

WISCONSIN TRAFFIC SAFETY REPORTER

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Distracted *(insert mode of travel)*



David Pabst,
Director
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Bureau of
Transportation
Safety

April is [National Distracted Driving Awareness Month](#). While it's important to stress to drivers the dangers of distracted driving, it's also important to raise these same issues with pedestrians and bicyclists. They are among our most vulnerable travelers when exposed to distracted drivers, and they can also be a danger to themselves when using their electronic devices. When drivers, pedestrians and bicyclists are all cognitively, visually and manually distracted, a perfect recipe for disaster is created.



With mild March weather here in Madison, I'm already seeing bicyclists out in increasing numbers, and I'm noticing more of them, and even

an occasional moped rider, using their smart phones while riding. As bicycling continues to become more popular, the risk of bike crashes also increases. For example, in the Netherlands, a cycling-centric country, phones are involved in about 20 percent of bike crashes, including dozens of fatalities.

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Progress grappling with complex challenges

Drug-impaired driving

- Overview
- Wisconsin
- Dane County Oral Fluids Study
- State's DEC program progresses
- Marinette County



Overview

Nationwide and in Wisconsin, driving under the influence of drugs (DUID) is a fast-growing and all-too-often deadly problem. The most recent national data show that drugged driving is increasing while drunk driving is declining. Of fatally-injured drivers, 40 percent test positive for drugs, which is almost the same as those testing positive for alcohol.

A huge and growing number of drugs can impair driving. Many are illegal but others are available by prescription or over-the-counter. A wide variety of drugs are especially impairing when used along with alcohol: see table on [page 3](#).

An especially harmful trend has been the large increase in the abuse of opioids—which include heroin and prescription pain relievers such as Oxycontin. Use of these drugs can lead to potentially deadly impaired driving. For example, in the past, the only way to use heroin, because of low purity, was to inject it. But, since the mid-1990s, there's been such an increase in the quality of heroin that now it's snortable, so there's not the stigma associated with using

continued on page 2



See page 13

National Mobilizations & Crackdowns



May 23 – June 5



August 19 – September 5

Drive Sober Winter
December 15 – January 1

WANTED —

Your input on highway safety priorities

The Wisconsin Department of Transportation is embarking on an update to its three-year traffic safety planning document, the Strategic Highway Safety Plan (SHSP). The SHSP is the guiding strategic document for WisDOT's highway safety mission, and WisDOT will be seeking input and comments from a wide variety of stakeholders and safety partners to help formulate this plan. Expect more information in the near future about how you can participate in shaping the state's safety strategies. We all play a role in moving our fatalities toward [Zero in Wisconsin](#).

2016

Save the date!

Governor's Conference on Highway Safety

8 a.m. Aug 23~noon Aug 25
KI Center, Green Bay

DETAILS

Distractions ...

from page 1

Unfortunately, last year Wisconsin experienced a sharp rise in fatalities both for bicyclists and pedestrians. Last fall, we invited NHTSA to send a team to assess our Bicycle-Pedestrian Safety Program. Although we already have a strong program, we wanted to have national experts take a comprehensive look to help us make our program as effective as possible. The week-long assessment starts in late April and will involve our bike and pedestrian safety partners statewide. We're also partnering with Madison Metro Transit to place pedestrian safety messages on some of their buses, with the hope of expanding the program in the future.

These efforts will no doubt help us save more lives as we continue to strive towards our [Zero In Wisconsin](#) vision.



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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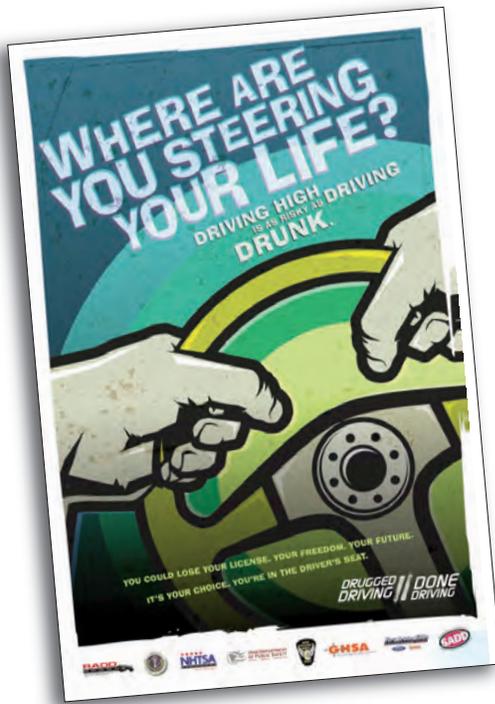
Drug-impaired driving from page 1

needles. Addicts frequently drive to meet their dealer, snort the heroin and drive away seriously impaired.

In September, the Governors Highway Safety Association (GHSA) released a first-of-its-kind comprehensive [guide](#), *Drug-Impaired Driving: a Guide for What States Can Do*. It provides a comprehensive overview and also makes recommendations to states and other stakeholders on how to confront a complex and growing traffic safety problem.

At the heart of the guide are action items that can be taken on a broad spectrum of issues:

- Planning: assess the data and understand what is happening now
- Public education: e.g., an innovative campaign in Ohio (see below)
- Laws and sanctions: examine and update DUID laws
- Provide training to law enforcement, prosecutors and judges (see [page 7](#))
- Test all fatally-injured drivers for the presence of drugs
- Prosecution and adjudication: screen and assess all offenders to identify any drug or alcohol problems or underlying mental health issues, and refer offenders to treatment if needed
- Data: track all alcohol- and drug-impaired driver crash data separately to best assess the problem



Drugged Driving=Done Driving is a public/private statewide pilot program in Ohio. Of the youth surveyed, 41 percent believe that loss of license and jail time are effective deterrents to driving impaired, which led to the campaign's name.

