

**OFFENDER EDUCATION RESEARCH SUMMARIES**

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**Drinking to have fun and to get drunk: Motives as predictors of weekend drinking over and above usual drinking habits**

Emmanuel Kuntsche and M. Lynne Cooper, *Drug and Alcohol Dependence*, article in press, April 3, 2010.

**Abstract**

Most evidence on the motives-alcohol use link has come from cross-sectional research using retrospective assessments. It remains also to be demonstrated whether motives predict drinking in particular circumstances. In the present study, drinking motives assessed 2 weeks prior to a diary study were used to predict the number of drinks on weekend days as reported via short message service (SMS). Multilevel regression models were estimated based on 391 reports from 55 participants (mean age 22.7). The results revealed that enhancement motives but not gender, age, or social, coping, or conformity motives predicted weekend drinking over and above usual consumption. Consumption and motives together explained more than three-quarters of the inter-individual variance in weekend drinking. To conclude, this study points to a heavy episodic weekend drinking culture of young people who drink large quantities on Friday and Saturday nights apparently because they are seeking fun and excitement. Preventive measures should aim to counteract young people's drinking at peak times and in high-risk situations.

**High mortality among people suspected of drunk-driving. An 18-year register-based follow-up**

Antti Impinen, Pia Mäkelä, Karoliina Karjalainen, Ossi Rahkonen, Tomi Lintonen, Pirjo Lillsunde and Aini Ostamo, *Drug and Alcohol Dependence*, 110, 1-2, 80-84.

**Abstract**

**Objectives**

The aim of this study was to examine the overall and cause-specific mortality of DUI arrestees compared to a reference population with no history of DUI and to recognize the risk factors of premature death.

**Methods**

The data used were a register of all DUI arrestees between April 1988 and December 2006. All drivers with drug-positive samples were excluded. DUI arrestees were compared to a reference population with no previous history of DUI. Overall and cause-specific hazard ratios were calculated and risk factors were estimated.

**Results**

Alcohol causes, diseases of the circulatory system and accidents constituted the most common causes of death among DUI arrestees. Suspected DUI was linked with higher mortality in every observed cause of death. The risk of death by alcohol-related or external cause was especially high. Among women DUI arrests caused sharper increase to the risk of death than increase found among male arrestees. Within the group of DUI arrestees the risk of death was affected by age, sex, marital status, education, multiple arrests as well as time and observed blood alcohol level of the arrest. Half of the suspected DUI cases and one in five of the references had alcohol as a contributing factor to death.

### **Conclusions**

Arrest on suspicion of drunk-driving is an indicator for elevated risk of death. Alcohol is often related to deaths of DUI arrestees. Drunk-drivers should be efficiently guided with respect to evaluations and treatments for harmful drinking.

### **The more you drink, the harder you fall: A systematic review and meta-analysis of how acute alcohol consumption and injury or collision risk increase together**

B. Taylor, H.M. Irving, F. Kanteres, R. Room, G. Borges, C. Cherpitel, T. Greenfield, J. Rehm *Drug and Alcohol Dependence, 110, Issues 1-2, 1 July 2010, 108-116*

### **Abstract**

Alcohol consumption causes injury in a dose–response manner. The most common mode of sustaining an alcohol-attributable injury is from a single occasion of acute alcohol consumption, but much of the injury literature employs usual consumption habits to assess risk instead. An analysis of the acute dose–response relationship between alcohol and injury is warranted to generate single occasion- and dose-specific relative risks. A systematic literature review and meta-analysis was conducted to fill this gap. Linear and best-fit first-order model were used to model the data. Usual tests of heterogeneity and publication bias were run. Separate meta-analyses were run for motor vehicle and non-motor vehicle injuries, as well as case–control and case–crossover studies. The risk of injury increases non-linearly with increasing alcohol consumption. For motor vehicle accidents, the odds ratio increases by 1.24 (95% CI: 1.18–1.31) per 10-g in pure alcohol increase to 52.0 (95% CI: 34.50–78.28) at 120 g. For non-motor vehicle injury, the OR increases by 1.30 (95% CI: 1.26–1.34) to an OR of 24.2 at 140 g (95% CI: 16.2–36.2). Case–crossover studies of non-MVA injury result in overall higher risks than case–control studies and the per-drink increase in odds of injury was highest for intentional injury, at 1.38 (95% CI: 1.22–1.55). Efforts to reduce drinking both on an individual level and a population level are important. No level of consumption is safe when driving and less than 2 drinks per occasion should be encouraged to reduce the risk of injury.

