Southeast (HHS Region 4)

PTTC Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Shaping the Alcohol Policy Environment: Past, Present and Future - Part 1

begins at 11:00am EST

There is no “elevator music.” You will hear silence until we begin.

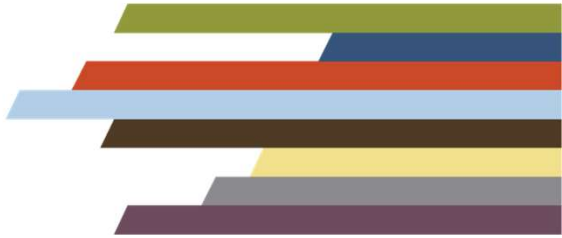
SAMHSA Substance Abuse and Mental Health Services Administration

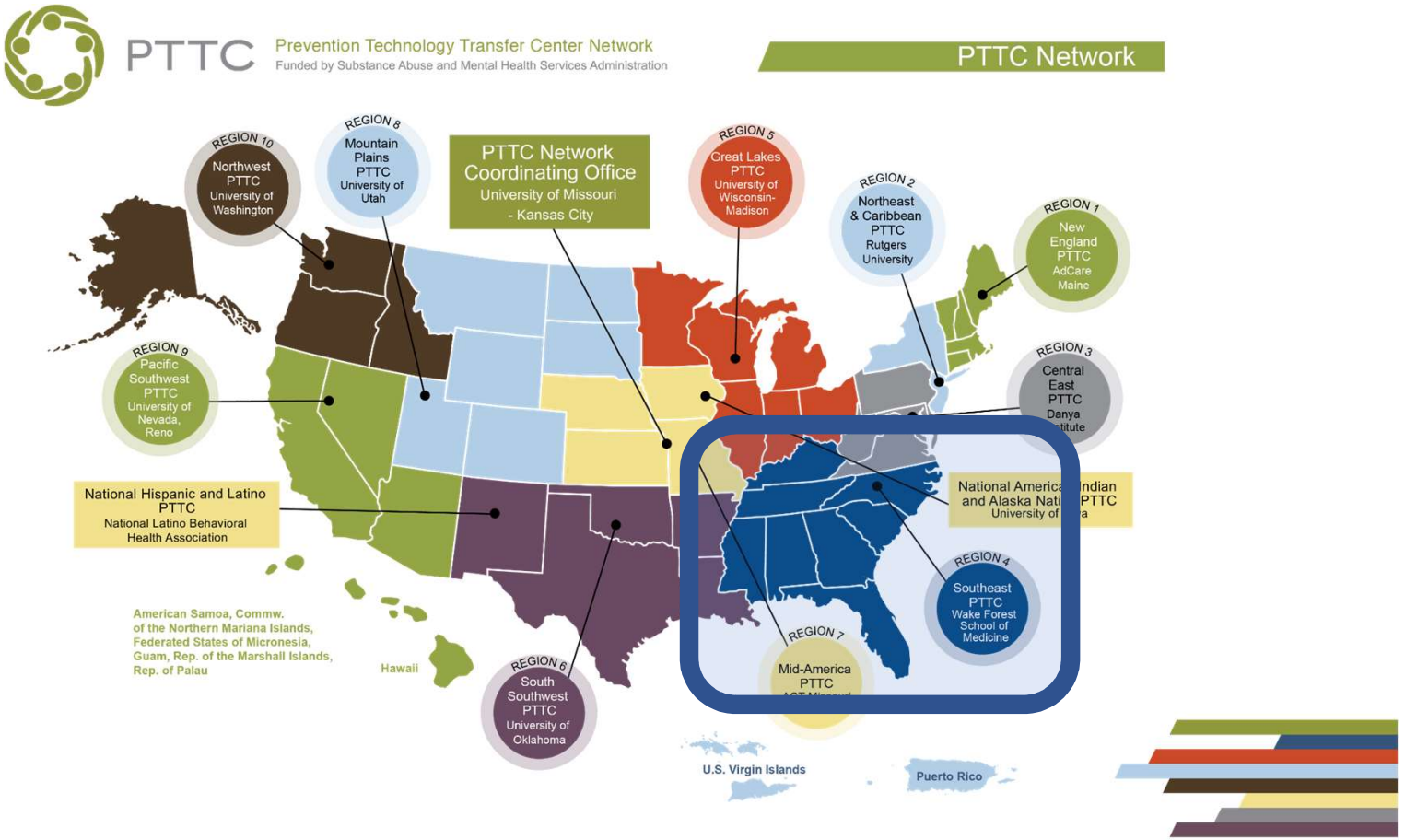
Wake Forest® School of Medicine

Disclaimer

This webinar is being recorded and archived, and will be available for viewing after the webinar. Please contact the webinar facilitator if you have any concerns or questions

Please note, the views expressed in this webinar do not necessarily represent the views, policies, and positions of the Substance Abuse and Mental Health Services Administration or the U.S. Department of Health and Human Services




PTTC
Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration
PTTC Network
REGION 10
Northwest PTTC
University of Washington
REGION 8
Mountain Plains PTTC
University of Utah
PTTC Network Coordinating Office
University of Missouri - Kansas City
REGION 5
Great Lakes PTTC
University of Wisconsin-Madison
REGION 2
Northeast & Caribbean PTTC
Rutgers University
REGION 1
New England PTTC
AdCare Maine
REGION 9
Pacific Southwest PTTC
University of Nevada, Reno
REGION 3
Central East PTTC
Danya Institute
National Hispanic and Latino PTTC
National Latino Behavioral Health Association
National American Indian and Alaska Native PTTC
University of
REGION 4
Southeast PTTC
Wake Forest School of Medicine
REGION 7
Mid-America PTTC
American Samoa, Commw. of the Northern Mariana Islands, Federated States of Micronesia, Guam, Rep. of the Marshall Islands, Rep. of Palau
Hawaii
REGION 6
South Southwest PTTC
University of Oklahoma
U.S. Virgin Islands
Puerto Rico

Post Webinar

Evaluation: SAMHSA's GPRA

All responses are confidential and not linked to you.

Certificate of attendance

PTTC Prevention Technology Transfer Center Network

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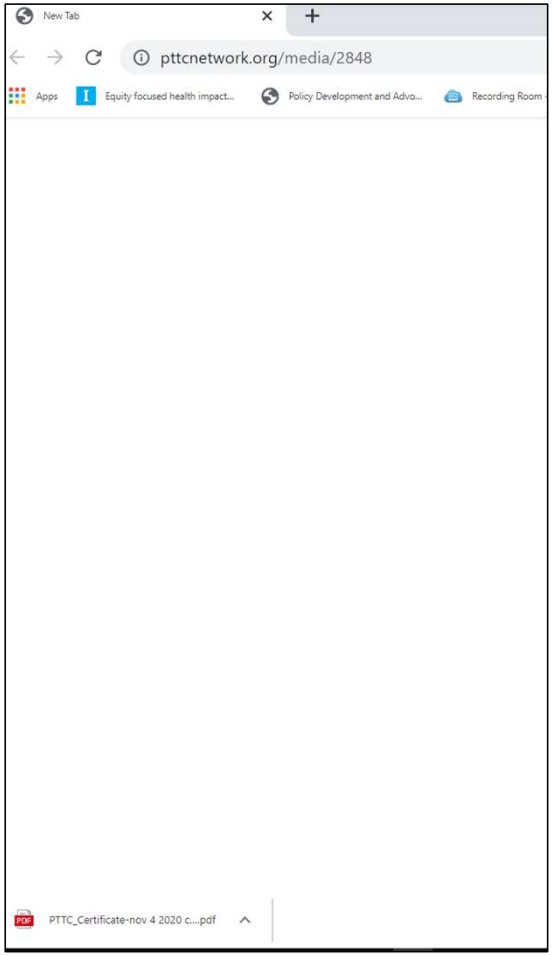
Survey Complete

Thank you, your survey data was submitted successfully.

If you are not redirected from this site in 5 seconds, then select this link to continue.

Contact the Network



The certificate is downloaded below

Agenda

- Introduction of presenter by Kim Wagoner, DrPH, MPH
- Presentation by Cassandra Tourre, *Director of Public Policy at NABCA*
- Q&A
- Announcements/Evaluation

Southeast (HHS Region 4)

PTTC Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Setting the Stage and Introduction

Kim Wagoner, DrPH
Co-Director, Southeast PTTC

SAMHSA
Substance Abuse and Mental Health Services Administration

Wake Forest® School of Medicine

REGION 4: SOUTHEAST PTTC

WEDNESDAY, NOVEMBER 4TH | 11:00 AM - 12:30 PM

Shaping the Alcohol Policy Environment:

Past, Present and Future

Cassandra Tourre
Director of Public Policy

PART 1

Overview

REGION 4: SOUTHEAST PTTC
WEDNESDAY, NOVEMBER 4TH | 11:00 AM - 12:30 PM

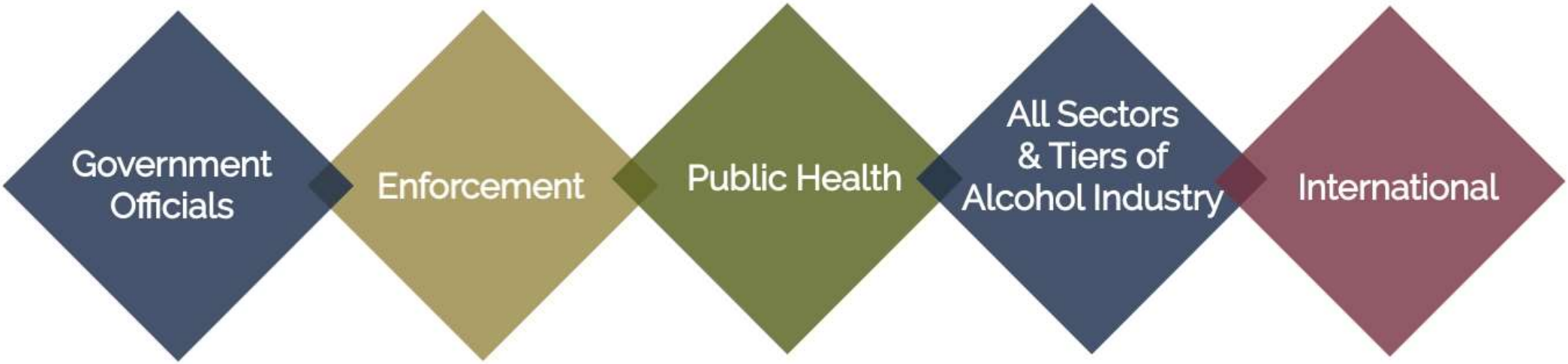
11:00 - 11:40am	History of Alcohol Regulation and Consumption Trends
11:40 - 12:15am	The Science and Effective Policies
12:15 - 12:30pm	*Q & A*

