



Alcohol Licensing Committee Meeting

Whitewater Municipal Building, Cravath Lakefront
Room, 2nd Floor,, 312 West Whitewater St.,
Whitewater, WI 53190 *In Person and Virtual

Wednesday, October 22, 2025 - 5:00 PM

Citizens are welcome (and encouraged) to join our webinar via computer, smart phone, or telephone.
Citizen participation is welcome during topic discussion periods.

Please click the link below to join the webinar:

<https://us06web.zoom.us/j/81339674272?pwd=SPqYz9w6xUo4ztD4wTFHz32aSDoZw7.1>

Telephone: +1 (312) 626-6799 US

Webinar ID: 813 3967 4272

Passcode: 364395

Please note that although every effort will be made to provide for virtual participation, unforeseen technical difficulties may prevent this, in which case the meeting may still proceed as long as there is a quorum. Should you wish to make a comment in this situation, you are welcome to call this number: (262) 473-0108.

AGENDA

CALL TO ORDER

ROLL CALL

APPROVAL OF AGENDA

A committee member can choose to remove an item from the agenda or rearrange its order; however, introducing new items to the agenda is not allowed. Any proposed changes require a motion, a second, and approval from the Committee to be implemented. The agenda shall be approved at each meeting even if no changes are being made at that meeting.

CONSENT AGENDA

1. Approval of minutes from September 2, 2025.

CONSIDERATION

2. Discussion and Possible Action regarding All You Can Drink specials at Class "B" Liquor establishments in the City of Whitewater.

ADJOURNMENT

A quorum of the Common Council may be present. This notice is given to inform the public that no formal action will be taken at this meeting.

**Anyone requiring special arrangements is asked to call the Office of the
City Manager / City Clerk (262-473-0102) at least 72 hours prior to the meeting.**



Alcohol Licensing Committee Meeting Item 1.

Whitewater Municipal Building Community Room,
312 West Whitewater St., Whitewater, WI 53190
*In Person and Virtual

Tuesday, September 02, 2025 - 5:00 PM

**Citizens are welcome (and encouraged) to join our webinar via computer, smart phone, or telephone.
Citizen participation is welcome during topic discussion periods.**

Please click the link below to join the webinar: <https://us06web.zoom.us/j/83215762870>

Telephone: +1 (312) 626-6799 US

Webinar ID: 832 1576 2870

Please note that although every effort will be made to provide for virtual participation, unforeseen technical difficulties may prevent this, in which case the meeting may still proceed as long as there is a quorum. Should you wish to make a comment in this situation, you are welcome to call this number: (262) 473-0108.

MINUTES

CALL TO ORDER

Chairperson Schanen called the meeting to order at 5:00 pm.

ROLL CALL

PRESENT

Chairperson Brian Schanen

Patrick Singer

Greg Majkrzak

City Attorney Steven Chesbro

Police Chief Dan Meyer

City Clerk Heather Boehm

APPROVAL OF AGENDA

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Motion made to approve the agenda by Majkrzak, Seconded by Singer.

Voting Yea: Chairperson Schanen, Singer, Majkrzak

CONSIDERATION OF REQUEST

Motion made to approve the meeting minutes from August 5, 2025 by Majkrzak, Seconded by Singer.
Voting Yea: Chairperson Schanen, Singer, Majkrzak

1. Approval of minutes from August 5, 2025.

HEARING OF APPEAL

Maxwell Sztuk was present to appeal his Beverage Operators License. Mr. Sztuk stated his case. Chief Meyer explained by the license was denied.

Motion made to uphold the denial of the Beverage Operator's License for Maxwell Sztuk by Majkrzak, Seconded by Singer.

Voting Yea: Singer, Majkrzak

Voting Nay: Chairperson Schanen

2. Hearing of Appeal from Maxwell Sztuk regarding denial of Beverage Operators License.

ADJOURNMENT

Motion made adjourn at 5:20 pm by Singer, Seconded by Majkrzak.

Voting Yea: Chairperson Schanen, Singer, Majkrzak

A quorum of the Common Council may be present. This notice is given to inform the public that no formal action will be taken at this meeting.

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	ALC Agenda Item
Meeting Date:	10/22/2025
Agenda Item:	AYCD Information
Staff Contact (name, email, phone):	Dan Meyer dmeyer@whitewater-wi.gov 262-473-1371

BACKGROUND

(Enter the who, what when, where, why)

Recently a young adult was arrested for OWI (WPD Case #25-011955) after leaving a tavern. A member of the public has raised concern about the impact of “All You Can Drink (AYCD)” specials in that case specifically, but also regarding the broader impact of AYCD specials in Whitewater.

The following is background information relating to ALYC specials:

- There is no Wisconsin State Law prohibiting AYCD specials. Related laws include:
 - Sale of Alcohol to an Intoxicated Person (Wis. Stat. 125.07(2)) which is also adopted in WW ordinance 5.20.140.
- In Whitewater, the PD is aware of the following taverns offering AYCD specials:
 - Pumpers and Mitchells (Wednesdays and Thursdays)
 - College Pub (Wednesdays, Thursdays, and Fridays)
 - Cheapshotz (occasionally on Thursdays)
- Restricting AYCD specials was previously considered by the Common Council, but was never adopted as an ordinance.
- The Special Agent in Charge of the Wisconsin Division of Alcohol Beverages stated that he was unaware of any current ordinances in Wisconsin, but the City of La Crosse did consider an ordinance (attached) that was ultimately not adopted.
- Two additional references are included in the packet for further information:
 - *Policies and Strategies to Prevent and Reduce Excessive Alcohol Use in Wisconsin*
 - Recommendation of prohibiting all-you-can-drink flat fee specials (p. 17).
 - *A Systematic Review of Drink Specials, Drink Special Laws, and Alcohol-Related Outcomes*
 - AYCD specials associated with higher consumption perceptions (p. 16).
 - AYCD specials associated to higher rates of college binge drinking (p. 21).
 - Sao Paulo study found AYCD special increased odds of exiting bar with BAC greater than or equal to .08 2.4x (p. 21).
 - Multiple studies found that people who attended establishments where AYCD promotions were available had a higher probability of reaching a BAC equal or above driving alcohol impairment level of .08 (p. 23).
 - Additional research needed to determine if laws prohibiting drink specials discourage problematic drinking behavior (p.25).

Given the information we have, the ALC could opt to move forward with any of the following options or combination of options:

Option 1: Status quo – no change

Option 2: PD does a PSA/educational campaign on dangers of excessive alcohol consumption

Option 3: PD focuses additional enforcement on bartenders found to be serving intoxicated individuals

Option 4: ALC directs staff to bring forth an ordinance restricting AYCD

PREVIOUS ACTIONS – COMMITTEE RECOMMENDATIONS

(Dates, committees, action taken)

N/A

FINANCIAL IMPACT

(If none, state N/A)

N/A

STAFF RECOMMENDATION

N/A

ATTACHMENT(S) INCLUDED

(If none, state N/A)

1. La Crosse draft ordinance (NOT ADOPTED)
2. Policies and Strategies to Prevent and Reduce Excessive Alcohol Use in Wisconsin
3. A Systematic Review of Drink Specials, Drink Special Laws, and Alcohol-Related Outcomes

ORDINANCE NO.: ____

AN AMENDED ORDINANCE to create Section 4-19 of the Code of Ordinances of the City of La Crosse regarding restrictions on sale, service and dispensing of alcohol beverages.

THE COMMON COUNCIL of the City of La Crosse do ordain as follows:

SECTION I: Section 4-19 is hereby created to read as follows:

4-19 RESTRICTIONS ON SALE, SERVICE AND DISPENSING OF ALCOHOL BEVERAGES.

For any person possessing a license issued under this chapter of the La Crosse Municipal code, or any agent or employee acting under that license, it shall be unlawful to:

- (a) Sell, offer to sell or deliver to any person an unlimited number of alcoholic beverages for a fixed price on an "all you can drink" basis; or
- (b) Sell, offer to sell or deliver to any person three or more alcoholic beverages for a fixed price ~~the price of one~~; or
- (c) Encourage or permit any game or contest involving the consumption of alcoholic beverages on premise.

SECTION II: Should any portion of this ordinance be declared unconstitutional or invalid by a court of competent jurisdiction, the remainder of this division shall not be affected.

SECTION III: This Ordinance shall take effect and be in full force upon passage and publication.

Timothy Kabat, Mayor

Teri Lehrke, Clerk

Passed:

Approved:

Published:

Moving Forward: Policies and Strategies to Prevent and Reduce Excessive Alcohol Use in Wisconsin



Analysis and Recommendations for Addressing and Reducing Excessive Alcohol Use in Wisconsin

DECEMBER 2021

Wisconsin State Council on Alcohol and Other Drug Abuse
Prevention Committee
Alcohol Prevention Ad-Hoc Workgroup



State of Wisconsin
State Council on Alcohol and Other Drug Abuse
1 West Wilson Street, P.O. Box 7851
Madison, Wisconsin 53707-7851



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Recommended Citation:

Alcohol Prevention Ad Hoc Workgroup, State Council on Alcohol and Other Drug Abuse. (2021). *Moving Forward: Policies and Strategies to Prevent and Reduce Excessive Alcohol Use in Wisconsin*. State of Wisconsin.



Charge to the Alcohol Prevention Ad-Hoc Workgroup

Excessive alcohol use remains a significant threat to the health, safety, and prosperity of Wisconsin's residents. Despite decreases in underage drinking, Wisconsin's rate of underage drinking remains above the national average. Early alcohol use creates a vulnerability to later opiate misuse and dependence among our children, a risk that should trouble all residents. Unhealthy and dangerous drinking among Wisconsin's adult population remains disturbingly high. Recent research suggests that even moderate alcohol use among the elderly carries more health and safety consequences than previously known. Given the broad scope of alcohol-related concerns in Wisconsin, this is a public health and safety concern that must be addressed at the population level.

There is a need for effective individual and population level interventions that can be implemented throughout Wisconsin. Since the 2010 release of the State Council on Alcohol and Other Drug Abuse's (SCAODA) report on *Alcohol, Culture and Environment*, municipal interest and experience in implementing evidence-informed policies and practices that reduce alcohol misuse has increased dramatically. In the intervening decade, research into effective policies and practices has refined earlier options and suggested new interventions and policies. In addition, the increasing range of retailing options and alcohol products creates issues unanticipated by current statutes.

Across Wisconsin, communities are working to meet the three alcohol-related objectives in *Healthy Wisconsin*; 1) reducing underage drinking, 2) reducing heavy and binge drinking among adults and, 3) reducing alcohol-related deaths. These three goals will improve the quality of life in Wisconsin and can reduce the financial burden excessive alcohol consumption places on municipalities responsible for emergency services and law enforcement.

Accordingly, the Alcohol Prevention Ad Hoc Committee will review and recommend evidence-based and evidence-informed alcohol policies that support the objectives and strategies listed in *Healthy Wisconsin* and can be effectively implemented under Wisconsin's alcohol policy framework.

The Ad Hoc Committee will:

- ❖ Identify barriers that slow progress towards the alcohol objectives in *Healthy Wisconsin*.
- ❖ Identify gaps in Chapter 125 statutory language that limit or prevent effective alcohol regulation.
- ❖ Identify the groups, organizations and professions that have roles in the adoption and implementation of identified strategies.
- ❖ Identify under-recognized alcohol-related health issues and the appropriate agency, organization, or profession best able to fill those gaps.
- ❖ Identify gaps in data collection that limit the ability of law enforcement, health care providers and educators to identify and implement effective policy or program options.
- ❖ Consider how all levels of government can support individuals in addiction recovery in their communities.



Alcohol Prevention Ad-Hoc Workgroup Membership

Dawn Berney, MPA

Executive Director, Jewish Social Services

Vaughn Bowles, MHA, MBA

Public Information Officer, Menominee Tribal Clinic

Maureen Busalacchi (Committee Chair)

Director, Wisconsin Alcohol Policy Project, Comprehensive Injury Center, Medical College of Wisconsin

Chief Aaron Chapin

Chief of Police, Village of McFarland

Lynne Cotter, MPH, PhD Candidate

Research Scientist at the Wisconsin Department of Health Services (Former)

Cecilia Culp, MS

Health Equity Program and Policy Analyst, Wisconsin Department of Health Services

Anne DeGarmo

Legislative Advisor, Wisconsin Department of Revenue

Jenny Hallett

Impacted Citizen Member

David Houghton

Citizen Member

Sarah Johnson

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Director, Division of Suicide Prevention Comprehensive Injury Center
PhD Candidate, Institute for Health and Equity
Medical College of Wisconsin

LaShawnda Maulson

Prevention Program Director, Lac du Flambeau Tribe

Dan Nordstrom

Citizen Member

Very Reverend David H. Reith

Vicar General, Catholic Charities of the Archdiocese of Milwaukee

Julia Sherman

Founding Director of the Wisconsin Alcohol Policy Project – (Retired)

Ex-Officio Members

Felice Borisy-Rudin, JD, PhD

Policy Analyst, Wisconsin Alcohol Policy Project

Reverend Brian Mason

Former Pastor of the St. Mary Parish, Hales Corners

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Prevention Coordinator, Wisconsin Department of Health Services

**Workgroup members and staff listed were contributors to this report. Individual recommendations in this report are not necessarily endorsed by the committee members, staff, or their employers.*



