

Iowa Underage Drinking Plan

Introduction

To better address the issue of underage drinking in the State of Iowa, a State Underage Drinking Task Force was formed to research the problem and develop a strategic plan of action. The Task Force was working on the development of goals and actions when the *Surgeon General's Call to Action to Prevent and Reduce Underage Drinking 2007* was released. Due to the similarity in the goals outlined in the *Call to Action* with those they had developed, the Task Force, along with the DPAC, is recommending that the document be used as the basis for the plan to curb underage drinking. The *Call to Action* is based on several overarching principles from which its goals and the means for achieving them were derived. These principles are:

- 1. Underage alcohol use is a phenomenon that is directly related to human development.** Because of the nature of adolescence itself, alcohol poses a powerful attraction to adolescents, with unpredictable outcomes that can put any child at risk.
- 2. Factors that protect adolescents from alcohol use as well as those that put them at risk change during the course of adolescence.** Internal characteristics, developmental issues, and shifting factors in the adolescent's environment all play a role.
- 3. Protecting adolescents from alcohol use requires a comprehensive, developmentally based approach** that is initiated before puberty and continues throughout adolescence with support from families, schools, colleges, communities, the health care system, and government.
- 4. The prevention and reduction of underage drinking is the collective responsibility of the Nation.** Scaffolding the Nation's youth is the responsibility of all people in all of the social systems in which adolescents operate: family, schools, communities, health care systems, religious institutions, criminal and juvenile justice systems, all levels of government, and society as a whole. Each social system has a potential impact on the adolescent, and the active involvement of all systems is necessary to fully maximize existing resources to prevent underage drinking and its related problems. When all the social systems work together toward the common goal of preventing and reducing underage drinking, they create a powerful synergy that is critical to realize the vision.
- 5. Underage alcohol use is not inevitable,** and parents and society are not helpless to prevent it.

Alcohol Data

Alcohol Data for Iowa from the State Epidemiological Profile, Key Findings:

- **Alcohol** is the most frequently used substance in Iowa and across the United States, 54.04% (approximately 1,328,000) of Iowa residents 12 years of age or older are current alcohol users.
- **Alcohol** is the most cited substance of choice by individuals entering substance abuse treatment in Iowa.
- **Binge Alcohol** use (five or more drinks of alcohol once or twice a week) is viewed as less of a risk by Iowans than others in the United States.

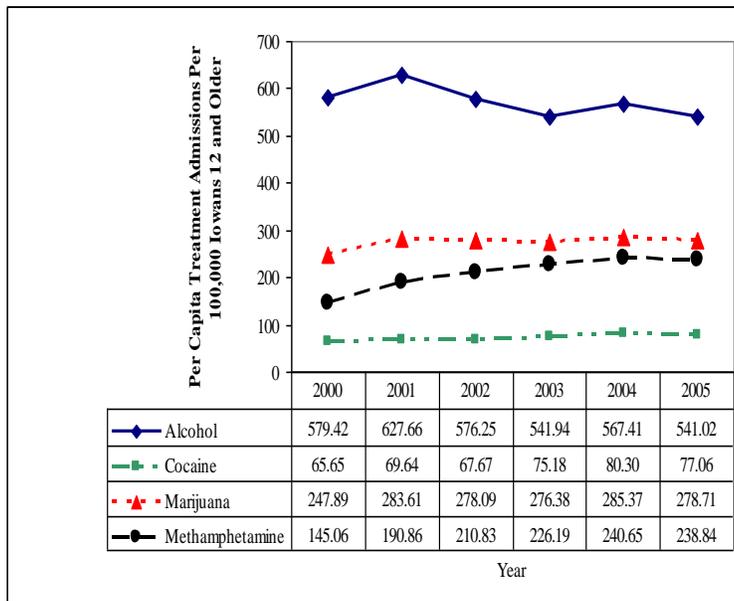
- The rate of current **alcohol** use by Iowa adults is similar to the national rate, whereas binge drinking rates in Iowa are significantly higher.
- Among youth, the Iowa rate of current **alcohol** use is similar to the national rate.
- Iowa reports a **binge drinking** rate among 12-to-17-year-old youth that is about 30% higher than the national rate.
- While there is a downward trend in **alcohol** use by youth over the last few years, more than 15% of all students surveyed in 2005 reported using alcohol before turning 13. For every five 11th-graders in Iowa, two drank alcohol within the past month.
- Approximately 115 Iowa deaths per year are caused by **alcoholic** cirrhosis, a death rate hovering around 4 per 100,000 from 2003 to 2005.
- The percentage of Iowans aged 12 or older who reported **alcohol** dependence or abuse was significantly higher than the national percentage.
- One-quarter to one-third of all traffic fatalities involved a driver with a Blood **Alcohol** Content (BAC) greater than 0.01.
- Approximately 20,000 **drunkenness and liquor law arrests** were recorded in 2005, the majority of these arrests involved 18-24 year olds.
- **Operating While Intoxicated** arrests per 100,000 Iowans neared 500 in 2004, the highest rate in at least 5 years. This may be due to the change in the “legal limit” in Iowa, lowered from .10 Blood Alcohol Content (BAC) to .08 BAC in 2003.

