

**GOAL 1:** The ICC Work Group will develop and implement education and media strategies that cultivate changes in social norms in the State regarding the use of alcohol by youth and drinking and driving.

Supporting Epidemiological Data:

1. Binge drinking for all age groups continues to be the number one drug abuse problem in Montana. There are a larger number of adults and underage persons involved in binge drinking than any other type of drug abuse.
2. Montana's binge drinking rates continue to be high and above national rates for almost all age groups. However, overall rates by MT Adults have decreased slightly since 2003. Adult Binge BFRSS – 3 year averages: 2007 EPI Profile was 53% (18-25 yr olds) and 25% (adults 26+ yrs) and 2009 EPI has the same % rates. The 2010 BRFSS indicates 17% and 6% of adults in Montana reported binge and heavy drinking in the last 30 days, respectively.
3. Montana's high binge drinking rates continue to contribute to high rates of fatal motor vehicle crashes involving alcohol and alcohol related crashes with injuries. Young adult age groups have some of the highest alcohol-related crash rates and are disproportionately represented in Montana's annual number of alcohol crashes with fatalities. Montana's higher than national percentage of adults of all ages reporting binge drinking has a direct relation to alcohol-related crashes. In the 2008 BRFSS, respondents were also asked *if they drove a motor vehicle, such as a car, truck or motorcycle during or within a couple of hours after their last binge drinking episode*. **The results show that 11% of Montana adults reported binge drinking and then getting behind the wheel of a car.**
4. The total economic costs of alcohol abuse of \$511 million in Montana affect all Montanans and do not include the psychological and human suffering. <http://www.bber.umt.edu/front/pdf/costAlcoholAbuseMT.pdf> The \$511 million economic costs of alcohol costs represent \$16,000 for the average problem drinker in Montana and breakdown as follows (and does not include costs from alcohol-related crashes with injuries which is an additional \$131 million):
  - a. \$10,880 from loss of life resulting in removing productive workers from the economy, often at a young age in the prime of their working lives;
  - b. \$1,600 paid by businesses and employers from impairing impacts of alcohol and alcoholism on worker productivity.

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These impacts include above average rates of tardiness and absenteeism, lower productivity on the job, more sick days, and, for those who have health insurance on their job, higher health insurance costs;

- c. \$3,200 spent on medical care in hospitals and clinics treating conditions either due to alcohol abuse or complicated by alcohol abuse;
  - d. \$1,600 from costs due to crime and criminal behavior such as impact on policy, judges, prisons/jails, and law enforcement/justice system resources;
  - e. \$320 on alcohol treatment centers around Montana which are costs borne by taxpayers.
5. The National Center for Health Statistics tracking of “alcohol-induced” deaths show that the alcohol-induced rates of death, both crude and age-adjusted, are a little more than twice as high for Montana as those for the U.S.  
[www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57\\_14.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_14.pdf)
6. Evidence that exposure to alcohol advertising and marketing increases the likelihood of underage drinking has grown substantially. Since 2001, at least seven peer-reviewed longitudinal studies have found that young people with greater exposure to alcohol marketing are more likely to start drinking than their peers.

Acronyms:

BRFSS – Behavior Risk Factor Surveillance Survey

Epi – Epidemiology work group

YRBS – Youth Risk Behavior Survey given to 8<sup>th</sup>, 10<sup>th</sup>, 12<sup>th</sup> graders in odd-numbered years

PNA – Prevention Needs Assessment given to 8<sup>th</sup>, 10<sup>th</sup>, 12<sup>th</sup> graders in even-numbered years

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<b>Objectives</b>	<b>Action Steps</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>Outcomes</b>
<p><b>1.</b> Increase the public’s knowledge, with specific emphasis on parents and families, about use of alcohol by youth including brain development dangers; risks associated with drinking and driving; and the connection between binge drinking and other high risk behaviors.</p>	<p>A. Continue developing a media campaign that delivers a clear, consistent and compelling message to parents and families related to alcohol use by youth and drinking and driving. Get overall message approved and method of delivery approved by Sarah &amp; Gov.</p>	<p>Continue Campaign through 2013</p>	<p>ICC Work Group with Vicki/Robin as leads</p>	<p>Intervention measures</p> <p>Results from various surveys and data systems.</p> <p>Parents report that the information is useful.</p> <p>Increase in community activities and efforts.</p> <p>An alternative method of communicating prevention information is identifies (in lieu of the former Prevention Connection).</p>
	<p>B. Conduct a preapproved survey to gather qualitative data whether parents/ families received and applied the information.</p>	<p>Ongoing and as opportunities arise</p>	<p>ICC Work Group</p>	<p>Evaluation results indicate an effective campaign and parents and families applied the information.</p>
	<p>C. Investigate and</p>	<p>By July 1<sup>st</sup> of each</p>	<p>Work Group with</p>	