### **Alcopops, alcohol consumption and alcohol-related problems in a sample of German adolescents: Is there an alcopop-specific effect?**

Ludwig Kraus, Cornelia Metzner and Daniela Piontek, *Drug and Alcohol Dependence, 110, 1-2, 15-20*

## **Abstract**

### **Aims**

The objective of the present analysis was to investigate the impact of alcopops on drinking behaviour and alcohol-related negative consequences by controlling for alcohol consumption and the share of alcopops in total ethanol intake.

### **Methods**

Data from the 2003 European School Survey Project on Alcohol and other Drugs (ESPAD) in Germany were used. The final dataset comprised students aged 15–17 years who reported to have drunk alcohol in the past 7 days ( $n = 5509$ ).

### **Measurements**

Alcohol consumption was assessed by beverage-specific quantity measures for the last 7 days. Individuals were categorised into “non-alcopop” and “alcopop consumers”; according to the share in total ethanol intake, alcopop users were further divided into “only-alcopop”, “mix-alcopop” and “mix-consumers”. Analogous groups were constructed for the other beverages. Outcome measures were age of first alcohol use and drunkenness, frequency of drinking, binge drinking and drunkenness and alcohol-related problems. Hypotheses were tested using proportional hazard models, linear and logistic regressions.

### **Findings**

Controlling for overall volume few differences in consumption and problem measures were found when alcopop and non-alcopop users were compared. Further differentiation of the alcopop group also revealed only few differences. Similar associations were found for the other beverages. Only-alcopop and only-wine drinking was associated with less risky consumption patterns and negative consequences.

### **Conclusions**

An alcopop-specific effect on problematic drinking behaviour and negative consequences could not be identified. Concerted preventive actions tackling alcohol as a whole are needed in order to gain substantial effects on alcohol use and alcohol-related problems in adolescents.

## **Does binge drinking in teenagers affect their everyday prospective memory?**

T. Heffernan, R. Clark, J. Bartholomew, J. Ling, S. Stephens, *Drug and Alcohol Dependence*, Volume 109, Issues 1-3, 1 June 2010, Pages 73-78

## **Abstract**

**Aims:** To examine whether teenage binge drinking has an adverse effect upon everyday prospective memory (PM). *Design:* The study utilised an existing-groups design, with alcohol group: binge drinkers vs non-binge drinkers as the independent factor, and scores on the two PM memory subscales of the Prospective and Retrospective Memory Questionnaire (PRMQ) and the score on the Prospective Remembering Video Procedure (PRVP) as the dependent factors. Age, anxiety and depression scores, last alcohol use (in hours) and how many years spent drinking, were measured and analysed between the groups.

**Setting:** Each participant was tested in a laboratory setting.

**Participants:** An opportunity sample of 21 ‘binge drinkers’ (those drinking above 6 units for females and 8 units for males on 2 or more occasions per week) and 29 non-bingers were compared.

**Measurements:** Self-reported everyday PM lapses were measured using the PRMQ. The PRVP was used as an objective measure of PM. Alcohol and other drug use were assessed by the University of East London Recreational Drug Use Questionnaire. The Hospital Anxiety and Depression Scale gauged self-reported levels of anxiety and depression.

**Findings:** After controlling for age, anxiety and depression scores, last alcohol use and how many years spent drinking, there were no significant between-group differences on either the self-reported long-term or short-term PM lapses. However, binge drinkers recalled significantly fewer location-action combinations on the PRVP than non-binge drinkers. *Conclusions:* The results of the present study suggest that binge drinking in the teenage years leads to impairments in everyday PM.

### **Young Drinkers Influenced More by Alcohol Ads than by Athletes' Drinking Behavior**

April 26, 2010

News Summary

Reports of heavy drinking by sports stars appear to have little influence on young people's own drinking behavior, but use of athletes in alcohol advertising carries considerably more weight, results of a study in Australia suggest.

BBC News reported April 21 that in a questionnaire completed by 1,028 students at two Australian universities, the young people thought professional athletes on average drank 12 percent less than they themselves did. These students at the same time tended to overestimate their peers' level of drinking, a factor that appeared to influence their own behavior more strongly.

The researchers added that while athletes' actual behavior seemed to have little influence on youths, the strong presence of alcohol marketing in the sporting world carried greater significance.

