

Effective Community Approaches to Address 18-24 Year Old Alcohol Use

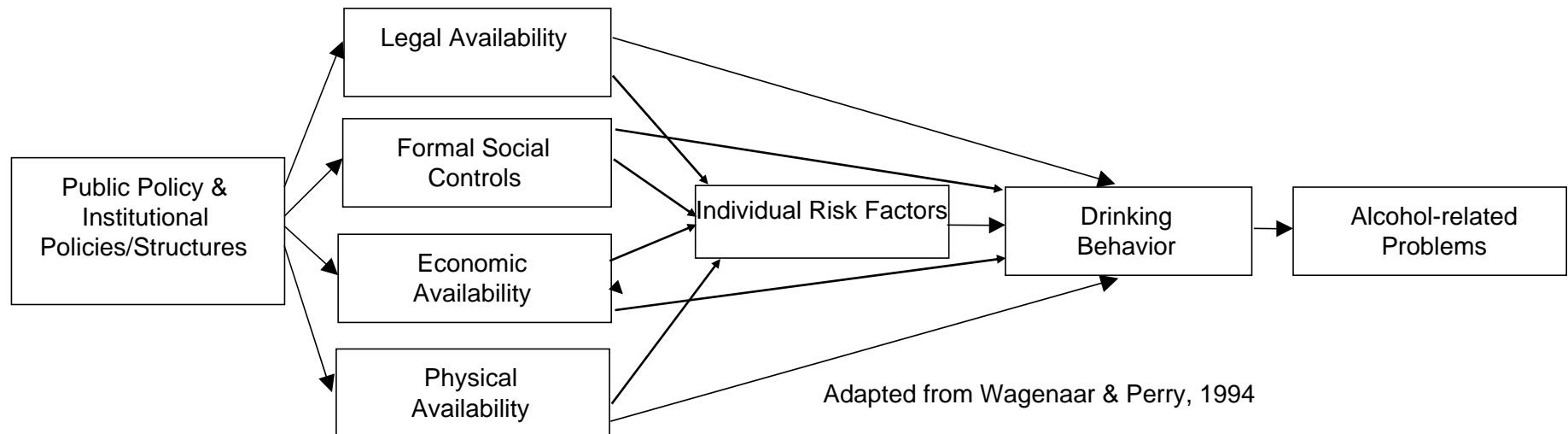


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Recap of Keynote Presentation

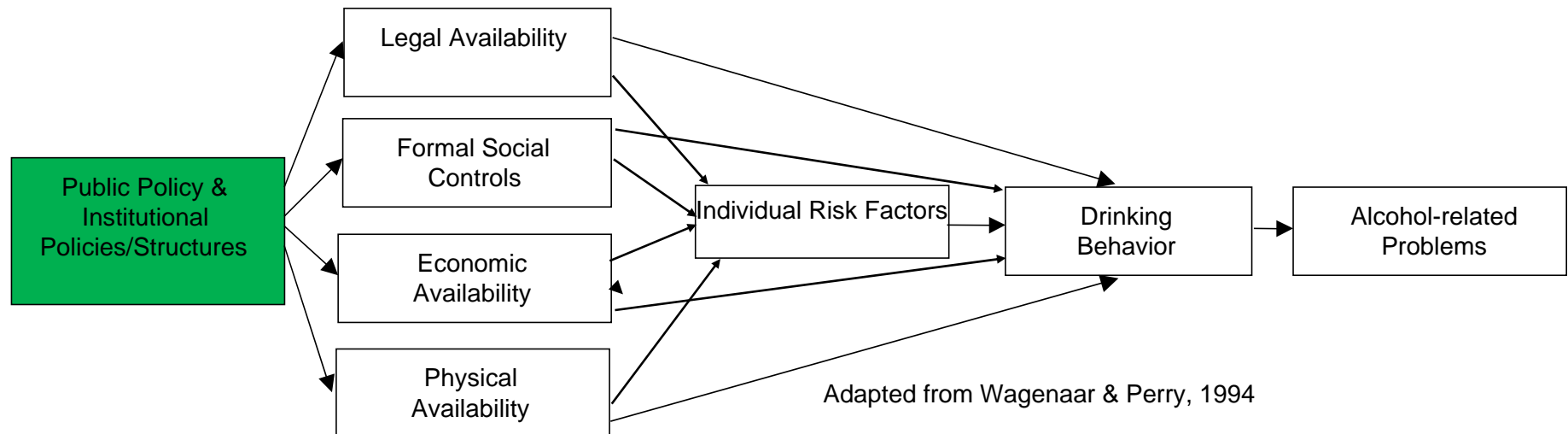
- Underage drinking is a problem
- Adult and underage drinking are both driven by alcohol availability
- Shifting the distribution is the key to population-level prevention
- Policies create the conditions to shift the distribution

Integrated theory of drinking behavior



Problems that stem from alcohol use are primarily a function of **availability**

Integrated theory of drinking behavior



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Levels of Alcohol Control Policies

- Country/Federal
- State
- Local
- Organizational
- Family
- Personal

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- Family
- Personal

Which policies matter?

