



White Paper

"The Economic Impact of Alcohol Abuse And What We Can Do to Effect Change"

Wisconsin Women's Health Foundation 3rd Annual Dialogue

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Wisconsin recently earned headlines and front-runner status for all the wrong reasons: our state is the national leader in alcohol abuse. Wisconsin has the worst rate of binge drinkers (and has held that top spot since at least 1995), underage drinkers, chronic drinkers, casual drinkers, and self-reported drunk drivers in the country. According to the Wisconsin Department of Health Services Healthiest Wisconsin 2010 report, the economic toll on our health care, social services and criminal justice systems – and, ultimately, Wisconsin taxpayers – is more than \$5 billion each year. The problem is not simply that ours is a state of individual drinkers. The underlying problem is Wisconsin's culture of acceptance, even encouragement, of alcohol abuse.

The Wisconsin Women's Health Foundation's (WWHF) annual health care dialogues bring together experts in their fields to discuss timely health-related issues, gain consensus and drive action. On September 16, 2008, WWHF convened a dialogue to discuss Wisconsin's alcohol problem and possible solutions. Participants included some of Wisconsin's top health care, human service, law enforcement and legal professionals; legislators; business leaders and health care advocates. The dialogue was moderated by Mary Carr Lee, then director of Community Relations for Meriter Health Services. Our panel included:

**In Wisconsin, the
cost to society of
underage
drinking is about
\$1 per drink.**

- Kathleen Falk, Dane County executive
- Tom Farley, president, Chris Farley Foundation
- D. Paul Moberg, PhD, deputy director, UW-Madison Population Health Institute, and senior scientist, Department of Population Health Sciences, UW School of Medicine & Public Health
- Michael Tobin, JD, director, Wisconsin State Public Defender Trial Division
- David Wargowski, MD, associate professor of Pediatrics and Medical Genetics, UW School of Medicine & Public Health, and director, Medical Genetics Clinic, Waisman Center
- Michelle DeBose, PhD, State of Wisconsin minority health officer

In addition, an advisory committee of statewide experts provided research and information to guide the planning of the dialogue and subsequent white paper. Members of the advisory committee were:

- Richard Brown, MD, associate professor, UW School of Medicine & Public Health, Department of Family Medicine, Wisconsin Initiative to Promote Healthy Lifestyles
- Susan Crowley, director of Prevention Services, University Health Services

- Shelly Dutch, director, Connections Counseling
- Michael Florek, founder and president, Tellurian UCAN
- Sandy Hardie, founder, Marhala's Hope
- Linda Harris, deputy administrator, Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services
- Flo Hilliard, project manager, Wisconsin Women's Education Network on Addition and Recovery, and UW-Madison, Professional Development and Applied Studies
- Carol Lobes, co-facilitator of the Dane County Coalition to Reduce Alcohol Abuse, co-director, Center for Democracy in Action
- Jamie McCarville, Capitol Neighborhoods, Inc., alcohol issues committee
- Georgiana Wilton, PhD, associate scientist, UW School of Medicine & Public Health, Department of Family Medicine, Family Empowerment Network
- Mary Raina Zwadzich, Department of Health Services, CSAP Prevention fellow, Bureau of Prevention Treatment and Recovery, Division of Mental Health and Substance Abuse

The dialogue explored the human and economic costs of alcohol abuse in Wisconsin. We debated difficult issues and learned from each other. And each of us pledged to move this issue forward, challenge others, and work for real change at every level of Wisconsin society.

This white paper is based on that dialogue and on additional research provided by our panel, advisory council and other sources. It is not intended to be an exhaustive study of Wisconsin's alcohol problem, nor does it promote specific courses of action. Rather, it serves as a foundation for further dialogue and a call to action to address our state's urgent problem.

