

## Health Behavior Determinants

### Alcohol Use

Health Determinant: Alcohol Use

Health Behavior Component: Binge Drinking

Percent and Rank: 2007 - 25.4% (43)

2008 - 24.7% (46)

Healthiest Wisconsin 2010 Health Priority: Alcohol and Other Substance Use and Addiction

The 2007 and 2008 Wisconsin County Health Rankings describe binge drinking as a “measure of the percentage of the population that drinks more than four or five alcoholic beverages in one day, at least once per month”. According to the reports, from 2000-2005, this measure was based on answers to the question, “Considering all types of alcoholic beverages, how many times during the past 30 days did you have five or more drinks on an occasion?” Beginning in 2006, binge drinking is defined as “five or more drinks on an occasion for men and four or more drinks for women.”

Though Waupaca County has seen some reduction in the number of people who binge drink, it still exceeds the average in the State of Wisconsin which was 24% in 2007 and 23.2% in 2008. Despite this drop in percent, our ranking worsened, going from 43<sup>rd</sup> to 46<sup>th</sup> of 73 for binge drinking. This indicates that, while our statistics have improved, our efforts have not borne results as good as those in other counties in our state.

The issue which takes center stage in making this problem so difficult to surmount is the integral part alcohol plays in the Wisconsin and Waupaca County cultures. Wisconsin has held the distinction of being the state with the highest brandy consumption, per capita, in the country. Waupaca County has the benefit of being a tourist destination, thanks to our beautiful lakes and plentiful hunting. With the pleasure of vacation time, however, comes the spectrum of alcohol use and abuse.

To date, the Waupaca County Department of Health and Human Services is officially involved in the “treatment and rehabilitation” aspect of dealing with alcohol issues. Alcohol and Drug Services, a program in the Children and Families Division completes assessments for persons charged with Operating a Motor Vehicle While Intoxicated (OWI). They also then recommend “Group Dynamics Traffic Safety School” or outpatient treatment. Primary prevention and early intervention activities are also needed if Waupaca County is to make sustained progress in reducing alcohol-associated problems.

“Primary prevention” programs focus on ways to enhance peoples’ personal assets or resiliency. Healthiest Wisconsin 2010 cites the following example, “Children who are nurtured in a loving and supportive family, and who develop a sense of integrity, honesty, responsibility, and self-esteem, will be better equipped to resist using alcohol or drugs inappropriately”, (p. 52). Inherent in public health nursing, the Prenatal Care Coordination Program (PNNC), the Early Intervention Program and the Healthy Beginnings Program are components addressing these psychosocial issues. Child Protective Services (CPS) and other Social Services programs also address these issues but often more as they approach the “early intervention” stage rather than prevention.

Early intervention – early detection – is essential, since prolonged use of alcohol can lead to chronic problems. Healthiest Wisconsin 2010 views health screenings as an opportunity to detect potential or emerging alcohol issues. Physicians’ offices are beginning to gather data from patients about their alcohol use but patients’ general unwillingness to acknowledge alcohol or other drug problems can make early detection and subsequent intervention challenging. The Health Services Division, in addition to the programs mentioned earlier, has a program called HealthCheck where income-eligible children, ages 0-21, receive a

comprehensive physical examination by a public health nurse including a confidential survey regarding alcohol and drug use.

“The inappropriate use and abuse of alcohol and other drugs is a significant health, social, public safety and economic problem” (Healthiest Wisconsin 2010, p. 49). The earlier we can intervene in alcohol abuse, the more likely it becomes that we can forestall or eliminate health and social issues associated with it.

In a recent issue of “O”, The Oprah Magazine, Malcolm Gladwell’s book entitled “The Tipping Point” was discussed. In it he describes the point at which ideas, products and group behavior “tip” into the culture and take root. He states that, ultimately, the more times we attempt to change a habit, the closer we get to being successful. With regard to changing our attitudes and behaviors about alcohol, in Waupaca County, Mr. Gladwell would likely say, we just need to keep making those attempts.

Health Determinant: Alcohol Use

Health Behavior Component: Motor Vehicle Crash Occupancy per 1000

Number and Rank: 2007 - 50.6 (47)

2008 - 43.4 (45)

Health Behavior Component: Motor Vehicle Crash ER Visits On Road per 100,000

Number and Rank: 2007 - 732 (59)

2008 - 732.8 (59)

Health Behavior Component: Motor Vehicle Crash ER Visits Off Road per 100,000

Number and Rank: 2007 - 162.4 (53)

2008 - 162.4 (53)

Healthiest Wisconsin Health Priority: Alcohol and Other Substance Use and Addiction; Intentional and Unintentional Injuries and Violence; Mental Health and Mental Disorders

Nearly 2000 deaths in Wisconsin each year are attributable to inappropriate use and abuse of alcohol or other drugs. These deaths include snowmobile, boating, recreation vehicle, traffic, disease and overdose deaths; according to data from Healthiest Wisconsin 2010. The Wisconsin County Health Rankings 2007 and 2008 use three measures to determine crash rates.