"We are not suggesting that sports stars should not be encouraged to drink responsibly, but it's disingenuous to place the blame on them for setting the bad example," said Kerry O'Brien, co-author of a report based on the Australian study. "It is time that sport administrators consider their own social responsibilities when weighing up the costs and benefits of using their sports and sport stars to market alcohol on behalf of the alcohol industry."

### **Sentencing Commission Releases Guidelines on Alternative Penalties**

May 4, 2010

News Summary

Judges may depart from federal sentencing guidelines in order to refer offenders with alcohol and other drug problems to addiction treatment or other alternatives to incarceration, according to new guidelines issued by the U.S. Sentencing Commission.

"The commission has heard from virtually every sector of the criminal-justice community that there is a great need for alternatives to incarceration," said commission chairman William K. Sessions III. "Expanding the availability of alternatives to straight incarceration is a public-safety issue. Providing flexibility in sentencing for certain low-level, non-violent offenders helps lower

recidivism, is cost effective, and protects the public. The commission's action in this area amounts to a very modest but important step in the right direction."

The [amendment to federal sentencing policy \(PDF\)](#) "informs courts that departures from the guidelines may be warranted in situations where an offender's criminal activity is related to a treatment issue such as drug or alcohol abuse or significant mental illness and sentencing options such as home or community confinement or intermittent confinement would serve a specific treatment purpose."

The commission also recommended that courts "take into consideration the effectiveness of residential treatment programs as part of their decision to impose community confinement."

Separately, the commission also gave courts more discretion to consider age, mental and emotional conditions, physical condition, and military service, when relevant, in determining sentences.

The amendments issued by the commission were due to Congress by May 1. They will automatically go into effect on Nov. 1 unless blocked legislatively by Congress.

#### **TRAFFIC FATALITIES IN UNITED STATES REACH RECORD LOW IN 2009**

The U.S. Department of Transportation announced recently that the number of traffic fatalities for 2009 reached the lowest level since 1954. The projected fatalities for 2009 were 33,963, a 9% decrease from the 37,261 deaths in 2008. The fatality rate per 100 million vehicle miles traveled was 1.16, the lowest on record. The percentage of 2009 traffic fatalities involving impaired drivers has not been estimated yet. To view the preliminary fatality statistics, go to [www-nrd.nhtsa.dot.gov/Pubs/811291.PDF](http://www-nrd.nhtsa.dot.gov/Pubs/811291.PDF)

#### **U.S. PUBLIC IN FAVOR OF USING ADVANCED TECHNOLOGY TO STOP DRUNK DRIVERS FROM OPERATING THEIR VEHICLES**

A new survey sponsored by the Insurance Institute for Highway Safety (IIHS) indicates that two of three respondents think that using advanced technology to stop drunk drivers from operating their vehicles is a good or very good idea, assuming the technology is reliable. More than 40% said they would want such devices on their own cars if offered the option. These results are the first indication of what Americans' think about equipping all vehicles with alcohol detection devices that would be more sophisticated than the alcohol ignition interlocks in some vehicles today. The Driver Alcohol Detection System for Safety (DADSS) program in the United States is a partnership between the National Highway Traffic Safety Administration and the Automotive Coalition for Traffic Safety that is exploring new technology that one day could be developed for widespread use. "The idea is to stop anyone from operating a vehicle if the BAC registers 0.08 or higher, not to prevent drivers from having any drinks at all before getting into their cars," said Anne McCartt, senior vice president for research at IIHS and an ICADTS member. Even among respondents who said they drink four or more times a week, support for such devices was about 50%. Alcohol-impaired driving is a significant factor in U.S. fatal crashes

accounting for 11,773 deaths in 2008 by drivers with BACs of 0.08 or higher. This represents 32% of all traffic fatalities.

## **RAISING ALCOHOL TAXES REDUCES EXCESSIVE DRINKING, MOTOR VEHICLE CRASHES, AND OTHER ALCOHOL-RELATED HARMS**

Raising alcohol excise taxes is a highly effective strategy for helping to prevent deaths due to excessive drinking in the United States, according to a systematic review published in the February 2010 issue of the *American Journal of Preventive Medicine*. The review evaluated 73 published articles and reports that examined relationships between the alcohol, excessive drinking, and harmful consequences of excessive drinking, including motor vehicle crashes and alcohol-impaired driving.

