WISCONSIN
TRAFFIC SAFETY REPORTER

Vol. 14, No. 3
2011

Combating impaired driving: progress, but challenges remain

by Superintendent Stephen Fitzgerald
Wisconsin State Patrol

This issue of the *Traffic Safety Reporter* focuses on the life and death problem of impaired driving in Wisconsin. Although combating drunken and drugged driving remains a complex challenge with no perfect solution, we do have some good news to report.

According to WisDOT's final 2010 crash statistics, fatalities in alcohol-related crashes declined from 238 deaths in 2009 to 220 deaths last year—which is the lowest number in 10 years and a 23% reduction from the 5-year average. When comparing 2010 crash statistics with 2009, Wisconsin experienced the following:

- Alcohol-related crashes declined 10% from 6,429 in 2009 to 5,751 in 2010
- Injuries in these crashes declined 7% from 3,793 in 2009 to 3,511 in 2010
- Incapacitating injuries in these crashes declined 9% from 705 in 2009 to 640 in 2010

The bad news is that hundreds of men, women and children are dying each year because too many drivers get behind the wheel while impaired. For example, last year more than 40,000 drivers were convicted of impaired driving offenses. Some of these drivers have amassed double-digit OWI offenses.

Until we attain zero preventable deaths and injuries from traffic crashes, we must continue our battle to end impaired driving in Wisconsin. Law enforcement agencies from different jurisdictions are now working together to get drunken drivers off our roads. In Brown and Milwaukee counties, the State Patrol, the county sheriff's office and local police departments have teamed up for OWI task forces that have shown impressive results. Also, the annual NHTSA-sponsored drunken

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Drug-impaired driving

Drug-impaired driving is a growing problem in the United States. In recent years, an increasing percentage of drivers killed in traffic crashes had drugs in their systems, according to new studies by NHTSA and others (see page 2). This includes illegal drugs as well as prescription and over-the-counter medications.

But, as NHTSA administrator David Strickland points out, "Drug involvement does not necessarily imply impairment or indicate that drug use was the cause of the crash." He notes that while many years of real-world observation and empirical evidence have shown a strong relationship between alcohol BAC levels and impairment, the same evidence isn't yet available for drugs.

NHTSA and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) now have a study underway examining

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Advances in brain science shed light on drug abuse, prevention and treatment

In Wisconsin and nationwide, drug abuse has serious negative consequences for many individuals and for society. Illicit drug use cost the U.S. economy more than $193 billion in 2007, according to estimates from a study by the US Department of Justice's National Drug Intelligence Center (NDIC). These costs are in the areas of health, productivity and crime. And, as staggering as these numbers are, they do not fully describe the breadth of drug abuse's harm to public health and safety, which includes family disintegration, loss of employment, failure in school, domestic violence and child abuse, and the harm caused by driving under the influence of drugs (see above).

The toll from soaring rates of prescription drug abuse, including both psychiatric medications and drugs for pain, has begun to dwarf that of the usual illegal culprits. Hospitalizations related to prescription drugs are up fivefold in the last decade, and overdose deaths are up fourfold. More high school seniors report recreational use of tranquilizers or prescription narcotics, like OxyContin and Vicodin, than heroin and cocaine combined.

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CLOCKWISE FROM TOP LEFT: marijuana, heroin, ecstasy, LSD, ketamine, depressant, meth-amphetamine, crack cocaine

ZERO IN WISCONSIN

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Updates on *Zero in Wisconsin* initiatives and the latest information on traffic safety topics are now available on:

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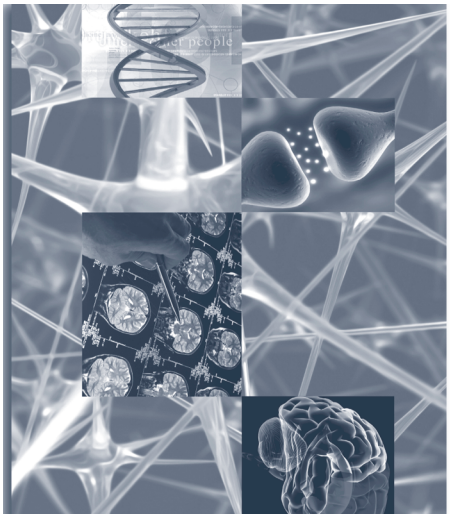
Reminder: these social networking sites aren't intended for viewing while driving, when your attention should be focused exclusively on driving.



