

ALCOHOL AND OTHER DRUG USE

Note to readers and users of the *Healthiest Wisconsin 2020* Profiles: This *Healthiest Wisconsin 2020* Profile is designed to provide background information leading to collective action and results. This profile is a product of the discussions of the Focus Area Strategic Team that was convened by the Wisconsin Department of Health Services during September 2009 through November 2010. The objectives from this Focus Area have been recognized as objectives of *Healthiest Wisconsin 2020*. (Refer to Section 5 of the *Healthiest Wisconsin 2020* plan.) A complete list of *Healthiest Wisconsin 2020* Focus Area Strategic Team Members can be found in Appendix A of the plan.

Definition

Alcohol and other drug use means any use of a substance, or uses of substances, that results in negative consequences. This includes a broad array of mood-altering substances that include, but are not limited to, alcohol, prescription substances, and illegal mood-altering substances. Negative consequences or unhealthy uses include, but are not limited to, operating a motor vehicle while intoxicated, drinking while pregnant, alcohol dependence, fetal alcohol spectrum disorder, alcohol-related hospitalizations, heavy drinking, alcohol-related liver cirrhosis deaths, motor vehicle injury or death, liquor law violations, other alcohol-attributable deaths, underage drinking, non-medical or illicit drug use, drug-related deaths, drug-related hospitalizations, arrests for drug law violations, and alcohol- or drug-related crimes (e.g., property crimes, violent crimes).

Importance of the Focus Area

Alcohol-related deaths are the fourth leading cause of death in Wisconsin behind heart disease, cancer, and stroke. Wisconsin tops the nation in wasted lives, harm, and death associated with its drinking culture. We find ourselves in a culture that in some ways is tolerant of excessive, dangerous, unhealthy, and illegal drinking, which results in a host of societal problems such as homelessness, child abuse, crime, unemployment, injury, health problems, hospitalization, suicide, fetal abnormalities and early death. We must achieve a culture free of harm from drinking. Wisconsin's drinking culture is not intentionally harmful, and most Wisconsin residents drink responsibly, safely and legally.

Wisconsin ranks extraordinarily high compared to other states on the nation's leading indicators of problem drinking. According to the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System data for 2008, Wisconsin ranked first in the rate of adult drinkers; second in the rate of adult heavy drinkers (60 or more drinks per month) and first in the rate of adult binge drinking (5 or more drinks on an occasion). In its 2007 Youth Risk Behavior Survey, the Centers for Disease Control ranked Wisconsin fourth in the rate of youth who rode with a driver who had been drinking; fifth in the rate of youth who drove after drinking; first in

the rate of current alcohol use among youth; and third in the rate of binge drinking among youth. Wisconsin ranks third in the nation in per-capita consumption of beer.

Wisconsin drinkers engage in risky behavior while drinking, resulting in significant negative health and social consequences. Wisconsin has the worst impaired driving rate in the country. More than a quarter (26.4 percent) of the state's adult drivers drove under the influence at least once in the past year, compared to the national average of 15 percent (Substance Abuse and Mental Health Services Administration, 2004-2006). Wisconsin's rate of disorderly conduct arrests (most due to being under the influence) is five times the national average; the arrest rate is rising in Wisconsin while falling in other states (U.S. Department of Justice, 2008). Finally, Wisconsin leads the nation in alcohol consumption among women of childbearing age. About 68 percent of women aged 18-44 consume alcohol, compared to the national average of 50 percent (Behavioral Risk Factor Surveillance Survey, 2005, Centers for Disease Control and Prevention).

Alcohol is far too accessible throughout Wisconsin in terms of availability and cost. The number of alcohol outlets per capita is double the national average. In Wisconsin there is one alcohol outlet (bar, tavern, liquor store, restaurant, grocery store or gas station) for every 187 adults age 18 years and older (Wisconsin Department of Revenue, 2007). Wisconsin has the third-lowest beer tax in the nation (6.5¢ per gallon) and the tax has not changed since 1969.