Lots of clear policy
recommendations



Institute of Medicine: Reducing Underage Drinking



Recommendation:

Strengthen Minimum Legal Drinking Age Laws

&

compliance check programs
in retail outlets

Institute of Medicine: Reducing Underage Drinking



Recommendation:

Require all sellers and servers of alcohol to complete state-approved training as a condition of employment.

Institute of Medicine: Reducing Underage Drinking



Recommendation:

Establish and implement a system requiring registration of beer kegs that records information on the identity of purchasers.

Institute of Medicine: Reducing Underage Drinking



Recommendation:

Congress and state legislatures should raise excise taxes to reduce underage consumption and to raise additional revenues for this purpose.

Top priority should be given to raising beer taxes, and excise tax rates for all alcoholic beverages should be indexed to the consumer price index so that they keep pace with inflation without the necessity of further legislative action.

Institute of Medicine: Reducing Underage Drinking



Recommendation:

The alcohol industry should refrain from marketing practices that have substantial underage appeal and take reasonable precautions to reduce youthful exposure to other alcohol advertising and marketing activity.

Recommendations for Reducing College Student Drinking

- Individual interventions for those at-risk for alcohol problems
 - norms clarification
 - cognitive-behavioral skills training
 - motivational interviewing
- Restricting alcohol outlets
- Increasing alcohol prices and taxes
- Responsible beverage service policies
- Maintaining and enforcing
 - age-21 MLDA
 - Impaired driving laws
- **Compliance checks in bars**





U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov

Strong Evidence...

increasing the minimum drinking age results in a decrease in traffic casualties.

enforcement affects the rates of underage purchasing.

increases in alcohol taxes result in a moderate decrease in alcohol consumption & alcohol-related problems

server training and policy interventions curb illegal sales to intoxicated and underage individuals

Medium Evidence...

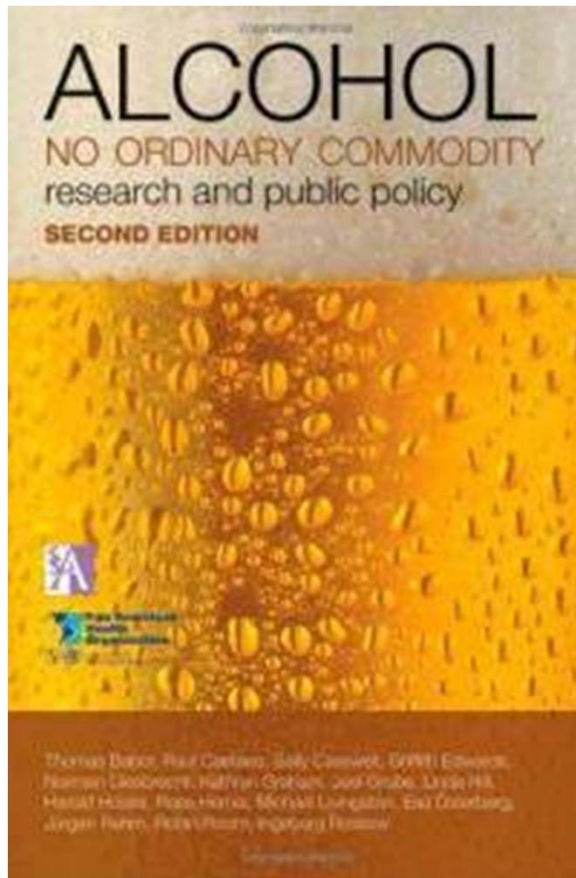
increase in the **number of outlets** per capita increases consumption and alcohol-related problems.

Task Force Findings

<u>Intervention</u>	<u>Finding</u>
Interventions Directed Toward the General Population	
Regulation of alcohol outlet density	Recommended based on sufficient evidence
Maintaining limits on days of sale	Recommended based on strong evidence
Maintaining limits on hours of sale	Recommended based on sufficient evidence
Increasing alcohol taxes	Recommended based on strong evidence
Overservice law enforcement initiatives	Insufficient Evidence
Dram shop liability	Recommended based on strong evidence
Interventions Directed Toward Underage Drinkers	
Enhanced enforcement of laws prohibiting sales to minors	Recommended based on sufficient evidence

The Community Guide: What works to promote health
<http://www.thecommunityguide.org/alcohol/index.html>

Alcohol: No Ordinary Commodity



- **Increase alcohol excise taxes, price**
- **Reduce access (hours of sale, density)**
- **Implement server liability laws**
- **Implement alcohol-impaired driving countermeasures**

Babor et al, Alcohol: No Ordinary Commodity

Challenges for Practice

- Policy makers and advocates could benefit from using a Public Health Framework
- Menu of policy options not accessible to practitioners
- Policies have to be implemented to determine whether they are effective
- Effective policies are challenging to implement
- Effective policies are population-based policies