Impaired driving
from page 1

driving crackdown in August continues to grow. These effective law enforcement efforts will continue along with public education and information campaigns to deter motorists from making the senseless and dangerous decision to drive while impaired.

The entire traffic safety community should be justifiably proud and encouraged that our efforts to reduce impaired driving are indeed saving lives and preventing injuries. But our work will not be done until Wisconsin sheds its reputation as one of the worst states for impaired driving and becomes a national leader in preventing alcohol and drug-related traffic crashes.

WISCONSIN TRAFFIC SAFETY REPORTER

The *Wisconsin Traffic Safety Reporter* is published by the Bureau of Transportation Safety, Wisconsin Department of Transportation. Its purpose is to promote transportation safety, recognize worthwhile programs, and to educate and share ideas with safety professionals.

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Funded by WisDOT and the National Highway Traffic Safety Administration.

www.dot.wisconsin.gov

Drug-impaired driving
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the crash risk associated with drug-impaired driving. Using a "case-control" methodology, researchers are collecting data in one site for at least 12 months. Teams comprised of a law enforcement officer and an interviewer / phlebotomist arrive at crash scenes and seek to obtain breath, saliva and blood samples from drivers in the crash. One week later, the team returns to the crash site at the same time of the day/night to obtain samples from randomly-selected "control" drivers. When completed next March, this study will provide much-needed data on the risks of driving drug positive.

All around the world, scientists are making dramatic progress in understanding how drugs affect our brains and our behavior (see article on page 1), and this is helping improve drug abuse prevention and treatment.

Challenges are always emerging, including the huge variety of new prescription drugs and the growing popularity of dangerous synthetic drugs that mimic the effects of drugs such as marijuana and ecstasy. Many of these are easy to find and, in some cases, legal to buy.

NHTSA developed the Drug Evaluation and Classification program to train law enforcement officers to become certified drug recognition experts who can identify indicators of impairment. This training also enables officers to better present evidence of drug impairment in court. WisDOT Bureau of Transportation Safety (BOTS) is helping make these trainings available statewide (see page 7).

Recent studies

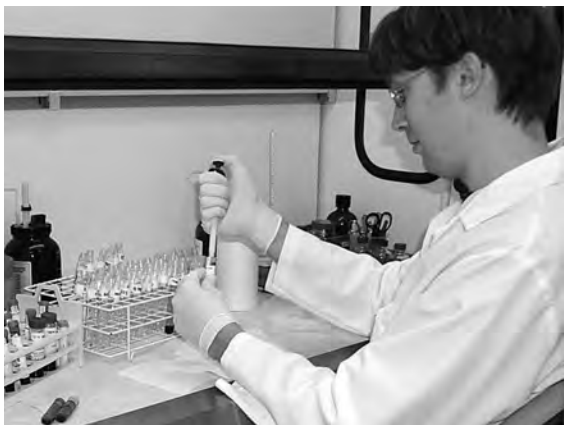
In November 2010, NHTSA released the first-ever analysis of drug involvement for fatally injured drivers (DOT HS 811 415). From national FARS (Fatality Analysis Reporting System) data, post-mortem tests for illegal, prescription and over-the-counter drugs showed increasing levels of drug involvement during 2005 to 2009. Of the 21,798 driver fatalities in 2009, 63% were tested for drugs. Of this latter group, 3,952 tested positive for drug involvement, representing 18% of the total. This was up from 13% in 2005.

A more recent study, conducted by the Pacific Institute for Research and Evaluation (PIRE), was published in July in the *Journal of Studies on Alcohol and Drugs* (Volume 72, 2011). The researchers' method was different than NHTSA's approach. They used 1998-2009 FARS data, but only included fatally injured drivers involved in single-vehicle crashes killed in states in which more than 79% of the drivers were tested for drugs other than alcohol. Their results: about 25% of the drivers tested positive for drugs, almost double the figure estimated by the 2007 National Roadside Survey. The most common drugs were marijuana, cocaine and amphetamines.

A wide variety of drugs can adversely affect driving ability. This includes many illegal ones like cannabis and ecstasy, psychotropic medications such as benzodiazepines and opiates, and some over-the-counter preparations like antihistamines, cough and cold remedies. Various psychoactive drugs, whether taken for medical reasons or misused, cause changes in the brain that disrupt normal cognitive and psychomotor functioning. They do this in various ways depending on the type of substance (see brain science article). Some affect alertness and perception; others increase impulsiveness; still others slow the speed at which the brain receives, processes and responds to environmental information. All of these mechanisms have the same net effect—diminished quality of mental and physiological effort dedicated to the driving task, decreasing performance and increasing crash risk. In the PIRE study, stimulants were linked to all reasons for fatal crashes, including speeding, failure to obey other traffic laws, inattention and not using a seatbelt. Marijuana use was linked to speeding and failure to use a seatbelt.