Motor Vehicle Crash Occupancy is a measure of annual crash involvement, including injured and non-injured passengers. Motor Vehicle Crash-Related ER Visits (Traffic) is a measure of the annual average of residents who visit an emergency room due to injuries sustained in traffic-related motor vehicle crashes. Motor Vehicle Crash-Related ER Visits (Non-Traffic) is a measure of the annual average of residents who visit an emergency room due to "injuries sustained in boating or non-traffic motor vehicle (including ATVs and snowmobile) accidents." Because alcohol is a factor in many motor vehicle crashes, this measure is a proxy

for alcohol use while driving. It is also a proxy for alcohol use while operating a non-traffic vehicle since alcohol is also a factor in many non-traffic motor vehicle crashes.

Although motor vehicle crash data has only a 1.5% weight for health determinants, as opposed to the 10% given to binge drinking, the data here is significant in that Waupaca County remains in the bottom quartile for “On Road Motor Vehicle Crash ER Visits” and in the lower middle quartile for “Off Road Motor Vehicle Crash ER Visits” and “Motor Vehicle Crash Occupancy”. We have seen some improvement in “Crash Occupancy” data. The state average of 61 people/1000 involved in crashes exceeds Waupaca County’s 50.6/1000 (2007) and 43.4/100 (2008). However, we lose ground when it comes to emergency room visits as a result of motor vehicle crashes. It is unclear if we may be experiencing more single vehicle accidents so lower occupancy rates, but more injury resulting in more ER visits.

The problem of alcohol use permeates all segments of our culture, having psychological, social, and financial undertones. Alcohol and other drug use leads to patterns of intolerance and inability to cut down despite physical or psychological problems. This can result in the progressive impairment of the body that affects performance of vital bodily functions such as brain, liver, peripheral nervous system, pancreas, stomach and heart.

Healthiest Wisconsin 2010 notes “Intoxicated driving has been on the Congressional and Wisconsin Legislator’s agenda for many years. Stiffer fines and penalties have been somewhat effective in reducing traffic crashes, but as one can see from the statistics presented earlier, these measure have had less of an impact on intoxicated driving in general. New and innovative approaches are needed.”

Alcohol and Drug Services has completed 362 assessments for persons operating a motor vehicle while intoxicated (OWI). Of these assessments, five were completed for operating a vehicle under the influence of a controlled substance

other than alcohol. Of the total assessments, 281 were men and 81 were women. 205 of the assessments were for first-time offenders. 81 were second-time offenses. *There were 12 assessments completed for persons having offended for the 5<sup>th</sup> time or greater, with one assessment for the 10<sup>th</sup> offense.* One assessment was related to operating a boat under the influence and two assessments were due to operating a snowmobile or ATV while impaired. 221 persons were referred for Group Dynamics Traffic Safety School. 126 were referred for outpatient treatment. Six were recommended for services through the Veteran's Administration, seven for services through the Department of Community Corrections and two for services through the Department of Natural Resources.

As implied above, inherent in issues of inappropriate use and abuse of drugs and alcohol are issues of mental health. Under the umbrella of Children and Family Services, Waupaca County has served more than 400 individuals on an outpatient basis. Services included therapy and case management as well as medication management and monitoring.

In 2007, there were 144 hospital admissions for adults - 128 emergency and eight revocations of outpatient status. Seven individuals were hospitalized for detoxification and one individual was admitted as a result of third-party petition proceedings.

The goal of this program is to return clients to the community as functioning members of society. Diversion of patients from hospitalization is the main focus of the program. Another important facet is the provision of medications to indigent or underinsured clients. Waupaca County continues to absorb much of the cost of these medications since their provision is essential to keeping clients from deteriorating mental health.

Mental health placement for juveniles in the community is an ongoing challenge. Over the last several years, the Mental Health Treatment Program has

embraced a “team-oriented” approach to dealing with juveniles at risk for mental health crises. As a result, the number of crisis contacts from juveniles with mental health issues has reduced.

The Community Support Program, which serves clients with chronic mental health issues, oversaw the care of 39 clients in the last year. These are the individuals at greatest risk for admission to mental health hospitals. Though staffing patterns have changed, services to clients have remained stable.