Data Collection for Alcohol Policy Change

A TOOLKIT FOR LOCAL COALITIONS

JUNE 2022

U.S. ALCOHOL POLICY ALLIANCE

Turning evidence into action.

Table of Contents

About the U.S. Alcohol Policy Alliance

The U.S. Alcohol Policy Alliance (Alliance) is a national non-profit dedicated to helping people put alcohol policy research into practice. The goal of our work is to help communities create healthy spaces in which people can live, work, and play. Formed in 2014 by volunteers passionate about ensuring a strong public health voice when it comes to alcohol polices, our ultimate vision is a nation free from alcohol-related disease, injury, and death.

We know that communities drive alcohol policy work, so we work hard to ensure communities have the support they need to respond to emerging issues and implement evidence-based prevention and policy strategies. We utilize grassroots organizing and advocacy to advance our efforts to prevent and reduce alcohol-related harm.

The Alliance works to ensure that policy decisions are based first and foremost on public health and safety. We believe that when people are armed with the facts, they are better equipped to engage in this critical public health work. As such, we strive to provide local, statewide, and national organizations with the resources they need to engage in alcohol policy initiatives.

For more information regarding resources, training, and technical assistance, contact us at info@alcoholpolicy.org and visit alcoholpolicy.org.

TABLE OF CONTENTS / CREDITS

About the Toolkit

This toolkit was developed to help community organizations, state alcohol policy alliances, and substance use prevention coalitions identify, locate, and use data to support the implementation of alcohol policy campaigns.

Prepared by

Samantha Karon, BA
Summer 2021 Practicum Student, U.S. Alcohol Policy Alliance
MPH Candidate, Gillings School of Global Public Health, UNC Chapel Hill

Michael Sparks, MA
Advisory Board Co-Chair, U.S. Alcohol Policy Alliance
President, SparksInitiatives

Alicia Sparks, PhD, MPH
Vice Chair, U.S. Alcohol Policy Alliance
Senior Associate, Abt Associates

Recommended Citation

Karon, S., Sparks, M., & Sparks, A. (2022). Data collection for alcohol policy change: A toolkit for local coalitions. West Lake Hills, TX: U.S. Alcohol Policy Alliance.

Questions or Comments

Do you have a question or comment about the information provided in this toolkit? We'd like to hear from you! Please contact the U.S. Alcohol Policy Alliance at info@alcoholpolicy.org.

SECTION I

Overview

This toolkit is intended to help community organizations, alcohol policy alliances, and substance use prevention coalitions* identify, locate, and use data to support the implementation of alcohol policies. Storytelling is essential to any policy campaign, and coalitions need different types of data to tell different types of stories. There are three tiers of information that coalitions need to identify the specific alcohol-related problem in their community, determine the best policy to address that problem, and support the adoption and implementation of that policy. This toolkit refers to these tiers of information as 5,000-foot, 1,000-foot and grassroots levels. Although this toolkit is specific to alcohol, this approach to data collection also applies to other substance use prevention campaigns such as cannabis, tobacco, and other drugs.

FIGURE 1.
Levels of Data Collection

The first step in developing an alcohol policy campaign is demonstrating a broad alcohol-related problem to stakeholders and policymakers. To do this, coalitions need high-level data to develop an overview of the problem. We refer to this tier of information as the "5,000-foot level" because it helps describe the global problem, rather than specific manifestations of the problem and its consequences. In the case of underage drinking, an example of 5,000-foot data is the percentage of high school students who consumed alcohol in the past 30 days.

After demonstrating that there is an alcohol-related problem in the community, coalitions need to identify the settings where the riskiest drinking occurs. We refer to this tier of information as the "1,000-foot level" because it requires more concrete and precise information compared to the 5,000-foot level. In the case of underage drinking, an example of 1,000-foot data is the places in the community where youth drink alcohol (e.g., house parties or parks).