NABCA

NATIONAL ALCOHOL BEVERAGE CONTROL ASSOCIATION

- Established in 1938
- Represent "Control System" jurisdictions with direct role in sale cycle (wholesale and/or retail)
- Not an advocacy or lobbying organization
- Not a beverage alcohol industry organization
- Repository of beverage alcohol information

membership


Government Officials
Enforcement
Public Health
All Sectors & Tiers of Alcohol Industry
International

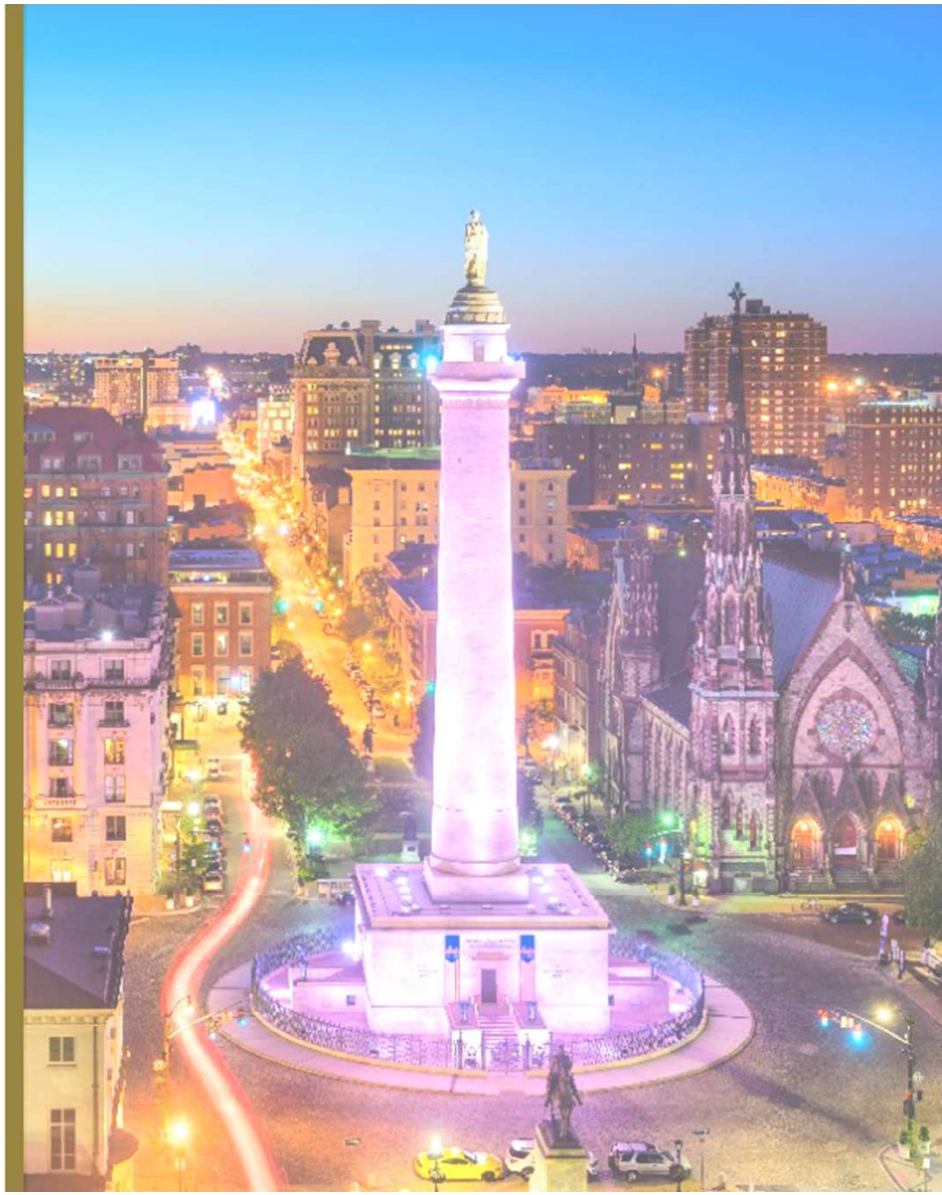
Cassandra Tourre

Director of Public Policy

National Alcohol Beverage Control Association

- Nebraska - Project Extra Mile
- Johns Hopkins Bloomberg School of Public Health
- JHU Center on Alcohol Marketing and Youth
- Maryland Collaborative to Reduce College Drinking & Related Problems
- Baltimore Good Neighbors Coalition

Connecting public health, prevention and regulation



Which sector best represents your role?

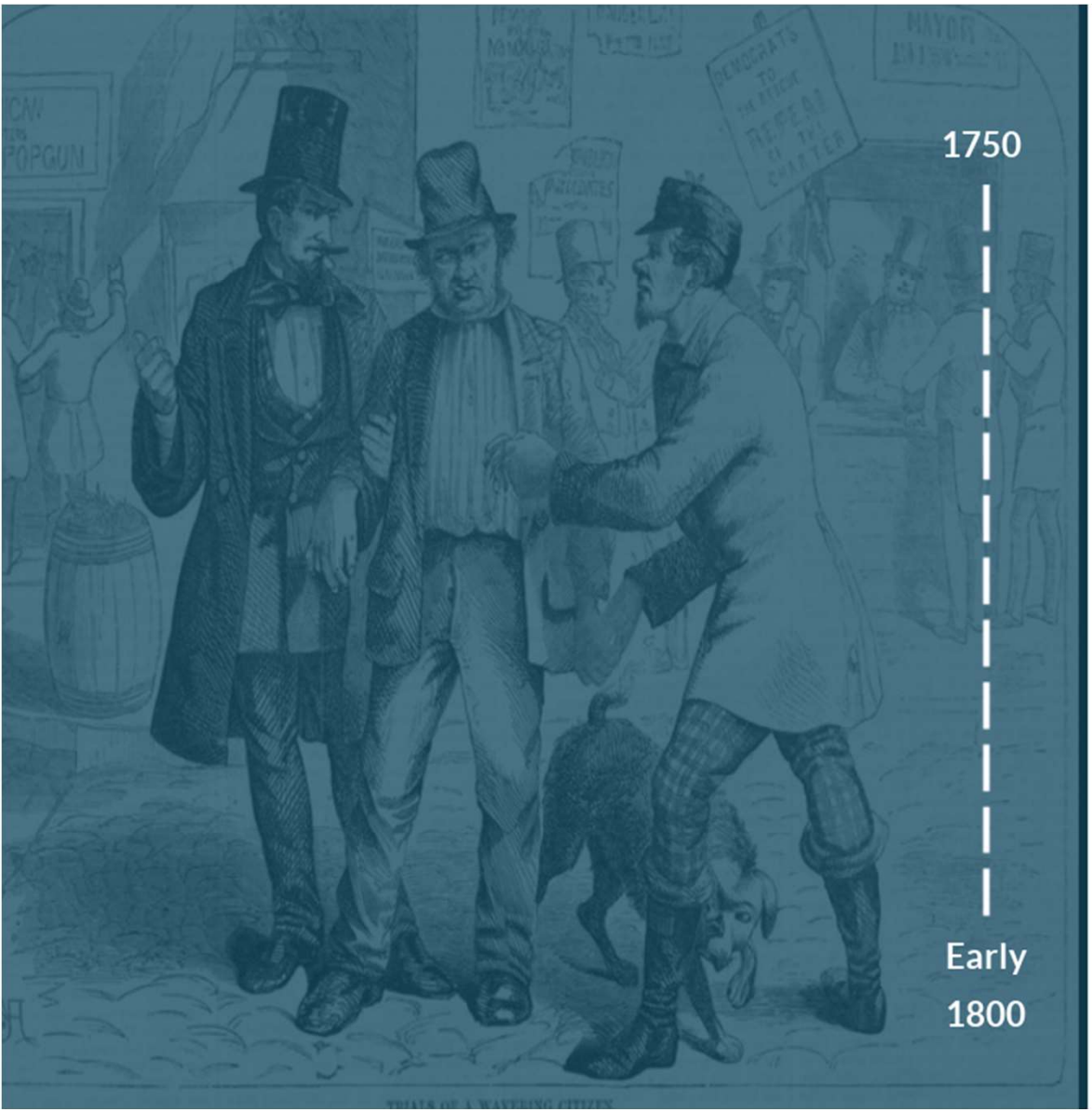
A. Coalition Leader/Substance Misuse Prevention Practitioner

B. Law Enforcement

C. Regulatory Authority

D. Treatment Provider

History



European Immigrants brought heavy drinking culture (and their products) with them.

Alcohol was considered “healthy” and consumption was very high, nearly twice the consumption rates of today, according to some historians.

Workers often had breaks at 11 am and 4 pm for alcohol (usually some form of hard liquor).

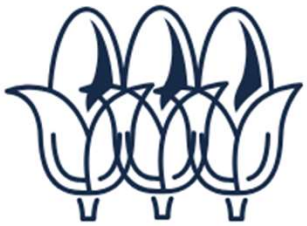
Alcohol was often a necessary incentive to get elected. Even George Washington supposedly lost an election because he failed to provide alcohol to prospective voters.

ALCOHOL WAS AN IMPORTANT COMMODITY FOR THE ECONOMY

It quickly became patriotic to switch from drinking rum (an import) to whiskey!

1750

Early 1800



Corn Surplus

In the early days, areas west of the Appalachians had a surplus of corn.