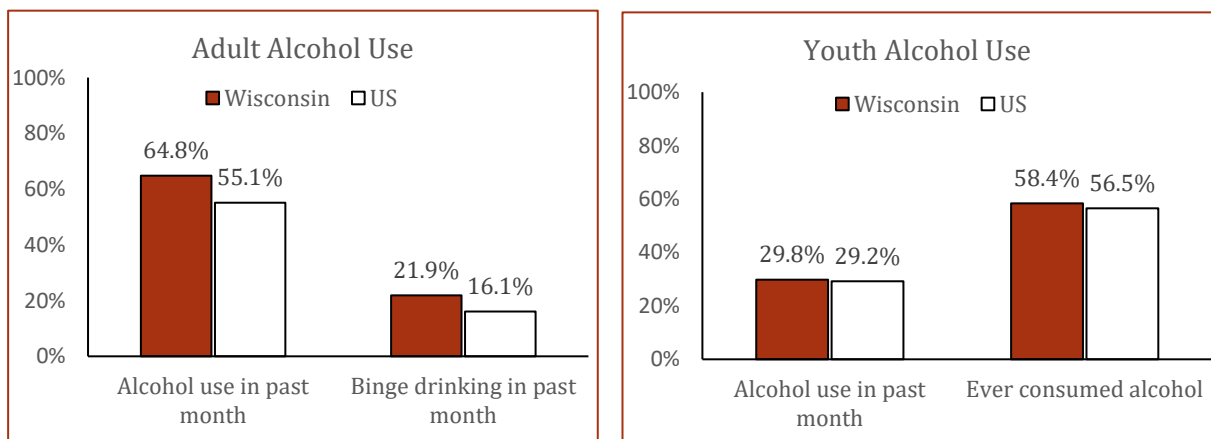
Background

The State Council on Alcohol and Other Drug Abuse's 2010 report on *Alcohol, Culture, and Environment* created statewide interest and action towards reducing excessive alcohol use in Wisconsin through evidence-based and evidence-informed practices. Since 2010, Wisconsin has seen improvements in youth drinking behaviors that are comparable to the national trends. Between 2011 and 2019, the number of Wisconsin youth who had ever consumed alcohol decreased. In addition, the number of Wisconsin youth who consumed alcohol in the past month prior to answering the survey decreased by 24%. Wisconsin has also seen improvements in adult awareness about binge drinking; between 2013 and 2018, awareness of great risk of harm from weekly binge drinking increased 11%. Yet, this remains lower than the national average and behaviors of alcohol use and binge drinking by Wisconsin adults did not change significantly during 2013-2018. Alcohol-attributable deaths in Wisconsin have also increased 30% over the same period of time, and increased another 18% in 2020 during the Covid-19 pandemic. (Wisconsin Department of Health Services [WI DHS], 2019)

Healthiest Wisconsin 2020, the community-driven Wisconsin State Health Plan, designated alcohol as one of the five priority health issues that Wisconsin communities need to continue to address due to high rates of use (WI DHS, 2019). The use of alcohol by Wisconsin adults and youth (ages 12-18) consistently remains higher than the national average. According to WI DHS' data dashboards, in 2019:

- ❖ 64.4% of adults in Wisconsin indicate they used alcohol in the past month compared to 55.1% of adults in the United States (US).
- ❖ 21.9% of adults in Wisconsin indicate binge drinking in the past month compared to 16.1% of adults in the US.
- ❖ 58.4% of youth in Wisconsin indicate they have ever consumed alcohol compared to 56.5% of youth in the US. 29.8% of youth in Wisconsin indicate they have used alcohol in the past month compared to 29.2% of youth in the US. That means that over approximately 150,000 high school students in Wisconsin had used alcohol in the past month.

Figure 1. Adult and Youth Alcohol Use in Wisconsin and the United States, 2019



Source: WI DHS Alcohol Adult Consumption Module and WI DHS Alcohol Youth Consumption Module. Available at <https://www.dhs.wisconsin.gov/alcohol/index.htm>. Accessed on 9/15/2021.

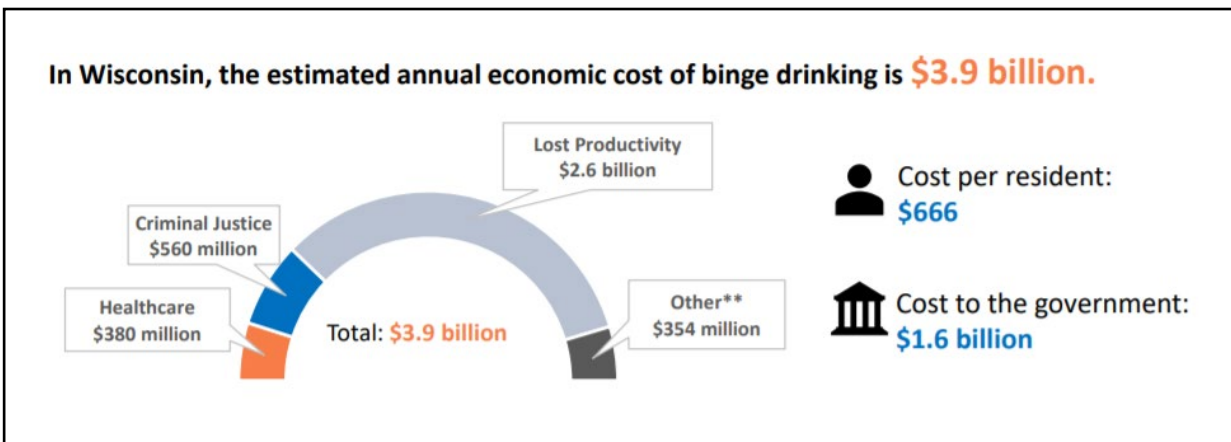


The high prevalence of unhealthy drinking behaviors negatively impacts individual disease and death. The most recent data in Wisconsin show that:

- ❖ Estimated deaths attributed to alcohol have increased each year since 2014. Most recently in 2020, there were an estimated 3,099 deaths attributed to alcohol (WI DHS).
- ❖ There were 36,925 emergency room visits in 2019 due to chronic alcohol use conditions (WI DHS).
- ❖ Alcohol is the most commonly found substance among suicide deaths between 2014-2017 (Prevent Suicide Wisconsin, 2020).
- ❖ Alcohol was the most common substance for individuals seeking substance use services in 2020. About 12,095 (46.9%) of individuals were served for alcohol related services (WI DHS).
- ❖ Drinking alcohol can increase a person's risk for at least seven types of cancer and Wisconsin is above the national average of cases for three of them, including mouth and throat, larynx, and esophagus cancer (American Cancer Society, 2016).

In addition to individual burden, we know that the collective costs of health care, criminal justice involvement, lost productivity, and other factors due to excessive alcohol use create a large economic burden. Excessive alcohol use, which includes binge drinking, heavy drinking, and alcohol consumption by pregnant women and those under 21, is responsible for \$249 billion in economic costs (Sacks, Gonzales, Bouchery, Tomedi & Brewer, 2015). In Wisconsin, binge drinking specifically accounts for about 76% of the economic cost of excessive alcohol consumption. The graphic below shows how the estimated costs for binge drinking add up for Wisconsin's residents and the government (Linnan, Paltzer & Skalitzky, 2019).

Figure 2. Economic Costs of Binge Drinking in Wisconsin



Source: The Burden of Binge Drinking in Wisconsin. Available at: <https://uwphi.pophealth.wisc.edu/publications-2/evaluation-reports-2/burden-of-binge-drinking/>. Accessed on 9/15/2021.

Alcohol remains a significant threat to the health, safety, and prosperity of individuals, communities, and society as a whole. Local governments, state agencies, organizations, and businesses have a role in preventing unhealthy alcohol use by enacting population-level changes to make Wisconsin a healthier place for all.



Using This Report

This report is designed to help the user find how they can be impactful regarding Wisconsin's alcohol environment in order to create a safe and healthier Wisconsin for all. The intent is the recommendations provided in this report will be used in your community, with coalitions looking to reduce harm of excessive use of alcohol; with healthcare systems, and providers; with municipalities, counties, and state government officials; and with decision makers and lawmakers of all types and levels of government so they all can make informed decisions to create safer and healthier communities.

The 61 recommendations in this report are listed under the organizations that should consider the recommendation. When a recommendation should be considered by multiple implementing organizations, the recommendation will appear in all appropriate sections and will have a note indicating where it is cross-listed. The report includes recommendations for the following implementing organizations:

1. **Local Government** (Counties; Tribes; Municipalities including Cities, Villages, and Towns; and their various departments, such as law enforcement, etc.)
2. **State Government and State Agencies**
3. **Civic, Community, Educational and Religious Organizations**
4. **Healthcare Systems and Providers**
5. **Alcohol Industry**

Each recommendation will also have a listed purpose. The purposes describe the methods in which the recommendation seeks to change the environment. Some recommendations will have multiple purposes listed. The purposes are defined below:

1. **Modify the drinking environment** - Recommendations focused on reducing the acceptability of underage, heavy and binge drinking
2. **Increase cost of alcohol** - Recommendations focused on the true cost of excessive alcohol use as well as evidenced-based recommendations that will also reduce youth consumption as well as reducing heavy and binge drinking.
3. **Reduce promotion of alcohol to youth** - Recommendations are focused on limiting attractiveness and advertising of alcohol to reduce excess consumption.
4. **Reduce availability of alcohol** - Recommendations are focused on reducing availability of alcohol to reduce consumption.
5. **Support evidence-based alcohol education** - Recommendations include evidenced-based policy and programming for educators and staff, k-12 education, school districts, higher education, and community groups especially for youth and parents.
6. **Engage in preventive health care** - Recommendations are focused on reversing alcohol-related disease and death trends.
7. **Enact laws and regulations** - Recommendations are focused on filling voids in the current alcohol regulatory system.
8. **Monitor and evaluate** - Recommendations are focused on improving data collection systems.

If you have questions about any of these recommendations, please contact: Maureen Busalacchi, mbusalacchi@mcw.edu.



Executive Summary

The goal of this report is to provide evidence-based research regarding policies to keep the health, safety, and prosperity of Wisconsin's residents in good stead. Unhealthy and dangerous drinking among Wisconsin's adult population remains disturbingly high. These actions create an environment that too often, our children and youth will model. It is critical we all work towards providing a safer environment for our families, friends, and neighbors. This is a public health and safety concern that must be addressed at the population level in order to create healthy and safe communities for all.

Wisconsin's alcohol policy framework is framed around local control, though every level of government plays a role in how alcohol is made, distributed, sold and where it may be consumed in public. Wisconsin's framework of policies in some communities has not been effective enough to create safer roads, downtowns, or neighborhoods. The more we know how evidence-based policies create better environments, the better Wisconsin can do as a whole to reduce the number of rankings that find Wisconsin on the wrong end of the scale (Bentley, 2021; Stebbins, 2021). Some aspects of Wisconsin's approach to alcohol regulation has had the unintended consequence of encouraging excessive alcohol consumption. However, we can change this trend by adopting policies and practices in our community that do not contribute to alcohol environments that encourage vast overuse of alcohol. Localities everywhere in our state are working to develop economic growth; but success for every business does not necessarily include a license to sell alcohol (Centers of Disease and Control, 2019). Additional locations selling or serving alcohol can mean private profit at a social cost that inherently increases the tax levies in our local and state governments due to the damage done by overconsumption of alcohol for our employers, hospitals and clinics, law enforcement, and criminal justice system. It also increases violence in public and private homes (Linnan, Paltzer & Skaltzky, 2019). Many Wisconsin communities are creating safer, healthier communities by implementing policies and practices that reduce excessive alcohol consumption. By doing, they are ensuring that families, friends and neighbors can have fun and be safe while still having opportunities to enjoy alcohol socially and have their communities thrive.

Treatment for alcohol use disorders is not addressed in this report. This report contains recommendations relating to identifying and addressing alcohol misuse before alcohol use disorders come into play or before behavioral and or medical interventions are needed. With nearly one-quarter of Wisconsin's adult population meeting the federal definition of binge drinking weekly, improving the alcohol environment is important not only for adults, but for our children who grow up in this environment of overconsumption. It will improve their health, safety, and well-being.

The bottom line is that this report recommends the strategies that have been found to work in Wisconsin, across the country and even in other parts of the world. While all recommendations have a place in reducing the burden of excessive alcohol use, the key recommendations are:

- ❖ Raising the price of alcohol (reduce youth consumption and binge, heavy drinkers);
- ❖ Reducing density of alcohol outlets;
- ❖ Alcohol Compliance checks to ensure outlets aren't selling to children;
- ❖ Place of Last Drink (POLD) to help communities understand where excessive alcohol drinking is happening within their communities; and
- ❖ Screenings and brief interventions as evidence shows it can help reduce those who are binge drinking and also those who should be referred to treatment.