Higher alcohol prices or taxes were consistently related to:

- Fewer motor vehicle crashes and deaths;
- Less alcohol-impaired driving;
- Lower levels of underage drinking; and
- Lower rates of violent crime, including homicide, assault, robbery, and rape.

The review found that raising the price of alcoholic beverages by 10% would reduce consumption by about 7%. The review was led by CDC scientists and overseen by the Task Force on Community Preventive Services. Based on the strong evidence from this review, the Task Force recommends raising alcohol excise taxes to reduce excessive drinking and related harms. The Task Force is a nonfederal, volunteer, independent group of public health and prevention experts appointed by the CDC Director. Visit Community Guide topics to learn more about other Community Guide systematic reviews, including additional reviews about preventing excessive alcohol use. To view more information about this community guide, see [www.thecommunityguide.org/alcohol/increasingtaxes.html](http://www.thecommunityguide.org/alcohol/increasingtaxes.html).

## **NEW RESOURCE FOR CRIMINAL JUSTICE PROFESSIONALS**

The American Automobile Association (AAA) has developed a new impaired-driving Web site for criminal justice professionals. AAADUIJusticeLink.com serves as a resource and reference guide for judges, prosecutors, probation and parole officers, and law enforcement.

AAA based the development of the Web site on an investigation conducted by the Traffic Injury Research Foundation (TIRF), which revealed that criminal justice professionals are not always aware of or familiar with the latest scientific research, new interventions or news reports by other agencies. At the same time, there is a strong desire among these professionals to have access to the latest research and information. Content on the site, which is designed to address some of the challenges of processing drunken driving offenders, was reviewed by a national panel of judges.

Good information exists about effective strategies, policies, and programs addressing drunken driving. However, much of it is fragmented and not easily accessible for practitioners with heavy workloads and time constraints. "This Web site is an excellent resource that can provide practitioners with a current state of knowledge about drunken driving," said TIRF President and CEO Robyn Robertson.

In 2008, there were 11,773 people killed in the United States as a result of alcohol-impaired driving crashes. "The online tool enables AAA to better serve its members and the public by providing evidence-based information and resources to help stakeholders become more efficient and effective advocates for the reduction of alcohol-impaired driving," said AAA Traffic Safety Policy and Research Director Jake Nelson.

For more information, visit [www.AAADUIJusticeLink.com](http://www.AAADUIJusticeLink.com) or contact Michael Sabol at [msabol@national.aaa.com](mailto:msabol@national.aaa.com).

### **THEME FOR 2010 INTERLOCK SYMPOSIUM ANNOUNCED**

The Traffic Injury Research Foundation will host the 2010 Annual Alcohol Interlock Symposium, October 17 through 19, in Montebello, Quebec, Canada. The theme of this year's event is "Harmonizing Policies and Practices" with the goal of encouraging and supporting consistency in the use of evidence-based policies and practices across jurisdictions.

With a growing worldwide interest in alcohol interlocks, many countries are currently developing alcohol interlock programs or working to improve and enhance existing applications. To support this trend, the symposium will devote attention to identifying areas in which consistency across jurisdictions is achievable and developing strategies to promote consistency in legislation, in regulations, and in practices (where feasible) for dealing with different classes of drivers. Such an approach can help to reduce duplication, better leverage successes in individual jurisdictions, and minimize conflict stemming from interjurisdictional impediments.

In addition, the symposium will focus attention on the development and implementation of first offender interlock programs, and engage symposium attendees in the development of appropriate benchmarks and effective strategies to measure and monitor progress in the interlock field in the future. It will also focus on the development of strong evaluation strategies for interlock programs.

This year, the agenda is designed to maximize dialogue, information exchange and networking. Sessions will involve a mixture of panel presentations and discussion groups to identify opportunities for harmonization in a variety of areas. The agenda will also include updates on areas of common interest and include special workshops designed to meet the needs of interested professionals with varying knowledge about alcohol interlocks. Newcomers are welcome.

Since 2000, the Annual International Alcohol Interlock Symposia has collected the current state of knowledge about alcohol interlocks. The goal of these symposia has been to advance all facets of alcohol interlocks and support the development of evidence-based programs and practices to reduce impaired driving. Research demonstrates that these breath-testing devices attached to vehicle starters are effective tools to separate drinking from driving. They reduce recidivism by an average of 60%. Today, jurisdictions around the world are strengthening and expanding alcohol interlock programs in a variety of settings.