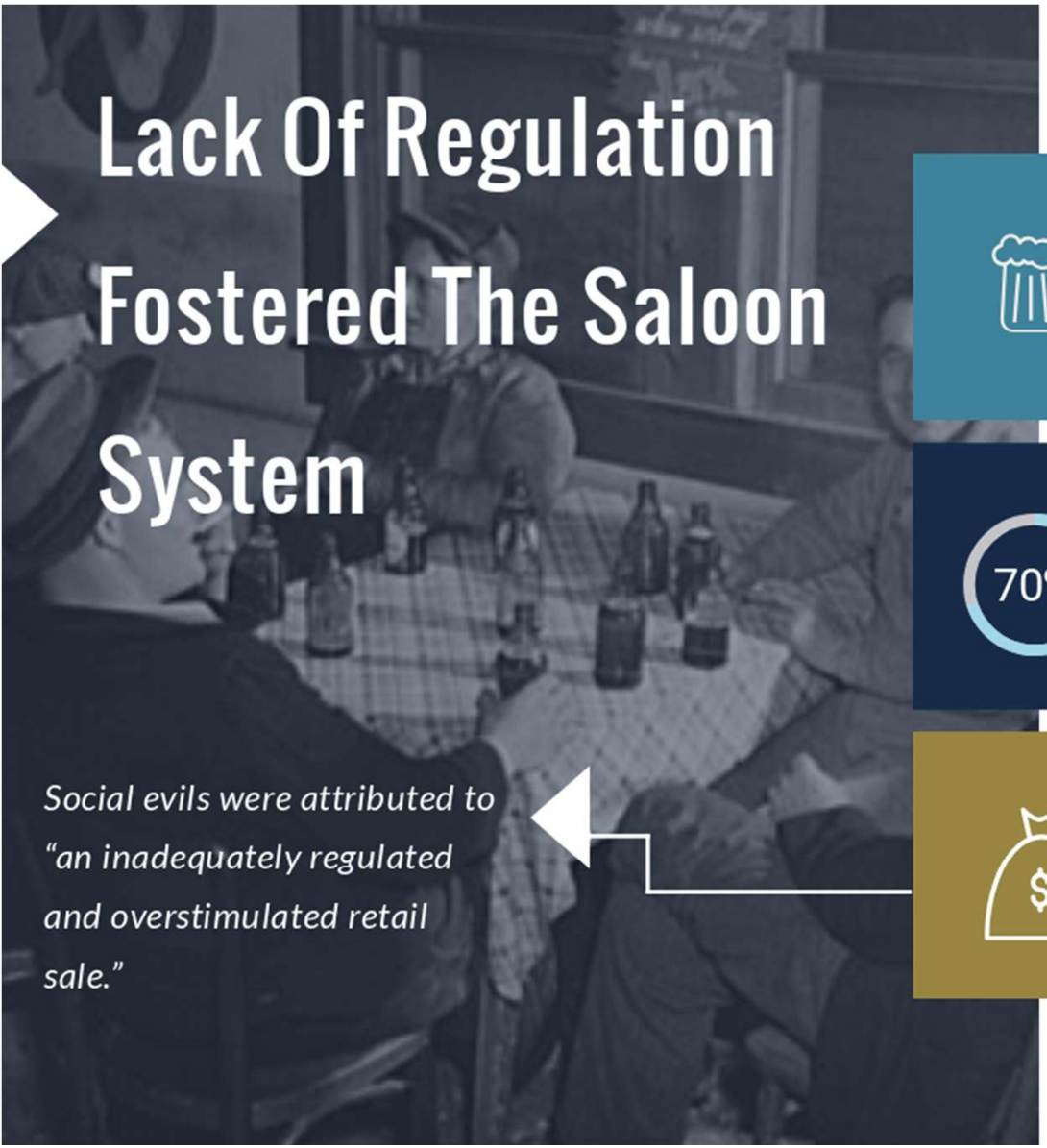
No Transportation

No methods to transport agricultural products...no good roads, no railroads, no water transportation.

Solution - Whiskey

Corn was turned into whiskey and easily transported to the heavy drinking populations in the East.

Lack Of Regulation Fostered The Saloon System



Social evils were attributed to "an inadequately regulated and overstimulated retail sale."

1800s-1900s

German immigrants arrived with their taste for beer and brewing skills. Beer became drink of choice and alcohol was sold primarily in saloons

Tied Houses

70%

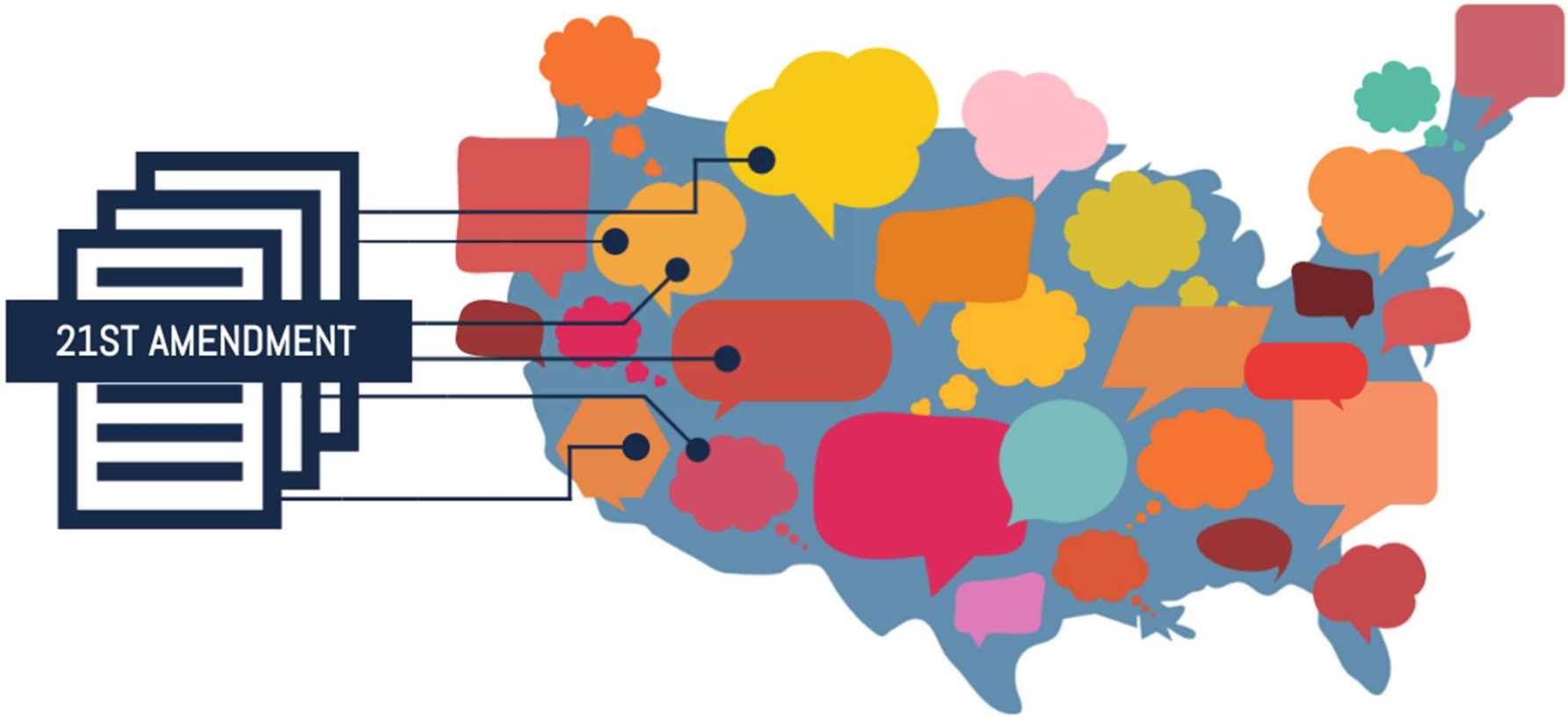
Most saloons were "Tied Houses" which meant they were owned by a brewer who required exclusive sales of their beer brand.

Intense Competition

Saloons were hyper-competitive and used inducements such as gambling, prostitution and other methods to maximize sales.

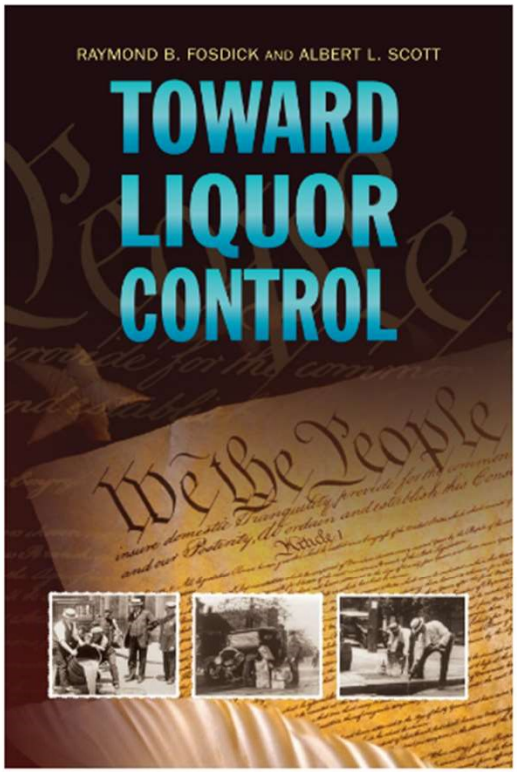
STATES STRUGGLE TO FIND AN ANSWER TO THE "ALCOHOL PROBLEM"

Alcohol in the United States Constitution



Toward Liquor Control

Blueprint for State Regulatory Systems



By Raymond Fosdick & Albert Scott

1 Reduce Aggressive Sales Tactics

Reduce aggressive sales tactics such as incentives to consume in high volume

2 Prevent Vertical Integration

Prevent "vertical monopolies" where one tier dominates the others

3 Restrict Outlet Density, Hours & Days of Sale

Curtail public order problems using outlet density restrictions and limits on days and hours of sale

4 Place More Limits on High ABV Products

Place greater restrictions on high alcohol content products

Two forms of alcohol regulation in the U.S.