The Alcohol Prevention Ad-Hoc Workgroup would like to thank the following individuals and organizations for their assistance, guidance, and expertise in developing these recommendations:

- ❖ Eric Anderson, Data Analyst, Dane County Department of Emergency Management
- ❖ Jeremy Arney, PhD, Assistant Professor of Political Science and Public Administration, University of Wisconsin- La Crosse
- ❖ Scott Caldwell, SBIRT Coordinator, WI Department of Health Services
- ❖ Deborah Carey, Founder and President, New Glarus Brewing
- ❖ Jessica Celella, Deputy City Clerk and License Division Manager, City of Milwaukee
- ❖ Jerry Deschane, Executive Director, League of Wisconsin Municipalities
- ❖ Zachary Dolan, Alcohol and Tobacco Specialist, Department of Revenue
- ❖ Raimée Eck, PhD, MPH, MPA, CPH, Advocacy Chair, Maryland Public Health Association
- ❖ Sheriff Chris Fitzgerald, Barron County Sheriff's Department
- ❖ Mark Flower, Certified Peer Specialist, Peer Recovery Coach, Emotional CPR, QPR Gatekeeper Trainer, Strategic Advisor at Growing Rural Outreach Through Veteran Engagement Center
- ❖ David Galbis-Reig, MD, Medical Director of Addiction Services, Ascension Wisconsin All Saints
- ❖ Jeffrey Glazer, JD, Clinical Associate Professor, University of Wisconsin Law School Law and Entrepreneurship Clinic
- ❖ Nicol Grathen, Behavioral Health Manager, Green Lake County, WI county human service association
- ❖ Catherine Kolkmeier, MS, Executive Director, La Crosse Medical Health Science Consortium
- ❖ Jason Kraemer, Excise Tax Lead Worker at Department of Revenue
- ❖ Peter Kammer, President at the Kammer Group, LLC, Wisconsin Beer Distributors
- ❖ Noelle LoConte, MD, Associate Professor of Medicine, University of Wisconsin Carbone Cancer Center
- ❖ Captain Jason Melby, Assistant Chief of Policy, LaCrosse Police Department
- ❖ Lucas Moore, LCSW, SUD, CSIT, ACS, Associate Lecturer, Sandra Rosenbaum School of Social Work; Psychotherapist and Director of Clinical Training, Westside Psychotherapy
- ❖ Jennifer Mueller, MBA, RHIA, FACHE, FAHIMA, Vice President and Privacy Officer, Wisconsin Hospital Association Information Center
- ❖ Karen Nash, MBA, Program Leader Injury Prevention and Death Review, Children's Health Alliance of Wisconsin
- ❖ Ann O'Rourke, MD, MPH, Trauma Medical Director, UW Health; Vice Chair, Wisconsin State Trauma Advisory Council
- ❖ Tyler Quam, Special Agent in Charge of Alcohol and Tobacco Enforcement Unit, Department of Revenue
- ❖ Lisa Rasmussen, Chairperson of the Public Health and Safety Commission, Wausau City Council
- ❖ Patrick Reilly, Person in Recovery
- ❖ Brenda Rooney, Ph.D, Epidemiologist, Gundersen Health System
- ❖ Nels Rude, Wisconsin Beer Distributors Association
- ❖ Brandon Scholz, President and CEO, Wisconsin Grocers Association
- ❖ Sara Smith, MS, Director, Alcohol and Other Drug Prevention and Education Programs at Marquette University
- ❖ Natasha Tynczuk, MPH, Data Project Manager, Children's Health Alliance of Wisconsin
- ❖ Charles Vear, MPH, Wisconsin Violent Death Reporting System Coordinator, Division of Public Health
- ❖ Reonda Washington, MPH, CHES, Alcohol and Other Drugs Prevention Coordinator, University of Wisconsin- Madison University Health Services



- ❖ Paul Williams, Councilmember and Chair of Alcohol License Advisory Committee, Janesville City Council
- ❖ Katie Wilson, MA, Health Educator, University of Wisconsin – Eau Claire
- ❖ Mike Wittenwyler, JD, Attorney, Wisconsin Beer Distributors Association and Wisconsin Wine and Spirit Institute



Local Government

The main responsibility for alcohol licensure and control falls on local governments in Wisconsin. Local governments can improve the alcohol environment through adoption and implementation of evidence based practices. This report recommends these specific changes in municipal policy that are proven to reduce excessive alcohol use including binge drinking, heavy drinking, and underage drinking. The definition of local government includes municipalities, counties, and tribes. For the purpose of alcohol beverage regulation, the Wisconsin Statutes define a municipality as “a city, village, or town.” Municipalities may license and regulate retail alcohol beverage sales. Only a municipality (city, village, or town) may grant an alcohol license. Counties do not have any power to grant alcohol licenses. Tribes may impose licensing requirements, but any alcohol beverage retailer operating on tribal land and selling to nonmembers must also be licensed by the applicable municipality. Municipalities, counties, and tribes may enact local laws (e.g. ordinances) for public safety purposes, and may enforce their laws within their boundaries against people who violate them.

Recommendation 1: Map alcohol outlet density.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Reduce availability of alcohol; Monitor and evaluate

Wisconsin has an excessive number of locations that sell and serve alcohol contributing to Wisconsin’s high rate of heavy and binge drinking. Wisconsin is the only state where the excessive drinking rate in every county exceeds the national average. The combination of readily available low-cost alcohol has unintentionally created circumstances that enable underage drinking, excessive consumption with the injuries, violence, disease and death that follow.

For years, municipal leaders operated under the now disproven belief that increasing the number of locations that sold or served alcohol would benefit the community. Within the last decade it has become clear that clusters and areas with an overconcentration of alcohol outlets increase the likelihood of alcohol related disorder and crime even when all the licensees are obeying the law. The Centers for Disease Control and Prevention recommend limiting alcohol outlet density to reduce and prevent alcohol-related problems.

Every Wisconsin community should map alcohol outlet locations, then working with law enforcement, public health and local leaders determine which areas of the community have too many alcohol outlets and which areas have developing clusters. Municipalities should use the Centers for Disease Control and Prevention’s methods that reveal outlet clusters simply and economically. Community leaders should consider enacting a moratorium on new alcohol outlets in areas with significant clusters and revise their alcohol licensing process to reduce the stress on these communities.

Given the research on alcohol outlet density and its relationship to alcohol-related disorder, crime, the number of adverse childhood experiences, and binge drinking, Wisconsin should suspend further increases in the permitted number of “Class B” licenses a municipality is allowed to issue based on population growth alone.

Alcohol outlet mapping has exposed equity issues in many communities. Related research has indicated that alcohol outlet location and even the products stocked in different branches of the



Local Government (continued)

same store vary with the ethnic, racial and economic makeup of each area. Municipal leaders can address these concerns with careful mapping to ameliorate clusters and thoughtful alcohol license conditions prior to licensing to include concerns about products and their marketing.

**Cross-listed in: State Government and State Agencies (Recommendation 1)*

Recommendation 2: Municipalities work with post-secondary schools.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Reduce availability of alcohol; Modify the drinking environment

Municipalities should work collaboratively with local post-secondary schools to limit the number of alcohol outlets near campuses, provide care for dangerously intoxicated individuals and take steps to reduce alcohol-related harassment of marginalized racial, ethnic and other minority groups.

**Cross-listed in: Civic, Community, Educational, and Religious Organizations (Recommendation 1)*

Recommendation 3: Universities and colleges work with the local government.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Reduce availability of alcohol

Because alcohol licensing is a municipal issue in Wisconsin, the leaders of Wisconsin's colleges and Universities should commit to working with local governments to limit the number of alcohol outlets near campus and enforce the minimum legal drinking age. Joint campus-community efforts to fund and deploy evidence-informed and evidence-based interventions including regular alcohol age compliance checks are both effective and sustainable.

**Cross-listed in: Civic, Community, Educational, and Religious Organizations (Recommendation 2)*

Recommendation 4: Compile and utilize place of last drink (POLD) data.

Lead implementing organizations: Counties, Municipalities (cities, villages and towns); Law Enforcement

Purpose: Reduce availability of alcohol; Monitor and evaluate

In the absence of a state coordinated Place of Last Drink (POLD) initiative, law enforcement agencies should regionally collaborate, with support from prevention professionals (public health, human services, and/or community coalitions) to compile and utilize POLD data. Place of Last Drink information is a valuable tool enabling law enforcement to monitor overserving by local licensees and work with those licensees to identify and remediate issues that may contribute to overserving. Originally compiled from OWI/DUI reports although expanded to include all arrests in some jurisdictions outside of Wisconsin, compiling POLD data provides useful information on licensees, their selling or serving policy and the proportion of police calls that are alcohol related. While most effective when compiled at the regional level, even small municipalities can benefit from compiling this data.

**Local Government (continued)****Recommendation 5: Fund, train, and conduct Minimum Legal Drinking Age compliance checks.**

Lead implementing organizations: Counties; Municipalities (cities, villages, and towns); Police Departments; Sheriff's Office

Purpose: Reduce availability of alcohol; Monitor and evaluate

Wisconsin's rate of underage drinking is perennially above the national average. Medical research has revealed the serious long-term consequences of underage drinking including, higher rates of alcohol and other drug use throughout life, the causal relationship of alcohol consumption to seven different cancers and the possibly permanent loss of cognitive and analytical ability. In addition, alcohol use among youth is a significant factor in accidental injuries, drownings, sexual assault and gun violence.

To combat underage drinking by reducing youth access to alcohol, Wisconsin should designate the Department of Justice, Bureau of Training and Standards as the lead agency for enforcement of Minimum Legal Drinking Age (MLDA) establishing clear lines of authority and accountability in future efforts to reduce the illegal sale or provision of alcohol to underage youth. The biennial budget for the Wisconsin Department of Justice should include sufficient annual GPR funding for alcohol age compliance checks conducted by a certified law enforcement agency with citations issued for failures to comply. These funds must be administered by a certified law enforcement agency, with regional and multi-jurisdictional efforts encouraged.

Unlike many other states, Wisconsin does not provide any state funding for alcohol age compliance checks to reduce youth access to alcohol. The failure of that policy is clear, Wisconsin is the only state in the nation where every county has an excessive drinking rate higher than the national average.

- ❖ Wisconsin should designate the Department of Justice, Bureau of Training and Standards as the lead agency for training and enforcement of Minimum Legal Drinking Age (MLDA) for the purpose of establishing clear lines of authority and accountability in all efforts to reduce the illegal sale or provision of alcohol to underage youth.
- ❖ The Wisconsin Department of Justice should distribute funding for officer and staffing expenses to reduce the illegal sale or provision of alcohol to underage youth through alcohol age compliance checks. These funds should be awarded annually to Sheriff Departments and local law enforcement agencies for alcohol age compliance checks conducted by a certified law enforcement agency with citations issued when appropriate.
- ❖ All licensed alcohol retailers in Wisconsin should have alcohol age compliance checks conducted by a law enforcement agency twice annually until their county achieves a failure rate of 20%, or less. When achieved, annual compliance checks are sufficient.
- ❖ Both on-premises and off-premises licensees should have compliance checks.
- ❖ Compliance checks can be conducted by local law enforcement, Sheriff Departments or regional agreements.
- ❖ The Department of Justice, Bureau of Training and Standards should develop protocols and provide training for law enforcement agencies on the primary modes of retail alcohol sale including new modes as they are allowed or occur in the future.
- ❖ The Department of Justice should prepare a report annually indicating the number of jurisdictions conducting alcohol age compliance checks, the state failure rates, and listing the individual failure rates by county.

**Cross-listed in: State Government and State Agencies (Recommendation 5)*

**Local Government (continued)****Recommendation 6: Regulate alcohol delivery.**

Lead implementing organizations: Counties and Municipalities (cities, villages, and towns); Police Departments; Sheriff's Offices

Purpose: Reduce availability of alcohol

Wisconsin's statutory requirement for face-to-face alcohol sales requires the retailer to interact with the customer, establish they are age 21 or older and not intoxicated. Proposals that allow for retailer delivery or third party delivery of alcohol remove this requirement and may not provide effective controls or a replacement. The experience of other states indicates allowing alcohol to be delivered increases the risk of underage drinking. It is imperative to carefully enumerate the responsibilities of all parties involved and to support local enforcement of those policies.

- ❖ The retailer and the delivery service are both separately responsible for determining that alcohol is only delivered to individuals who are age 21 or older and not intoxicated.
 - Either or both parties may be cited if IDs are not checked, or other required actions are not taken regardless of the means used to determine a violation.
 - Failure by either the retailer or delivery personnel to fulfill their responsibilities may be cited under 125.07.
 - Multiple failures by a licensee to package alcohol correctly or failing to indicate orders that contain alcohol are individual violations.
- ❖ The retailer must place a fluorescent-colored sticker, at least four inches in length or diameter that is readably visible on the exterior packaging of every box or bag containing alcohol. With the wording in all capital letters: *CONTAINS ALCOHOL: SIGNATURE OF PERSON AGED 21 YEARS OR OLDER REQUIRED FOR DELIVERY.*
 - Failure to place this required sticker is a violation of the alcohol license, multiple failures may constitute cause for non-renewal, suspension or revocation.
 - A purchaser's assertion that they are age 21 or older does not absolve the retailer from other required steps.
- ❖ The delivery service is responsible for the conduct of its employees and contractors, including but not limited to requiring every delivery including alcohol must verify the age of the recipient by physically checking a government issued ID that also confirms the individual in the photo is the same person accepting delivery, the name on the credit card and ID are the same, and the individual is age 21 or older.
 - A signature following the ID check is required for every delivery with alcohol.
 - Delivery personnel must visually confirm the individual is not intoxicated.
- ❖ Packages with the fluorescent "Alcohol" sticker must be delivered to the named individual on the order. They may not be left on steps, porches or other exterior locations or otherwise unattended regardless of the instructions submitted by the customer.
 - Delivery firms and retailers may assess a reasonable fee to any order returned due to a failed ID check or failure to present an ID.

**Cross-listed in: State Government and State Agencies (Recommendation 12); Alcohol Industry (Recommendation 1)*

**Local Government (continued)****Recommendation 7: Ban alcohol advertising from municipal property.**

Lead implementing organizations: Counties and Municipalities (cities, villages, and towns)

Purpose: Reduce promotion of alcohol to youth

Wisconsin municipalities should join the many publicly owned transit systems and municipalities including Philadelphia, San Francisco, Los Angeles and New York City banning alcohol advertising from municipal property. As the manager of public assets, Wisconsin's municipalities can ban alcohol advertising on that property, acting not as a censor, but as the steward of public resources.

Municipalities should not allow alcohol advertising on any municipal property such as recreation centers, athletic facilities, parks or publicly owned buildings, and transit systems.

Youth exposure to alcohol advertising is a proven factor in alcohol initiation (the age youth begin to drink) and the amount of alcohol they consume (drinking intensity).

Recommendation 8: Use sign codes to limit amount of advertising in windows.

Lead implementing organizations: Counties and Municipalities (cities, villages, and towns)

Purpose: Reduce promotion of alcohol to youth

Municipal and County sign codes should limit the amount of advertising that covers a large portion of the window. Sign codes should provide an explicit formula for calculating the portion of the window covered for clarity. Some examples of useful wording for such an ordinance follow: The total area of all signs placed in or on a window shall not be greater than (community standard) percent of the window.