Alcohol Consumption

Alcohol is the substance most frequently used by adults and youth in Iowa and across the United States. The National Survey on Drug Use and Health (NSDUH) in 2004 found that 54.04% (approximately 1,328,000) of Iowa residents 12 years of age or older had used alcohol during the past month. Of these Iowans, it was estimated that more than one-half (699,000) consumed five or more drinks on at least one occasion during the past month. Of Iowans 12 years of age and older, 28.42% had binged on alcohol during the past month. These figures demonstrate Iowa’s large problem with alcohol use. The 2004 NSDUH estimated that more than one-third (33.78%) of Iowans aged 12 years or older felt that five or more drinks of alcohol once or twice a week was a great risk. The national rate for people 12 or older was 41.30%. This difference shows that alcohol use is not deemed as high a risk in Iowa as across the nation.

Alcohol is the most cited substance of choice by individuals on admission to Iowa substance abuse treatment services, reinforcing alcohol as the primary substance of choice in Iowa. Marijuana, methamphetamine, and cocaine are the next most cited substances (Figure 1).

Figure 1: Primary Substance of Use as Reported upon Entry into Treatment



Source: SARS

Adults

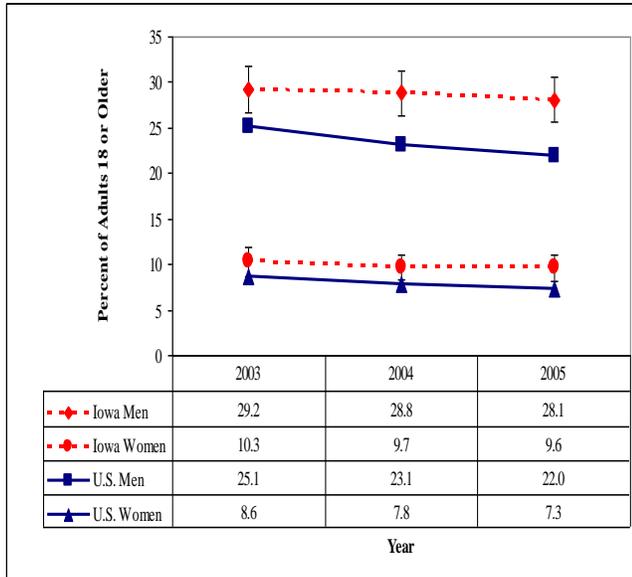
Current Use

In 2004, more than one-half of Iowa adults had consumed alcohol in the past month as reported in the Behavior Risk Factor Surveillance System (BRFSS) and the NSDUH. More Iowa men than women reported past 30-day alcohol use, similar to the national rates. Estimates based on the 2005 BRFSS show no significant difference between usage rates of men or women at the national and Iowa levels. There is no significant difference in Iowa men’s and women’s usage rates from year to year.

Binge Drinking

Iowa binge drinking rates, estimated by the 2005 BRFSS for women (9.6%) and men (28.1%), are higher than the respective national figures (Figure 2). In 2005, adult men in Iowa had a significantly higher rate of heavy drinking than the national rate. There was no real difference between the heavy drinking rate for Iowa women and women nationally. Fewer Iowans over age 12 view the consumption of five or more drinks of alcohol once or twice a week as a great risk, compared with the national rate. The lower perception of great risk in Iowa versus the United States echoes the difference between Iowa and United States binge drinking rates.

Figure 2: Percent of Adults Binge Drinking in Past Month



Source: BRFSS

Youth

Underage drinking is a critical issue in Iowa. Iowa places in the top fifth of the states for both underage use of alcohol and underage binge drinking. The social culture in many of Iowa’s rural areas and college towns accepts underage drinking as a rite of passage. Many community events and activities center on or include drinking alcohol, glorifying drinking, and may even promote underage drinking.