### **ALL-YOU-CAN-DRINK BAR SPECIALS INCREASE CONSUMPTION**

A recent study examined associations between bar-sponsored drink specials and alcohol intoxication among patrons. Data were collected in a college bar district located in a large campus community in the southeastern United States. Random and self-selected samples of patrons were interviewed after they exited college bars at night on four different nights (N = 383). Anonymous interview and questionnaire data were collected, as well as breath-alcohol concentration (BrAC) readings. Results indicated significant gender differences in patron drinking practices: women were more likely to take advantage of drink specials, whereas men reported greater alcohol expenditures, consumed more drinks, and drank for longer periods. Gender differences in BrAC were very small and not meaningful. Patrons who did not take advantage of drink specials reported consuming more drinks before bar entry than patrons who did participate in these promotions. Participation in “all-you-can-drink” promotions was significantly associated with higher BrAC readings after adjusting for covariates and random effects attributable to drinking establishment. Other drink specials did not have significant associations with alcohol intoxication. Study authors concluded that all-you-can-drink special may be the specific discounting practice with the greatest potential for boosting patron intoxication and thus may need to be a stronger focus of alcohol-control policies aimed at improving the beverage service of drinking establishments. (Source: *Journal of Studies on Alcohol and Drugs* 2009; 70(2): 206-14.)

### **ALTERNATIVE SENTENCING PROGRAM INCREASES USE OF INTERLOCKS**

The effectiveness of ignition interlocks at reducing drunk driving has been limited by the ability of driving-while-intoxicated (DWI) offenders to avoid court orders to install the devices. In a pilot program in New Mexico, four Santa Fe County judges imposed home confinement (via electronic monitoring bracelets) on offenders who claimed to have no car or no intention to drive. Interlock installation rates for Santa Fe County were compared with all other counties in New Mexico over a 2-year program and 2-year post-program period. During the two program years, 70% of the drivers convicted of DWI in Santa Fe County installed interlocks, compared to only 17% in the other counties, but when the program was terminated, the Santa Fe installation rate fell by 18.8 percentage points. Mandating the alternative sanction of house arrest led to the highest reported interlock installation rate for DWI offenders. Study authors (Roth, Marques, and Voas) concluded that interlocks provide a method of protecting the public while permitting the offender to drive sober and that rates of interlock use can be increased by

mandating house arrest as an alternative sanction. Source: *Journal of Safety Research* 2009; 40(6): 437-41.

## **SIGNS OF IMPAIRMENT BY THC**

A recent study explored the extent to which different clinical tests and observations were related to blood Delta-9-tetrahydrocannabinol (THC) concentrations and to determine whether the combined influence of THC and ethanol was different from either drug alone. A retrospective cross-sectional forensic database study was conducted among drivers apprehended by the police in Norway suspected of driving under the influence of alcohol or other drugs. Investigation was carried out on 589 cases positive for THC only. In addition, 894 cases with THC and ethanol were included. A comparison was made with 3,480 drivers with only ethanol in their blood and 79 drivers who tested negative for either THC or ethanol. Analytical results of blood samples and the 27 clinical tests and observations included in the Norwegian clinical test for impairment (CTI) were examined. No relationship was found between blood THC concentration and most of the CTI tests. Blood THC concentration was, however, related to conjunctival injection, pupil dilation and reaction to light, and to the overall risk of being judged impaired. When THC and ethanol were detected together, the risk of being judged impaired increased markedly. Study authors (Bramness, Khiabani, and Mørland) concluded that cannabis impairs driving ability in a concentration-related manner. The effect is smaller than for ethanol. The effect of ethanol and cannabis taken simultaneously is additive. Source: *Addiction*, March 10 online edition.

## **APIS ANNOUNCES NEW WEBSITE DESIGN: EASIER ACCESS TO STATE-BY-STATE ALCOHOL POLICIES DATA**

The Alcohol Policy Information System (APIS), a project by the National Institute on Alcohol Abuse and Alcoholism, announces a new, user-friendly Web site. Users will find the same APIS information in a streamlined design that simplifies access to APIS data.

