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policy brief: next steps to reduce alcohol-related harm in New Mexico

New Mexico Department of Health and New Mexico Prevention Research Center Policy Brief Series

Policies have successfully reduced DWI deaths

Deaths from motor vehicle crashes resulting from driving while intoxicated (DWI) have decreased dramatically over the past 25 years in New Mexico. New Mexico's alcohol-related motor vehicle crash fatality rate dropped almost 80% between 1982 and 2006, from 3.2 to 0.7 deaths per 100 million vehicle miles traveled, and from highest in the nation to an all-time low of 14th highest in 2006.

Source: State Traffic Safety Information, National Highway Traffic Safety Administration

policies that have worked

A comprehensive set of policies have contributed to this public health and safety success. Policies that have helped reduce DWI-related harm include:

Laws that reduced the allowable blood alcohol content (BAC) for adult and underage drivers.

Laws that raised the minimum legal drinking age to 21.

Laws mandating installation of ignition interlock for first-time offenders in order to reduce DWI recidivism (repeat arrest).

Law enforcement in the form of sobriety checkpoints, accompanied by public awareness campaigns, which together reduce DWI by increasing public perception of the risk of arrest.

Advances in automotive safety including seat belts and laws that have made their use mandatory.

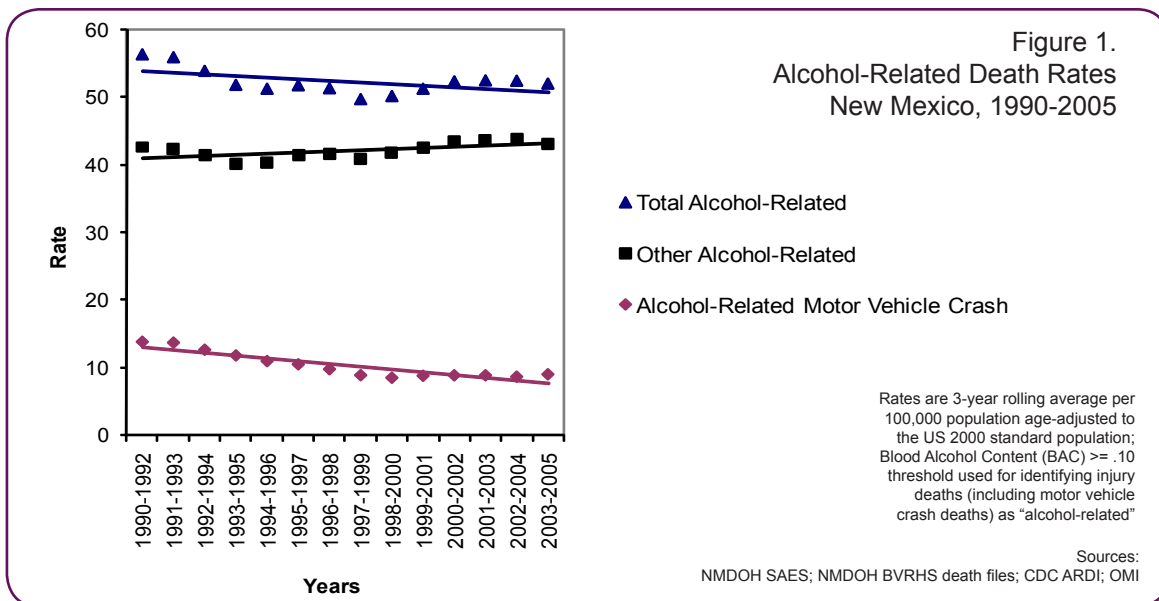
Source: Guide to Community Preventive Services. Motor vehicle-related injury prevention. <http://www.thecommunityguide.org/mvoi/index.html>

Alcohol-related death rates from causes other than DWI have increased

While alcohol-related motor vehicle crash death rates have decreased, death rates from **other alcohol-related causes** — injury deaths including suicides, homicides, falls, and non-alcohol-poisoning; and alcohol-related chronic disease deaths, particularly chronic liver disease — have actually increased (see Figure 1). Past and current alcohol-related policies that have focused on reducing DWI deaths have not addressed New Mexico's death rate from alcohol-related causes other than DWI.

