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What are Wisconsin's Drunk Driving Laws?

The State of Wisconsin has been buzzing about the possible changes to the drunk driving laws for quite some time now. Proposals for criminalizing the first OWI, making the third OWI a felony, instituting sobriety checkpoints and lowering the BAC for repeat offenders are a few of several possible changes, but politicians, legislators, community agencies and the public do not seem to see eye to eye. Before our local community can begin to talk about changing the laws, we need to know what the current OWI laws state. The following table outlines Wisconsin's basic OWI laws. The information was taken from the Department of Transportation - Bureau of Transportation Safety and was updated May 30, 2008.

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Conviction	Fine or Forfeiture	Jail	Suspension or Revocation	Occupational License	Alcohol Assessment	Demerit Points
OWI, First	\$150-\$300	No	6-9 Month revocation	Immediately	Yes	6
OWI, Second	\$350-\$1,100	5 days to 6 months	12-18 month revocation. Car immobilized or equipped with IID	After 60 days or after 12 months if 2 or more offenses within 5 years	Yes	6
OWI, Third	\$600-\$2,000	30 days to 1 year	2-3 year revocation. Car immobilized or equipped with IID or may be seized	After 90 days or after 12 months if 2 or more offenses within 5 years	Yes	6
OWI, Fourth (Per se AC > .02)	\$600-\$2,000	60 days to 1 year	2-3 year revocation. Car immobilized or equipped with IID or may be seized	After 90 days or after 12 months if 2 or more offenses within 5 years	Yes	6
OWI, Fifth or Sixth (Per se AC > .02)	\$600-\$10,000	6 months to 6 years	2-3 year revocation. Car immobilized or equipped with IID or may be seized	After 90 days or after 12 months if 2 or more offenses within 5 years	Yes	6
OWI, Seventh or Eighth (Per se AC > .02)	Up to \$25,000	Up to 10 years	2-3 year revocation. Car immobilized or equipped with IID or may be seized	After 90 days or after 12 months if 2 or more offenses within 5 years	Yes	6
OWI, Tenth or more (Per se AC > .02)	Up to \$25,000	Up to 12 years 6 months	2-3 year revocation. Car immobilized or equipped with IID or may be seized	After 90 days or after 12 months if 2 or more offenses within 5 years	Yes	6



"Let's work to allow law enforcement officers to set up controlled, reasonable sobriety checkpoints. We can pass legislation that will take drunk drivers off the road by making the third offense a felony."

-Governor Jim Doyle in his 2009 State of the State Address

Curtailing Drunk Driving—And More

By Richard L. Brown, MD, MPH
Clinical Director

Taken from the Wisconsin Initiative to Promote Healthy Lifestyles Newsletter, *The WIPHL Word*, Vol. 3 No. 1

Wisconsin’s drunk driving problem is at long last attracting legislative attention. Most proposals involve strengthening penalties, which is clearly warranted. For example, the first offense is only a violation, not even a misdemeanor! Unfortunately the sharp focus on penalties is hindering consideration of more comprehensive and effective measures.

For stricter penalties to deter drunk driving, potential perpetrators must fear getting caught. For every DWI arrest, there are over 100 episodes of drunk driving that escape detection. With stricter penalties, some people may change their behaviors, but others who have repeatedly driven drunk and not gotten caught are less likely to change. Since 92% of the drunk drivers involved in traffic fatalities have never been caught before, merely increasing penalties will not address much of the problem. Another reason that increasing penalties will be insufficient is that young people, who are the most dangerous drunk drivers, are least likely to fear getting caught, so increasing penalties will be less effective for them.

Imagine a hiker reaching a fork in a trail. One option seems much more scenic and fun, but a “No Trespassing” is posted. However, if there’s less than a 1% chance of getting caught, increasing penalties for trespassing will only be marginally effective.

We need to better educate people about what constitutes risky drinking. We define it as five or more drinks for men, and four or more drinks for women—that’s often enough to reach .08, and way more than enough to impair one’s judgment on one’s capacity to drive safely. A critical approach to preventing drunk driving is to reduce drunkenness—to shrink the large pool of people who, when their judgment is impaired by alcohol, may choose to get behind the wheel. Overlooking this approach would be a critical mistake in Wisconsin, as we lead the nation in risky drinking.