In October 2008, "Wasted in Wisconsin" was the reporting title of a front-page series of articles in the *Milwaukee Journal-Sentinel*. According to this newspaper, every year in Wisconsin there are \$2.7 billion in alcohol-related costs, which include law enforcement and court costs, incarceration, crash investigation and cleanup, lost productivity and academic failures. There is the incalculable toll on families that lose loved ones. The roots of Wisconsin's unhealthy and risky drinking are sunk deep in the state's history, its ethnic heritage, and the natural inclination of its residents to want to fit in. But this culture of drinking is not inseparable from the environments that support it. Much of this support is embodied in state laws and local codes and what is left out of them. Most Wisconsin residents drink moderately and do not break the law. However, far too many who do not drink responsibly, and their actions have been the cause of disabilities, death and shattered families. When it comes to strengthening laws governing drinking and drunken driving, Wisconsin stands alone in the nation in its failure to create strong laws. Wisconsin is the only state in the nation to treat first-offense drunken driving arrests as a traffic ticket. Moreover, Wisconsin does not consider drunken driving a felony until the fifth offense.

The abuse of illicit drugs, including the non-medical use of mood-altering prescribed drugs, inflicts tremendous harm upon individuals, families, and communities. Other drug problems tend to vary by geographic area, but the abuse of powder and crack cocaine, heroin, marijuana, methamphetamine and opiate-based prescription drugs occurs across Wisconsin. According to the National Survey on Drug Use and Health, (2007), 49 percent of Wisconsin residents age 12 and over used an illicit drug in their lifetime and 14 percent did so in the past year. Deaths due to drug use, excluding alcohol, more than doubled in Wisconsin between 2000 and 2007, rising from 4 per 100,000 to 9.3 per 100,000. Drug-related hospitalizations increased 9 percent during the same period. In 2008, there were 20,668 adult and 4,646 juvenile arrests for sale or possession of illicit drugs (Office of Justice Assistance, 2008).

Wisconsin Data Highlights

- In 2008, Wisconsin ranked first in the rate of adult drinkers and first in the rate of adult binge drinking (Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System [BRFSS]).
- In 2008, Wisconsin ranked second (behind Nevada) in the rate of heavy drinkers (BRFSS, 2008).
- In 2007, Wisconsin ranked fourth in the rate of youth who rode with a driver who had been drinking; fifth in the rate of youth who drove after drinking alcohol; first in the rate of current alcohol use among youth and third in binge drinking among youth (Wisconsin Department of Public Instruction, Youth Risk Behavior Survey).
- Heroin and other opiate treatment admissions in Wisconsin rose sharply between 2000 and 2008, from 287 to 984 for heroin and from 172 to 1,283 for other opiates (Substance Abuse and Mental Health Services Administration, Treatment Episode Data Set).
- The rate of drug-related mortality among American Indians and African Americans is consistently two to three higher than among Whites. In 2007, the rate of drug-related mortality among Whites was 8.7 per 100,000, while the rates for Blacks/African Americans and American Indians were 18.6 per 100,000 and 19.4 per 100,000, respectively (National Institute on Drug Abuse, 2003).
- Homeless people have a higher rate of alcohol and other drug abuse and limited access to services (Fischer, & Breakey, 1991; Johnson. & Cnaan, 1995).

Objective 1

By 2020, reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge, and policies, and by supporting services for prevention, screening, intervention, treatment and recovery.

Objective 1 Indicators

State rates and rankings of selected youth and adult behaviors related to unhealthy and risky alcohol and other drug use (Wisconsin Department of Health Services, Behavioral Risk Factor Survey; Wisconsin Department of Public Instruction, Youth Risk Behavior Survey; National Survey on Drug Use and Health).

