



Priority: Alcohol

Wisconsin continues to have a serious problem with excessive drinking. Binge drinking (drinking more than five drinks on one occasion for men and more than four for women) is very common in Wisconsin. Although rates have been relatively flat for the last decade, adults in Wisconsin still binge drink at much higher rates than other adults in the U.S.¹

Background and Data

To support reductions in excessive alcohol consumption, it is important to understand how youth use alcohol. Starting to drink at an early age can make people more likely to misuse prescription medicine and opioids. Preventing underage drinking reduces the immediate risk from unintentional injury and unplanned sexual activity while also reducing a youth's lifetime risk of alcohol or drug misuse. The percentage of Wisconsin youth who report binge drinking and regular alcohol use has been steady or slowly declining for the past decade, and more work needs to be done to reduce those numbers to below national rates.

Women in Wisconsin who are between the ages of 18 and 44 binge drink more than women in the rest of the U.S. (2015: Wisconsin: 25%, U.S.: 16.9%).² The rates for both binge and heavy drinking for women aged 18-44 have increased between 2014 and 2016; the increase in binge drinking, from 20% in 2014 to 30% in 2016, is especially striking. Additionally, two out of three women in Wisconsin who recently had a baby reported they drank in the three months before pregnancy, and about one in 12 reported drinking in the last three months of pregnancy.³

Drinking too much can lead to alcohol-related diseases and death. Both can be difficult on communities and cost a lot of money. Hospital and health care costs, missed time at work, motor vehicle crashes, and criminal justice expenses are just a few of the areas impacted by drinking too much. Excessive drinking costs Wisconsin about \$6.8 billion each year.⁴

ACEs and Alcohol

Adverse Childhood Experiences (ACEs) are connected to risk behaviors that can lead to substance use disorders, and are linked to negative health outcomes in adulthood. Researchers have found that toxic stress during childhood, such as ongoing childhood abuse or neglect, impacts the pleasure and reward center of the brain that is implicated in substance dependence as well as executive functioning, which includes impulse control. In general, people who report binge or heavy drinking report higher rates of one or more ACEs. Wisconsin adults with four or more ACEs have a significantly higher rate (28%) of binge drinking compared to adults with no ACEs (19%).⁵ More work is being done to understand the connection between ACEs and alcohol consumption to help reduce binge and heavy drinking rates in Wisconsin.

Current Activities

The alcohol priority objectives and strategies have been revised to reflect current data trends and evidence-based practices implemented across the state. Organizations and communities across Wisconsin, with the support of the *Healthy Wisconsin* Alcohol Priority Action Team (PAT) are applying many strategies to reduce excessive drinking. The PAT, which consists of members of the Governor's State Council on Alcohol and Other Drug Abuse (SCAODA) Prevention Committee, guides many of the efforts to reduce binge and heavy drinking in our state.

Municipal enforcement of existing law, through alcohol age compliance checks and party patrols, contributed to the success of steady or slowly declining youth drinking rates for the past decade. Wisconsin Stat. § 125.07(1)(a)3 was changed in 2017 to make it illegal to provide a location for underage drinking, even when adults do not provide the alcohol. This change was an important step in reducing underage drinking in the state.



Priority: Alcohol



Goal: Prevent and reduce underage and excessive alcohol consumption

Objective 1

Reduce underage drinking:

- › Reduce binge drinking among youth from 18% in 2013 to 16% in 2020 (YRBS)⁶
2017: 16%
- › Reduce alcohol use among high school students from 33% in 2013 to 29% by 2020 (YRBS) **(New)**^{A,6}
2017: 30%

Strategies

Strategy 1: Support local policies that make alcohol less available and accessible to youth and prevent underage drinking by continuing enforcement of the minimum legal drinking age (MLDA) and encouraging alcohol compliance checks at the municipality level.

Strategy 2: Support and disseminate the work of organizations and groups that offer evidence-based policies and practices that prevent and reduce illegal alcohol consumption at the municipality level.

Strategy 3: Educate and engage health care systems, health care providers, schools, and community leaders to promote and provide alcohol education to both youth and adult family members, including screening, brief intervention, and referral to treatment (SBIRT) programs for adolescents.