Population Approach

Advantages

- Large population benefits
- Broad target audience
- Longer lasting effects

Disadvantages

- May limit personal freedoms
- Resistance from invested parties
- Counter-intuitive

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Assessing the State Alcohol Policy Environment in the United States

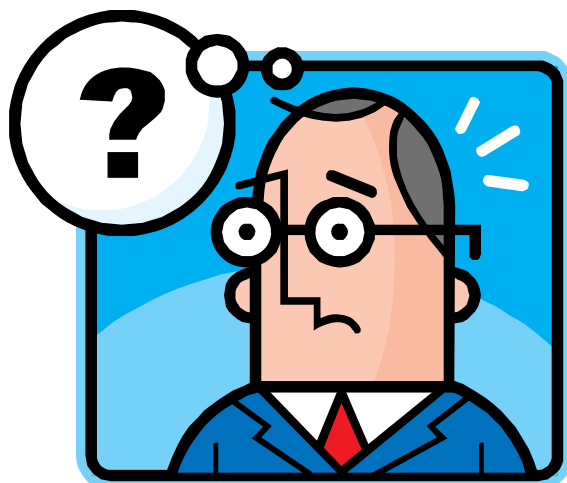




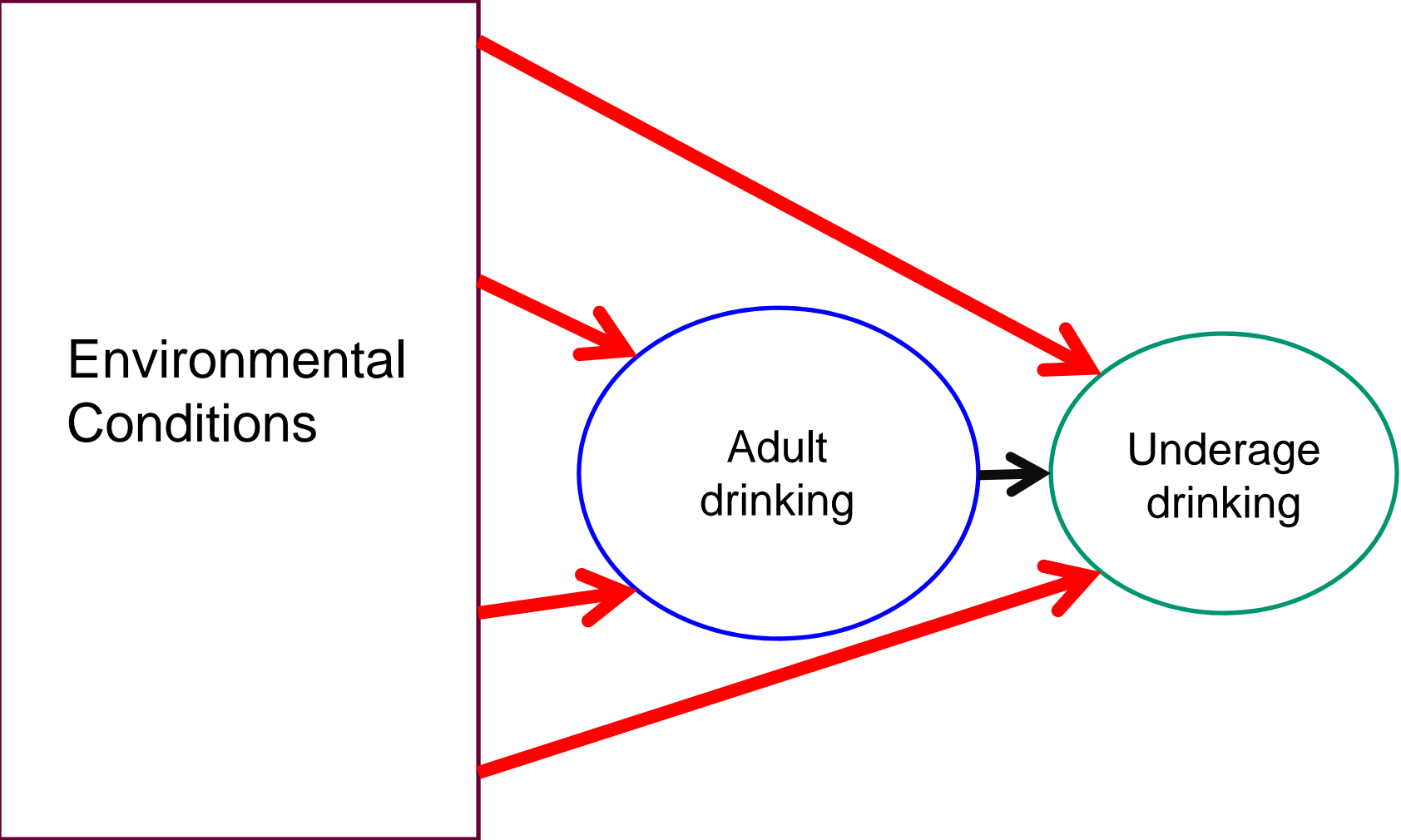
Youth, Adults, Alcohol and Policies (YAAP)