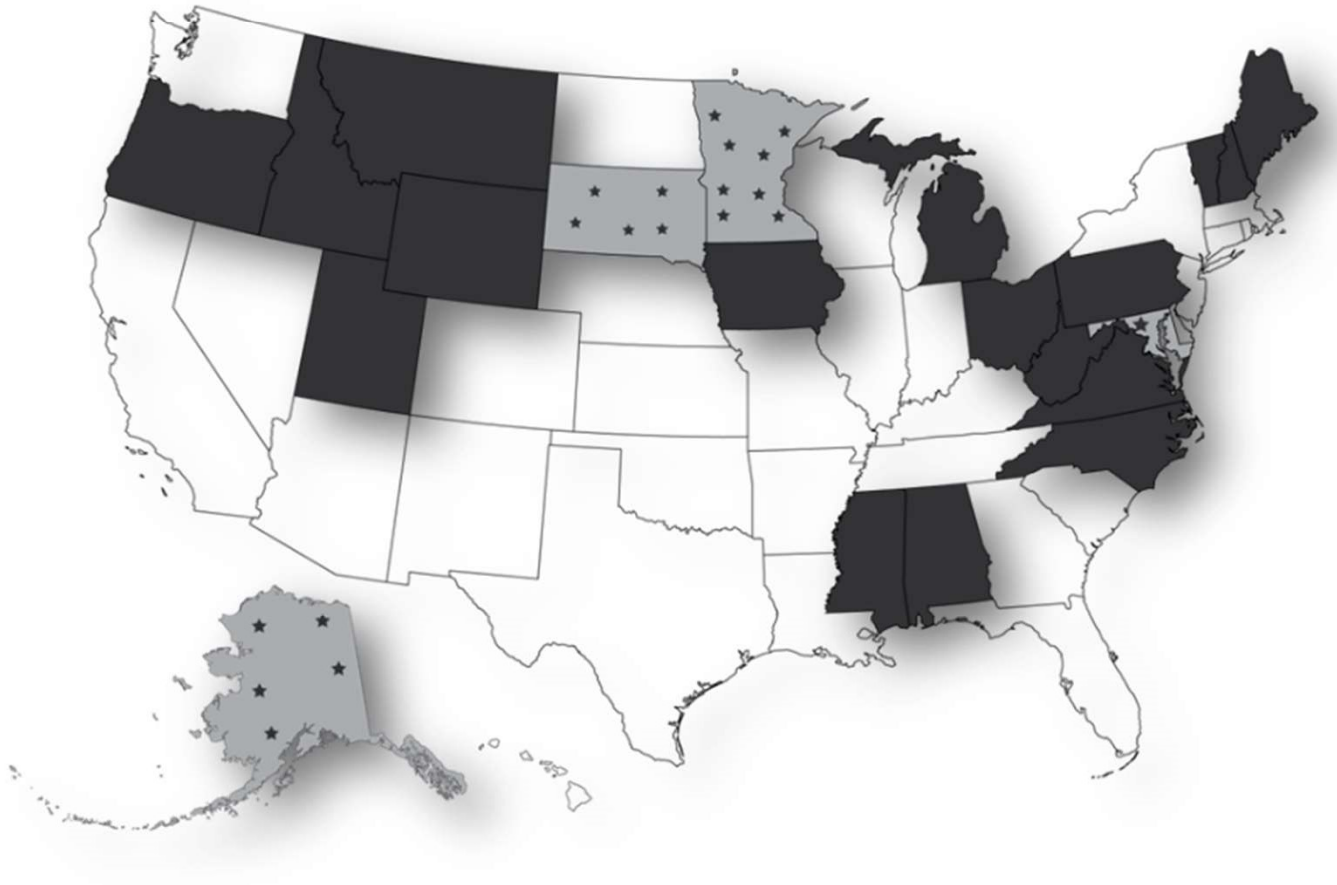
CONTROL SYSTEM

State owns part of the alcohol business; usually the wholesale or retail operation

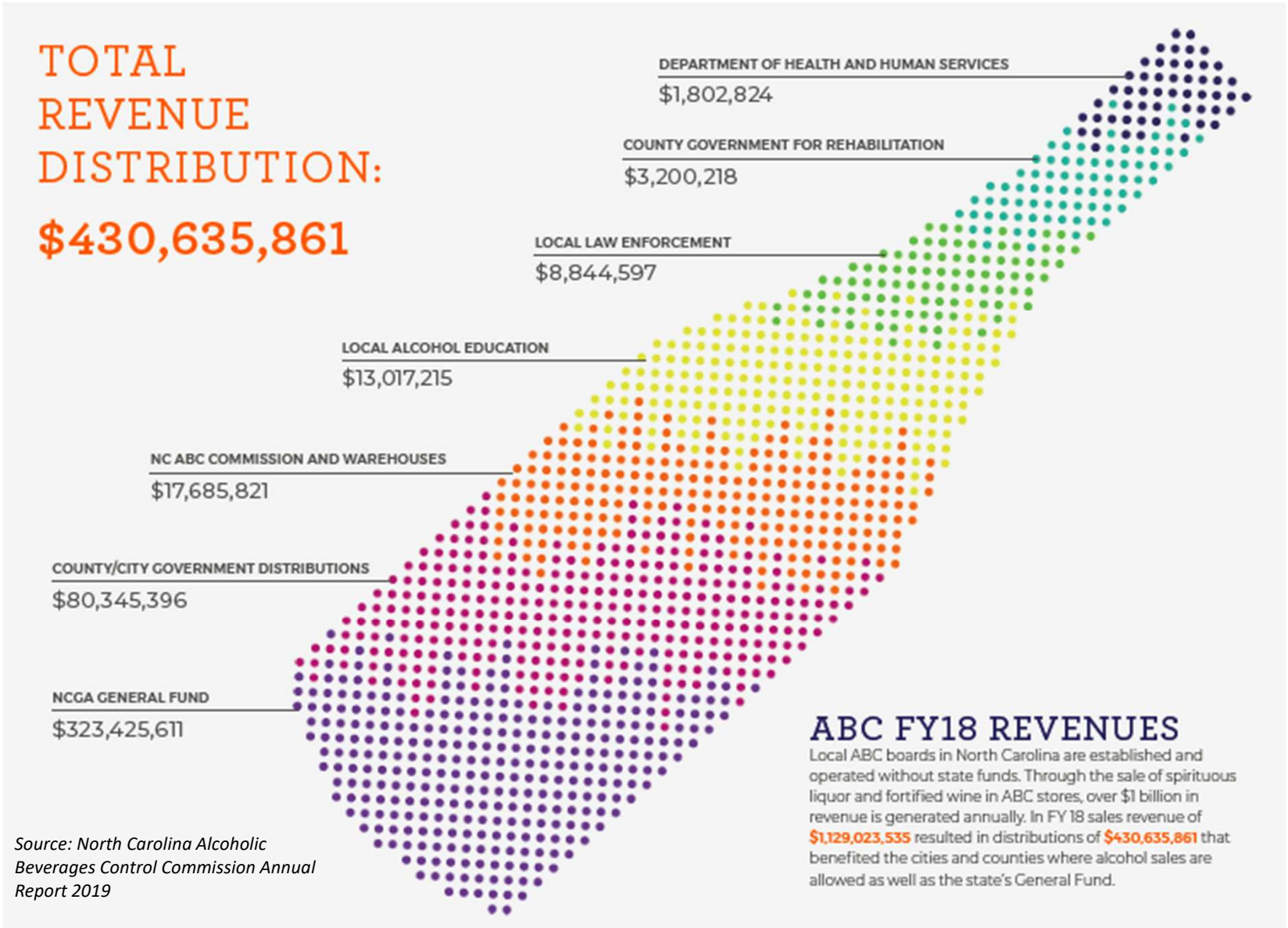
LICENSE SYSTEM

Private owners sell alcohol at both retail and wholesale levels

CONTROL SYSTEMS IN THE UNITED STATES



- Alabama
- Iowa
- Idaho
- Maine
- Maryland (Montgomery County)
- Michigan
- Mississippi
- Montana
- New Hampshire
- North Carolina
- Pennsylvania
- Ohio
- Oregon
- Utah
- Vermont
- Virginia
- West Virginia
- Wyoming



Source: North Carolina Alcoholic Beverages Control Commission Annual Report 2019

All Jurisdictions Achieve Objectives by:

- License everyone who sells alcohol
- Enforce laws to reduce underage and excessive drinking
- Regulate days/hours of sale, location of premises, and density of outlets
- Require products to flow through a 3-tier system

3-TIER REGULATORY STRUCTURE

Three-Tier System: The Why and Relevancy Today

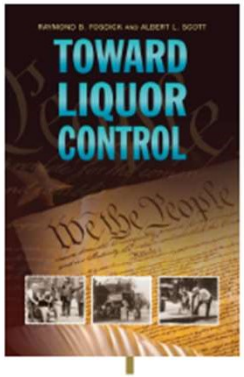
PRODUCER

WHOLESALER

RETAILER

Controlled, closed system with independent tiers to prevent marketplace domination

BLUEPRINT FOR STATE REGULATORY SYSTEMS



PRODUCT QUALITY

Wholesaler tracks all bottles and cans creating efficient system for removal of tainted product before harm occurs.

TAX COLLECTION

Wholesaler usually collects the excise tax. US has nearly 100% collection vs. other countries.

PREVENT ILLEGAL SALES

Retail tier must prevent sales to minors and intoxicated persons and collect sales taxes.

Financial Independence

- Prohibits ownership of more than one tier
- Restricts financial ties and things of value as an inducement to buy manufacturer's product.
- Protects distributor with "franchise laws" from being dominated by producer.

Regulation Design

- Reduce aggressive sales tactics such as incentives to consume in high volume.
- Prevent "vertical monopolies" where one tier dominates the others.
- Curtail public order problems using outlet density restrictions and limits on days and hours of sale.
- Greater restrictions on high alcohol content products

PILLARS OF ALCOHOL REGULATION

- Protect public health & safety
- Ensure efficient tax/revenue collections
- Eliminate unfair or illegal marketing practices
- Balance interests

