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Details:

(FORM UPDATED: 08/11/2010)

**WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS**

2009-10

(session year)

Senate

(Assembly, Senate or Joint)

**Committee on ... Children & Families & Workforce
Development (SC-CFWD)**

COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... **Appt** (w/Record of Comm. Proceedings)
- Clearinghouse Rules ... **CRule** (w/Record of Comm. Proceedings)
- Hearing Records ... bills and resolutions (w/Record of Comm. Proceedings)
(**ab** = Assembly Bill) (**ar** = Assembly Resolution) (**ajr** = Assembly Joint Resolution)
(**sb** = Senate Bill) (**sr** = Senate Resolution) (**sjr** = Senate Joint Resolution)
- Miscellaneous ... **Misc**

Senate

Record of Committee Proceedings

Committee on Children and Families and Workforce Development

Senate Bill 30

Relating to: underage persons possessing, consuming, or being provided alcohol beverages on licensed premises when accompanied by a parent, guardian, or spouse.

By Senators Robson and Kreitlow; cosponsored by Representatives Hixson, Hubler, Berceau, Bies, Dexter, A. Ott, Pope-Roberts, Sinicki, Smith, Toles, Townsend and Turner.

February 03, 2009 Referred to Committee on Children and Families and Workforce Development.

August 19, 2009 **PUBLIC HEARING HELD**

Present: (4) Senators Jauch, Vinehout, Kedzie and Hopper.

Absent: (1) Senator Lassa.

Appearances For

- Judy Robson — Senator
- John Vander Meer — Representative Kim Hixson
- Michael Miller, Madison — Dr, Meriter Hospital
- Lisa Maroney, Madison — UW Health and AWARE
- Paul Grossberg, Madison — Dr, UW Madison School of Medicine and Public Health
- Joseph Collins, Two Rivers — City of Two Rivers, Police Chief's Association, Manitowoc County Coalition
- Tom Farley, Madison — The Chris Farley Foundation
- Carol Lobes, McFarland — Dane County Coalition to Reduce Alcohol Abuse
- Richard Brown, Madison
- Susan Burns, Edgerton
- Jeff Wiswell, Madison — WI Sheriff's and Deputy Sheriff's Association

Appearances Against

- Jule Coquard, Prairie du Sac — Wollersheim Winery

Appearances for Information Only

- None.

Registrations For

- Alice O'Connor, Madison — WI Chiefs of Policy Association
- Melissa Huggins, Madison — Meriter Health Services
- Mary Wells, Madison
- Katherine Plominski, Madison — City of Madison Mayor's Office
- Mickey Beil, Madison — Dane County Executive Kathleen Falk
- Katie Whitten, Edgerton

Registrations Against

- None.

Registrations for Information Only

- None.

September 9, 2009

EXECUTIVE SESSION HELD

Present: (5) Senators Jauch, Lassa, Vinehout, Kedzie and Hopper.

Absent: (0) None.

October 7, 2009

EXECUTIVE SESSION HELD

Present: (5) Senators Jauch, Lassa, Vinehout, Kedzie and Hopper.

Absent: (0) None.

Moved by Senator Lassa, seconded by Senator Jauch that **Senate Amendment 1** be recommended for adoption.

Ayes: (5) Senators Jauch, Lassa, Vinehout, Kedzie and Hopper.

Noes: (0) None.

ADOPTION OF SENATE AMENDMENT 1 RECOMMENDED, Ayes 5, Noes 0

Moved by Senator Vinehout, seconded by Senator Jauch that **Senate Bill 30** be recommended for passage as amended.

Ayes: (5) Senators Jauch, Lassa, Vinehout, Kedzie and Hopper.

Noes: (0) None.

PASSAGE AS AMENDED RECOMMENDED, Ayes 5, Noes 0

Carrie Kahn
Committee Clerk

Vote Record
Committee on Children and Families and Workforce
Development

Date: 9/9/09

Moved by: _____ Seconded by: _____

AB _____ SB 30 Clearinghouse Rule _____
 AJR _____ SJR _____ Appointment _____
 AR _____ SR _____ Other _____

A/S Amdt SA 1 _____

A/S Amdt _____ to A/S Amdt _____

A/S Sub Amdt _____

A/S Amdt _____ to A/S Sub Amdt _____

A/S Amdt _____ to A/S Amdt _____ to A/S Sub Amdt _____

Be recommended for:

- Passage
 Adoption
 Confirmation
 Concurrence
 Indefinite Postponement
 Introduction
 Rejection
 Tabling
 Nonconcurrence

Committee Member

Senator Robert Jauch, Chair

<u>Aye</u>	<u>No</u>	<u>Absent</u>	<u>Not Voting</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Senator Julie Lassa

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Senator Kathleen Vinehout

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Senator Neal Kedzie

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Senator Randy Hopper

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Totals: _____ _____ _____ _____

Motion Carried

Motion Failed

Children and Families Committee
Public Hearing
Wednesday, August 19th →

2009?

- **Senate Bill 30 (Robson/Hixson)**
 - Repeals current law that allows people under 18 to drink in taverns when accompanied by a parent, guardian or spouse.
 - Testifying for:
 - **Judy Robson**
 - **John Vander Meer** from Hixson's office
 - **Lisa Maroney** from UW Hospital
 - Testifying on behalf of AWARE program. Supportive of legislation, but some members do want age moved to 21 from 18
 - Lisa will also bring with her pediatric professor at UW medical school Dr. Paul Grossberg
 - **Dr. Miller** from Meriter—runs clinic for drug and alcohol abuse and has been involved with AWARE program
 - **Joseph Collins**: Two Rivers Police Chief. He is leaving Fond du Lac at noon, so may be a little late

- **Senate Bill 257 (Jauch/Grigsby)**
 - Removing limitations on emergency assistance grants through TANF to make grant amounts fair for families of varying sizes. In addition, removes limitation that a maximum cannot be established for energy crisis.
 - Testifying for:
 - **Bob Jauch**
 - **Julie Kerksick**, Administrator, DCF Division of Family and Economic Security
 - **Bob Anderson**, Legal Action, WI.

- **Community Services Development Block Grant Plan**
 - **Greg Markle**, DCF Grant Specialist
 - ~~Millie Rounsville—Northwest Community Action Program~~

Dick Schimm
WISCAP

Mike Borertz
Pres. of WISCAP
Mary Potoka - Steven's Point
CAP Services

Children and Families Committee
Public Hearing
Wednesday, August 19th

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- **Community Services Development Block Grant Plan**
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 - Millie Rounsville—Northwest Community Action Program

Melissa Higgins
345-0996

Dr. Miller
from
Meriter
active
FUNS
Newstart
clinic
for drug

Meeting on 8/19
meeting of friends of
Dick Seligman WISCAP
committee meeting
244-4418
Roger Erwin

- ▶ Home
- ▶ Lobbying in Wisconsin
- ▶ Organizations employing lobbyists
- ▶ Lobbyists

Presented by the Wisconsin
Government Accountability Board

as of Tuesday, August 18, 2009

2009-2010 legislative session

Legislative bills and resolutions

(search for another legislative bill or resolution at the bottom of this page)

Senate Bill 30

underage persons possessing, consuming, or being provided alcohol beverages on licensed premises when accompanied by a parent, guardian, or spouse.