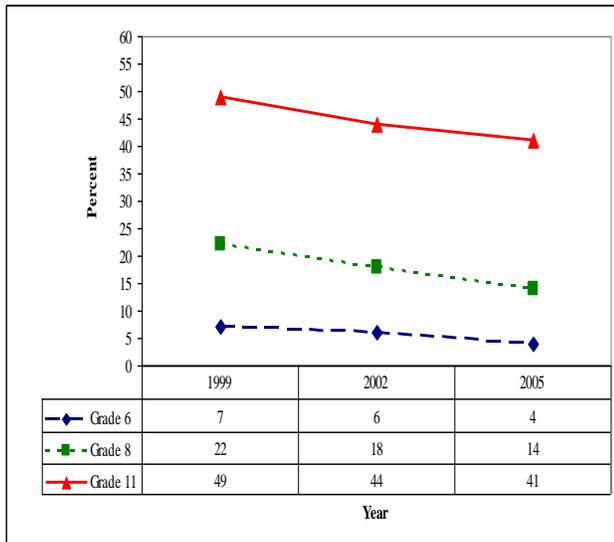
Use before the Age of 13

The reported rate of alcohol use before age 13 has fallen from 1999 to 2005. However, over 15% of all students surveyed in 2005 reported using alcohol before turning 13.

Current Use

Past 30-day use of alcohol has also fallen for each grade reported in the Iowa Youth Survey (IYS) since 1999 (Figure 3). The downward trend is positive, but the overall number of youth reporting past 30-day use is still alarming. For every five 11th graders in Iowa, two drank alcohol in the past month. Even though the IYS shows a downward trend in past 30-day alcohol use, Iowa teens continue to use alcohol at a similar rate as teens nationally. According to the 2004 NSDUH, there is no real difference in the rate of past 30-day alcohol use by 12- to 17-year-olds in Iowa (19.60%) and nationwide (17.65%).

Figure 3: Percent of 6th, 8th, and 11th-Graders Reporting Past 30-Day Use of Alcohol

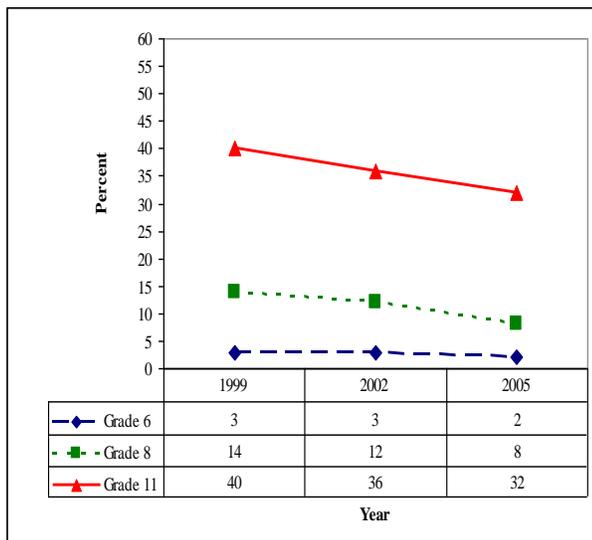


Source: IYS

Binge Drinking

Binge drinking by 6th, 8th, and 11th graders over the past 30 days as reported on the IYS has decreased since 1999 (Figure 4). Iowa reports a significantly higher binge drinking rate among youth than the national rate. According to the 2004 NSUDH, 14.08 percent of 12- to 17-year-old Iowans versus 10.86% of 12- to 17-year-olds nationally had at least one episode of binge drinking in the past 30 days. This finding reflects Iowa's above-average adult binge drinking rate.

Figure 4: Percent of 6th, 8th, and 11th-Graders Reporting Binge Drinking – Past 30 Days

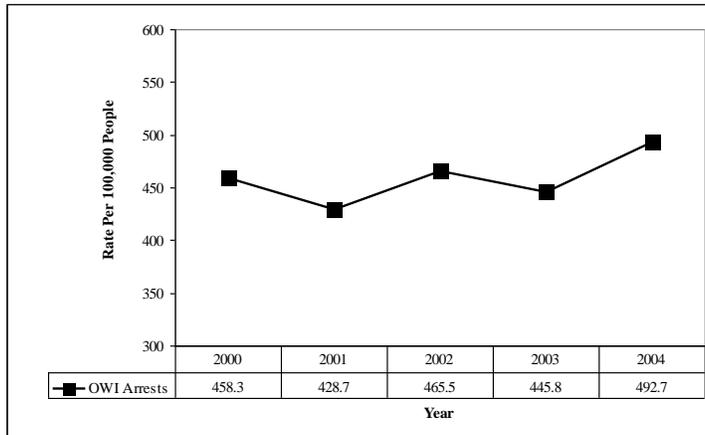


Source: IYS

Drinking and Driving

As with other measures of youth alcohol use, the reported percentage of youth driving after using any amount of alcohol or other drugs has decreased from 1999 to 2005 (Figure 5). Although the rate of youth driving after using alcohol or other drugs has decreased, many Iowa youth still place their lives at risk by driving after using alcohol or other drugs.