Laws and enforcement

Detecting a drug-impaired driver isn't easy, and there is no national standard equivalent to BAC tests to measure the level of drug impairment. NHTSA's 2009 report to Congress, *Drug-Impaired Driving: Understanding the Problem and Ways to Reduce It,* states, "The development of a method of measuring driver impairment due to the use of



State Laboratory of Hygiene staff prepare samples for testing.

drugs would greatly enhance the ability of law enforcement to investigate suspected drug-impaired driving cases. However, there is currently no accurate and reliable way to measure the level or degree of driving impairment associated with the use of drugs."

While all states have drunken driving laws, only some have enacted laws to address drug impairment (details on GHSA website). As of July, 19 states, including Wisconsin, have strict per se laws that forbid any presence of a prohibited drug or its metabolites in the driver's body while in control of the vehicle.

Wisconsin

Wisconsin's Baby Luke Law (2003 Wisconsin Act 97) was enacted after the tragic death in 2001 of Luke Logemann. Luke was delivered by Caesarean section after his mother's car was struck at an intersection in Milwaukee by a minivan driven by a man later found to have had cocaine in his system. Twelve hours later, Luke died of injuries from the crash.

Whereas most people are acquainted with the main features of Wisconsin's laws against drunken driving, many are not familiar with the Baby Luke Law. Many people, for example, don't realize that some prescription drugs like the sleep aid Ambien can impair their ability to drive. "People think because a drug is prescribed by a doctor they should be able to take it and drive," says Laura Liddicoat, supervisor of the Forensic Toxicology Program at the Wisconsin State Laboratory of Hygiene. "That's incorrect under the law."

The State Laboratory of Hygiene provides alcohol and drug analysis for law enforcement agencies statewide. It tests about 24,000 samples annually for alcohol, and the number of cases that are also tested for drugs is rising rapidly. Liddicoat reports that the lab is finding "much more prescription drug use, including multiple drugs." Prominent examples are Xanax, Valium and OxyContin. Among illegal drugs, marijuana is common, and heroin use is increasing. A growing number of so-called "designer drugs" present an ongoing challenge. Synthetic cannabis, for instance, is a psychoactive herbal and chemical product which, when consumed mimics the effects of cannabis. It is used in an attempt to avoid the laws which make cannabis illegal. The lab's equipment can't detect many designer drugs.

Unless samples are from cases involving homicide or great bodily injury, the lab doesn't do drug tests on them if the BAC of the sample is 0.10 or above. This is because the high BAC should suffice for conviction and the presence of another drug wouldn't change the penalty. But this does mean that the drug data gathered by the lab don't include these cases.

The lab works closely with the state's DRE program, the Resource Center on Impaired Driving at the UW Law School, and the Wisconsin Department of Justice's Traffic Safety Resource Prosecutor. WisDOT BOTS recently provided funding for their new tandem mass spectrometer (see above photo), which will make testing for substances such as THC (the active ingredient in marijuana) quicker and easier.

The lab's new LC/MS/MS tandem mass spectrometer (fondly known as "Elsie")

Center: the stack of pumps that comprise the LC (liquid chromatograph) part, which does the physical work of pumping samples and various liquid solutions through the instrument.

Right (at a 90° angle to the LC): the large rectangular instrument is the MS/MS, or tandem mass spectrometer, where all the intricate analysis takes place.

Conclusion

There are some similarities between alcohol and drug-impaired driving, but it is important to appreciate the substantive differences between the two issues. It cannot be assumed that the same techniques, policies, procedures and countermeasures that were developed for the alcohol problem can be readily adapted to deal with the drug issue. Drug-impaired driving is a more complex issue and many questions remain. Several different strategies might be required, each with a unique perspective on prevention, enforcement, sanctions, and rehabilitation. Further research is required to help unravel the intricacies of the drug-impaired driving problem and to facilitate the development of new and effective approaches to deal with it.

NHTSA is continuing to conduct research to better understand the correlation between drug levels and their impact on driver performance. In its 2009 report to Congress, NHTSA provided recommendations including:

- States should develop record systems that distinguish between alcohol and drugs for impaired driving cases.
- State statutes should be amended to provide separate and distinct sanctions for alcohol- and drug-impaired driving that could be applied individually or in combination to a single case. This would provide an incentive for law enforcement officers to pursue a possible drug-impaired driving charge even when a 0.08 or above BAC has already been established.

