidents has recently been conducted in California. Such studies have indicated that various drugs such as marijuana and diazepam impair performance of driving skills as measured in the laboratory. Marijuana has also been found to impair actual car driving performance.

In another recent study made in cooperation with the coroners in four California counties during 1983, blood samples taken from fatally injured male drivers, 15 to 34 years old, were studied.⁽¹⁰⁾ The four counties included were Los Angeles, Orange, Sacramento, and San Diego. Specifically, that study revealed that one or more drugs were detected in 81% of the 440 male drivers killed in motor vehicle crashes in California; two or more drugs were detected in 43%. Alcohol, the most frequently found drug, was found in 70% of the drivers, marijuana in 37%, and cocaine in 11%. Except for alcohol, drugs were infrequently found alone; typically, they were found in combination with alcohol.

3. Los Angeles County drug abuse. The nature and extent of drug abuse within Los Angeles County far exceeded the statewide or national norms according to a recent presentation to the United States House of Representatives Select Committee on Narcotics and Abuse Control by the director of the Los Angeles County's Drug Abuse Program.⁽¹¹⁾ According to that report, Los Angeles County has a population of 7.9 million in a state with 25.6 million people (30.9%). During 1984, the latest year for which complete comparative data is available, Los Angeles County had 43% of the juvenile drug-related arrests; 46% of the adult misdemeanor drug-related arrests; 47% of the adult felony drug-related arrests; and 36% of the diagnosed and reported drug-related deaths in the state.

This presentation further indicated that heroin abuse in Los Angeles County continues to rise; PCP abuse is slightly declining; cocaine abuse is rising sharply; and the problems associated with the use of these three drugs account for 91% of treatment admissions to publicly-funded programs. Drug-related deaths and drug-related emergency room admissions for heroin and cocaine have increased significantly between 1982 and 1985. A comparison of drug-related deaths over the past 10 years shows that there has been a gradual increase since 1980.⁽¹²⁾

At the same time, there were over 34,000 drug treatment admissions to county contracted and selected private drug programs during fiscal year 1985-1986. For this total, the primary drugs of abuse at admission were heroin (70.9%), cocaine (12.4%), PCP (6.9%), marijuana/hashish (4.2%) and amphetamines (1.0%). Additionally, 42.8% of those admitted had been arrested at least once during the 12 months preceding admission, and one of every five clients had been referred to treatment by the criminal justice system.⁽¹³⁾

4. Drugs' relationship to crime. Although precise data is usually not available, members of every law enforcement agency interviewed readily conceded that there is definitely a cause and effect relationship between drug abuse and crime in general. Information provided by the Administrative Section, Narcotics Division, LAPD, disclosed that their 1985 study of the relationship between drugs and incidence of homicide indicated that 55% of all homicides in Los Angeles were drug-related. The Administrative Unit further indicated that 60 to 70% of property crimes are probably drug-related and 80% of Los Angeles' bank robberies are likewise related to drugs.

Do we then think that these same people won't drive while under the influence of drugs? The situation appears to be that they will.

5. Drugs' relationship to driving. To adequately define the magnitude of the problem created by drug-impaired drivers, the potential effects of drugs must be correlated with the frequency with which people drive while under the influence of drugs. Although accurate scientific data is not available, the consensus of law enforcement personnel is that drug users do indeed venture onto the streets and highways while under the influence. Attempts to precisely describe the incidents of this behavior fail from lack of documentation; however, the number of people that should be apprehended while driving under the influence of drugs can be approximated.

Several studies have been undertaken to determine what correlation exists, if any, to drug consumption and driving skills. These studies give convincing evidence that various drugs such as marijuana, diazepam, and diphenhydramine impair performance of driving skills as measured in the laboratory.(14)(15)(16)

A laboratory study of the presence of drugs in drivers apprehended for driving under the influence of alcohol has been conducted in Virginia.(17) This 1979 study examined all DUI-A blood samples where the blood alcohol content was less than 0.10%. Of the drivers represented by the samples, 16% were found to have been using drugs. Significantly, though, this test did not look for several common drugs such as marijuana, heroin, LSD, and various antihistamines. These omissions suggest that the percentage of drug users may actually have been higher.

The percentage of all blood and breath tests in the Virginia study resulting in blood alcohol levels of less than 0.10%, was 8%. Applying this percentage to the approximately 43,000 DUI-A arrests in Virginia during 1984, one is led to believe that between 3,500 and 4,000 DUI-D arrests should have occurred where the BAC was under 0.10%, that year. The fact that the State of Virginia recorded a total of only four convictions for DUI-D during 1984, is clear evidence that a program to combat the DUI-D driver was missing.

If that same 8% was applied to the approximately 350,000 annual DUI-A arrests made in California, 28,000 arrests could be anticipated for driving under the influence of drugs. On a national level, the DUI-D arrests would total almost 150,000.

This data tends to support the data collected during a 1986 LAPD sobriety checkpoint operation. In January of 1986, the LAPD conducted a sobriety checkpoint which was in operation for five hours. During that time, 1,385 vehicles went through the checkpoint, 105 drivers were given a Field Sobriety Test and 79 were arrested for DUI. Of those arrested, 11 (14%) had a BAC of less than 0.10% but were arrested and successfully prosecuted for driving under the influence of drugs.

All available research indicates a relationship between drug use and driving. Even the application of common sense would suggest that if people consume alcohol and drive they surely will drive after consuming drugs.

6. Does the LAPD DRE Program really combat the DUI-D problem? According to a recent article, United States Secretary of Transportation Elizabeth Hanford Dole says that it does. In what Dole referred to as a potential breakthrough in the detection and prosecution of drug-impaired drivers, she related that in the drug detection program developed by the Los Angeles Police Department, officers who had been specially trained in drug recognition examined and rated suspects brought to the police station. (18)

The article concerning Dole's statements stated the following:

Secretary of Transportation Dole said, "The Los Angeles Police Department's program is an important first step in overcoming the obstacles that have hindered the ability of the police to detect, arrest and obtain convictions for drugged drivers."

The Department of Transportation's National Highway Traffic Safety Administration and the National Institute on Drug Abuse jointly sponsored a laboratory evaluation of the LAPD drug detection procedures. The results showed that the LAPD officers were over 98% accurate when they identified a subject as having taken a drug. In 92% of these cases, the officers correctly identified the class of drug administered.