There are several proven strategies for reducing risky drinking. One is reducing the demand for alcohol by increasing its price through taxation. Wisconsin’s tax on 12 ounces of beer is only six-tenths of a cent—among the lowest in the U.S.—and it hasn’t been raised since 1969. Another is strengthening education and enforcement so that bartenders don’t serve intoxicated patrons, some of whom drive home. Another is ensuring that Medicaid and private insurers reimburse healthcare settings for providing evidence-based, cost-saving screening, brief intervention, referral, and treatment (SBIRT) services in healthcare settings, as we do at WIPHL.

In addition to making our roads safe, implementing these strategies would help unclog our emergency rooms, unburden our police and courts, decrease healthcare costs and their drag on economic development, reduce child abuse and neglect, and alleviate stresses on county social services systems. And the proceeds from a higher tax could be used to strengthen alcohol prevention, intervention, and treatment programs, which currently are largely inadequate.

Yes, let’s tighten penalties for drunk driving. And let’s also implement other proven strategies for reducing risky drinking to substantially decrease drunk driving and to enhance health, safety, and well-being throughout our state.

Drive Safe Drive Sober (the decision is yours)

On April 25th, 50 Waukesha students will take part in a program called **Drive Safe Drive Sober (DS²)**. The program involves a staged drunk driving car crash, simulated trauma room activities at Waukesha Memorial Hospital, a trip to the Waukesha County morgue and courtroom proceedings. The goal of this program is to give students knowledge they can use to help them make responsible decisions, and say no to drinking and driving. The program is coordinated by PARC (Preventing Alcohol Related Crashes) Task Force and will follow the story of three teens, the decisions they make and the aftermaths that affect everyone they know, love and leave behind. For students to participate, contact Sue Sevenz at the PARC Task Force at 262-548-7341, email parc1@att.net or visit www.parctaskforce.org. Registration is open until April 20th, or until all available spots (50) are filled.



Americans Want Insurance to Cover Addiction; Unsure If It Does

The following article is a press release from *Hazelden*. For more information follow these links: hazelden.org/web/public/pr090209healthinsurance.page or Full Study Results: [2008 National Study of Public Attitudes toward Addiction](#)

CENTER CITY, Minn., February 3, 2009 -- Nearly three out of four Americans (71 percent) agree that health insurance should cover the cost of addiction treatment - yet most consumers have no idea if their own health insurance would pay for substance abuse treatment, according to the first-ever "**Public Attitudes Toward Addiction Survey**" from Hazelden, the national nonprofit organization that helps people reclaim their lives from drug addiction.

With the passage of the U.S. Mental Health Parity Law last October and the Obama administration now designing its agenda on healthcare issues, it's striking that most Americans (77 percent) agree that addiction treatment should be part of healthcare reform. Hazelden's new survey also found that: most Americans (78 percent) understand that drug addiction is a chronic disease rather than a personal failing; and more than half (56 percent) say their company doesn't have an Employee Assistance Program to help employees deal with problems involving alcohol or other drugs.

Addiction Still Widespread in American Families

Among the most dramatic of Hazelden's survey findings was the prevalence of addiction within American families:

- * Nearly one-third of Americans responding reported past abuse of alcohol or drugs in their immediate family - and of those households with an immediate family member who had an addiction problem, nearly half (44 percent) reported *more than one* family member with a drug problem.
- * A third of the families which reported a drug problem in their immediate family say that a *majority* of their family members have problems with drugs. With one in six of the respondents dealing with substance abuse in their family, *every member* of the family has a problem with drugs or alcohol.
- * When you expand the questions to include both immediate and extended family, virtually half of Americans surveyed reported *three or more* family members have experienced a problem with drugs during their lives.

Drug "War" Not Working, Support for Prevention/Treatment

The Hazelden survey also indicated that Americans will want changes in how their government and businesses handles addiction and treatment:

- * Seventy-nine percent feel the War on Drugs has *not* been successful.
- * Eighty-three percent agree that much more should be done to *prevent* addiction.
- * A majority (83 percent) believe that first-time drug offenders should get chemical dependency treatment rather than prison time.
- * Most respondents (77 percent) agree that many addicts who complete treatment go on to lead useful lives.