Resource

National Institute on Drug Abuse (NIDA)
www.nida.nih.gov
InfoFacts: Drugged Driving

Advances in brain science *from page 1*

Why do some drugs have such profound effects on mood, thought and behavior? And why does drug dependence develop in some people and not in others? Researchers are addressing these and other questions through neuroscience—the study of the brain, where drug intoxication and dependence begin. Through this research, scientists are gaining a better understanding of how drugs change the brain and influence behavior.

The good news: their research is shedding light on how to improve drug abuse prevention and treatment.

Rapid advances in neuroscience

Powerful new brain imaging technologies are allowing researchers to study how drugs affect various brain systems and structures. These methods include positron emission tomography (PET) and magnetic resonance imaging (MRI). They allow researchers to see, in real time, how drugs change the human brain. John Curtin is a professor and director of clinical training in the Psychology Department at UW-Madison. His research focuses on alcohol and drug use, including the neuro-biological basis of craving in alcoholism and drug addiction. He says that especially in the last five to ten years, revolutionary advances have been made in understanding how potentially addictive drugs can produce long-lasting changes in brain organization, leading to increasingly compulsive drug use.

What happens in your brain when you take potentially addictive drugs?

Such drugs contain chemicals that tap into the brain's communication system and disrupt the way nerve cells (neurons) normally send, receive and process information. There are at least two ways drugs cause this disruption: (1) by imitating the brain's natural chemical messengers and (2) by over-stimulating the "reward pathway" of the brain (see graphic).

Some drugs like marijuana and heroin have molecular structures similar to chemical messengers called neuro-transmitters, which are naturally produced by the brain. This similarity allows the drugs to "fool" the brain's recep-tors and activate neurons to send abnormal messages.

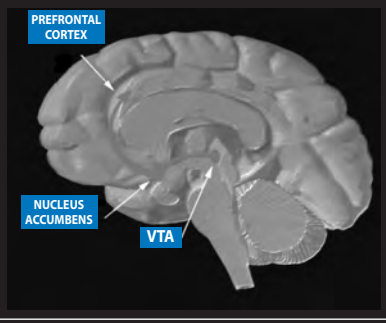
Other drugs such as cocaine and methamphetamine can cause the neurons to release abnormally large amounts of natural neurotransmitters (mainly dopamine) or to prevent the normal recycling of these brain chemicals, which is needed to shut off the signaling between neurons. The result is a brain awash in dopamine, a neurotransmitter present in brain regions that control movement, emotion, motivation and feelings of pleasure. The overstimulation of this reward system, which normally responds to natural behaviors linked to survival (e.g., eating, spending time with loved ones), produces euphoric effects. This reaction sets in motion a reinforcing pattern that "teaches" people to repeat the rewarding behavior of abusing drugs.

As a person continues to abuse drugs, the brain adapts to these overwhelming surges in dopamine by producing less of it or by reducing the number of dopamine recep-tors in the reward pathway. The result is a lessening of dopamine's impact on the reward pathway, which reduces the abuser's ability to enjoy the drug, as well as the events in their life that previously brought pleasure. This decrease compels the addicted person to keep abusing drugs in an attempt to bring the dopamine function back to normal, except now larger amounts of the drug are required to achieve the same dopamine high—an effect known as tolerance.

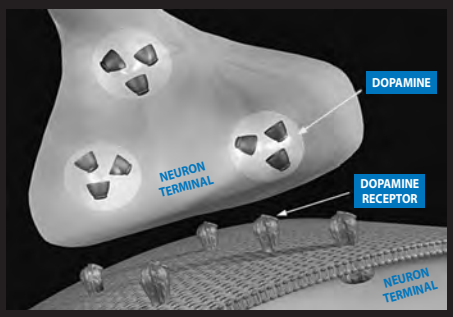
Our brain's reward pathway

All organisms engage in behavior that is rewarding; the pleasurable feelings provide positive reinforce-ment so the behavior is repeated. There are natural rewards—for behavior required for survival of the species—and artificial rewards, such as those provided by drugs.

TOP – A view of the brain (cut down the middle) shows important parts of its reward pathway: the ventral tegmental area (VTA) is connected via neurons to the nucleus accumbens and the prefrontal cortex. VTA neurons contain the neuro-transmitter dopamine, which is released in the other two areas. This pathway is activated by rewarding stimuli.

