



# Healthy Anchorage Indicators Report

Healthy Anchorage Indicators Project: helping Anchorage to measure its health and quality of life



Municipality of Anchorage

Department of Health and Human Services

Community Health Promotion

This project is an outgrowth of the Anchorage Healthy Futures Project

Number 9, November, 1998

## Featured Indicator Alcohol-Related Problems

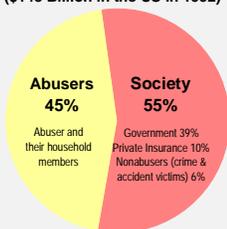
More than 5 in 10 violent victimizations in Anchorage and 5 in 10 fatal motor vehicle crashes involve the use of alcohol.

—see alcohol-related chart and table to the right.

An estimated 2,072 of Alaskan adults self-reported that they had engaged in drinking and driving during the past month (1995).

—AK DHSS, Behavioral Risk Factor Survey 1995 Annual Report.

### Who Pays for Alcohol Abuse? (\$148 Billion in the US in 1992)



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[www.indicators.ak.org](http://www.indicators.ak.org)

## Why Should We Care? The Social Costs of Alcohol Consumption

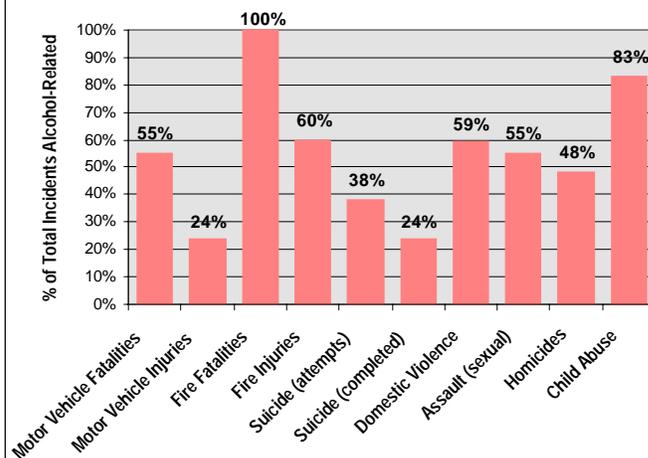
Alcohol is a significant contributing factor to crime, preventable injuries (motor vehicle crashes, domestic violence, child abuse, drowning, suicide, etc.) and adverse health outcomes, such as cirrhosis—the 9th leading cause of death in the US—immune system problems, brain damage, and cancer. Alcohol use increases the risk for certain cancers, especially those of the liver, esophagus, throat, and larynx or voice box. Alcohol use during pregnancy is the leading preventable cause of birth defects.

## Who Pays the Cost?

In purely economic terms, alcohol-use problems cost the US an estimated \$148 billion dollars per year in medical costs, lost productivity, crime, and losses resulting from premature death.<sup>1</sup>

Alcohol abusers bear less than half (45%) of the economic cost of alcohol abuse. The majority of the cost (55%) is borne by society or nonabusing persons who pay the government tab, increased private health and life insurance costs, and medical and property bills as victims of crime and incidences resulting in unintentional injuries such as motor vehicle crashes.<sup>2</sup>

## Percent of Crimes, Injuries, and Deaths Alcohol-Related in Anchorage



Sources: See table version below for the complete list of references.

## Percent of Crimes, Injuries, and Deaths Alcohol-Related

Cause of Injury/Death	Anchorage (%) Alcohol-Related	Alaska (%) Alcohol-Related
Motor Vehicle crash fatalities	55% a	42% b - 54% c
All related motor vehicle injuries	24% d	26% d
Fire (fatal)	100% j	34% e - 45% b
Fire injuries	60% j	17% d
Drowning	not reported	20% d - 38% b
Suicide (attempts)	38% i	43% i
Suicide (completed)*	24% i	24% i
Total assaults	50% a	54% d
Domestic violence	59% a	not reported
Assault (sexual)	55% a	63% d
Homicides	48% a	29% d - 46% b
Incarceration	not reported	85% g
Child Abuse	83% h	not reported
Unplanned pregnancy	not reported	not reported
STDs/HIV	not reported	not reported

a Anchorage Police Dept. Report, Police Information Mgmt. System, 6/1998.