DUID presents more complex challenges than alcohol-impaired driving

- Hundreds of different drugs can impair drivers.
- Some drugs that can impair driving are illegal, some are legal to use under certain conditions, and some are freely available over the counter.
- For many drugs, the relation between a drug's presence in the body, its effect on driving, and its effect on crash risk is complex, not well understood, and varies from driver to driver (see "A key challenge" below).
- Data on drug presence in crash-involved drivers are incomplete in most jurisdictions, inconsistent from state to state, and sometimes inconsistent across jurisdictions within states.
- It's more difficult for law enforcement to detect drug rather than alcohol impairment during a traffic stop.
- DUID laws vary across the states.
- It's more difficult to prosecute and convict a driver for DUID.

A key challenge: determining impairment

As the GHSA notes, "The extent of drug impairment as a contributing factor in crashes is still unclear." The following recent NHTSA study illustrates this.

NHTSA crash risk study

Last year, NHTSA published a [report](#), *Drug and Alcohol Crash Risk*, on a NHTSA-sponsored study that used a carefully designed case-control methodology. Its analyses controlled for road location, day of week, time of day, driver age and gender.

Conducted in Virginia Beach during a 20-month period, the study gathered data from more than 3,000 drivers who were involved in police-reported crashes, plus a comparison group of 6,000 drivers who didn't crash. Research teams responded to crashes 24 hours a day, seven days a week and screened drivers for alcohol and also a large number of potentially impairing legal and illegal drugs using blood and oral fluid samples.

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The study’s results for the crash risk associated with alcohol use, at different BAC levels, are consistent with the extensive research on alcohol crash risk.

Overall, the study found “unadjusted increases in crash risk of 21 percent associated with illegal drugs and 25 percent associated with marijuana (THC). But after adjusting for other factors that affect crash risk—including driver age and gender—the crash risk increases were no longer statistically significant, suggesting that these other variables were highly correlated with drug use and account for much of the increased risk associated with the use of illegal drugs and with THC.”

DRUID

The recent population-based study known as Driving Under the Influence of Drugs, Alcohol and Medicines (DRUID) used a large sample of drivers covering a wide geographic area in nine European Union countries. The study focused on seriously and fatally injured drivers.

This table from the GHSA guide (page 13) presents the DRUID summary of the effects of major drug categories on crash risk. A driver with no drugs has a relative risk of 1.

Risk level	Relative risk	Drug category
Slightly increased risk	1-3	marijuana
Medium increased risk	2-10	benzodiazepines cocaine opioids
Highly increased risk	5-30	amphetamines multiple drugs
Extremely increased risk	20-200	alcohol together with drugs

Regarding marijuana use and crash risk, the GHSA guide (page 14) reports that a review of nine studies “found a near doubling of risk of a driver being involved in a motor vehicle collision resulting in serious injury or death. The increased

risk was most evident for high quality studies, case-control studies, and studies of fatal collisions.”

Crisis with Rx painkillers and heroin

The United States is experiencing an epidemic of drug overdose deaths. Since 2000, the drug overdose death rate has increased 137 percent, including a 200 percent increase in the rate of overdose deaths involving opioid pain relievers and heroin. During 2014 there were 47,055 drug overdose deaths. (Source: Centers for Disease Control)

In 2015, overdoses from prescription drugs, including opioid pain relievers, and heroin surpassed car crashes as the leading cause of injury-related death in the United States.

Opioids, which include both street drugs like heroin and pharmaceutical pain relievers such as morphine and codeine, act on the body’s central nervous system by stimulating the brain’s “reward center” which controls pleasurable feelings. Opioids mimic the effects of healthy feel-good activities, like eating. But in high doses, they can cause some of the brain’s critical functions, like controlling breathing, to slow down or stop altogether.

In 1996, OxyContin was introduced as a powerful narcotic meant for cancer patients and others enduring intense pain. Drug abusers quickly discovered that chewing an OxyContin tablet, or crushing one and snorting the powder, produced an instant high as powerful as heroin. It led to waves of addiction that ravaged some regions of the country and led to many overdose deaths.

So, in 2010, the maker of OxyContin reformulated it to make it harder—but not impossible—to snort. Also, government authorities cracked down on unscrupulous doctors who were over-prescribing pain medications.

But then many addicts went searching for a cheaper, more accessible high, and heroin use soared (see sidebar).

In 2015, overdoses from prescription drugs, including opioid pain relievers, and heroin surpassed car crashes as the leading cause of injury-related death in the United States.

Heroin overdose deaths in Wisconsin

2012	199
2000-07 average	29

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Drug-impaired driving

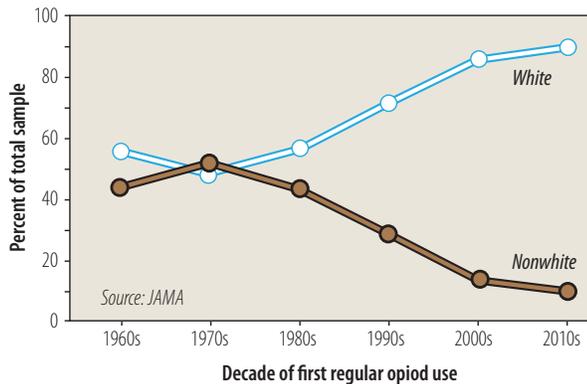
from page 3

The group Physicians for Responsible Opioid Prescribing has provided a 5-minute video about the dangers of addiction with long-term use of opioids for chronic pain.

Dr. Andrew Kolodny, a scientist at Brandeis University, appearing on C-SPAN, explains the origins and scope of the prescription drug and heroin abuse epidemic and current efforts to combat it.

Also, the affected populations have changed in recent years.

Changing demographics of heroin use in U.S. in past 50 years



In 2014, the drug overdose death rate for whites ages 25-34 from both illegal and prescription drugs was five times its 1999 level.