A follow-up field evaluation confirmed the laboratory findings and showed the effectiveness of the LAPD procedures in accurately recognizing drug use by drivers.

Police across the country widely use breath testing devices to confirm that a driver is under the influence of alcohol, but no such device currently exists for detecting the use of other drugs.

7. Comparison of the drug abuse problem to the alcohol abuse problem. The National Council on alcoholism estimates that approximately 7% of the adult population (11 million people) are alcoholics. The California State Department of Alcohol and Drug Programs reported that California alone has over 1.5 million people who are considered to be "problem drinkers" and the National Institute on Alcoholism reported there are over 18 million "alcohol abusers" nationwide.

In order to more clearly focus the probable extent of the DUI-D problem, a summation of alcohol abuse and drug abuse problems may be compared. There are over 13 million people who abuse alcohol nationwide; however, the data clearly indicates that more than twice that number of Americans (somewhere between 35 and 50 million) regularly abuse drugs. If approximately 18 million alcohol abusers result in almost 2 million annual arrests for DUI-A, why does over 35 million drug abusers result in only a handful of arrests? Why are there not twice the number of arrests for driving under the influence of drugs as for alcohol?

Those questions appear to have two answers. First, many persons arrested for DUI-A actually have a combination of alcohol and drugs in their system at the time of arrest. However, because their blood alcohol content is at or above a 0.10% level, they are prosecuted strictly for DUI-A. Most

officers arresting a DUI-A driver with a 0.10% BAC or higher, never realize that the alcohol may be acting in combination with some other drug.

The second reason that DUI-D drivers are not being arrested, is that they are registering less than a 0.10% BAC and the arresting officer, lacking the skills afforded through DRE training, releases the suspect for lack of sufficient evidence.

Media, public and political attitudes are favorable for combating the effects of drug abuse and implementing DUI-D enforcement programs. Television news reports and newspapers contain daily reports on tragedies resulting from drug abuse. Significant attention has been growing from a grass roots level to combat this problem. The political leadership at the federal, state and local levels are all interested in sponsoring legislation and providing support to combat drug-related problems.

The LAPD DRE Program has been validated and can now provide the technology to combat the DUI-D driver both during the present and into the future. Research has shown that the need for a DUI-D enforcement program clearly exists; community, political and law enforcement leaders want strong action to fight drug abuse. The technology needed to combat the DUI-D problem has been developed.

It is within this environment that a strategic plan for future implementation of the DRE Program in other California cities has been developed.

B. Resources.

A law enforcement agency desiring to implement the LAPD DRE Program must already have resources dedicated or clearly identified for future availability in order to begin implementation of the program. An analysis of the law enforcement agency desiring the DRE Program must be undertaken to determine whether these prerequisite resources are available in sufficient quantities.

Without each of these basic elements, experts assembled for input into this study believe the acquisition of the DRE Program would not be possible. Should an agency find itself lacking in any of these areas, futures planning to meet these criteria should be immediately undertaken and become a high priority in their strategic plan.

Those key resources are as follows:

1. The size of the agency. The agency desiring to implement a DRE program should be large enough to permit deployment of at least one DRE on a 24-hour a day basis in order to properly support the program.

The law enforcement agency should also be of sufficient size to deploy a specialized traffic unit. Full time traffic investigation or traffic enforcement officers will be able to use their DRE skills enough to ensure they are current. DRE skills taught to general patrol officers frequently are not used enough to keep the officer qualified as an expert in the field of DRE procedures.

2. Commitment from leadership. A strong commitment must be evident from the chief of police and his traffic commander. Without their strong and proactive support, the DRE Program will not be successfully assimilated. The chief must take an active role in developing both internal and external support for the program and must personally involve himself in the transition management.
3. Level of traffic expertise. Officers assigned to the traffic function must be proactive DUI enforcement officers who have mastered the advanced field sobriety test skills including proficiency at alcohol HGN analysis. The agency must maintain accurate documentation of the officer's enforcement activities using the Standardized Field Sobriety Test. Unless traffic officers are already at an advanced DUI alcohol enforcement level, including proficiency in using HGN, the foundation for beginning instruction on drug symptomatology will not be present.

Traffic specialization also required to implement a DRE program includes outstanding traffic instructors and liaison personnel that can effectively develop DRE partnerships among the law enforcement agency, courts, prosecutors, and community groups.

4. Traffic management team. Not only must there be a commitment to the DRE program from the chief of police, but the top traffic managers must be committed to the program in order for it to succeed. Responsibility and accountability for success of the program must be directly placed on the shoulders of the traffic commander. The chief of police must periodically review the progress of the DRE program and convey his interests to the traffic management team in order to insure their continued commitment.

5. Laboratory support. Without a quick preliminary chemical test to determine the presence of drugs in blood or urine samples, prosecutors will generally refuse to file a criminal complaint against suspected DUI-D drivers. Without accurate and thorough secondary chemical tests of blood and urine samples, convictions in court are difficult to obtain. Therefore, both initial drug screening and detailed chemical analysis are vital necessities to a DRE program.

In addition to drug testing, the laboratory must maintain sufficient equipment and technicians to conduct analysis on the larger volume of samples that will result from instituting a DRE program. The splitting of samples for defense use, storage of blood and urine samples, and court testimony by qualified laboratory technicians are also required.

6. Proactive prosecutors. Although the chief of police will not directly supervise prosecutors, proactive and energetic prosecutors are a necessary part of any successful DRE program. Prosecutors are listed as a resource because they can be developed and cultivated by an agency desiring to implement a DRE program and must be made a part of the team effort when attempting to implement such a program.
7. The court system. Courts, as with prosecutors, can be made aware of program implementation at an early stage, thereby preventing both administrative and legal issues from seriously detracting from the DRE program. It is important that the courts retain their objectivity and be open to accepting a new enforcement program.
8. Funding requirements. The actual equipment costs for each DRE will probably be less than \$100. However, if officers cannot be taken out of the field for approximately 80 hours of instruction, funding for additional training must be secured. Also, laboratory equipment, supplies and personnel must be funded unless existing resources will tolerate an approximate 10% to 15% increase in volume.
9. Expected weakness of an organization. It is anticipated that one of the more significant weaknesses of a law enforcement agency implementing a DRE program will be the ability to provide management follow-through to ensure program effectiveness. This weakness was experienced within the LAPD and probably delayed the full implementation of the DRE Program for several years.