b Alaska Epidemiology Bulletin, "Alcohol-Related Mortality in Alaska: 1992-94," # 6, 2/5/96.

c National Highway Traffic Safety Administration, 1995, Fatal Accident Reporting System.

d Alaska Trauma Register, 1991-95, State of Alaska, Dept. of Health and Social Services, Division of Public Health, Section of Community Health and Emergency Medical Services

e Alaska State Fire Marshall's Office Data, 1996

f Anchorage Fire Department Survey, 1985-95

g Alaska, Dept. of Corrections, Alcohol Treatment Program, Sarah Williams, 1997

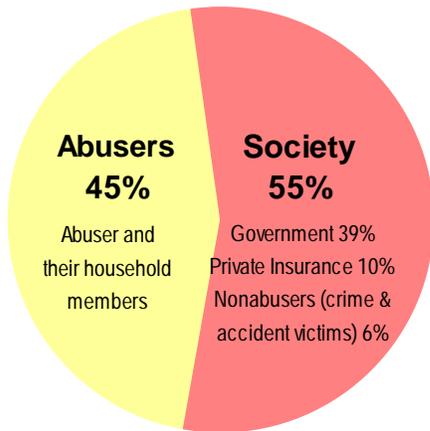
h State of Alaska, Division of Youth & Family Services (special audit of repeat cases), 1997

i Only includes suicide attempts/completions that resulted in hospitalization. Alaska Trauma Register, 1994-96, State of Alaska, Dept. of Health and Social Services, Division of Public Health

j Anchorage Fire Department, December, 1997.

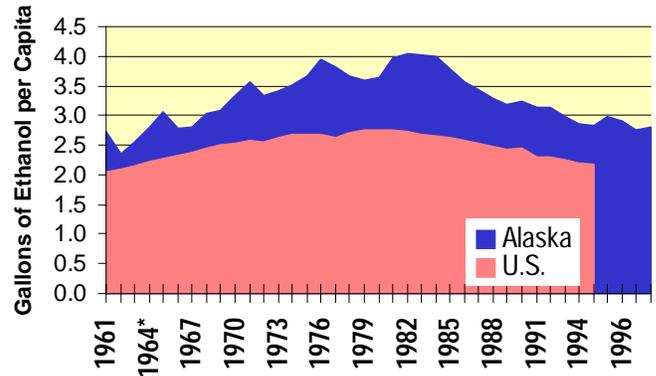
HAI is a data-collection project assembling indicators that describe Anchorage's health and quality of life. Periodically, HAI looks in-depth at an indicator that tells an important story about Anchorage. Together, we can use this information to improve our quality of life. If you have questions or comments please contact Margaret Gressens at 343-4655.

### Who Pays for Alcohol Abuse? (\$148 Billion in the US in 1992)



Source: Prepared by the Lewin Group for the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, March, 1998. The Economic Costs of Alcohol and Drug Abuse in the United States, 1992.

### Yearly Consumption per Capita of Alcohol Alaska and the U.S.



Anchorage population 14 years and older. \* No data due to the 1964 earthquake. Alcohol consumption for 1964 estimated by averaging per capita consumption for 1963 and 1965. U.S. per capita consumption data for 1996-1997 not yet published. Sources: Alaska population figures are from AK Dept. of Labor. 14+ population estimates prepared by Mike Huelsman, DHHS, using AK Dept. of Labor and US census figures. Alaska alcohol sales are from Alaska Dept. of Revenue, Reports of Alcoholic Beverages Distributed or Sold.

### Alcohol Consumption

Moderate alcohol use (up to two drinks per day for men and one drink per day for women and older people) is not harmful for most adults.<sup>3</sup> A standard drink is one 12-ounce bottle of beer or wine cooler, one 5-ounce glass of wine, or 1.5 ounces of 80-proof distilled spirits.<sup>4</sup>

Today, nearly 14 million Americans—1 in every 13 adults—abuse alcohol or are alcoholic.<sup>5</sup>

Approximately 53% of men and women in the United States report that one or more of their close relatives has a drinking problem.<sup>6</sup>

Alaska consumes more alcohol than the U.S.s in terms of per capita consumption and per household expenditure.