*** For simplicity, this toolkit uses the term 'coalitions' to collectively reference all the organizations listed.**

Lastly, coalitions need to demonstrate the consequences of drinking in the high-risk settings linked to the identified problem. We refer to this tier of information as the "grassroots level" because it contains the most specific information, such as real-life examples of "what happens" in the settings that cause harm. In the case of underage drinking, examples of grassroots data include incidents of physical fighting or sexual assault that occurred because of drinking at the house party.

Collectively, a coalition can use these data to demonstrate to policymakers and the broader community the concrete ways that alcohol contributes to health and safety harms in their community, and that policy change is necessary to address it.* A coalition should collect data from each of the 5,000-foot, 1,000-foot, and grassroots-levels to comprehensively identify and address alcohol-related problems in their community. **Sections II through IV** of this toolkit provide further detail on how each tier of information can be used in the policy change process, including a list of key measures, definitions, and potential data sources. Note that some measures are repeated across levels; as you move from 5,000-feet to grassroots, these measures should get increasingly specific as you begin to drill down on your problem. **Section V** provides a process diagram that illustrates how coalitions can use these data in practice.

* This toolkit is intended for coalitions who have already begun to organize around alcohol-related problems in their communities. Many coalitions track issues related to other substances in addition to alcohol, such as cannabis or tobacco, and this approach to data collection can also be used to help coalitions determine which substance to focus their campaign on.

SECTION II

5,000 Foot Data

5,000-FOOT DATA, often referred to as "prevalence data," measure the number or percent of people in a designated population that drink alcohol and experience alcohol-related problems. There are two main reasons to collect 5,000-foot data for a policy campaign:

1. To help coalitions prioritize which alcohol-related problem is most significant in their community, and
2. To provide compelling evidence to stakeholders and policymakers that this problem deserves their attention.

5,000-foot data help coalitions identify trends in alcohol use and alcohol-related experiences in their communities. For example, survey data on past month alcohol use among high school students may indicate that underage drinking is more prevalent among high schoolers in said community compared to other places in the state. After considering other measures of alcohol use, such as rates of adult binge drinking and alcohol-related health conditions, the coalition might conclude that underage drinking is the leading alcohol-related problem in their community. At this stage in the policy change process, the coalition should focus on understanding and raising awareness of the problem, not determining or implementing a policy solution.

The remainder of this section will discuss specific measures within the 5,000-foot level of information. For organizational purposes, measures are grouped into one of four subcategories: alcohol consumption, health indicators, crime and safety, or community characteristics. Coalitions should gather measures from each of these subcategories to understand the full extent of alcohol use in their communities. Collecting data from only one or two of these subcategories is generally insufficient to fully understand the nature and extent of these issues within a community. Lastly, certain measures may appear within multiple tiers of information (e.g., the alcohol-impaired vehicle crash measure appears in both the 5,000-foot and grassroots levels).

Alcohol Consumption

The measures in this category estimate the number of people in a designated population who consume alcohol and the frequency at which they consume it. These can be used to compare alcohol consumption with other substances in the same population (e.g., alcohol versus other drugs) and to compare alcohol consumption between different populations (e.g., between the community and the state or between different demographics, such as age or gender). Measures of consumption are useful because they begin to tell the story of the scope of the problem in the community: how many adults in the community consume excessive amounts of alcohol? How many youth in the community have consumed any alcohol in their lifetime? How do these data compare to other substances? By providing numerical estimates, these measures help community members and policymakers understand the scope of the problem.

ALCOHOL CONSUMPTION	MEASURE	DEFINITION	POTENTIAL DATA SOURCE(S)
Adult	Any use past 30 days	Percent of adults who reported any alcohol use in the past 30 days.	Behavioral Risk Factor Surveillance System, administered by state departments of health
	Heavy use past 30 days	Percent of adults who reported having more than 15 drinks per week (males) or 8 drinks per week (females) on average over the past 30 days.	
	Binge drinking past 30 days	Percent of adults who reported drinking 5 or more drinks on one occasion (males) or 4 or more drinks on one occasion (females) over the past 30 days.	
Youth	Any use past 30 days	Percent of students who reported having at least one drink during the past 30 days.	Youth Risk Behavior Surveys, often nested within school health surveys administered by state departments of health
	Heavy use past 30 days	Percent of students who reported having more than 15 drinks per week (males) or 8 drinks per week (females) on average over the past 30 days.	
	Binge drinking past 30 days	Percent of students who reported drinking 5 or more drinks on one occasion (males) or 4 or more drinks on one occasion (females) over the past 30 days.	
	Lifetime use	Percent of students who reported having at least one drink of alcohol in their lifetime.	
	Average age of initiation	Among students who have ever drank alcohol, the average age most students reported having their first drink.	