Management control can best be maintained within an organization already having a separate traffic command. Traffic specialists usually have external and internal traffic-related liaisons well established. Without a specialized traffic unit, the lack of commitment and accountability can be considered as anticipated organizational weaknesses.

10. Legal considerations. Under the California implied consent law, in addition to requiring an initial BAC test, a second chemical test of a driver's blood or urine is allowed in order to determine the presence and concentration of drugs other than alcohol. This second test is permitted where there is probable cause to suspect drug intoxication, even though a breath test has already been conducted to determine the BAC.

For law enforcement agencies outside of California, similar laws must already be in effect in order to successfully implement the LAPD DRE Program. The absence of a provision for a second chemical test in the event drugs are suspected will result in lack of corroboration for the DREs opinion of drug intoxication. Because drug use symptoms are frequently difficult to detect, and are often masked by combination with alcohol, drug impairment is usually not suspected by the average traffic officer until after a person has completed a breath test.

Other states must also have laws similar to those in California that specifically prohibit driving under the combined influence of alcohol and drugs since combined usage occurs frequently and can cause impairment greater than that expected from any one substance alone.

C. Stakeholder Analysis.

In order to properly plan for the future implementation of the DRE Program in other cities, those entities whose policies and procedures may be affected by such program implementation must be identified and evaluated regarding the assumptions of each when viewed in the context of this plan. The identification of these stakeholders was accomplished through the brainstorming technique with the previously mentioned Oklahoma City group and a second brainstorming session with the IDA Grant Task Force of the LAPD (see pages 68 and 69).

The following list of stakeholders and their perceived assumptions were developed from those meetings:

1. Chief of Police. The Chief of Police is viewed as an integral stakeholder in the acquisition of a DRE program. With the projected increase in drug use as well as projected increases both in political and community pressure to combat the menace of drugs, the police chief can be expected to be supportive of implementing a program to combat the drug impaired driver. The chief can be expected to more strongly support a DRE program if adequate resources are made available through increased revenue or there is the ability to redirect existing resources toward this new program.
2. City manager. The city manager is concerned with the fiscal impact of implementing a DRE program. Although, in California, some money will be returned to the city from fines collected as the result of a greater number of DUI arrests, those resources will fall far short of fully paying for a DRE program. Because the city manager is not as politically vulnerable as the mayor or other elected officials, he will be somewhat less willing than the political leadership to provide financial support for a program that is popular with the community. However, because the city manager is directly accountable to city government, he can be expected to support the DRE program provided that community and political support for the program is visibly present.
3. Mayor and City Council/local governing body. The local governing body has the ability to establish priorities within the police department through support, or lack of support, for specific budget items. Local government is generally concerned with providing effective law enforcement and maintaining the safety and well-being of the people of its city at an economical price. Providing that the bulk of the initial cost to implement a DRE program can be absorbed within existing resources, the remaining cost of the program may easily be funded. Due to possible political gains resulting from grass root community support for a DRE program, the various governmental entities can be expected to provide initially mild, up to strong support for this program.
4. Police traffic managers. Traffic managers will be held accountable for the success of implementing a DRE program, but can still be expected to support any new program that will reduce the drug impaired menace from their highways. Providing that traffic managers obtain the necessary resources for program implementation and continued support from their chief of police, traffic managers can be expected to be strongly supportive of this proposal.

5. Traffic specialists. Officers specializing in traffic enforcement and investigation who are provided with an opportunity to voluntarily become involved with the DRE program can be expected to be strongly supportive. Officers who are forced into this program may lack the enthusiasm that is required to assimilate the complex program requirements and may resist DRE Program implementation. Therefore, with proper selection of officers, strong support can be expected.
6. Medical community. The medical community can be expected to carefully watch the implementation of a DRE program to determine whether officers are truly capable of accurately diagnosing drug symptomatology and to ensure they are not inappropriately encroaching into the medical profession's area of expertise. Assuming implementation of the DRE program includes an effective liaison with the medical community to overcome those problems, the medical community can be expected to respond with indifference, up to mild support for the program.
7. Police unions. Police unions are usually a powerful influence within the law enforcement organization and must be considered during program development and implementation. If officers are carefully selected for the DRE program they will be proactive and anxious to see the program initiated. Police unions can be expected to be responsive to the prospective DRE officer's positive environment by providing mild support.
8. Prosecutors. Prosecutors must have criminal cases prepared by law enforcement officers so that they can be successfully prosecuted. Prosecutors have the authority to reject criminal complaints if they believe the law enforcement agency has done a poor job of investigation or documenting the facts. Prosecutors also establish filing guidelines and consider the police officer's qualifications, how that officer will probably testify in court and the probability of obtaining a conviction. This obviously puts the prosecutors in a powerful position, for if officers are unable to obtain prosecutions of DUI-D cases, the DRE program will fail.

The support of prosecutors for this proposal is seen as being strong as long as they are convinced that the DRE procedures are valid, they are included in the planning process, and are made a partner during implementation.

9. Courts. The court administration will be impacted by scheduling cases and accepting evidence admitted in DUI-D cases. Without proper preparation, court difficulties in scheduling personnel for hearings and coordinating the

transfer of evidentiary items will damage the program. Courts can be independent from one another; however, they are expected to be basically supportive.

10. Media. The printed and electronic media always have a potentially powerful influence on any police program which they decide to attack or support. The plan to acquire a DRE program should attract little attention from the media at first; what attention is given could be expected to be somewhat supportive. However, the media is capable of destroying community support for a DRE program if they believe it is ill conceived, improperly implemented, or poorly managed.

The media must also be considered an important stakeholder because of their importance in impacting strategic policy management which will be directed at causing the community to influence the local political and fiscal processes. The media is capable of attacking any opponent that may be even slightly distracted or off guard and should, therefore, be given considerable attention.