21.7% of Anchorage residents are binge drinkers—having 5 or more drinks on one or more occasions within the past month.<sup>7</sup>

Alaska has twice the national average of death by injury. Alcohol plays a role in nearly half of all injury deaths.

From 1992-1994, alcohol accounted for 11.2% of the deaths

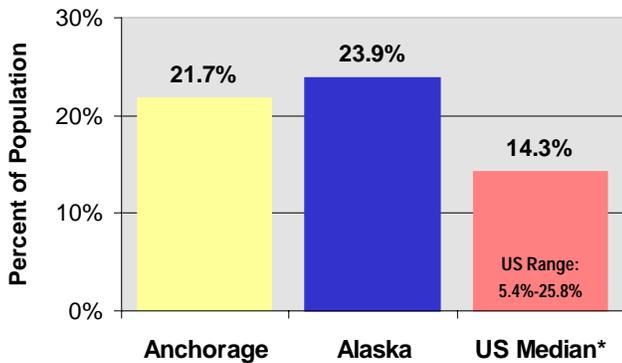
in Alaska.<sup>8</sup> Alcohol accounts for 10% of all deaths for the U.S. (200,000/year).<sup>9</sup>

### Why Do We Drink So Much?

Community laws and norms encourage or discourage alcohol abuse.<sup>10</sup>

### Binge Drinking in Anchorage

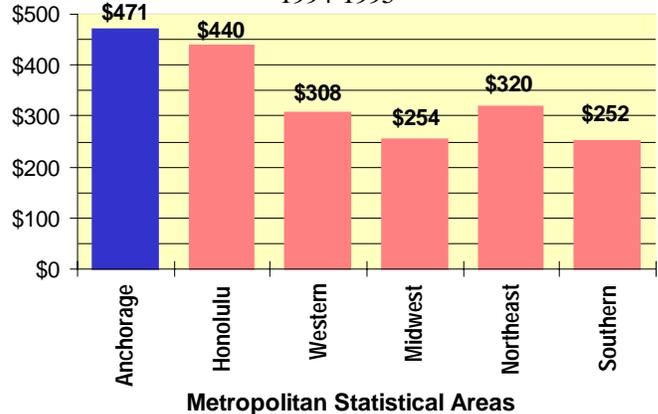
*Acute/Binge Drinking: 5 or more drinks on an occasion one or more times in past month*



\*US median is defined as the middle value of the 49 participating states. Source: State of Alaska, Division of Public Health, Behavioral Risk Factor Surveillance Survey, 1992.

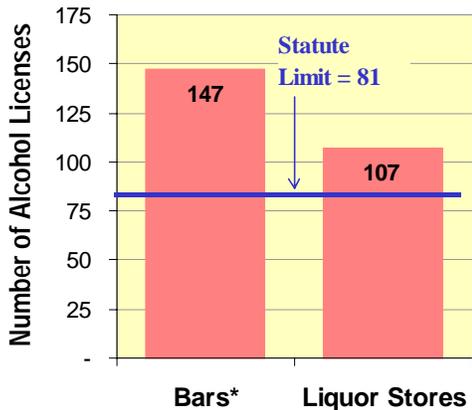
### Average Annual Consumer Expenditures per Household on Alcoholic Beverages

1994-1995



Sources: Surveys selected metropolitan cities in each statistical area. Consumer Expenditure Survey, 1994-95, US Department of Commerce.

### Anchorage Bars & Liquor Stores Over Statutory Limit



Alaska statutes stipulate we should have no more than 1 bar and 1 liquor store per 3,000 people, which equals 81 outlets of each type.

\*Bars include stand alone bars and bars inside restaurants. Source: State of Alaska Alcohol Beverage Control Board. Title 4 of Alaska Statutes, Sec.04.11.400, Population Limitations.

Cold, dark winters are also considered to be factors as people in northern climates tend to drink more.