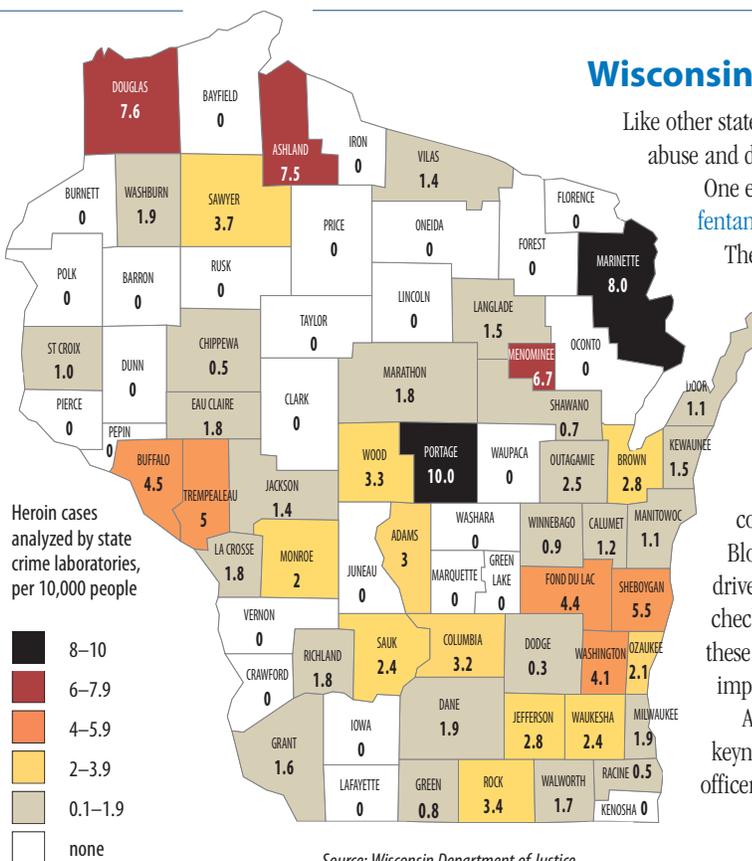
Dealing with the epidemic

Researchers are struggling to learn why whites are doing so poorly now in this regard. One element is that the nation is seeing a cohort of whites who are isolated and left out of the economy and society, and who have gotten ready access to cheap heroin and prescription narcotic drugs. “There are large numbers of people”, says Dr. Mark Hayward, a professor of sociology at the University of Texas at Austin, “who never get established in the economy, who live outside family relationships and are on the edge of poverty.”

The most common treatments for opioid addiction are self-help groups and outpatient methadone clinics. But researchers from the Johns Hopkins Bloomberg School of Public Health have found that during the period 2009-13 only 22 percent of addicts received any kind of treatment.

Congress is now considering a bill, the Comprehensive Addiction and Recovery Act of 2016, which would attack these problems on several fronts.

- A federal interagency task force would be convened to develop a system of best practices for prescribing pain medications that would then be conveyed to doctors.
- The US attorney general would be authorized to make grants to state and local governments and nonprofit agencies to assist them on several fronts: expanding or developing alternatives to incarceration, such as treatment, for defendants who meet certain criteria; improving educational opportunities for offenders in jails, prisons and juvenile detention facilities; making more widely available the drug naloxone, which reverses the effects of an overdose; creating high-quality drug treatment programs; and establishing places where people with unused medications can safely dispose of them.
- States would receive help to strengthen their prescription drug monitoring systems.



Source: Wisconsin Department of Justice

Wisconsin

Like other states, Wisconsin is experiencing many challenges with drug abuse and drug-impaired driving.

One especially deadly recent trend is the use of heroin laced with fentanyl, a powerful synthetic opiate.

There is also the fast-changing and bewildering array of so-called “designer” or “party” drugs that mimic the pharmacological effects of the original drug while avoiding classification as illegal and/or detection in standard drug tests.

Among these are synthetic cannabinoids, the growing number of man-made, mind-altering chemicals related to those found in marijuana.

Chemists at the Wisconsin State Laboratory of Hygiene recently completed a study of the effect of synthetic cannabinoids on drivers. Blood specimens from impaired drivers were tested, and, for the drivers who tested positive for a synthetic cannabinoid, the researchers checked the Drug Recognition Expert (DRE) evaluations. Overall, these evaluations showed that synthetic cannabinoids significantly impair driving ability.

At the 2015 Governor’s Conference on Highway Safety, one of the keynote speakers was Jermaine Galloway, an Idaho law enforcement officer who discussed how communities can deal with challenges like

the abuse of drugs, including synthetic cannabinoids and marijuana concentrates, through education, prevention and enforcement.

Wisconsin, like much of the nation, has a growing problem with the abuse of opioids (see graph at right). Describing it as a public health crisis, the Wisconsin Department of Health Services reported in 2014 that drug overdose deaths had doubled since 2004, and, by 2008, they had surpassed motor vehicle crash deaths (bottom graph).

Fortunately, much progress is being made with a wide variety of statewide and local initiatives.

This includes the passage of new laws such as the Heroin Opiate Prevention and Education (H.O.P.E.) [legislative package](#). Among its provisions:

- nearly doubling funding for treatment and diversion (TAD) programs which have proved to be effective
- creating regional pilot programs to address opioid addiction in underserved areas

In February, the Wisconsin Assembly unanimously passed a bill to further boost funding for drug TAD programs.

Wisconsin's "Baby Luke" Law (2003 Wisconsin Act 97) is a strict per se law that forbids any presence of a prohibited drug in a driver's body.