11. Defense bar. The defense bar, including the local office of the public defender, can initially be expected to resist implementing a DRE program. However, experience in Los Angeles has demonstrated that with proper DRE familiarization training for the defense bar, the program has gained credibility which more frequently results in pleas of guilty rather than costly trials. A DRE's opinion of a defendant's drug impairment along with laboratory results supporting the DRE's findings frequently cause defendants to plead guilty. However, the defense bar can still be expected to mildly resist implementing the program. Without proper training, implementation and program management, the defense bar can be expected to strongly oppose the DRE Program.
12. General public. The general public has traditionally been supportive of new and innovative police programs to rid the streets of potential threats to the general community. The public can be expected to support implementation of a DRE program. Their support is expected to be extremely strong if they are cultivated to produce their maximum involvement.
13. Managers of public and contract laboratories. Managers of laboratories can be expected to be neutral or mildly resist the implementation of a DRE program unless they receive sufficient resources to handle the additional workload. Blood and urine analysis may account for a 10 to 20% increase in all DUI arrestees. Little, if any, laboratory analysis is required for the average person arrested for being under the influence of alcohol. However, unless an arrestee refuses to comply with California law requiring that a blood or urine

specimen be provided in suspected DUI-D cases, a complete laboratory analysis will be required in almost every arrest for driving under the influence of drugs.

With an appropriate increase in resources, laboratory management could be expected to be supportive of a DRE program.

D. Mission.

1. The macro-level mission. The broad macro-level mission of law enforcement is to provide for the safety of the community through effective and efficient law enforcement while mobilizing the community into a partnership with the police.

The safety of the community is of particular importance when viewing law enforcement's mission to fight illegal drug use. In order to accomplish a full spectrum of objectives within the broad law enforcement mission, the DUI-D problem must be included as part of a drug abuse program. The evaluation of environment and stakeholder demands clearly indicates that prevention of DUI-D problems through detection, apprehension, and prosecution of offenders falls squarely on the shoulders of local law enforcement.

The extent of drug abuse clearly indicates that the DUI-D problem extends to every part of California and the nation. The awareness of this problem calls for immediate and specific law enforcement action to combat the drug impaired driver. Therefore, the general macro-level mission of law enforcement is to establish an effective program to combat the DUI-D driver.

2. The micro-level mission. In order to accomplish the goal of reducing the DUI-D menace, the general micro-level mission is the successful future transfer of the LAPD technology to other areas within California. This must be accomplished through the establishment of effective communications, education and cooperation to interface the LAPD DRE operating systems with those of law enforcement agencies wishing to implement the DRE Program.

The specific micro-level mission within a specific law enforcement jurisdiction is to develop community support for the DRE Program and focus that support toward causing the local political leadership to willingly provide program funding. Those resources must be developed while developing operational and management systems for the acquisition of the DRE Program.

Specific mission elements are as follows:

- * Funding. Resources must be acquired to successfully implement the DRE program.
- * The formation of a grass roots community based movement. This must be accomplished for the express purpose of combating the alcohol and drug DUI problem within the community. This community based group must then encourage and persuade local government, the courts, and the prosecutors to be supportive of the DUI program, in general and a DUI-D program in particular.
- * Preparation to acquire and utilize the technology and equipment forecast for development within the next 10 years.
- * Work toward improving DUI-D laws.

The level and intensity of existing problems within each of these areas will vary greatly depending upon the law enforcement agency attempting to acquire the DRE program. In some communities strong support already exists from politicians, prosecutors and the community. In other areas, support from those groups are not as strong and must be cultivated.

E. Execution.

In order to begin to develop a method of transplanting the DRE program to other jurisdictions, a group of DRE experts was assembled to assist in the formulation of a strategic plan. This group was comprised of the LAPD Traffic Coordinator, the LAPD DRE Program Coordinator, the IDA Grant Coordinator, the senior DRE instructors and the Southern California DRE Coordinator for the California Highway Patrol. Through presentation of the research data, brainstorming techniques and discussion, a list of possible alternative courses of action was developed for consideration. Following further discussion and voting by group members, three possible strategies were selected as the most likely courses of action. Those possible strategies are:

1. Make a direct approach to the political leadership of the city for necessary funding and policy commitments to implement the DRE program. Prepare to justify the request on the basis of community service and cost effectiveness. Some resistance can be expected to this plan due to the usual fiscal conservativeness of government.

2. Attempt to institute the DRE program utilizing existing resources within the law enforcement agency. This strategy would require considerable time before results could be expected. However, it would not require immediate team building with the community, prosecutors and politicians. It would appear that some resistance could be expected to this strategy due to its autocratic nature.
3. Develop a broad base of support for a DUI-D program by soliciting support from the community and by bringing in the prosecutors and the politicians as partners. Focus the community support toward influencing government to provide resources for the DRE Program. This process is time consuming and requires considerable skills and effort in coordinating the activities of such varied groups toward a common goal.

F. Alternative Selection.

1. Research. The selection of the preferred course of action from among the three alternatives was based on the research conducted in this project and the subsequent development of policy. The development of a grass roots anti-drug movement was clearly indicated from the evaluation of the cross impact of possible future events. Because the grass roots community movement would impact and increase the probability of increased funding and greater political support for the DRE Program, a policy was formulated to pursue ensuring the grass roots movement occurred rather than merely budgeting sufficient funds to implement the DRE Program.
2. Agency resources. Alternative number three was also selected because the existing resources of most agencies already provide the necessary elements needed. Most law enforcement agencies already have many community support groups willing to assist with projects determined to be of a high priority. Most police departments have also established liaisons with the local media, which can be further used to mold public opinion and develop needed grass roots support.
3. Environment. As discussed in the "Situation" portion of this plan, it has been well established that there is an increasing need for law enforcement agencies to acquire a program to remove the drug-impaired driver from their highways. The environment is favorable for such an acquisition; the politicians are motivated toward combating the drug problem on a non-partisan basis, and the public concern is clearly evident.

4. Preliminary training. All quality law enforcement agencies have some form of organized training for their officers. Those agencies looking toward acquiring the DRE Program can focus their in-service training on ensuring that their traffic officers are sufficiently trained to acquire the DRE Program in the future. Training to ensure officers are fully qualified in the Standardized Field Sobriety Test, including horizontal gaze nystagmus, can be undertaken immediately while community support and political assistance to ensure future resources for program implementation are being developed.
5. The budget process. Preparing a budget package for program implementation not only takes time but skillful negotiations with political leaders in order to increase the chances of success. The selected alternative allows a greater amount of time to develop this budget proposal with the assistance of community and political leadership.

