

# Priority: Alcohol



Wisconsin continues to have a serious problem with heavy drinking. Binge drinking, drinking more than five drinks on one occasion for men and more than four for women, is very common in the state. More adults are binge drinking in Wisconsin now than they were 10 years ago. Adults in the state binge drink at much higher rates than other adults in the U.S..

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

To make progress on alcohol use, it is important to understand how youth use alcohol. Starting to drink early can make people more likely to misuse prescription medicine and opioids. Keeping Wisconsin youth from starting to drink may help keep them from getting addicted to or misusing other substances.

It is also important to understand how women who are pregnant, or who may want to have a baby, use alcohol. When pregnant women drink, their babies may be born with fetal alcohol spectrum disorders (FASD). Babies with FASD can have a hard time learning or remembering things, staying focused, talking and making decisions. They can also have low IQ and hyperactivity. Because one in three women who are pregnant did not plan to have a baby, they might still drink alcohol when pregnant because they are not looking for the signs of early pregnancy. Women in Wisconsin who are between the ages of 18 and 44 binge drink and drink more heavily than women in the rest of the U.S. 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.

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. While a little over half of Wisconsin adults report having at least one ACE, more than three out of five people who report binge or heavy drinking also report at least one ACE. More work is being done to understand the connection between ACEs and alcohol consumption to help drive down binge and heavy drinking rates in Wisconsin.

The Wisconsin Alcohol Policy Project reports that unlike most other states, “alcohol control is a municipal issue” in Wisconsin. This means local communities “have the authority to improve the community alcohol environment.” Wisconsin cities, towns, and villages can focus on alcohol-related problems or populations in their community through local alcohol-related policies or practices without requiring the rest of the state to adopt the policy. In addition, some policy makers are beginning to consider legislation to help reduce excessive drinking in Wisconsin.

## References:

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Centers for Disease Control and Prevention (CDC), “Alcohol Use in Pregnancy,” [Online]. Available at <https://www.cdc.gov/ncbddd/fasd/alcohol-use.html>

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Goal: Reduce Binge and Heavy Drinking



## Objective 1

Reduce binge drinking:

- › From 25% in 2012 to 23% in 2020 among adults
- › From 18% in 2012 to 16% in 2020 among youth
- › From 18% in 2009–2011 to 16% in 2020 among women (18–44)

## Strategies

Strategy 1: Educate and engage employers, health care systems and providers and the community to promote, cover and provide alcohol screening and treatment, including SBIRT.

Strategy 2: Reduce youth access to alcohol through continued support of municipal ordinances and other evidence-informed policies.

Strategy 3: Increase adoption of NIAAA College Drinking Task Force best practices and policies by colleges, universities and technical schools.

Strategy 4: Engage community coalitions and local leaders in discussions and educational sessions on the evidence-informed policies that prevent and reduce excessive alcohol use.

Strategy 5: Develop and implement municipal policies that prevent and reduce illegal and excessive drinking.

## Objective 2

Reduce alcohol-related deaths:

- › By fall by 5%
- › By alcohol poisoning by 5%
- › By motor vehicle by 5%

## Strategies

Strategy 1: Engage with the health care community, including pharmacies and pharmacists, to discuss alcohol and drug interactions when dispensing medications, with a focus on those taking multiple medications daily.

Strategy 2: Work with area agencies on aging and others in the community to increase awareness of the lower threshold for impairment and intoxication in older adults.

Strategy 3: Engage health educators, athletic trainers and other youth workers to teach the symptoms of alcohol poisoning to youth and the appropriate steps to take when youth suspect alcohol poisoning.

Strategy 4: Encourage law enforcement to compile and use Place of Last Drink information with the goal of improving serving practices and reducing over-serving.