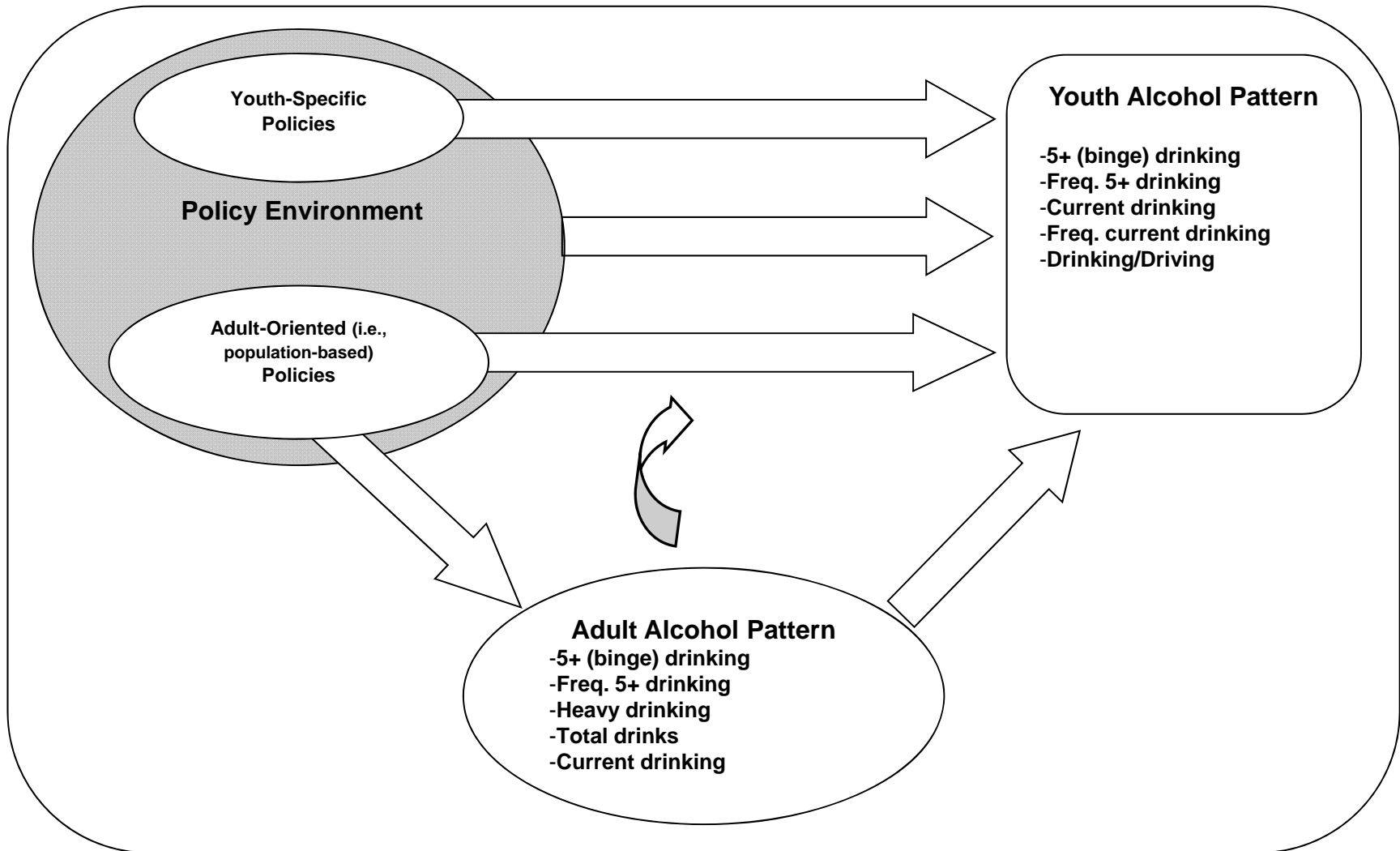
Timothy S. Naimi, MD (PI)
Toben F. Nelson, ScD
Ziming Xuan, ScD