TEXT
sponsors
LBR analysis

STATUS
committee actions
and votes
text of amendments

COST & HOURS
of lobbying efforts
directed at this
proposal

Organization		These organizations have reported lobbying on this proposal:	Place pointer on icon to display comments, click icon to display prior comments		
Profile	Interests		Date Notified	Position	Comments
◆	◆	Tavern League of Wisconsin	2/6/2009	↑	
◆	◆	Wisconsin Association of Local Health Departments and Boards	2/4/2009	↑	
◆	◆	Wisconsin Public Health Association	5/18/2009	↑	
◆	◆	Wisconsin Sheriffs and Deputy Sheriffs Association	3/3/2009	↑	
◆	◆	Wisconsin Wine and Spirit Institute	2/10/2009	↔	

Select a legislative proposal and click "go"

House

Assembly
Senate

Proposal Type

Bill
Joint Resolution
Resolution

Proposal Number

30

(enter

proposal number)

Legislative Session

2009 Regular Session

Go





JUDY ROBSON
State Senator

TESTIMONY OF SEN. JUDY ROBSON.
SENATE BILL 30, YOUTH DRINKING IN TAVERNS
SENATE COMMITTEE ON CHILDREN AND FAMILIES
AND WORKFORCE DEVELOPMENT
AUGUST 19, 2009, 1 P.M.

THANK YOU, MR. CHAIR, FOR SCHEDULING THIS PUBLIC HEARING.

REPRESENTATIVE KIM HIXSON AND I INTRODUCED THIS BILL AT THE REQUEST OF OUR CONSTITUENT ERIK THOMPSON, THE MAYOR OF EDGERTON.

ERIK THOMPSON WORKS FULL TIME OUTSIDE OF HIS DUTIES AS MAYOR, AND HE COULD NOT GET OFF WORK TO BE HERE TODAY.

HE DID SUBMIT WRITTEN TESTIMONY, WHICH I WILL DISTRIBUTE.

BUT TO SUMMARIZE HIS TESTIMONY...

LAST NOVEMBER, AN ARTICLE APPEARED IN THE NEW YORK TIMES ABOUT WISCONSIN'S DRINKING CULTURE ...

AND OUR HIGH RATE OF DRUNK DRIVING

THE FACT THAT OUR STATE RANKS HIGHEST IN LIQUOR LICENSES PER CAPITA ...

AND STATE LAW PERMITS CHILDREN OF ANY AGE TO DRINK IN A TAVERN AS LONG AS A PARENT, GUARDIAN OR SPOUSE IS WITH.

THE ARTICLE QUOTED AN EDGERTON TAVERN OWNER WHO SAID IT'S FINE BY HIM TO SERVE 15-YEAR-OLDS WHO COME IN WITH A PARENT TO "HAVE A FEW BEERS."

MAYOR THOMPSON SAID THAT ARTICLE HAD HIM 'SEEING RED.'

HE DID NOT WANT HIS CITY – NOR HIS STATE – PORTRAYED THAT WAY.

HE ASKED ME AND REPRESENTATIVE HIXSON TO MAKE THIS SIMPLE CHANGE TO THE LAW.

THIS BILL SIMPLY REPEALS THE CURRENT LAW THAT ALLOWS PERSONS UNDER AG 18 TO DRINK ALCOHOL IN TAVERNS WHEN ACCOMPANIED BY A PARENT, GUARDIAN OR SPOUSE.

THIS BILL IS NOT GOING TO SOLVE ALL OF OUR STATE'S PROBLEMS WITH ALCHOL.

BUT IT IS ONE SMALL THING WE CAN DO TO REDUCE THE PROBLEMS.

DRINKING AT A YOUNG AGE CAN SHAPE A PERSON'S DRINKING PATTERN FOR A LIFETIME.

RESEARCH SHOWS THAT TEENAGERS WHO BEGIN DRINKING BEFORE AGE 15 ARE FOUR TIMES MORE LIKELY TO DEVELOP ALCOHOL DEPENDENCE DURING THEIR LIFETIME THAN THOSE WHO STARTED DRINKING AT AGE 21 OR OLDER.

IT MAY NOT BE ALL THAT COMMON FOR MINORS TO DRINK IN TAVERNS WITH THEIR PARENTS IN WISCONSIN.

AND BARTENDERS CERTAINLY HAVE THE RIGHT TO REFUSE TO SERVE MINORS.

BUT THE FACT THAT WE PERMIT IT THAT WE HAVE A LAW THAT SAYS IT IS OK ... SENDS THE WRONG MESSAGE.

WE SHOULD BE WORKING TO DISCOURAGE UNDERAGE DRINKING IN WISCONSIN.

WISCONSIN REGULARLY RANKS AT OR NEAR THE TOP OF NATIONAL RANKINGS FOR HIGH-RISK AND HEAVY DRINKING.

AND THESE HEAVY DRINKING HABITS BEGIN AT A YOUNG AGE.

IN 2007, WISCONSIN RANKED HIGHEST IN THE UNITED STATES FOR USE OF ALCOHOL AMONG HIGH SCHOOL STUDENTS.

FORTY-NINE PERCENT OF HIGH SCHOOL STUDENTS REPORTED HAVING AT LEAST ONE ALCOHOLIC DRINK DURING THE PREVIOUS 30 DAYS.

THIRTY-ONE PERCENT REPORTED HAVING FIVE OR MORE ALCOHOLIC DRINKS IN A ROW.

TOP MEDICAL PROFESSIONALS AT THE UNIVERSITY OF WISCONSIN ARE SO CONCERNED WITH ALCOHOL ABUSE IN OUR STATE THAT THEY LAUNCHED THE AWARE PROJECT LAST NOVEMBER.

AWARE STANDS FOR ALL-WISCONSIN ALCOHOL RISK EDUCATION.

THE PURPOSE IS TO INCREASE PUBLIC AWARENESS OF THE GRAVITY OF ALCOHOL ABUSE IN OUR STATE.

AWARE IS ALSO ADVANCING A PUBLIC POLICY AGENDA PROMOTING RESPONSIBLE ALCOHOL USE AND SOLUTIONS TO ALCOHOL ABUSE.

ALCOHOL ABUSE AFFECTS ALL OF US ...

IT AFFECTS THE SAFETY OF OUR ROADWAYS

IT INCREASES OUR MEDICAL COSTS...

IT CAN LEAD TO VIOLENCE, HOMELESSNESS, DOMESTIC ABUSE.

AS I SAID, THIS BILL IS NOT GOING TO SOLVE THE HEALTH, SOCIAL AND ECONOMIC PROBLEMS OF ALCOHOL ABUSE IN OUR STATE.

BUT IT WILL SEND THE MESSAGE THAT WE WILL NOT TOLERATE UNDERAGE DRINKING.

TAKING THIS LAW OFF THE BOOKS IS ONE SMALL BUT MEANINGFUL STEP.

THANK YOU.

IF ASKED WHY WE ARE STILL ALLOWING 18-20 YEAR TO DRINK IN TAVERNS WITH THEIR PARENTS UNDER THE BILL:

WE DID CONSIDER MAKING IT CONSISTENT ACROSS THE BOARD AND SAYING THAT THE DRINKING AGE IS 21, PERIOD.

HOWEVER, WE DECIDED TO GO HALF-WAY ON THIS BECAUSE THERE IS ALREADY CONSIDERABLE DEBATE OVER WHETHER A 21-YEAR-OLD DRINKING AGE IS REASONABLE.

EIGHTEEN IS THE AGE OF ADULTHOOD FOR MANY THINGS. EIGHTEEN-YEAR-OLDS CAN VOTE AND CAN SERVE OUR COUNTRY IN THE MILITARY.