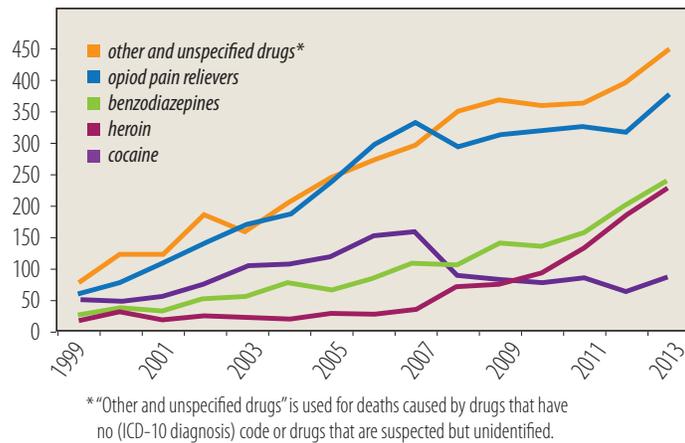
But making laws to deal with DUID is generally more complicated than those for alcohol-impaired driving. For instance, as the GHSA guide reports (page 200):

Under a per se law, it is illegal to drive with amounts of specified drugs in the body that exceed set limits. Per se laws with a limit greater than zero are modeled after alcohol per se laws, set at a BAC of 0.08 in the U.S. They are apparently straightforward but conceal some thorny issues. The most fundamental is that setting a positive per se limit, such as 5 ng for THC, implies that the limit is related to impairment and that all, or most, drivers have their abilities impaired at concentrations above the limit. The scientific evidence to establish such an impairment threshold for drugs simply does not exist, and may never exist.

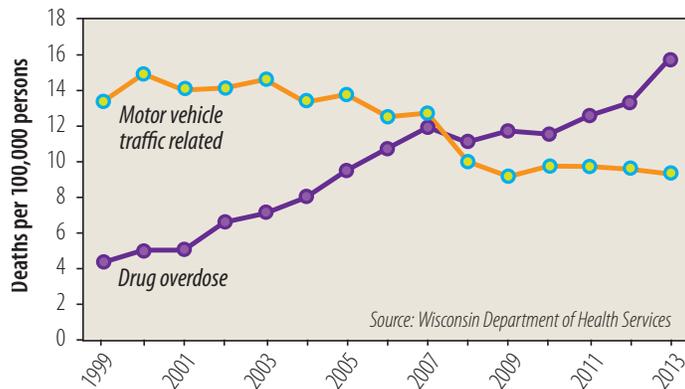
Tara Jenswold, Wisconsin's Traffic Safety Resource Prosecutor (TSRP), helps train law enforcement and prosecutors on complicated legal issues regarding DUID.

Another promising development is the success, nationwide and in Wisconsin, of drug and OWI treatment courts that combine close supervision, treatment and regular court appearances.

Drug overdose deaths, Wisconsin (1999-2013)



Death rates, Wisconsin (1999-2013)



The GHSA guide reports that a review of 28 evaluations of OWI/drug courts "found substantial reductions in recidivism." See [page 8](#): Marinette County Drug Court.

In the crucial area of public education and prevention, the Wisconsin Department of Justice, along with media partners, has launched the [Dose of Reality](#) campaign targeting prescription pain reliever abuse. The audience is all ages but especially teens and young adults, and the campaign portrays shocking, tragic situations to get people's full attention.

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From the [Dose of Reality](#) website

Drug-impaired driving

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Dane County Oral Fluids Study

The GHSA guide notes that: “a good saliva (oral fluid) device to test for the presence of key drugs would help roadside enforcement substantially (U.S. Government Accountability Office, 2015). It would provide objective data to justify an arrest and to require a blood or urine sample for an evidential test and would identify the drug category that the evidential test should examine. It should be quick, easy, minimally invasive and inexpensive. Several states have conducted field tests of oral fluid screeners with promising results.”

In Wisconsin, the Marinette Police Department (see [page 8](#)) has been using a Draeger Drug Test 5000 machine for oral fluids testing since 2013.

In March, a pilot study began in Dane County using a different instrument, the [Aleré DDS2 Mobile Test System](#). This device tests for the six major classes of drugs and yields a positive or negative result.



Dane County Sheriff David Mahoney speaks during February 26 press conference before launch of the study, with David Pabst, WisDOT BOTS director, to his left.



Officer Deanna Reilly, Madison PD, provides ARIDE instruction.

The idea for the study came from the Dane County Traffic Safety Commission, and funding was provided by the WisDOT Bureau of Transportation Safety. The funding is for:

- purchase of four Aleré DDS2 instruments
- ARIDE (Advanced Roadside Impaired Driving Enforcement) training for 48 officers from participating agencies: the Dane County Sheriff's Office, most police departments in the county, and the State Patrol

The 16-hour ARIDE training was developed by NHTSA, with input from the International Association of Chiefs of Police, to fill the gap between the training required to perform Standardized Field Sobriety Testing (SFST) and the training required to become a [Drug Recognition Expert](#) (DRE).

The study will continue until 100 oral fluid samples have been collected. This oral fluid testing is not evidentiary and will not play any role in prosecuting impaired driving cases.

Print test reports at point of test or from stored results.

English and Spanish languages.

LCD color screen is readable day and night.

Easy to operate: Five way navigation key, left and right select keys and on-screen prompts.

Quick Response (QR) code.

Collect samples in less than 60 seconds. The indicator will turn blue to indicate sufficient sample has been collected.

Test up to six drugs in one convenient cartridge.

Aleré DDS2 Mobile Test System

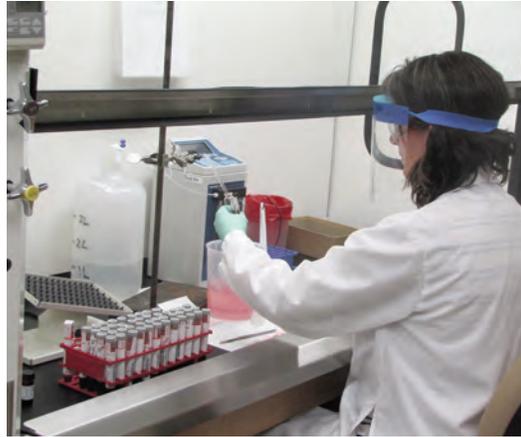
- 1 Insert test cartridge into analyzer.
- 2 Collect oral fluid sample.
- 3 Insert collection device into test cartridge.