G. Implementation.

Once it has been determined that a law enforcement agency desiring to acquire the DRE Program has met the initial prerequisites and has developed the ability to begin, negotiations to finalize the requirements of a pilot program can be undertaken. The agency acquiring the DRE pilot program should be represented by both the chief of police and the traffic commander during the negotiations. The LAPD should be represented by the Department's Traffic Coordinator.

In order to determine the necessary basic elements that a DRE pilot program should contain, a brainstorming group was assembled comprised of the LAPD DRE Program Manager, the Department Traffic Coordinator and the IDA Grant Task Force. The group considered many varying types of pilot program alternatives and finally selected the following basic implementation elements:

1. Conduct a negotiation meeting. The LAPD Department Traffic Coordinator, the LAPD DRE Program Manager, the Chief of Police of the agency acquiring the DRE pilot program, and the traffic commander should meet for the purpose of negotiating the broad elements of the pilot program implementation.
2. Develop a negotiation strategy. Negotiation strategy for the joint venture pilot program will be based on a win-win approach that would emphasize the agencies' common interests. Those interests would be: to successfully transfer the DRE technology to another law enforcement agency in order to combat the DUI-D problem; to accomplish a general increase in law enforcement effectiveness; and to increase the potential for receiving funds from federal and state funding agencies for further development of DUI-D programs.

3. What the LAPD will negotiate for the DRE recipient agency to do:
 - * Establish a management system wherein accountability and responsibility for the success of the DRE Program is fixed.
 - * Obtain financing for reimbursing LAPD costs.
 - * Coordinate general training requirements including selection of candidates, location and scheduling of training classes, training support equipment, etc.
4. What the LAPD will propose doing for the other agency:
 - * Provide specialized instructors and training aids.
 - * Coordinate specialized training needs.
 - * Provide senior DREs for field certification.
 - * Provide access to LAPD jails, if necessary, for field certification.
 - * Provide functional supervision over the initial phase of DRE deployment following certification. This will include auditing of DRE arrest reports, providing an analysis of program effectiveness, and conducting follow-up training as needed.
 - * Provide DRE expert testimony for initial court cases requiring voir dire testimony and provide other general assistance to ensure officers become court qualified DRE experts.
 - * Provide access to a DRE Program Management System compatible with an IBM PC system.

H. Administration and Logistics.

1. Administration of a pilot program. In order to ensure the success of this plan, the chief of police of the agency acquiring the DRE Program must appoint a staff officer to serve as liaison with the LAPD. In addition to that liaison, a DRE training coordinator must be appointed from the ranks of traffic supervision in order to become a DRE and be designated as the agency's training coordinator and DRE training liaison to the LAPD.

In developing the goals of the DRE Program, the chief of police and the liaison officers must agree what their department can and cannot do in implementing the DRE Program. Obviously, mutual trust and rapport among liaison officers of both agencies can only be achieved if those representatives selected are knowledgeable about the various aspects of each others' operations.

Program administration can only be effective with the continuing interest and participation of the chief of police. The chief, therefore, must have information provided by his DRE coordinator concerning the progress of the program. This communications should be through personal briefings and periodic reports.

Measurements of effectiveness have been identified by the previously mentioned brainstorming group and will be implemented to evaluate the pilot program. These measurements must be agreed upon by both agencies and monitored by the coordinators of both the LAPD and the pilot program agency. The data gathered on program effectiveness should be reported to the chief of police on at least a quarterly basis.

The methods for determining program effectiveness have been identified as follows:

- * Monitoring and reporting on whether basic standards have been met regarding initial and subsequent DRE qualifications.
- * Auditing of each DRE arrest report by the LAPD DRE Coordinator for a six-month time period. That audit should correlate the observed symptoms, the arresting officers conclusions regarding drug symptomatology, and the final toxicology report from the laboratory.
- * Preparation of a monthly report, compiled by the LAPD, which will consist of a printout of each DREs overall performance for six-months following the DREs certification. This data will include the number of DRE evaluations, arrests, criminal filings and convictions. The management report will also include the number of times the DRE has testified on DRE cases, the number of times qualified as a DRE expert, report errors, and laboratory correlations with officer's opinions of drug intoxication.
- * Preparation of a quarterly program evaluation by both agency coordinators regarding program effectiveness.

* Direct measurement of DUI-D arrests, complaints filed, and convictions.

2. Logistical requirements. Logistics will necessarily include equipment for measuring blood pressure, temperature and pupil size. A pin light or small flashlight will be required for eye examinations and equipment will be necessary for gathering, booking, and storing blood and urine samples. Special report forms will be required which will assist the DRE in documenting the specific observations of drug intoxication.

Laboratory equipment will also be required in order to perform preliminary evaluations and detailed supplemental chemical analysis of blood and urine samples. This equipment must be capable of identifying specific drug classifications found in blood or urine and should be able to provide a complete qualitative and quantitative analysis.