Definitions

1. **Chronic, heavy use of alcohol:** For adult men, having more than two drinks per day on average; for adult women, having more than one drink per day on average (Behavioral Risk Factor Survey)
2. **Binge drinking:** Five or more drinks (four or more for women), on one occasion, one or more times in the past month (Behavioral Risk Factor Survey)
3. **Alcohol abuse:** A pattern of substance use leading to significant impairment in functioning. One of the following must be present within a 12 month period: (1) recurrent use resulting in a failure to fulfill major obligations at work, school, or home; (2) recurrent use in situations which are physically hazardous (e.g., driving while intoxicated); (3) legal problems resulting from recurrent use; or (4) continued use despite significant social or interpersonal problems caused by the substance use. (Diagnostic and Statistical Manual IV)
4. **Alcohol dependence:** Substance use history which includes the following: (1) substance abuse (see above); (2) continuation of use despite related problems; (3) increase in tolerance (more is needed to achieve the same effect); and (4) withdrawal symptoms. (Diagnostic and Statistical Manual IV)

2008 Wisconsin Epidemiological Profile paints sobering picture

D. Paul Moberg, PhD, presented the newly released Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2008, released by the Wisconsin Department of Health Services. (The profile can be viewed, printed or downloaded as a PDF file. Visit the DHS Web page: <http://dhs.wisconsin.gov/stats/aoda.htm>.) By tracking the needs of communities through epidemiological factors, resources can be allocated to address the problem using evidence-based programming.

The results of the report are alarming. Dr. Moberg emphasized that Wisconsin's problem is not merely individual drinkers. The underlying problem is a culture that accepts, even encourages, alcohol abuse.

Among the statistics in this comprehensive profile:

- Wisconsin adults have the highest rates of binge drinking (24 percent), current alcohol use (69 percent) and heavy alcohol use (8 percent) in the country. Heavy use of alcohol is

- highest among the youngest adults, ages 18 – 24.
- In 2007, Wisconsin high school students reported the highest rate of current alcohol use (49 percent) among all reporting states and the third highest rate of binge drinking (32 percent).
 - In Wisconsin, young adults ages 18 to 25 had a notably higher rate of alcohol dependence or abuse than other ages.
 - Wisconsin has among the nation's highest rates of women who use alcohol during pregnancy and of high-risk drinking and binge drinking among women of childbearing age.
 - In Wisconsin in 2006, at least 1,678 people died, 5,654 were injured and 88,000 were arrested as a direct result of alcohol use and misuse. Alcohol-related deaths include alcoholic liver cirrhosis, motor vehicle accidents, mental and behavioral disorders, alcohol dependence syndrome, homicide, suicide and other causes.
 - Approximately 51 percent of all Wisconsin motor vehicle fatalities in 2006 were alcohol-related. Wisconsin has about 300 alcohol-related vehicle fatalities per year, with about 6,000 non-fatal injuries.
 - Wisconsin has the highest prevalence of self-reported drinking and driving of any state. An estimated 26 percent of current drivers age 18 and older in Wisconsin drove under the influence of alcohol in the past year. Slightly less than 3 percent of these drivers received an OWI (operating a motor vehicle while intoxicated).
 - Wisconsin has one-and-a-half times the national rate of arrest for OWI and more than three times the national rate of arrests for liquor law violations.

Dr. Moberg noted a dramatic drop in the rate from a peak in 1981 until 1993 of high school seniors who report using alcohol, but the level is still about 50 percent. The largest decrease corresponded to the increase in legal drinking age in 1987. The rate of binge drinking has also flattened out over the past decade in Wisconsin. In spite of the intense awareness and education campaigns on college and high school campuses, it doesn't appear that much progress has been made in reducing binge drinking among young adults. Dr. Moberg cited research that estimates the cost of underage drinking is \$62 billion per year in the US-- \$1.2 billion in Wisconsin alone. That costs society about \$1 for every drink taken by an underage drinker.

The human impact of alcohol abuse is incalculable. It ruins lives and tears families apart. Alcohol abuse is the third leading cause of preventable death in our state. There are other profound societal costs. Alcohol abuse is directly or indirectly involved in domestic violence, homicide, crime, accidents, suicide, falls, drowning, unintended pregnancy, fetal alcohol syndrome, sexually transmitted disease, incarceration and juvenile corrections.

The economic consequences of alcohol abuse are staggering. The Wisconsin Hospital Association Information Center reported \$523 million in charges for alcohol-related hospitalizations in 2006. According to the Wisconsin Department of Health and Family Services, public funds for alcohol and other drug abuse treatment reached \$82 million in 2006. Both these figures have been rising steadily each year. A series that ran in the Milwaukee Journal Sentinel fall 2008 reported that in 2007 alone, statewide costs for alcohol-related vehicle accidents and medical conditions were \$935 million. The newspaper estimated Wisconsin's total annual cost at \$2.7 billion for alcohol-related police and court costs, incarceration, crash investigation and cleanup, loss of productivity and academic failure.