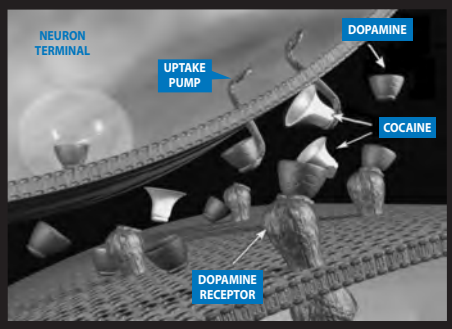


Normal synapse between two brain neurons



Brain synapse on cocaine, awash in dopamine

Cocaine is an addictive stimulant. It binds to sites in the brain that are rich in dopamine synapses such as the VTA and the nucleus accumbens. It binds to uptake pumps and prevents them from transporting dopamine back into the neuron terminal, so more dopamine builds up in the synaptic space and is free to activate more dopamine receptors.



SOURCE: NATIONAL INSTITUTE ON DRUG ABUSE

Developed by the University of Utah, *Mouse Party (http://learn.genetics.utah.edu/content/addiction/drugs/mouse.html)* provides an engaging, interactive way for people to learn about dangerous drugs by showing the effects of various addictive drugs on a mouse's brain.

Brain imaging studies of drug-addicted individuals show changes in areas of the brain that are critical to judgment, decision-making, learning and memory, and behavior control. Genetic and environmental factors interact during critical developmental stages in a person's life to affect addiction vulnerability. Although taking drugs at any age can lead to addiction, the earlier that drug use begins, the more likely it will progress to more serious abuse, which poses a special challenge to adolescents. Because their brains are still developing in the areas that govern decision-making, judgment and self-control, adolescents may be especially prone to risk-taking behaviors, including trying drugs.

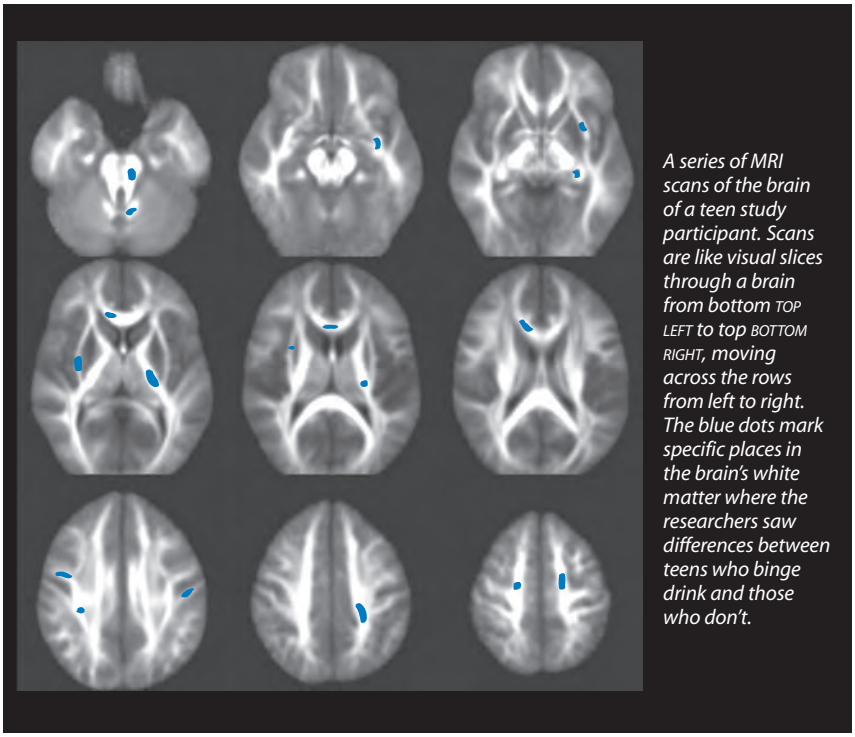
A recent University of California, San Diego School of Medicine study, published in the July 2009 issue of the journal *Alcoholism: Clinical & Experimental Research,* suggests that binge drinking—defined as having four (for females) or five drinks (males) in a couple hours—might be detrimental to the developing adolescent brain. The study of adolescent binge drinkers found that even relatively infrequent exposure to large amounts of alcohol during the teen years might compromise the integrity of the brain's white matter, which is critical for the efficient relay of information within the brain, and which has been shown to continue developing throughout young adulthood.

The *2009 High School Youth Risk Behavior Survey,* conducted by the Centers for Disease Control, found that 25% of Wisconsin high school students had had five or more drinks of alcohol within a couple hours on at least one day during the 30 days before the survey.

