Addressing Alcohol-Involved Deaths in Iowa

Alcohol-Involved Deaths Workgroup

December 2021

Iowa Department of Public Health Bureau of Substance Abuse

IDPH
IOWA Department of PUBLIC HEALTH

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Executive Summary

This plan highlights the collective efforts of the Alcohol-Involved Deaths Workgroup to provide information about excessive alcohol use among older adults and the increase in alcohol-involved deaths in Iowa. Within this plan, five specific areas are addressed. These include an overview of the issue; data related to alcohol use and the older adult population; information on disparities; recommendations, including strategies to address this issue at the community and state levels; and resources.

760 LIVES LOST
in Iowa due to alcohol-involved cases

According to Centers for Disease Control and Prevention (CDC), there are 95,000 alcohol-involved deaths annually or 261 deaths per day.[1] The American Public Health Association states that increases in alcohol consumption and heavy drinking among women, racial minorities, older adults and the poor show the need to implement public health strategies to address excessive alcohol consumption.[2] In Iowa in 2019, 598 deaths involved alcohol; preliminary 2020 data indicate at least 760 alcohol-involved deaths.

Additionally, according to a 2017 analysis, alcohol use has steadily increased in the population aged 60 and above over the past two decades, particularly among women. Data from the National Survey on Drug Use and Health indicate that approximately 20 percent of adults aged 60 to 64 and around 11 percent over age 65 report current binge drinking.[3]

A CDC study suggests that excessive alcohol use is also a drain on the American economy, mostly due to losses in workplace productivity. The cost of excessive alcohol use in the United States reached $249 billion in 2010, or about $2.05 per drink, with most (77%) of these costs due to binge drinking. Further, two of every five dollars were paid by federal, state and local governments, demonstrating that we are all paying for excessive alcohol use.[4]

An independent, non-federal panel of public health and prevention experts conducted a systematic review of the literature from 2006–2012 to assess the most effective strategies to prevent excessive alcohol consumption and harms. They found increasing alcohol taxes, commercial host liability, regulation of alcohol outlet density, electronic screenings and brief interventions (e-SBI) and enhanced enforcement of laws prohibiting alcohol sales to minors to be the most effective strategies.[5] Many of these strategies align with the recommendations of this plan.

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[1] Centers for Disease Control and Prevention. Deaths from Excessive Alcohol Use in the United States. (2021, January 14). Retrieved October 28, 2021 from https://www.cdc.gov/alcohol/features/excessive-alcohol-deaths.html.
[2] American Public Health Association. "Addressing Alcohol-Related Harms: A Population Level Response." Policy Number 201912. November 5, 2019.
[3] National Institute on Alcohol Abuse and Alcoholism. Older Adults Fact Sheet. (2021). Retrieved on October 28, 2021 from https://www.niaaa.nih.gov/alcohols-effects-health/special-populations-co-occurring-disorders/older-adults.
[4] Centers for Disease Control and Prevention. Excessive Drinking is Draining the U.S. Economy. (2019, December 30). Retrieved October 28, 2021 from https://www.cdc.gov/alcohol/features/excessive-drinking.html.
[5] Community Preventive Services Task Force. The Community Guide What Works Fact Sheet: Preventing Excessive Alcohol Consumption. (2015, May). Retrieved October 28, 2021 from https://www.thecommunityguide.org/sites/default/files/assets/What-Works-Factsheet-Alcohol.pdf.

In January 2019, the Alcohol Involved Deaths Workgroup was established to help address a concerning 10-year trend in alcohol-involved deaths, with people aged 45 and older. Iowa's alcohol-involved death rate has doubled over the past 10 years among 45- to 55-year-old men, representing the highest rates of death. Formed through the Iowa Department of Public Health, Bureau of Substance Abuse, the group includes members from state and local organizations that are listed below:

- Aging Resources of Central Iowa
- Alliance of Coalitions for Change
- Iowa Alcoholic Beverages Division
- Iowa Department of Public Health, Bureau of Chronic Disease Prevention and Management
- Iowa Department on Aging (IDA)
- University of Iowa, College of Public Health

Reducing Alcohol-Involved Deaths

Alcohol-involved deaths in Iowa **have increased by more than**

73%

from 2008-2019

Iowa men are 2x more likely than women to die an alcohol-involved death

Alcohol use is the **4th** **leading preventable cause of death in the U.S.**

Alcohol-involved deaths of Iowans

45+

have doubled since 2008

Effective Strategies to Reduce Alcohol-Involved Deaths

Increase Alcohol Prices

Increase Public Health Surveillance

Limit Alcohol Outlet Density

Implement Problematic Use Screenings

Strengthen Compliance Monitoring

Continue Public Education

Introduction

This publication serves as a guide for Iowans who are interested in learning more about and addressing alcohol-involved impacts within the state. The effect alcohol has on Iowans is concerning and the negative consequences show evidence of being on the rise. Based on the most recent data identified in the Executive Summary, Iowa is showing an increase in the number of alcohol-involved deaths, particularly for older adults. To put these numbers into perspective, the 2020 preliminary data (see image) depict the realities that can result from long-term alcohol use, early initiation of alcohol use and excessive alcohol consumption.

The culmination of this publication will lead to recommendations to consider when identifying and implementing public health measures through a prevention lens. These measures are aimed to improve the health of Iowans as it relates to the sales, distribution, service and consumption of alcohol.

The creation of this publication was funded by the Iowa Department of Public Health.

Overview

Alcohol in Iowa

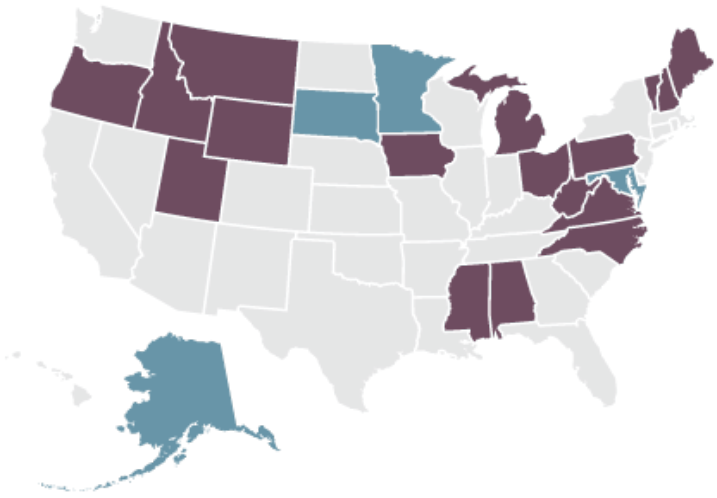
The three-tier system of alcohol regulation is the basic premise that manufacturers, wholesalers and retailers of alcoholic beverages are broken into three separate, distinct and financially independent entities. In a pure three-tier system, manufacturers (producers) make and sell their products to wholesalers (movers), who then sell those products to retailers (sellers), who then sell to consumers.

At the end of federal Prohibition, the three-tier system was put into place to encourage moderation in alcoholic beverage consumption by consumers. The retail sales focus of the manufacturer-owned saloon promoted overconsumption with aggressive sales tactics to the detriment of the consumer, families and society in general. The three-tier system has been credited with the additional benefits, including fostering an orderly marketplace by creating a level playing field across the tiers, facilitating product availability and product safety and establishing reliable and efficient tax collection.

Following the repeal of federal Prohibition with the 21st Amendment, which gave states the explicit right to tax and regulate alcohol as they saw fit, states were facing several decisions about how best to move forward. One of the first regulatory decisions each state had to determine was its regulatory structure, whether to become a “control” system jurisdiction – a jurisdiction that is a market participant distributing and/or selling alcoholic beverages within its borders – or a “license” system jurisdiction where the private sector sells and distributes the product. *Toward Liquor Control,* a seminal report that guided states on how to proceed with their newfound authority of alcohol regulation, recommended states adopt the control model to remove profit-seeking motives that led to social ills of the past; however, the researchers recognized that many states may not adopt this model.

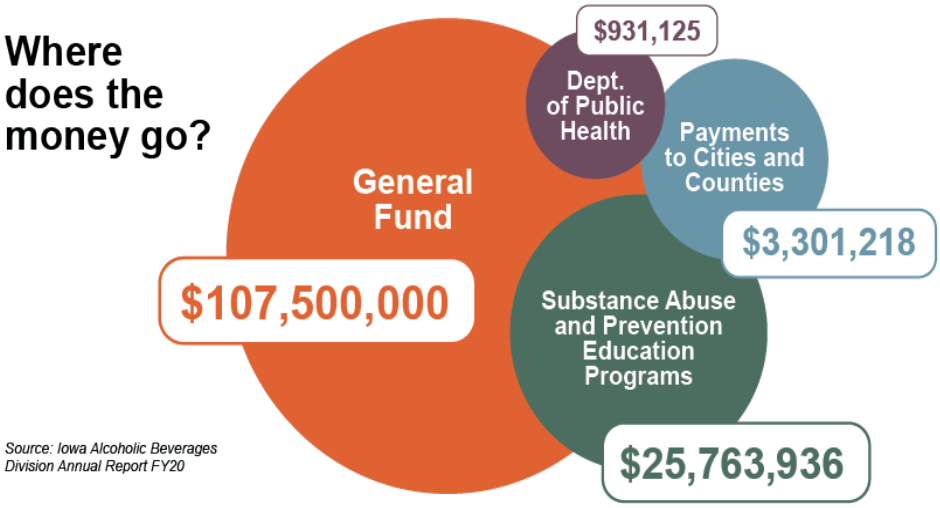
Currently, there are 17 states and several local jurisdictions in Alaska, Minnesota, Maryland and South Dakota that adopted the control system model. Iowa is among the 17 states that adopted the control model (see Figure 1). The state of Iowa was the sole wholesaler and off-premises (e.g., liquor stores) retailer of alcoholic liquor and wine until the mid-1980s. By 1988, the state had completely divested itself of retail off-premises alcoholic liquor and wine stores.

Figure 1: Control Systems in the United States



Today, the state of Iowa is the sole wholesaler of alcoholic liquor, a citizen-owned distribution model, which generated over $149 million in fiscal year 2021 that is used by the legislature for programs that benefit all Iowans, regardless of whether a person chooses to consume alcohol. See Figure 2 for a breakdown of how the money was used for fiscal year 2020.

Figure 2: Where Does the Money Go?

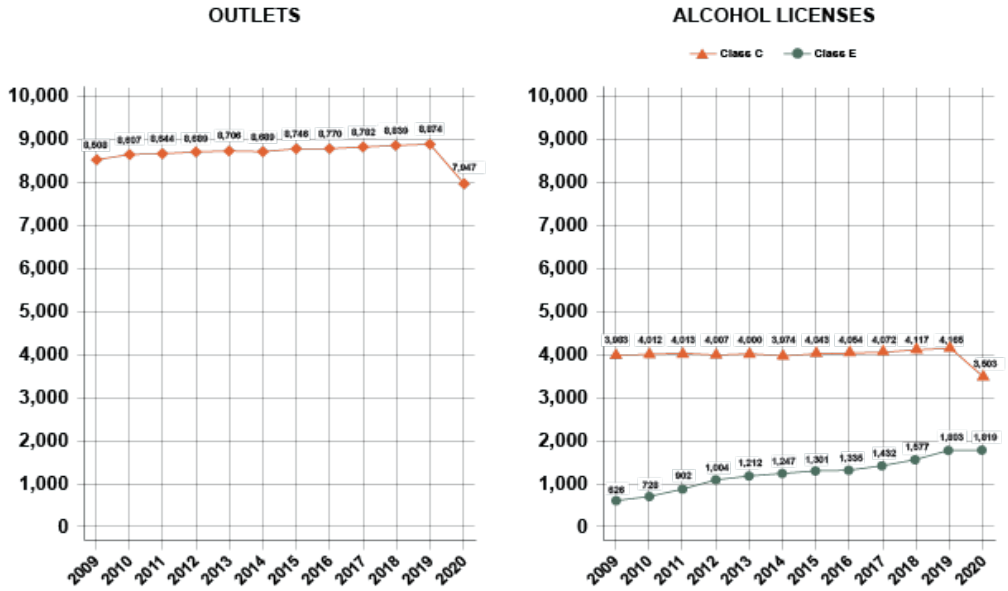


Alcohol Outlet Density

Alcohol outlet density, the number of alcohol outlets within a specific geographic area, is seen as a proxy for alcohol-involved harm. The more alcohol outlets, the more potential for alcohol-related consumption and, consequently, alcohol-involved issues. The community dynamics in which these alcohol outlets reside and the operational practices within the establishments are also important to understanding the alcohol license landscape in a given jurisdiction.