Objective 1 Rationale

Wisconsin is more tolerant than other states when it comes to excessive, dangerous, unhealthy and illegal alcohol use, which results in a host of societal problems such as homelessness, child abuse, crime, unemployment, injury, health problems, hospitalization, suicide, fetal abnormalities and early death.

Objective 2

By 2020, assure access to culturally appropriate and comprehensive prevention, intervention, treatment, recovery support and ancillary services for underserved and socially disadvantaged populations who are at higher risk for unhealthy and risky alcohol and other drug use.

Objective 2 Indicators

Periodic inventory of the proportion of counties with local capacity to provide alcohol and other drug abuse prevention, intervention (including criminal justice diversion), treatment, recovery support and ancillary services across all revenue streams for underserved and socially disadvantaged populations. (Indicator to be developed.)

Periodic inventory of the proportion of counties with services specific to racial and ethnic minorities; women; and lesbian, gay, bisexual and transgender populations (Human Services Reporting System; Medicaid Management Information System; County Agency Treatment Report; County e-survey). (Indicator to be developed.)

Objective 2 Rationale

Through access to culturally appropriate, science-based and comprehensive prevention, intervention, treatment, recovery support and ancillary services, the disparities in risk and access to services for underserved and socially disadvantaged populations will be greatly reduced.

Objective 3

By 2020, reduce the disparities in unhealthy and risky alcohol and other drug use among populations of differing races, ethnicities, sexual identities and orientations, gender identities, and educational or economic status.

Objective 3 Indicators

Unhealthy and risky alcohol and other drug use by race, ethnicity, sexual identity and orientation, gender identity, and educational or economic status (Wisconsin Department of Health Services, Behavioral Risk Factor Survey; Wisconsin Department of Public Instruction, Youth Risk Behavior Survey; National Survey on Drug Use and Health).

Objective 3 Rationale

Racial and ethnic minority and lesbian, gay, bisexual, and transgender populations have higher rates of alcohol and other drug abuse and face cultural and other barriers hindering access to services.

Potential evidence- or science-based actions to move the focus area objectives forward over the decade

Effective policies and programs as documented by Booske, Kindig, Nelson, Remington, 2009:

- Change behaviors of those who might be providers of alcohol by:
 - Enacting dram shop liability laws
 - Providing Responsible Beverage Service Training, also referred to as “server training”

- Creating policies regulating provision, possession, consumption and purchase of alcohol for and by minors
- Vigorously enforcing existing underage drinking laws and minimum drinking age
- Requiring keg registration
- Establishing minimum ages for sellers and servers
- Raise the price of alcohol.
 - Increase alcohol excise tax
 - Restrict drink specials that encourage over-consumption (e.g., all-you-can-drink)
- Restrict the places and times in which alcohol can be consumed or purchased.
 - Reduce alcohol outlet density
 - Use alcohol age compliance checks
 - Establish limits on alcohol sales or use on public property
 - Restrict alcohol sales at public events
- Implement school and community-based effective prevention programs.
 - Establish broad-based community coalitions to assess specific issues and recommend alternatives
 - Create specific school-based programs (from the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-Based Programs and Policies)
- Reduce alcohol consumption in other ways.
 - Implement alcohol screening and brief intervention strategies
 - Restrict advertising placement to reduce youth exposure to alcohol advertising
 - Provide comprehensive, statewide alcohol education (California Department of Public Health, 2008)
- Reduce alcohol-impaired driving.
 - Increase penalties for drunken driving offenses (particularly first offenses)
 - Implement multi-component interventions with community mobilization to reduce alcohol-impaired driving
 - Provide school-based instructional programs to reduce alcohol-impaired driving
 - Establish sobriety checkpoints
- Increase access to culturally competent services (Cross, 1989)
 - Use people who are part of, or in tune with, the culture of the community involved in the intervention
 - Use natural systems (family, community, church healers, etc.) as a primary mechanism of support for cultural populations
 - Seek advice from cultural communities with respect to needs and priorities for service
 - Form partnerships with organizations serving cultural populations

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