Health Indicators

Excessive alcohol use can lead to a large variety of emergencies and chronic health conditions. Health indicators include data on specific conditions associated with alcohol use, including but not limited to alcohol-attributable cancer and cirrhosis of the liver, and medical emergencies caused by alcohol, such as emergency room visits due to alcohol-related incidents. Additionally, though harder to capture through data, alcohol is associated with several mental health conditions, such as depression and anxiety. These data help frame alcohol consumption as a public health problem, rather than an individual behavior. These data are often under-reported due to the way alcohol use is or is not recorded in these settings, but it is a critical source of data to understand the broader alcohol problem and related harms. If available, this information is worth the time it may take to collect.

MEASURE	DEFINITION	POTENTIAL DATA SOURCE(S)
Hospital or emergency department admissions	Percent of hospital admissions related to alcohol use.	Local hospitals
Ambulance transports	Number of ambulance transports involving alcohol use with intoxication.	Local EMS agencies
Overdose deaths	Number of alcohol-involved overdose deaths (alcohol may be coded as a contributing substance, it does not need to be the primary cause of death).	Office of the Coroner
Substance use disorder treatment rates	Number of people who sought treatment for alcohol misuse and use disorder.	Agencies responsible for substance use treatment within state/county/ municipal Departments of Health
Alcohol-related health conditions	• Number of people diagnosed with health conditions that are attributable to alcohol (alcoholic psychosis, alcohol misuse, alcohol dependence syndrome, alcohol polyneuropathy, degeneration of the nervous system due to alcohol use, alcoholic myopathy, alcohol cardiomyopathy, alcoholic gastritis, alcoholic liver disease, alcohol-induced acute pancreatitis, alcohol-induced chronic pancreatitis, fetal alcohol syndrome; fetus and newborn issues caused by maternal alcohol use). • Number of people diagnosed with alcohol-attributable cancer (e.g., breast, esophageal).	• Local hospitals* • Alcohol-Related Disease Impact Database (available at state level)

*These data are often challenging to obtain at the local level, but we encourage coalitions to work with local hospitals to collect this information as it provide valuable insights and helps build a diverse coalition.

Crime & Safety

Similar to health indicators, crime and safety data help fill in the story that prevalence data tells. The indicators in this section represent characteristics of the problem that are recorded by enforcement and compliance agencies. For example, in the case of excessive drinking among adults, characteristics of this problem may be public intoxication or driving under the influence of alcohol, which often come to the attention of law enforcement and are recorded in citation or arrest data. Most of the measures in this category are best obtained through direct communication and relationship building with the agencies that collect these data. However, in cases where that is not possible, coalitions may be able to obtain these data through agency public or open data platforms.

MEASURE	DEFINITION	POTENTIAL DATA SOURCE(S)
Minor in possession of alcohol (MIP)	Number of citations for underage possession of alcohol	• Police or sheriff departments • Compliance agencies (e.g. state alcohol beverage control authorities) • Public safety department • State departments of transportation
Public intoxication	Number of citations for public intoxication	
Alcohol-impaired driving	Number of arrests for driving under the influence or under age 21 with any amount of alcohol	
Minor alcohol-impaired driving	Percent of youth who report driving after drinking alcohol	Youth Risk Behavior Surveys, often nested within school health surveys administered by state departments of health
Riding in vehicle with alcohol-impaired driver	Percent of youth who report driving after drinking alcohol	
Alcohol-impaired vehicle crashes	Number of vehicle crashes involving at least one driver with a BAC of 0.08 or higher or under age 21 with any amount of alcohol	• Police or sheriff departments • State departments of transportation • Fatality Analysis Reporting System (FARS)
Alcohol-impaired vehicle fatalities	Number of people killed in vehicle crashes involving at least one driver with a BAC of .08 or greater	• Fatality Analysis Reporting System (FARS) • State departments of transportation