Figure 3 displays the total number of alcohol licenses provided in a dataset received from the Iowa Alcohol Beverages Division (ABD) on March 25, 2021. These data show that there were 8,508 active licenses in 2009. By 2019, the number of standing licenses had grown to 8,874; the largest increases from 2009–2019 were seen in Class E (off-premise) and Class C (on-premise) liquor licenses. The 2020 counts were excluded from this report because of the COVID-19 pandemic allowances on license renewals and other business impacts on the licensee community that are not reflective of normal conditions.

Figure 3: Active Alcohol Outlets in Iowa and Class C (LC) and Class E (LE) Liquor License, 2009–2020



Note: Iowa alcohol outlets are defined here as outlets possessing a license that was active for at least 6 months during the year. Licenses included are Class C Liquor License, Special Class C of Liquor License, Class B Beer Permit, Class B Liquor License, Class E Liquor License, Class C Beer Permit, Class B Wine Permit and Class B Native Wine Permit. Class C Liquor License and Class E Liquor License are also defined here as licenses active for at least 6 months during the year.

Source: Data provided by the Alcoholic Beverages Division. Visualization prepared by the Public Science Collaborative Alcohol Research Initiative.

Table 1 lists alcohol licenses by type, as contained in ABD dataset received on March 25, 2021. Each license type is classified as either a retail license, wholesale/manufacturer license or "other" type of license.

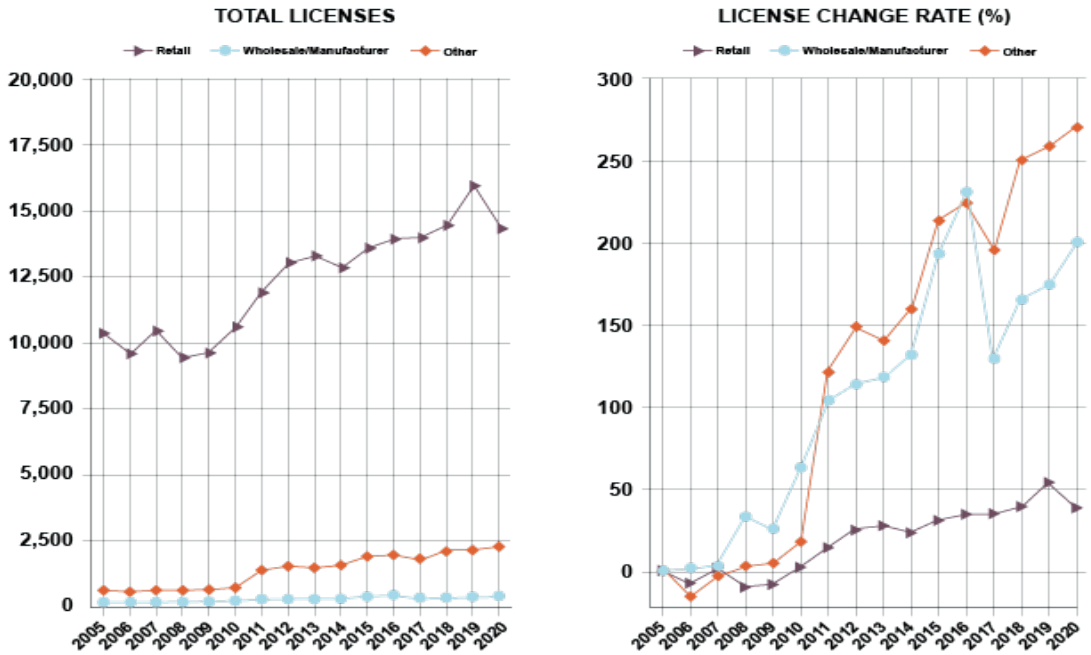
Table 1: Type of Liquor Licenses Included in the Preliminary Dataset

Retail	*Wholesale/Manufacturer*	*Other*
Class A Liquor License (LA)	Special Class "A" Beer Permit (Brewpub)	Brewer's Certificate of Compliance (CB)
Class B Beer Permit (BB)	Class A Beer Permit (BA)	Broker's Permit (SP)
Class B Liquor License (LB)	Class A Native Beer Permit (BAN)	Wine Direct Shipper Permit (DS)
Class B Native Wine Permit (WBN)	Class A Native Distilled Spirits License (ND)	Distiller's Certificate of Compliance (CD)
Class B Wine Permit (WB)	Class A Native Wine Permit (WAN)	Vinter's Certificate of Compliance (CV)
Class C Beer Permit (BC)	Class A Wine Permit (WA)	
Class C Liquor License (LC)	Manufacturer License (CM)	
Class C Native Distilled Spirits License (LCN)		
Class C Native Wine Permit (WCN)		
Class D Liquor License (LD)		
Class E Liquor License (LE)		
Special Class C Liquor License (BW)		
Charity Beer, Spirits and Wine Event Permit (CE)		
Charity Beer, Spirits and Wine Auction Permit (CP)		

Class E liquor licensees purchase alcoholic liquor from the ABD and conduct off-premises retail sales of alcoholic liquor to consumers for off-premise consumption. Additionally, they sell alcoholic liquor to on-premise licensees (e.g., restaurants, bars) who then sell the product to consumers for on-premise consumption. Prior to July 1, 2011, selling alcoholic liquor where gasoline was sold was prohibited. The legislature enacted legislation to allow other business models to sell alcoholic liquor. The business model that saw the largest increase in Class E liquor licenses was convenience stores. Since this law went into effect, the number of Class E liquor licenses issued by the ABD has increased by 101 percent (902 in 2011 compared to 1,819 in 2020).

In 2009, there were 626 Class E licenses, and by 2019, that number increased to 1,819, representing a nearly 190% increase (see Figure 3). Figure 4 found below presents changes in alcohol licenses, by type, from 2005 to 2020. The figure shows changes in total number of licenses in absolute and relative terms, across the categories of retail, wholesale/manufacturer and other license types. The left panel shows the total annual number of licenses by type and the panel on the right shows the rate of change from the 2005 value by license type. Although total retail licenses grew by more than 5,000 licenses during this time period, wholesale/manufacturer and other license types experienced a larger relative change, with growth rates four to five times greater than retail licenses.[6]

Figure 4: Change in Alcohol Licenses, 2005–2020



Over time, alcohol has become increasingly more accessible in Iowa. Not only are there more establishments that sell and serve alcohol than ever before, the addition of five-day licenses and permits (more than 1,100 in FY19), direct shipping of wine, the ability to sell beer and wine growlers, delivery of alcohol through third-party services (e.g., Uber Eats, Instacart) and mixed drinks to-go have also

[6] The "other" category refers to wine direct shipper permits and certificates of compliance, among others, the majority of which are held by out-of-state businesses. The wine direct shipper permit allows wineries to ship bottles of wine directly to consumers at their personal residence in Iowa. It did not exist in 2010 but accounted for more than 1,000 permits in FY20.

contributed to the ease of alcohol access in the state.[7] License fees may also be a contributing factor, considering some have not increased in more than 40 years, making the cost – often a potential barrier to market entry – very low. Yet these fees play an important role in the administrative management of liquor licenses, including processing licenses and monitoring the licensee environment to ensure a fair and balanced marketplace for business owners and to protect the public from illegal alcohol sales and marketing practices. Recently, states, like Texas and Oregon, have increased their license fees to accommodate the increased demand on administrative and enforcement resources.[8,9]

Hours and Days of Alcohol Sales

The hours during which alcoholic beverages may be legally sold and served in Iowa are Monday through Sunday 6 am–2 am. A Sunday sales privilege is required for all off-premises beer and all on-premises liquor, wine and beer licensees wanting to sell or serve on Sundays. Licensees may not sell, serve, dispense or consume alcoholic beverages at private parties or while cleaning the establishment on Sundays, unless the premises are also licensed with a Sunday sales privilege. Only Class E liquor licensees (carryout liquor) and Class B wine permittees (carryout wine) have a Sunday sales privilege as part of their basic license.

The hours during which alcoholic beverages may be legally delivered to locations off the licensed premises are Monday through Sunday 6 am–10 pm. A Sunday sales privilege is required to make deliveries on Sundays.

Enforcement and Compliance

The Iowa ABD is the primary agency responsible for administrative enforcement of the alcoholic beverages code, Iowa Code chapter 123. The Department of Public Safety is the primary alcoholic beverage control law enforcement authority for Iowa. Iowa Code 123.1 states: “This chapter shall be cited as the ‘Iowa Alcoholic Beverage Control Act,’ and shall be deemed an exercise of the police power of the state, for the protection of the welfare, health, peace, morals and safety of the people of the state, and all its provisions shall be liberally construed for the accomplishment of that purpose. It is declared to be public policy that the traffic in alcoholic liquors is so affected with a public interest that it should be regulated to the extent of prohibiting all traffic in them, except as provided in this chapter.”

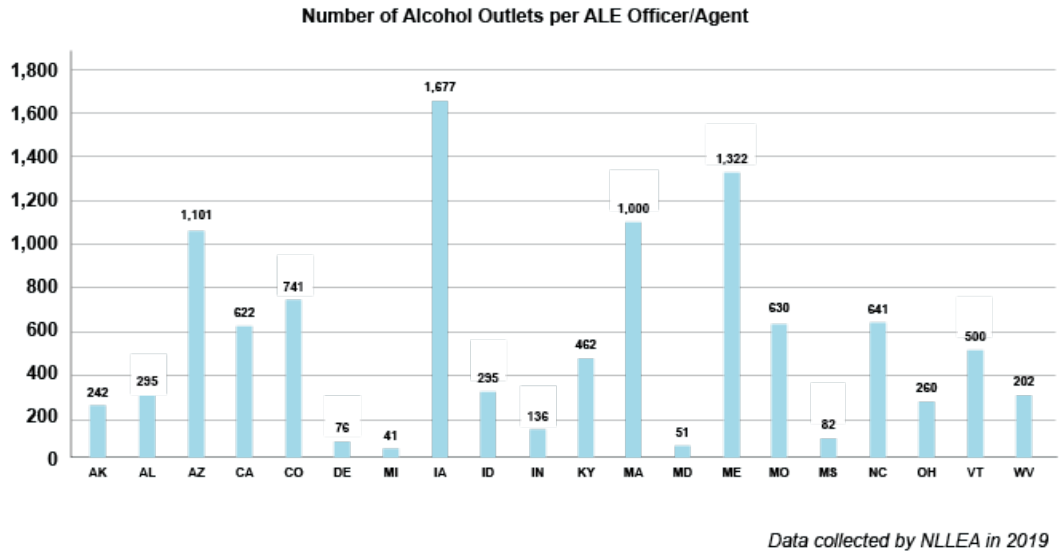
Further, Iowa Code 123.4 states: “An alcoholic beverages division is created within the department of commerce to administer and enforce the laws of this state concerning alcoholic beverage control.”

Iowa Code 123.39 gives the administrator of the Alcoholic Beverages Division the authority to suspend, revoke or issue civil penalties against holders of licenses, permits and certificates of compliance for violations of Iowa Code chapter 123.

[7] Five-day licenses and permits are sometimes referred to as special event licenses. They are available for most on-premises license types and allow for the same operation as an annual license but for a shorter duration.
[8] Market Screener. Avalara: Texas beverage alcohol sellers dealt a raft of compliance changes effective September 1. (2021, September 16). Retrieved October 29, 2021 from https://www.marketscreener.com/quote/stock/AVALARA-INC-44231524/news/Avalara-Texas-beverage-alcohol-sellers-dealt-a-raft-of-compliance-changes-effective-September-1-36445390.
[9] KGW8. Oregon liquor license cost raised for 1st time in 70 years. (2019, July 24). Retrieved October 29, 2021 from https://www.kgw.com/article/money/oregon-liquor-license-cost-raised-for-1st-time-in-70-years/283-4b53182f-adf1-4d12-bcf3-fec02b55852c.