Prevention is the key

The National Institute on Drug Abuse (NIDA), part of the National Institutes of Health, emphasizes that drug addiction is a preventable disease. Research shows that prevention programs involving families, schools, communities and the media are effective in reducing drug abuse. Although many cultural factors affect drug abuse trends, when young people perceive drug abuse as harmful, they reduce their drug taking. Education and outreach are key in helping people understand the risks of drug abuse. Teachers, parents, medical and public health professionals must keep sending the message that drug addiction can be prevented if one never abuses drugs.

Programs for elementary and middle school children should focus on factors such as self-control, emotional awareness, communication, social problem solving, and academic support (especially in reading). See NIDA's *Preventing Drug Use Among Children and Adolescents: A Research-Based Guide.*



A series of MRI scans of the brain of a teen study participant. Scans are like visual slices through a brain from bottom TOP LEFT to top BOTTOM RIGHT, moving across the rows from left to right. The blue dots mark specific places in the brain's white matter where the researchers saw differences between teens who binge drink and those who don't.

CREDIT: UNIVERSITY OF CALIFORNIA–SAN DIEGO

Treatment can work

Fortunately, treatments are available to help people counter addiction's powerful disruptive effects. Research shows that combining addiction treatment medications with behavioral therapy is the best way to ensure success for most patients. Treatment approaches that are tailored to each patient's drug abuse patterns and any co-occurring medical, psychiatric, and social problems can lead to sustained recovery and a life without drug abuse.

Similar to other chronic, relapsing diseases, such as diabetes or heart disease, drug addiction can be managed successfully. And, as with other chronic diseases, it is not uncommon for a person to relapse and resume abusing drugs. Relapse, however, does not signal treatment failure—rather, it indicates that treatment should be reinstated, adjusted, or that an alternative treatment is needed to help the individual regain control and recover.

Research has revealed a number of basic principles that underlie effective treatment, as highlighted in NIDA's *Principles of Drug Addiction Treatment: A Research-Based Guide:*

- No single treatment is appropriate for all individuals
- Treatment needs to be readily available
- It must attend to multiple needs of the individual, not just drug use
- Multiple courses of treatment might be required for success
- Remaining in treatment for an adequate period of time is critical for effectiveness

Advances in brain science are also helping reduce prescription drug abuse. For example, one promising way to lessen the addictive properties of pain relievers is to slow their arrival in the brain: a trickle of dopamine is far less addictive than a surge. Skin patches provide this, although they can still cause fatal overdoses.

Resources

National Institute on Drug Abuse (NIDA)

www.nida.nih.gov

- *Neurobiology of Drug Addiction*
- *Understanding Drug Abuse & Addiction*
- *Mind Over Matter Teacher's Guide*
- For teens: *http://teens.drugabuse.gov/*

BOTS director

Major Dan Lonsdorf retires

In June, Dan Lonsdorf retired after a distinguished 31 year career in the Wisconsin State Patrol. Since 2004 he had served as director of the Bureau of Transportation Safety.

Dan, who grew up on a farm near Wausau, served in the Army Military Police Corps as a traffic specialist at Fort Riley, Kansas. Then, in 1980, he entered the State Patrol Academy. As a trooper, he removed more than 950 individuals suspected of impaired driving from the state's highways. In 1998, he was promoted to lieutenant and assigned to the State Patrol's headquarters in Madison, where he managed programs including aircraft and motorcycle patrols and crash reconstruction services.

Sitting in his office in May, Dan looked back over the last three decades during which traffic safety has improved dramatically. "We've seen extraordinary drops in crash fatalities and injuries," he observed, "all in the face of a large increase in the number of licensed drivers—from about 3 million in 1980 to 4.1 million in 2009. The fatality rate per 100 million miles travelled dropped a remarkable 69% from 2.96 in 1980 to 0.93 in 2009. There have been many improvements, including those in vehicle and roadway design and in law enforcement and child passenger safety. Along with these, we're seeing an important cultural shift in the key areas of impaired driving and safety belt use."

In the early 1980s, nearly 1,000 people were killed in crashes each year in Wisconsin, and about half of these crashes were alcohol-related. But the public is gradually becoming less tolerant of impaired driving and the havoc it causes. The state's OWI laws have been strengthened, programs such as SafeRide are more widely available, and law enforcement is using proven strategies such as high-visibility mobilizations. Now crash fatalities have been cut in half and less than 40% are alcohol-related.