Community Characteristics, Risk Factors and Norms

The following measures provide the highest level of detail on the community characteristics of the problem. Many of these measures can be collected through local surveys of youth and adults, which can be administered by the coalition or partner organizations. These measures reveal the social context in which the problem exists, such as youth perceptions of peer alcohol consumption and parental attitudes of underage drinking. These measures also reveal if there are favorable community norms related to alcohol, such as the belief that underage drinking is a rite of passage. This information can't be gleaned from administrative records, but instead requires small-scale surveys and in-person conversations. Combined with measures from the previous sections, community characteristics add a personal touch to the problem statement.

MEASURE	DEFINITION	POTENTIAL DATA SOURCE(S)
The retail alcohol environment*	• Outlet density - number of alcohol outlets per 1,000 population, per square mile, or per roadway mile • Clustering of numerous bars, restaurants, or off-premise outlets within close distance • Alcohol advertising/promotion - amount of alcohol advertising in and around alcohol outlets, on billboards and in other public spaces • Products/price of alcohol – the availability of cheap high-alcohol content beverages, including but not limited to alcopops, fortified wines, malt liquors, youth-focused products including sweet-flavored alcohol in pouches, etc.	• State alcohol beverage control authorities • Local departments of commerce, zoning, public health or business licensing • Environmental outlet scans
Youth perceived ease of access	Youth perceptions of the ease of accessing alcohol as a minor	Youth surveys (e.g. school based surveys)
Youth perceived harm	Youth perceptions of the harms of alcohol consumption	Youth surveys
Parental attitudes towards alcohol use	Adult attitudes towards underage drinking (e.g., it's a rite of passage)	Community surveys
Youth attitudes towards alcohol use	Youth attitudes towards underage drinking (e.g., it's the only thing to do on the weekend)	Youth surveys
Youth perceptions of enforcement of underage drinking laws	Youth perceptions of the legal consequences of underage drinking (e.g., the police will probably just make me pour out the alcohol and find me a ride home)	Youth surveys

** Additional details about place, promotion, product, and price can be found through further evaluation of each component, such as where outlets are located and clustered, the of alcoholic products available, the types of advertisements/promotions targeting specific populations and communities, the price of different alcoholic beverages.*

SECTION III

1,000 Foot Data

THE PURPOSE OF 1,000-FOOT DATA is to link the problem identified at 5,000 feet to specific settings within the community. 5,000-foot data describe the problem across the entire community, while 1,000-foot data focus on the places where the highest risk behaviors associated with the identified problem occur. For example, 5,000-foot data might assess the number of alcohol-involved vehicle crashes each year, and 1,000-foot data zoom in on that problem to reveal the most common places where alcohol-impaired driving events began. 1,000-foot data reveal a policy solution such as a responsible beverage server training at the outlets from which most alcohol-impaired drivers indicate they were drinking before driving. In this way, 1,000-foot data is an important step in moving from the story of the problem to an actionable solution.

The remainder of this section will discuss specific measures of 1,000-foot data, organized into subcategories with shared characteristics. As with 5,000-foot data, coalitions should gather measures from each of these subcategories whenever possible in order to accurately and comprehensively identify the settings at which the highest risk behaviors occurs.

Place of Last Drink

First responders to alcohol-related calls for service may inquire about the last place the person consumed alcohol, particularly in cases of driving under the influence. These data are commonly referred to as place of last drink (POLD) data, and they provide insight into the specific settings where community members are drinking to excess. POLD data can be analyzed to identify the most frequent places where excessive drinking occurs, which may include individual bar or restaurant names or a recurring house party location. The following measures will help coalitions identify the specific places in their community where high-risk drinking or risk-enabling behaviors (e.g., sales to intoxicated persons) occurs.