In 2014, the latest year there is national data, there were approximately 3.9 law enforcement officers dedicated to alcohol enforcement for every 1,000 alcohol outlets.[10] According to a 2019 national survey, there is one enforcement officer dedicated to alcohol enforcement for every 1,677 outlets in Iowa.[11] Out of the states that participated in the survey, Iowa had the lowest agent-to-outlet ratio, a proxy used to assess enforcement compliance monitoring capacity. In addition, the Iowa ABD is responsible for the administration and enforcement of alcohol beverage laws, but compliance officers do not have "peace officer" status. Instead, Iowa ABD has a supplementary law enforcement authority under Iowa Code 123.14, which does not allow compliance officers to issue citations, make arrests, etc. The Iowa ABD status is supplementary to the Iowa Department of Public Safety who have peace officer status under Iowa code and are then primarily responsible for alcohol law enforcement.

Figure 5: Alcohol Outlets per Enforcement Agent



Alcohol License Violations and Penalties

The most common type of violation for alcohol license holders is sale to minor violations, sale to intoxicated person violations and illegal activities such as after-hour sales, bootlegging, selling/buying on credit, no records on the premises, misrepresentation on application and trade practice violations. Sale to minors is the only violation that is scheduled in Iowa Code chapter 123. Per Iowa Code 123.39, ABD may suspend, revoke or impose a civil penalty up to $1,000 per violation for a license holder who violates Iowa Code chapter 123.

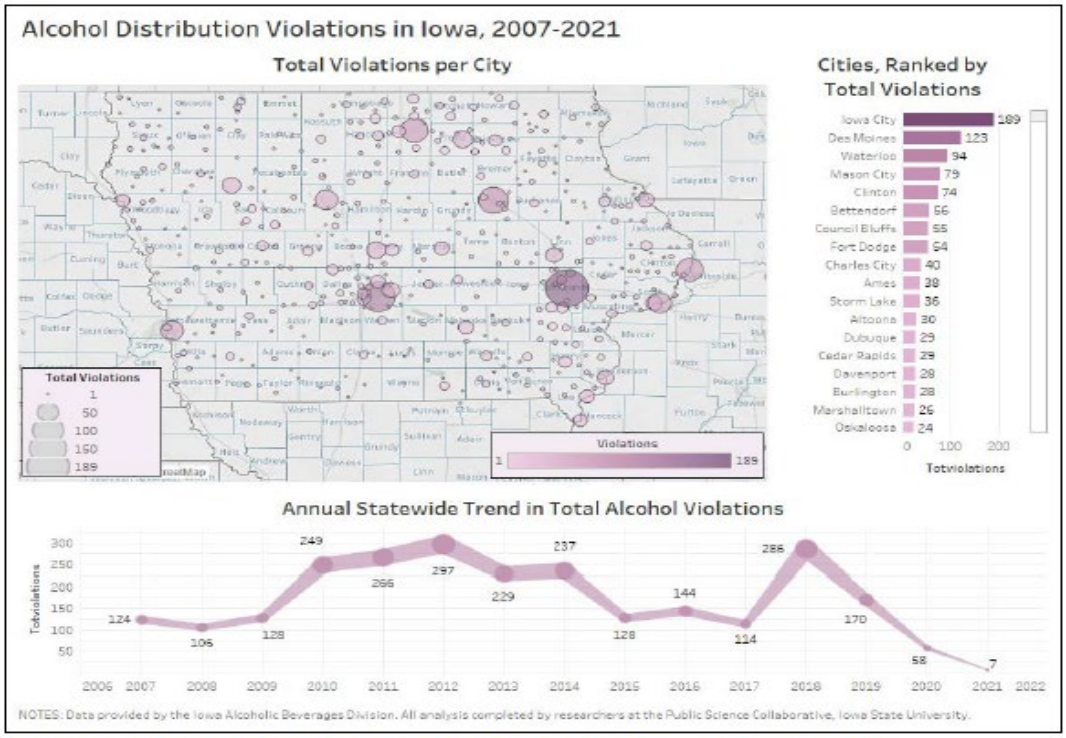
[10] National Alcohol Beverage Control Association and the Beverage Information Group's Factbook (2014).
[11] National Liquor Law Enforcement Association, Salary Survey, 2019.

Administrative Sanctions for Sales-to-Minors Violations

Administrative sanctions are separate from criminal penalties. Both may be imposed. When licensees (their employees and agents) sell, give or otherwise supply liquor, wine or beer to someone under the legal-drinking age, the following administrative sanctions may be imposed against the alcoholic beverages license.

- First violation – $500 civil penalty or 14-day license suspension.
- Second violation in two years – 30-day license suspension and $1,500 civil penalty.
- Third violation in three years – 60-day license suspension and $1,500 civil penalty.
- Fourth violation in three years – revocation of the license. Administrative sanctions are automatic (no administrative hearing held) when there is a criminal conviction under Iowa Code section §123.49(2)(h). When there is no criminal conviction, administrative sanctions are imposed through an administrative hearing.

Figure 6: Alcohol Distribution Violations in Iowa Cities, 2007–2021



NOTE: Sales violations data were provided by *The Iowa Alcoholic Beverages Division* (3/22/21).

Figure 6 shows spatial and time series trends in alcohol violations in Iowa from 2007–2021. Spatial analysis shows that places with a high number of violations are places with a large number of people. Exceptions to that general trend are Iowa City and Waterloo, cities ranked first and third in total violations,

respectively. These are both college towns with a history of high prevalence of excess drinking in the college age population. In the case of Iowa City, a university-city alcohol harm reduction partnership was initiated in 2009 and appears to have been linked to an increase in enforcement efforts. According to the University of Iowa, these and other efforts contributed to a decrease in high risk drinking and total number of drinks over the 2009–2019 period (see more information on University of Iowa alcohol harm reduction efforts).

With the exception of 2018, the general trend is a decline in violations in Iowa since 2012. Typically, alcohol compliance checks that would result in a violation/citation are initiated by a complaint originating in the local community. Unlike tobacco compliance, alcohol enforcement agents in Iowa generally do not conduct spot checks, attributed, at least in part, to fewer resources than what is allocated to tobacco compliance monitoring efforts.

According to the Substance Abuse and Mental Health Services Administration's (SAMHSA) 2018 Report to Congress Supplemental Materials: Enforcement Data, Iowa reported higher than the national average in minor in possession arrests from 2011–2017.[12] During the same time period, Iowa reported issuing more penalties than the national average for retailers who violated underage drinking laws, measured by number of fines issued, the monetary value of the fines, the number of suspensions issued and the total suspension time given. Throughout the same six-year period, there were zero revocations assessed to retailers for violating the underage drinking laws in Iowa (see Table 2). Further, Iowa is among 28 other states that conduct alcohol compliance checks for both on- and off-premise outlets randomly. However, unlike most states, Iowa does not track alcohol compliance checks at the state level.[13] Note: The report recommends using caution in interpreting these data, stating that data collection and reporting vary greatly from year to year among the states, limiting comparative analyses.

Table 2: License Holder Minor in Possession Violations 2011–2017

Total 2011-2017	*State*	*Year*	*# of Minors in Possession Arrests*	*# of Fines*	*Total Fines ($)*	*# Suspensions*	*# Total Days Suspensions*	*# of Revocations*
Illinois	IL	2011-2017	0	2,388	$2,112,425	221	1,471	99
Iowa	IA	2011-2017	15,917	876	$605,252	242	3,540	0
Minnesota	MN	2011-2017	0	0	-	0	0	0
Missouri	MO	2011-2017	56,229	1,457	$351,500	128	276	0
Nebraska	NE	2011-2017	16,958	178	$24,100	278	3,908	20
South Dakota	SD	2011-2017	39,840	541	$560,925	41	292	1
Wisconsin	WI	2011-2017	0	0	-	0	0	0
National Average	USA	2011-2017	14,599	2,226	$2,865,887	434	4,241	29

Responsible Beverage Service Training

As of January 1, 2020, Iowa is a "voluntary" state that provides incentives to licensees for servers/sellers, managers and/or licensees to participate in training programs that are also known as Responsible Beverage Service (RBS) Training, according to the Alcohol Policy Information System, a project of the National Institute on Alcohol Abuse and Alcoholism. These incentives include mitigation strategies, such

[12] Substance Abuse and Mental Health Services Administration. 2018 Report to Congress Supplemental Materials: Enforcement Data. (2018). Retrieved October 29, 2021 from https://www.stopalcoholabuse.gov/media/ReportToCongress/2018/report_main/Enforcement_Data_508.pdf.

[13] U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). Report to Congress on the Prevention and Reduction of Underage Drinking.

as fines or other administrative penalties for sales to minors or sales to intoxicated persons. The law applies to both on- and off-premises license holders and provides protections against a civil penalty for sales to minors. While the state law is voluntary, local governments have adopted mandatory RBS Training in recent years. There are six cities, one county, including unincorporated areas that mandate RBS, which includes most of Jones County and the cities of Anamosa, Centerville, Lisbon, Martelle, Olin and Wyoming.

Minimum Age of Seller

In off-premises retail settings, the minimum age to sell beer and wine in Iowa is 16 while the national average is 18 years of age. There are 35 and 36 other states that have a higher minimum age to sell beer and to sell wine, respectively. The minimum age to sell spirits in Iowa is 16 while the national average is 19 years of age.[14]

Table 3: Minimum Age of Seller

	Minimum Age to Sell		
Retail	***Beer***	***Wine***	***Spirits***
Average (of states that had a mininum)	18	18	19
Iowa	16	16	16
Number of states with higher mininum	35	36	18
Number of states w/ no minimum	9	9	5

In bars, the minimum age to sell beer, wine and spirits in Iowa is 18, aligning with the national average. However, for bartenders, the minimum age is 18 years of age for all beverage categories, slightly lower than the national average of 19 years of age.[15]

Current Trends

- **2010** – A Class A micro-distilled spirits permit is created.
- **2011** – The delivery of alcoholic beverages by licensees and permittees was codified.
- **2011** – Prohibition of the sale of liquor where gasoline is sold is repealed.
- **2012** – Liquor control licensees are allowed to mix and store cocktails that are not for immediate consumption, also known as infusion.
- **2012** – ABD launches online seller/server training called the Iowa Program for Alcohol Compliance Training (I-PACT).
- **2015** – Class C beer permittees are allowed to fill, refill and sell beer in growlers to go.
- **2017** – A Class C native distilled spirits license is created that allows native distilleries to serve their alcoholic liquor for on-premises consumption at the native distillery.
- **2019** – The canned cocktail category is created. A canned cocktail is a mixed drink or cocktail that is premixed and packaged in a metal can that contains more than 6.25% ABV but not more than 15% ABV and are distributed by holders of a Class A beer permit.
- **2019** – Manufacturers and wholesalers are allowed to have an interest in a retailer provided the retailer does not sell the manufacturer's or wholesaler's products.

[14] Alcohol Policy Information System, Retrieved on April 9, 2022 from https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/minimum-ages-for-off-premises-sellers/37.
[15] U.S. Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA). (2018). Report to Congress on the Prevention and Reduction of Underage Drinking.

- **2020** – Class B, B native and C native wine permits are allowed to sell wine in growlers to go.
- **2020** – Class C liquor licensees are allowed to sell liquor, wine and mixed drinks to go. (Beer was already allowed.)
- **2020** – Class C native distilled spirits licensees are allowed to sell mixed drinks to go.
- **2021** – The sale of alcohol can now begin at 6:00 am on Sunday.
- **2021** – Mixed drinks and cocktails can now be delivered.
- **2021** – Licensees and permittees can now contract with a third party to deliver alcohol.
- **2021** – Class A native distilled spirits licensees, Class A native wine permittees and Class A native beer permittees may now be granted an additional on-premises retail location for a total of two at respective manufacturing locations.

Framing the Issue

Alcohol Use and Health Risks

Research suggests that excessive alcohol use is an emerging public health issue among the nation's older adults.[16] Older adults are more likely than people in other age groups to have chronic health conditions and to take prescription medication, which may further complicate adverse effects of substance use.

Alcohol can interact dangerously with medications taken by older adults, including over-the-counter drugs, herbal remedies and prescriptions. Alcohol can also exacerbate common medical conditions in older adults, including stroke, high blood pressure, diabetes, osteoporosis, memory loss and mood disorders. Combining several medications or pairing medications with alcohol may affect older adults more strongly than younger adults and may necessitate visits to the emergency department.