I. Planning System.

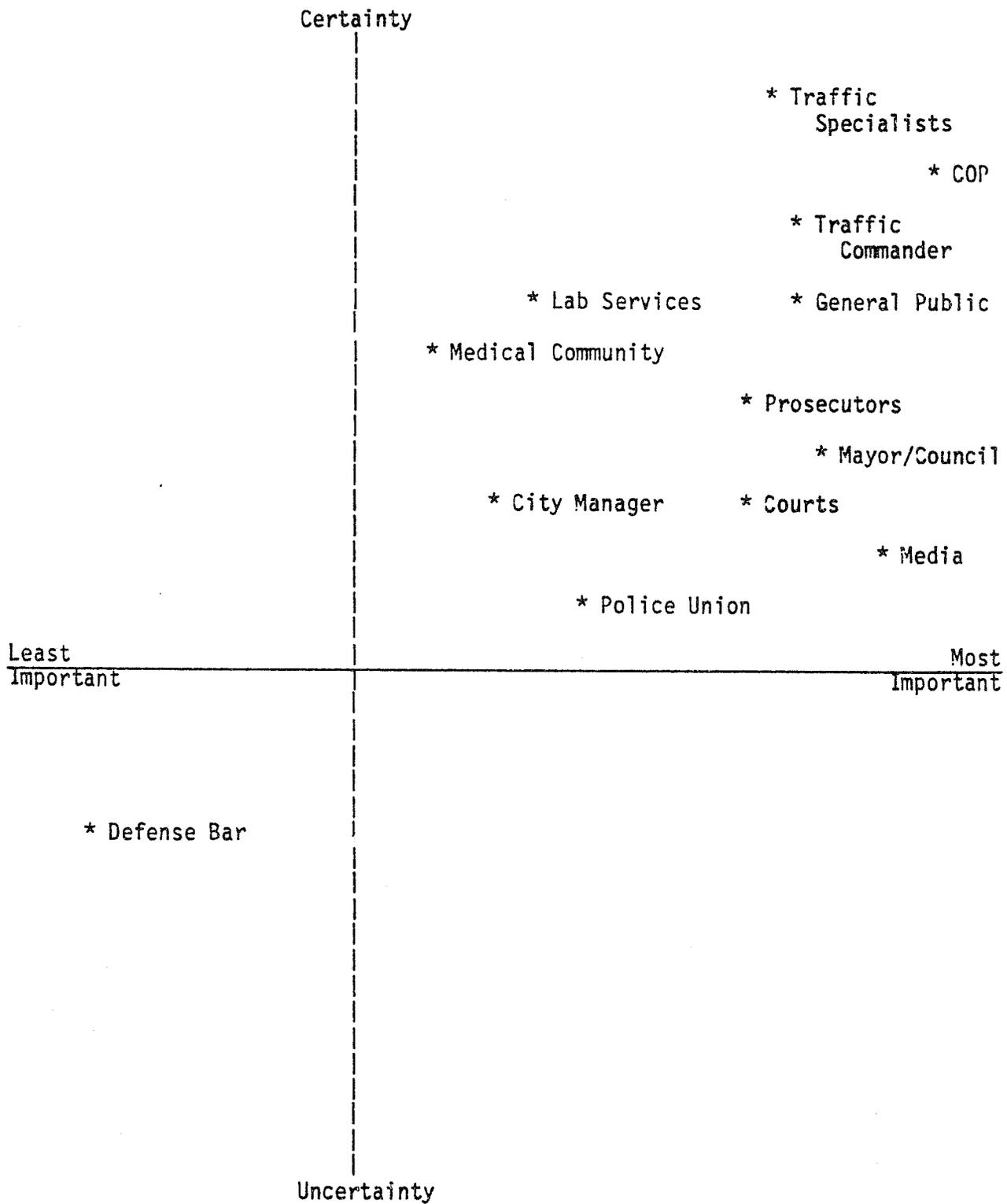
The long-range planning system will be comprised of the DRE Coordinators and training coordinators from each agency. This system will provide monthly review and reporting of progress as described in the Administration and Logistics portion of this plan. They will establish basic five-year objectives, and will reevaluate the long-range plan every six-months, or more often if needed, in order to make adjustments.

The short-range planning system will be comprised of the concerned agencies' training coordinators. Those training coordinators will telephonically communicate as needed, in order to resolve minor issues as they most certainly will arise.

STAKEHOLDERS AND ASSUMPTIONS

1. Chief of Police - Support
2. City Manager/Administrative Officer - Support
3. Mayor/Council/Governing Body - Support
4. Police Traffic Commander - Support
5. Police Traffic Specialists - Support
6. Medical Community - Support
7. Police Union - Support
8. Prosecutors - Support
9. Courts - Support
10. Media - Support
11. Defense Bar - Oppose
12. General Public - Support
13. Laboratory Managers - Support

PLOTTING OF STAKEHOLDERS



STRATEGIC FOUR-FACTOR ANALYSIS

External Environment/Strategic Plan

Sell concept to public and media.
Sell plan to political leaders.
Involve prosecutors and courts in planning.
Establish liaison with medical community.

Resource Requirements

Formation of liaison committee. Fund training equipment and laboratory services. Fund LAPD instructors. Secure training needs.

STRATEGIC
MANAGEMENT

Organizational Considerations

Chief officers must support. Traffic commander must support. Traffic officers must support. DRE coordinator appointed management system established.

Internal Environment/Strategic Plan

Plan for implementation.
Sell Program to all levels.
Recruit volunteers for program.
Develop recognition system for DREs.

SITUATION AUDIT
WOTS-UP ANALYSIS

Opportunities

Increase DUI-D arrests and convictions
Reduce accidents caused by DUI-D drivers
Acquire new technology
Increase public support
Increase political support

Threats

Case law trend may reverse
Political confrontation
regarding funding

Strengths

Case law currently supportive.
Public support already present.
Established liaison with media
and community. Non-partisan
political support. Traffic
officers support.

Weaknesses

Dealing with several outside
groups. Requires initial
funding. Requires continuing
financial support.

CHAPTER VII
IMPLEMENTATION PLAN

A. Negotiable Issues.

The brainstorming group consisting of the LAPD DRE Coordinator and the IDA Grant Task Force listed and selected the most important issues that could properly be negotiable during implementation of the strategic plan. Those issues are as follows:

1. Size of the DRE class and the size of each certification group. Experience has found that 20 to 25 students maximum should be in the DRE class. Any more than four or five students during a certification phase of the training has, in the past, overloaded the instructor and detracted from the ability to certify students.
2. Funding for LAPD instructors. The LAPD normally requests that other agencies desiring to extensively use LAPD personnel totally reimburse the City for the temporary loss. However, depending on the ability of the other agency to provide funding and the extent of loss to the LAPD, that general rule may be negotiated.
3. Training coordination. The location the training is conducted, the scheduling of classroom hours, the actual facilities, and other training particulars are all negotiable.
4. Certification locations. Normally it is easier for DRE instructors to conduct certification at either of the two LAPD main jails. However, assuming transportation and per diem considerations are satisfied, certification can take place at any jail intake location where sufficient quantities of drug-impaired drivers are processed, jail management cooperation for the certification is secured, and systems are present for the collection and analysis of blood and urine specimens.
5. Use of the LAPD DRE reports. LAPD report forms or other forms that are compatible with those of the LAPD must be used in conjunction with DRE arrests. Although somewhat negotiable, the basic elements of drug intoxication and the specific observations of the arresting officer must be recorded in a way that can be easily used for prosecution purposes.