WE FELT THAT 18 WOULD BE A REASONABLE TRANSITION AGE.

IF AN 18-YEAR-OLD OR 20-YEAR-OLD IN THE ARMED FORCES RETURNS HOME FROM IRAQ, THEY SHOULD BE ABLE TO DRINK WITH THEIR PARENTS IN A TAVERN.

WE DO NOT BELIEVE 12-YEAR-OLDS OR 15-YEAR-OLDS OR EVEN 17-YEAR=OLDS SHOULD BE PERMITTED TO DRINK IN TAVERNS.

WE HAD TO DRAW THE LINE SOMEWHERE, AND WE CHOSE AGE 18.

IF ASKED WHAT THE LAW IS IN OTHER STATES:

THERE IS A GREAT DEAL OF VARIATION IN STATE LAW RELATING TO UNDERAGE DRINKING.

THE NATIONAL INSTITUTE ON ALCOHOL ABUSE LOOKED AT THE LAWS STATE BY STATE.

INCLUDING WISCONSIN, THERE ARE 14 STATES THAT PERMIT MINORS TO DRINK IF THEIR PARENT GIVES CONSENT OR IS PRESENT. (I AM CHECKING TO CONFIRM THIS NUMBER.)





AWARE (All-Wisconsin Alcohol Risk Education) is a UW Health-convened coalition to improve the health and safety of Wisconsin residents in the fight against alcohol abuse.

Get Involved on August 19

Attend a public hearing on the "Responsible Tavern Admittance Bill." [Learn more](#)

The Problem

Our state has:

- The highest rates of alcohol consumption, binge drinking and heavy drinking among all U.S. states and territories in 2006.
- The highest alcohol use in the country (49 percent) among high school students in 2007.
- Three times the national arrest rate for liquor law violations from 1997 to 2006.
- Statewide costs in 2007 for alcohol-related accidents and medical conditions of \$935 million.
- Increased by 2 percent the number of alcohol-impaired driving fatalities from 2006-2007.

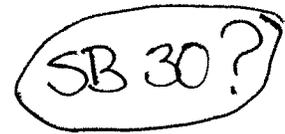
The Solution

AWARE will focus on the following initiatives to help remedy Wisconsin's problem drinking:

- Increase the beer tax to fund law enforcement and alcohol abuse prevention and treatment
- Reduce drunk driving
- Decrease underage drinking
- Prohibit health insurance companies from denying claims for accident victims who test positive for alcohol and other drugs

News

- [Alcohol Misuse and Crime: Crippling Criminal Justice \(NPAMC video\)](#)
- [Wisconsin Sours on Lenient Drunken-Driving Laws \(The Wall Street Journal\)](#)
- [Wausau Looks at the State of Drinking in Wisconsin](#)
- [Legislators Re-introduce Beer Tax Proposal](#)
- [Alcohol-abuse Initiative to Hold First Public Forum in Wausau \(Wausau Daily Herald\)](#)
- [Tap the Beer Tax - Without a Backlash \(Wisconsin State Journal\)](#)
- [AWARE: Wisconsin Voters Support Beer Tax Increase](#)
- [States Serving Up Alcohol Taxes to Patch Budgets, Pay for Treatment \(Join Together\)](#)
- [Coalition Unites for Tougher Drunk Driving Laws \(The Capital Times\)](#)
- [UW Health Leadership Calls for Alcohol AWAREness](#)
- [Some See Big Problem in Wisconsin Drinking \(New York Times\)](#)



Coalition Members

[Members, Mission and Goals](#)

Leadership

[Facts To Be AWARE Of](#)

[Message from UW Health Leadership](#)

Current Legislation

[View current bills](#)

Support Lacey's Law

[Sign the Lacey's Law Petition](#)





JUDY ROBSON
State Senator

From Public Hearing
folder, 8/19/2009

WRITTEN TESTIMONY OF SEN. JUDY ROBSON
SENATE BILL 30/ASSEMBLY BILL 106, YOUTH DRINKING IN TAVERNS
ASSEMBLY COMMITTEE ON URBAN AND LOCAL AFFAIRS
AUGUST 25, 2009

REPRESENTATIVE KIM HIXSON AND I INTRODUCED THIS BILL AT THE REQUEST OF OUR CONSTITUENT ERIK THOMPSON, THE MAYOR OF EDGERTON.

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WHAT THE LAW IS IN OTHER STATES?

THERE IS A GREAT DEAL OF VARIATION IN STATE LAW RELATING TO UNDERAGE DRINKING.

THE NATIONAL INSTITUTE ON ALCOHOL ABUSE LOOKED AT THE LAWS STATE BY STATE.

INCLUDING WISCONSIN, THERE ARE 14 STATES* THAT PERMIT MINORS TO DRINK IF THEIR PARENT GIVES CONSENT OR IS PRESENT.

THE ANALYSIS DID NOT SHOW HOW MANY STATES SPECIFICALLY PERMIT DRINKING IN A TAVERN IF ACCOMPANIED BY A PARENT, GUARDIAN OR SPOUSE.

WE WOULD HAVE TO LOOK AT THE STATUTES STATE BY STATE.

***THE 14 STATES ARE ALASKA, LOUISIANA, TEXAS, COLORADO, MONTANA, WASHINGTON, OREGON, OHIO, MINNESOTA, ILLINOIS, VIRGINIA, MAINE, DELAWARE, AND WISCONSIN.**



Kim Hixson

STATE REPRESENTATIVE • WISCONSIN LEGISLATURE • 43RD ASSEMBLY DISTRICT
CHAIRMAN, COMMITTEE ON COLLEGES AND UNIVERSITIES
Serving parts of Rock, Walworth, Jefferson and Dane Counties

REP. HIXSON'S TESTIMONY ON SENATE BILL 30

Good afternoon, Chairman Jauch and members of the Senate Committee on Children and Families and Workforce Development. Thank you for the opportunity to voice my support for Senate Bill 30, the "Responsible Tavern Admittance Bill." This legislation would prohibit persons under the age of 18 from drinking alcoholic beverages in a tavern when accompanied by a parent, guardian or spouse who has attained legal drinking age.

As you all know, we have many great cultural traditions here in Wisconsin that involve enjoying moderate consumption of alcoholic spirits. These include everything from tail-gating at the Brewer's game to July 4th beer tents to the German beer gardens. But this drinking culture has a price, too.

Wisconsin has a culture of alcohol consumption that exposes children and teens to drinking. As Senator Robson mentioned during her testimony, under current law, persons under the legal drinking age may be served if they are accompanied by their parent, guardian, or spouse who has attained the legal drinking age. I believe permitting children to drink in Wisconsin taverns sends the wrong message about responsible alcohol consumption.

Consider these facts:

- People who begin to drink before the age of 15 are four times more likely to develop alcohol dependence and are two and a half times more likely to become abusers of alcohol than those who begin drinking at age 21.
- Alcohol use by children and teens affects brain development and has life-long health implications.
- In 2007, Wisconsin ranked highest in the United States for use of alcohol among high school students.

I have included along with my testimony a *The New York Times* article from last year that discusses the problem of drinking in Wisconsin and actually uses Edgerton, a city that I represent, as a case study. Surprisingly, a recent investigation conducted by Milwaukee's Fox-6 News found that 7 of the 10 bars the news team visited with a hidden camera served alcohol to a 13-year-old boy accompanied by a parent.