Stigma of Addiction Still an Obstacle to Healing

Hazelden's survey revealed that stigma still remains toward people who are addicted to alcohol and other drugs. Although 78 percent of Americans recognize that addiction is a chronic disease rather than a moral failing, the words used by those surveyed when asked to describe people who have problems with drugs or alcohol included: "sinner," "irresponsible," "selfish," "stupid," "uncaring," "loser," "undisciplined," "pitiful," "pathetic," "weak," "criminal," "derelict," "washed up" and "crazy." The single highest negative consequence reported of having a family member with a drug problem was "embarrassment/social stigma."

"What Hazelden's new survey brought home to me is that Americans understand addiction is a disease, yet much more work must be done to explain how effective treatment can be for addicts and to bring an end to the stigma that prevents addicts from pursuing treatment," says William Cope Moyers, executive director of Hazelden's Center for Public Advocacy. "We also learned that 58 percent would like more of this discussion about addiction to be done in *public*." Accordingly, Moyers says the "Attitudes Toward Addiction Survey" has become the catalyst for a 2009 public advocacy campaign that Hazelden will soon launch in Washington, D.C., and across the country.

"Hazelden's Center for Public Advocacy is dedicated to changing public perceptions about addiction and promoting public policy that puts recovery within reach of all who need it," said Mark Mishek, president and CEO of Hazelden. "The good news is - effective treatment for addiction exists, people in recovery lead useful lives and insurance could, and should, cover addiction treatment. Let's work together to help improve public understanding of America's No. 1 health problem - addiction to alcohol and other drugs."

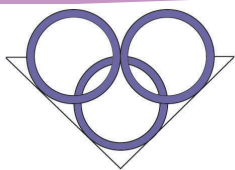
About Hazelden

Hazelden, a national nonprofit organization founded in 1949, has helped tens of thousands of people reclaim their lives from the disease of addiction. With plans to celebrate its 60th Anniversary this year, Hazelden offers the nation's most comprehensive approach to addiction by addressing the full range of patient, family, and professional needs, including treatment and continuing care for youth and adults, research, higher learning, public education and advocacy, and publishing. It has facilities in Minnesota, Oregon, Illinois and New York.

About the Addiction Survey

This addiction attitude survey, conducted by telephone for Hazelden, polled a nationally representative sample of 1,000 adults. The margin of error is plus or minus 3%.

Media Note: For more information about the Hazelden Survey or for interviews with spokesperson William Cope Moyers, contact Christine Anderson at 651-213-4231 and canderson@hazelden.org or Paul Maccabee/Jill Lewis at 612-337-0087.



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ADDICTION RESOURCE COUNCIL, INC.

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- Since 1971, the Addiction Resource Council, Inc. has been providing affordable, cost-effective solutions to help address substance abuse and dependence problems.

Upcoming Recovery-Friendly Events

Pass It On Club-Milwaukee:
Breakfast Club and AA Speaker
Sunday, March 8, 2009
Breakfast 8:00-9:30 am
Speaker 10:00 am
Visit www.passitonclub.com
414-379-3607 for more info

100 Men - Men's Closed AA Conference
March 21, 2009
9:00 am-2:00 pm
Visit www.passitonclub.com for more info

Upcoming Council Events

Check your e-mail and mail for your invitation to the **ARC 37th Annual Meeting**

which will take place on **Friday, March 27th** from **12:00-4:30 pm** at the **New Berlin Hills Country Club**

Former General Manager of Alcoholics Anonymous World Services, Inc., Greg Muth will be the keynote speaker!

If you do not receive an invitation and would like to attend, please contact djohnson@arcouncil.net or call 262-524-7921 Ext. 100

Addiction: Why Can't They Just Stop?

A community education series based on the HBO documentary, *Addiction*.



Tuesday, April 7, 14, 21 & 28
6:00-8:00pm

Elmbrook Memorial Hospital
Lobby Conference RM 384
1933 W. North Ave.
Brookfield, WI 53045

Call 262-524-7921 with questions.
No registration is required.