A new, tab-based format provides direct access to:

- Background on each policy topic;
- Data on statutes and regulations for each of the 50 states, the District of Columbia, and the United States on a specific date;
- Changes in statutes and regulations over time across the 50 states, the District of Columbia, and applicable federal law;
- Maps and charts depicting a current snapshot of policies in each jurisdiction and numbers of jurisdictions with statutes and regulations over time;
- Policy variable definitions; and
- Detailed instructions for using the site

In addition, users will continue to have ready access to APIS materials to contextualize, interpret, and use APIS data including:

- Background on alcohol policy;

- Enforcement and compliance information;
- National Highway Traffic Safety Administration Alcohol-Highway Safety Digest data;
- National Institutes of Health program announcements; and

The new APIS Web site is now available at the unchanged URL:  
[www.alcoholpolicy.niaaa.nih.gov/](http://www.alcoholpolicy.niaaa.nih.gov/)

### **Minn. Expands DWI Penalties and Programs**

May 20, 2010

#### News Summary

Minnesota Gov. Tim Pawlenty has signed into a law a series of reforms to the state DWI code, including broader sanctions and a few opportunities for new and repeat offenders, KDLH reported May 18.

Effective July 1, 2011, drivers found with a 0.16 percent or higher blood alcohol concentration (BAC) must install ignition interlock systems – devices that require the driver to have less than a .02 BAC in order to start their vehicle – or face license suspensions of one to six years. Persons with three or more infractions in a ten-year period would be required to have an interlock for monitoring and prevention, or not drive at all.

The law does allow DWI offenders to drive immediately following their offense provided they have the device. Minnesota joins more than 40 other states that have implemented some kind of ignition-interlock legislation.

Tougher sanctions combined with interlock incentives would reduce impaired driving, curb the number of DWI offenders who drive without licenses, and ultimately save lives, according to Commissioner Michael Campion of the Minnesota Department of Public Safety. Reports from the Pacific Institute for Research and Evaluation found that ignition interlocks can reduce DWI recidivism by 45 to 90 percent.

### **Genes Help Determine Brain Response to Alcohol, Medication, NIAAA Says**

May 20, 2010

#### Research Summary

Alcohol consumption prompts the brain to release the pleasure chemical dopamine, but genes may influence the degree to which the brain responds to drinking and -- by extension -- how effective medications like naltrexone are in treating alcoholism.

Researchers at the National Institute on Alcohol Abuse and Alcoholism (NIAAA) found that genetic variations in the mu-opioid receptor sites in the brain's reward system seem to influence the release of the neurotransmitter dopamine and the degree of pleasure that individuals get from drinking.

Researchers also found that naltrexone -- a drug that works to block the release of dopamine resulting from drinking -- was more effective for patients with some genetic profiles than others.

"Our data strongly support a causal role of the 118G variant of the mu-opioid receptor to confer a more vigorous dopamine response to alcohol in the ventral striatum," said NIAAA researcher Vijay A. Ramchandani, Ph.D. "The findings add further support to the notion that individuals who possess this receptor variant may experience enhanced pleasurable effects from alcohol that could increase their risk for developing alcohol abuse and dependence. It may also explain why these individuals, once addicted, benefit more from treatment with blockers of endogenous opioids."

Markus Heilig, NIAAA's clinical director, noted that naltrexone also worked better in the early stages of alcoholism, when the body still believes it is being rewarded for drinking ('reward craving'). At a certain point, however, the brain switches to a pattern called 'relief craving' -- what Heilig called a "pathological pattern of anxiety" -- where naltrexone isn't nearly as helpful.

#### **New reports concerning impaired driving were published recently by the National Highway Traffic Safety Administration (NHTSA):**

- *Preventing First-Time DWI Offenses: First-Time DWI Offenders in California, New York, and Florida: An Analysis of Past Criminality and Associated Criminal Justice Interventions* by Laura Caldwell-Aden, Michael Kaczowka, and Nathaniel Balis, DOT HS 811-074, March 2009.
- *Alternative Transportation Programs: A Countermeasure for Reducing Impaired Driving* by Lawrence E. Decina, Robert Foss, Mary Ellen Tucker, Arthur Goodwin, and Jamie Sohn, DOT HS 811-188, September 2009.
- *Ignition Interlocks—What You Need to Know* by Karen Sprattler, DOT HS 811-246, November 2009.

These can be downloaded from the NHTSA Web site: [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov)

#### **WHO Calls on Nations to Address Excessive Alcohol Use**

May 24, 2010

Price controls and marketing regulations are among 10 policy options outlined in a resolution aimed at cutting excessive alcohol use, which was endorsed this week by the 193 member states of the World Health Organization (WHO).

"The more affordable alcohol is -- the lower its price, or the more disposable income people have -- the more it is consumed and the greater level of related harm in both high- and low-income countries," according to the document, Reuters reported May 20. "Modelling shows

that setting a minimum price per unit gram of alcohol reduces consumption and alcohol-related harm."