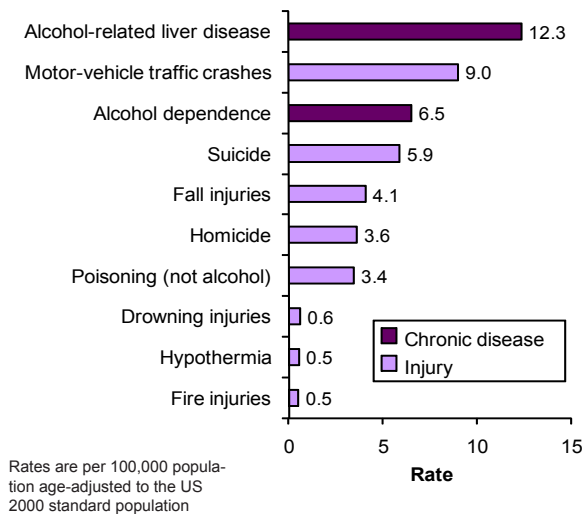
New Mexico's death rate from alcohol-related causes other than DWI has increased during a period when national rates have been falling. New Mexico has been among the top three states with the highest total alcohol-related death rates every year since 1981; and it has had the highest total alcohol-related death rate in the nation since 1997.

Source: New Mexico Department of Health, Epidemiology and Response Division, Injury and Behavioral Epidemiology Bureau, Substance Abuse Epidemiology Section.



Policies that broaden the prevention focus

Figure 2. Leading Causes of Alcohol-Related Death
5-Year Death Rates, New Mexico, 2001-2005



Source: NMDOH SAES; NMDOH BVRHS death files; CDC ARDI; OMI

Alcohol problems in the state primarily involve binge and chronic heavy drinking not alcohol dependence. Results from New Mexico's Behavioral Risk Factor Surveillance Survey (BRFSS) suggest that most alcohol problems in the state — including impaired driving — are likely due to excessive drinking among people who are not alcohol dependent. Effective strategies to curb excessive drinking, particularly binge drinking, are likely to have a broad impact on reducing New Mexico's alcohol-related problems.

Source: Woerle S, Roeber J, Landen MG. Prevalence of alcohol dependence among excessive drinkers in New Mexico. *Alcohol Clin Exp Res.* 2007 Feb;31(2):293-8.

Policies that change the environment could reduce alcohol-related harm in New Mexico. Research shows that policies that change the environment in which people drink can effectively reduce excessive alcohol use. For example, increasing the price of alcohol by raising alcohol excise taxes and enforcing liquor control regulations can each reduce excessive drinking. These "environmental" strategies will help to reduce **binge drinking** that leads to alcohol-related injuries (motor vehicle crashes as well as suicides, homicides, falls and non-alcohol poisoning); and **chronic heavy drinking** that leads to alcohol-related chronic disease. Reducing excessive drinking can also help reduce risky behaviors among youth, including physical fighting, sexual activity, and driving after drinking.

"If successful programs are to be developed to prevent disease and improve health, attention must be given not only to the behavior of individuals, but also to the environmental context within which people live."

- Institute of Medicine

What more can be done?

Several independent expert reviews conducted in the last decade have made clear and consistent recommendations regarding the best evidence-based strategies to use for reducing excessive alcohol use and its consequences. These include:

Strategy 1: Increasing the price of alcoholic beverages. This is the single most effective and recommended strategy for reducing alcohol-related harm. Evidence suggests that this strategy especially impacts the consumption of high risk groups including underage and chronic heavy drinkers.

Strategy 2: Implementing and enforcing sales and service regulations. Enforcement of liquor control regulations prohibiting sales and service to intoxicated and/or underage persons is an effective strategy to reduce dangerous excessive drinking.

Strategy 3. Promoting screening and brief intervention for alcohol misuse. Using a screening and brief intervention protocol that requires a minimal amount of time and effort, primary health care workers can effectively identify real or potential alcohol problems and motivate their patients to address them before they become more serious.

Evidence supports the effectiveness of these policies in addressing the costly and extensive devastation caused by alcohol-related disease and injury. These policies can help reduce the broader spectrum of alcohol-related harms that continue to burden New Mexico.

Source: Reducing Underage Drinking: A Collective Responsibility, Institute of Medicine, 2003 (<http://www.iom.edu/Object.File/Master/19/780/ReducingUnderageDrinking.pdf>); Alcohol: No Ordinary Commodity, Babor et al, 2003 (<http://racp.edu.au/download.cfm?DownloadFile=58652CD1-9BE2-4D4E-55490E849F199F90>); Blueprint for the States, Join Together, 2006 (<http://www.jointogether.org/aboutus/policy-panels/blueprint/>)

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