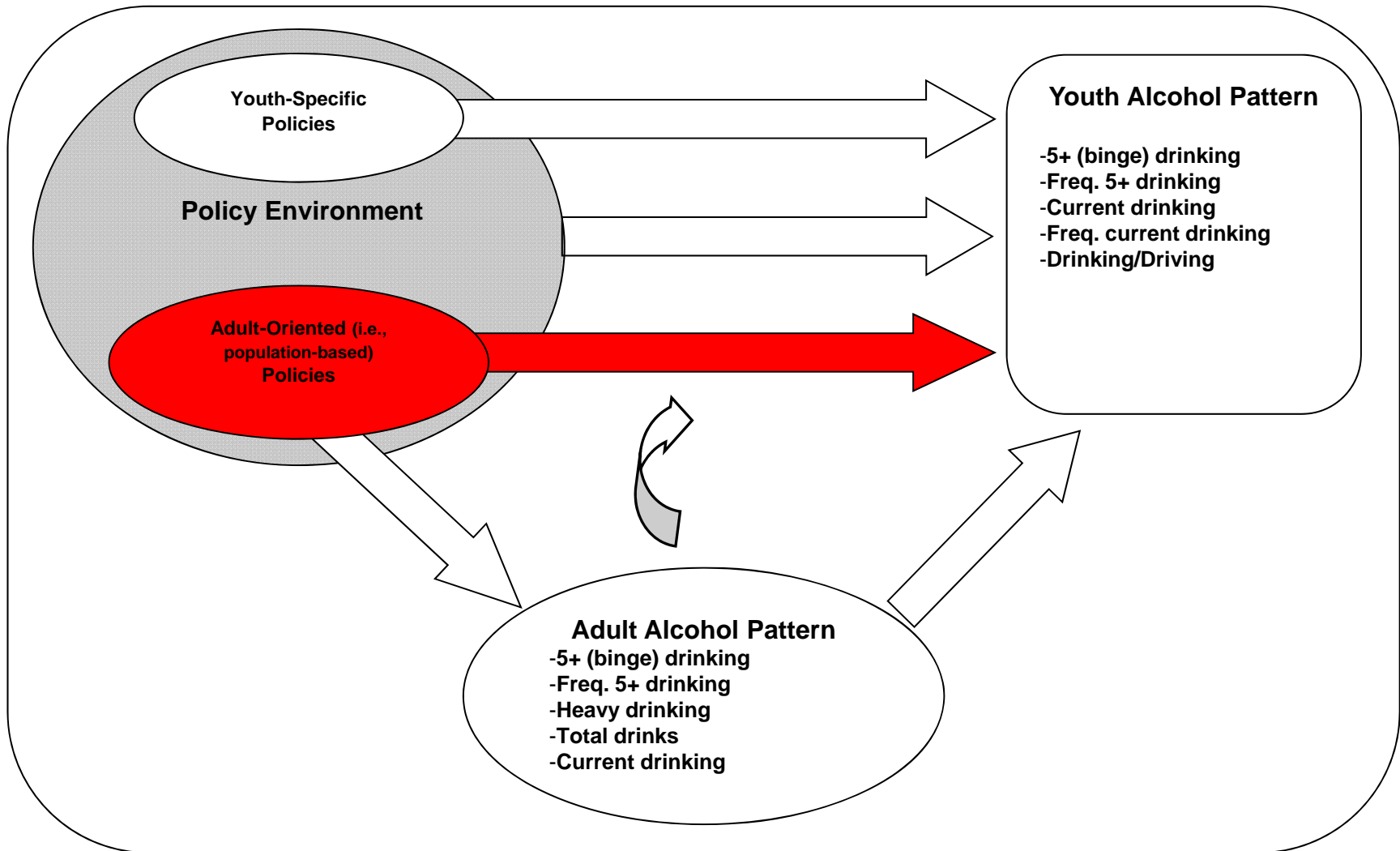
Why should we be interested in alcohol control policies?