The non-binding resolution also calls for improved responses to alcohol from health services, community action, and reducing the impact of illicitly produced alcohol. "The resolution and the strategy set priority areas for global action, provide guidance to countries and give a strong mandate to WHO to strengthen action at all levels on reducing harmful use of alcohol," said WHO assistant Director-General Ala Alwan.

Youth binge drinking and other misuse of alcohol accounts for about 4 percent of all deaths worldwide and is the eighth-leading cause of death, according to the WHO. "Harmful drinking is also a major avoidable risk factor for noncommunicable diseases, in particular cardiovascular diseases, cirrhosis of the liver and various cancers. It is also associated with various infectious diseases like HIV/AIDS and TB, as well as road traffic accidents, violence and suicides," WHO noted.

### **Regulations Lag as Alcohol Firms Tap New Media to Reach Young Drinkers**

May 21, 2010

Research Summary

Adolescents are being bombarded with alcohol marketing online as firms exploit new-media tools and lax regulation to put their brand images and information in front of young drinkers, according to a new report.

HealthDay News reported May 19 that American University professor Kathryn Montgomery -- author of the report, *Alcohol Marketing in the Digital Age* ([PDF](#)) -- said that alcohol is being sold through "a multiplicity of platforms throughout the day and night that includes online, offline, mobile, digital, music, video -- a whole range of different ways that consumers interact with new digital marketing."

Researchers said that the Federal Trade Commission needs to investigate an advertising space where loose regulations -- such as weak age-21 verification on websites -- are contributing to youth exposure to alcohol marketing. "We're not calling for any kind of censorship, but we do think these are very serious issues that do require attention by regulators and public-health professionals," Montgomery said.

Alcohol companies also are reaching out to consumers via social-networking platforms like Facebook, both directly and indirectly through consumers who are encouraged to tout their brands to others in the network. "There's a whole stealth world of marketing that occurs in social-media spaces," said study co-author Jeff Chester of the Center for Digital Democracy. "It's a completely Wild West environment."

Heineken has even created a virtual online city where visitors can create digital apartments, get free storage and e-mail, and earn points based on how long they stay on the site. Viral videos,

like a Smirnoff clip promoting an alcoholic iced tea, are another marketing channel, as are messages delivered to mobile devices.

The Distilled Spirits Council responded to the report by saying that online and digital communications are primarily used by adults, "which makes these platforms responsible and appropriate channels for spirits marketers."

### **All Kids Should Be Screened for Alcohol, Pediatricians Say**

May 19, 2010

News Summary

The American Academy of Pediatricians (AAP) has recommended that doctors screen all of their young patients for alcohol use starting in middle school, the Wausau Daily Herald reported May 15.

The AAP Committee on Substance Abuse released a revised policy statement on youth alcohol use on May 1. "A remarkable amount of brain development is still occurring for young people through their 20s," said report lead author Patricia Kokotailo of the University of Wisconsin School of Medicine and Public Health. "This policy statement provides better evidence about how alcohol affects the brains of young people and why it is important to screen children." Committee chair Janet Williams of the University of Texas Health Science Center at San Antonio said that most doctors don't routinely ask about youth alcohol use, and need to know how to provide prevention guidance and where to refer young drinkers to treatment.

### **Youth ER Visits for Alcohol-Related Problems Spike During Holiday Weekend**

May 28, 2010

Research Summary

Everyone loves a Memorial Day weekend party, but a new study suggests that some kids are having more holiday 'fun' than they should.

Underage-drinking related visits to hospital emergency rooms are 11 percent higher on the typical Memorial Day weekend than on normal days, according to a new study (PDF) from the Substance Abuse and Mental Health Services Administration (SAMHSA). Also, ER visits for problems associated with combined alcohol and other drug use by those under age 21 are 27 percent higher over the holiday weekend.

Youth alcohol-related admissions over the three-day weekend average 577 daily, compared to 519 on a typical day. Admissions for combined use of alcohol and other drugs average 199 visits, compared to 156 normally.

The data are from SAMHSA's Drug Abuse Warning Network (DAWN).

## **Risk-Taking Rises When Youth Reach Legal Drinking Age, Study Finds**

June 3, 2010

Research Summary

College students are more likely to drink and drive after they reach the legal drinking age of 21, according to researchers from the University of Maryland School of Public Health.