Categories of Alcohol Consumption

The following categories of alcohol consumption are based on who is consuming alcohol, how much they are consuming and how often they are consuming it. The categories are defined by the Dietary Guidelines for America.[17]

- **Moderate Drinking** – Up to one drink per day for women and up to two drinks per day for men.
- **Excessive Alcohol Use** – Includes heavy drinking and binge drinking, any alcohol use by people under 21 and any alcohol use by pregnant women.[18] Most people who drink excessively do not have alcoholism nor are alcohol dependent.[19]
    - **Heavy Drinking** – (Women) Consuming eight or more drinks per week; and (Men) Consuming 15 or more drinks per week.
    - **Binge Drinking** – (Women) Consuming four or more drinks on one occasion; and (Men) Consuming five or more drinks on one occasion. Nine in 10 adults who binge drink do not have an alcohol use disorder.[20]

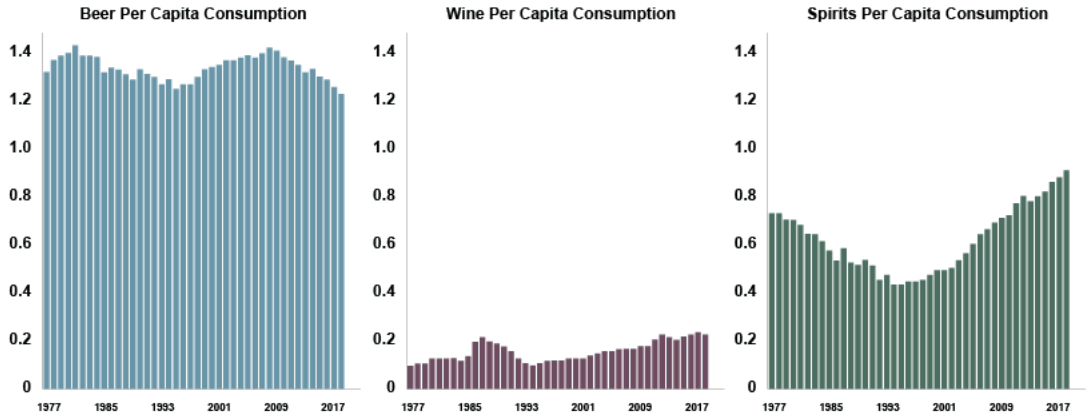
Excessive drinking of alcohol is a leading cause of preventable death in the United States and is associated with social problems and health problems, according to the CDC.[21]

[16] Breslow, R.A., Castle, I.P., Chen, C.M., & Graubard, B.I. (2017). Trends in Alcohol Consumption Among Older Americans: National Health Interview Surveys, 1997 to 2014. *Alcoholism, Clinical and Experimental Research*, 41(5), 976-986.
[17] Centers for Disease Control and Prevention. Drinking Too Much Alcohol Can Harm Your Health, Learn the Facts. (2019, December 30). Retrieved June 18, 2020, from https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm.
[18] Centers for Disease Control and Prevention. Excessive Alcohol Use. (2019, June 26). Retrieved June 18, 2020 from https://www.cdc.gov/chronicdisease/resources/publications/factsheets/alcohol.htm.
[19] The Community Guide. Excessive Alcohol Consumption. (2012, August 01). Retrieved June 18, 2020, from https://www.thecommunityguide.org/topic/excessive-alcohol-consumption.
[20] Centers for Disease Control and Prevention. Excessive Alcohol Use. (2019, June 26). Retrieved June 18, 2020 from https://www.cdc.gov/chronicdisease/resources/publications/factsheets/alcohol.htm.
[21] Centers for Disease Control and Prevention. Deaths and Years of Potential Life Lost From Excessive Alcohol Use — United States, 2011–2015. (2020, October 2). Retrieved September 1, 2021, from https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6939a6-H.pdf.

Trends in Alcohol Consumption

Figure 7 shows trends in per capita consumption by type of alcohol in Iowa since 1977. The data show that while beer consumption has slightly decreased, consumption of wine and spirits has increased, especially in the last 20 years.

Figure 7: Iowa Trends in per Capita Consumption (1977–2018)



National Institute on Alcohol Abuse and Alcoholism, Division of Epidemiology and Prevention Research: Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977-2018

Health Risks

According to the Centers for Disease Control and Prevention,[22] there are health risks and associated conditions and disease, both short-term and long-term risks, associated with excessive alcohol use.

Short-Term Health Risks

Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. These are most often the result of binge drinking and include the following:

- Injuries, such as motor vehicle crashes, falls, drownings and burns.
- Violence, including homicide, suicide, sexual assault and intimate partner violence.
- Alcohol poisoning, a medical emergency that results from high blood alcohol levels.
- Risky sexual behaviors, including unprotected sex or sex with multiple partners. These behaviors can result in unintended pregnancy or sexually transmitted diseases, including HIV.
- Miscarriage and stillbirth or fetal alcohol spectrum disorders (FASDs) among pregnant women.

Over time, excessive alcohol use can lead to the development of chronic diseases and other serious health problems including:

- High blood pressure, heart disease, stroke, liver disease and digestive problems.
- Cancer of the breast, mouth, throat, esophagus, liver and colon.
- Weakening of the immune system, increasing the chances of getting sick.

[22] Centers for Disease Control and Prevention. Excessive Alcohol Use. (2019, June 26). Retrieved June 18, 2020 from https://www.cdc.gov/chronicdisease/resources/publications/factsheets/alcohol.htm.

- Learning and memory problems, including dementia and poor school performance.
- Mental health problems, including depression and anxiety.
- Social problems, including lost productivity, family problems and unemployment.
- Alcohol use disorders or alcohol dependence.

Additionally, according to the CDC, alcohol use can weaken the body's immune system, increasing the risk of infection and complications from the disease. Alcohol use can increase the risk for respiratory problems and pneumonia. These issues can be complicating factors related to COVID-19.[23]

The National Association of Chronic Disease Directors' Issue Brief: Excessive Alcohol Use, 2020 informs on the link between alcohol use and chronic disease. The following are excerpts from the issue brief.

Diabetes – Higher alcohol consumption is associated with an increased risk for diabetes.[24] The calories consumed in alcoholic beverages can contribute to weight gain, making management of diabetes more difficult.[25] Blood glucose may increase or decrease when alcohol interacts with diabetes medications.[26]

Cancer – Cancer is a leading cause of death, and alcohol use is a leading risk factor for cancer.[27] Alcohol consumption is responsible for 3.2–3.7% of U.S. cancer deaths annually.[28] The American Cancer Society's recently updated guidelines encourage people to not drink alcohol at all, but if they choose to drink, ACS recommends limiting consumption to one drink per day for women and two drinks per day for men.[29]

During 2011–2015, excessive drinking was responsible for an average of 95,158 deaths (261 per day) and 2.8 million years of potential life lost (29 years lost per death, on average) in the United States each year.[30]

[23] Centers for Disease Control and Prevention. Alcohol and Substance Use. (2020, June 12). Retrieved July 21, 2020. https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/stress-coping/alcohol-use.html.
[24] Rehm J. (2011). The Risks Associated with Alcohol Use and Alcoholism. *Alcohol Research & Health: The Journal of the National Institute on Alcohol Abuse and Alcoholism,* 34(2), 135-1443.
[25] *Life with Diabetes, A Series of Teaching Outlines.* Michigan Diabetes Research and Training Center. 2014. 5th Edition.
[26] *Life with Diabetes, A Series of Teaching Outlines.* Michigan Diabetes Research and Training Center. 2014. 5th Edition.
[27] Alattas M, Ross CD, Henehan ER, Naimi TS. Alcohol Policies and Alcohol-Attributable Cancer Mortality in U.S. States. *Chem Biol Interact*. 2020; 315:108885, diu/l10,1016/j.cbi.2019.108885.
[28] Alattas M, Ross CD, Henehan ER, Naimi TS. Alcohol Policies and Alcohol-Attributable Cancer Mortality in U.S. States. Chem Biol Interact. 2020; 315:108885, diu/l10,1016/j.cbi.2019.108885.
[29]American Cancer Society. Alcohol Use and Cancer. (2020, June 9). Retrieved September 1, 2021, from https://www.cancer.org/cancer/cancer-causes/diet-physical-activity/alcohol-use-and-cancer.html.
[30] Centers for Disease Control and Prevention. Deaths and Years of Potential Life Lost from Alcohol Use – United States – 2011-2015. (2020, October 2). Retrieved October 29, 2021, from https://www.cdc.gov/mmwr/volumes/69/wr/mm6939a6.htm?s_cid=mm6939a6_w&ACSTrackingID=CDC_934DM39445&ACSTrackingLabel=Updates%20from%20the%20CDC%20Alcohol%20Program&deliveryName=CDC_934-DM39445.

Data

Implications of Alcohol Use on Older Iowans

Alcohol-Involved Deaths

Figure 8 illustrates the rate of alcohol-involved deaths in Iowa from 2008 to 2019. This rate increased from 11 deaths per 100,000 population in 2008 to 19 per 100,000 population in 2019; this is an increase of 73% from 2008 to 2019. These rates are based on actual numbers of 318 alcohol-involved deaths in 2008 and 598 in 2019 (Iowa Department of Public Health, 2019).

Figure 8: Alcohol-Involved Deaths, Iowa, IDPH, 2008–2019

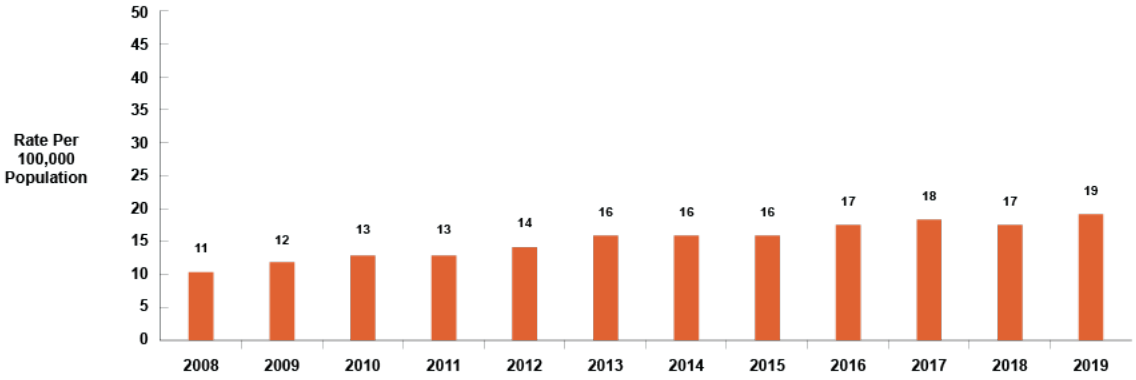
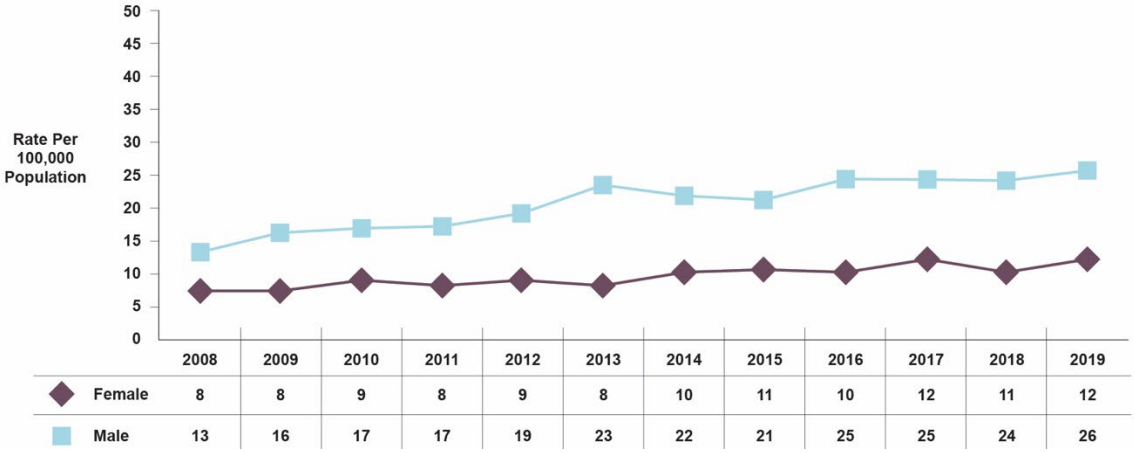


Figure 9 shows alcohol-involved deaths in Iowa by sex for 2008–2019. Alcohol-involved deaths increased during this period for both sexes, with males twice as likely as women to die from an alcohol-involved cause. The alcohol-involved death rate increased by 100% for males and 50% for females from 2008 to 2019.