Alcohol outlet density or the number of outlets selling alcohol also significantly influences consumption rates, with consumption increasing as the number of outlets increases.<sup>11,12</sup>

population, this means 81 alcohol outlets of each type. The number of bars in Anchorage, however, is 147 almost twice this limit. The number of liquor stores in Anchorage is 107 or 32% over statute limits. Anchorage alcohol density is this high because alcohol licenses were grandfathered in when the statute was passed.

*Most people react poorly under stress after they cross the threshold of 2 1/2 drinks. They become less discerning about the long-term consequences of their actions.*

—Anchorage Daily News, 11/11/97, "Alcohol Related Injuries Happen All Too Often"

The price of alcohol also significantly influences consumption rates. Research studies consistently show that a rise in price usually leads to a drop in consumption for all types of drinkers—light, moderate, and heavy—except the heaviest-drinking 5 percent and ill-informed heavy drinkers.<sup>13</sup> Studies also have found that higher alcohol prices are associated with a reduction in the frequency of heavy or binge drinking (having 5 or more drinks in a day).<sup>14</sup>

Alaska statute stipulates there should be no more than 1 liquor store and 1 bar per every 3,000 population. Given Anchorage's

In Anchorage, the real price of alcohol has declined by more than 50% since 1961.

### Past Initiatives to Reduce Alcohol-Related Problems

**1978:** Alaska state passes law allowing cities, towns, or villages to prohibit the sale or importation of alcoholic beverages. Towns and villages in Alaska vote to go "wet."

**1981-1983:** Anchorage reduces the sale hours for alcohol from 20 hours per day to 16 hours per day.

**1983 (AK), 1986 (US), and 1991 (US):** Relatively small increases in alcohol beverage taxes were imposed.

**1984:** Anchorage passed an ordinance prohibiting happy hours and limiting multiple drink sales to the same individual.

**1985:** Alaska state law limits the number of alcohol beverage retail licenses to 1 license of each type (bar/restaurant and liquor store) per 3,000 population.

**1985-1987:** The minimum drinking age was gradually raised from 19 to 21 years of age.

**1986:** Alaska state law allows cities, towns, and villages the option to vote to prohibit or limit the sale, importation, or possession of alcohol. Some towns and villages elect to go "dry."

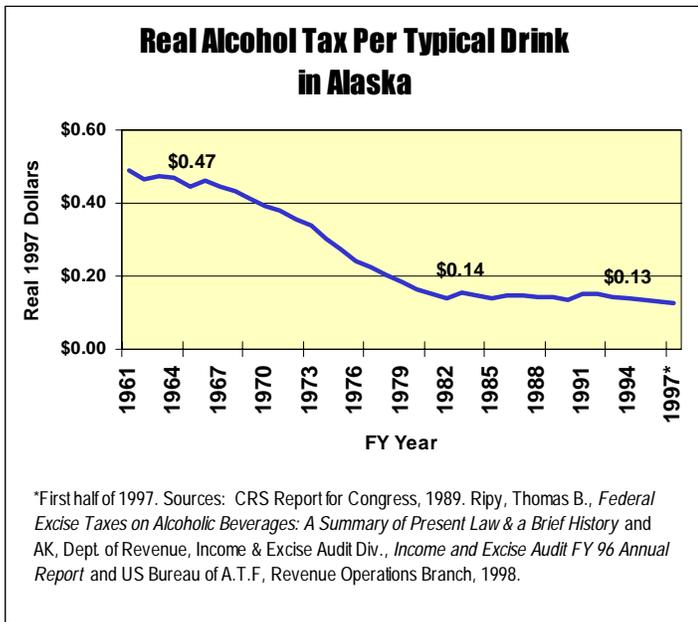
**1997:** House Bill No. 40 by Representative Kim Elton defeated. The bill would have lowered the legal amount of alcohol in a person's blood to drive a motor vehicle, from .10 percent or more by weight of alcohol in the person's blood to .08 percent. Most European countries have decreased their limits to at least 0.08 BAC and already nineteen US states have done so as well.