MEASURE	DEFINITION	POTENTIAL DATA SOURCE(S)
Place of last drink among alcohol-impaired drivers	Location of last drink reported by individuals arrested for alcohol-impaired driving	• Police or sheriff departments • Liquor law enforcement agencies
Place of last drink among hospitalized patients	Location of last drink reported by individuals admitted to hospitals or emergency departments for alcohol-related conditions	• Police or sheriff departments • Liquor law enforcement agencies
Sales of alcohol to minors	Number of citations to alcohol outlets for selling alcohol to minors	• Police or sheriff departments • State alcoholic beverage control agencies
Sales of alcohol to intoxicated patrons	Number of citations to alcohol outlets for selling alcohol to intoxicated persons	Open data platforms

Calls-for-Service Locations

Calls-for-service data provide insight into the locations where alcohol-related emergencies, such physical violence or alcohol poisoning, occur. These data are often available on open data platforms and can be filtered to obtain calls that involved alcohol or instances in which alcohol was observed or suspected on the scene. These data often include the address closest to the place an incident occurred, which provides detailed insight into the locations where high-risk drinking behaviors occur.

MEASURE	DEFINITION	POTENTIAL DATA SOURCE(S)
Frequent locations for alcohol-related 911 calls for service	911 calls from community members for a range of community issues including but not limited to fights, assaults, nuisances, vandalism or shootings in which law enforcement is dispatched. Also includes police initiated calls for service not called in by community members	• Local law enforcement • Computer Aided Dispatch (CAD) records
Locations for alcohol-related Emergency Medical Services (EMS) calls for service	911 calls from community members for a range of community issues including but not limited to fights, assaults, nuisances, vandalism, shootings, etc. in which EMS personnel are dispatched	• EMS or fire departments • Open data platforms
Pickup locations for alcohol-related ambulance transports	Origin of ambulance transports for alcohol-related calls for service	• EMS or fire departments • Hospital records

Community-Identified Locations

One of the most valuable data sources for 1,000-foot data are the community members themselves. Coalitions can collect data directly from community members through local surveys, interviews, listening sessions, or focus groups and use these data to verify high-risk settings identified by law enforcement calls for service, as well as identify other high-risk settings that may not have been captured by the measures in previous subcategories. The following measures represent information that coalitions can collect by talking to members of their community, including youth, community groups, law enforcement, faith communities, emergency room doctors, and others.

MEASURE	DEFINITION	POTENTIAL DATA SOURCE(S)
Location of underage drinking	Location of high-risk alcohol consumption (e.g., outdoors, house parties)	• Youth surveys • Social media • Interviews with youth • Interviews with police • Interviews with parents • Interviews with school staff (e.g., principals, school resource officers)
Usual source of alcohol for minors	Most common methods through which minors obtained alcohol (e.g., from an adult, from a liquor or convenience store, home party)	• Interviews with youth • Youth Risk Behavior Surveys, often nested within school health surveys administered by state departments of health
Locations of community-identified sources of alcohol-related harms	Settings in the community associated with alcohol use, high-risk consumption, and social harms (e.g., corner stores, liquor stores, home parties, parks, community events, bars, etc.)	• Neighborhood associations or neighborhood watch groups • Parent teacher associations • Interviews with parents • Interviews with school staff (e.g., principals, student resource officers) • Community surveys
The retail alcohol environment	• Outlet density - number of alcohol outlets per 1,000 population, per square mile, or per roadway mile • Advertising/promotion - amount of alcohol advertising in and around alcohol outlets, on billboards and in other public spaces • Products/price of alcohol – the availability of cheap high-alcohol content beverages, including but not limited to alcopops, fortified wines, malt liquors	• State alcohol beverage control authorities • Local departments of commerce, zoning, public health or business licensing • Environmental outlet scans

SECTION IV

Grassroots Data

GRASSROOTS DATA identifies the consequences and harms that occur as a result of high-risk drinking that takes place at the settings identified from the 1,000-foot data. Putting the levels of data together: 5,000-foot data describes the overall problem, 1,000-foot data describes the settings of highest risk drinking, and grassroots data describes the harms that happen in those settings. For example, 5,000-foot data may demonstrate that a large proportion of youth in the community engage in underage drinking, and 1,000-foot data may reveal that house parties are the sites of the riskiest drinking. To continue this story, coalitions can gather grassroots data to describe the harms that happen because of house parties, such as physical fights or impaired driving crashes. Grassroots data include anecdotal evidence, such as interviews with community members, and empirical data, such as calls for emergency services. Combined with 5,000- and 1,000-foot data, grassroots data motivates decision makers and community members to take action.