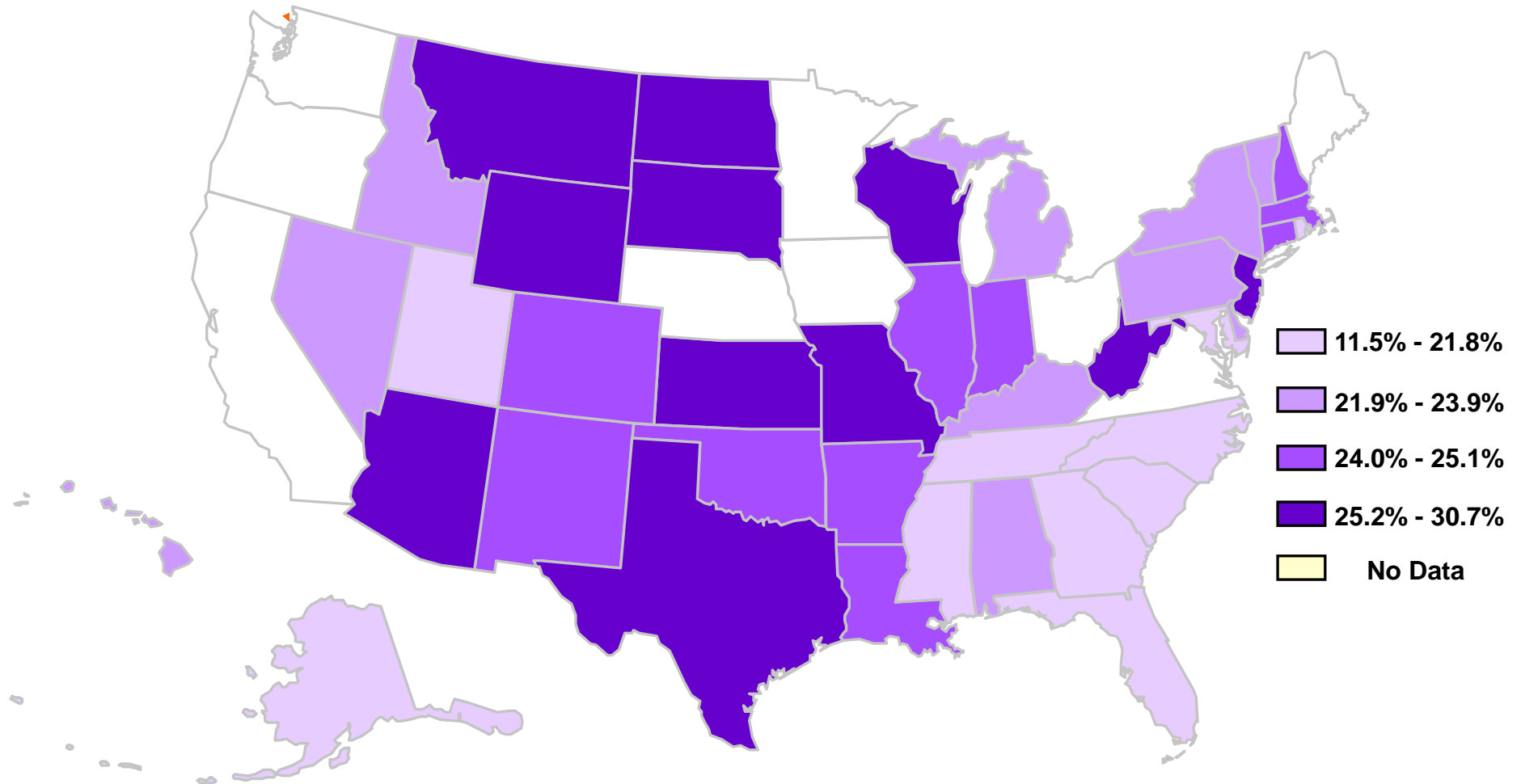
- Problems associated with alcohol use/misuse are costly
- Policies relatively inexpensive
- Alcohol policies are effective
- Provides high Public Health Value (*impact x preventable fraction*)







Percentage of High School Students Who Reported Binge Drinking



* Had five or more drinks of alcohol in a row within a couple of hours on at least 1 day during the 30 days before the survey.

State Youth Risk Behavior Surveys, 2009

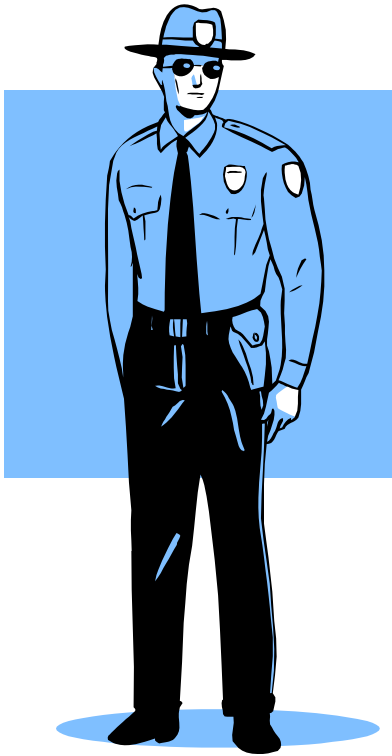
Rating the strength of policy

Assess a policy based on its components

- Grouping states from low to high restrictiveness
- Paying attention to:
 - Effectiveness of deterrence
 - Public Health reach
 - Enforceability



Other things (besides policy) might explain variation in outcomes



Enforcement of alcohol
control policies



Different people
live in different states

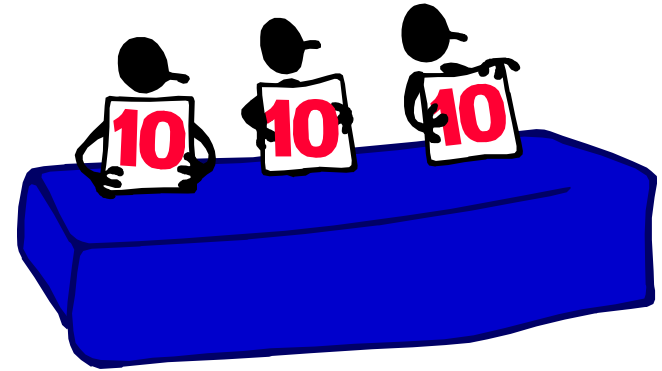
Expert ratings of policies

- Delphi Panel approach
 - Useful for areas of uncertainty or incomplete evidence
- Rating policies for effectiveness in reducing:
 - Binge drinking
 - Alcohol-impaired driving