During the coming floor period in the State Legislature, we will be addressing many aspects of the scourge of drunk driving. My life was touched at an early age when a drunk driver killed my girlfriend. I was in my first year of college. She was killed five days before Christmas and 10 days before her 18th birthday. It's hard for me not to think about her each time I read another tragic story about someone who lost his or her life as a result of someone irresponsibly driving under the influence of alcohol. By working together, it is my hope that we can avoid similar tragedies by addressing Wisconsin's drinking culture and, in turn, making our roads safer through sensible public policy.



November 16, 2008

Some See Big Problem in Wisconsin Drinking

By **DIRK JOHNSON**

EDGERTON, Wis. — When a 15-year-old comes into Wile-e's bar looking for a cold beer, the bartender, Mike Whaley, is happy to serve it up — as long as a parent is there to give permission.

"If they're 15, 16, 17, it's fine if they want to sit down and have a few beers," said Mr. Whaley, who owns the tavern in this small town in southern Wisconsin.

While it might raise some eyebrows in most of America, it is perfectly legal in Wisconsin. Minors can drink alcohol in a bar or restaurant in Wisconsin if they are accompanied by a parent or legal guardian who gives consent. While there is no state law setting a minimum age, bartenders can use their discretion in deciding whom to serve.

When it comes to drinking, it seems, no state keeps pace with Wisconsin. This state, long famous for its breweries, has led the nation in binge drinking in every year since the Centers for Disease Control and Prevention began its surveys on the problem more than a decade ago. Binge drinking is defined as five drinks in a sitting for a man, four for a woman.

People in Wisconsin are more likely than anywhere else to drive drunk, according to the National Survey on Drug Use and Health. The state has among the highest incidence of drunken driving deaths in the United States.

Now some Wisconsin health officials and civic leaders are calling for the state to sober up. A coalition called All-Wisconsin Alcohol Risk Education started a campaign last week to push for tougher drunken driving laws, an increase in screening for alcohol abuse at health clinics and a greater awareness of drinking problems generally.

The group, led by the University of Wisconsin School of Medicine and Public Health, criticized the state as having lenient alcohol laws and assailed a mindset that accepts, even celebrates, getting drunk.

"Our goal is to dramatically change the laws, culture and behaviors in Wisconsin," said Dr. Robert N. Golden, the dean of the medical school, calling the state "an island of excessive consumption." He said state agencies would use a \$12.6 million federal grant to step up screening, intervention and referral services at 20 locations around Wisconsin.

The campaign comes after a series in The Milwaukee Journal Sentinel titled "Wasted in Wisconsin," which chronicled the prodigious imbibing among residents of the state, as well as the state's reluctance to crack down on alcohol abuse.

Drunken drivers in Wisconsin are not charged with a felony until they have been arrested a fifth time. Wisconsin law prohibits sobriety checks by the police, a common practice in other states.

"People are dying," the newspaper exclaimed in an editorial, "and alcohol is the cause."

Wisconsin has long been famous for making and drinking beer. Going back to the 1800s, almost every town in the state had its own brewery. Milwaukee was the home of Miller, Pabst and Schlitz. Now Miller is the only big brewery in the city.

Most people in Wisconsin say the beer-drinking traditions reflect the customs of German immigrants, passed down generations. More than 40 percent of Wisconsin residents can trace their ancestry to Germany. Some experts, though, are skeptical of the ethnic explanation. It has been a very long time, after all, since German was spoken in the beer halls of Wisconsin.

Whatever the reason, plenty of Wisconsin people say they need to make no apologies for their fondness for drinking.

"I work 70, 80 hours a week, and sometimes I just want to relax," said Luke Gersich, 31, an engineering technician, who drank a Miller as he watched the Monday Night Football game at Wile-e's tavern. On a weeknight, he said he might drink seven or eight beers. On a weekend, it might be closer to 12.

In Wisconsin, people often say, there is always a bar around the next corner. But drinking is scarcely limited to taverns. A Friday fish fry at a Wisconsin church will almost surely include beer. The state counts some 5,000 holders of liquor licenses, the most per capita of any state, said Peter Madland, the executive director of the Tavern League of Wisconsin.

"We're not ashamed of it," Mr. Madland said. He said anti-alcohol campaigns were efforts to "demonize" people who simply liked to kick back and relax with some drinks.

"It's gotten to the point where people are afraid to have a couple of beers after work and drive home, for fear they'll be labeled a criminal," he said. "At lunch, people are afraid if they order a beer someone will think they have a drinking problem."

But the drinkers have typically had plenty of advocates in the State Legislature. State Representative Marlin Schneider, for example, sees sobriety checkpoints as an intrusion on Constitutional rights of due process.

As for allowing minors to drink in bars with their parents, Mr. Schneider said the law simply allowed for parents to educate and supervise the youthful drinking. "If they're going to drink anyhow," said Mr. Schneider, Democrat of Wisconsin Rapids, "it's better to do it with the parents than to sneak around."

Technically speaking, the sale is between the bartender and the parent or legal guardian, who then gives the drink to the minor. The bartender has the discretion to decide whether the minor can drink in the establishment.

Before he owned Wile-e's, Mr. Whaley said there were some cases where he had to say no to a parent. "I've had situations where a parent was going to buy drinks for a kid who looked 8 or 10 years old," he said, "and I had to say, 'That's a no-go.'"

He also has a rule in his tavern that under-age drinkers must leave by 9 p.m. "When it gets later in the night, people don't want a bunch of kids running around," he said.

One recent night, a lanky, blond-haired 17-year-old boy shot pool at the bar with his dad. Both were drinking soda.

In Mr. Whaley's view, the bar can be a suitable place for families to gather, especially when the beloved Green Bay Packers are on the television. "On game days, a buddy of mine will come to the bar with his 2-year-old, his 8-year-old and his 10-year-old," Mr. Whaley said. "He might get a little drunk. But his wife just has a few cocktails. It's no big deal. Everybody has a good time."

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Why parents should not introduce their children to drinking

Testimony, August 19, 2009
Wisconsin State Senate
SB 30

Michael M. Miller, MD, FASAM, FAPA

mmiller@meriter.com
Medical Director, MERITER / NewStart
Madison, Wisconsin

Associate Clinical Professor
UW School of Medicine and Public Health
Departments of Psychiatry, Medicine, and Family Medicine

Immediate Past President
American Society of Addiction Medicine

Vice Speaker
Wisconsin Medical Society

Past President
Dane County Medical Society
Wisconsin Society of Addiction Medicine

Addiction Medicine

The specialty of medicine devoted to diagnosis, treatment, prevention, education, epidemiology, research, and public policy advocacy regarding addiction and other substance-related health conditions



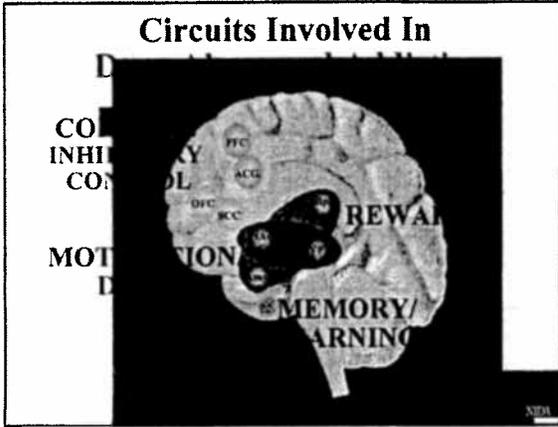
Addiction is a Chronic Disease

Often Pediatric Onset
Usually Progressive, Sometimes
Fatal
Chronic Course:
Relapsing & Remitting