Figure 5: Rate of Operating While Intoxicated Arrests per 100,000 Iowans



Source: Incident Based Uniform Crime Reporting System

Note: As of July 1, 2003, the “legal limit” in Iowa is .08 BAC, lowered from .10 BAC.

Perceived Risk of Drinking

The majority of 6th-, 8th-, and 11th-graders in Iowa feel there is great or moderate risk associated with drinking a considerable amount of alcohol on a regular basis. Female respondents perceived greater risk of alcohol use than males. The gender difference remained relatively stable from 1999 to 2005.

Alcohol Consequences

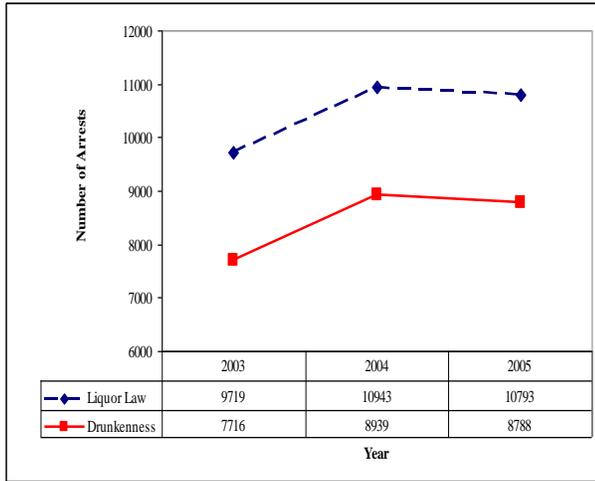
The consequences of alcohol use in Iowa are severe and multi-faceted. They include: injury and loss of life; lost wages and loss of employment; increased insurance rates and hospitalization charges; costs associated with the legal system; incarceration; and property damage. Because of the higher levels of alcohol consumption compared with tobacco or illicit drugs, the adverse consequences of alcohol use may outweigh those associated with tobacco or illicit drugs.

Legal

Approximately 20,000 drunkenness and liquor law arrests were recorded in 2005, the majority involving 18-24 year olds. These numbers were similar to those reported in 2004 (Figure 6). The number of convictions for alcohol-related offenses in Iowa has remained relatively stable between 2003 and 2005.

The number of Operating While Intoxicated (OWI) arrests per 100,000 Iowans neared 500 in 2004, the highest rate in at least 5 years. The change in the legal BAC limit may be responsible for the notable increase in the OWI arrest rate per 100,000 Iowans from 2003 to 2004. Other possible reasons for the increase could be improved law enforcement or zero tolerance policies toward motor vehicle-alcohol offenses. Iowa recorded more than 14,000 OWI arrests during 2004.

Figure 6: Drunkenness and Liquor Law Arrests



Source: Incident Based Uniform Crime Reporting System

The number of Iowa domestic violence cases where alcohol was present has remained stable from 2003-2005, hovering around 1,200 and comprising 15-18% of the total number of domestic violence cases.

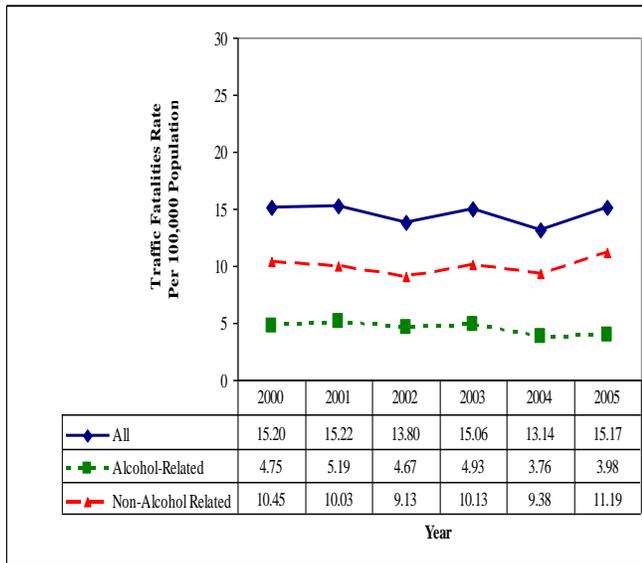
Fatal

A recent study found that, of suicide victims who were tested for alcohol or drugs, approximately 33.3% were positive for alcohol and 16.4% were positive for opiates. Adjusted for population, the overall suicide rate in Iowa has climbed steadily since 2000. The suicide rate for Iowans under age 19 fell, while the suicide rate for adults rose, since 2000. The 2004 suicide rate was 11.5 per 100,000.