ALCOHOL REGULATORY CHANGES

All branches of government play critical role in alcohol regulation

Executive

Ensures laws are obeyed, creates rules and regulations

Legislative

Creates new laws or changes existing laws

Judicial

Interprets the meaning of laws and determines if laws violate Constitution

WHAT ALCOHOL REGULATION IMPACTS

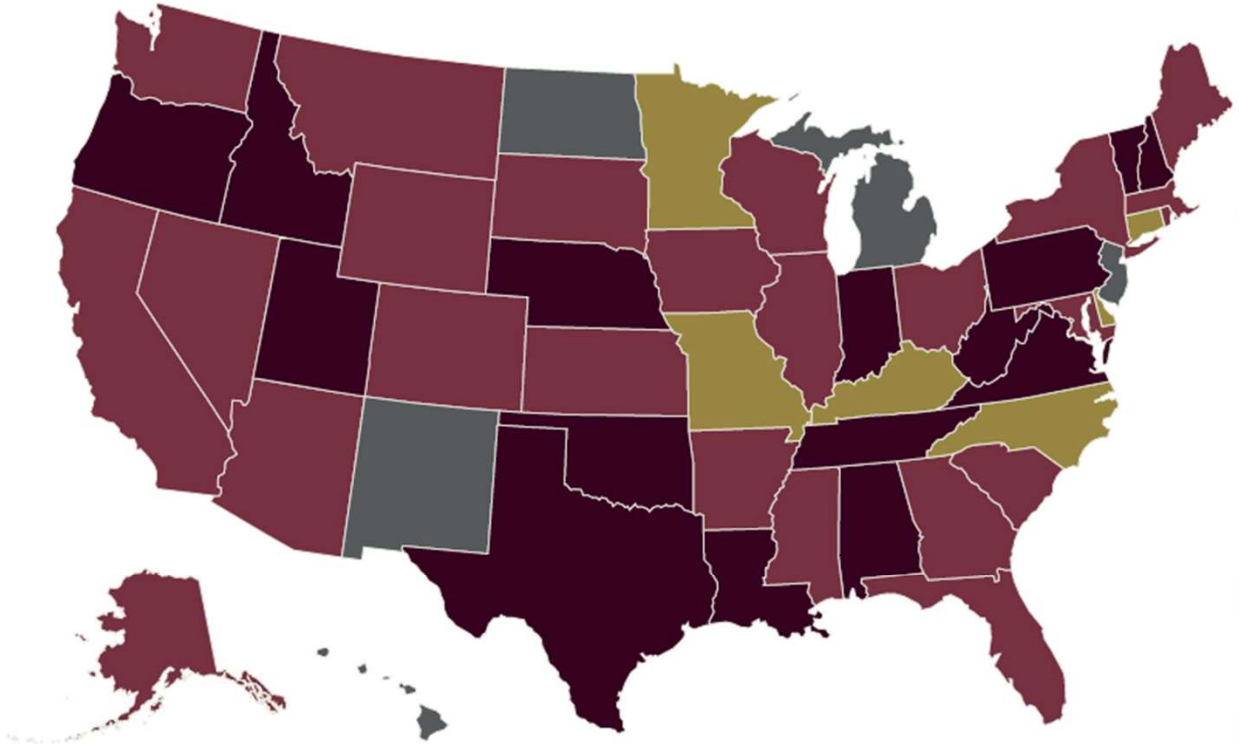
PROMOTION

PLACE

PRICE

PRODUCT

WHERE ARE REGULATORY RESPONSIBILITIES LOCATED UNDER THE EXECUTIVE BRANCH?



Finance/Commerce/Revenue (24)

AK, AZ, AR, CA, CO, FL, GA, IL, IA, KS, ME, MA, MD, MS, MT, NV, NY, OH, RI, SC, SD, WA, WI, WY

Standalone (16)

AL, ID, IN, LA, NE, NH, OK, OR, PA, TN, TX, UT, VA, VT, WV, **DC

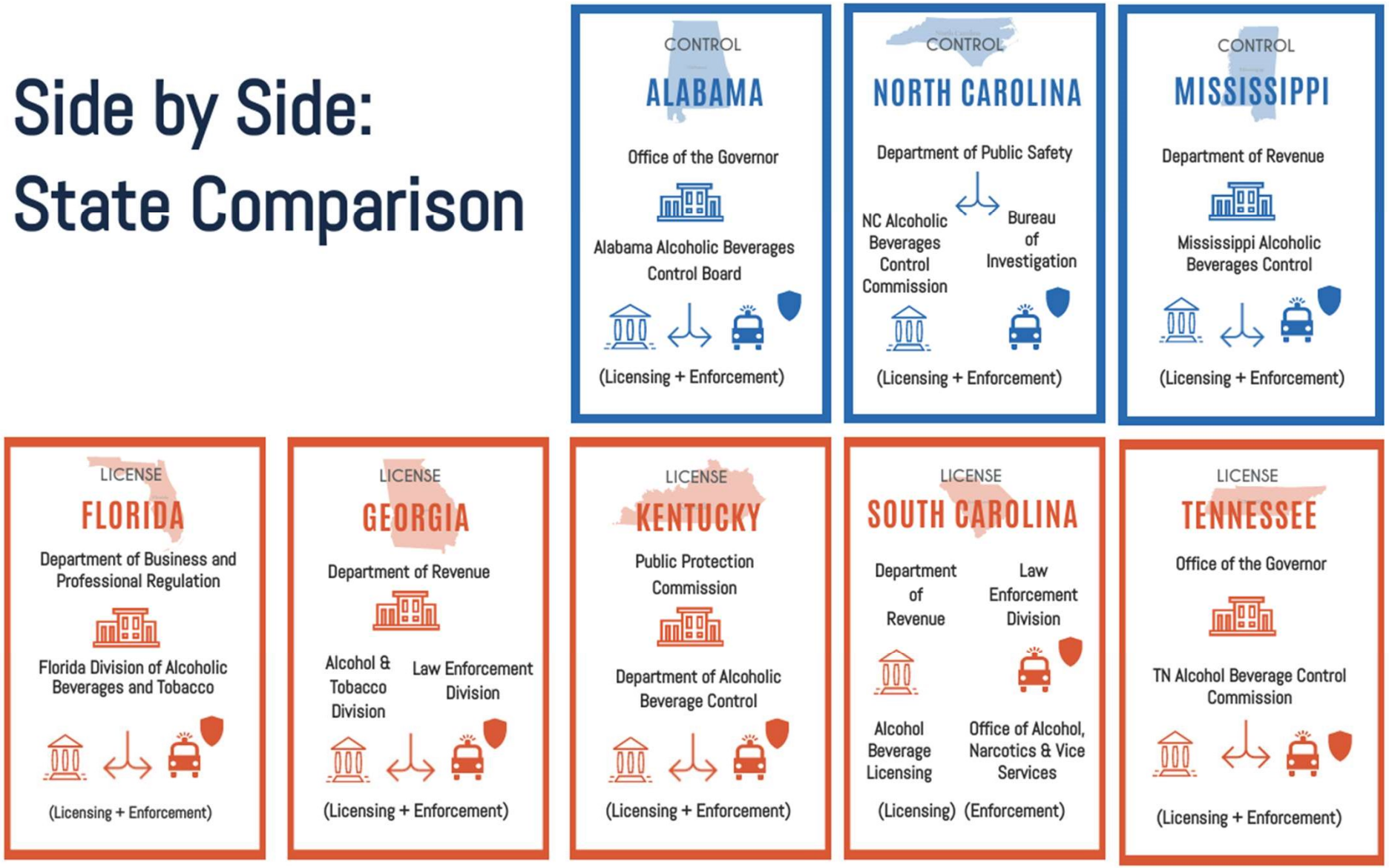
Public Safety/Consumer Protection (6)

CT, DE, KY, MN, MO, NC

Licensing/Regulation/Attorney General (5)

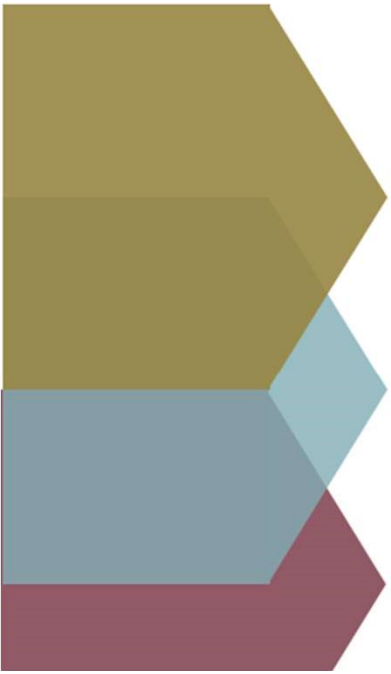
HI, MI, NM, ND, NJ

Side by Side: State Comparison



COMPONENTS OF ALCOHOL REGULATORY ENFORCEMENT

EFFICIENT ENFORCEMENT & COMPLIANCE



Resources

Resources dedicated to enforcement of alcohol regulations

Coordination

Coordination between federal, state and local agencies

Data

Collecting and evaluating data to inform regulatory practices

Consumption Trends

What is the definition of excessive drinking?

A. Binge drinking (4-5 or more drinks on one occasion)

B. Heavy drinking (8-15 or more drinks per week)

C. Any alcohol used by pregnant women and anyone under the age of 21

D. All of the above

Excessive alcohol use includes:

Binge Drinking

For women, 4 or more drinks consumed on one occasion

For men, 5 or more drinks consumed on one occasion

Heavy Drinking

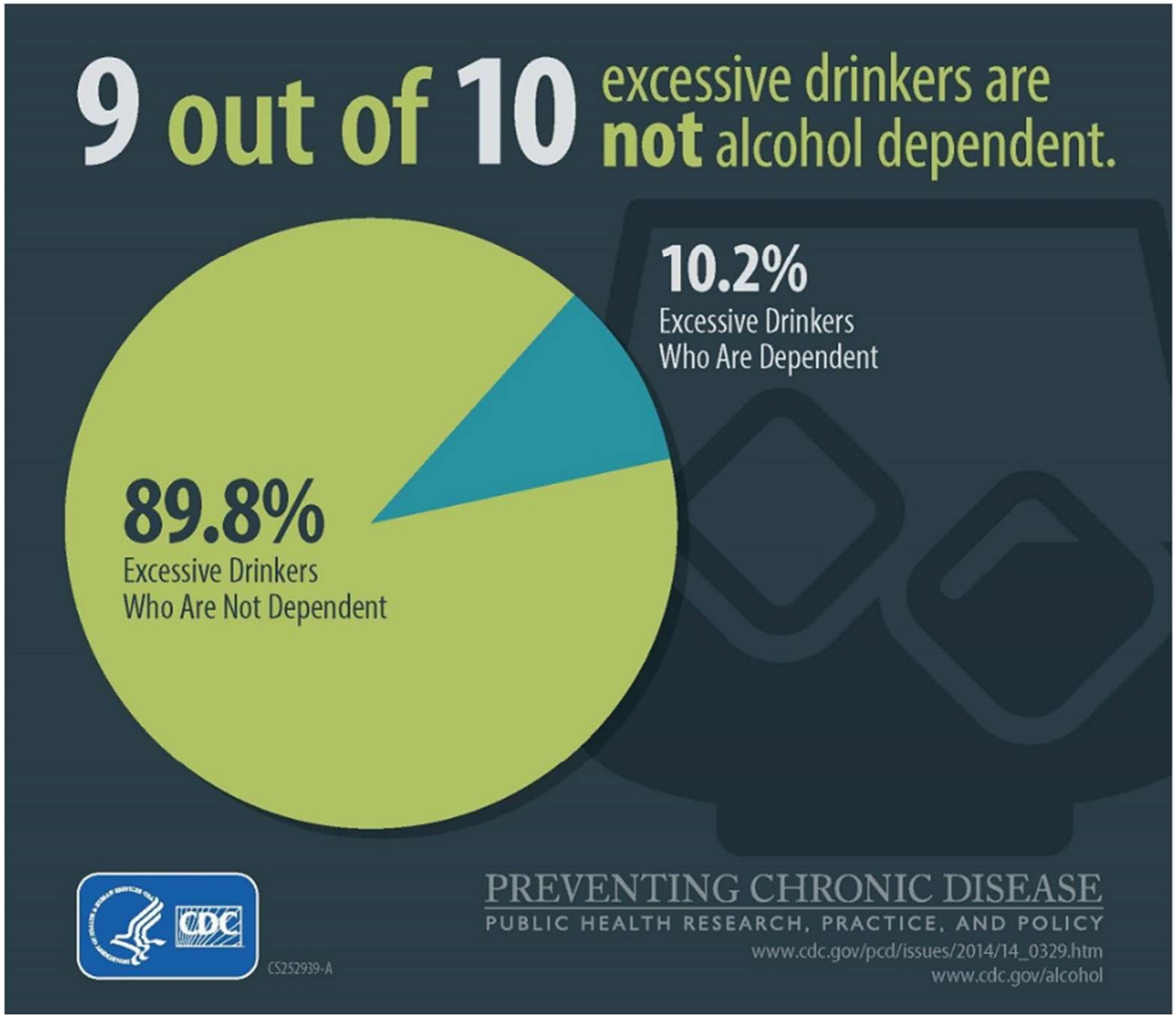
For women, 8 or more drinks per week

For men, 15 or more drinks per week

Any alcohol used by pregnant women

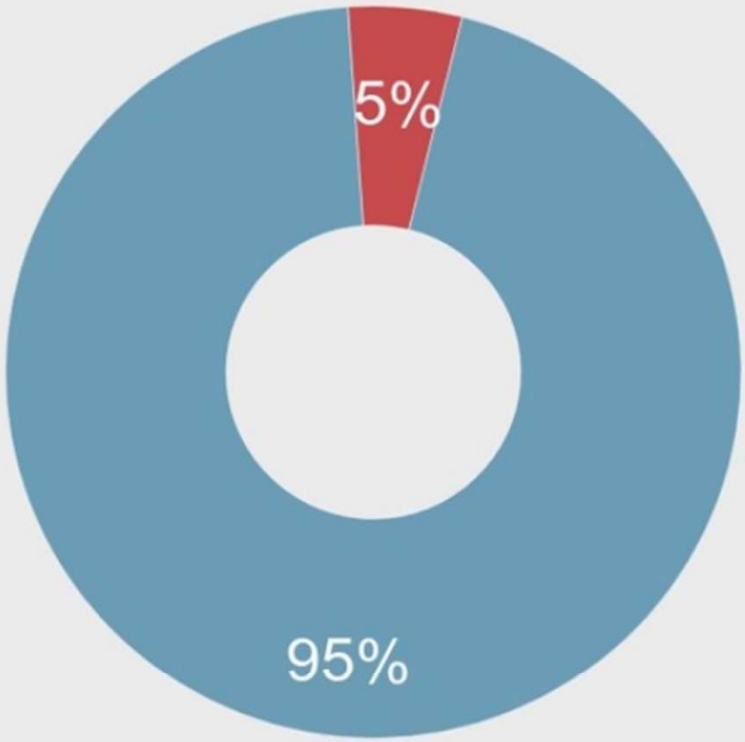
Any alcohol used by those under the age of 21 years

U.S. Department of Health and Human Services
Centers for Disease


9 out of 10 excessive drinkers are not alcohol dependent.
10.2%
Excessive Drinkers
Who Are Dependent
89.8%
Excessive Drinkers
Who Are Not Dependent
CDC
CS252939-A
PREVENTING CHRONIC DISEASE
PUBLIC HEALTH RESEARCH, PRACTICE, AND POLICY
www.cdc.gov/pcd/issues/2014/14_0329.htm
www.cdc.gov/alcohol

95%

About 95% of the 88,000 average annual alcohol-attributable deaths in the U.S. involve adults 21 years or older.



Kanny et al, 2018

Half of adults did not drink alcohol in the past 30 days

50%

Half of adults did not drink alcohol in past 30 days

2 in 3

drinkers exceeded guidelines

Most adult drinkers report drinking above moderate levels

Source: Henley, SJ, Kanny D, et al. 2014

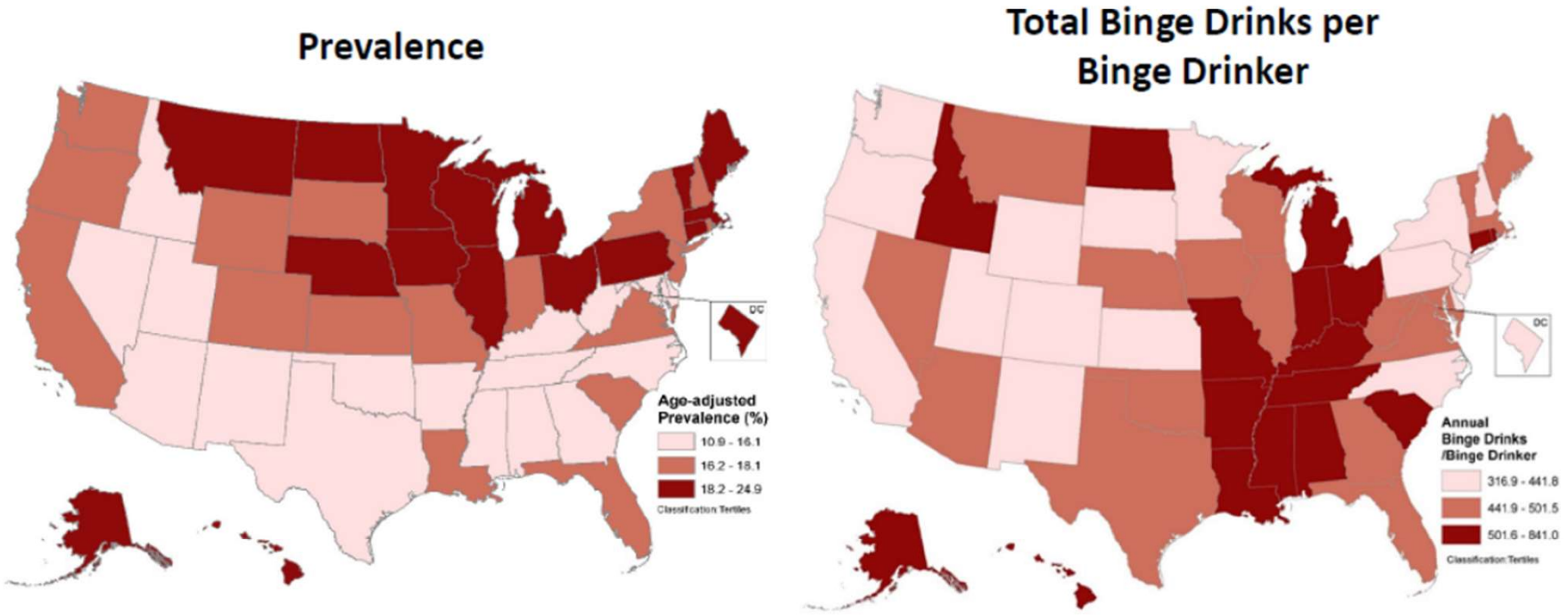
Moderate Drinking

Up to 2 drinks a day not more than 14 per week

Up to 1 drink a day not more than 7 per week

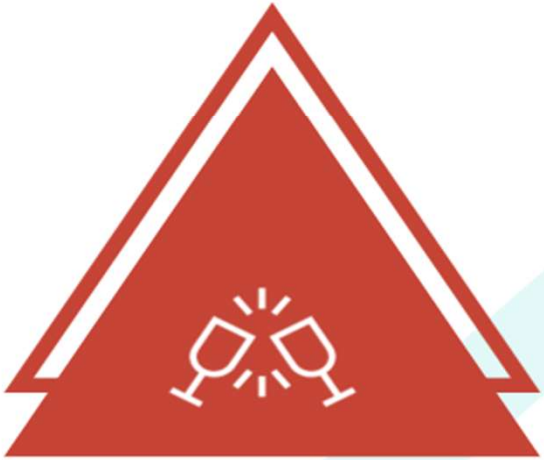
Source: US Dietary Guidelines

Binge Drinking Prevalence and Total Binge Drinks per Binge Drinker Varied by State



Kanny, et al. Annual Total Binge Drinks Consumed by U.S. Adults, 2015. *AJPM 2018;* 54(4):486–496.

TRENDS IN ALCOHOL USE



Consumption on Rise

Women, older adults, racial/ethnic minorities, and socioeconomically disadvantaged

Grant et al., 2017

Emergency Room Visits Increased

62% from 2006 to 2014

White et al., 2018

Alcohol-related Deaths Doubled

35,914 (1999) - 72,558 (2017)