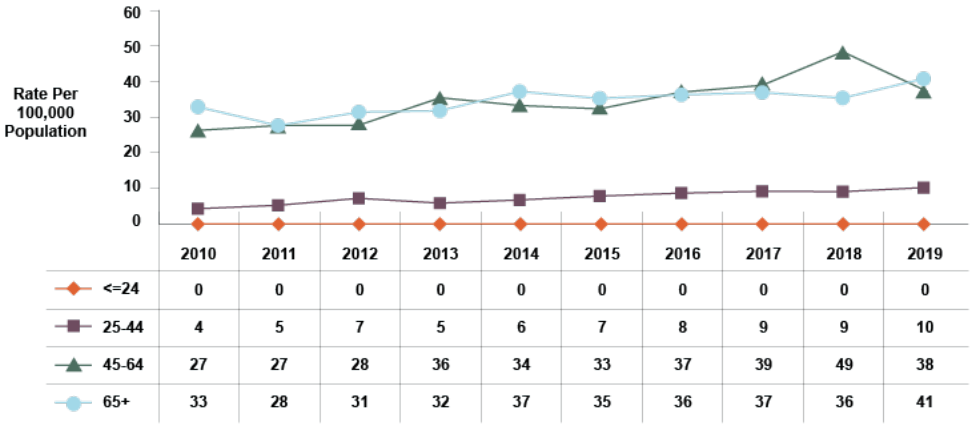
Figure 9: Alcohol-Involved Deaths by Sex, Iowa, IDPH, 2008–2019



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Female	8	8	9	8	9	8	10	11	10	12	11	12
Male	13	16	17	17	19	23	22	21	25	25	24	26

Figure 10 presents alcohol-involved deaths by age, showing that older Iowans are more likely to suffer an alcohol-involved death than younger Iowans. From 2008 to 2019, alcohol-involved deaths increased for all age groups, with the most significant increases for older Iowans (24% among Iowans aged 65 or older and 41% among Iowans aged 45 to 64).

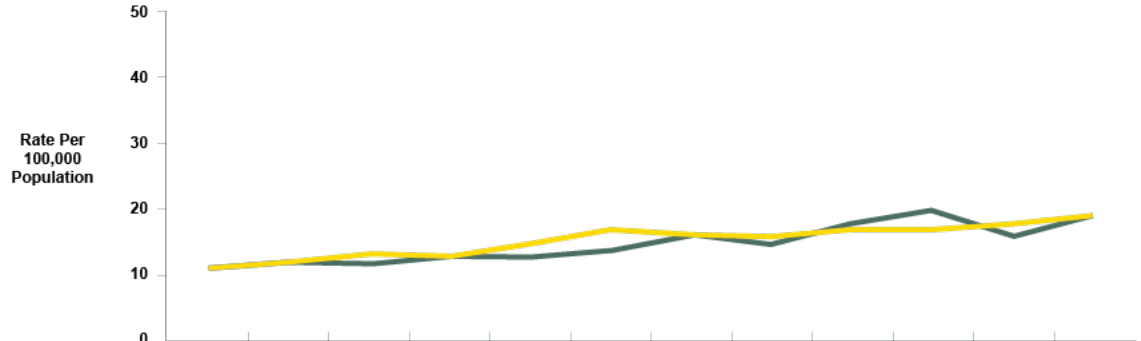
Figure 10: Alcohol-Involved Deaths by Age, Iowa, IDPH, 2008–2019



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<=24	0	0	0	0	0	0	0	0	0	0
25-44	4	5	7	5	6	7	8	9	9	10
45-64	27	27	28	36	34	33	37	39	49	38
65+	33	28	31	32	37	35	36	37	36	41

Alcohol-involved deaths have been rising in Iowa since 2008 when looking at rural and urban areas. Since 2008, alcohol-involved deaths have increased by 72% for both urban and rural Iowa. In 2019, alcohol-involved deaths were 19 per 100,000 population for both urban and rural Iowa (Figure 11). There appears to be no difference in alcohol-involved deaths when comparing rural and urban counties.

Figure 11: Alcohol-Involved Deaths by Rural/Urban Designation, Iowa, IDPH, 2008–2019



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Rural	11	12	12	13	13	14	16	15	18	20	16	19
Urban	11	16	13	13	15	17	16	16	17	17	18	19

Alcohol-Involved Hospitalizations

Figure 12 illustrates the 2016–2019 alcohol-involved hospitalizations. From 2016 to 2019, alcohol-involved hospitalizations decreased by 26%, from 168 to 125 per 100,000 population (Figure 5). The data show that Iowa men were approximately twice as likely than women to be hospitalized for an incidence involving alcohol.

Figure 12: Alcohol-Involved Hospitalizations, Iowa, IDPH, 2016–2019

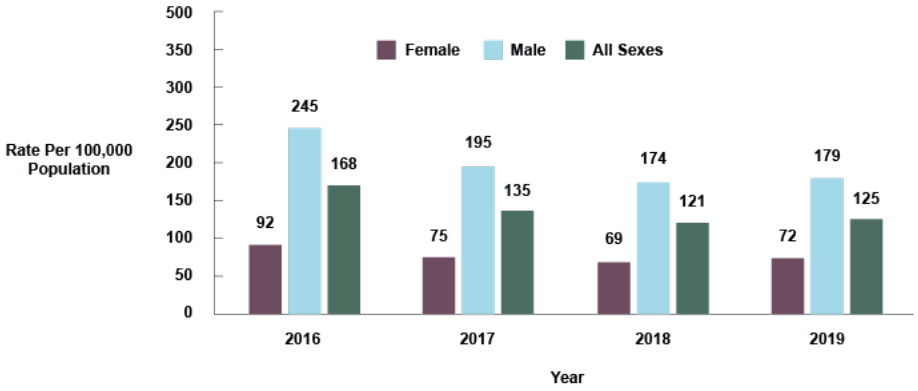
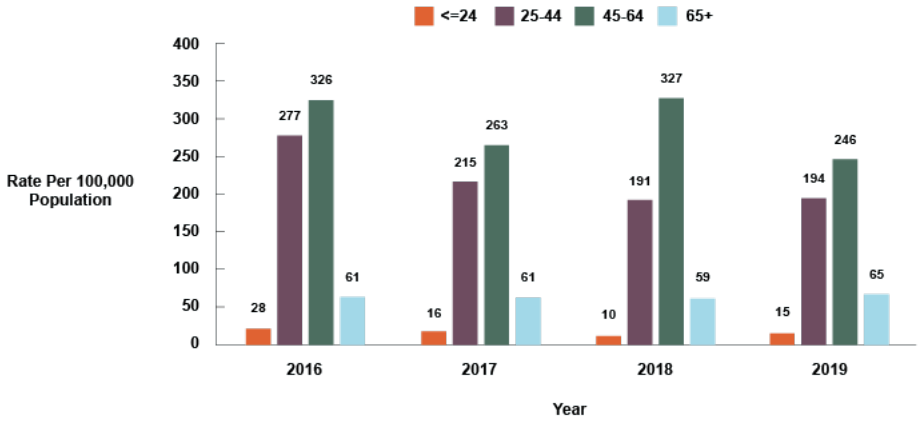


Figure 13 shows alcohol-involved hospitalizations in Iowa by age for 2016–2019. Alcohol-involved hospitalizations were higher for Iowans aged 45–64 compared to the other age groups. From 2016 to 2019, alcohol-involved hospitalizations increased by 7% among Iowans aged 65 or older (Figure 13). Iowans under the age of 24 had the lowest alcohol-involved hospitalizations.

Figure 13: Alcohol-Involved Hospitalizations by Age, Iowa, IDPH, 2016–2019



Alcohol-Involved Emergency Department Visits

Figure 14 illustrates the 2016–2019 alcohol-involved emergency department visits by sex. In 2019, the rate of alcohol-involved emergency department visits was 350 per 100,000 population (Figure 14). From 2016 to 2019, total alcohol-involved emergency department visits increased by 7%. The rate of emergency department visits is approximately two times higher among Iowa men than women.

Figure 14: Alcohol-Involved Emergency Department Visits, Iowa, IDPH, 2016–2019

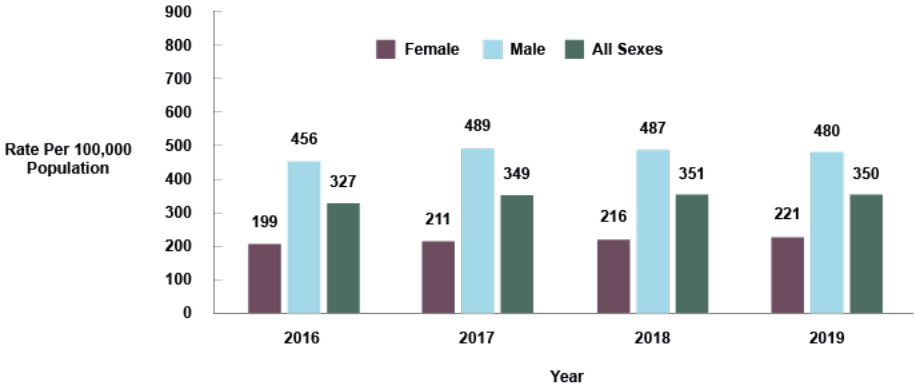
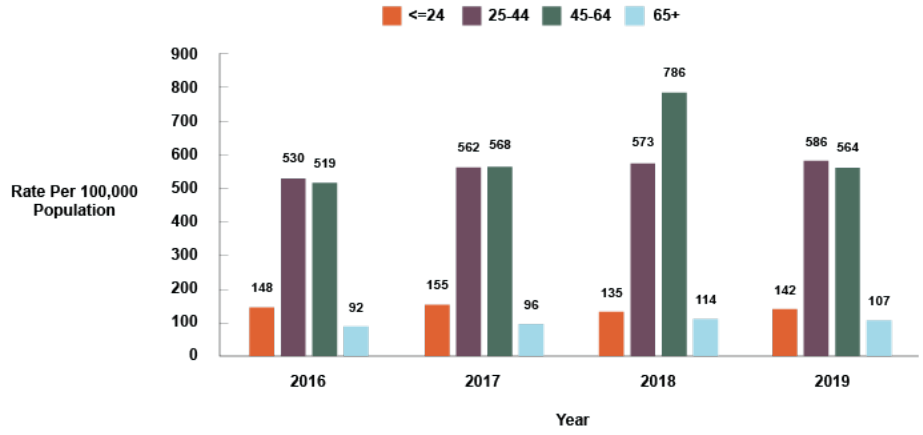


Figure 15 shows alcohol-involved emergency department visits in Iowa by age for 2016–2019. Alcohol-involved emergency department visits were higher for Iowans aged 45–64 compared to the other age groups, with 25- to 44-year-olds very similar. Alcohol-involved emergency department visits were relatively stable by age group from 2016 to 2019, with only a spike in 2018 for Iowans aged 45–64.

Figure 15: Alcohol-Involved Emergency Department Visits by Age, Iowa, IDPH, 2016–2019



Adult Alcohol Use

Figure 16 illustrates the percentage of Iowans aged 18 or older reporting alcohol use in the past 30 days. Based on the Behavioral Risk Factor Surveillance System (BRFSS) survey, respondents were asked the following question: “During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?” The 2019 BRFSS estimated approximately 1,432,655 (59%) of Iowa residents aged 18 or older used alcohol in the past 30 days. The data show that from 2015 to 2019, the percentage of Iowans who reported alcohol use in the past 30 days has remained stable (Figure 16).

Figure 16: Past 30 Day Alcohol Use Among Adults, Iowa, BRFSS, 2015–2019

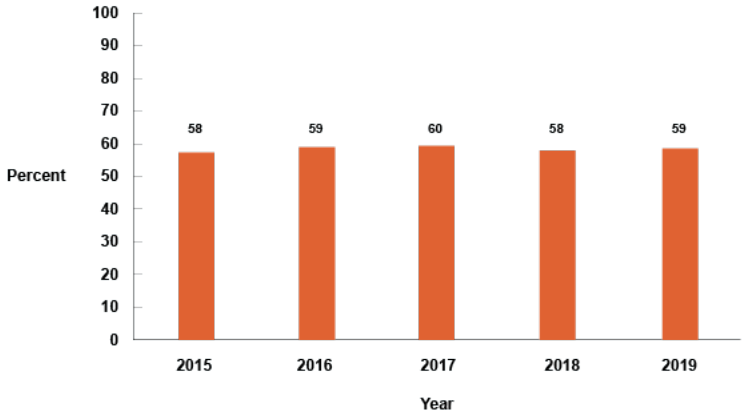


Figure 17 illustrates the percentage of adults aged 18 or older reporting alcohol use in the past 30 days by sex. The 2017–2019 BRFSS results showed that Iowa men had the higher percentage of alcohol use in the past 30 days than Iowa women (Figure 17).