Drinking and driving

Wisconsin has the highest rate of self-reported drunk driving. Almost every day in Wisconsin, a life is lost due to an alcohol-related motor vehicle accident. Alcohol-related vehicle accidents account for more than 6,000 non-fatal injuries per year. "This is just becoming routine background noise in our society," said Dr. Moberg. "It doesn't even register."

Dr. Moberg commented that it's generally assumed that drivers involved in fatal crashes are much more likely to have had a prior OWI offense. Yet according to National Highway Traffic Safety Administration figures released in 2008, 92 percent of impaired drivers involved in a fatal crash had no prior DWI. He noted that most public attention and funding concentrates on removing

drivers with prior OWIs from the road, even though much of the harm is done by those without prior offenses.

Impact of alcohol abuse on the justice system

Michael Tobin, director of the state Public Defender Division, discussed alcohol abuse from the perspective of the justice system. He reported that approximately 80 percent of people incarcerated in Wisconsin need treatment for alcohol, drug abuse or both. Three of the top offenses among Wisconsin's prison population are directly related to alcohol and/or drug use.

Wisconsin is the only state in the country where a first offense OWI is a simple traffic violation, punishable by a traffic ticket and a fine. Second through fourth OWI offenses are a criminal misdemeanor. It is not until the fifth OWI conviction that drunken driving is a felony that carries a prison sentence.

The Wisconsin justice system reflects the growing nationwide trend toward specialized, problem-solving courts. This approach has been gaining favor in the past decade to specifically address the underlying issues related to criminal behavior. Problem-solving courts work across disciplines and with other institutions and organizations to deploy interventions that treat offenders while also holding them accountable for criminal actions.

With regard to alcohol-related offenses, problem-solving courts are incorporating a medical model, assessing the individual offender holistically and putting more emphasis and resources into treatment. This requires collaboration between justice agencies, care management workers, community groups and other organizations. "This approach might not work perfectly for every offender but the expectation is that this has the best chance of returning the offender to society as a productive citizen," said Mr. Tobin. "Science shows us that relapse is prevalent. With this approach, it's not one strike and you're out. The goal is to reduce individual risks and the societal impact of those risks. Many of these offenders are going to slip, but if we can keep them in the program the overall recidivism rates will be lower and public safety will be enhanced."

Alcohol's impact on women

Women are far more sensitive to alcohol's effects than men. Factors that influence this gender difference include:

- **Body size:** On average, women are built smaller than men. Thus, equal amounts of alcohol cause a higher blood alcohol concentration in women due to their smaller blood volume.
- **Body composition:** The average female carries more body fat than a male. Body fat contains little water. Because women have less water in their bodies than men, a woman's brain and other organs are exposed to more alcohol and to more of its toxic byproducts.
- **Metabolizing enzyme:** Women have less of an enzyme that helps rid the body of alcohol, called alcohol dehydrogenase. Therefore, more of the alcohol that women ingest enters the blood stream as pure alcohol and it stays there longer.
- **Hormonal influences:** Women's response to alcohol is increased due to fluctuating estrogen levels or when taking the birth control pill.

For these reasons, women typically are more impaired, more quickly, than men consuming an equal amount of alcohol. Research suggests that women develop problems with alcohol more quickly and more severely than men do.

Alcohol dependence is a commonly overlooked women's health issue. Yet nearly one-third of alcohol dependence occurs in women.

Michelle DeBose, PhD, Wisconsin minority health officer, said scientific research shows a direct correlation to alcohol-related health problem specific to women, including breast cancer, cervical cancer, osteoporosis and liver disease. Women who drink are more prone to heart damage and brain damage. In

addition, as many as two-thirds of women who abuse or are dependent on alcohol and other substances, may have a co-occurring mental illness.

“The health status of our state can be significantly improved if we put the focus on populations at greatest risk and experiencing the worst health outcomes,” Dr. DeBose said. “Wisconsin needs to shift its money into programs that address these issues.”