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	<p>define evaluation to include internal analysis, external through contractors (to include universities) and identify realistic measures.</p> <p>D. Identify and evaluate appropriate opportunities with other pertinent and related education and media campaigns to include national campaigns to leverage resources.</p> <p>E. Track data indicating success and/or key learnings.</p> <p>D. Create a proactive media calendar.</p>	<p>year</p> <p>Ongoing</p> <p>Ongoing</p> <p>By October 2012</p>	<p>Joanie, Siri and Cathleen to lead</p> <p>Work Group with Joanie, Siri and Cathleen to lead</p> <p>Work Group with Joanie, Siri and Cathleen to lead</p> <p>Work Group with Julie, Joanie, Garth,</p>	<p>A distribution and communication process among work groups is established for integrating and leveraging media resources.</p> <p>Information is shared at work group meetings and throughout the distribution channels and media campaigns are coordinated and integrated.</p> <p>An evaluation plan to measure effectiveness is ready or future use.</p> <p>Creation of a calendar aggregating all of the</p>
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**GOAL 2:** The ICC Work Group will work with their Agencies, Departments, and Community representatives to examine laws, policies, and enforcement protocols that contribute to limiting youth accessibility and availability to alcohol and drinking and driving; and create awareness through information dissemination and education.

Supporting Epidemiological Data:

1. Cars and alcohol continue to be a problem for Montana students, although on a steady decline. YRBS data from 2011 indicates 26.1% of high school students rode in a car driving by someone who had been drinking alcohol during the past 30 days compared to thirty-seven (37%) percent in 2007.
2. Drinking and driving: Underage Drinking/Driving all students: YRBS 20% drank and drove in 2007 EPI profile versus 18% in 2009, and 10.6% in 2011.
3. Economic loss from alcohol-related crashes in MT was over \$178 million during 2007.
4. 1 out of 4 fatal crashes in MT have alcohol/drugs involved. In 2007, MT had the highest alcohol-impaired fatality rate in the nation; in 2009, Montana had the second highest alcohol-impaired fatality rate – behind South Carolina. 45.9% of all fatalities in MT were alcohol-related, which is double the national average. In the last 25 years, MT has consistently had a higher percent of alcohol-related fatalities than the nation. Data from 2008, 2009 and preliminary data from 2010 shows a leveling off in the number of alcohol-related crashes and those with fatalities. Fatalities were 95 in 2008; 106 in 2009, and 88 in 2010. Alcohol crashes were down 200 crashes in 2009, and another 203 in 2010.
5. 1 in 10 reported crashes in MT in 2008 were alcohol/drug-related. Nearly 1 out of every 5 people injured in MT traffic crashes in 2008 were injured due to an alcohol/drug-related crash.
6. 18 to 24 year old drivers have the highest rates of alcohol-related crashed in MT. Drinking by college students aged 18 to 24 contributes to an estimated 1,700 student deaths, 599,000 injuries, and 97,000 cases of sexual assault or date rape each year.
7. In 2010, Montana has seen:
  - a. a **3% decrease** in first offense DUI convictions – this will be the fourth straight year that we've seen a decrease. The vast majority of first offenders will never get a DUI again.
  - b. an **11% increase** in second or subsequent DUI convictions – this will mark the sixth straight year that we've seen such an increase and is the greatest number of convictions for a second or subsequent DUI in Montana history.