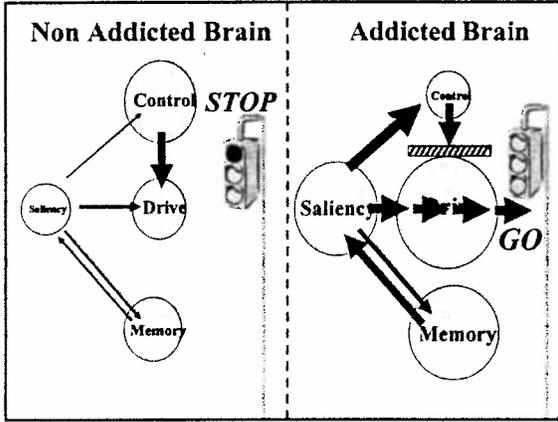
Addiction is a Pediatric Disease

- Age of Onset Usually Prior to Age 18
- Most severe syndromes involve onset of problem use prior to age 15

- The site of action for intoxication/euphoria is the nucleus accumbens
- The site of action for addiction is the frontal lobes
 - Judgment / Evaluation
 - Planning
 - Recalling past experiences



- Addiction 'Resides' in the Orbitofrontal Cortex (OFC)**
- Addiction is use despite adverse consequences, returning to use after periods of abstinence even with previous life catastrophes, inability to control use, cognitive preoccupation, conscious and unconscious craving
 - It involves memory, judgment, 'executive functions' of planning and deciding to defer gratification
 - All these are Frontal Lobe functions



Drinking continues to be widespread among adolescents, as shown by nationwide surveys as well as studies in smaller populations. According to an annual survey of U.S. youth, three-fourths of 12th graders, more than two-thirds of 10th graders, and about two in every five 8th graders have consumed alcohol. The survey is titled *Monitoring the Future* (MTF) and can be found online: http://monitoringthefuture.org/pubs/monographs/vol1_2005.pdf

NIAAA's Underage Drinking Research Initiative

"Underage drinking rates have remained constant - and unacceptably high - for about a decade. Clearly, more work remains on all aspects of this problem, a need acknowledged by the 2007 Surgeon General's Call to Action to Prevent and Reduce Underage Drinking and by the Institute of Medicine (IOM) in its 2004 report on underage drinking."

[http://www.niaaa.nih.gov/AboutNIAAA/NIAAASponsoredPrograms/underage.](http://www.niaaa.nih.gov/AboutNIAAA/NIAAASponsoredPrograms/underage.htm)

[htm](#)

WELCOME

to the Website of the National Institute on Alcohol Abuse and Alcoholism's Underage Drinking Research Initiative.

This initiative is an undertaking born of the convergence of recent scientific advances and the increased public concern about the seriousness of this longstanding societal problem.

Underage drinking presents an enormous public health issue. Alcohol is the drug of choice among children and adolescents. Annually, about 5,000 youth under age 21 die from motor vehicle crashes, other unintentional injuries, and homicides and suicides that involve underage drinking. As the lead federal agency for supporting and conducting basic and applied research on alcohol problems, NIAAA is spearheading this initiative to intensify research, evaluation, and outreach efforts regarding underage drinking.

Highlights from the NIAAA's Underage Drinking Research Initiative

- When youth drink they tend to drink intensively, often consuming four to five drinks at one time. MTF data show that 11 percent of 8th graders, 22 percent of 10th graders, and 29 percent of 12th graders had engaged in heavy episodic, or binge, drinking within the past two weeks.
- The NIAAA defines binge drinking as a pattern of drinking alcohol that brings blood alcohol concentration (BAC) to 0.08 grams percent or above. For the typical adult, this pattern corresponds to consuming five or more drinks for men, or four or more drinks for women, in about 2 hours.)

Kids who drink
don't drink like
adults who drink

Adult Drinking

- Often in socially-approved settings
- Often with meals
- Often associated with family celebrations (weddings, confirmations, funerals)
- Often in moderation
- Intoxication happens, but usually drinking isn't intended to result in intoxication

Adolescent Drinking

- By definition, it's illegal, and not socially approved
- Rarely with meals
- Not usually associated with family celebrations
- Usually involves rapid drinking, 'gulping' drinks, large amounts (binge drinking)
- Intoxication is often *the goal* vs. an 'accident'

For those kids who binge-drink, Drinking isn't 'Social Drinking'

- Of the estimated 5.4 million junior and high school students who have ever consumed five or more drinks in a row, 39% say they drink alone; 58% drink when they are upset; 30% drink when they are bored; and 37% drink to feel high (OIG, 1991).



Underage Drinking Isn't Healthy

Put another way...

Underage drinking is a factor in nearly half of all teen automobile crashes, the leading cause of death among teenagers. Alcohol use contributes to youth suicides, homicides and fatal injuries—the leading causes of death among youth after auto crashes.

Underage Drinking Isn't Healthy

To be even more specific...

- Alcohol use is a significant contributor to injury in adolescence and may play a role in more than 50% of traumatic brain injuries in adolescents

Hicks BA, Morris JA Jr., Bass SM, Holcomb GW, Neblett WW. Alcohol and the adolescent trauma population. *J Pediatr Surg.* 1990;25:944-948.

Kraus J, Rock A, Hemyard P. Brain injuries among infants, children, adolescents, and young adults. *Am J Dis Child.* 1990;144:684-691.

Underage Drinking Isn't Healthy

- risk of overdose and death by alcohol poisoning
- high-risk sexual behavior that may lead to unplanned pregnancies, or infection with human immunodeficiency virus (HIV) or agents that cause other sexually transmitted diseases (STDs)
- family violence and other types of interpersonal violence, such as physical and sexual assault

*Highlights from the NIAAA's
Underage Drinking Research Initiative*

- Data from NIAAA's 2001-2002 *National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)*, a survey of 43,000 U.S. adults, showed that **early alcohol use, independent of other risk factors, may contribute to the risk of developing future alcohol problems.**
- Those who began drinking in their early teens were at greater risk of developing alcohol dependence at some point in their lives, and they were also at greater risk of developing dependence more quickly and at younger ages.
- The findings were reported in the journal *Archives of Pediatrics & Adolescent Medicine*, Volume 160, pages 739-746.

National Institute on Alcohol Abuse and Alcoholism
Division of Epidemiology and Prevention Research
Alcohol Epidemiologic Data System

SURVEILLANCE REPORT #74
TRENDS IN UNDERAGE DRINKING
IN THE UNITED STATES, 1991-2003

<http://pubs.niaaa.nih.gov/publications/surveillance74/Underage03.htm>

This surveillance report, prepared by the Alcohol Epidemiologic Data System (AEDS), National Institute on Alcohol Abuse and Alcoholism (NIAAA), presents data on underage drinking for 1991-2003. This is the first of a series of reports to be published every two years on underage drinking and related attitudes and risk behaviors. Data for this series are compiled from three separate nationally-representative surveys, the National Survey on Drug Use and Health (NSDUH), the Monitoring the Future (MTF) survey, and the Youth Risk Behavior Survey (YRBS).