Alcohol abuse among minority populations

Dr. DeBose cited the Behavioral Risk Factor Survey conducted by Wisconsin’s Department of Health Services. In 2007, current alcohol use was reported by 69 percent of Wisconsin adults age 18 and older and by 49 percent of Wisconsin high school students. Among Wisconsin’s racial/ethnic groups, white adults reported the highest prevalence of current alcohol use in 2004 – 2006 (69 percent), followed by Hispanics (67 percent), American Indians (65 percent), Asians (57 percent) and African Americans (48 percent). She noted that African American high school students were the least likely to report current alcohol use.

The results of a national alcohol survey published in the January 2007 issue of the journal *Alcoholism: Clinical and Experimental Research*, found that Hispanics and African Americans with severe alcohol problems are less likely than white people to receive treatment. Significant ethnic differences were revealed in access issues such as knowing how to find services, ability to pay for services, and ability to obtain child care while receiving treatment.

Effects of prenatal alcohol exposure

The Centers for Disease Control and Prevention reported that Wisconsin is among the states with the highest rates of drinking among pregnant women and high-risk drinking among women of childbearing age. Binge drinking is also more prevalent among Wisconsin women of childbearing age. A recent Wisconsin screening study reports that 32 percent of women reported drinking during pregnancy, almost double the national average. Women who drink put themselves and their unborn babies at serious risk. Alcohol can harm a fetus at any point in the pregnancy – even before a woman knows she is pregnant.

David Wargowski, MD, discussed the effects of alcohol use during pregnancy. Effects vary, based on the amount of alcohol consumed during pregnancy and the stage of the fetus at the time of alcohol ingestion. They include:

- Variable intellectual disability and/or mental retardation
- Behavioral dysfunction
- Growth impairment
- Microcephaly

“Two facts of the drinking and pregnancy problem are beyond dispute: First, the more the mother drinks, the greater are the risks she takes. Second, there is no possibility of fetal damage from alcohol when the mother doesn’t drink at all.”

Dr. Wargowski said that in addition to fetal alcohol syndrome, which is more commonly understood by lay people, there is an entire spectrum of fetal alcohol syndrome disorders, including alcohol-related birth defects and neurodevelopmental disorders.

In Wisconsin, the incidence of fetal alcohol syndrome is about one baby in every 1,000. Less severe effects impact another two or three per thousand.

Little is known about the biology of fetal alcohol exposure. However, the more alcohol exposure during pregnancy, the greater the physical, mental, behavioral and learning difficulties. Prenatal alcohol exposure is the most common cause of preventable cognitive impairment. “If we could eliminate alcohol intake during pregnancy, we could eliminate this problem,” Dr. Wargowski said. “That doesn’t mean that the approach is obvious.”

Prevention efforts are key, he said. But they don't deal with all the issues. Many women ingest significant amounts of alcohol before they realize they are pregnant when, had they known, they might not have used alcohol. There is a powerful tendency to assign blame to the mother for using alcohol during pregnancy, Dr. Wargowski pointed out, but health care professionals have to acknowledge that a bigger issue is how to address the challenge of women who don't have control over their drinking during pregnancy.

It is often difficult for pediatricians and specialists who treat children with potential alcohol-related problems to obtain accurate information about alcohol use during pregnancy. This is particularly true with children who are adopted or in foster care. Several advisory committee members commented that pregnant women are often afraid to admit to alcohol use for fear their baby will be removed from their custody.

Physicians and other health care professionals can play a major role. They are strong advocates for awareness, education and prevention. In addition, they can more carefully evaluate children and adults for alcohol-related problems and link people with the services they need.

Lisa Tiedemann, coordinator of the Wisconsin Women Health Foundation's *My Baby & Me* program, believes that health care providers are often part of the problem because they buy into Wisconsin's culture of drinking. Pregnant women frequently are told it's okay to drink, as long as they limit it to just one drink, or if they only drink after a certain point in the pregnancy when the fetus is more developed. "There is no known safe amount, no known safe time, and no known safe type of alcohol for women to drink while pregnant," Lisa said. "By reducing alcohol-exposed pregnancies, we can make a tremendous impact on the health of Wisconsin families. Abstaining from drinking throughout pregnancy and during breastfeeding is the best gift a mother can give her child. It's a gift that lasts a lifetime."