### Real Price of Alcohol in Anchorage

Price of a 750ml Bottle (Fifth) of Vodka



Sources: Vodka prices are from yearly ads of the Anchorage Daily News. CPI Index, Alaska Dept. of Labor, Research & Analysis, updated 2/24/98.



A factor which influences the price of alcohol is the level of Federal and State taxation. Alcohol taxes have been traditionally levied to:

1. Reduce alcohol-related problems in the community by reducing alcohol consumption, and
2. Offset the high economic cost to the community when alcohol is misused.

*The intent is not to prohibit drinking, it is to reduce binge drinking over a short period of time to reduce injury and crime.*

Studies that have examined direct linkages between alcohol taxes or prices and various adverse outcomes that are often associated with alcohol con-

sumption have found statistically significant effects in many cases. The studies have found that when taxes are increased many specific adverse effects of alcohol consumption have declined. These findings lend support to the view that tax or price policies can be useful tools to reduce alcohol-related harm.<sup>15</sup>

Among the effects various studies found to be statistically significant to higher alcohol prices were suicide rates, state motor vehicle fatality rates, the incidence of drunk driving, rape, assault, and robbery.<sup>16</sup>

*Approximately 53% of men and women in the U.S. report that one or more of their close relatives has a drinking problem.*

—Alcoholism: Getting the Facts, NIH, 1996

### Current Anchorage Initiatives

**Local Zoning Authority:** The Anchorage community, through local land-use powers, can control the sale and distribution of alcohol in neighborhoods to prevent alcohol-related problems. For information call Joan Diamond, Community Health Promotion, Department of Health and Human Services at 343-6583.

**Anchorage Alcohol Philosophy:** A 1996 Municipal resolution that recommends public policies regarding alcohol consumption, availability and prevention, intervention, treatment, and enforcement to limit the negative effects of alcohol. For information contact Delisa Culpepper, DHHS, Community Health Promotion at 343-4622.

**Alcohol License Point System:** Proposed Anchorage Municipal Ordinance being developed by the Assembly to identify problem merchants using a point system. Alcohol license holders would receive points for license violations similar to the way licensed drivers receive points for traffic violations. The proposed system would allow early identification and advance warning to problem alcohol license holders and simplify the determination of which licenses, if any, should be subject to suspension and revocation.

**Anchorage Assembly Resolution No. 98-265:** Requests 1) the Health and Human Services Commission to provide an update to the 1989 estimate of the cost for the impact of alcohol and 2) an annual breakdown of this cost as standard data to be collected for annual reporting by Municipal Departments.

**Anchorage Sports and Recreation Municipal Committee:** Committee is discussing strategies to limit the sale of alcohol on public property in order to reduce alcohol-related problems in Anchorage.

**Anchorage Safe Communities Coalition:** This coalition of government, business, health care, and community groups is working to reduce the incidence of injury in Anchorage. The coalition analyses injury data and plans strategies to reduce injury in Anchorage. For example, the Coalition is training individuals on the correct installation of child seats. Call Ron Perkins, the Executive Director, Anchorage Safe Communities at 929-3941 or email to ASCI@alaska.net. for information.

**Safe City Program:** A Department of Health and Human Services program that coordinates with agencies in the community to build and maintain a collaborative system of prevention and intervention services in areas of interpersonal violence, e.g., sexual assault, domestic violence, and child abuse/neglect, emergency alcohol services, and homelessness. For information contact Renee Aguilar at 343-6302.

## **Prevention of Alcohol Problems: A Menu of Options**

**Environmental or Public Health Approaches:** Change the existing environment by implementing policies, regulations, incentives, etc. that affect the entire population.

*Control Alcohol Availability:* The extent to which alcohol purchase is convenient positively influences alcohol consumption. Policies which set perceived safe limits to potentially unlimited alcohol availability are often implemented on the variety of factors that influence availability.

*Economic Availability or Price:* Higher prices generally lead to a reduction in consumption. Implementing taxes is a common public strategy to reduce alcohol-related problems and offset the social cost of alcohol abuse to the community.