Purpose

- Determine if roadside testing with the DDS2 provides accurate drug detection.
- Learn about the scope of drug-impaired driving in Dane County.
- Determine if current training for law enforcement officers enables them to accurately detect drugged drivers.
- Gather data that might someday help oral fluid testing to become recognized in statute and by the courts so that it can be used roadside in the way a preliminary breath test (PBT) is currently used for alcohol-impaired driving.

Process

- All people arrested for OWI (not just those suspected of drug-impaired driving) who are eligible will be asked if they'll participate in the study. Among those not eligible: offenders involved in OWI injury, great bodily harm or homicide crashes.
- The request to voluntarily participate is made after the arrest and blood draw, and before booking or release to responsible party.
- Oral fluid is taken and tested. Test cartridge and swab are thrown away, and only the printed test result is kept. The DDS2 devices are at local hospitals since most OWI blood draws are done there.
- Oral fluid test results and blood draws are sent to the State Hygiene Lab. Law enforcement agencies won't get the drug test results.



Technician at the Wisconsin State Laboratory of Hygiene

Help in developing the protocols for law enforcement and the consent form was provided by Tara Jenswold, Wisconsin's TSRP, and Emily Thompson, Dane County assistant district attorney.

The study will involve checking the correlations among the arresting officers' reports, the DREs' evaluations, and the oral fluid and blood test results.

"We're seeing an alarming number of drug-impaired drivers in Dane County, many of which are under the influence of heroin," says Dane County Sheriff David Mahoney. "The Sheriff's Office is working in every way possible to educate the community and combat the effects that this drug is having on the safety and well-being of our citizens. This study is one more step in this fight."

State's DEC program progresses

As the GHSA guide notes, "Many officers are not trained to identify the signs and symptoms of drivers impaired by drugs other than alcohol." Along with improved training for prosecutors and judges, the GHSA recommends:

- Basic drugged driving awareness for all law enforcement officers
- **ARIDE** (Advanced Roadside Impaired Driving Enforcement) training for patrol officers
- **DRE** (Drug Recognition Expert) training for enough officers to provide timely response to DUID arrests
- Set annual goals for ARIDE and DRE training

In recent years, Wisconsin has made strong progress with its **Drug Evaluation and Classification (DEC) Program**. Since 2009, Sgt. Nate Thompson of the De Pere Police Department has been the drug recognition expert/standard field sobriety test (DRE/SFST) **state coordinator**. He coordinates the state's DEC program, which includes a variety of trainings for law enforcement and others, such as educators, who need to learn to recognize drug use.

Progress includes a large increase in the numbers of both DRE and ARIDE trainings.

During 2014 and 2015, two DRE classes were held, capped at 24 students each. Each class involves nine days of classroom work and then nine days of field certification.

In 2015, for the first time, a graduation and awards ceremony was held, in conjunction with a **Wisconsin Traffic Safety Officers Association (WTSO)** conference, for the previous year's graduates. On March 2 of this year, the ceremony was held in Appleton for officers who graduated in 2015.

This year only one DRE class will be offered, starting in late April.

According to NHTSA, Wisconsin ranked 7th in the nation for 2014, with DREs performing 861 traffic enforcement evaluations.

"The candidates seem to be getting better each year," says Sgt. Thompson. "We have a strong selection process."

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Drug-impaired driving

from page 7



Retention has been good.” But, because such good officers are being trained, they are often promoted, so they’re no longer available to do DRE evaluations.

Since 2009, 120 of the 16-hr ARIDE trainings have been held statewide, attended by 2,633 officers. Two of the classes were held in February for the 48 officers participating in the Dane County Oral Fluids Study.

“I would love to have all officers in Wisconsin receive ARIDE training,” observes Sgt. Thompson, “but we still have a way to go.” For instance, some areas in northern and western Wisconsin could especially benefit from having more officers with this training.

Members of the spring TOP and fall BOTTOM 2015 DRE classes who attended the DRE graduation and awards ceremony on March 2 in Appleton

Marinette County: a community working together

As in many other predominantly rural areas of the United States, Marinette County has been hard hit by the opioid pain reliever and heroin epidemics (see map [page 4](#)). But the community is pulling together to deal with the challenge.

One important element is law enforcement. In 2012, as the epidemic grew, the Marinette County Sheriff’s Department and Marinette Police Department launched a cooperative effort, the Marinette OWI Task Force. Using the proven methods of high-visibility enforcement, it has acted as a deterrent for all kinds of impaired driving.

With funding help from the Wisconsin Department of Justice and the WisDOT Bureau of Transportation Safety, the task force has been piloting the use of the Draeger Drug Test 5000 instrument for oral fluid testing. Nurses ride along in the squad car to do blood draws. Sgt. Scott Ries of the Marinette PD notes that opioid use can cause a dry mouth, but the oral fluid test can still be done successfully.

Drug court

Broad community involvement has been a key to making progress. Along with law enforcement, community partners include schools, social services, and also employers, who were having difficulty filling positions because so many applicants were testing positive for heroin.