The Foundation's *My Baby & Me* program works to improve the ability of prenatal care providers to address alcohol use by pregnant women. The non-judgmental, client-centered program focuses on understanding the realities of women's lives. Health care providers trained through *My Baby & Me* know how to recognize and screen for potential alcohol abuse and addiction, venture into the often difficult discussions with their patients about alcohol use, and collaborate with their local addiction treatment providers to ensure women are receiving all the care and resources they and their baby need. The intervention program has had tremendous results: as of July 2008, nearly 100 percent of the women enrolled report they did not consume alcohol once they entered the program. The program currently needs funding to continue its important work.

Reaching youth and young adults

Since the death of his brother, actor and comedian Chris Farley, Tom Farley has harnessed the power of comedy and an authentic voice to deliver the message to children, teens and young adults about the danger of alcohol and drug abuse. Chris Farley died in 1997 as the result of substance abuse.

Mr. Farley believes that alcohol abuse is similar to the cycle of poverty. It's what children experience at home. Abusing alcohol is how their parents survive, so they grow up and do it too. In addition, the media glamorizes drinking, making it more attractive to youth.

Kids already know drinking alcohol is risky behavior, he said. So why isn't the message getting through? He believes parent/child communication is essential. The message should be about safety. Making smart decisions. Parents should be involved in helping their children learn to make wise choices. He also calls on children and teens to use their power and intelligence to influence their parents' behavior. Just as they might remind their parents to use their seat belt, they should challenge their parents if they see them drinking and then getting behind the wheel of a car.

Kathleen Falk, Dane County executive, noted that students don't come to college and suddenly adopt the drinking culture there. Many students already know how to drink, modeling their parents'

behavior. But Wisconsin's culture is such that youth grow up thinking that drinking is a right of passage to adulthood. That is a learned behavior, she emphasized. As such, it can be changed.

Dane County spends about \$8 million annually for alcohol-related treatment and prevention. Yet, Ms. Falk estimated, about 25,000 school children in the county live in a home with a parent who abuses alcohol. The county spends about \$60 million annually for incarceration, and about half of all inmates are imprisoned for an alcohol-related offense. Children grow up to emulate their parents, she said. Research shows that the message has to get to youth before the age of 15 in order to have a powerful impact on their later choices.

Dr. Moberg referred to a research project with Wisconsin middle school students. The study found that patterns of alcohol use and abuse perpetuated themselves. The culture of a specific town, even a specific school, reestablishes itself over and over. In fact, some research links Wisconsin's drinking pattern back to the state's earliest settlers of German, Polish and central European cultures. However, he noted, research also indicates that a culture can be changed. It is imperative that Wisconsin find effective ways to do that.

FINDING SOLUTIONS

Dialogue panelists, members of the advisory committee and the audience explored the pros and cons of various potential solutions and the leverage points that can really effect change. All agreed that the first step in preventing alcohol abuse is to acknowledge that Wisconsin has a profound problem. Too many legislators, health care professionals and members of the general public refuse to accept this.

Dr. Moberg outlined five key factors to reduce high-risk drinking:

- Restrict the availability of alcohol (a Milwaukee Journal Sentinel article reported that Wisconsin's number of taverns and other alcohol outlets per capita is more than three times greater than the national average. (www.jsonline.com/742584))
- Reduce the affordability of alcohol (Wisconsin has the third lowest beer tax in the country. It has not been raised since 1969.)
- Decrease the attractiveness of alcohol use
- Change the current acceptance of risky and underage alcohol use
- Improve safety and reduce the harm that comes as a result of alcohol

Should Wisconsin's OWI laws be tougher?

As previously noted, Wisconsin is the only state in the nation that treats a first OWI offense as a traffic ticket, not even a criminal misdemeanor. OWI doesn't carry a felony charge until the fifth offense. At what point should an OWI be criminalized? What would be the impact?

Several members of the panel and advisory committee argued for criminalization of OWI at the first offense. Although most of the legal and media attention is directed toward multiple OWI offenders, Dr. Moberg noted, statistics show that the overwhelming number of alcohol-related vehicular accidents are caused by first-time OWI offenders. Wisconsin needs to increase the perception that drivers who are alcohol-impaired will be caught and will suffer serious consequences. Law enforcement and the courts need to back this up. And, clearly, a greater focus must be placed on effective awareness and prevention programs.