- ❖ For the purposes of this ordinance, the total area of a sign shall be the sum of the areas of all spaces, whether covered or uncovered, that are within the exterior perimeter of the sign. For example, a sign that has a height of 2 feet and a width of 3 feet shall be measured as having an area of 6 square feet, regardless of how much of that sign is perforated, clear, or empty space.
- ❖ The area of a rectangular window sign shall be calculated by multiplying the vertical distance of the sign by the horizontal distance of the sign, where the vertical distance is the distance from the bottom of the sign to the top of the sign and the horizontal distance is the distance from the left edge of the sign to the right edge of the sign.
- ❖ The area of a circular window sign shall be calculated as the area of a circle, where the radius is calculated by measuring the distance from the center of the sign to the edge of the sign.

Recommendation 9: Prohibit placement of alcohol advertising on mass transit vehicles and property.

Lead implementing organizations: Counties; Municipalities (cities, villages, and towns); Local or Regional Public Transport Authority

Purpose: Reduce promotion of alcohol to youth

Mass transit, whether municipal or regional, or privately owned, should have policies that prohibit the placement of interior or exterior alcohol advertising for the express purpose of reducing youth exposure to alcohol advertising in the area.

**Local Government (continued)****Recommendation 10: Prohibit sale of alcohol beverages at gas stations and vehicle charging stations.**

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Reduce availability of alcohol

The sale of alcohol and gasoline at the same location is incompatible and continues to pose a serious threat to public safety. Municipalities should enact ordinances prohibiting the sale of alcohol beverages at gas stations, vehicle filling stations, and vehicle charging stations. Municipalities that chose to allow alcohol sales where gasoline and motor fuel is sold should require the licensed premises to be narrowly written to limit where within the store alcohol can be displayed and stored, refusing to approve licensees that simply list the address.

Recommendation 11: Establish procedural guidelines for granting alcohol licenses that reflect community goals.

Lead implementing organizations:

Purpose: Reduce availability of alcohol of alcohol

Municipalities should establish procedural guidelines for awarding alcohol licenses that consider the municipality's long-range goals, citizen engagement and transparency in decision making. When the process is transparent and criteria for approval are followed, denied applicants are unlikely to litigate the decision and licensees are aware of the expectations for operation.

- ❖ Establish a set of guidelines that reflect the long-term goals of the community. Use the guidelines when evaluating every new applicant, even if the location was previously licensed.
 - Guidelines should identify areas that have a cluster or near cluster of alcohol outlets and direct applicants to underserved portions of the community.
 - Establish the type of outlet, what it will serve, when it is open, who is the target customer, and if it is compatible with the surrounding area.
- ❖ Require applicants to provide all the information required to evaluate applicants under local guidelines. That could include floor plans, business plans, marketing plans, security plans, menus, requested maximum occupancy and a brief description of the business and evidence of funding/capitalization.
 - Procedural guidelines should provide for advance notification of any new applications or a change in ownership, definition of premises or removal of any license condition.
 - Residents, neighborhood groups and customers in the general area should be made aware of the proposed changes by providing information on where additional information is available and when public comments on the change or application will be heard, well in advance of a vote.
 - Use municipal zoning ordinances to regulate the location and operation of outdoor licensees such as patios attached to Class B licensees and outdoor beer gardens.
 - Larger municipalities or groups of municipalities with shared boundaries should consider requiring a health or alcohol license impact statement that evaluates the alcohol outlet density of the immediate area and the likely consequences of another licensee.
- ❖ Use municipal zoning ordinance to regulate the location and operation of outdoor licensees such as patios attached to Class B licensees and outdoor beer gardens.

**Local Government (continued)**

- ❖ Create a system that:
 - Prioritizes citizen engagement with early notification through multiple communication channels.
 - Provides neighborhood groups and immediate neighbors with the opportunity to comment on the proposed application.
 - Determines the proposed licensee will most probably contribute to the social and economic goals of the community.
 - Determines that the licensee has the background, experience, and financial resources to operate the proposed establishment as presented.

Recommendation 12: Permit judges to order SBIRT.

Lead implementing organizations: Counties; Municipalities (cities, villages, and towns)

Purpose: Enact laws and regulation; Engage in preventive health

The State Legislature should amend Wis. Stat. sec. 125.07(4)(e)2. to permit judges to order a defendant to submit to SBIRT (Screening, Brief Intervention, and Referral to Treatment) by a healthcare provider, school, or other trained professional. The Director of State Courts should provide judges (both circuit court and municipal) with training on evidence-based or evidence-informed interventions for youth with underage drinking or other alcohol-related citations and encourage municipal judges to limit reductions in sanctions or dismissal to youth who participate. Local Human Services Departments should provide municipal judges with updated lists of local evidence-based or evidence-informed educational opportunities appropriate for youth with underage drinking and other alcohol-related citations.

**Cross-listed in: State Government and State Agencies (Recommendation 9)*

Recommendation 13: Adopt and enforce the social host statute as an ordinance.

Lead implementing organizations: Counties; Municipalities (cities, villages, and towns)

Purpose: Reduce availability of alcohol; Modify the drinking environment

Municipalities should adopt the social host statute WI.125.07(1)(a)3 as an ordinance and enforce forfeitures for adults (age 18+) who provide a location for underage drinking.

Recommendation 14: Regulate alcohol tasting in “Class A” establishments.

Lead implementing organizations: Municipalities (cities, villages and towns)

Purpose: Reduce availability of alcohol

Municipalities should regulate alcohol tasting in “Class A” establishments as allowed by state law.

The scope of regulations may include:

- ❖ Cordoned, attended sampling area.
- ❖ Require ID check
- ❖ Limiting sampling to persons aged 21 & older.
- ❖ Locating the sampling area away from child-oriented products.
- ❖ Require interior alcohol promotions related to tasting events to be at least 36 inches off the floor.
- ❖ Presence of licensed operator within the sampling area.

**Local Government (continued)****Recommendation 15: Append license conditions to all temporary licenses.**

Lead implementing organizations: Municipalities (cities, villages and towns)

Purpose: Reduce availability of alcohol; Modify the drinking environment

Municipalities should append the following license conditions to all Class “B” Temporary [picnic] licenses (temporary tents, beer gardens, festivals, etc.) to reduce alcohol related injuries, disturbances and, prevent underage drinking.

Four practices that prevent and reduce underage drinking are:

- ❖ I.D. checks at the entrance to serving area.
- ❖ Wrist bands to identify attendees aged 21 or older.
- ❖ A secure perimeter (fence) around the serving area.
- ❖ Distinguishable cups that allow for easy identification of alcohol vs alcohol-free beverages.

Seven policies and practices that prevent and reduced excessive (binge) drinking are:

- ❖ Limiting the number of beverages that can be purchased at a time.
- ❖ Servings sized 12 oz. or smaller.
- ❖ No discount alcohol pricing.
- ❖ No sales to obviously intoxicated individuals.
- ❖ Prohibiting servers from drinking.
- ❖ Ending alcohol sales one hour before closing.
- ❖ Food and alcohol-free beverages available where alcohol is sold. (Alcohol Epidemiology Program, n.d)

Recommendation 16: Require best practice license conditions for all public events where alcohol is served.

Lead implementing organizations: Municipalities (cities, villages and towns)

Purpose: Reduce availability of alcohol

Municipalities should require the same “best practices” required of “Class B” Temporary licensees at all public events where alcohol is served. At public events such as concerts, plays or similar performances attended primarily by adults, alcohol sales are often handled by a licensee or permittee or the venue holds a retail license that may have special conditions attached.

Recommendation 17: Prohibit consumption-based drink specials.

Lead implementing organizations: Municipalities (cities, villages and towns)

Purpose: Reduce availability of alcohol; Modify the drinking environment

Municipalities should prohibit by ordinance consumption-based drink specials such as time limited pricing, specials which increase drink volume without increasing the price, and all-you-can-drink flat fee specials.

Recommendation 18: Adopt beer keg registration ordinances.

Lead implementing organizations: Municipalities (cities, villages and towns)

Purpose: Reduce availability of alcohol

Municipalities where retailers sell beer by the keg, barrel or half-barrels to the public should adopt beer keg registration ordinances as an effective tool to apprehend adults who provide alcohol to underage youth and to deter such purchases in the future.

**Local Government (continued)****Recommendation 19: Designate alcohol-free recreational areas and parks.**

Lead implementing organizations: Counties and Municipalities (cities, villages and towns)

Purpose: Reduce availability of alcohol; Modify drinking environment

Municipalities should designate specific recreational areas and parks within the community as alcohol-free areas that families, individuals in recovery, or those that simply do not want to be around alcohol can enjoy.

Recommendation 20: Require license conditions for all new Class A licenses.

Lead implementing organizations: Municipalities (cities, villages and towns)

Purpose: Reduce availability of alcohol

New Class A licenses should include license conditions that prohibit alcohol tasting events, requiring ID scanners, requiring separate coolers for alcohol beverages, forbidding the sale of single serving containers of alcohol, multi-serving single use cans (e.g., crowler) and other products identified by local law enforcement as a problem in the community, and making it clear that end caps or free-standing racks of alcohol beverages are not allowed.

Recommendation 21: Define and regulate the use of growlers.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Enact laws and regulation; Reduce availability of alcohol

Wisconsin should adopt a comprehensive definition of a “growler” that includes requirements for cleaning, labelling and sealing by licensees.

A growler is a metal, plastic, glass or ceramic container holding a maximum of 128 ounces having a lid or stopper that can be secured with a tamper proof seal, to be filled with fermented malt beverages at the time of sale at Class “B” licensees for off-premises consumption.

- ❖ A growler that has been filled in advance of sale is a bottle and must meet all state and federal tax and labeling requirements.
- ❖ Retailers may sell one-time use disposable growlers or multiple use growlers that conform to the definition.
- ❖ Any fermented malt beverage may fill a customer’s growler without regard for the brand or logo on the exterior of the container.
- ❖ After filling and capping with the lid or other stopper, the licensee must place a seal that will be visibly broken or torn when the container is opened.
- ❖ Cellophane tape, even if unique to the licensee, that can be removed and reapplied, is not a tamper proof seal.
- ❖ The licensee must apply a tag or sticker that provides the name and address of the brewer for the beverage filling a growler.
- ❖ Refillable growlers must be washed by the licensee prior to filling.
- ❖ A licensee may refuse to fill any growler they cannot seal or sanitize.
- ❖ A municipality may prohibit off-premises sales of growlers.

**Cross-listed in: State Government and State Agencies (Recommendation 15); Alcohol Industry (Recommendation 3)*

**Local Government (continued)****Recommendation 22: Adopt a sober server ordinance.**

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Reduce availability of alcohol; Modify the drinking environment

Municipalities should adopt ordinances requiring those who sell or serve alcohol to be unimpaired and have a BAC under 0.04 while working. See Appendix A.

Recommendation 23: Apply license conditions to pharmacy alcohol licenses when possible.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Reduce availability of alcohol

Wisconsin communities should carefully consider the potential community concerns before granting an alcohol license to a pharmacy. If it appears a pharmacy will be licensed, the location and amount of space allocated to alcohol sales should be limited. Currently licensed pharmacies should have regular alcohol age compliance checks and failure to comply should trigger license conditions on the location of alcohol within the store, the amount of space allocated for alcohol sales and similar limitations.

Recommendation 24: Prevent party and nuisance houses and unruly gatherings.

Lead implementing organizations: Counties; Municipalities (cities, villages, and towns); Law Enforcement

Purpose: Reduce availability of alcohol; Modify the drinking environment

Law enforcement agencies in municipalities with post-secondary education campuses should establish ongoing liaison with the owners and managers of rental property to prevent party or nuisance houses, establish a protocol for securing and dispersing unruly gatherings and evicting tenants in violation of the lease for alcohol-related problems.

Recommendation 25: Apply and enforce license conditions to address problems.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Reduce availability of alcohol; Modify the drinking environment

Municipalities should consider using detailed license conditions to address specific issues, especially location specific amenity concerns such as trash disposal, staggered closing times, and drink specials that encourage excessive consumption.

When citations are issued to licensees, municipal authorities should consider whether acceptance of license conditions addressing the problem are more beneficial to both the licensee and community than a monetary forfeiture.

When license conditions are imposed or accepted, the municipality should be prepared to enforce those conditions if they are not respected by the licensee with suspensions, nonrenewal or revocation.

**Local Government (continued)****Recommendation 26: Operate saturation patrols.**

Lead implementing organizations: Counties; Municipalities (cities, villages, and towns)

Purpose: Enact laws and regulations

Municipalities individually, or as part of a multi-jurisdictional task force, should operate well publicized saturation patrols to discourage drunk driving.

Recommendation 27: Ban beer bongs and drinking competitions.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Reduce Availability of Alcohol; Enact Laws and Regulations; Modify the Drinking Environment

Municipalities should adopt ordinances banning the use of beer bongs and similar devices or competitions and games in licensed establishments. These devices and events are designed to force the rapid consumption of alcohol and can lead to dangerous levels of intoxication.

Recommendation 28: Provide municipalities with authority to assess application fees.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Enact laws and regulation; Increase cost of alcohol

The legislature should enact a statute providing clear authority for municipalities to assess application fees. This allows municipalities to recoup costs associated with processing alcohol license applications. Municipalities should be allowed to enact ordinances prescribing reasonable and proportional application fees for licensing activities related to issuing a new alcohol retail license or making a change to an existing alcohol retail license.

**Cross-listed in: State Government and State Agencies (Recommendation 19)*

Recommendation 29: Regulate brewer's retail outlet and condition approval on conformity with all applicable law, including municipal.