Figure 17: Past 30 Day Alcohol Use Among Adults by Sex, Iowa, BRFSS, 2017–2019

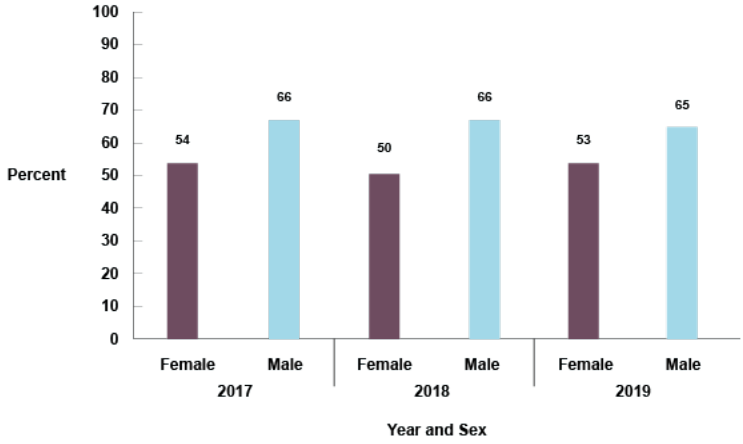


Figure 18 illustrates the percentage of adults reporting alcohol use in the past 30 days by age. The BRFSS results showed that Iowans aged 25–34 (69%) had the highest alcohol use in the past 30 days. Iowans aged 75 or older had a lower percentage of alcohol use than all other age groups (Figure 18).

Figure 18: Past 30 Day Alcohol Use Among Adults by Age, Iowa, BRFSS, 2015–2019

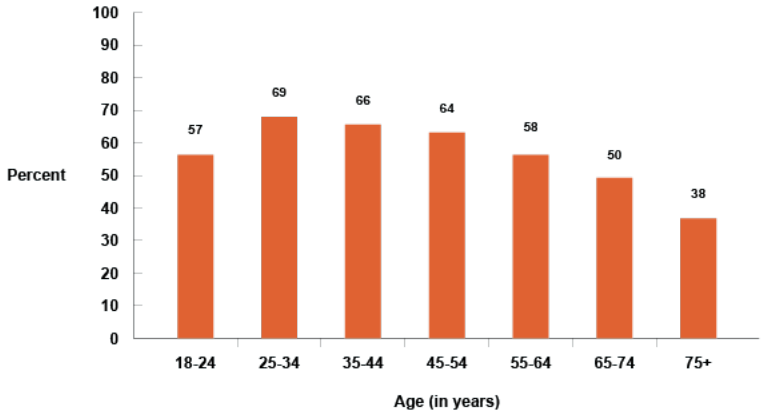


Figure 19 illustrates the percentage of adults age 18 or older reporting alcohol use in the past 30 days by education level. Based on the BRFSS data, 71% of Iowa college graduates reported alcohol use as compared to 35% of Iowans with less than a high school diploma (Figure 19). The percentage of Iowans who drank alcohol in the past 30 days increased as the education level increased. According to the BRFSS data, the highest level of alcohol use was among college graduates.

Figure 19: Past 30 Day Alcohol Use Among Adults by Education, Iowa, BRFSS, 2015–2019

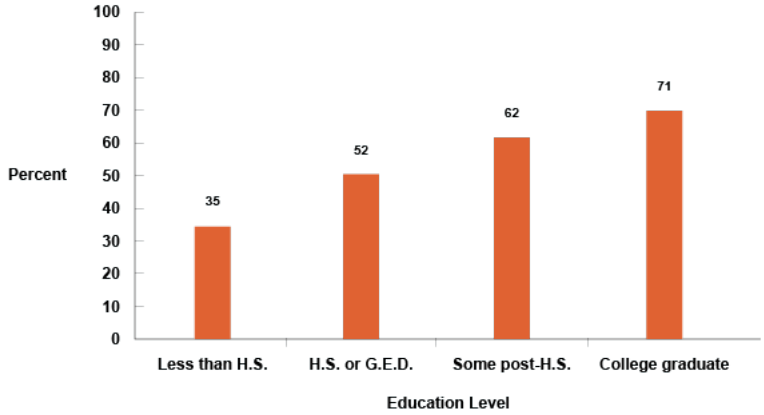
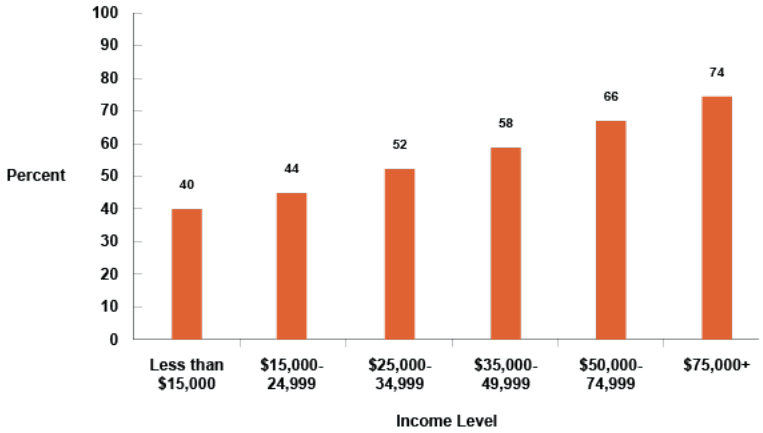


Figure 20 illustrates the percentage of adults reporting alcohol use in the past 30 days by income level. Seventy-four percent of Iowa adults earning $75,000 or more reported alcohol use compared to 40% of adults earning less than $15,000 annually (Figure 20). The BRFSS data show that adult Iowans who make $75,000 or more report more alcohol use in the past 30 days than Iowans who earn less.

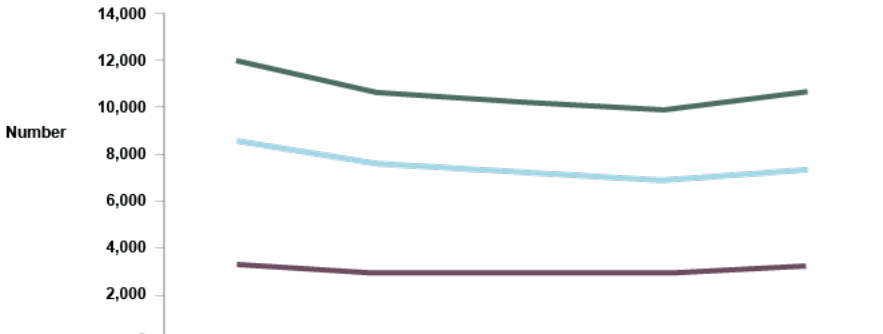
Figure 20: Past 30 Day Alcohol Use Among Adults by Income Level, Iowa, BRFSS, 2015–2019



Alcohol Use Disorder Treatment Admissions

Figure 21 illustrates the number of Iowans aged 10 and older admitted to treatment for an alcohol use disorder (AUD). The total number of AUD treatment admissions decreased 10% from 2015 to 2019 (i.e., 11,880 to 10,613) (Figure 21). The number of AUD treatment admissions was approximately two times higher among males than females.

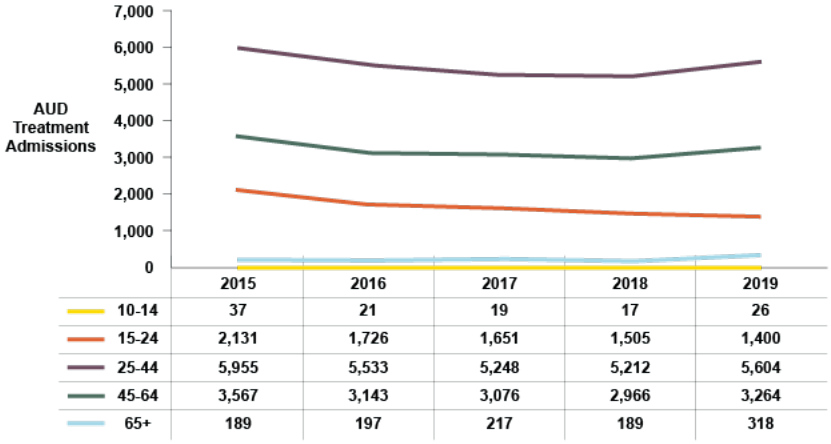
Figure 21: Number of Alcohol Use Disorder Treatment Admissions, Iowans 10 Years of Age and Older, IDPH, 2015–2019



	2015	2016	2017	2018	2019
Female	3,283	3,009	3,006	2,937	3,259
Male	8,561	7,586	7,198	6,907	7,332
Overall	11,880	10,620	10,211	9,889	10,613

Figure 22 illustrates the number of AUD treatment admissions for Iowans aged 10 or older. In 2019, the number of AUD treatment admissions was highest among people 25 to 44 (5,604), followed by people aged 45 to 64 (3,264) and 15 to 24 (1,400; Figure 22). Overall, AUD treatment admissions were the lowest among Iowans aged 10 to 14. From 2015 to 2019, AUD treatment admissions increased 68% among Iowans aged 65 or older but decreased 34% among Iowans aged 15 to 24 (Figure 22).

Figure 22: Number of Alcohol Use Disorder Treatment Admissions by Age, IDPH, 2015–2019



	2015	2016	2017	2018	2019
10-14	37	21	19	17	26
15-24	2,131	1,726	1,651	1,505	1,400
25-44	5,955	5,533	5,248	5,212	5,604
45-64	3,567	3,143	3,076	2,966	3,264
65+	189	197	217	189	318

Alcohol-Involved Motor Vehicle Crash Deaths

Figure 23 illustrates the number of deaths involving drivers with the highest blood alcohol concentration (BAC). In 2018, 318 Iowans died from motor vehicle crashes (Figure 23). Of these 318 crash deaths, 100 (31.4%) involved at least one driver with a blood alcohol concentration (BAC) of .08 g/dL or higher, which is above the legal intoxication level in Iowa (Figure 23).

Figure 23: Number of Deaths Involving Drivers with the Highest Blood Alcohol Concentration, FARS, 2014–2018

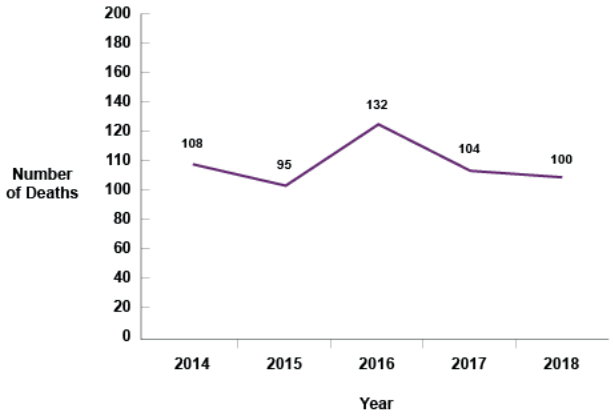
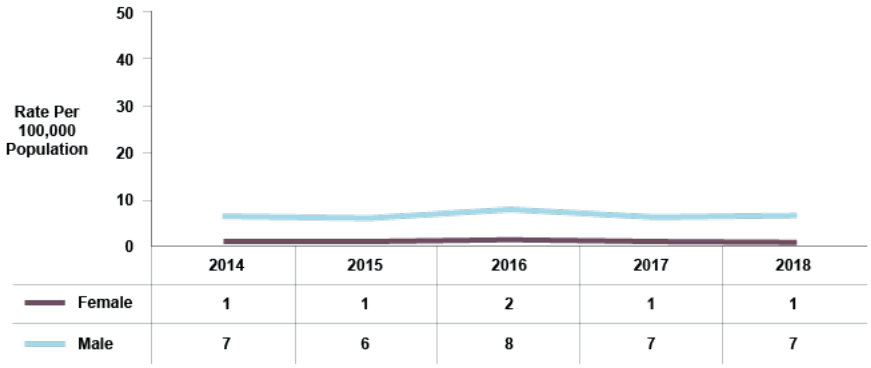


Figure 24 illustrates fatality rates involving alcohol-impaired driving crashes by sex. Alcohol-involved motor vehicle crash deaths were higher among alcohol-impaired males than their female counterparts. In 2018, the rate of alcohol-involved motor vehicle crash deaths was 7 per 100,000 population for males and 1 per 100,000 for females (Figure 24).