B. Non-Negotiable Issues.

The brainstorming group formulated a list of suggested non-negotiable issues and, after consideration and voting, identified the following as non-negotiable issues:

1. Agency approval by the LAPD. Final approval of an agency requesting to acquire the LAPD DRE Program must have met the previously listed qualifying criteria in order to have a chance at succeeding in implementing the program. It would be a considerable waste of time and unnecessary drain on the resources of both agencies to undertake an extensive operation that had little or no chance of succeeding.
2. Commitment from the Chief of Police. Just as important as other qualifying criteria, the commitment from the chief of police must be strongly in place in order to ensure program success. Although this issue is non-negotiable, this issue can usually be resolved through a brief meeting between the LAPD Traffic Coordinator and the chief of police.
3. Control of instruction. The LAPD must maintain control of the DRE course content, the instructors, and training materials. This is necessary if the LAPD is ultimately to certify another agency's DRE program and provide LAPD experts to assist newly trained DREs in that agency to qualify as experts in court.
4. Certification process. Similar to the need to control classroom training, the eventual field certification of new DREs must be accomplished by LAPD instructors or senior DREs. Only through this process can the LAPD certify individual officers as qualified DREs.
5. Audit of arrest reports. The LAPD must maintain access to all arrest reports completed by new DREs for a minimum of six months following their certification. This audit process is considered part of the training program in order to certify that DREs are qualified in their field. Without the ability to audit DUI arrest reports and the authority to cause required corrections and conduct supplemental training, the transition from DRE student to expert cannot be guaranteed by the LAPD.

C. Stakeholder Negotiations.

The five stakeholders selected for negotiation analysis are: the Chief of Police; the community; media; city government officials; and prosecutors. Of all the stakeholders, these were considered to be the most important and each would play a key role in acquiring a DRE Program. The primary negotiation issues for each of those stakeholders are as follows:

1. Chief of Police. A chief of police can generally be expected to be supportive of further developing his agency's ability to prosecute the impaired driver. The chief is expected to be flexible on issues of training and utilization of LAPD training and support systems.

He can be expected to be uncompromising in areas concerning ultimate autonomy of the newly acquired DRE Program and adopting minor elements of the procedures to meet local prosecution and policy needs.

He is expected to not negotiate on any issue that does not improve his agency's ability to apprehend and prosecute the drug-impaired driver. The chief is also expected to oppose the release of arrest reports to the LAPD unless the LAPD can ensure the confidentiality of those reports.

2. The general public. The community can be expected to be very supportive of any program to rid their streets of impaired drivers. It is anticipated that community support for a DRE program can be directly solicited by the police department in the form of appearances at various community and business meetings.

It is anticipated that the general public will not be tolerant of a DRE program if they perceive that the arresting officers are not properly skilled to accurately diagnose impairment.

3. Media. The media, similar to the general public, can be expected to provide support for the DRE program in general and mild support for financing such a program.

The media is not expected to be supportive of any aspect of the DRE program that would appear to unjustly detain DUI-D suspects without adequate probable cause. Therefore, the quality of the DRE training and program management are expected to be non-negotiable issues both with the media and the general public.

4. City government-mayor/council. Local government is expected to negotiate DRE program implementation financing requirements and other particulars of implementing the program within the community.

Government officials are not expected to negotiate on any issue that does not ultimately save lives or reduce injury and property damage accidents.

5. Prosecutors. Prosecutors will be supportive of the program and will negotiate methods of prosecuting DUI-D drivers, required information on arrest reports, and certain aspects of qualifying training.

Prosecutors will not negotiate the issue of accurate and timely laboratory results resulting from DUI arrests. Without laboratory results supporting the observations and opinions of the arresting DRE, convictions cannot be obtained. They will also not be tolerant of ill-trained or ill-prepared officers who will provide court testimony. These issues, therefore, are expected to be non-negotiable.

D. Negotiation Strategy.

In negotiating with each of the stakeholders, the broad strategy will be to explain and sell the DRE Program in positive terms. The purpose of the negotiations will initially be made clear. In doing this, the long-term benefits will be presented focusing on reducing fatal, injury and property damage traffic accidents. Additional emphasis will be placed on the general service to the public, management's willingness to be innovative, the strong belief in the ability of both the LAPD and the agency implementing a DRE program to succeed, and management's ability to provide the necessary leadership.

The short-term objectives of the DRE Program will then be presented by describing the details of the DRE pilot program and implementation plan.

The negotiation strategy to be used with each of the five major stakeholders will be that of collaboration and cooperation. Because other communities need and are expected to actively seek the DRE Program, each stakeholder should be aggressively approached with a well-defined plan and a confident management image.

The specific tactic to be used in stakeholder negotiations will be to outline the areas of mutual concern and mutual benefit from entering into the long-term DRE Program. Specific win-win situations will be presented and win-win relationships established. Compromise may be employed when discussing some issues; however, strong disagreement and unpleasant compromise on major issues are not expected.

CHAPTER VIII
TRANSITION MANAGEMENT PLAN

A. Stakeholder Analysis.

Those entities whose policies and procedures may, in some way, be affected by the strategic plan have been identified and thoroughly evaluated in Chapter VI of this study.

B. Critical Mass.

The critical mass is a designation of those specific individuals or groups who, if all are actually in support of the proposed DRE Program, can ensure that the program will be implemented. Likewise if any one of these stakeholders fail to support the DRE Program, it is likely that the implementation will fail. The critical mass is comprised of the key executives or group leaders, both formal and informal, whose involvement in the transition plan is absolutely vital to success.

In order to determine the critical mass associated with the transition plan, the list of previously listed stakeholders was examined first. Because these stakeholders were directly connected to the success of the DRE Program, each stakeholder was evaluated regarding the potential to singlehandedly cause the program to succeed or fail.

Analysis by the LAPD IDA Grant Task Force and the Department Traffic Coordinator was used to determine which of the stakeholders should encompass the critical mass. Through the use of brainstorming techniques, the group identified five stakeholders that comprised the critical mass. Those stakeholders and the analysis are as follows:

1. Chief of Police. The chief of police of an agency acquiring the DRE Program was found to be the only member of the law enforcement agency whose absolute commitment to the DRE Program was essential. All other police department entities, other than the possibility of the local police union, would not be needed in the critical mass due to the power and influence of the chief of police over the other police department entities.
2. The public. Although the general public is a difficult critical mass stakeholder to adequately analyze, there are certain key individuals within the public that form a critical mass of its own. Therefore, in order to make the public an influential member of the overall critical mass, the general community's sub-critical mass must be identified and program support gained from each of them.