- <https://nsduhweb.rti.org/>
- <http://www.monitoringthefuture.org/>
- <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>
- <http://dpi.state.wi.us/sspw/yrbsindx.html>

[the latter link is to the Wisconsin YRBS]

Drinking patterns

- Alcohol consumption begins early, with a mean age of 14 (NSDUH 2003) and 28 percent of high school students reporting consuming their first drink of alcohol before age 13 (Grunbaum et al. 2004). By the 12th grade, 27.9 percent of adolescents report binge drinking (consuming 5 or more drinks in a row within the past 2 weeks) (MTF 2003).
- The mean age of onset for drinking alcohol has increased slightly from 13.8 years in 1991 to 14 years in 2003 (NSDUH). In addition, there is a gradual decline over the decade in the proportion of youth reporting initiating drinking at age 12 years or younger, although this trend may be leveling off (NSDUH, YRBS).

<http://www.oas.samhsa.gov/2k6/StateUnderageDrinking/underageDrinking.cfm>

- Underage drinking is defined as alcohol drinking among persons aged 12 to 20.
- In 2003-2004, past month alcohol use rates for persons aged 12 to 20 were among the lowest in Utah (18.6%) and Tennessee (22.3%) and among the highest in North Dakota (42.7%) and South Dakota (39.1%).
- Between 2002-2003 and 2003-2004, past month alcohol use increased in California (from 24.7 to 26.3%) and Wisconsin (from 34.7% to 38.3%) while binge alcohol drinking increased in Iowa (from 24.7% to 27.7%) and Oklahoma (from 19.1% to 21.5%).
- Past month alcohol drinking decreased between 2002-2003 and 2003-2004 in South Carolina (from 27.2% to 24.1%) and Michigan (from 31.8% to 30.2%); while binge alcohol drinking decreased in South Carolina and North Carolina (both from 18.0% to 15.9%) and in Tennessee (from 15.9% to 13.1%).

- Based on SAMHSA's 2002 National Survey on Drug Use and Health, rates of current underage drinking among youth aged 12 to 17 was higher in rural than nonrural areas. Current underage drinking among those aged 18 to 20, however, were higher in nonrural areas.
- Binge drinking (defined as 5 or more drinks on the same occasion at least one day in the past month) was also higher among rural youth age 12 to 17 (4.1%) than nonrural (1.6%) but did not differ by rural status for those aged 18 to 20.
- Rural youth aged 12 to 17 reported lower levels of perceived risk from alcohol use, less disapproval of alcohol use, and less perceived parental disapproval of underage drinking than those in nonrural areas.

What's the Science?

Report 11 of the AMA Council on Scientific Affairs (A-03)

"Effects of Alcohol on the Brains of Underage Drinkers"

<http://www.ama-assn.org/ama/pub/category/13555.html>

A revised version of this report has been published: Zeigler DW, Wang CC, Yoast RA, Dickinson BD, McCaffree MA, Robinowitz CB, Sterling ML, for the Council on Scientific Affairs. The neurocognitive effects of alcohol on adolescents and college students. *Preventive Medicine*. 2005;40:23-32.

AMA report on alcohol's adverse effects on the brains of children, adolescents and college students

Adverse effects of alcohol on the brain: research findings

Youth who drink can have a significant reduction in learning and memory, and teen alcohol users are most susceptible to damaging two key brain areas that are undergoing dramatic changes in adolescence:

- **The hippocampus** handles many types of memory and learning and suffers from the worst alcohol-related brain damage in teens. Those who had been drinking more and for longer had significantly smaller hippocampi (10 percent).
- **The prefrontal area** (behind the forehead) undergoes the most change during adolescence. Researchers found that adolescent drinking could cause severe changes in this area and others, which play an important role in forming adult personality and behavior and is often called the CEO of the brain.

Conclusions. Underage alcohol use is associated with brain damage and neurocognitive deficits.

"The harmful consequences of underage drinking have implications for the learning abilities and intellectual development of underage drinkers. Impaired intellectual development may continue to affect individuals even after they have entered adulthood. Emerging data on the susceptibility of the adolescent brain to the harmful effects of alcohol create an imperative for policy-makers and organized medicine to address the problem of underage drinking through renewed initiatives."

—CSA 11 (A-03)

Pathological Patterns of Drinking in Adolescence--and their Effects

"Adolescents typically have smaller bodies (less body mass) than adults and initially have not developed a physiological or behavioral tolerance to alcohol and its effects. Thus, they often do not need to drink very much to become intoxicated. They are also more prone to drink heavily and rapidly until intoxicated because their social, emotional control, thinking and decision-making skills are less developed."

--CSA 11 (A-03)

Maturation of the Brain--and Effects of EtOH on Development

"Adolescence is a period of significant neuro-maturation, during which the brain's efficiency is enhanced through increased myelination and selective removal of synapses (synaptic pruning). In particular, the hippocampus and prefrontal cortex develop more actively in adolescence than in adulthood, and subcortical gray matter and limbic system structures (septal area, hippocampus, amygdala) increase in volume. At the same time, cortical structures such as the prefrontal cortex decrease in volume, perhaps as a result of synaptic pruning."

--CSA 11 (A-03)

Maturation of the Brain--and Effects of EtOH on Development

"Through this process, the prefrontal area becomes more efficient as it matures into adulthood and enhances the ability of the adult brain (relative to the adolescent brain) to execute such tasks as planning, integrating information, abstract thinking, problem solving, judgment, and reasoning."

Brown SA, Tapert SF, Granholm E, Delis DC. Neurocognitive functioning of adolescents: effects of protracted alcohol use. *Alcohol: Clinical and Experimental Research*. 2000. 24:164-171.

De Bellis MD, Clark DB, Beers SR, Soloff PH, Boring AM, Hall J, et al. Hippocampal volume in adolescent-onset alcohol use disorders. *American Journal of Psychiatry*. 2002. 157:737-744.

Additional Susceptibility of the Developing Brain to EtOH

"The brain maintains a high rate of energy expenditure to sustain this neurodevelopment during adolescence, not tapering off toward adult levels until about age 20 years. Because the adolescent brain undergoes dynamic changes, it may be more susceptible to damage from alcohol than the relatively stable adult brain. This hypothesis is supported by findings of differential changes in neurochemistry, gross morphology, and neurocognitive function between adolescents and adults in both animal and human studies."

Alcohol can impair learning and memory.

"Under normal conditions, glutamate interacts with a specific glutamate receptor, the N-methyl-D-aspartate (NMDA) receptor, which plays a role in mediating long-term potentiation (LTP). LTP is a persistent increase in the efficiency of a neuron's response to its neurochemical signal, and is believed to underscore learning and memory processes. Alcohol dampens the activity of NMDA receptors while it is present, thereby impairing learning and memory."

--CSA 11 (A-03)

Animal Studies (rat brain)

- acute exposure to a relatively small amount of alcohol (equivalent to 2 beers) disrupts NMDA receptor-mediated long-term potentiation in the adolescent hippocampus (an area involved in learning and memory) at doses that have little or no effect on the hippocampus in adults.
- alcohol significantly impairs spatial memory acquisition in adolescents.

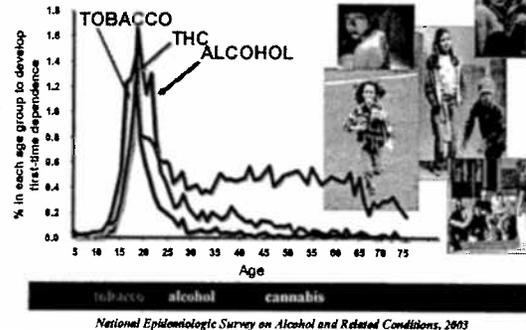
Marbaise BJ, Acheson SK, Lavin ED, Wilson WA, Swartzwelder HS. Differential effects of ethanol on memory in adolescent and adult rats. *Alcohol Clin Exp Res*. 1998. 22:416-421.