Mr. Tobin said that making OWI laws tougher is a common proposal. He pointed out two potential problems with tougher laws: First, it would move more cases from municipal courts into the already over-crowded and underfunded circuit courts. The criminal justice system would need far more funds and other resources such as district attorneys, probation and parole officers, and jail and prison cells. Second, sentencing is the most variable and least regulated part of the law. To be effective, the law must be uniformly and consistently applied.

The incarceration model doesn't reduce recidivism, Mr. Tobin said. He advocates an evidence-based medical model that incorporates treatment as part of the penalty. The certainty of being caught and the penalty of driving impaired should help deter drunken drivers, in the same way people slow down when they enter a speed trap or see a police car on the road.

Expanding screening and treatment for alcohol abuse and dependence

Panelists and members of the advisory committee agreed that expanding access to treatment is essential. The Wisconsin Initiative to Promote Healthy Lifestyles is one such effort, part of a federally funded implementation project. Research shows that screening – simply asking a few key questions during any health care visit – is effective in identifying alcohol and other substance use problems, even at an early stage. Combining screening with brief intervention and, if needed, referral for further treatment (known as SBIRT: Screening, Brief Intervention, Referral to Treatment) is an evidence-based, cost-effective way to save lives and save money.

Wisconsin's initiative is designed to uncover a number of other health issues that often co-occur with alcohol and drug use, such as smoking, depression, unhealthy nutrition, unsafe sex practices, and domestic violence. About two dozen urban and rural clinics around Wisconsin currently offer these screenings as part of a routine health exam. The goal is that ultimately this kind of screening will be a routine part of every Wisconsin citizen's health care. SBIRT services help fill the gap between community and school-based prevention programs and alcoholism addiction treatment.

When the screening identifies at-risk patients, they meet with an on-site health educator who is trained to discuss drinking and drug use. The brief intervention consists of one to three consultations of about 20 minutes each. Motivational interviewing is used to help patients identify and strengthen their own motivations for change. Studies show that for many patients, that intervention is enough to help them significantly decrease their alcohol and drug use. The health educator and patient may agree that a referral to treatment for more intensive care, outpatient or residential, is needed.

A Wisconsin study showed a savings of nearly \$1,000 in health care and criminal justice costs for every patient receiving screening and brief intervention services. (Fleming, *Medical Care*, 2000) Another study, performed on patients who sought care in emergency or trauma settings for alcohol-related injuries, found nearly a 50 percent reduction in recurrent alcohol-related injuries and related emergency visits and hospitalizations. For every \$1,000 invested in SBIRT services, nearly \$4,000 was saved. (Gentilello, *Annals of Surgery*, 1999)

The National Commission of Prevention Priorities ranks alcohol screening and intervention as the fourth most important public health measure that would help the most people and provide the greatest return on investment – right after aspirin regimen for cardiovascular health, childhood immunizations, and smoking cessation and ahead of screenings for hypertension, diabetes, cholesterol and cancers. SBIRT services are more effective at averting deaths, preventing illness and saving health care dollars than most other preventive services that are more frequently provided and reimbursed by health insurance. Wisconsin's BadgerCare Plus covers SBIRT services for pregnant women. All federal employees are guaranteed access to SBIRT services. However, most health plans don't cover these services. Health care professionals are urging health insurance companies and employers who purchase health plans to include coverage for SBIRT services.

Kathleen Falk, Dane County executive, noted that only about 10 percent to 20 percent of people who need treatment for alcohol abuse actually receive it (2007 Survey on Drug Use and Health; U.S. Department of Health and Human Services). Dane County is directing more money into treatment

programs to keep people from reoffending. A program called Pathfinders, a collaboration between the courts, public defender and treatment providers, provides inmates who have an identified alcohol problem with nine months of treatment. "Every person we keep from re-offending saves county taxpayers further jailing at a cost of \$29,200 per person, per year," Ms. Falk said. "Eighty percent of those who complete Pathfinders don't re-offend. Pathfinders is proof that aggressive intervention and treatment works."

Mr. Tobin noted that much of the interest in the medical model has been driven by the high price tag for incarceration. "But research shows that the medical model works," he said. "There are a lot of evidence-based best practices that save money and reduce recidivism. Why not treat people instead of just sending them out to recidivate? He cited Waukesha County's alcohol treatment court, the only one in the state, in which some people convicted of a third drunken driving offense receive intensive treatment and undergo extensive monitoring in return for reduced jail time.