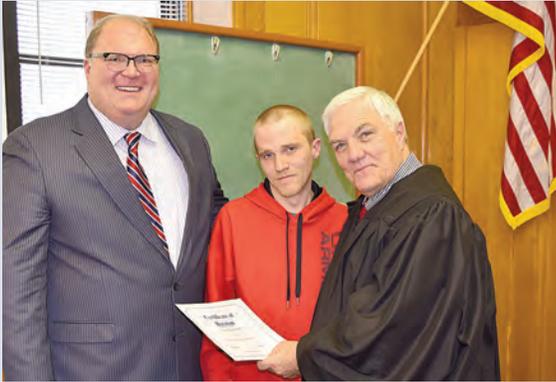
Another key partner is the Marinette County Drug Court, begun in 2014 with funding from the Wisconsin DOJ Bureau of Justice Assistance. Treatment courts are designed to address the underlying causes of repeat offenders’ behavior, such as alcohol or drug addiction.

One key member of the drug court team is Marinette County Circuit Court Judge James Morrison. Describing the challenge, he explains: “To have people come out of prison clean and, a few days later, head right back to the same place, without a job, without a support system, to the same friends, and then use again—the recidivism rate in Marinette County was approaching 100 percent. I’m not a squishy guy, I’m not afraid to send people to prison, but this was insane.”



Marinette OWI Task Force sign, set up at Stephenson Island next to US 41 on the Interstate Bridge

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First graduate In February, Brandon Dodsworth (center), 32, became the first graduate of the Marinette County Drug Court. A ceremony honoring him and his progress was held at the court house. Marinette County Circuit Court Judge James Morrison (right), Wisconsin Supreme Court Justice Michael Gableman (left)

Two years ago, Brandon Dodsworth's 6-year-old son found him comatose and nearly dead from a heroin overdose. Dodsworth was accepted into drug court in October 2014. He attended 32 drug court sessions, participated in 107 probation and case management supervision sessions, and had 165 drug tests.

By the time he graduated, he had had 340 days of clean time, as proven by the testing program. He completed all required treatment, including 12.5 weeks of Cognitive Thinking group, obtained and maintained community support, improved relationships with his family, including improved parenting of his children, and maintained stable housing. He also held full-time employment and is currently working toward his GED.

"He successfully completed all the treatment we threw at him," says Judge Morrison. "At first Dodsworth didn't want a sponsor, but now he is one. He's a leader in this program."

See [Peshtigo Times article](#).

While in Burnett County before joining the Wisconsin Supreme Court, Justice Gableman helped start one of the first drug and alcohol courts in Wisconsin. These courts succeed, he says, because so many people from a wide variety of backgrounds work together to help restore people to good health and good citizenship. "Common to all drug courts," he observes, "is the recognition that the vast majority of people are good people. Recognizing this is what makes drug court so rich and so real that it tends to stay with you."

The drug court only accepts non-violent felons as participants. They are required to spend at least 40 hours a week either in treatment, working at a job for pay or doing community service. They are strongly urged to work with a mentor, someone they can call when the pressure gets too much.

Judge Morrison is proud that every one of the 16 drug court participants to-date is sober and working in the community. "This is a reality-based program," he says. He notes that nationwide, with traditional punishments for drug-related crimes, the recidivism rate is about 95 percent. With drug courts, this rate is about 50 percent.

"We apply the best evidence-based practices," he says. "By avoiding the high cost of jail and prison stays, drug courts save taxpayer dollars in the long term. And, even more importantly, they can help dramatically improve people's lives."

The first drug court was started in Miami-Dade County in 1989, and this approach has been so successful that there are now about 2,300 in the United States and 50 in Wisconsin. Check the [website](#) of the National Association of Drug Court Professionals.

To help address drug abuse issues, Tri-City Area United Way, based in Marinette, has started a community collaborative initiative called [Educational Success—Cradle to Career](#) (C2C).

One part of this effort is the Prescribers Committee within the Substance Abuse Task Force. Composed of physicians, dentists, pharmacists, counselors and others in the medical profession, it is developing educational programs and resources for members of the medical community so they can better understand pain medication abuse.

They have held two summits. The first explained the rise of prescription drug abuse and heroin addiction and also issues such as drug-impaired driving. The second summit provided information on alternative ways to treat pain without resorting to opiates. A third summit is planned, focusing on recognizing drug-seeking behavior and the signs of addiction, and ways to treat drug addictive behavior.

Conclusion

Both in Wisconsin and nationwide, important progress is being made in dealing with the complex problems of drug abuse and drug-impaired driving.

Much still needs to be learned. The GHSA Guide, along with its recommendations for states and other stakeholders, also provides these recommendations (page 42 in the Guide) for research and program needs at the national level:

Research

- evaluate drug law and program effects
- study impairing effects of most common drugs

Data

- drug testing best practices: which drugs, what thresholds
- improved drug reporting in FARS

Education

- a national drug impaired driving campaign
- materials for prosecutors, judges and legislators

Enforcement

- accurate, cheap, convenient roadside oral fluid testing kits
- evaluate SFST usefulness for drugs

Progress with IIDs

by Diane Brockley-Drinkman, chemist, WisDOT Chemical Test Section



Visit the WisDOT Chemical Test Section [website](#).

For many years, courts in Wisconsin have had the option of ordering the installation of ignition interlock devices (IIDs) for convicted drunken drivers. Laws have also included provisions for vehicle immobilization and even seizure.

Early statistics maintained by the WisDOT Division of Motor Vehicles show that the number of IIDs installed increased from nearly 200 in 2000 to more than 600 in 2007. Then Wisconsin Act 100 went into effect in 2010, requiring the courts to order an IID upon conviction for:

- first OWI with an alcohol concentration above 0.15
- a refused chemical test
- all repeat OWIs

Early on, compliance with court installation orders was low (see graph), less than 25 percent, but the rate has risen sharply to more than 70 percent for OWI offenders convicted in 2013-14. IID orders have increased as the number of approved IIDs and their availability increased statewide.

The Chemical Test Section of the Wisconsin State Patrol ensures that all IIDs used by offenders:

- prevent a vehicle from starting when the driver's breath alcohol concentration is above 0.02
- meet all programming features and reporting requirements

Extensive testing is performed by section staff before an IID is recommended for approval and a company can open service centers. Currently, four IID models are approved.