- c. a **39% increase** in felony DUI convictions (4<sup>th</sup> or subsequent) – this year will mark the greatest number of felony DUI convictions in Montana history.
8. Approximately 7,500 breath tests are administered annually in MT with an average of 0.154 blood alcohol concentration (BAC).
9. According to the Montana Supreme Court – Office of Court Administrator, in 2010, the total number of impaired driving charges filed, including those given to drivers under age 21 and commercial drivers' totals 10,830, with **8601** for DUI compared to a total of **9437** DUI violations in 2008. This data does not include DUI convictions under MCA 61-8-410 for persons under age 21.
10. A recent national study by Timberlake et al.\*\* , which followed students from early adolescence through their mid 20's, found that compared with their peers who never attended college, current college students were less likely to have been binge drinkers prior to their college years but more likely to binge drink once they entered college—probably as a result of the college environment. The researchers also observed that college students with a greater genetic risk consumed more alcohol per drinking episode. Living in an environment in which drinking behaviors are promoted may increase this binge drinking behavior. [www.collegedrinkingprevention.gov/NIAAACollegeMaterials/TaskForce\\_TOC.aspx](http://www.collegedrinkingprevention.gov/NIAAACollegeMaterials/TaskForce_TOC.aspx)

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<b>Objectives</b>	<b>Action Steps</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>Outcomes</b>
1. Strengthen policy initiatives that address underage drinking.	A. Assess the effectiveness and consistency of post-MIP education.	Ongoing	ICC Work Group with Vicki and Natale` as leads AMDD	Report and recommendations
	B. Assess implementation of current requirement to track MIPs and distribute to clerks and judges	2012	ICC Work Group – AMDD, DOJ and Courts	Report and recommendations
	C. Develop strategies to enhance information available throughout the judicial system regarding youth and alcohol include meeting with the Court Improvement Project.	2013	ICC Work Group – Robin, Kevin and Julie as leads	More informed judicial systems to include tribal courts, and improved working relationships with Juvenile Probation Officers.
	D. Develop a strategy			

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	<p>to address and exam the mandatory Responsible Alcohol Sales and Service Act.</p> <p>*Investigate internal and external funding resources to address current and future opportunities.</p>	<p align="center">2013</p> <p align="center">Ongoing</p>	<p>Epidemiology Work Group with Shauna and Lisa as leads</p> <p align="center">Work Group</p>	<p>Report and recommendations to include exploring Place of Last Drink survey and the Behavior Risk Factor Surveillance Survey as potential tools; and, identify and/or develop alternative strategies to enforce limiting youth accessibility and availability to alcohol.</p> <p align="center">Resources are leveraged.</p>
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**Goal 3:** The ICC Work Group will develop and implement strategies that raise the level of awareness and promote a sense of community responsibility and accountability concerning the use of alcohol by youth and drinking and driving.

Supporting Epidemiological Data:

1. Binge drinking for Montana high school students is dropping: ALL STUDENTS THREE YEARS OF SURVEY DATA AVERAGE - YRBS (2005) 38% down to (2007) 35% and down to 25.2% (2011)  
PNA (2006) 28% down to (2008) 26.4% and down to 21.1% (2010)
2. Statistical analysis of high school student survey (PNA) data show that the top two environmental factors contributing to high binge drinking rates for Montana students are a) being around drunk adults and b) having easy access to alcohol either at home or from retail outlets.
3. Alcohol is the number one drug problem for Montana teens. More students admit to using alcohol during their lifetime and in the last 30 days than any other drug. (Lifetime use: Alcohol 72.8%, Cigarettes: 44%, Marijuana: 39.2%, prescription drugs: 18.4%, meth: 3.1%).
4. Teens and seatbelt usage: 2011 YRBS indicates that 39% of teen drivers did not always wear a seat belt when DRIVING a car; and 57.3% did not always wear a seat belt when RIDING in a car.
5. Teens and distracted driving: 2011 YRBS indicates that 50.2% of teen drivers texted while driving, and 53.3% used a cell phone while driving.

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<b>Objectives</b>	<b>Action Steps</b>	<b>Timeline</b>	<b>Responsible Party</b>	<b>Outcomes</b>
1. Assist communities in their efforts to bring about cultural shifts related to alcohol use.	A. Identify and clarify the working relationship, communication and protocols between local community coalitions and the ICC.	By October 2012	ICC Work Group with Cathleen as the lead	Network is established and regularly updated.
2. Involve local school districts in community efforts to reduce youth alcohol use and drinking and driving.	A. Strengthen youth driver's education curriculum at the local level.  B. Key Findings Report from the OPI MT Substance Abuse and Violence Prevention Task Force to be shared with School Districts.	2013	ICC Work Group, OPI – Cheri and members serving on the OPI Task Force	Enhance alcohol-related education emphasizing local control.