Dr. Wargowski cited research indicating a high correlation between alcohol abuse and mental health issues. He suggested that people who cannot access treatment often use a substance to change their body chemistry so they feel better. Because alcohol is so readily available, it can become the path of least resistance. Alcohol dependency creates problems of its own; when combined with mental health disorders, physical and mental health issues escalate.

Flo Hilliard, a member of the advisory committee, observed that research and evidence-based practice strongly support treatment for dual diagnosis. The state of Florida has implemented a dual diagnosis treatment program with highly effective outcomes.

Panelists and advisory committee members agreed that many more trained counselors and health care providers will be needed to increase access to prevention and treatment services. The obvious question is where the funding will come from. Even with additional funding, several committee members question whether Wisconsin can build enough capacity.

Community-based prevention strategies

Ms. Falk convened a cross-functional team of experts in February 2008 to identify specific leverage points, design budget initiatives for 2009, and put forth an agenda to advocate policy change in Dane County. In November 2008, Ms. Falk announced the creation of a new grassroots, citizen-driven coalition to confront the challenges of alcohol abuse in Dane County. The coalition will identify focus areas, work to change public policy, and change Wisconsin's drinking culture.

The team's research identified the effectiveness of citizen coalitions to help change the cultural acceptance of alcohol abuse through media messages, advocacy and other action. For example, some local citizen coalitions have successfully reduced access to alcohol by underage drinkers. Other coalitions reduced binge drinking rates and the associated harm.

Among the initiatives targeted toward alcohol prevention and treatment in the Dane County 2009 budget is a pilot project to address alcohol abuse in county middle schools. A 2005 Youth Assessment found that one in three Dane County middle school students admitted to using alcohol. Ten percent said they had participated in binge drinking. The project is staffed by parents who have faced alcohol issues within their own families. School staff will identify at-risk middle school students and the project will involve parents of those youth in exploring strategies to prevent initial or additional alcohol use. The project also includes funding for alcohol treatment for parents or youth.

Jamie McCarville, of Capitol Neighborhoods, Inc. (www.capitolneighborhoods.org), described some of the Madison neighborhood initiatives to reduce alcohol abuse. Neighborhood volunteers are taking alcohol prevention training classes. The organization convenes neighborhood dialogues related to alcohol abuse and is issuing an annual report card on strategies to reduce public intoxication and alcohol-related violence and crime.

In November 2008, the UW School of Medicine & Public Health announced a statewide coalition to lead policy changes that will combat Wisconsin's excessive drinking. Called All-Wisconsin Alcohol Risk

Education, AWARE, the coalition is encouraging health care organizations, law enforcement, schools and advocacy groups to join its efforts. AWARE's first initiatives will focus on reducing drunk driving, decrease underage drinking, and prohibit health insurance companies from denying claims for accident victims who test positive for alcohol and other drugs. (See www.uwhealth.org/aware for more information.)

Shelly Dutch, an advisory council member, believes it is critical to increase awareness of alcohol abuse and dispel the myths about alcohol. "It can't be a problem that people are ashamed to talk about," she emphasized. "Alcoholism is a disease. Evidence-based treatment indicates that everyone is responsible for alcohol awareness and education."

Panel and advisory committee members endorsed community coalitions to help shift community-wide norms and expectations. Dr. Moberg said that public health research indicates that even when individuals make small changes, it adds up to a major change in health outcomes for whole populations.

Dr. Wargowski pointed to the success of smoking cessation programs as an example of how attitudes and behaviors that are thoroughly engrained in our culture can be changed. With a multi-disciplinary, coordinated approach, Wisconsin's culture of alcohol abuse too can be changed.

Funding for alcohol prevention and treatment strategies

Dr. Brown commented on the many effective strategies discussed at the Wisconsin Women's Health Foundation's alcohol dialogue. While some strategies cost nothing, such as curtailing alcohol advertising and advocating local and state governments to do better, most strategies require funding. Youth prevention programs, prison diversion programs, reinforcing the drinking age and drunken driving laws, expanding access to treatment and medications to treat alcohol addictions, providing SBIRT services all cost money. The problem can't be addressed with unfunded mandates.