Qualitative Data

Interviews with residents, youth, and community groups help coalitions describe the problem from the community's point of view. By asking community members about their lived experience, coalitions can understand which consequences are of most concern to community members and why those consequences should be prioritized. Anecdotal data can help ensure that the policy solution meets the needs and wants of the community.

MEASURE	DEFINITION	POTENTIAL DATA SOURCE(S)
Residents	Description of concerns about noise, crimes and disturbances related to drinking locations; alcohol-related problems they have witnessed or heard about in specific community/ neighborhood locations	• Key informant interviews • Listening sessions • Focus groups • Small-scale surveys
Youth	Description of concerns about noise, crimes and disturbances related to drinking locations; alcohol-related problems they have witnessed or heard about in specific community/ neighborhood locations	
Parents	Description of concerns about noise, crimes and disturbances related to drinking locations; alcohol-related problems they have witnessed or heard about in specific community/ neighborhood locations	
Law enforcement	Description of concerns about noise, crimes and disturbances related to drinking locations; alcohol-related problems they have witnessed or heard about in specific community/ neighborhood locations	
Emergency Medical Technicians (EMTs)	Description of alcohol-related incidents in the community and the specific locations where those incidents occurred	

Quantitative Data

In addition to qualitative anecdotal data, certain quantitative measures serve as compelling evidence of the harms caused by alcohol. The measures in this category can help key stakeholders and policymakers visualize and form a personal connection to and understanding of the problem, which is an important step in assisting decision makers to support public health policies.

MEASURE	DEFINITION	POTENTIAL DATA SOURCE(S)
Location and number of overdose deaths	Number of alcohol-involved overdose deaths	• Office of the coroner • Medical examiner
Location and number of alcohol-related harms	Harms may include but are not limited to assaults, fights, alcohol poisonings, shootings, stabbings, and other physical injuries	• Local hospitals* • Law enforcement records
Alcohol-impaired vehicle crashes	Location of vehicle crashes involving at least one driver with a BAC of 0.08 or higher, or a minor with any amount of alcohol	• Police or sheriff departments • Open data platforms • Departments of transportation
Number and nature of problems at locations for alcohol-related 911 calls for service	Number of 911 calls from community members for a range of community issues including but not limited to fights, assaults, nuisances, vandalism or shootings in which law enforcement is dispatched. Also includes police initiated calls for service not called in by community members	• Local law enforcement • Computer Aided Dispatch (CAD) records
Number and nature of alcohol-related Emergency Medical Services (EMS) calls for service	Number of 911 calls from community members for a range of community issues including but not limited to fights, assaults, nuisances, vandalism, shootings, etc. in which EMS personnel (EMTs) are dispatched	• EMS or fire departments •Open data platforms
Number and nature of pickup locations for alcohol-related ambulance transports	Origin of ambulance transports for alcohol-related calls for service	• EMS or fire departments • Hospital records

**These data are often challenging to obtain at the local level, but we encourage coalitions to work with local hospitals to collect them as they provide valuable insights and help build a diverse coalition.*

SECTION V

Toolkit in Practice

In order to understand how a coalition can use the information presented here to help address alcohol or other drug-related issues in their communities, it is helpful to walk through an example across each level of data. The process diagram below provides an example of how coalitions can apply the approach to data collection described in this toolkit in real-world practice. The scenario below walks through an underage drinking house party example.

FIGURE 2.

Data Collection Process Example

To learn more about the Alliance, our work, our resources, and how you can get involved visit alcoholpolicy.org.

U.S. ALCOHOL POLICY ALLIANCE

Turning evidence into action.