The brainstorming group identified many key elements of the public that should be targeted for support. The leaders of some of the following groups were considered essential: activist groups combating the DUI problem such as Rid America of Impaired Drivers (RAID), and Mothers Against Drunk Driving (MADD); church ministers; and presidents of business organizations such as the Chamber of Commerce, Rotary Clubs, etc.

3. Mayor. The group determined that a key politician must be included within the critical mass group in order to provide assistance in obtaining funding. Although individual council members and the city administrative officer (or city manager) are all important, if the mayor were supportive of the program it was believed that his political influence could overcome political resistance from elsewhere within government.
4. The Chief Prosecuting Attorney. As with the chief of police, the Chief Prosecuting Attorney has tremendous influence over other entities within the Prosecutor's Office. With the Chief Prosecutor's commitment to the DRE Program, other prosecutors would not need to be included in the critical mass.
5. Traffic Coordinator, LAPD. Within the LAPD, the Chief of Police has delegated full authority to authorize LAPD commitment in transferring the DRE Program to the Department Traffic Coordinator. Therefore, the Traffic Coordinator is the only LAPD member required to be included in the critical mass.

Each member of the critical mass was charted and labeled regarding whether they could be expected to block the change, let the change happen, or make the change happen. Through this system it can be seen that the group believed the current level of commitment by the Mayor, the Chief Prosecutor, and the LAPD was sufficient. However, it was determined that the Chief of Police and the public had to be moved from the "let change happen" category into the "make change happen" category.

CRITICAL MASS
COMMITMENT CHART

STAKEHOLDER	BLOCK CHANGE	LET CHANGE HAPPEN	MAKE CHANGE HAPPEN
1. COP		*-----	-----▶*
2. Public		*-----	-----▶*
3. Mayor		*	
4. Chief Prosecutor		*	
5. LAPD Traffic Coordinator		*	

The rationale for moving the critical mass commitment of the chief and the public resulted from a belief that the chief of police, having motivated the community leaders, would be successful in obtaining the DRE Program. With the strong support of the public, the political leadership is expected to agree to the program implementation, but not actively seek the program. Likewise, the chief prosecutor will allow the program to take hold providing there is strong support from the public and the police. The LAPD has been proactive in its offer to assist other agencies in implementing the DRE Program; therefore, they are appropriately placed in the "let happen" category.

C. Management Structure.

Through the strategy developed through this research, two separate management structures have been recommended. One structure would concern itself with the internal operation of the DRE program, and the second structure would be involved with a broad community effort to acquire the program.

1. Internal management structure. The police department management structure should involve the traffic commander as the DRE Program coordinator and as the organizational manager. The traffic commander would report directly to the chief of police on all matters of DRE Program implementation. The chief of police would act as the program reviewing officer.

As the DRE Implementation Coordinator, the traffic commander would serve as the DRE Implementation Task Force leader. In addition to the traffic commander, the task force should have as its members: the department training coordinator, one supervisor who possesses DUI expertise, and the traffic supervisor who will be designated as the DRE Training Liaison.

The DRE Implementation Coordinator will exercise line command over all issues relating to program implementation. He will resolve all issues relating to this plan. Monthly meeting of the Implementation Task Force and written activity reports to the chief of police will ensure proper administrative communication is maintained.

This management system is appropriate because it establishes a specific task force to implement the DRE Implementation Plan and fixes responsibility for the success of that plan with the task force leader. Commensurate authority has been given to the task force chairman in order act in the name of the chief of police.

2. External management structure. A community DUI Task Force should be implemented through the efforts of the chief of police in order to ensure broad base support for the program. It is recommended that the chief of police personally contact prominent and influential community members who will become actively involved in DUI enforcement programs, and in particular, the implementation of the DRE Program. It is recommended that this committee be chaired by one of the community members and have at least three other prominent community members on the Task Force. Those members should be carefully selected so that they will represent a cross section of community interests. Additionally, the board of directors of the committee should include the police department traffic commander, a representative from the Office of the Mayor, and the attorney who is in charge of DUI prosecutions for that city.

D. Transition Management Technologies.

A communications plan should be developed in order to effectively utilize the existing communication systems within the agency acquiring the DRE Program. This specific plan should be developed by the Implementation Task Force and be incorporated as part of the implementation plan.

The LAPD's general information systems have proven to be successful and varied. LAPD notices and bulletins have been prepared to give LAPD employees an overview of the DRE Program. Specific training bulletins and videotapes have also been prepared for LAPD DREs. All these systems will be made available

to the law enforcement agency acquiring the DRE Program. It is expected that they can be readily adopted for use within that agency.

Initial communications between the LAPD DRE Coordinator and the other law enforcement agency will outline the pilot program and establish a two-way communications system to ensure adequate input prior to finalizing the DRE Pilot Program particulars. Other specific internal communications will be directed toward mid-level managers to keep them informed of the DRE Program implementation and give them a stake in the outcome of the pilot program. Reactions, concerns, and questions concerning the DRE Program will be solicited from field officers, supervisors, and managers during the transition period.

Pilot program personnel from both agencies will be brought together for brainstorming sessions and meetings to finalize implementation planning. Team building techniques will be used to create a strong bond between the two policing agency's personnel. Such technologies as the NEAT (Nature, Expectations, Agenda and Time) method of opening meetings should be used along with the powerful O-M-R (Outcome-Methods-Resources) model for meeting and planning. An evaluation and follow-up system will be established to ensure that plan modification for corrective action is accomplished, when needed.

Responsibility charting of those individuals identified as the critical mass can also be successfully employed in this transition period. This will become mandatory if conflicts occur among critical mass members regarding their role in plan implementation. Each member of the critical mass, as well as the individual Implementation Task Force members, can benefit from responsibility charting when conflicts arise.

When responsibility charting does occur, individuals should be charted as to whether they must have responsibility over decisions or actions, need to have approval and provide support, or be informed of progress. This technique will resolve disagreements as to whether an individual is properly assuming a role that will produce successful implementation with the least negative impact. All members of the group should participate in the charting of their perceptions of the inter-dependence of roles. Appropriate role behavior should also be charted in order to obtain clarification and acceptance of everyone's role.

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