Rated for both Adults and Youth

 - Strength of the evidence
- Provides a menu of options for practice

Delphi Panel



- Forecasting technique for areas of need in research
 - outcomes are unknown
 - incomplete scientific information
 - uncertainty or controversy
- Numerous specific applications in health research (de Meyrick, 2003)

Delphi Method



Systematic technique

- identify a panel of experts
- administer anonymous surveys
- meet in person to discuss survey results
- re-surveying post-meeting

YAPP Panelists

- Thomas Babor
- Robert Brewer
- Frank Chaloupka
- Paul Gruenewald
- Michael Klitzner
- Harold Holder
- James Mosher
- Rebecca Ramirez
- Robert Reynolds
- Traci Toomey

Task 1: Identify effective state-level alcohol control policies

- Panelists nominated alcohol policies
 - Independent, unstructured nomination process
- List of non-duplicate policies
- 62 discrete policies

Task 2: Rate policy effectiveness

- Panelist survey rating of each policy
 - Effectiveness in reducing:
 - Binge drinking
 - Alcohol-impaired driving

Rated for both Adults and Youth
 - Strength of the evidence
- Results reviewed and discussed by panelists at in-person meeting (Boston June 2010)
- Panelists re-surveyed

	General population	Youth population
Binge drinking	<ol style="list-style-type: none"> 1. Alcohol excise taxes (state) 2. State Alcohol Control Systems (Monopoly) 3. Bans on alcohol sales 4. Outlet density restrictions 5. Wholesale price restrictions 6. Retail price restrictions 7. ABCs present, functional, adequately staffed 8. Dram shop liability laws 9. Hours of sale restrictions 10. Restrictions on alcohol consumption in public places, events 	<ol style="list-style-type: none"> 1. Alcohol excise taxes (state) 2. Minimum legal drinking age laws 3. Bans on alcohol sales 4. State Alcohol Control Systems (Monopoly) 5. Wholesale price restrictions 6. Compliance checks (enforcement of MLDA laws) 7. ABCs present, functional, adequately staffed 8. Outlet density restrictions 9. Furnishing alcohol to minors prohibited 10. Retail price restrictions
Alcohol-impaired driving	<ol style="list-style-type: none"> 1. Alcohol excise taxes (state) 2. Sobriety checkpoints 3. Lowering BAC to .05/<i>Per se</i> 4. Bans on alcohol sales 5. BAC .08/<i>Per se</i> laws 6. Administrative license revocation 7. State Alcohol Control Systems (Monopoly) 8. Wholesale price restrictions 9. Outlet density restrictions 10. Dram shop liability laws 	<ol style="list-style-type: none"> 1. Alcohol excise taxes (state) 2. Minimum legal drinking age laws 3. Zero tolerance laws 4. Sobriety checkpoints 5. Bans on alcohol sales 6. Administrative license revocation 7. Furnishing alcohol to minors prohibited 8. Use alcohol/lose license (youth) 9. Wholesale price restrictions 10. State Alcohol Control Systems (Monopoly)

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Youth population

Alcohol- impaired Driving

1. Alcohol excise taxes (state)
- 2. Minimum legal drinking age laws**
- 3. Zero tolerance laws**
4. Sobriety checkpoints
5. Bans on alcohol sales
6. Administrative license revocation
- 7. Furnishing alcohol to minors prohibited**
- 8. Use alcohol/lose license (youth)**
9. Wholesale price restrictions
10. State Alcohol Control Systems (Monopoly)

Policy effectiveness in four domains

Policy domains	General population		Youth population	
	Binge drinking	Alcohol Impaired driving	Binge drinking	Alcohol impaired driving
Pricing policies	4.0 (0.5)	3.8 (0.6)	3.8 (0.7)	3.7 (1.0)
Physical availability policies	2.6 (0.5)	2.5 (0.5)	2.9 (0.6)	2.8 (0.6)
Drinking and driving policies	2.1 (0.5)	2.8 (0.5)	2.4 (0.7)	3.1 (0.9)
Promotion policies	1.8 (0.3)	1.6 (0.3)	1.9 (0.5)	1.7 (0.4)

Effectiveness rating are correlated

		Binge drinking		Impaired driving
		Adult	Youth	Adult
Binge drinking	Youth	0.50**		
Impaired driving	Adult	0.88***	0.36*	
	Youth	0.35*	0.85***	0.45**

* p<.05; **p<.01;p<.001

Policy effectiveness ratings correlate with strength of evidence

Strength of Evidence	Binge drinking		Impaired driving	
	Adult	Youth	Adult	Youth
	Adult	0.70***	0.34*	0.82***
Youth	0.17	0.67***	0.23	0.79***

* p<.05; **p<.01;p<.001

Current Activity

- Identify key provisions of each policy that make them:
 - Effective
 - Enforceable