Lead implementing organizations: Municipalities (cities, villages, and towns)

Purpose: Reduce availability of alcohol

A brewer may operate an offsite retail outlet to sell and serve fermented malt beverages for on and off-premises consumption. The brewer may apply to the DOR to change its offsite location as frequently as once a day. The brewer can fully operate the outlet as a tavern or a restaurant, can serve beer from taps in a movable truck, or can sell cans or bottles out of a cooler. The brewer can also provide free taste samples, without any limit as to quantity, at either of its retail locations. Currently nothing in the law ensures municipal notice or input into the process, although the DOR may consult with municipalities to determine whether the proposed location violates any ordinances.

The Wisconsin legislature should add a subsection to Wis. Stat. §125.29 to provide for more state and local control of a brewer's offsite retail outlet, addressing the following issues:

- ❖ The brewer should only be allowed to establish and operate one off-site retail outlet on any day, regardless of the number of permits that the brewer has.
- ❖ The brewer should be required to describe the premises for both its on-site retail outlet and off-site retail outlet at the time that the brewer applies for a brewer's permit.



Local Government (continued)

- ❖ The brewer should be required to apply to the DOR for a change to its off-site retail outlet location at least 30 days prior to operating at that location.
- ❖ The brewer should be required to provide a copy of the application to the municipality where the proposed off-site retail outlet will be located, at least 30 days prior to operating at that location.
- ❖ The municipality should be provided at least 10 business days to respond to notice of the application before any approval is granted, and approval should not be granted if the proposed premises fail to conform with all applicable federal, state, and local law, including all local ordinances and the comprehensive plan of the municipality where the brewer proposes to locate the off-site outlet.

**Cross-listed in: State Government and State Agencies (Recommendation 17)*

Recommendation 30: Conduct mandatory ethics code trainings for all who make government decisions on alcohol matters.

Lead implementing organizations: Counties; Municipalities (cities, villages, and towns)

Purpose: Enact laws and regulation

The state, counties, and municipalities should conduct mandatory annual trainings for their elected and appointed government officials and committee members in the relevant ethics code from Wis. Stats. sec 19.45 (state public officials) or sec. 19.59 (local officials, employees & candidates), and in any applicable local ordinances. This training should not be limited to elected and appointed officials, but should also be given to all committee members of any committees making decisions on alcohol related matters, including licensing, permitting, and law-making.”

**Cross-listed in: State Government and State Agencies (Recommendation 21)*



State Government and State Agencies

The Wisconsin State Legislature and Governor can approve action promoting public health and safety by ensuring a safer and improved alcohol environment. Wisconsin Statute Chapter 125 sets a framework for how alcohol is regulated in Wisconsin. It contains the laws that govern the 3-tier system for alcohol beverages production, distribution, and sales in Wisconsin. In addition, several state agencies play an important role in ensuring compliance with laws, providing information to the public, training and education to law enforcement and setting an appropriate regulatory environment

Recommendation 1: Map alcohol outlet density.

Lead implementing organizations: State of Wisconsin; Department of Revenue

Purpose: Reduce availability of alcohol

Wisconsin has an excessive number of locations that sell and serve alcohol contributing to Wisconsin's high rate of heavy and binge drinking. Wisconsin is the only state where the excessive drinking rate in every county exceeds the national average. The combination of readily available low-cost alcohol has unintentionally created circumstances that enable underage drinking, excessive consumption with the injuries, violence, disease and death that follow.

For years, municipal leaders operated under the now disproven belief that increasing the number of locations that sold or served alcohol would benefit the community. Within the last decade it has become clear that clusters and areas with an overconcentration of alcohol outlets increase the likelihood of alcohol related disorder and crime even when all the licensees are obeying the law. The Centers for Disease Control and Prevention recommend limiting alcohol outlet density to reduce and prevent alcohol-related problems.

Every Wisconsin community should map alcohol outlet locations, then working with law enforcement, public health and local leaders determine which areas of the community have too many alcohol outlets and which areas have developing clusters. Municipalities should use the Centers for Disease Control and Prevention's methods that reveal outlet clusters simply and economically. Community leaders should consider enacting a moratorium on new alcohol outlets in areas with significant clusters and revise their alcohol licensing process to reduce the stress on these communities.

Given the research on alcohol outlet density and its relationship to alcohol-related disorder, crime, the number of adverse childhood experiences, and binge drinking, Wisconsin should suspend further increases in the permitted number of "Class B" licenses a municipality is allowed to issue based on population growth alone.

Alcohol outlet mapping has exposed equity issues in many communities. Related research has indicated that alcohol outlet location and even the products stocked in different branches of the same store vary with the ethnic, racial and economic makeup of each area. Municipal leaders can address these concerns with careful mapping to ameliorate clusters and thoughtful alcohol license conditions prior to licensing to include concerns about products and their marketing.

**cross-listed in: Local Government (Recommendation 1)*

**State Government and State Agencies (continued)****Recommendation 2: Suspend increases in “Class B” licenses.**

Lead implementing organizations: State of Wisconsin; Legislature; Department of Revenue; Department of Administration

Purpose: Increase cost of alcohol; Reduce availability

Given the research on alcohol outlet density and its relationship to alcohol-related disorder, crime and the number of adverse childhood experiences and binge drinking, Wisconsin should suspend further increases in the permitted number of “Class B” licenses a municipality is allowed to issue based on population growth alone.

Recommendation 3: Increase alcohol tax.

Lead implementing organizations: State of Wisconsin; Legislature

Purpose: Increase cost of alcohol

Wisconsin’s excessive drinking costs residents approximately \$6.8 billion annually. Binge drinking alone is estimated to cost Wisconsin’s residents \$3.9 billion annually. Alcohol taxes do not begin to cover the financial cost alcohol abuse inflicts on individuals, families and communities. The effects of price on reducing underage drinking, college drinking, and binge drinking (including drinking among youth who show signs of alcohol use disorders) are considerable. There are also significant effects on youth traffic crashes, violence on college campuses, and crime among people under 21 (SAMHSA, 2018). State Performance and Best Practices for the Prevention and Reduction of Underage Drinking. In addition, increasing taxes on alcohol is the most effective regulatory policy to reduce excessive drinking and related harms. (Tobacconomics, 2020)

Wisconsin should increase the state levied tax on beer, wine and distilled spirits to the median tax level to reduce the burden alcohol abuse places on the average citizen. Alcohol is taxed by volume, not price. In addition, alcohol taxes should be indexed to the consumer price index so that the tax increases at a rate commensurate with the increased cost of living.

Tax estimate based on Facts & Figures 2021 published by the Tax Foundations 2021. The median amount is approximately \$5.98 per gallon for spirits, \$0.87 for Wine and \$0.26 per gallon of beer or \$8.02 per 31-gallon barrel.

Recommendation 4: Maintain 21 as Minimum Legal Drinking Age.

Lead implementing organizations: State of Wisconsin; Legislature

Purpose: Reduce availability of alcohol

The 21 Minimum Legal Drinking Age (MLDA) has effectively reduced youth access to alcohol and traffic fatalities among young adults. This effective public policy should not be repealed or amended.

Recommendation 5: Fund, train, and conduct Minimum Legal Drinking Age compliance checks.

Lead implementing organizations: State of Wisconsin; Legislature; Department of Justice

Purpose: Reduce availability of alcohol; Monitor and evaluate

Wisconsin’s rate of underage drinking is perennially above the national average. Medical research has revealed the serious long-term consequences of underage drinking including, higher rates of opiate and alcohol dependence throughout life, the causal relationship of alcohol consumption to

***State Government and State Agencies (continued)***

seven different cancers and the possibly permanent loss of cognitive and analytical ability. In addition, alcohol use among youth is a significant factor in accidental injuries, drownings, sexual assault and gun violence.

To combat underage drinking by reducing youth access to alcohol, Wisconsin should designate the Department of Justice, Bureau of Training and Standards as the lead agency for training regarding Wisconsin's Minimum Legal Drinking Age (MLDA) establishing clear lines of authority and accountability in future efforts to reduce the illegal sale or provision of alcohol to underage youth.

The biennial budget for the Wisconsin Department of Justice should include sufficient annual GPR for grant funding, administration, and reporting regarding alcohol age compliance checks conducted by a certified law enforcement agency with citations issued for failures to comply. These funds must be administered by a certified law enforcement agency, with regional and multi-jurisdictional efforts encouraged.

Unlike many other states, Wisconsin does not provide any state funding for alcohol age compliance checks to reduce youth access to alcohol. The failure of that policy is clear, Wisconsin is the only state in the nation where every county has an excessive drinking rate higher than the national average.

- ❖ Wisconsin should designate the Department of Justice, Bureau of Training and Standards as the lead agency for training regarding Wisconsin's Minimum Legal Drinking Age (MLDA) for the purpose of establishing clear lines of authority and accountability in all efforts to reduce the illegal sale or provision of alcohol to underage youth.
- ❖ The Wisconsin Department of Justice should distribute grant funding for officer and staffing expenses to reduce the illegal sale or provision of alcohol to underage youth through alcohol age compliance checks. These funds should be awarded annually to Sheriff Departments and local law enforcement agencies for alcohol age compliance checks conducted by a certified law enforcement agency with citations issued when appropriate.
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- ❖ Compliance checks can be conducted by local law enforcement, Sheriff Departments or regional agreements.
- ❖ The Department of Justice, Bureau of Training and Standards should develop protocols and provide training for law enforcement agencies on the primary modes of retail alcohol sale including new modes as they are allowed or occur in the future.
- ❖ The Department of Justice should prepare a report annually indicating the number of jurisdictions conducting alcohol age compliance checks, the state failure rates, and listing the individual failure rates by county.

**Cross-listed in: Local Government (Recommendation 5)*

**State Government and State Agencies (continued)****Recommendation 6: Revise Wis. Stat. sec. 125.07(1)(b)1.***Lead implementing organizations: State of Wisconsin**Purpose: Enact laws and regulation*

Wis. Stat. 125.07(1) provides for enforcement of the Minimum Legal Drinking Age law against persons who provide alcohol beverages to underage persons. The penalty part of the law includes an escalating punishment scheme. While a first offense within 30 months may be only an ordinance violation, any additional offenses within 30 months are crimes, with fines and jail time increasing depending on the number of previous violations within the past 30 months. As written, the statute counts all violations by an individual at one time as a single violation, even if multiple underage people are involved. To encourage compliance with the Minimum Legal Drinking Age law and to make enforcement of the Social Host statute stronger, each violation should be counted as a prior violation for purposes of the escalating penalty scheme. The Legislature should repeal the last sentence of 125.07(1)(b)1., which currently reads: “For the purpose of determining whether a previous violation has occurred, if more than one violation occurs at the same time all those violations shall be counted as one violation.”

Recommendation 7: Repeal language allowing licensees to sell to persons under the Minimum Legal Drinking Age in presence of a parent, guardian, or spouse.*Lead implementing organizations: State of Wisconsin; Legislature**Purpose: Reduce availability of alcohol; Modify the drinking environment*

Wisconsin should repeal existing language allowing a licensee to sell alcohol to individuals younger than the minimum legal drinking age if a parent, guardian or legal aged spouse is present in WI.(125.07(1)(a).

Recommendation 8: Test and evaluate effectiveness of SBIRT in schools.*Lead implementing organizations: State of Wisconsin; Department of Public Instruction**Purpose: Support evidence-based alcohol education; Engage in preventive health care*

Wisconsin’s SBIRT Implementation Study indicated SBIRT is a flexible, cost effective tool for identifying youth substance abuse. Where barriers to implementation are identified, efforts should be made to resolve those issues.

Wisconsin should continue to support efforts to evaluate the value of SBIRT in schools using the Global Appraisal of Individual Needs Short Screen.

The Department of Public Instructions should support further testing and evaluation of SBIRT as part of co-curricular screening and student discipline.

Recommendation 9: Permit Judges to order SBIRT.*Lead implementing organizations: State of Wisconsin; Legislature; State Courts**Purpose: Enact laws and regulation, Engage in preventive health*

The State Legislature should amend Wis. Stat. sec. 125.07(4)(e)2. to permit judges to order a defendant to submit to SBIRT (Screening, Brief Intervention, and Referral to Treatment) by a healthcare provider, school, or other trained professional. The Director of State Courts should provide judges (both circuit court and municipal) with training on evidence-based or evidence-

**State Government and State Agencies (continued)**

informed interventions for youth with underage drinking or other alcohol-related citations and encourage municipal judges to limit reductions in sanctions or dismissal to youth who participate. Local Human Services Departments should provide municipal judges with updated lists of local evidence-based or evidence-informed educational opportunities appropriate for youth with underage drinking and other alcohol-related citations.

**Cross-listed in: Local Government (Recommendation 12)*

Recommendation 10: Require medical providers to conduct SBIRT screens.

Lead implementing organizations: State of Wisconsin; Office of the Commissioner of Insurance; Department of Health Services

Purpose: Engage in preventive health care

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an effective approach to identifying individuals with alcohol use disorders and those at risk of developing a disorder. Research suggests SBIRT and training to conduct SBIRT can be effective by video link. As a widely adopted and covered practice we recommend that both forms of SBIRT be the required standard of care in every group health insurance plan offered in Wisconsin.

We further recommend:

- ❖ SBIRT should be incorporated into the treatment of all patients with alcohol-related injuries or illness, including those seen in the ambulatory, emergency department and hospital setting.
- ❖ Patients, age 12 and older, should be screened for alcohol use annually using SBIRT when visiting their primary care health professional.
- ❖ Remote administration of SBIRT by trained medical professionals should be expanded to reach underserved communities throughout the state.
- ❖ Emergency departments should incorporate SBIRT into treatment for patients with alcohol-related injuries or illness.
- ❖ Level 3, and 4 Trauma Centers should be encouraged (as Level 1 and 2 Trauma Centers are required) to screen all injured patients with a validated tool such as the AUDIT or CRAFFT for alcohol abuse. The anonymized data can be used as a further evidence or confirmation of public health surveillance surveys such as the NSDUH and BRFSS.
- ❖ The Wisconsin Department of Health Services, in collaboration with the Wisconsin Society of Addiction Medicine, should initiate a campaign to educate medical professionals on how to administer SBIRT, where it is effective and the available resources to support it.
- ❖ The Wisconsin Department of Health Services in collaboration with health care professionals should study and report on the efficacy of low cost SBIRT training for underserved areas.