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5. Between 2001 and 2007, alcohol companies aired 73,565 "responsibility" advertisements on television. Youth ages 12 to 20 were 22 times more likely to see an alcohol product advertisement than an alcohol-industry-funded "responsibility" advertisement.
6. From 2001 to 2006, the number of alcohol advertisements in national magazines fell by 22% (from 3,616 to 2,831), while alcohol advertising spending in magazines peaked at \$361 million in 2004 but fell to \$331 million by 2006.
7. Youth, young adult and adult exposure to alcohol advertising in national magazines fell by 50%, 33% and 28% respectively from 2001 to 2006.
8. From 2001 to 2006, alcohol advertising spending on television increased by 27% (from \$779 million to \$992 million), while the number of advertisements on television grew by 33% (from 225,619 to 299,475).
9. Youth, young adult and adult exposure to alcohol advertising on television increased by 30%, 25% and 29% respectively from 2001 to 2006.
10. Compliance with the alcohol industry's voluntary 30% maximum for underage audiences of its advertising, a standard adopted in late 2003, has been good:
  - In 2006, 3% of alcohol advertisements in national magazines (90 of 2,831 advertisements) were placed in magazines with youth audiences larger than 30%.
  - In 2006, 6% of alcohol advertisements on television (18,220 of 299,475 advertisements) were placed on programming with underage audiences larger than 30%.
11. The 30% standard has produced slight progress in reducing youth exposure or overexposure to alcohol advertising:
  - Overall, declines in youth exposure to alcohol advertising in magazines have been nearly offset by the increase in exposure coming from television advertising.
  - On television, the percentage of youth exposure coming from alcohol advertising placed where youth are more likely to see it per capita than adults was virtually the same in 2006 as in 2001.
12. A national study published in January 2006 concluded that greater exposure to alcohol advertising contributes to an increase in drinking among underage youth. Specifically, for each additional ad a young person saw (above the monthly youth average of 23), he or she drank 1% more. For each additional dollar per capita spent on alcohol advertising in a local market (above the national average of \$6.80 per capita), young people drank 3% more.
13. In 2003, the National Research Council and Institute of Medicine recommended that alcohol companies move toward a proportional 15% maximum for youth (ages 12 to 20) in audiences of their advertising. In 2006, 20 state attorneys general echoed that call, followed by the U.S. Surgeon General in 2007. Earlier CAMY research has estimated that if alcohol companies adopted this standard, they would reduce youth exposure to alcohol advertising on television by 20% and decrease their advertising costs by 8%, while maintaining virtually all of their ability to reach 21-to-34- or 21-to-24-year-olds, groups sometimes mentioned as the industry's target audiences for its advertising.
14. An econometric analysis using data from the National Longitudinal Survey of Youth 1997 estimated that a 28% reduction in alcohol advertising would reduce adolescent monthly alcohol participation from 25% to between 24% and 21%, and would reduce adolescent participation in binge drinking from 12% to between 11% and 8%.

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15. A review of the neuroscience, psychology and marketing literatures concluded that adolescents, because of how the human brain develops, may be particularly attracted to branded products such as alcohol that are associated with risky behavior and that provide, in their view, immediate gratification, thrills and/or social status.

**Appendix B - Web links**

Parent Power: <http://www.parentpower.mt.gov>

Montana Prevention Resource Center – Prevention Needs Assessment Data 2004 – 2010 Reports: <http://www.prevention.mt.gov/pna/default.asp>

Montana Office of Public Instruction – Youth Risk Behavior Survey 2009 and 2011 Data Reports: <http://www.opi.mt.gov/Reports&Data/YRBS.html>

Montana Office of Public Instruction - Successful, Safe and Healthy Students: <http://www.opi.mt.gov/Programs/TitlePrgms/SafeSchools>

Montana Office of Public Instruction - Traffic Education:- <http://www.opi.mt.gov/Programs/DriverEd>

Montana Department of Revenue – Alcohol Server Training: <http://alcoholservertraining.mt.gov/>

Center for Substance Abuse Addition – 2009 Report on Parent and Teen Attitudes Toward Alcohol Use:  
<http://www.casacolumbia.org/absolutenm/articlefiles/380-2009%20Teen%20Survey%20Report.pdf>

Center on Alcohol Marketing and Youth - <http://camy.org/>

Montana Department of Transportation Crash Data and fact sheets - <http://www.mdt.mt.gov/publications/datastats/alccrash.shtml> and  
<http://www.mdt.mt.gov/safety/safetyprg.shtml>