- Develop scoring system for each policy in each state

Status of Most Effective Policies for Reducing Underage Binge Drinking

<u>Policy</u>	<u>Status</u>
1. Alcohol excise taxes (state)	Generally low and unchanged over time
2. Minimum legal drinking age laws	21 in all states, many loopholes, lax enforcement
3. Bans on alcohol sales	Rare
4. State Alcohol Control Systems	Few states, states are privatizing
5. Wholesale price restrictions	No minimum price provisions, few ban discounts for volume sales
6. Compliance checks (enforcement of MLDA laws)	Irregular, not a primary focus of most local enforcement agencies, dependent of grant funding
7. ABCs present, functional, adequately staffed	Subject to budget restrictions, limiting personnel/resources
8. Outlet density restrictions	Often unenforced, licenses released to stimulate economic activity
9. Furnishing alcohol to minors prohibited	Prohibited in all states, loopholes exist, high bar for prosecution, penalties are modest
10. Retail price restrictions	Many loopholes, drink specials

Implementation of NIAAA College Drinking Task Force Recommendations: How Are Colleges Doing 6 Years Later?

Toben F. Nelson, Traci L. Toomey, Kathleen M. Lenk, Darin J. Erickson,
and Ken C. Winters

Background: In 2002, the National Institute on Alcohol Abuse and Alcoholism (NIAAA) College Drinking Task Force issued recommendations to reduce heavy drinking by college students, but little is known about implementation of these recommendations. Current discussion about best strategies to reduce student drinking has focused more on lowering the minimum legal drinking age as advocated by a group of college and university presidents called the Amethyst Initiative than the NIAAA recommendations.

Methods: A nationally representative survey of administrators was conducted at 351 4-year colleges in the United States to ascertain familiarity with and progress toward implementation of NIAAA recommendations. Implementation was compared by enrollment size, public or private status, and whether the school president signed the Amethyst Initiative.

Results: Administrators at most colleges were familiar with NIAAA recommendations, although more than 1 in 5 (22%) were not. Nearly all colleges use educational programs to address student drinking (98%). Half the colleges (50%) offered intervention programs with documented efficacy for students at high risk for alcohol problems. Few colleges reported that empirically supported, community-based alcohol control strategies including conducting compliance checks to monitor illegal alcohol sales (33%), instituting mandatory responsible beverage service (RBS) training (15%), restricting alcohol outlet density (7%), or increasing the price of alcohol (2%) were operating in their community. Less than half the colleges with RBS training and compliance checks in their communities actively participated in these interventions. Large colleges were more likely to have RBS training and compliance checks, but no differences in implementation were found across public/private status or whether the college president signed the Amethyst Initiative.

Conclusions: Many colleges offer empirically supported programs for high-risk drinkers, but few have implemented other strategies recommended by NIAAA to address student drinking. Opportunities exist to reduce student drinking through implementation of existing, empirically based strategies.

Key Words: Alcohol Prevention, College Drinking, Policy, Community-Based Intervention, Prevention Practice.

What are colleges/ communities doing?

- Most college administrators surveyed are aware of NIAAA recommendations to reduce student drinking (78%)
 - However, nearly 1 in 4 (22%) were not
- Nearly all use educational programs (98%)
- Half of campuses have adopted empirically-supported intervention programs
 - However, only half have the capacity to meet student need
 - Services may be cost-prohibitive for colleges

Few colleges collaborate with local authorities to implement community-based strategies

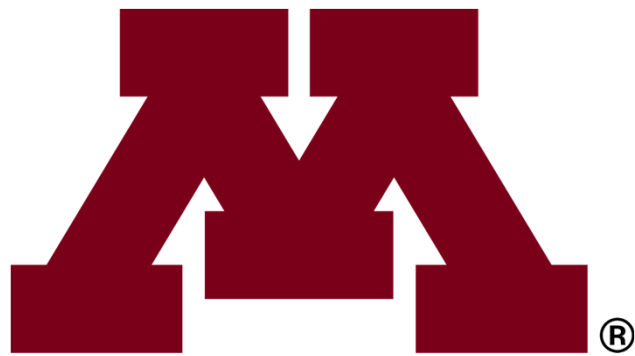
- Compliance checks to monitor illegal alcohol sales (33%)
 - Most operate without college involvement
- Mandatory responsible beverage service training (15%)
- Restricting alcohol outlet density (7%)
- Increasing the price of alcohol (2%)

Policy Approaches to Drinking

- General restrictions on alcohol availability are effective for reducing youth drinking and related-harms
- There is room for:
 - Implementing additional effective policies
 - Improving on implemented policies
- Backtracking remains a major threat

What do we need to implement effective policies?

- A Public Health Framework
- Good models of implementation
- Planning/Strategies
- Ability to communicate
 - Rationale
 - Evidence
 - Language/values of policy makers
- Persistence



<http://www.epi.umn.edu/alcohol>