Human Studies

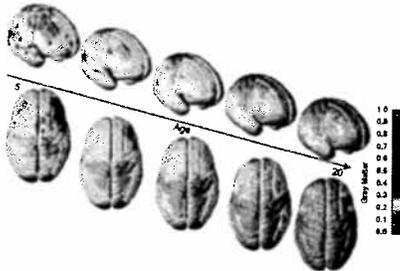
"The acute dose of alcohol, which produced peak BACs in the 70 mg/dL range (less than the legal driving limit), significantly impaired memory acquisition in both [semantic and figural memory].... Subjects in a younger subgroup (aged 21 to 24 years) were significantly more impaired in memory measures than subjects aged 25 to 29 years. Individuals in the age range of many college students may be at significant risk for alcohol-induced memory dysfunction."

-CSA 11 (A-03)

Addiction Is a Developmental Disease starts in childhood and adolescence

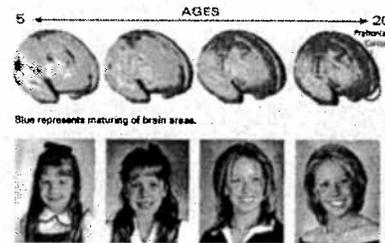


Right Lateral and Top Views of the Dynamic Sequence of GM Maturation Over the Cortical Surface



Source: Gogtay, Nitin et al. (2004) Proc. Natl. Acad. Sci. USA 101, 8174-8179
Copyright ©2004 by the National Academy of Sciences

- Exposure to drugs of abuse during adolescence could have profound effects on *Brain Development & Brain Plasticity*



- Understanding drug abuse and addiction from a *Development Perspective* has important implications for their *Prevention & Treatment*

Conclusions

- The adolescent brain is not fully developed, with the area most lagging in neurodevelopment being the frontal lobes, which are needed for good decision-making and impulse control
- Exposing the adolescent brain to alcohol, when the brain is too young to 'handle' the effects, is dangerous
- Adolescent exposure may have to do with a 'critical period' model

Conclusions

- If the message is 'drinking is okay', then a norm has been set, and there is no evidence that 'teaching kids to drink' translates into kids drinking like adults when they are with friends, outside the parents' home.
- Regarding the adolescent brain, it doesn't know whether the beverage came from mom and dad or came from some other source: it just knows this is a chemical that affects brain function.



AWARE Coalition Members

TO: Members of the Senate Committee on Children and Families and Workforce Development

DATE: August 19, 2009

RE: Senate Bill 30, Support

Good afternoon and thank you for the opportunity to testify today. As mentioned I represent UW Health, and the AWARE (All Wisconsin Alcohol Risk Education) Coalition. I am here testifying in support of Senate Bill 30. SB 30 is a step in the right direction. Some AWARE members, like Mothers Against Drunk Driving, oppose the bill because they feel it doesn't go far enough in reinforcing 21 as the legal drinking age as it is in Wisconsin and the entire U.S. In the interest of progress, AWARE supports SB 30.

I also have with me Dr. Paul Grossberg from the UW Madison School of Medicine and Public Health who is an expert in the effects of alcohol on pediatric brain development.

The leaders of UW Health recognized nearly a year ago that alcohol usage in Wisconsin is a public health crisis. As we looked around the state we were unable to locate a comprehensive statewide group advocating for health and safety as it relates to alcohol abuse. It was with that idea and really an extension of the Wisconsin idea, that AWARE was created to proactively support change and education about alcohol risks. In November AWARE was launched and the support has been, quite frankly, overwhelming.

To date AWARE has over 50 different health, law enforcement, community, education and local units of government.

Allow me briefly to share with you some staggering facts about alcohol consumption in WI:

- WI Leads the country with the highest U.S. rates of alcohol consumption, binge drinking and heavy drinking.

- Affinity Health System
- Aurora Health Care
- Bay Area Community Council
- Beaumont Memorial Hospital
- BRAND is Building Responsible Alcohol Values and Behavior
- Children's Hospital and Health System
- Columbia County Connects
- Dane County
- Edgerton Coalition for a Health Community
- Focus on Community, Racine
- Fredert & Community Health
- Gunderson Lutheran
- La Crosse County Board of Supervisors
- Madison Mayor's Office
- Marathon Cty. Alcohol & Other Drugs Partnership Council
- Marathon County Health Department
- Marshfield Clinic
- Medical College of Wisconsin
- Medical Students for Legislative Action
- Menard Health Services
- Milwaukee Deputy Sheriff's Association
- Ministry Health Care
- Mothers Against Drunk Driving
- Natl. Assoc. of Alcoholism & Drug Abuse Counselors
- Reedsburg Area Medical Center
- Resource Center on Impaired Driving
- Rock County Partners in Prevention
- Rock County Youth Youth
- Rogers Behavioral Health System
- Rural Wisconsin Health Cooperative
- St. Joseph's Community Health Services, Hillsboro
- Southern Alliance Regional Council (SARC)
- Unity Health Insurance
- UW Health
- Vernon County Partnership Council
- Watertown Parent Advisory on Underage Drinking
- WI Alcohol & Drug Treatment Providers Assoc.
- WI Assoc. of Local Health Departments and Boards
- WI Assoc. on Alcohol & Other Drug Abuse
- WI Assoc. of Alcoholism & Drug Abuse Counselors
- WI Chapter of the American College of Emergency Physic.
- WI County Police Association
- WI District Attorneys Association
- WI Hospital Association
- WI Medical Society
- WI Nurses Association
- WI Public Health Association
- WI Public Health Council
- WI Sheriffs & Deputy Sheriffs Association
- WI State Laboratory of Hygiene
- WPS Health Insurance

- Highest alcohol use in the country among high school students.
- WI drunk driving fatalities have actually increased when nationwide fatalities have decreased.
- It is estimated that over half of Wisconsin's prison population have AODA issues.
- Underage alcohol consumption can have profound effects on adolescent brain development.

The culture of drinking in this state needs to change.

AWARE is a coalition comprised in part of health care providers and caregivers who want to work to begin building a healthier Wisconsin and to promote wellness and protect teens and their families, as well as our communities from the effects of underage drinking and the potential for abuse.

SB 30 is a first step in the beginning of a long journey to preventing underage drinking and reversing the deadly drinking culture in Wisconsin.

A ARE

ALL-

ALCOHOL RISK EDUCATION

UW Health convened a **coalition** to **improve** the **health** and **safety** of Wisconsin residents in the fight **against alcohol abuse**.

The first step is recognizing that **Wisconsin has a problem**. For instance, our state has:

The highest rates of alcohol consumption, binge drinking and heavy drinking among all U.S. states and territories in 2006.

<http://wisconsin.gov/stats/pdf/epi/epi0608.pdf> (p. 47)

Statewide costs in 2007 for alcohol-related accidents and medical conditions were \$935 million.

<http://www.jsonline.com/wasted>

The highest alcohol use in the country (49 percent) among high school students in 2007.

<http://wisconsin.gov/stats/pdf/epi/epi0708.pdf> (p. 47)

Three times the national arrest rate for liquor law violations from 1997 to 2006.

<http://wisconsin.gov/stats/pdf/epi/epi0608.pdf> (p. 27)

Over half the country had decreases in the number of alcohol-impaired driving fatalities from 2006-2007, WI actually increased by 2 percent.