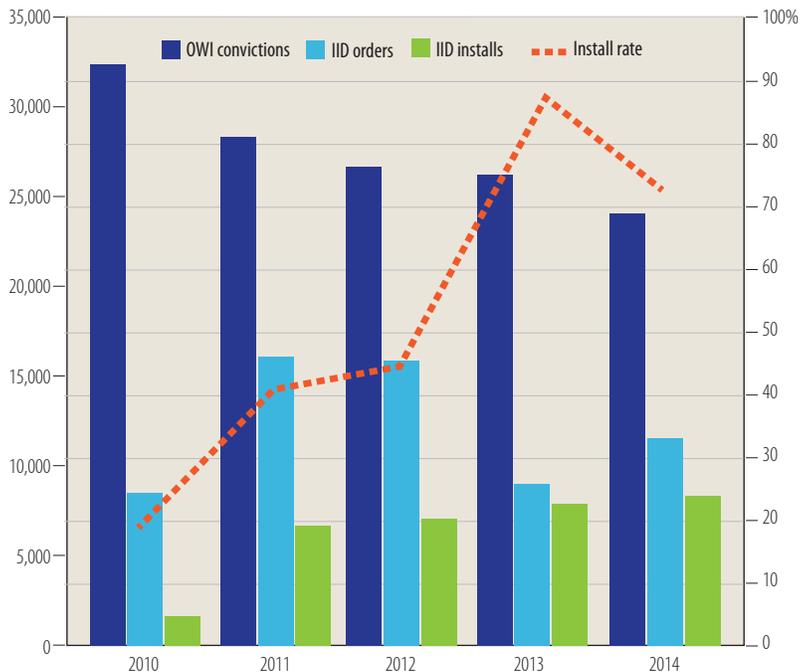


Laboratory testing to determine whether IID can be circumvented by using a balloon for breath sample

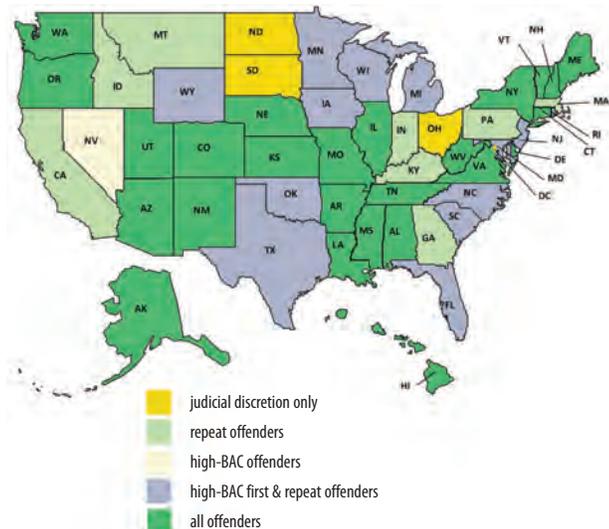


Vehicle test to verify if IID detects filtered sample attempt

OWI convictions, IID orders and installs, and install rates



Laws mandating IID orders as of March 2015



Source: Insurance Institute for Highway Safety

Update

Wisconsin Breath Alcohol Program

For decades, forensic science has produced valuable evidence that has helped with the prosecution of criminals and with the exoneration of innocent people. But there are many fast-changing challenges in this field, so further advances are always needed.

In early 2014, the National Institute of Standards and Technology (NIST) announced the formation of the Organization of Scientific Area Committees (OSAC), a collaborative body of more than 600 forensic science practitioners and other experts representing local, state and federal agencies, along with academia and industry.

OSAC's goals are to strengthen forensic science by:

- supporting the development of forensic science standards and guidelines
- determining each forensic discipline's research and measurement standards needs
- ensuring that a sufficient scientific basis exists for each discipline

OSAC consists of five Scientific Area Committees (SACs), covering:

- biology/DNA
- chemistry/instrumental analysis
- crime scene/death investigation
- information technology/multimedia
- physics/pattern

Susan Hackworthy, chief of the WisDOT Chemical Test Section, is a member of the toxicology subcommittee. Her expertise is in breath alcohol toxicology.

This subcommittee is:

- identifying standards, test methods, and requirements for lab accreditation throughout the United States
- developing a consistent terminology for forensic science so that scientists, law enforcement and the courts can communicate clearly

SACs and subcommittees:

- identify standards and guidelines developed by other organizations
- catalyze the development of needed standards and guidelines
- create new standards and guidelines themselves

Final approval of a standard is granted by the Forensic Science Standards Board.



HVEE pilot program

from page 12

Sheboygan PD officer, wearing safety vest, during HVEE deployment

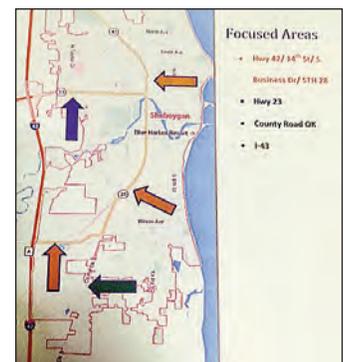
WisDOT Bureau of Transportation Safety (BOTS) is providing funding support and also the crash maps that help with identifying where deployments are needed most.

As this pilot program continues, agencies are assessing what strategies are working best and what challenges are being encountered. Some agencies, are finding that the deployments are adding to the already large demands on officers' time. Among the successes is the HVEE's influence on the public. Chief Domagaliski notes that officers report seeing far fewer vehicles parked at bars, but about the same number of people inside.

Twice IACP staff members visited Wisconsin to assess progress. Mike Fergus, IACP manager for the HVEE program, reports being impressed by the excellent initiative and cooperation shown by participating agencies.