*Physical Availability:* The number of outlets in a consumers' environment (density). Liquor licenses and conditional use permits attempt to limit the number of alcohol outlets and encourage their legal operation. Alaska statutes stipulate no more than 1 bar and 1 liquor store per 3,000 population.

*Legal Availability:* Laws, regulations, and policies (such as the minimum drinking age) that affect consumption and provide incentives to drink responsibly.

*Server Intervention & Liability:* Measures that modify alcohol serving practices to reduce the incidence of injury and death to bar and restaurant patrons, e.g., limiting bar hours or training servers in responsible serving practices.

*Alcohol Warning Efforts:* Informing the public about the dangers of alcohol misuse, e.g., warning labels, education campaigns, advertising requirements.

*Drink Driving Prevention:* Designated driver programs, air bags and other safety devices, enforcement of impaired-driving laws, lower BACs or alcohol blood level limits for drivers.

**Individual-Level Approaches:** Identifying and targeting “high-risk” populations for treatment or interventions.

*Treatment Programs:* Longer-term services made up of one-on-one and group counseling or residential programs delivered on a community-wide scale. No one treatment program can solve all drinking problems. A more effective approach is having a continuum of services to address the variety of drinking problems. Examples are:

- 1) Alcoholics Anonymous (AA)
- 2) outpatient counseling
- 3) residential treatment programs.

*Early Intervention Programs:* Providing brief intervention services at key points or providing alcohol abuse treatment to problem drinkers. Some examples are:

- 1) school-based programs to prevent under-age and problem drinking through education and skills building during the critical passage from elementary to high school
- 2) family programs, initiated because of the growing evidence of the generational transmission of alcohol problems
- 3) college and university programs aimed at the high incidence of under-age drinking and binge drinking on college campuses. Binge drinking by college students is considerably higher than among young adults not in college.

### Contacts/Sources

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### Web Site Links

- ✓ *Healthy Anchorage Indicators Project, MOA, DHHS*  
<http://www.ak.org/hai/hai.htm>  
Includes information on health and social indicators for Anchorage.
- ✓ *Alaska Alcoholic Beverage Control Board*  
<http://www.revenue.state.ak.us/abc/abc.htm>  
Includes a history of alcohol in Alaska
- ✓ *National Institute on Alcohol Abuse & Alcoholism (NIAAA)*  
<http://www.niaaa.nih.gov/>
- ✓ *Prevlene (Prevention Online)*  
<http://www.health.org/index.htm>
- ✓ *The National Clearinghouse for Alcohol & Drug Information*  
<http://www.health.org/pubs/qdocs/index.htm#facts>  
Including: *Straight Facts About Drugs and Alcohol*  
<http://www.health.org/pubs/strafact/straight.htm>
- ✓ *Center for the Advanced Study of Public Safety & Injury Prevention*  
[http://www.albany.edu/sph/injury\\_3.html](http://www.albany.edu/sph/injury_3.html)  
Includes an electronic library of publications, journals, and articles
- ✓ *University of Minnesota, School of Public Health, Alcohol Epidemiology Program*  
<http://www.epi.umn.edu/alcohol>
- ✓ *The Marin Insitute*  
<http://www.marininstitute.org>  
The Institute works for the prevention of alcohol and other drug problems
- ✓ *National Highway Traffic Safety Administration (NHTSA)*  
<http://www.nhtsa.dot.gov/>

### References

<sup>1</sup> Prepared by the Lewin Group for the National Institute on Drug Abuse and the National Institute on Alcohol Abuse and Alcoholism, March, 1998. *The Economic Costs of Alcohol and Drug Abuse in the United States, 1992.*

<sup>2</sup> Ibid.