White et al., 2020

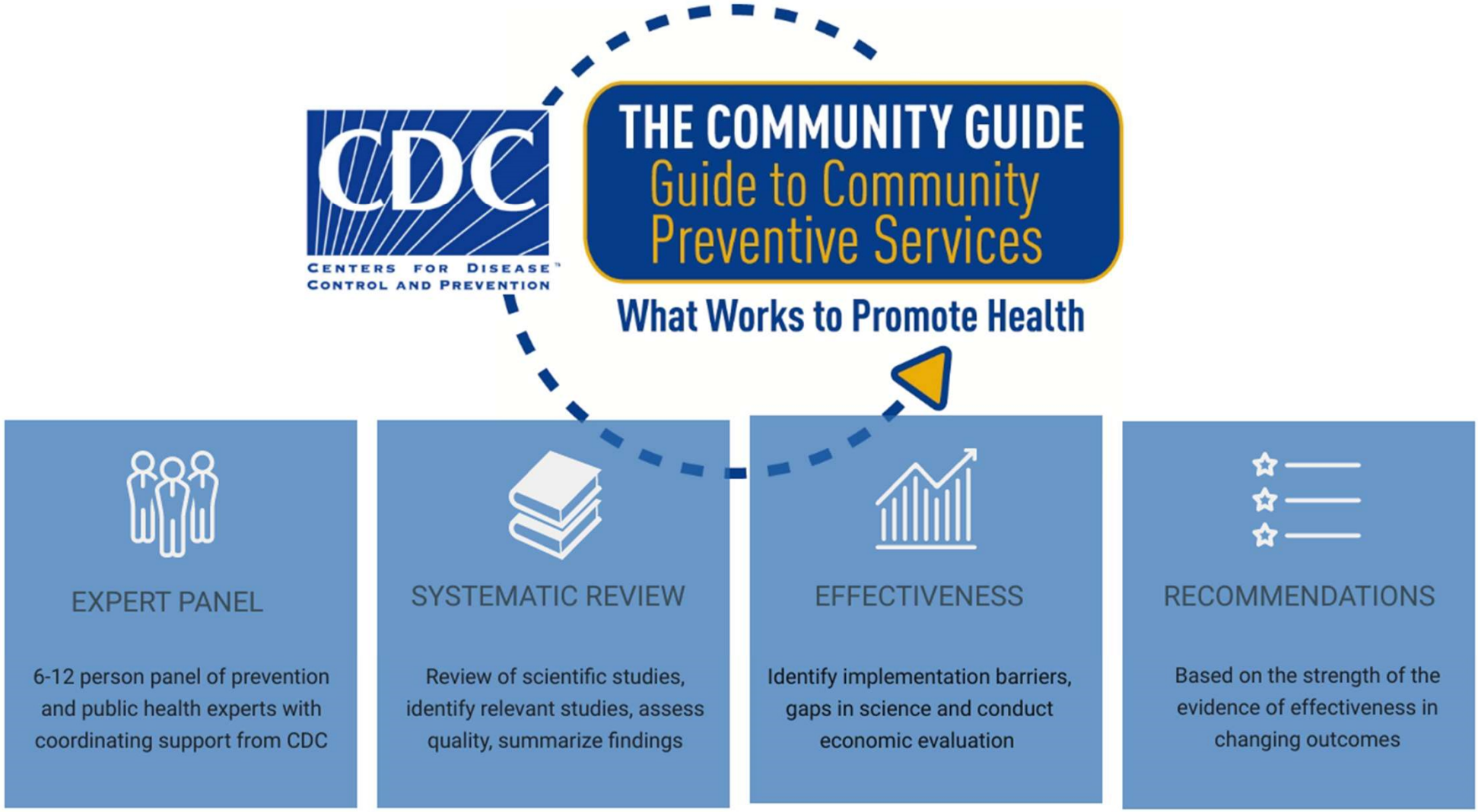
OPIOIDS & ALCOHOL

More than half of the 4.2 million people who misuse prescription opioids in the U.S. also binge drink.

www.cdc.gov/alcohol

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
2019

Policies that *Work* & Current Trends in Alcohol


CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION
THE COMMUNITY GUIDE
Guide to Community Preventive Services
What Works to Promote Health
EXPERT PANEL
6-12 person panel of prevention and public health experts with coordinating support from CDC
SYSTEMATIC REVIEW
Review of scientific studies, identify relevant studies, assess quality, summarize findings
EFFECTIVENESS
Identify implementation barriers, gaps in science and conduct economic evaluation
RECOMMENDATIONS
Based on the strength of the evidence of effectiveness in changing outcomes

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

THE COMMUNITY GUIDE
Guide to Community Preventive Services
What Works to Promote Health

Strategies to Prevent Excessive Alcohol Use & Related Harms

Enact Dram Shop Liability

Holding alcohol retailers accountable for injuries or harms caused by underage or intoxicated customers who were served alcohol.

Enforcement Laws Prohibiting Sales to minors

Increasing the frequency of retailer compliance checks for laws against the sale of alcohol to minors.

Limiting Alcohol Outlet Density

Applying state, county, city, or local governmental control to reduce or limit the number of places that can legally sell alcohol within a given area.

Increasing Alcohol Taxes

Increasing the price of alcohol by raising beverage-specific taxes at the state and federal level have proven effective in reducing consumption.

Limit Days of Sale

Prevents excessive alcohol consumption and related harms by regulating access to alcohol, typically by targeting weekend days.

Prevent Privatization of Government Control

Prevent further privatization of government controlled alcohol retail sales. Privatization results in increased per capita alcohol consumption, a well-established proxy for excessive consumption.

Limit Hours of Sale

Prevents excessive alcohol consumption and related harms by regulating the hours that alcohol can be sold.

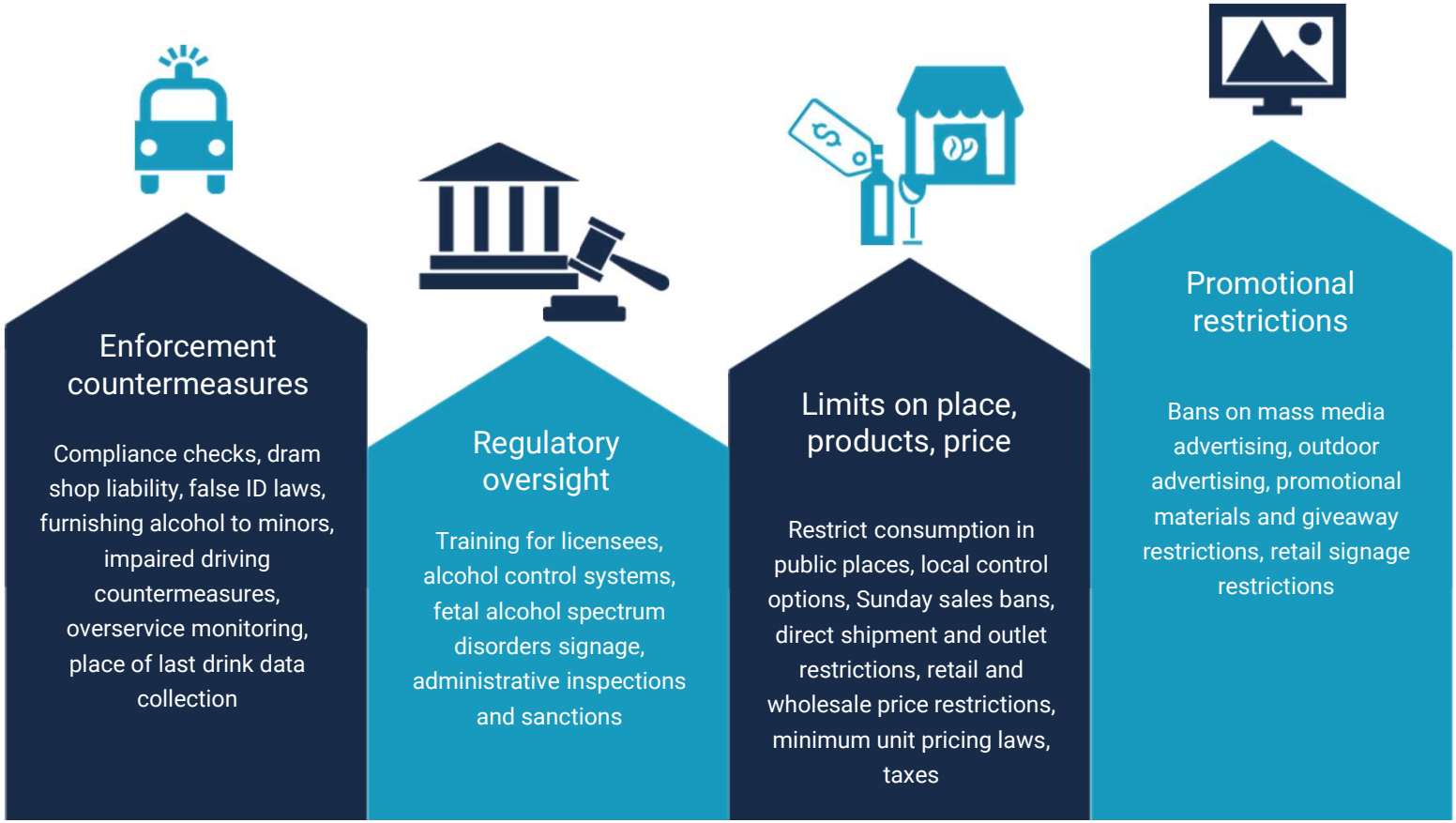
U.S. Alcohol Control Policies

Research focused on building tools to compare the relative efficacy of policies and assess the strength of states' policy environments

National Institutes of Alcohol Abuse and Alcoholism (R01 AA018377; T.Naimi, PI)

POLICIES TO CHANGE ENVIRONMENT

Naimi, T. S., Blanchette, J., Nelson, T. F., Nguyen, T., Oussayef, N., Heeren, T. C., Gruenewald, P., Mosher, J., & Xuan, Z. (2014). A new scale of the U.S. alcohol policy environment and its relationship to binge drinking. American journal of preventive medicine, 46(1), 10-16.



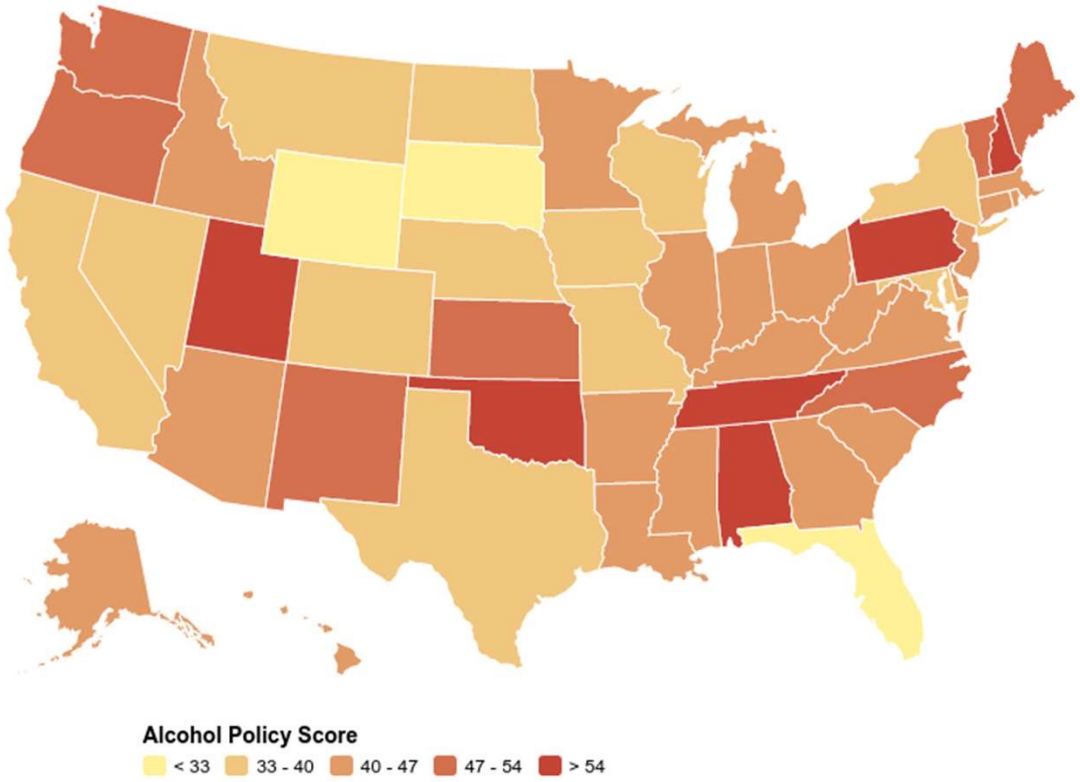
Higher APS = Fewer Harms

States with higher Alcohol Policy Scores have lower rates of drink driving, binge drinking (youth, adults), homicide victimization and cirrhosis mortality.