<http://www.fed.nhtsa.dot.gov/Pubs/811016.PDF>

AWARE will focus on the following initiatives:

1. **Increase the beer tax to fund law enforcement and alcohol abuse prevention and treatment**
2. **Reduce drunk driving**
3. **Decrease underage drinking**
4. **Prohibit health insurance companies from denying claims for accident victims who test positive for alcohol and other drugs**

▶ Please see the reverse side for **statistics** related to each of these initiatives, as well as **proposed actions** that coalition members will support.

UWHealth

uwhealth.org/aware

For more information, please contact:

Lisa Maroney, UW Health
635 Science Drive, Suite 150
Madison, Wisconsin 53711

Phone: (608) 265-1653

Cell: (608) 206-5829

Email: lmарoney@uwhealth.org

1. Increase Law Enforcement and Alcohol Abuse Prevention and Treatment

- Wisconsin has the third lowest beer tax in the country.
- The beer tax hasn't been raised in 40 years.
- The current beer tax is 3.65 cents per six-pack.
- UW Health survey shows 58% of Wisconsin adults support an increase in the beer tax for law enforcement, prevention and treatment.

- The proposed increase would add 2.5 cents to a bottle of beer.

Action Step

- **Raise the beer tax for increased law enforcement, prevention and treatment.**

2. Combat Drunk Driving

- Wisconsin is one of only two states that do not issue a felony charge until a person's fifth OWI.
- Sixty-eight percent of drunk drivers involved in fatal and serious injury crashes had no prior OWI arrest (operating a motor vehicle while intoxicated) as of 2000, the last survey taken.
- Sixty-one percent of Wisconsin OWI convictions are first offenses.
- In 2007, 41.4 percent of all Wisconsin motor vehicle fatalities were related to alcohol.

- A person's first Wisconsin OWI/no bodily injury is a civil penalty, not a criminal penalty. Wisconsin is the only state where a first offense is not a criminal offense.

Action Steps

- **Support expanded use of ignition interlock devices.**
- **Legalize sobriety checkpoints.**
- **Convert the first OWI/no bodily injury to a criminal penalty.**
- **Institute a felony charge upon a person's third OWI arrest.**

3. Decrease Underage Drinking

- Underage drinking cost the citizens of Wisconsin \$1.2 billion in 2005.
- Almost 40 percent of 12- to 20-year-olds in Wisconsin reported drinking alcohol within the past month, the highest rate in the nation.
- Current Wisconsin law follows a discretionary policy that may suspend an underage driver's license if the driver possesses or consumes alcohol. Thirty-one states currently follow a mandatory policy.
- An AMA study of two decades of research reveals how harmful drinking is to the brains of children and adolescents.

Action Steps

- **Prohibit minors from drinking with parents in bars or restaurants.**
- **Make mandatory the license suspension for underage consumption or possession of alcohol.**
- **Increase alcohol education for minors.**
- **Uniformly enforce all laws against underage alcohol use and widely publicize these efforts.**

4. Prohibit Health Insurance Companies from Denying Claims for Accident Victims Who Test Positive for Alcohol/Other Drugs

- When health care insurers deny claims due to drinking and driving, providers still treat the patients but are not compensated. The public ultimately pays for this care through higher premiums.
- An increasing number of states prohibit insurance companies from denying health care coverage.

- When insurance policies deny health care claims due to alcohol or drug use, they unintentionally discourage health care providers from screening patients for addictive disorders.

Action Step

- **Enact a law to prohibit health insurers from denying coverage to individuals who are injured while OWI.**



University of Wisconsin
SCHOOL OF MEDICINE
AND PUBLIC HEALTH

For the Committee on Children and Families and Workforce Development

Testimony in Support of 2009 Senate Bill 30, August 19, 2009
Paul M. Grossberg, MD

I am testifying in support of Senate Bill 30.

As a pediatrician in this community for over 30 years, I have cared for thousands of teenagers and young adults whose health and well-being were undermined by their use of alcohol, including getting injured while drunk, engaging in unprotected or unplanned sex, and experiencing an increase in clinical depression.

As a college health physician on the UW-Madison campus, I have been privileged to provide health care to intelligent, young people, most of whom manage to balance their academic and social needs fairly well. Yet, every day in clinic I see firsthand the health consequences of high-risk drinking in young students whose lives and bright futures are too often jeopardized by their inability to say "Enough. I'm done!" The part of the brain that controls judgment, the pre-frontal cortex, simply is not as developed as the thrill-seeking centers of the brain. These judgment cells need time to grow and develop the complicated pathways necessary for higher thinking, decision-making, self-control, and the ability to focus and weigh consequences of actions. At age 18 these cells are more developed than at age 14, but the maturing process is gradual, and they are definitely not fully mature until the early 20's or sometimes mid-20's.

Federally funded research in the past decade or so has revealed the neurobiology behind the age-old problems we've seen when teenagers drink alcohol. Dr. Aaron White, a Duke University researcher said a few years ago: "We definitely didn't know 5 or 10 years ago that alcohol affected the teen brain differently. Now there's a sense of urgency. It's the same place we were in when everyone realized what a bad thing it was for pregnant women to drink alcohol." His work and that of several other cutting edge studies are summarized in a well-researched New York Times article in July 2006, "The Grim Neurology of Teenage Drinking," which I am copying for the Committee. It makes the complex science of neurotransmitter research readily understandable. I am also leaving you some recent articles from the journal, *Pediatrics*.

In addition to these "judgment cells" being less developed at any point in adolescence, alcohol disrupts their cellular connections more than other areas other

brain, so the judgment center becomes even more adversely affected. The part of the brain responsible for self-control and “putting on the brakes” is itself being suppressed. Furthermore, the earlier the drinking occurs, the more likely it is that the damage will be longer-term. This includes cognitive impairment in memory, visual, and spatial functioning. Recent studies have shown that nearly half of those who begin drinking alcohol before age 14 become alcohol dependent at some time in their lives, compared with 9% of those who wait until age 21 to start drinking.

Condoning underage drinking with parents in bars and restaurants, despite the rationalizations of some who say it encourages responsible drinking, sends a confused and unhealthy message. It is bad public policy to allow children to drink in licensed premises. We must be more proactive in the state of Wisconsin with its dubious distinction of leading the country in binge drinking, daily drinking, DUIs, and drinking in pregnancy. These children, with their impressionable brain cells needing every bit of help, are exposed to the Wisconsin “culture of drinking” in countless and subtle ways day in and day out anyway. Exposing their neurons to the chemical influence of alcohol at an early age, in Wisconsin bars and taverns, only further distorts reality and increases their odds of abusing alcohol in their teenage and adult years.

The 2007 Wisconsin Youth Risk Behavior Survey revealed that 25.2% of high school seniors had driven a car one or more times in the past month when they had been drinking alcohol. That is one out of four--a sobering statistic! Interestingly, the minimum age to rent a car in this country is usually 25, sometimes 21, but not lower, despite the fact that teenagers can legally drive. The car rental industry, long before today’s neurobiological research, understood from accident data that the judgment centers in the adolescent brain need time and maturity before they are “ready for the keys”. We should ensure that these same teenagers have the time to mature before they are “ready to drink” in bars and public premises.

I support Senate Bill 30, which restricts the consumption to age 18 and over. While 21 years of age is more in line with brain maturation, this current bill is a big step in a healthier direction.

Thank you for your consideration.

Paul M. Grossberg, MD
Clinical Professor of Pediatrics
University of Wisconsin-Madison School of Medicine and Public Health
University Health Services