On March 10-11, in Alexandria, Virginia, the IACP hosted a meeting to assess progress in the four states involved with the program. Attending and presenting were officers from Wisconsin's HVEE team and also BOTS staff. NHTSA staff also attended and noted that effective efforts such as this one tended to originate with the grassroots initiative, creativity and commitment of local law enforcement agencies.

The meeting's focus was on identifying lessons learned and promising practices. A key next step: a report about these promising practices will be developed and shared with state law enforcement associations nationwide.



Plan for Sheboygan HVEE deployment



Sheboygan PD officer during a bar visit. Officers share a safe driving message and distribute posters and coasters with a message encouraging people to download the WisDOT Drive Sober mobile app. Both include a QR code that can be scanned by a smartphone, taking the person right to the app. The app itself includes: a blood alcohol estimator, a designated driver selector, a resource for finding a ride, impairment goggles and daredevil videos.

Visit the [HVEE](#) section of the IACP website

Update

HVEE pilot program in Manitowoc & Sheboygan Counties

Last November, the International Association of Chiefs of Police (IACP), the Governor's Highway Safety Association, and NHTSA, along with four states—Delaware, Maryland, North Carolina and Wisconsin—launched a High Visibility Education and Enforcement (HVEE) pilot program.

The Wisconsin program, in Manitowoc and Sheboygan Counties, focuses on OWI enforcement. Participating agencies are the two county sheriff's departments; the Elkhart Lake, Kohler, Manitowoc, Plymouth, Sheboygan and Two Rivers police departments; and the Wisconsin State Patrol.

The goal of all high-visibility law enforcement campaigns is not to write more tickets but rather to deter unsafe driving, and this pilot program includes extra attention to public outreach and education to achieve deterrence.

The HVEE campaign started out with deployments on Packer game days and on the day before Thanksgiving—all big drinking days locally. Another deployment was on St. Patrick's Day.

One innovative element is their outreach efforts to local taverns and restaurants. Before deployments, officers provide taverns with written material about the goals of the campaign.

They also provide *Drive Sober App* posters and coasters and promote awareness of alternative

transportation options. Bar checks are done by more than one officer and aim to foster more relaxed interaction and welcome feedback. Lt. Robert Arps of the Manitowoc PD reports that bar owners tend to be supportive of the campaign because they understand their obligation to help their patrons get home safely.

Public awareness is also being boosted with local media coverage, portable "OWI HVE" signs, changeable message boards, and the Choose Your Ride squad car. Wide use is being made of social media, such as using Facebook before deployments, and Tweet-alongs by auxiliary or academy officers during them.

The pilot program also emphasizes officer safety. Officers are encouraged, but not required, to wear high-visibility vests during deployments. Roll calls include discussion/training on vehicle approach and placement, right-side officer approach, awareness of surroundings, along with weapon safety during bar checks. Chief Christopher Domagalski of the Sheboygan PD emphasizes the value of this training, noting that officers sometimes become complacent.

Agencies aim to have Drug Recognition Experts (DREs) available to assist with evaluations and promote ARIDE training for officers who haven't had it yet.

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Choose Your Ride squad car during Lakeshore Holiday Parade in downtown Manitowoc on November 25

New crash report form and crash database

WisDOT is revising the current crash form (MV4000) and crash database. The new versions will go into effect on Jan. 1, 2017 and further updates will be provided.

- The current crash form and crash database haven't been updated for 20 years and don't contain important fields that provide valuable data for traffic safety purposes.
- Good data drives decisions at the federal, state and local levels. A common misconception is that the data is just used for insurance purposes. While insurance companies do use some crash form information, these updates will provide more thorough crash details to WisDOT and law enforcement agencies, strengthening data-driven, strategic efforts to improve traffic safety.
- Another goal: better compliance with the current Model Minimum Uniform Crash Criteria (MMUCC) guidelines.
- The new crash report form (re-titled as DT 4000) will have new fields for which data needs to be collected (e.g., crashes at roundabouts, crashes involving cell phone use, further details about crashes involving motorcycles). An expanded "F2 Help" option will help officers with all the fields.
- WisDOT understands that with the new form and fields additional training is needed. It will provide answers and help eliminate confusion. There will be a variety of training options around the state beginning this summer and then into fall. WisDOT will provide details once the training sessions are set up. You are encouraged to participate when training sessions come your way.

- 2016 crashes and any amends for 2013-2016 crashes should be sent as you do now. Either submit using the same electronic MV4000 crash form or Amend form or submit a paper crash form.
- In addition to a new reportable crash form, the MV4002 Driver Report form will also be digitized.
- Starting Jan. 1, 2017, all crashes will be submitted electronically through a TraCS10 format. Neither the MV4000 nor the MV4002 will be available in paper for 2017 crashes.

Detailed information is available [here](#). The "Crash Database Data Dictionary – January 2016 Draft" file on this site has full details on these changes.

If you have questions about TraCS10, or if your agency needs help with new equipment or training to submit crashes electronically, contact WisDOT at crash.database@dot.wi.gov.

If you want to utilize the new fields in your RMS, you will need to work with your vendor to get the new format implemented. But if you want to keep just the old format/data, or your RMS is unable to change it, BadgerTraCS is developing a procedure that will export the new form in a format that matches the old one. This export won't have any of the new fields available. There will be a configuration option in TraCS to use this export option.

When opening a new crash form, the first thing encountered is:

Crash Type	Standard Crash (Motor Vehicle in Transit)
	Single Vehicle vs Non-Domesticated Animal w/ No Injury (abbreviated) Parking Lot / Private Property w/ No Injury

If, for example, a motorcycle is involved, the following is displayed, with the different fields leading to specific choices:

Motorcycle Safety	Helmet Use	Helmet Compliance	Protective Gear
	Eye Protection	Tint Compliance	

Helmet Use	Three-Quarter Full-Face Half No Unknown
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