Figure 24: Fatality Rate Involving Alcohol-Impaired Driving Crashes by Sex, FARS, 2014–2018



	2014	2015	2016	2017	2018
Female	1	1	2	1	1
Male	7	6	8	7	7

Disparities

Crosscutting Issues (age, sex, racial/ethnic, geographic and socioeconomic)

Racial and Ethnic Disparities

Hispanics and Blacks have relatively fewer alcohol use disorders than do non-Hispanic whites. However, ethnic and racial disparities exist for alcohol-involved diseases, problems and deaths in these groups, according to the National Institute on Alcohol Abuse and Alcoholism.[31] The number of deaths for Hispanic persons involving alcohol in Iowa has remained stable since 2016. Alcohol-involved mortality has increased for all races, with Blacks seeing a 25% increase, Asian/Pacific Islanders nearly doubling and race identified as "other" and "unknown" by the medical examiner also nearly doubling. The NIH states that "In general, Hispanics and Blacks have higher rates of complete abstinence from alcohol than non-Hispanic whites and other groups. But those who do drink consume more alcohol and often have higher rates of binge drinking." In addition, NIH states that:

- "Cirrhosis death rates are very high among white Americans of Hispanic origin, lower among non-Hispanic Blacks, and lower still among non-Hispanic whites.
- Hispanics and Blacks have a higher risk for developing alcohol-involved liver disease than whites.
- Alcohol-involved traffic deaths are many times more frequent among Native Americans or Alaska Natives than among other minorities.
- Self-reported rates of DUI are highest among mixed race and Native Americans and Alaska Natives.
- Hispanics are overrepresented among drunk drivers and DUI-related fatalities.
- Between 2001 and 2005, alcohol played a role in 11.7 percent of all Native American deaths, which is more than twice the rates of the general American public."

Age and Sex Disparities

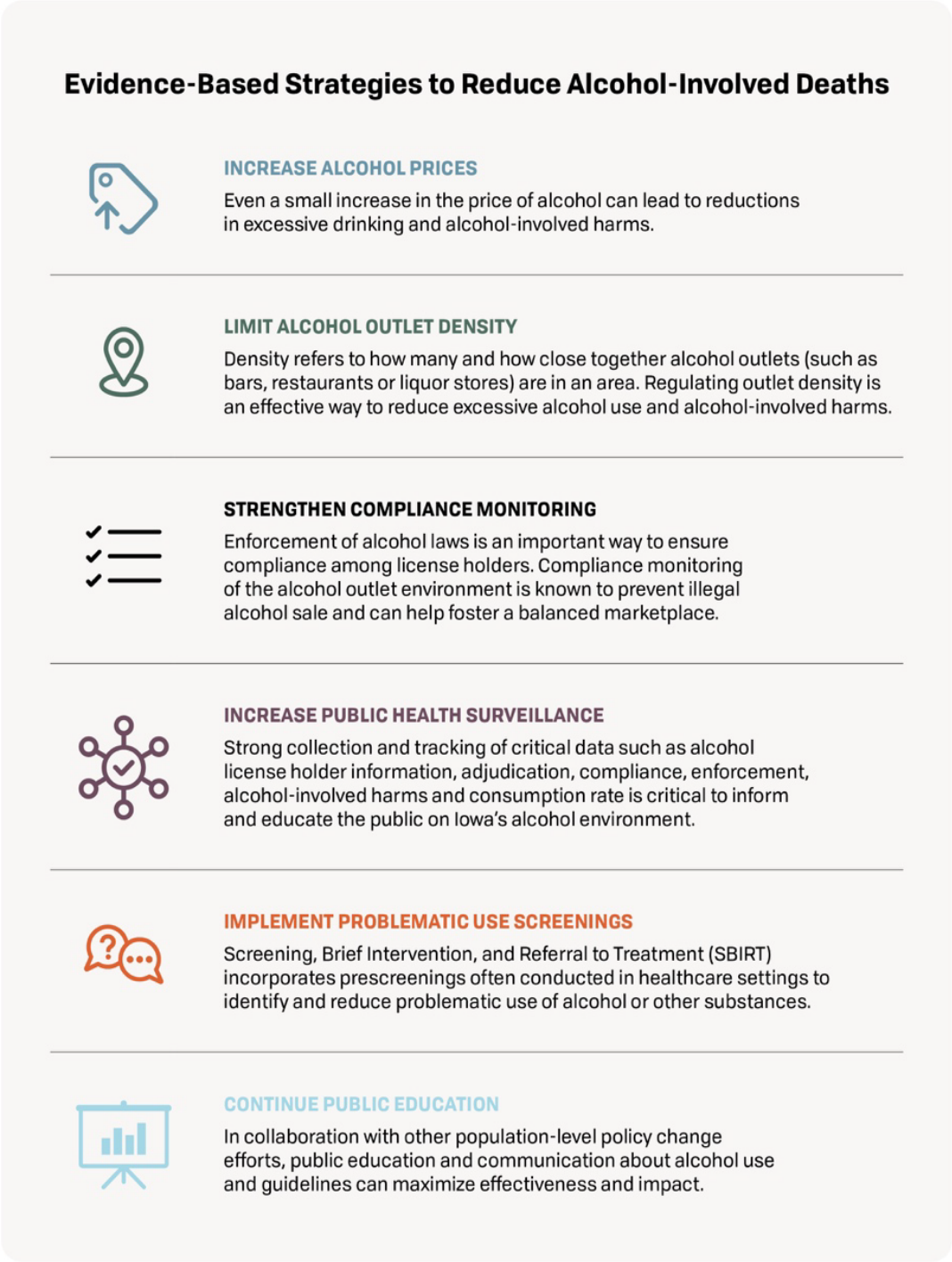
The majority of alcohol-involved deaths from 2011 to 2015 in the United States involved males. Approximately four in five deaths involved adults aged ≥35 years. The number of alcohol-attributable deaths among adults aged ≥65 years was nearly double that among adults aged 20–34 years.[32]

In Iowa, roughly one-third of alcohol-involved deaths are females, with totals for both sexes increasing from 2016 to 2020. Almost two-thirds of Iowa's alcohol-involved deaths are among adults aged 55 and older.

[31] National Institute on Alcohol Abuse and Alcoholism. Alcohol's Effects on Health. Retrieved June 1, 2020, from https://www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/diversity-health-disparities.
[32] Centers for Disease Control and Prevention. Deaths and Years of Potential Life Lost From Excessive Alcohol Use — United States, 2011-2015. (2020, October 2). Retrieved September 1, 2021, from https://www.cdc.gov/mmwr/volumes/69/wr/pdfs/mm6939a6-H.pdf.

Recommendations

After reviewing a variety of research and resources, the Alcohol-Involved Deaths Workgroup members recommend the following strategies to address alcohol-involved deaths at both the community and state levels.



In addition, the Centers for Disease Control and Prevention through the Community Guide recommend states and communities do the following to prevent deaths related to excessive alcohol use:

- Implement effective strategies for preventing excessive alcohol use, including regulating the number and concentration of alcohol outlets and limiting days and hours of alcohol sales.
- Enforce existing laws and regulations regarding alcohol sales and service.
- Partner with police, community groups, health departments and doctors, nurses and other healthcare providers to reduce excessive drinking and related harms.
- Track the role of alcohol in injuries and deaths.
- Routinely monitor and report on measures of excessive alcohol use and the status of effective alcohol policies.

Importance of Policy Efforts

The alcohol policy environment impacts the rates of excessive alcohol consumption and related harms. National Institute on Alcohol Abuse and Alcoholism (NIAAA) funded researchers to assess states' alcohol policy environments, reviewing 29 alcohol policies, gave each state a score and measured the score against the state's health outcomes, such as youth and adult binge drinking rates, liver cirrhosis mortality, homicide victimization and cancer mortality. The research team found a direct correlation between a state's alcohol policy score and its alcohol-involved health outcomes. They found the higher a state's score, the fewer negative alcohol-involved health outcomes. States in the Midwest tended to have fewer alcohol policy safeguards. In 2018, Iowa's alcohol policy score was 33.1 out of 100, ranking 48th out of 50 states and the District of Columbia, for the least amount of alcohol policy safeguards. This is well below the national average of 43.5. However, from 1999–2018, Iowa was among the states that had the greatest improvement in its alcohol policy score, increasing its score by 25%; however, most states that improved their score passed policy improvements on alcohol-impaired driving not on policies that prevent excessive alcohol consumption, the underlying cause of alcohol-impaired driving.[33]

State Strategies

Excise Tax

Research has been conducted to determine if alcohol excise taxes are an effective measure to reduce excessive consumption of alcohol and if increasing these taxes places an unfair tax on persons who drink responsibly.

In a 2012 study published in the *American Journal of Preventive Medicine,* authors Daley, Stahre, Chaloupka and Naimi examined the impact of a hypothetical 25-cent-per-drink tax increase on current drinkers and whether this increase would decrease 30-day use of alcohol.[34]

Survey respondents over the age of 18 were asked about drinking frequency and the number of drinks consumed in the past 30 days. Male respondents drinking for more than three days in the past 30 days

[33] Blanchette JG, Lira MC, Heeren TC, Naimi TS. Alcohol Policies in U.S. States, 1999-2018. *J Stud Alcohol Drugs.* 2020;81(1):58-67. doi:10.15288/jsad.2020.81.58.

[34] Daley JI, Stahre MA, Chaloupka FJ, Naimi TS. The impact of a 25-cent-per-drink alcohol tax increase. *Am J Prev Med.* 2012;42(4):382-389. doi:10.1016/j.amepre.2011.12.008. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3794433/#:~:text=A%20meta%2Danalysis%20of%2050,%2C%20and%20crime%20by%201.4%25.

and female respondents drinking more than two days in the past 30 were considered higher risk. This population of drinkers was used for the research study.

Researchers found that for the approximate 25% of higher risk drinkers living in the United States, “a tax increase would result in a 9.2% reduction in alcohol consumption, including an 11.4% reduction in heavy drinking.”

Furthermore, “higher risk drinkers paid 4.7 times more in net increased annual per capita” alcohol taxes with the majority of those taxes being paid by “white, male, between the ages of 21 and 50, earning more than $50,000 per year, employed and had a college degree.”

According to the Tax Policy Center, the Iowa alcohol excise tax rates per gallon as of January 1, 2020, are $0.19 for beer and $1.75 for wine. Excise taxes do not exist for distilled spirits. The beer excise tax was last reviewed in 1986. Iowa ranks 31st in the nation for our beer excise tax. Tennessee is 1st with a rate of $1.29 per gallon and Wyoming is 50th with $0.02 per gallon.[35]

Iowa’s wine excise tax is $1.75 per gallon and is the third highest in the nation. Yet, Iowa ranks third highest in the nation for binge drinking and the CDC (2013) estimates excessive alcohol use costs Iowans $2 billion per year and underage drinking specifically costs Iowans $600 million per year.

In conclusion, raising the price on alcohol is the number one way to reduce excessive drinking. The amount of the price increase correlates directly with the amount of the reduction in excessive drinking and more of an excise tax applied.[36]

Taxation Strategy

Increase the beer excise tax in Iowa by $0.19 per gallon, or by a nickel ($0.05) per drink, generating approximately $40 million that would be dedicated to fund effective underage drinking and alcohol misuse prevention initiatives and alcohol law enforcement, as well as treatment for alcohol use disorder and co-occurring mental health and substance use disorders prevention and treatment.

Minimum Unit Pricing

An alcohol price floor, similarly known as minimum unit pricing, is the process of setting a price at which an alcoholic beverage product cannot be sold below either at the wholesale or retail level. This concept aims to reduce harmful drinking by eliminating the prevalence of very low-priced alcohol products. These low-priced products are most commonly used by harmful drinkers and people who engage in binge drinking.

A number of countries have implemented minimum unit pricing policies and have seen effective results. These policies have shown to decrease harmful drinking and have had significant effects on alcohol-involved disease, mortality, traffic deaths and other alcohol-involved harms without adversely affecting light and moderate consumers.

[35] Tax Policy Center at the Urban Institute and Brookings Institution. State Alcohol Excise Taxes. (2020). Retrieved September 1, 2021, from https://www.taxpolicycenter.org/statistics/state-alcohol-excise-taxes.
[36] Xu X, Chaloupka FJ. The effects of prices on alcohol use and its consequences. *Alcohol Res Health.* 2011;34(2):236-245. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3860576.