<http://www.mdt.mt.gov/safety/docs/emphasis-areas/alcohol.pdf>

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MT Behavior Initiative - <http://www.opi.mt.gov/mbi/keygoals.html>

MT Community Change Project - <http://www.mtccp.info/>

MT Legislative Services Division:

Liquor Excise Tax - [http://leg.mt.gov/content/Publications/fiscal/leg\\_reference/revenue/Liquor\\_Excise\\_Tax08.pdf](http://leg.mt.gov/content/Publications/fiscal/leg_reference/revenue/Liquor_Excise_Tax08.pdf)

Wine Tax - [http://leg.mt.gov/content/publications/fiscal/leg\\_reference/revenue/Wine\\_Tax.pdf](http://leg.mt.gov/content/publications/fiscal/leg_reference/revenue/Wine_Tax.pdf)

Beer Tax - [http://leg.mt.gov/content/Publications/fiscal/leg\\_reference/revenue/Beer\\_Tax.pdf](http://leg.mt.gov/content/Publications/fiscal/leg_reference/revenue/Beer_Tax.pdf)

University of Montana Bureau of Business and Economic Research Papers: <http://www.bber.umt.edu/health/papers.asp>

Final Report - Evaluation of Implementation and Outcomes: Montana Strategic Prevention Framework – State Improvement Grant and the Montana Community Change Project – 2011: [http://www.bber.umt.edu/pubs/health/Evaluation\\_of\\_Implementation\\_and\\_Outcomes\\_Final.pdf](http://www.bber.umt.edu/pubs/health/Evaluation_of_Implementation_and_Outcomes_Final.pdf)

Alcohol Taxes, Beverage Prices, Drinking and Traffic Fatalities in Montana - 2010:

<http://www.bber.umt.edu/pubs/health/AlcoholTaxesPrices.pdf>

Economic Costs of Alcohol-Related Vehicle Crashes in Montana- 2010: <http://www.bber.umt.edu/pubs/health/CostAlcoholCrashes2010.pdf>

The Economic Cost of Alcohol Abuse in Montana – 2009: <http://www.bber.umt.edu/pubs/health/CostAlcoholAbuseMT.pdf>

**Appendix C – Cross Walks with other state agency work plans:**

Montana Board of Crime Control 2012-2013 Goals and Objectives, Goal 2, Objective 6 - The Enforcing Underage Drinking Laws (EUDL) project for the state of Montana is designed to reduce underage drinking and reduce the sale of alcoholic beverages to Montana youth.

Montana Department of Transportation/Highway Traffic Safety – for full work plan visit: <http://www.mdt.mt.gov/safety/docs/emphasis-areas/alcohol.pdf>

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- The ICC was tasked with addressing drinking and driving; reducing fatal and incapacitating injury crashes is an offshoot of that.
- MDT wants to reduce fatalities and injuries; we want to reduce drinking and driving.

**Reference materials for use by safety professionals (Strategy 8) can be part of the ICC media campaign.**

- “Let’s Control It” alcohol server training program is provided by DOR (Strategy 9).

**The ICC can support this campaign already in place through DOR by promoting it through the participating state agencies.**

- New (proven) strategy on page 9 is “Public information and education materials on alcohol and impaired driving.”

**The ICC can support this strategy by assisting in the distribution of the public information products.**

- New strategy on page 9 is to provide driver’s education classes on/near reservations.

**The ICC can support this strategy by providing culturally sensitive, informational material to be included in the permitted driver packets.**

- New strategy on page 10 is “Increase youth representation on DUI task forces”; effectiveness is unknown, but that is certainly part of the EUDL best practice (involving youth in law enforcement-related activities).

**Youth Leadership Training Camps to train youth for coalition work, compliance check work, can be part of the ICC strategy.**

- Strategy 18, Montana Teen Driver (OPI) provides driver education classes to teach new drivers about alcohol and teen drivers.

**Media materials produced by the ICC (tabloid, etc.) can be included in a new driver packet of information, given to all newly permitted drivers.**

- Strategy 37 is a (proven) law enforcement related impaired driving media message.

**The ICC can support the media campaign already begun by MDT.**

- Strategy 39 is a proven media campaign that targets impaired driving on all Montana reservations.

**The ICC can support the media campaign already begun by MDT.**