**Cross-listed in: Healthcare Systems (Recommendation 1)*

Recommendation 11: Permit pharmacists to conduct screenings for substance use.

Lead implementing organizations: State of Wisconsin; Office of the Commissioner of Insurance

Purpose: Reduce availability of alcohol; Enact laws and regulation

A small-scale study suggests pharmacists may be able to effectively conduct brief screening for substance abuse within the store. If confirmed by additional research, appropriate reimbursement for pharmacy-based screenings for substance abuse should be established and covered as part of the standard of care in Wisconsin.

**Cross-listed in: Healthcare Systems (Recommendation 3)*

**State Government and State Agencies (continued)****Recommendation 12: Regulate alcohol delivery.**

Lead implementing organizations: State of Wisconsin; Legislature; Department of Revenue

Purpose: Reduce availability of alcohol

Wisconsin's statutory requirement for face-to-face alcohol sales requires the retailer to interact with the customer, establish they are age 21 or older and not intoxicated. Proposals that allow for retailer delivery or third party delivery of alcohol remove this requirement and may not provide effective controls or a replacement. The experience of other states indicates allowing alcohol to be delivered increases the risk of underage drinking. It is imperative to carefully enumerate the responsibilities of all parties involved and to support local enforcement of those policies.

- ❖ The retailer and the delivery service are both separately responsible for determining that alcohol is only delivered to individuals who are age 21 or older and not intoxicated.
 - Either or both parties may be cited if IDs are not checked, or other required actions are not taken regardless of the means used to determine a violation.
 - Failure by either the retailer or delivery personnel to fulfill their responsibilities may be cited under 125.07.
 - Multiple failures by a licensee to package alcohol correctly or failing to indicate orders that contain alcohol are individual violations.
- ❖ The retailer must place a fluorescent-colored sticker, at least four inches in length or diameter that is readably visible on the exterior packaging of every box or bag containing alcohol. With the wording in all capital letters: **CONTAINS ALCOHOL: SIGNATURE OF PERSON AGED 21 YEARS OR OLDER REQUIRED FOR DELIVERY.**
 - Failure to place this required sticker is a violation of the alcohol license, multiple failures may constitute cause for non-renewal, suspension or revocation.
 - A purchaser's assertion that they are age 21 or older does not absolve the retailer from other required steps.
- ❖ The delivery service is responsible for the conduct of its employees and contractors, including but not limited to requiring every delivery including alcohol must verify the age of the recipient by physically checking a government issued ID that also confirms the individual in the photo is the same person accepting delivery, the name on the credit card and ID are the same, and the individual is age 21 or older.
 - A signature following the ID check is required for every delivery with alcohol.
 - Delivery personnel must visually confirm the individual is not intoxicated.
- ❖ Packages with the fluorescent "Alcohol" sticker must be delivered to the named individual on the order. They may not be left on steps, porches or other exterior locations or otherwise unattended regardless of the instructions submitted by the customer.
 - Delivery firms and retailers may assess a reasonable fee to any order returned due to a failed ID check or failure to present an ID.

**Cross-listed in: Local Government (Recommendation 6); Alcohol Industry (Recommendation 1)*

Recommendation 13: Amend Wis. Stat. sec. 125.32(2) and 125.68(2) to provide more effective supervision of unlicensed persons selling or serving alcohol to customers.

Lead implementing organizations: State of Wisconsin; Legislature; Department of Revenue

Purpose: Enact laws and regulations; Modify the drinking environment

Currently, a member of a licensee's or permittee's family who is an adult under the age of 21 may be the only person supervising sales or service of alcohol beverages at a retail outlet. In addition,

**State Government and State Agencies (continued)**

supervisory requirements are vague and not clearly defined. Two changes could address this. The first change would only affect those members of the licensee's or permittee's immediate family (living in the licensee's or permittee's home) who are adults under the age of 21. However, it would ensure consistency in requiring all licensed operators to be age 21. The second change would add a definition of "immediate supervision", using language provided by the Department of Revenue, and including language reflective of the employment conditions. This would explain what "immediate supervision" means, and provide clear guidance as to minimal qualifications for meeting the legal requirements.

Wisconsin Statutes Sections 125.32(2) (for fermented malt beverages premises) and 125.68(2) (for intoxicating liquor premises) should be amended in two ways to provide more effective supervision of unlicensed persons selling or serving alcohol to customers:

- ❖ Require members of the licensee's or permittee's immediate family to have attained the legal drinking age to be considered the holder of an operator's license; and
- ❖ Clearly define that "immediate supervision" means that the licensed operator is in the same room or area of the premises as the unlicensed person, close enough to see and talk with the unlicensed person, able to watch and supervise the unlicensed person and directly respond to the needs of the unlicensed person, and directly supervising the unlicensed person.

Recommendation 14: Provide DOR with authority to require wholesalers to collect hazardous products from retailers.

Lead implementing organizations: State of Wisconsin; Department of Revenue

Purpose: Reduce availability of alcohol; Enact laws and regulation

The state legislature should enact a statute to provide the Department of Revenue with the authority to require wholesalers to collect from retailers any alcohol products that are recalled by their producer, subject to a warning letter or enforcement action by the U.S. Food & Drug Administration (FDA), the Federal Trade Commission (FTC), or the Alcohol and Tobacco Tax and Trade Bureau (TTB), or subject to a finding of violating the Code of Responsible Practices or other voluntary standards of the alcohol industries, including, but not limited to, those of the Distilled Spirits Council of the United States, the Beer Institute, or the Wine Institute.

Recommendation 15: Define and regulate the use of growlers.

Lead implementing organizations: State of Wisconsin; Department of Revenue

Purpose: Enact laws and regulation; Reduce availability of alcohol

Wisconsin should adopt a comprehensive definition of a "growler" that includes requirements for cleaning, labelling and sealing by licensees.

A growler is a metal, plastic, glass or ceramic container holding a maximum of 128 ounces having a lid or stopper that can be secured with a tamper proof seal, to be filled with fermented malt beverages at the time of sale at Class "B" licensees for off-premises consumption.

- ❖ A growler that has been filled in advance of sale is a bottle and must meet all state and federal tax and labeling requirements.
- ❖ Retailers may sell one-time use disposable growlers or multiple use growlers that conform to the definition.
- ❖ Any fermented malt beverage may fill a customer's growler without regard for the brand or logo on the exterior of the container.

**State Government and State Agencies (continued)**

- ❖ After filling and capping with the lid or other stopper, the licensee must place a seal that will be visibly broken or torn when the container is opened.
- ❖ Cellophane tape, even if unique to the licensee, that can be removed and reapplied, is not a tamper proof seal.
- ❖ The licensee must apply a tag or sticker that provides the name and address of the brewer for the beverage filling a growler.
- ❖ Refillable growlers must be washed by the licensee prior to filling.
- ❖ A licensee may refuse to fill any growler they cannot seal or sanitize.
- ❖ A municipality may prohibit off-premises sales of growlers.

**Cross-listed in: Local Government (Recommendation 21); Alcohol Industry (Recommendation 3)*

Recommendation 16: Create guidance and training for enforcement of alcohol delivery.

Lead implementing organizations: State of Wisconsin; Department of Revenue

Purpose: Reduce availability of alcohol; Enact laws & regulations

The Wisconsin Department of Revenue should create or contract for the creation of a protocol, like alcohol age compliance checks, that guides the enforcement of delivered alcohol. The Department will create or cause to be created necessary training materials for law enforcement on this protocol that are available for reading, viewing or printing on the Department website.

Recommendation 17: Regulate brewer's retail outlet and condition approval on conformity with all applicable law, including municipal.

Lead implementing organizations: State of Wisconsin; Department of Revenue

Purpose: Reduce availability of alcohol; Enact laws & regulations

A brewer may operate an offsite retail outlet to sell and serve fermented malt beverages for on and off-premises consumption. The brewer may apply to the DOR to change its offsite location as frequently as once a day. The brewer can fully operate the outlet as a tavern or a restaurant, can serve beer from taps in a movable truck, or can sell cans or bottles out of a cooler. The brewer can also provide free taste samples, without any limit as to quantity, at either of its retail locations. Currently nothing in the law ensures municipal notice or input into the process, although the DOR may consult with municipalities to determine whether the proposed location violates any ordinances.

The Wisconsin legislature should add a subsection to Wis. Stat. §125.29 to provide for more state and local control of a brewer's offsite retail outlet, addressing the following issues:

- ❖ The brewer should only be allowed to establish and operate one off-site retail outlet on any day, regardless of the number of permits that the brewer has.
- ❖ The brewer should be required to describe the premises for both its on-site retail outlet and off-site retail outlet at the time that the brewer applies for a brewer's permit.
- ❖ The brewer should be required to apply to the DOR for a change to its off-site retail outlet location at least 30 days prior to operating at that location.
- ❖ The brewer should be required to provide a copy of the application to the municipality where the proposed off-site retail outlet will be located, at least 30 days prior to operating at that location.
- ❖ The municipality should be provided at least 10 business days to respond to notice of the application before any approval is granted, and approval should not be granted if the

**State Government and State Agencies (continued)**

proposed premises fail to conform with all applicable federal, state, and local law, including all local ordinances and the comprehensive plan of the municipality where the brewer proposes to locate the off-site outlet.

**Cross-listed in: Local Government (Recommendation 29)*

Recommendation 18: Create and require an alcohol delivery license/endorsement.

Lead implementing organizations: State of Wisconsin; Department of Revenue; Department of Transportation

Purpose: Reduce availability of alcohol; Enact laws & regulations

An Alcohol Delivery license/endorsement should be created by the Department of Transportation. Every individual who delivers alcohol for either a delivery service or a licensed retailer must hold an Alcohol Delivery license/endorsement.

- ❖ This requirement does not include individuals working for a catering service that is licensed to sell/serve alcohol.
- ❖ This requirement does not include drivers for alcohol wholesalers licensed or permitted by the Wisconsin Department of Revenue.
- ❖ Alcohol Delivery licensing would appear as an endorsement on an individual's driver's license.
- ❖ Qualifications for an Alcohol Delivery license include:
 - Age 21 or older.
 - Completion of RBS within the previous two years as demonstrated by a certificate.
 - Criminal background check that does not indicate any inability to handle controlled substances in an irresponsible or illegal manner within the past five years.

Recommendation 19: Provide municipalities with authority to assess application fees.

Lead implementing organizations: State of Wisconsin

Purpose: Enact laws and regulation; Increase cost of alcohol

The legislature should enact a statute providing clear authority for municipalities to assess application fees. This allows municipalities to recoup costs associated with processing alcohol license applications. Municipalities should be allowed to enact ordinances prescribing reasonable and proportional application fees for licensing activities related to issuing a new alcohol retail license or making a change to an existing alcohol retail license.

**Cross-listed in: Local Governments (Recommendation 28)*

Recommendation 20: Increase fee for “Class B” temporary license.

Lead implementing organizations: State of Wisconsin

Purpose: Increase cost of alcohol; Reduce availability of alcohol

Wisconsin municipalities should be given the ability to increase the fee for a “Class B” temporary license to \$25 to partially cover the cost of processing the application.



State Government and State Agencies (continued)

Recommendation 21: Conduct mandatory ethics code trainings for all who make government decisions on alcohol matters.

Lead implementing organizations: State of Wisconsin; Legislature

Purpose: Enact laws and regulation

The state, counties, and municipalities should conduct mandatory annual trainings for their elected and appointed government officials and committee members in the relevant ethics code from Wis. Stats. sec 19.45 (state public officials) or sec. 19.59 (local officials, employees & candidates), and in any applicable local ordinances. This training should not be limited to elected and appointed officials, but should also be given to all committee members of any committees making decisions on alcohol related matters, including licensing, permitting, and law-making.”

**Cross-listed in: Local Government (Recommendation 30)*

Recommendation 22: Require responsible beverage server training for all managers.

Lead implementing organizations: State of Wisconsin

Purpose: Reduce availability of alcohol; Modify the alcohol environment

Wisconsin should amend Wis. Stat. sec. 125.18 to require Responsible Beverage Server training within the past two years as a requirement to receive a manager's license.

Recommendation 23: Do not expand Direct to Consumer shipping.

Lead implementing organizations: State of Wisconsin; Legislature

Purpose: Reduce availability of alcohol

The Wisconsin legislature should not enact any new legislation to expand Direct to Consumer shipping at this time because Direct to Consumer shipping weakens the 3-tier system, increases the availability and affordability of alcohol, removes the requirement for face-to-face sales, and increases the risk of alcohol sales to underage persons. The Wisconsin Legislature should not enact any legislation that would allow brewers, brewpubs, manufacturers, or rectifiers, to ship alcohol beverages directly to consumers.

Recommendation 24: Repeal preemption preventing municipalities from requiring responsible beverage server training of all employees at licensed premises.

Lead implementing organizations: State of Wisconsin; Legislature

Purpose: Reduce Availability of Alcohol; Enact Laws and Regulation; Modify the drinking environment

The Wisconsin Legislature should repeal language preempting municipalities from requiring more than one staff person who has completed responsible beverage server training be on the licensed premises while open and also limiting municipally required training to what the state requires.

