

Guide Overview: Implementing Community- Level Policies to Prevent Alcohol Misuse



This overview provides a summary of the Evidence-Based Resource Guide titled, *Implementing Community-Level Policies to Prevent Alcohol Misuse* (SAMHSA Publication No. PEP22-06-01-006). The complete guide is available on the SAMHSA Store: https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP22-06-01-006.pdf

Effects of Alcohol by Blood Alcohol Concentration	
Blood Alcohol Concentration (BAC)	
BLOOD	ALCOHOL
TYPICAL EFFECTS	
0.02%	<ul style="list-style-type: none"> Some loss of judgement State of relaxation Altered mood When driving: Decline in visual function and increased distraction
0.05%	<ul style="list-style-type: none"> Exaggerated behavior Impaired judgement Lowered level of alertness Reduced coordination When driving: Poor response time and ability to track objects
0.08%	<ul style="list-style-type: none"> Poor muscle coordination Impaired judgement, self-control, reasoning, and memory Poor concentration Reduced capability to process information When driving: Impaired perception and speed control
0.10%	<ul style="list-style-type: none"> Deteriorated reaction time and control Slurred speech, poor coordination, and slowed thinking When driving: Reduced ability to maintain lane position
0.15%	<ul style="list-style-type: none"> Major loss of balance Far less muscle control Vomiting When driving: Substantial impairment in vehicle control, attention, and visual and auditory processing

Alcohol misuse is associated with a variety of harms, including multiple health conditions, crime, violence, and motor vehicle crashes, and is responsible for approximately 140,000 deaths per year in the United States.¹⁻² Approximately 70 percent of adults in the United States report drinking alcohol in the past year, as do 30 percent of youth under the age of 21.³ Underage drinking and binge drinking, especially among youth, remain major concerns. Males have historically reported much higher rates of drinking and alcohol misuse than females, but the differences between the sexes are narrowing among youth and young adults, with males and females reporting similar rates of past month binge drinking.³⁻⁴ These findings are concerning given that females are at higher risk for medical problems associated with alcohol misuse than are males.⁵⁻⁶ Lesbian, gay, bisexual, transgender, and queer people are also at risk, with a higher rate of alcohol misuse than in the general population.⁷ As rates of alcohol use and related harms remain high, communities would benefit from guidance on the most effective options to prevent and reduce alcohol misuse.

This guide focuses on assisting communities to identify evidence-based policies to prevent alcohol misuse. It provides an overview of effective prevention policies that can be implemented at the local, state, tribal, and/or territorial levels. It also includes key considerations and strategies for implementing and evaluating these policies while considering equity implications throughout.

Developed for policymakers, health departments, coalitions, prevention practitioners, communities, and other stakeholders, this guide focuses on evidence-based, community-level policies to prevent alcohol misuse among youth and adults by working to change

Note: These effects are generalized and may vary depending on individual factors. The federal limit to legally drive in the United States is a BAC of 0.08%, except Utah where it is 0.05%. Many states have set lower BAC limits to legally drive for individuals under the age of 21, known as zero tolerance laws.

Source: Centers for Disease Control and Prevention (CDC). (n.d.). *Blood alcohol concentration*. <https://www.cdc.gov/motorvehiclesafety/pdf/bac-a.pdf>

or influence community conditions, systems, and behaviors. It also includes the available evidence supporting these policies and their implementation.

This guide emphasizes policies grounded in reducing alcohol availability, which has shown the greatest effectiveness in decreasing alcohol consumption and related harms. These policies were selected through a systematic review of the literature and collaboration with subject matter experts. The decrease in alcohol availability is accomplished by reducing four key availabilities: physical, financial, social, and psychological.

Finally, this guide highlights how three United States communities have implemented one or more of the policies presented herein. These real-life case examples illustrate the importance of advocacy and community involvement in developing policies and regulations that facilitate actionable change. The guide concludes with considerations and resources for conducting policy evaluations.

This guide adds to available resources by focusing on community-level policies and regulations to address alcohol misuse and strategies for equitable implementation and enforcement. Although the strength of evidence for these policies and regulations is variable, they all help to promote and maintain healthy, resilient communities.

Examples of Policies That Reduce the Availability of Alcohol

Physical Availability

- Regulating Alcohol Outlet Density
- Minimum Legal Purchasing Age
- Limiting Days or Hours of Sales

Financial Availability

- Increasing Alcohol Taxes
- Minimum Pricing

Social Availability

- Dram Shop (Commercial Host) Liability Laws

Psychological Availability

- Limiting Alcohol Advertising and Marketing

References

- ¹ Centers for Disease Control and Prevention. (2020). *Excessive alcohol use*. <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/alcohol.htm>
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- ⁵ Centers for Disease Control and Prevention. (2020). *Excessive alcohol use is a risk to women's health*. Division of Population Health, National Center for Chronic Disease Prevention and Health Promotion. <https://www.cdc.gov/alcohol/fact-sheets/womens-health.htm>
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- ⁷ Greaves, L., Poole, N., & Brabete, A. C. (2022). Sex, gender, and alcohol use: Implications for women and low-risk drinking guidelines. *International Journal of Environmental Research and Public Health*, 19(8), 4523. <https://doi.org/10.3390/ijerph19084523>

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