The [Los Angeles Times](#) reported May 31 that researchers followed 1,253 students over their four-year college career and found that while just 20 percent of 20-year-olds reported driving while intoxicated, 25 percent of 21-year-olds said they had done so. Driving with an intoxicated driver was reported by 43 percent of 20-year-olds but 49 percent of 21-year-olds.

Researchers said that while reports have shown that freshmen drink more than upperclassmen, older college students may be more likely to take alcohol-related risks due to easier access to alcohol or cars.

"Our findings call into question the assertions of some advocates who claim that lowering the drinking age to 18 would be a useful strategy for reducing harm associated with alcohol consumption," said study author Amelia Arria. "The present findings are consistent with numerous prior studies showing that increased availability of alcohol is associated with a greater level of problems, especially underage drinking-and-driving fatal crashes."

The study is scheduled to be published in the August 2010 issue of the journal [Alcoholism: Clinical & Experimental Research](#).

### **Requiring suspended drunk drivers to install alcohol interlocks to reinstate their licenses: effective?**

Robert B. Voas, S. Scott Tippetts, Deborah Fisher & Milton Grosz, *Addiction*, published on-line June 7, 2010

#### **ABSTRACT**

**Aims** To evaluate a new method being used by some states for motivating interlock installation by requiring it as a prerequisite to reinstatement of the driver's license.

**Design** The driving records of Florida DWI offenders convicted between July 2002 and June 2008 were analyzed to determine the proportion of offenders subject to the interlock requirement who installed interlocks.

**Setting** Most driving-while-impaired (DWI) offenders succeed in avoiding state laws requiring the installation of a vehicle alcohol interlock.

**Participants** A total of 82 318 Florida DWI offenders.

**Findings** Due to long periods of complete suspension when no driving was permitted and the failure to complete all the requirements imposed by the court, only 21 377 of the 82 318 offenders studied qualified for reinstatement, but 93% of those who qualified did install interlocks to be reinstated.

**Conclusions** Because of the lengthy license suspensions and other barriers that the offenders face in qualifying for reinstatement, it is not clear that requiring a period on the interlock as a prerequisite to reinstating will greatly increase the current installment rate.

## **Study Cites Cost Benefit of Counseling Plus Drugs to Treat Alcohol Problems**

**June 8, 2010**

Research Summary

Combining behavioral interventions with acamprosate and naltrexone therapy for alcohol-dependent patients saved an estimated \$3,800 per patient in societal costs compared to providing medical management alone, according to researchers who evaluated data from the following COMBINE study.

**Societal savings included related healthcare costs and expenses related to arrests and motor-vehicle crashes.**

Researchers from RTI, the University of Wisconsin-Milwaukee, University of North Carolina at Chapel Hill, University of Pennsylvania and Yale University collaborated on the research, which focused on the COMBINE (Combined Pharmacotherapies and Behavioral Interventions) study. The findings were published in the May 2010 issue of the journal Medical Care. The study looked at the economic impact of combined alcohol dependency treatments, including the treatment costs and the economic costs of other health care use, arrests and motor vehicle accidents.

The researchers found that people who were alcohol dependent and received medical management and a combination of acamprosate and naltrexone medications saved more than \$3,800 in the median cost of alcohol treatment, other health care costs, arrest costs and motor vehicle accident costs compared to those who just received medical management and a placebo.

"It's important to understand the effect of alcohol interventions on future social costs," said Gary Zarkin, Ph.D., vice president of the Behavioral Health and Criminal Justice Research Division at RTI and the paper's lead author. "Our study suggests that the combined alcohol dependency therapies have additional long-term societal benefits in terms of reduced health care usage, arrests and car accidents."

The three-year study analyzed data from approximately 800 patients who participated in the nine alcohol dependence treatments in COMBINE (Combined Pharmacotherapies and Behavioral Interventions Study). Previously, the study team estimated the cost-effectiveness of the COMBINE interventions at the end of 16 weeks of treatment. Clinical results for COMBINE were published in the May 2006 issue of *JAMA*.

"A strength of our study is that we were able to take advantage of the statistical design of the COMBINE clinical trial, which previous researchers were not able to do," Zarkin said. "But more research needs to be done to understand the magnitude of social cost savings associated with alcohol dependency treatment."

Alcohol abuse is the third leading preventable cause of death, and in 1998, according to a report by the National Institute on Alcohol Abuse and Alcoholism, the estimated societal cost of alcohol abuse in the United States was \$184 billion.