The *American Journal of Public Health*, the *Journal of Studies on Alcohol and Drugs,* the American Public Health Association and the Center for Disease Control and Prevention have all recently shown research or support for this type of policy.[37,38,39,40,41] Iowa has the ability to set minimum prices for liquor at the wholesale level but does not control prices at the retail level. Some states do currently have policies in place that do not allow alcohol to be sold below cost in retail settings.

Pricing Strategies

- Raise the price floor on spirits.
- Prohibit retailers from selling product below cost. At least 30 states have laws that prohibit this practice.[42]

Public Health Surveillance

Public health surveillance through strong collection and tracking of critical data (e.g., alcohol license holder information, adjudication, compliance, enforcement, alcohol-involved harms, consumption rates) to inform and educate the public on aspects of the alcohol environment in Iowa is critical.

Surveillance Strategies

- Encourage information sharing between local law enforcement and the ABD on alcohol-involved incidents near or involving an alcohol outlet, including alcohol compliance checks and violent crime.
- Require a public health impact statement for rules, regulation and law changes related to alcohol. Recent states, like Oregon, have adopted this requirement.
- Implement a task force to study alcohol laws with a public health lens that would make recommendations for improvement of alcohol laws. Recent states, like Maryland, have conducted these studies and it has helped to bring more balanced policies forward.
- Add alcohol policy strategies in the state's alcohol control plan to acknowledge alcohol's link to cancer and provide strategies to address alcohol-linked cancer based on the American Society of Clinical Oncology.

[37] Rutgers Center of Alcohol Studies. Journal of Studies on Alcohol and Drugs. "The Potential Health Impact of an Alcohol Minimum Unit Price in Québec: An Application of the International Model of Alcohol Harms and Policies." (2020, October 8). Retrieved September 1, 2021, from https://www.jsad.com/doi/10.15288/jsad.2020.81.631.
[38] American Public Health Association. American Journal of Public Health. "Call for a Population-Based Response to a Doubling of Alcohol-Related Mortality in the United States." (2020, October 7). Retrieved September 1, 2021, from https://doi.org/10.2105/AJPH.2020.305904.
[39] American Public Health Association. "Addressing Alcohol-Related Harms: A Population Level Response." (2019, November 5). Retrieved September 1, 2021, from http://www.apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2020/01/14/addressing-alcohol-related-harms-a-population-level-response.
[40] American Public Health Association. American Journal of Public Health. "Effects of Alcohol Tax and Price Policies on Morbidity and Mortality: A Systematic Review." (2011, September 20). Retrieved September 1, 2021, from https://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2009.186007.
[41] Centers for Disease Control and Prevention. Pricing Strategies for Alcohol Products. (2016, August 5). Retrieved September 1, 2021, from https://www.cdc.gov/policy/hst/hi5/alcoholpricing/index.html.
[42] Alcohol Policy Information System, National Institute on Alcohol Abuse and Alcoholism. "Wholesale Pricing Practices and Restrictions." (2020, January 1). Retrieved November 15, 2021, from https://alcoholpolicy.niaaa.nih.gov/apis-policy-topics/wholesale-pricing-practices-and-restrictions/3.

Community-Level Strategies

Alcohol Outlet Density

The number of outlets can be associated with excessive use; reducing the number of outlets reduces alcohol-involved harms. Regulating the number of places in a given area where alcohol may be legally sold (outlet density) is an effective way to prevent excessive alcohol use.[43] Density refers to the number of alcohol outlets in a given area. Regulation is often implemented through licensing or zoning processes. An alcohol outlet is a place where alcohol may be legally sold for the buyer to drink there (on-premises outlets, such as bars or restaurants) or elsewhere (off-premises outlets, such as liquor stores).

Density and location of alcohol outlets and their operational practices (e.g., hours/days of sale, products sold, training) can be points of interventions.

Density and Location Restriction Strategies

Limit alcohol outlet density through licensing and zoning mechanisms to restrict alcohol outlet density including the following strategies:

- Distance restrictions (buffers between outlets and sensitive uses, such as churches and schools)
- Population ratios (number of outlets per 1,000 people)
- Deemed approved and conditional use permit ordinances (tied to business permit)

Screening, Brief Intervention and Referral to Treatment (SBIRT) Model

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based practice for identifying and reducing problematic use of alcohol or other substances. It incorporates a public health approach of large-scale, universal prescreening often conducted in healthcare settings and follows with brief advice for those identified as moderate risk for substance use problems, brief treatment for those at moderate to high risk or referral to treatment for those at highest risk.

Two of the more significant benefits to conducting SBIRT screenings in a healthcare setting are the number of individuals who visit a healthcare practitioner each year and the reduced stigma that exists in this setting as opposed to receiving services from a substance use disorder treatment provider. Because of the unlikelihood that a person who doesn't know they have been using a substance at a problematic level would seek a screening through a substance use disorder treatment provider, the healthcare setting lends itself to assisting a larger part of the population.

For older adults, research has shown that there is a benefit to having SBIRT screenings performed by other types of service providers as opposed to just primary healthcare. In a study by Schonfeld (et al.), a significant relationship was identified between provider category and positive versus negative screenings (presence of a possible substance-related issue). Of the four categories of providers (healthcare, aging

[43] American Journal on Preventive Medicine. Recommendations for Reducing Excessive Alcohol Consumption and Alcohol-Related Harms by Limiting Alcohol Outlet Density. (2009, December). Retrieved September 1, 2021, from https://www.thecommunityguide.org/sites/default/files/publications/Alcohol-AJPM-recs-outlet-density.pdf.

services, mental health services and substance use disorder treatment), healthcare agencies had the lowest rate (8.4%) of positive screenings compared with the other three (10% or higher).[44]

State and Community Strategies

Compliance Monitoring to Prevent Harm

Enforcement of alcohol laws is an important way to ensure compliance among license holders and create a fair and balanced marketplace. Compliance monitoring of the alcohol outlet environment through inspections, investigations and underage decoy operations/controlled buys helps ensure compliance with alcohol laws and is known to prevent illegal alcohol sale and to help foster a balanced marketplace. The following are areas of potential intervention.

State Strategies

- Maintain the control model of alcohol regulation whereby the state continues to serve as the wholesaler for spirits.
- Increase the number of ABD investigators/compliance officers to the national standard of agent to outlet ratio.
- Institute Alcohol Impact Areas, which is a way for local authorities to have a process to mitigate problems with chronic public inebriation or illegal activities, linked to the sale or consumption of alcohol within a geographic area of their city, town or county, but not the entire jurisdiction.
- Adopt the Institute of Medicine's 2004 recommendation to revoke alcohol licenses after three or four violations (average penalty cited by ABD).
- Institute an emergency suspension law that allows the ABD to immediately close a licensee if a serious injury or death occurs in or near an alcohol outlet to gather facts.

Community Strategies

- Require responsible beverage server training for all employees, managers and owners for every outlet.
- Restrict alcohol outlet advertising on street-facing surfaces.
- Require posting of health-related warnings and minimum ages of purchase at licensed locations.

Education and Communication

The following strategies should be utilized in collaboration with other population-level policy change efforts to maximize effectiveness and impact.

Low-Risk Guidelines for Alcohol Use Over 60 Years Old

According to the "Dietary Guidelines for Americans 2020–2025," U.S. Department of Health and Human Services and U.S. Department of Agriculture, adults of legal drinking age can choose not to drink alcohol or to drink in moderation by limiting intake to two drinks or less in a day for men and one drink or less in a day for women, when alcohol is consumed. Drinking less is better for health than drinking more.

[44] Schonfeld L, Hazlett RW, Hedgecock DK, Duchene DM, Burns LV, Gum AM. Screening, Brief Intervention, and Referral to Treatment for Older Adults With Substance Misuse. *Am J Public Health.* 105(1): 205-211. doi: 10.2105/AJPH.2013.301859 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4265906.

Older individuals should not drink any alcohol if they:

- Are taking certain prescription medications, especially psychoactive prescription medications (e.g., opioid analgesics and benzodiazepines).
- Have medical conditions that can be made worse with alcohol use (e.g., diabetes, heart disease).
- Are planning to drive a car or engage in other activities requiring alertness and skill.
- Are recovering from alcohol dependence.,

Savor the Moment and Think Before You Drink Media Campaigns

The Iowa Department of Public Health has developed two media campaigns to help address alcohol use with adults. Each campaign is described in detail below.

Savor Every Moment Media Campaign

This campaign is focused on women aged 35–64 years old and focuses on the message that as adults age, drinking can be detrimental to your health. Your best years are ahead of you, so make the right choices. Don't let alcohol cost you your life.

The campaign includes a :30 TV PSA, a :30 radio PSA, outdoor billboards, digital banners, social media ads, social media posts and posters.

Think Before You Drink Media Campaign

This campaign is focused on reaching males aged 35–64, specifically the 45–55 age range. It promotes the same message as the "Savor Every Moment" campaign that as adults age, drinking can be detrimental to your health. Your best years are ahead of you, so make the right choices. Don't let alcohol cost you your life.

The campaign includes a :30 TV PSA, a :30 radio PSA, outdoor billboards, digital banners, social media ads and posters.

These campaigns can be accessed through the Your Life Iowa Media Center.

Conclusion

Alcohol-involved deaths are a public health concern in Iowa, particularly for adults aged 60 years and older. This guide identified the issues related to alcohol, described why these issues can lead to short- and long-term health concerns and focused on solutions to continue protecting and improving the health of Iowans.

By implementing effective prevention strategies throughout the state, Iowans are more likely to be informed of the long-term impacts of alcohol on their individual health and communities. This guide provided a variety of recommendations for local preventionists, community groups, businesses and elected officials to consider when examining strategies to effect change.

To learn more about the topic of alcohol, visit Your Life Iowa at https://yourlifeiowa.org. Your Life Iowa is an integrated website and helpline that provides resources on topics such as alcohol, drugs, gambling, suicide and mental health.

Resources

Community Resources

Iowa Department on Aging/Area Agencies on Aging connecting older adults and caregivers to local resources, https://iowaaging.gov/area-agencies-aging/find-your-local-area-agency-aging

LifeLong Links is a statewide information and referral service to locate programs and assistance for older or disabled adults and their caregivers, call 866-468-7887

Iowa Compass connecting people who have complex health-related needs or disabilities to local resources, https://iowacompass.org

Iowa Department of Veterans Affairs connects veterans to available resources, https://va.iowa.gov/benefits

Your Life Iowa statewide helpline for alcohol, drugs, gambling or mental health services, https://yourlifeiowa.org or call 855-581-8111

Information on Alcohol

Addressing Alcohol-Related Harms: A Population Level Response: https://apha.org/policies-and-advocacy/public-health-policy-statements/policy-database/2020/01/14/addressing-alcohol-related-harms-a-population-level-response

Alcohol-Involved Consumption and Harms: https://onlinelibrary.wiley.com/doi/abs/10.1111/acer.14239

Alcohol Use and Your Health:
https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm

Best Practice Guidance for Alcohol Sales and Deliveries During and After the COVID-19 Pandemic: National Liquor Law Enforcement Association Guidance Document: https://www.nllea.org/

Comorbidity: Addiction and Other Mental Illnesses: https://dhs.iowa.gov/sites/default/files/Comorbidity-Addiction-and-Other-Mental-Illnesses-NIDA.pdf?020820212122

Dietary Guidelines Scientific Advisory Report on Alcohol: https://www.dietaryguidelines.gov/sites/default/files/2020-07/PartD_Ch11_AlcoholicBev_first-print.pdf

Fact Sheet on Binge Drinking by Age: https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm

Fact Sheet on Women and Alcohol Consumption: https://www.cdc.gov/alcohol/fact-sheets/womens-health.htm

How Nursing Homes Can Handle the Drinking Question: https://www.providermagazine.com/Breaking-News/Pages/How-Nursing-Homes-Can-Handle-the-Drinking-Question.aspx

Integrating Substance Use Disorder Treatment and Primary Care: https://www.nashp.org/wp-content/uploads/2017/02/Primary-Care-Integration-Brief.pdf

The Collection: An Alcohol Research Summary: https://www.nabca.org/collection-alcohol-research-summary

Research and Data Resources

Alcohol Data, Iowa Department of Public Health (IDPH) Tracking Portal: https://tracking.idph.iowa.gov/Health/Substance-Use-and-Misuse

Alcohol Data, Behavioral Risk Factor Surveillance System (BRFSS): https://idph.iowa.gov/brfss

Excessive Drinking in Iowa, America's Health Rankings: https://www.americashealthrankings.org/explore/annual/measure/ExcessDrink/state/IA