Approximately 115 Iowa deaths per year are caused by alcoholic cirrhosis (ICD 10 code K70), for a death rate hovering around 4 per 100,000 from 2003-2005. This rate is quite low compared with the lung cancer death rate of approximately 65 per 100,000 Iowans from 2003-2005.

Between 2000 and 2005, approximately one-quarter to one-third of Iowa traffic fatalities involved an “alcohol-involved driver,” defined as having a Blood Alcohol Content (BAC) greater than 0.01. The rate of alcohol-related traffic fatalities has remained relatively constant since 2000 (Figure 7).

Figure 7: Traffic Fatalities per 100,000



Source: FARS

PROPOSED IOWA PLAN 2007 – 2010

Goals are taken from the *Call to Action*. The action steps and strategies were developed by the Task Force

Goal 1: Foster changes in Iowa that facilitate healthy adolescent development and that help prevent and reduce underage drinking.

Action Step: Increase resources available to address underage drinking.

- Strategy 1: Research the current legislation that relates to the automatic transfer of all funds from the Alcohol and Beverage Division (ABD) of the Department of Commerce to IDPH for substance abuse services. Make recommendations for future actions.
- Strategy 2: To explore the current use of funds generated by alcohol-related civil penalties
- Strategy 3: To explore sources for funding alcohol compliance checks
- Strategy 4: To research and enhance best practices to reduce underage drinking at the community level, such to support the statewide Alliance of Coalitions 4 Change (AC4C)
- Strategy 5: To explore an increase in the beer tax (currently \$.19 per gallon) as a way to create a stable funding source for substance abuse prevention, treatment and law enforcement programs.

Action Step: Develop standardized procedures for alcohol compliance checks

- Strategy 1: Review research on alcohol compliance checks and current procedures to develop recommendations about standardized procedures
- Strategy 2: Work with PIRE to conduct research into other states' compliance procedures.
- Strategy 3: Make recommendations to the Iowa County Attorneys Association and the Prosecuting Attorneys Training Council (PATC).
- Strategy 4: Engage Law Enforcement Associations in the standardization process
- Strategy 5: Involve alcohol retailers

Goal 2: Engage parents and other caregivers, schools, communities, all levels of government, all social systems that interface with youth, and youth themselves in a coordinated state effort to prevent and reduce underage drinking and its consequences.

Action Step: Engage state level and community partners

- Strategy 1: Identify potential partners and collaborators
- Strategy 2: To seek support and endorsement from the partners and collaborators for the underage drinking plan
- Strategy 3: To request from the partners and collaborators input regarding the action steps and strategies for years 2 and 3.

Action Step: To gather input regarding action steps and strategies for the Iowa Plan

Action Plan: Completion and dissemination of the Iowa Underage Drinking Video

Goal 3: Promote an understanding of underage alcohol consumption in the context of human development and maturation that takes into account individual adolescent characteristics as well as environmental, ethnic, cultural, and gender differences.

Action Step: Make available research-based information on the impact of alcohol on adolescent development

Strategy 1: Involve the Iowa Substance Abuse Information Center (ISAIC) and AC4C in the dissemination of materials for social marketing.

Action Step: To complete and disseminate fact sheets on binge drinking and on adolescent development

Action Step: To engage the Iowa Substance Abuse Information Center (ISAIC) in promoting materials on underage drinking

Goal 4: Conduct additional research on adolescent alcohol use and its relationship to development.

This is not currently a state level function

Goal 5: Work to improve public health surveillance on underage drinking and on population based risk factors for this behavior.

Action Step: Ensure the availability of consistent data on underage drinking

Strategy 1: Institutionalize the Iowa Youth Survey (IYS) with a state funding source.

Strategy 2: To conduct the Iowa Youth Survey on no less than a triennial basis

Strategy 3: To update the State Epidemiological Substance Abuse Profile on a yearly basis.

Strategy 4: To explore the gap in consistent data on college age youth.

Goal 6: Work to ensure that policies at all levels are consistent with the state goal of preventing and reducing underage alcohol consumption.

ODCP/DPAC will coordinate this function in Iowa.