**State Government and State Agencies (continued)****Recommendation 25: Implement public awareness campaign about alcohol consumption's link to cancer.**

Lead implementing organizations: State of Wisconsin; Department of Health Services

Purpose: Support evidence-based alcohol education; Engage in preventative health

The department of health Services should collaborate with the American Cancer Society, the Wisconsin Cancer Collaborative, Wisconsin's health philanthropies and other related groups to create and implement a public awareness campaign about alcohol consumption's link to cancer. A multi-year commitment is needed to create general awareness that the cancer risk increases with the amount of alcohol consumed. To complement that message, later efforts should include targeted information for identified at-risk groups including gender, ethnicity and age. Increasing public knowledge of the ways an individual can reduce their cancer risk enhances the impact of evidence-informed policies and practices at the municipal and state levels.

Recommendation 26: Create a public awareness campaign of causal connection between alcohol consumption and chronic disease.

Lead implementing organizations: State of Wisconsin; Department of Health Services; State Advocacy Organizations

Purpose: Support evidence-based alcohol education

The Wisconsin Department of Health Services shall convene a discussion of the related health voluntary philanthropies and similar organizations with the goal of creating a measurable increase in public awareness of the causal connection between alcohol consumption and chronic disease by 2030.

A long-term public education campaign to increase public awareness of the many risks of excessive drinking requires both time and multi-year funding. Creation of a multidisciplinary group supports the creation of effective messages for segments of the population that have unique risks, such as girls and women on the alcohol consumption-breast cancer link.

Recommendation 27: Collect and utilize anonymized OWI arrest data.

Lead implementing organizations: State of Wisconsin; Department of Health Services; Department of Revenue; Department of Transportation; Department of Justice

Purpose: Enact laws and regulations; Monitor and evaluate

The Department of Justice should initiate discussions with the Department of Transportation and the Wisconsin Department of Health Services to consider efficient, cost-effective methods to collect, store and utilize information gathered during OWI arrest, including Place of Last Drink information. A compilation of anonymized arrest data supports licensee training programs, provides support to law enforcement agencies and supports municipal efforts to control alcohol outlet density.

**State Government and State Agencies (continued)****Recommendation 28: Compile comprehensive Alcohol-related statistics and make publicly available**

Lead implementing organizations: State of Wisconsin; Department of Health Services; Department of Transportation; Department of Revenue; UW-Madison School of Medicine and Public Health; UW-Milwaukee Master of Public Health Program; Medical College of Wisconsin

Purpose: Enact laws and regulations; Monitor and evaluate

Public health surveillance makes it clear excessive alcohol consumption is Wisconsin's primary substance use problem, yet municipal and state leaders often lack sufficient information to implement effective interventions to reduce alcohol-related harms. The failure to compile comprehensive alcohol-related statistics blinds Wisconsin's residents to the billions of dollars and years of productive life lost from excessive alcohol consumption annually and limits the ability to remedy the problem.

To remedy this gap in both medical and law enforcement data, we recommend:

- ❖ Wisconsin should set a 5-year goal for the creation and release of an alcohol dashboard with data from multiple state departments reported at the county level or more granular when possible. The dashboards should consolidate the alcohol-related statistics collected by the Departments of Health, Transportation, Revenue, Public Instruction, and Justice into a format like existing alcohol-related death and hospitalization dashboards. This allows public health and public safety professionals, local elected leaders, and citizens to consider the full impact of alcohol on the health, safety, and economic wellbeing of Wisconsin's residents.
- ❖ Medical schools, medical examiners, and coroners should be provided with specific instructions on how to include alcohol as a primary, secondary, or tertiary cause of death, when appropriate. The Department of Health Services, Office of Health Informatics should monitor local compliance with reporting standards and privacy. The data should be compiled and released annually to the public facing dashboards.
- ❖ The Wisconsin Department of Health Services, Office of Health Informatics should work with the Wisconsin Hospital Association to create a reliable indicator of acute hospitalization for alcohol-related admissions that could be compiled by county of residence. Also, the Office of Health Informatics and the Office of Preparedness and Emergency Health Care should work together to compile, analyze, and create a public-facing data dashboard with alcohol-related emergency ambulance runs data.
- ❖ The records management systems (RMS) for all police departments and sheriffs should be amended so that every call for service, transport, arrest or incident is coded if alcohol was a factor. In the arrest or incident. This information can help local leaders make product alcohol licensing decisions. Wisconsin's law enforcement agencies are not asked to indicate whether a call for service is alcohol-related or not. As a result, local elected officials may see the need for additional law enforcement without understanding the issues that led to the increase.
- ❖ Wisconsin's TraCS system and law enforcement records management systems should permit the collection of "place of last drink" information when answering any alcohol-related calls for service. This information provides an early indicator of over serving or selling alcohol to underage or intoxicated customers allowing law enforcement to intervene early. It is also useful for early identification of an over-concentration of alcohol outlets.



State Government and State Agencies (continued)

- ❖ Since Wisconsin repealed the law against public intoxication, disorderly conduct (D.C.) has become a surrogate for those arrests. By adding a category for alcohol-related offenses allows alcohol-related D.C. arrests to be separated, the value of this statistics is restored.
- ❖ The Wisconsin Department of Revenue should create and maintain an updated, public-facing data database of every permanent alcohol licensee and permittee that is updated monthly.
- ❖ The state should incentivize and support regional data sharing initiatives. In metropolitan areas, inability to see alcohol licenses in adjacent jurisdictions allows communities sharing boundaries to overlook developing clusters or overconcentration of outlets before they become problematic.
- ❖ Wisconsin should require every alcohol license to list the maximum number of individuals allowed within the establishment, based on the application for the license and not the building itself. This requirement would reduce the likelihood of a restaurant operating as nightclubs, a phenomenon known as “morphing” This enables a municipality to monitor sidewalk traffic, parking needs while allowing police and fire officials to readily identify dangerously overcrowded venues.

Recommendation 29: Include data from the Wisconsin Ambulance Run Data System in DHS’s public alcohol dashboards.

Lead implementing organizations: State of Wisconsin; Department of Health Services

Purpose: Monitor and evaluate

The Wisconsin Ambulance Run Data System should be included in the Wisconsin Department of Health Services public-facing alcohol data dashboards.



Civic, Community, Educational, and Religious Organizations

The practices and policies of community groups are barometers of community norms. In some cases, an organization's long-standing alcohol policies unintentionally contribute to community alcohol problems even as these groups dedicate themselves to community improvement. When civic groups and faith communities review and adopt policies to discourage alcohol misuse, they improve the quality of community life and make a significant contribution to improving Wisconsin's alcohol culture. Civic and community organizations include non-profit and philanthropic organizations, bona fide clubs, lodges and societies, county and local fair associations, posts of veteran's organizations, and chambers of commerce. Educational organizations and institutions include primary and secondary education, further and higher education. Religious organizations include, but are not limited to, churches, mosques, synagogues, temples, nondenominational ministries, interdenominational and ecumenical organizations, mission organizations, and faith-based social agencies.

Recommendation 1: Municipalities work with post-secondary schools.

Lead implementing organizations: Post-Secondary Schools

Purpose: Reduce availability of alcohol; Modify the drinking environment

Municipalities should work collaboratively with local post-secondary schools to limit the number of alcohol outlets near campuses, provide care for dangerously intoxicated individuals and take steps to reduce alcohol-related harassment of marginalized racial, ethnic and other minority groups.

**Cross-listed in: Local Government (Recommendation 2)*

Recommendation 2: Universities and colleges work with the local government.

Lead implementing organizations: Post-Secondary Schools

Purpose: Reduce availability of alcohol

Because alcohol licensing is a municipal issue in Wisconsin, the leaders of Wisconsin's colleges and Universities should commit to working with local governments to limit the number of alcohol outlets near campus and enforce the minimum legal drinking age. Joint campus-community efforts to fund and deploy evidence-informed and evidence-based interventions including regular alcohol age compliance checks are both effective and sustainable.

**Cross-listed in: Local Government (Recommendation 3)*

Recommendation 3: Colleges, universities, and municipalities should discourage underage and high-risk drinking.

Lead implementing organizations: Post-Secondary Schools

Purpose: Reduce availability of alcohol; Modify the drinking environment

Wisconsin's colleges, universities, and the municipalities where they are located should take steps to create an environment that discourages underage and high-risk drinking, including adopting the policies and practices included NIAAA's Alcohol Intervention Matrix for Colleges (CollegeAIM). Many campuses will find the need to support both individual and environmental policies and practices to address excessive and underage alcohol consumption.



Civic, Community, Educational, and Religious Organizations (continued)

Recommendation 4: Schools should implement SBIRT program.

Lead implementing organizations: School Districts

Purpose: Support evidence-based alcohol education; Preventive health care

Schools should implement an evidence-based or evidence-informed individualized screening and brief intervention (SBIRT) program that provides education, support, and guidance for teens and their parents/caregivers/guardians.

**Cross-listed in: State Government and State Agencies (Recommendation 8)*

Recommendation 5: Schools should implement evidence-informed practices to prevent underage drinking.

Lead implementing organizations: School Districts

Purpose: Support evidence-based alcohol education

Both public and private schools should implement long term evidence-informed and evidence-based practices and programs to prevent and reduce underage drinking.

Recommendation 6: Avoid encouraging excessive alcohol consumption at celebrations and fundraisers.

Purpose: Reduce availability of alcohol; Modify the drinking environment; Reduce promotion of alcohol to youth

Knowing the extensive health and safety risks posed by excessive alcohol consumption, community and philanthropic groups should avoid hosting celebrations and fundraisers with a link to alcohol or suggest excessive alcohol consumption. Community professional, religious and civic groups should model low-risk alcohol consumption as a contribution to improved community norms.

When organizing fundraisers, groups should consider strategies to limit alcohol consumption including:

- ❖ Using smaller glasses for individual servings of alcohol.
- ❖ Provide a wide selection of attractive nonalcoholic beverages.
- ❖ Use tickets or tokens to limit alcohol consumption to no more than 2 servings per individual.
- ❖ Post a sign where alcohol is served noting the maximum number of alcohol servings by for low-risk drinking.



Civic, Community, Educational, and Religious Organizations (continued)

Recommendation 7: Schools should provide alcohol harms health effects information to parents, caregivers, and guardians.

Lead implementing organizations: School Districts

Purpose: Support evidence-based alcohol education; Reduce promotion of alcohol to youth; modify the drinking environment

Schools should provide parents, caregivers and guardians with information on the long-term health consequences of underage drinking including, but not limited to: a higher lifetime risk of alcohol or drug abuse; a higher lifetime risk of developing one of the seven cancers linked to alcohol consumption; and the potential for permanent cognitive loss. While some of the acute consequences of underage drinking are well known, information on alcohol's relationship to drowning, falls, vehicular injury and death, alcohol poisoning, gun violence, suicide, and sexual assault should also be provided.

Recommendation 8: Schools should conduct the Youth Risk Behavior Survey.

Lead implementing organizations: School Districts

Purpose: Monitor and evaluate; Support evidence-based alcohol education

Schools are strongly encouraged to conduct the Youth Risk Behavior Survey (YRBS) to provide an accurate local measure of youth alcohol and other drug use.

Recommendation 9: Principals, athletic directors, and guidance counselors should attend DITEP every 3 Years.

Lead implementing organizations: School Districts

Purpose: Support evidence-based alcohol education; Engage in preventive health care

Wisconsin school principals, athletic directors, and guidance counselors should be required to attend Drug Impairment Training for Educational Professionals (DITEP) every three years and become familiar with local referral resources and providers for intervention and treatment services.



Healthcare System

Healthcare systems have the capacity to screen large numbers of patients for problematic alcohol use, conduct brief interventions for persons at risk for excessive alcohol use, and refer persons with alcohol use disorder to treatment. Multiple disciplines of healthcare providers can be effectively trained in Screening, Brief Intervention and Referral to Treatment (SBIRT), as previously demonstrated (Sherwood, Kramlich, Rodriquez & Graybeal, 2019). Healthcare providers of all disciplines should also implement opportunities to screen and intervene to reduce excessive alcohol use and work to identify and prevent those at risk for developing alcohol use disorders.

Screenings and Brief Interventions for problem drinking or at-risk drinking are recommended for adults and adolescents by the United States Preventive Service Task Force, the American College of Surgeons Committee on Trauma, the American Academy of Pediatrics, and the American College of Emergency Physicians. These recommendations span the spectrum of patient care including ambulatory, emergency department, and inpatient settings.

Recommendation 1: Require medical providers to conduct SBIRT screens.

Purpose: Engage in preventive health care

Screening, Brief Intervention and Referral to Treatment (SBIRT) is an effective approach to identifying individuals with alcohol use disorders and those at risk of developing a disorder. Research suggests SBIRT and training to conduct SBIRT can be effective by video link. As a widely adopted and covered practice we recommend that both forms of SBIRT be the required standard of care in every group health insurance plan offered in Wisconsin.

We further recommend:

- ❖ SBIRT should be incorporated into the treatment of all patients with alcohol-related injuries or illness, including those seen in the ambulatory, emergency department and hospital setting.
- ❖ Patients, age 12 and older, should be screened for alcohol use annually using SBIRT when visiting their primary care health professional.
- ❖ Remote administration of SBIRT by trained medical professionals should be expanded to reach underserved communities throughout the state.
- ❖ Emergency departments should incorporate SBIRT into treatment for patients with alcohol-related injuries or illness.
- ❖ Level 3, and 4 Trauma Centers should be encouraged (as Level 1 and 2 Trauma Centers are required) to screen all injured patients with a validated tool such as the AUDIT or CRAFFT for alcohol abuse. The anonymized data can be used as a further evidence or confirmation of public health surveillance surveys such as the NSDUH and BRFSS.
- ❖ The Wisconsin Department of Health Services, in collaboration with the Wisconsin Society of Addiction Medicine, should initiate a campaign to educate medical professionals on how to administer SBIRT, where it is effective and the available resources to support it.
- ❖ The Wisconsin Department of Health Services in collaboration with health care professionals should study and report on the efficacy of low cost SBIRT training for underserved areas.