Another big step forward came with 2009 Wisconsin Act 28 which strengthened the state's mandatory safety belt law by adopting primary enforcement. "Back in 1980," he noted, "safety belt use was running around 25%, and we had no universal safety belt law. Then in 1987, we passed a belt law and usage has been rising ever since, with our highest rate ever last year at just short of 80%. This rate, up 55% since 1980, saves almost 350 lives each year." Over the years, Dan fostered a people-first approach to creating a work environment conducive to success, and he is proud of the work BOTS staff are doing in cooperation with WisDOT's many traffic safety partners statewide. One example is the years of fruitful work they contributed to getting Wisconsin's primary enforcement law enacted.

While Dan was BOTS director, commercial truck fatalities were slashed in half, proving that a strategic national approach to large truck safety is working well in Wisconsin.

Challenges and opportunities

Although important progress has been made, Dan emphasizes that much work remains to be done. Wisconsin regularly is at or near the top of national rankings for high-risk and heavy drinking, and impaired driving continues to take a tragic toll. In 2009, the most recent year for which complete data is available, alcohol-related fatalities nationwide dropped 7.4% from the previous year, but in Wisconsin they rose 3.9% (source: NHTSA). An increasing variety of other drugs—illegal, prescription and over-the-counter—is making the impaired driving problem more complex.

Another goal is convincing all motorists to buckle up. Wisconsin's safety belt use rate lags behind our neighboring states which average 93%. Non-belt users, he says, "are a tough crowd, and they don't want government telling them how to protect themselves. But those who don't buckle up and then die needlessly in a car crash are being selfish in devastating the lives of loved ones they leave behind."

Speeding remains a key problem, a contributing cause in about a third of all fatal crashes. It increases both the likelihood and severity of crashing, but speeding law enforcement, he notes, receives inadequate resources partly because so many motorists routinely do it.

The popularity of motorcycling is soaring, with many aging baby-boomers returning to cycling with rusty skills, and BOTS is ramping up rider ed programs and deploying unprecedented resources toward ensuring the safety of all riders statewide.

To continue the recent dramatic improvements in traffic safety, many important new resources are becoming available. Many agencies are dealing with tight budgets, so efficiency and collaboration are becoming more crucial. Dan notes that data sharing among agencies is expanding rapidly and greatly improving how safety problems are identified and how resources are allocated. Badger TraCS is improving the accuracy and the efficiency of how law enforcement is reporting crash and other data, and WisDOT is working with the Wisconsin Traffic Operations and Safety (TOPS) Laboratory on a project to improve how data are collected, stored and used.

"I'm looking forward to my summer," Dan said, "including some motorcycling and golfing. There's a lot I still want to accomplish. I feel that I'm a better person for having served, and I sincerely hope Wisconsin is a better place for that service. For continuing progress, I have a lot of confidence in the dedication and capabilities of the staff in the Bureau of Transportation Safety and in their traffic safety partners, both within WisDOT and statewide."

Making strong progress

Wisconsin Drug Recognition Expert (DRE) program

"We had an exceptionally good year in 2010," says Sgt. Nate Thompson, De Pere Police Department. And this year is shaping up to be another good one.

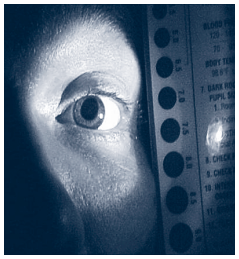
In 2009, the WisDOT Bureau of Transportation Safety contracted with Sgt. Thompson to become the new DRE/SFST (Standardized Field Sobriety Test) State Coordinator. Initially, his main focus was making sure that DRE/SFST-trained officers remained certified.

Last year, 22 officers graduated from DRE School (see photo). They learned to recognize the signs and symptoms of impairment from the seven categories of drugs by using a 12-step evaluation process. Instruction covered psychophysical testing, clinical indicators, pupil size/reaction to drug use, pulse rate, blood pressure, body temperature and the pharmacology of drug use. And 12 officers graduated from the Drug Evaluation and Classification (DEC) Instructor Training Program. Certified DRE instructors are responsible for observing, evaluating and verifying the performance of candidate DREs throughout the training and certification process. They also provide periodic update training to DREs who are already certified. At the end of last year, there were 148 DREs and 23 DRE Instructors statewide.

For this year's DRE training, applications were due July 31 and the selection of student candidates was completed on August 8. Other courses to be offered include a second level course, the 16-hour ARIDE (Advanced Roadside Impaired Driving Enforcement Program) and DITEP (Drug Impairment Training for Educational Professionals).