<sup>3</sup> *Alcoholism: Getting the Facts.* NIH Publication No. 96-4153. 12pp. 1996.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> State of Alaska, Division of Public Health, *Behavioral Risk Factor Survey 1992 Annual Report.*

<sup>8</sup> State of Alaska, Division of Public Health, 1995. *Behavioral Risk Factor Survey 1995 Annual Report.*

<sup>9</sup> Secretary of Health and Human Services, *The Fifth Special Report to the U.S. Congress on Alcoholism and Health.*

<sup>10</sup> University of Washington, Hawkins, David J., Catalano, Richard F., and Miller, Janet Y., 1993. *Risk and Protective Factors for Alcohol and Other Drug problems in Adolescence and Early Adulthood: Implications for Substance Abuse Prevention.*

<sup>11</sup> National Institute on Alcohol Abuse and Alcoholism, 1993. *Alcohol Health & Research World*, "Alcohol Availability and the Ecology of Drinking behavior," Vol. 17, No. 1, 1993.

<sup>12</sup> University of Southern California Chronicle, 1995. *More Bars and Liquor Stores Equals More Violent Crime, Research Shows*, Volume 14, No. 29, April 24, 1995.

<sup>13</sup> U.S. Dept. of Health & Human Services, National Institutes of Health, National Intitute on Alcohol Abuse and Alcoholism, 1997. *Ninth Special Report to the U.S. Congress on Alcohol and Health*, from the Secretary of Health and Human Services, June, 1997.

<sup>14</sup> Ibid.

<sup>15</sup> Ibid.

<sup>16</sup> Ibid.

Below is an excerpt from the Mayor-Appointed Alcohol Philosophy Task Force Report published in August 1996.

## Anchorage Alcohol Philosophy Task Force Report

### Background

*Mayor Mystrom's Community Action Plan On Crime or CAP Crime* is a task force, appointed by the Mayor, consisting of law enforcement representatives from federal, state and municipal agencies brought together to study crime-related problems in the municipality and make recommendations for addressing them. During the course of their studies the task force concluded that Anchorage must address the connection between alcohol abuse and crime as a community. After reviewing the task force's recommendation, Mayor Mystrom found that, while there were many efforts addressing alcohol-related problems in the city, there did not appear to be a clear consensus on the best approach. To help focus Anchorage's efforts in prevention, intervention, treatment, and enforcement regarding alcohol, Mayor Mystrom wanted a community philosophy to guide program development and funding. In response, the *Anchorage Alcohol Philosophy Task Force* was founded.

In March of 1995, Mayor Mystrom appointed a 14 member task force to develop a community philosophy regarding alcohol. The task force had broad representation, including professionals who deal with alcohol-related problems on a day-to-day basis, the alcohol industry, business, law, and citizens from the community. The task force held a public hearing on April 10, 1996 to hear presentations and receive materials on alcohol prevention, intervention/treatment. The task force continued to meet throughout April, May, and June in order to draft an alcohol philosophy and related policy guidelines for the Anchorage community.

### Anchorage's Alcohol Philosophy

Irresponsible use and distribution of alcoholic beverages poses substantial risks to the health and safety of individuals, neighborhoods, communities and society. Public policies regarding alcohol consumption, availability, and prevention, intervention, treatment and enforcement efforts should be designed to minimize these risks. Such policies should be consistent with the following principles:

#### *Underlying Principles*

1. Respect for abstinence in all situations, and sobriety as a lifestyle, in recognition of the relationship between alcohol **consumption** and alcohol problems.
2. **Prevention** of alcohol-related problems, and **community awareness** about those problems and potential solutions are critical to creating a healthy community.
3. **Workplaces and public areas** in the Municipality must be safe from the dangers and problems associated with alcohol abuse.
4. A full continuum of private and public alcohol **treatment and intervention** services are necessary to address the problem.
5. Publicly-sponsored alcohol prevention, intervention and treatment programs must be **effective**, based on well defined objectives and measurable results.
6. **Adequate funding** is necessary for alcohol prevention, intervention and treatment programs of demonstrated effectiveness.
7. Beverage alcohol **pricing strategies** are proven and acceptable methods for altering alcohol consumption patterns.
8. Penalties for alcohol-related crimes must be enforced vigorously and consistently in a humane, fair and swift manner.
9. **Coordinated and collaborative** approaches to the development, implementation, and funding of alcohol-related programs promote effectiveness.
10. Outstanding efforts for alcohol prevention, intervention, treatment and enforcement within our community must be recognized and rewarded.

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