Strategy 4: Support community and school-based efforts to increase resiliency in youth. **(New)**

Objective 2

Reduce heavy and binge drinking among adults aged 18 or older:^B

- › Reduce adult binge drinking among adults aged 18 or older from 25% in 2012 to 23% in 2020 among adults (BRFS)⁵
2014: 22% 2015: 23%
2016: 25%
- › Reduce binge drinking among women aged 18–44 from 18% in 2009-2011 to 16% in 2020 (BRFS)⁵
2014: 20% 2015: 25%
2016: 30%
- › Reduce heavy drinking among women aged 18–44 from 8% in 2016 to 3% by 2020 (BRFS) **(New)**⁵
- › Reduce heavy drinking among adults aged 65 or older from 6% in 2016 to 5% by 2020 (BRFS) **(New)**⁵
- › Reduce heavy drinking by men from 10% in 2016 to 5% by 2020 (BRFS) **(New)**⁵

Strategies

Strategy 1: Support and disseminate the work of organizations and groups that offer evidence-based policies and practices that prevent and reduce excessive alcohol consumption. **(New)**

Strategy 2: Educate and engage employers, health care systems, health care providers, and community leaders to promote and provide alcohol education, including prenatal education, on the risk of alcohol use during pregnancy, as well as promote and provide screening and treatment, including screening, brief intervention, and referral to treatment (SBIRT).

Strategy 3: Encourage Wisconsin's universities, colleges, and technical schools to review and select appropriate actions from the National Institute of Alcohol Abuse and Alcoholism's College Intervention Matrix.

Strategy 4: Develop and implement municipal policies that prevent and reduce illegal and excessive drinking.

Strategy 5: Increase awareness of the connection between ACEs and alcohol abuse. **(New)**

Priority: Alcohol



Goal: Prevent and reduce underage and excessive alcohol consumption

Objective 3

Reduce alcohol-related deaths:

- › Reduce deaths by fall by 5% from 60 in 2014 to 57 in 2020 (death certificates, Office of Health Informatics)⁷
 - 2015: 42
 - 2016: 37
- › Reduce deaths by motor vehicle by 5% from 168 in 2014 to 160 in 2020 (FARS, National Highway Traffic Safety Administration)⁸
 - 2015: 191
 - 2016: 193

Strategies

Strategy 1: Increase awareness of excessive drinking as a public health problem; support municipal leaders, public health agencies, and community coalitions with education and training on using public health, school, and law enforcement data, and implementing population level alcohol policy. **(New)**

Strategy 2: Encourage aging and disability resource centers (ARDC) and other agencies that serve older adults to create information on alcohol and alcohol and drug interactions with the goal of increasing overall awareness of the special risks that alcohol consumption may pose to seniors.

Strategy 3: Increase awareness of the connection between alcohol use and chronic disease, including cancer, by working with partners to disseminate educational materials to the public and local leaders.

Strategy 4: Educate health care professionals on alcohol use as a cancer risk factor and screen and refer patients for high-risk alcohol consumption.

Strategy 5: Encourage communities, law enforcement agencies, and coalitions to compile Place of Last Drink (POLD) data from operating while intoxicated (OWI) citations with the goal of reducing overserving, and improving the community alcohol environment.

References:

^A High school students who used alcohol in the 30 days before the survey.

^B BRFSS definitions of “binge drinking” and “heavy drinking.” www.dhs.wisconsin.gov/wish/brfs/define.htm

¹ Centers for Disease Control and Prevention. “Excessive Drinking Data and Maps. Costs of Excessive Alcohol Consumption by State, 2015.” www.cdc.gov/alcohol/data-stats.htm (accessed June 2018).

² Centers for Disease Control and Prevention. “Alcohol Consumption among Women for 2015.” State Specific Alcohol Consumption Rates for 2015. www.cdc.gov/ncbddd/fasd/monitor_table.html (accessed August 2018).

³ Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin PRAMS Data.

⁴ Black, P.D., Paltzer, J.T. “The Burden of Excessive Alcohol Use in Wisconsin.” University of Wisconsin Population Health Institute, February 2013.

⁵ Wisconsin Department of Health Services, Division of Public Health. “Wisconsin Behavioral Risk Factor Survey.” www.dhs.wisconsin.gov/stats/brfs.htm.

⁶ Wisconsin Department of Public Instruction, Student Services, Prevention and Wellness. “2017 Wisconsin Youth Risk Behavior Survey Results.” Wisconsin Youth Risk Behavior Survey. dpi.wi.gov/sspw/yrbs (accessed June 2018).

⁷ Wisconsin Department of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Death Certificates.

⁸ National Highway Traffic Safety Administration (NHTSA). “Fatality Analysis Reporting System (FARS).” www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars.