Dr. Brown was especially struck with the revelation that every drink consumed by an underage drinker in Wisconsin costs taxpayers approximately \$1. "It's time we helped the state and municipalities recoup some of that cost," he said. "I think the 75 percent of us who aren't binge drinkers are sick and tired of all the harm caused by unchecked drinking issues." Dr. Brown strongly advocates an increase in Wisconsin's beer tax, which is the third lowest in the country and hasn't been raised since 1969. He said evidence shows that increased cost reduces use. That additional funding can be used to create more prevention and treatment programs, increase capacity, create more alcohol courts, and other strategies to reduce Wisconsin's alcohol problem.

Ms. Falk noted that although alcohol abuse has a high correlation to mental health problems, each has different funding silos. She called for more collaborative efforts in alcohol prevention and treatment programs.

Changes that can save lives:

- Support and fund the work of community coalitions to combat alcohol abuse
- Increase the penalty for a first OWI offense
- Make the third OWI offense a felony
- Mandatory suspension of driver's license for teens age 16 – 20 who are caught drinking or in possession of alcohol, no matter what the blood alcohol level
- Legalize sobriety checkpoints
- Expand and enforce use of ignition interlocks
- Require treatment and continuing, supervised aftercare instead of incarceration for non-violent alcohol offenders when appropriate
- Make alcohol less available
- Stiffer penalties for parents who serve alcohol to underage drinkers in their home
- Eliminate the law that allows parents or guardians to purchase alcohol for their children under the age of 21 in taverns and restaurants
- Increased alcohol awareness and education for children and youth

- Strict, uniform enforcement of all underage drinking laws
 - Health insurance coverage for alcohol treatment programs and for alcohol-related injuries
 - Make alcohol screening, brief intervention and referral a routine part of every primary care and emergency department visit
 - Enlist the media in reducing glamorization of alcohol use and sending an unambiguous message of prevention
 - Limit alcohol advertising and marketing that targets young people
 - Reduce focus on alcohol and “all you can drink” and happy hours at taverns, sporting events, community festivals and family events
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CONCLUSION

There are no simple solutions, but ultimately Wisconsin’s alcohol problem is preventable. We all own this problem. The Wisconsin Women’s Health Foundation urges the medical and mental health community, legislators at the local and state level, law enforcement and the justice system, educators, business leaders, community activists and parents to work as a unified group. Together, we can effect real change.

RESOURCES

Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2008, Wisconsin Department of Health Services (<http://dhs.wisconsin.gov/stats/aoda.htm>)

State of Wisconsin, Department of Health Services (www.dhs.wisconsin.gov)

Wisconsin Initiative to Promote Healthy Lifestyles (www.wiphl.org)

The Politics of Alcohol Policy Change, Robert Wood Johnson Foundation, distributed by Wisconsin Clearinghouse for Prevention Resources

Milwaukee Journal Sentinel “Wasted in Wisconsin” series, fall 2008 (www.jsonline.com/blogs/news/wasted.html)

National Highway Traffic Safety Administration (www.nhtsa.gov/)

Centers for Disease Control and Prevention (www.cdc.gov/)
10 Drug and Alcohol Policies That Will Save Lives, Boston University, School of Public Health, distributed by Wisconsin Clearinghouse for Prevention Resources

Hope for Change, 2007 annual report and community indicators, Portage County Coalition for Alcohol/Drug Abuse Prevention

Wisconsin Women's Health Foundation

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WPS

The Wisconsin Women's Health Foundation mission is to help Wisconsin women and families reach their healthiest potential.

"Since more than 80% of the health decisions are made by women; a healthy and informed woman makes healthy decisions; a healthy woman makes a healthy family; a healthy family makes a healthy community, and a healthy community makes a healthy state."

Sue Ann Thompson, founder & president

The goals of the foundation are to reach all Wisconsin women with the information, opportunity, and support they need to be healthy; encourage women to become advocates for their own health; and improve the overall quality of life for women and their families.

The focus areas of the foundation are cardiovascular disease, cancer, mental illness, domestic abuse, osteoporosis and alcohol and tobacco use.

We carry out our mission by producing and distributing educational and resource materials, providing outreach programming and awarding research grants to women in academic medicine, and community grants.

**Wisconsin Women's Health Foundation
2503 Todd Drive
Madison, WI 53713
608-251-1675
www.wwhf.org**