Why do agencies need a DRE? Sgt. Thompson explains that many officers receive only basic SFST training geared toward alcohol-impaired driving. DREs provide expertise for their own and neighboring agencies, and they are qualified to testify in drug-related cases. This is similar to the situation with crash reconstruction experts, whose testimony can help prosecutors build an accurate case.

Visit www.decp.org and contact Sgt. Thompson at sgtnate@sbcglobal.net or (920)-216-3456.



TOP–BOTTOM 1) darkroom examination of pupil size 2) examination of injection sites 3) walk-and-turn test

Sgt. Nate Thompson, De Pere Police Department: DRE/ SFST state coordinator

2010 new DRE instructors:

L–R Richard Thickens, Hartford PD
Greg Sousek, Milwuakee PD
Cory Knuston, Douglas SO
Renee Schuster, Fond du lac PD
Brent Multer, Sheboygan SO
Steve Krejci, Milwaukee PD
Jason Koenig, Manitowoc PD
Nick Place, Ripon PD
Matthew Harper, Hartland PD

2010 DRE graduating class: *L–R Andrew Ayala, Cudahy PD, Jesse Deckert, Hartford PD; Dale Schmidt, Dodge SO; Thomas Kopydlowski, Cudahy PD; Israel Deutsch, Hobart/Lawrence PD; Joseph Tenor, Calumet SO; Alexander Bol, Madison PD; Gwendolyn Bruckner, Village of Eagle PD; Anthony Kasta, Milwaukee SO; Jessica Quamme, Middleton PD; Jason Fink, Waukesha PD; Doug Vierck, Edgerton PD; Chris Romanowicz, Oshkosh PD; Charles Leiterman, De Pere PD; Brente Knutson, Village of Wild Rose PD; Tyler Gaidish, Mequon PD; Shawn Fritsch, Wausau PD; Justen Ragen, Oconto SO; Chris Tappen, Brown SO; Michael Grumann, Fox Valley Metro PD; NOT SHOWN Nathanial Dorn, Hartford PD; Brent Olson, Wausau PD*

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Get to know . . .

Stephen Fitzgerald

Superintendent, Wisconsin State Patrol

On February 8, Wisconsin DOT Secretary Mark Gottlieb announced the appointment of Stephen Fitzgerald as superintendent of the Wisconsin State Patrol. "He brings outstanding credentials and a broad range of experiences that make him uniquely qualified to lead the Wisconsin State Patrol," Gottlieb said. One of five WisDOT divisions, the State Patrol has 638 employees statewide, including 474 sworn personnel such as troopers and inspectors.

Superintendent Fitzgerald grew up in Oak Park, Illinois, a community famous for its many buildings designed by Frank Lloyd Wright and also well known for its long history of encouraging racial and ethnic diversity. He began his career in law enforcement as a Chicago police officer and then he moved to Wisconsin to become police chief for the Village of Hustisford in Dodge County. "My wife and I were looking for a good place to raise our family," he says, "and we found what we were looking for in Wisconsin." He went on to serve as Dodge County Sheriff for 14 years. Then, in 2002, President Bush appointed him U.S. Marshal for the Western District of Wisconsin, a position he held for eight years.

As State Patrol superintendent, much of Fitzgerald's focus will be on coping with the State Patrol's tight budget over the next two years. "The biggest challenge I'm facing," he said in May, "is finding the resources to fund a class for new recruits at the State Patrol Academy." There hadn't been a class since 2008 due to the state's recent tight budgets. In June, WisDOT announced that a new class would be held and that recruitment was underway to fill about 40 trooper and inspector vacancies statewide. Training will begin October 9, with candidates undergoing 23 weeks of basic program training at the academy in Fort McCoy. After graduating, new troopers enter the FTO (Field Training Officer) program.

Veteran troopers and inspectors are required to take in-service training during a seven week period each year at the academy (for example, receiving law updates, qualifying on the range, practicing defensive driving tactics) and during this period Fitzgerald visited them one day each week. He has also been attending State Patrol staff meetings around the state to introduce himself and discuss operations. "A lot of the best ideas," he says, "come from the people who are out doing the law enforcement work, and I really value their input."

Because of tight budgets in counties statewide, many sheriffs are looking for extra cooperation with the State Patrol, and Fitzgerald is meeting with them to discuss ways to achieve this.

"Communication is an important part of law enforcement work," he observes. Along with person-to-person meetings, he'll be fostering diverse channels of communication, including this newsletter.

"I'm a person who likes a challenge," he says, "and I feel I can add something to the State Patrol."