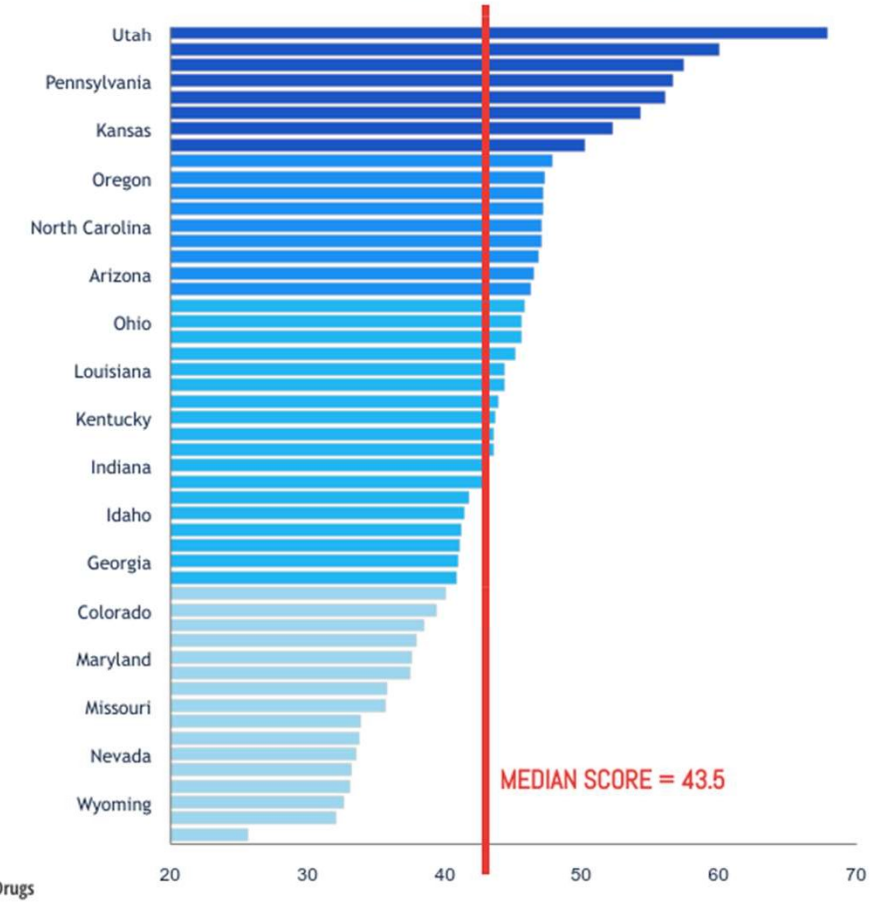
Naimi, T. S., Blanchette, J., Nelson, T. F., Nguyen, T., Oussayef, N., Heeren, T. C., Gruenewald, P., Mosher, J., & Xuan, Z. (2014). A new scale of the U.S. alcohol policy environment and its relationship to binge drinking. American journal of preventive medicine, 46(1), 10-16.

ALCOHOL POLICY SCORES *Changes Over Time*

2018 SCORES & RANKING



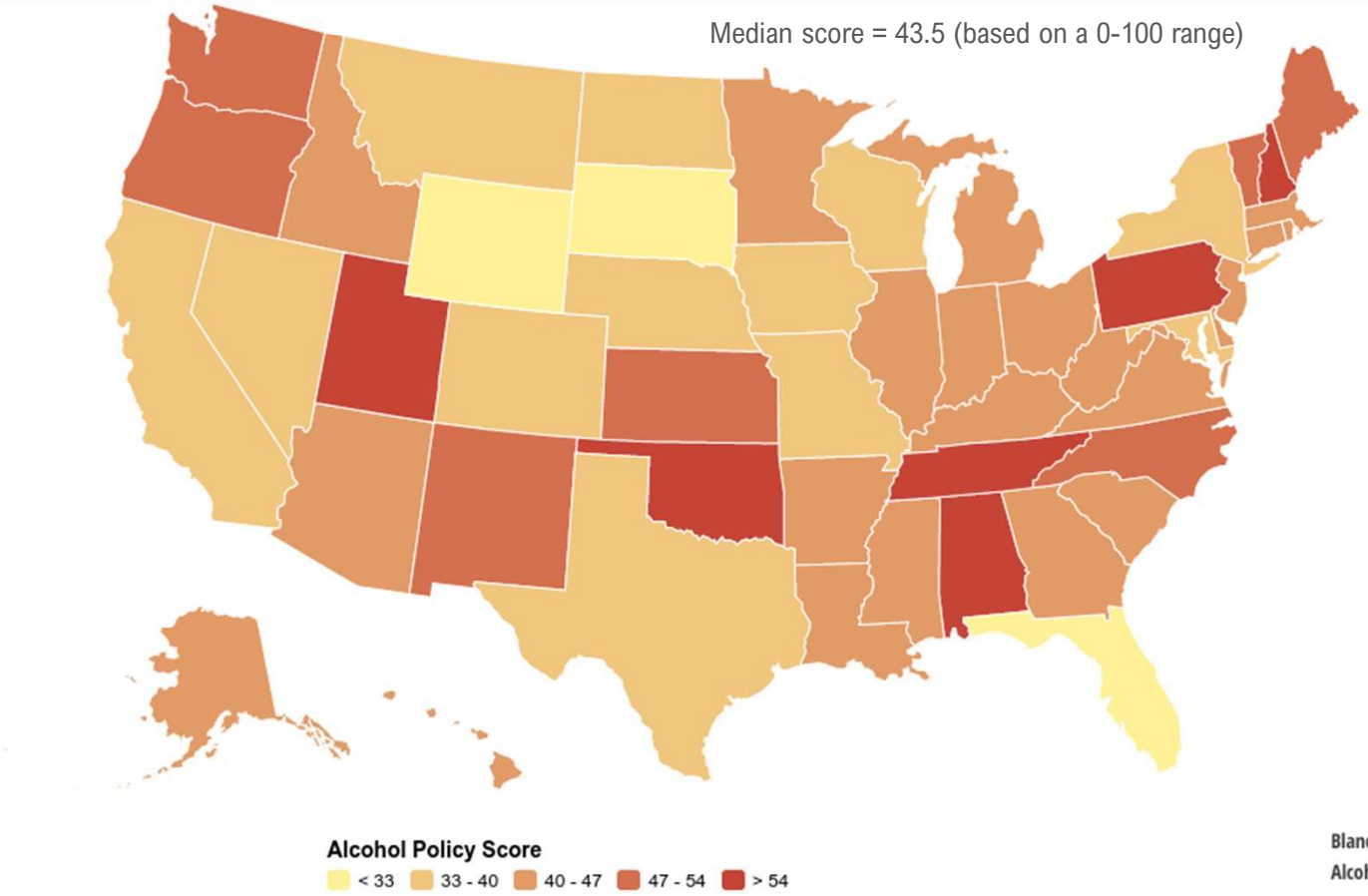
Ranked from Highest to Lowest



Blanchette, Jason & Lira, Marlene & Heeren, Timothy & Naimi, Timothy. (2020). Alcohol Policies in U.S. States, 1999–2018. Journal of Studies on Alcohol and Drugs

ALCOHOL POLICY SCORES *Changes Over Time*

Median score = 43.5 (based on a 0-100 range)



2018 SCORES & FINDINGS

The median change in state APS scores from 1999-2018 was positive indicating increases in the restrictiveness of policy environments, with decreases in only five states.

1999 median 39.1 to 43.5 in 2018

Most increase in APS scores were primarily attributable to the implementation of stronger alcohol impaired driving laws, while policies to reduce excessive drinking were unchanged.

Based on this policy scale, few states have restrictive policy environments.

Blanchette, Jason & Lira, Marlene & Heeren, Timothy & Naimi, Timothy. (2020). Alcohol Policies in U.S. States, 1999–2018. Journal of Studies on Alcohol and Drugs

Questions?

REGION 4: SOUTHEAST PTTC

WEDNESDAY, NOVEMBER 4TH | 11:00 AM - 12:30 PM

Please Join Us

Part II

Wednesday, November 18, 2020

11:00-12:30 PM

Shaping the Alcohol Policy Environment

Thank you

NABCA

Cassandra Tourre

Cassandra.Tourre@nabca.org

ALCOHOL ENVIRONMENT

Today's Challenges

Increasing Number of Retailers

Tainted/Counterfeit Products

Digital Marketing

Product Innovation

Home Delivery

Which of these trends concerns you the most?

A. Increased number of alcohol retail outlets
B. Tainted products entering the market
C. Increased advertising online
D. Home delivery of alcohol

THREE FACTORS

THREE PRIMARY FACTORS DRIVING LEGISLATIVE AND REGULATORY TRENDS

PUBLIC HEALTH CRISIS

E-COMMERCE

FEDERAL COURTS

Southeast (HHS Region 4)

PTTC Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Quick link to Evaluation

https://ttc-gpra.org/P?s=335542

Q&A

Southeast (HHS Region 4)

PTTC Prevention Technology Transfer Center Network

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Mark Your Calendar

Wednesday, Nov 18 @ 11:00 am ET

Shaping the Alcohol Policy Environment: Past, Present and Future - Part 2

pttcnetwork.org/southeast

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