**Cross-listed in: State Government and State Agencies (Recommendation 10)*



Healthcare System (continued)

Recommendation 2: Alcohol screenings for adolescents.

Purpose: Engage in preventative health care

All children aged 12 and older should be screened for alcohol use outside the presence of parents or guardians in all health care settings.

Recommendation 3: Permit pharmacists to conduct screenings for substance use.

Purpose: Engage in preventative health care

A small-scale study suggests pharmacists may be able to effectively conduct brief screening for substance abuse within the store. If confirmed by additional research, appropriate reimbursement for pharmacy-based screenings for substance abuse should be established and covered as part of the standard of care in Wisconsin.

**Cross-listed in: State Government and State Agencies (Recommendation 11)*



Alcohol Industry

Alcohol Industry refers to those businesses and people involved in alcohol beverages production, distribution, and sale of beer and other fermented malt beverages, wine and distilled spirits. It includes a wide range of producers, manufacturers, rectifiers, distributors, wholesalers, and retailers.

Recommendation 1: Regulate alcohol delivery.

Purpose: Reduce availability of alcohol

Wisconsin's statutory requirement for face-to-face alcohol sales requires the retailer to interact with the customer, establish they are age 21 or older and not intoxicated. Proposals that allow for retailer delivery or third party delivery of alcohol remove this requirement and may not provide effective controls or a replacement. The experience of other states indicates allowing alcohol to be delivered increases the risk of underage drinking. It is imperative to carefully enumerate the responsibilities of all parties involved and to support local enforcement of those policies.

- ❖ The retailer and the delivery service are both separately responsible for determining that alcohol is only delivered to individuals who are age 21 or older and not intoxicated.
 - Either or both parties may be cited if IDs are not checked, or other required actions are not taken regardless of the means used to determine a violation.
 - Failure by either the retailer or delivery personnel to fulfill their responsibilities may be cited under 125.07.
 - Multiple failures by a licensee to package alcohol correctly or failing to indicate orders that contain alcohol are individual violations.
- ❖ The retailer must place a fluorescent-colored sticker, at least four inches in length or diameter that is readably visible on the exterior packaging of every box or bag containing alcohol. With the wording in all capital letters: *CONTAINS ALCOHOL: SIGNATURE OF PERSON AGED 21 YEARS OR OLDER REQUIRED FOR DELIVERY.*
 - Failure to place this required sticker is a violation of the alcohol license, multiple failures may constitute cause for non-renewal, suspension or revocation.
 - A purchaser's assertion that they are age 21 or older does not absolve the retailer from other required steps.
- ❖ The delivery service is responsible for the conduct of its employees and contractors, including but not limited to requiring every delivery including alcohol must verify the age of the recipient by physically checking a government issued ID that also confirms the individual in the photo is the same person accepting delivery, the name on the credit card and ID are the same, and the individual is age 21 or older.
 - A signature following the ID check is required for every delivery with alcohol.
 - Delivery personnel must visually confirm the individual is not intoxicated.
- ❖ Packages with the fluorescent "Alcohol" sticker must be delivered to the named individual on the order. They may not be left on steps, porches or other exterior locations or otherwise unattended regardless of the instructions submitted by the customer.
 - Delivery firms and retailers may assess a reasonable fee to any order returned due to a failed ID check or failure to present an ID.

**Cross-listed in: State Government and State Agencies (Recommendation 6); Local Government (Recommendation 13)*



Alcohol Industry (continued)

Recommendation 2: Voluntarily label containers with alcohol serving facts.

Purpose: Modify the drinking environment

Manufacturers and rectifiers should voluntarily label alcohol beverage containers with truthful and accurate per serving alcohol serving facts information using a Department of the Treasury, Alcohol and Tobacco Tax and Trade Bureau prescribed format.

Recommendation 3: Define and regulate the use of growlers.

Purpose: Reduce availability of alcohol

Wisconsin should adopt a comprehensive definition of a “growler” that includes requirements for cleaning, labelling and sealing by licensees.

A growler is a metal, plastic, glass or ceramic container holding a maximum of 128 ounces having a lid or stopper that can be secured with a tamper proof seal, to be filled with fermented malt beverages at the time of sale at Class “B” licensees for off-premises consumption.

- ❖ A growler that has been filled in advance of sale is a bottle and must meet all state and federal tax and labeling requirements.
 - ❖ Retailers may sell one-time use disposable growlers or multiple use growlers that conform to the definition.
- ❖ Any fermented malt beverage may fill a customer’s growler without regard for the brand or logo on the exterior of the container.
- ❖ After filling and capping with the lid or other stopper, the licensee must place a seal that will be visibly broken or torn when the container is opened.
- ❖ Cellophane tape, even if unique to the licensee, that can be removed and reapplied, is not a tamper proof seal.
- ❖ The licensee must apply a tag or sticker that provides the name and address of the brewer for the beverage filling a growler.
- ❖ Refillable growlers must be washed by the licensee prior to filling.
- ❖ A licensee may refuse to fill any growler they cannot seal or sanitize.
- ❖ A municipality may prohibit off-premises sales of growlers.

**Cross-listed in: Local Government (Recommendation 21); State Government and State Agencies (Recommendation 15)*



Conclusion

We have an environment in our state that promotes the harmful use of alcohol, but there are many opportunities laid out in these recommendations to continue to make population-level improvements in the alcohol environment in Wisconsin. Wisconsin has made many improvements in the alcohol environment, yet we can continue our efforts to create a safe and prosperous environment for all.

Enacting policies to prevent excessive use of alcohol is a cost-effective strategy and has many benefits to the community including creating safer neighborhoods, roads and downtowns while also reducing violence and cancer risk. It's the hope that communities, organizations, and local, tribal, and state government implement these policies and evaluate their effectiveness in creating safer environments for all of us. Rather than accept the current situation, we offer the following as a statement of our belief that excessive alcohol consumption can be reduced and prevented in Wisconsin and encourage all communities, organizations, and governments to center these goals in their efforts.

- ❖ All Wisconsin residents have the right to a family, community, and working life protected from injury, harm and other negative consequences of excessive alcohol use.
- ❖ All of Wisconsin's children have the right to grow up in an environment protected from the negative consequences of alcohol use including prolific alcohol advertising and high concentration of alcohol outlets.
- ❖ Wisconsin's residents have the right to complete, accurate and impartial information on the effects and consequences of alcohol use and excessive use beginning at an early age.
- ❖ Wisconsin residents also have a right to have information and data about the cost of alcohol harm, where licensed establishments are located and how excessive alcohol use impacts health.
- ❖ Wisconsin residents who choose not to consume alcohol, for any reason, have the right to have their decision supported without judgment or pressure to consume alcohol as well as have many places and spaces that are alcohol free.
- ❖ All Wisconsin residents experiencing the effects of dangerous drinking or alcohol use disorder should have access to treatment and care.



Appendices

Appendix A: Summary of Recommendations

This summary of recommendations contains each of the 61 recommendations and indicates the implementing organizations that they are listed under. It also provides the recommendation number for each category (e.g. (#1)).

Recommendations	Implementing Organizations				
	Local Govt.	State	Civic Orgs.	Healthcare	Alcohol Industry
Map alcohol outlet density.	✓ (#1)	✓ (#1)			
Municipalities work with post-secondary schools	✓ (#2)		✓ (#1)		
Universities and colleges work with the local government.	✓ (#3)		✓ (#2)		
Compile and utilize Place of Last Drink (POLD) data.	✓ (#4)				
Fund, train, and conduct Minimum Legal Drinking Age compliance checks.	✓ (#5)	✓ (#5)			
Regulate alcohol delivery.	✓ (#6)	✓ (#12)			✓ (#1)
Ban alcohol advertising from municipal property.	✓ (#7)				
Use sign codes to limit amount of advertising in windows.	✓ (#8)				
Prohibit placement of alcohol advertising on mass transit vehicles and property.	✓ (#9)				
Prohibit sale of alcohol beverages at gas stations and vehicle charging stations.	✓ (#10)				
Establish procedural guidelines for granting alcohol licenses that reflect community goals.	✓ (#11)				
Permit judges to order SBIRT.	✓ (#12)	✓ (#9)			
Adopt and enforce the social host statute as an ordinance and enforce it.	✓ (#13)				



Recommendations	Implementing Organizations				
	Local Govt.	State	Civic Orgs.	Healthcare	Alcohol Industry
Regulate alcohol tasting in Class A Establishments.	✓ (#14)				
Append license conditions to all temporary licenses.	✓ (#15)				
Require best practice license conditions for all public events where alcohol is served.	✓ (#16)				
Prohibit consumption-based drink specials.	✓ (#17)				
Adopt beer keg registration ordinances.	✓ (#18)				
Designate alcohol-free recreational areas and parks.	✓ (#19)				
Require license conditions for all new Class A licenses.	✓ (#20)				
Define and regulate the use of growlers.	✓ (#21)	✓ (#15)			✓ (#3)
Adopt a sober server ordinance.	✓ (#22)				
Apply license conditions to pharmacy alcohol licenses when possible.	✓ (#23)				
Prevent party and nuisance houses and unruly gatherings.	✓ (#24)				
Apply and enforce license conditions to address problems.	✓ (#25)				
Operate saturation patrols.	✓ (#26)				
Ban beer bongs and drinking competitions.	✓ (#27)				
Provide municipalities with authority to assess application fees.	✓ (#28)	✓ (#19)			
Regulate brewer's retail outlet and condition approval on conformity with all applicable law, including municipal.	✓ (#29)	✓ (#17)			



Recommendations	Implementing Organizations				
	Local Govt.	State	Civic Orgs.	Healthcare	Alcohol Industry
Conduct mandatory ethics code trainings for all who make government decisions on alcohol matters.	✓ (#30)	✓ (#21)			
Suspend increases in “Class B” Licenses.		✓ (#2)			
Increase alcohol tax.		✓ (#3)			
Maintain 21 as Minimum Legal Drinking Age.		✓ (#4)			
Revise Wis. Stat. sec. 125.07(1)(b)1.		✓ (#6)			
Repeal language allowing licensees to sell to persons under MLDA in presence of parent, guardian or spouse.		✓ (#7)			
Test and evaluate effectiveness of SBIRT in schools.		✓ (#8)			
Require medical providers to conduct SBIRT screens.		✓ (#10)		✓ (#1)	
Permit pharmacists to conduct screenings for substance use.		✓ (#11)		✓ (#3)	
Amend Wis. Stat. sec. 125.32(2) and 125.68(2) to provide more effective supervision of unlicensed persons selling or serving alcohol to customers.		✓ (#13)			
Provide DOR with authority to require wholesalers to collect hazardous products from retailers.		✓ (#14)			
Create guidance and training for enforcement of alcohol delivery.		✓ (#16)			
Create and require an alcohol delivery license/endorsement.		✓ (#18)			
Increase fee for Class B temporary License.		✓ (#20)			
Require responsible beverage server training for all managers.		✓ (#22)			



Recommendations	Implementing Organizations				
	Local Govt.	State	Civic Orgs.	Healthcare	Alcohol Industry
Do not expand direct-to-consumer shipping.		✓ (#23)			
Repeal preemption preventing municipalities from requiring responsible beverage server training of all employees at licensed premises.		✓ (#24)			
Implement public awareness campaign about alcohol consumption's link to cancer.		✓ (#25)			
Create public awareness campaign of causal connection between alcohol consumption and chronic disease.		✓ (#26)			
Collect and utilize anonymized OWI arrest data.		✓ (#27)			
Compile comprehensive alcohol-related statistics and make publicly available.		✓ (#28)			
Include data from the Wisconsin Ambulance Run Data System in DHS's public alcohol dashboards.		✓ (#29)			
Colleges, universities, and municipalities should discourage underage and high-risk drinking.			✓ (#3)		
Schools should implement SBIRT program.			✓ (#4)		
Schools should implement evidence-informed practices to prevent underage drinking.			✓ (#5)		
Avoid encouraging excessive alcohol consumption at celebrations and fundraisers.			✓ (#6)		
Schools should provide alcohol harms health effects information to parents, caregivers and guardians.			✓ (#7)		
Schools should conduct the Youth Risk Behavior Survey.			✓ (#8)		
Principals, athletic directors, and guidance counselors should attend DITEP every 3 years.			✓ (#9)		
Alcohol screenings for adolescents.				✓ (#2)	
Voluntarily label containers with alcohol serving facts.					✓ (#2)



Appendix B: Wausau's Sober Server Ordinance

5.64.034 Restriction on Servers.

- (a) Prohibition. It shall be unlawful for a licensee or an agent or employee of the licensee to serve or supervise the service of alcohol beverages in a licensed premises while under the influence of an intoxicant, a controlled substance, a controlled substance analog or any combination of an intoxicant, a controlled substance and a controlled substance analog. Controlled substance and controlled substance analog shall have the meaning as these terms are defined in section 9.04.026. Under the influence means not only all the well-known and easily recognized conditions and degrees of intoxication, but any abnormal mental or physical condition which is the result of indulging to any degree in alcohol beverages and which tends to deprive a person of the clearness of intellect and control of himself or herself which he or she would otherwise possess.
- (b) Presumption. A test of the person's breath, blood, or urine, including a preliminary breath test, that shows the person has an alcohol concentration of 0.04 or more is prima facie evidence that he or she is under the influence. Law enforcement officials shall be allowed to ask for a preliminary breath test upon reasonable suspicion. Refusal to submit to a requested test may be considered by the Common Council as grounds for revocation, non-issuance, or non-renewal of the server's operator's license.
- (c) Effect of Violation on Premises. If the principal business of the licensed premises is the sale of alcohol beverages, law enforcement officials will order it closed until such time as another licensed server or the licensee who is not in violation of this section shall take charge of such premises. It shall be a violation of this subsection for any licensed premises to be open contrary to such order of law enforcement officials.



Glossary of Terms

Alcohol policy and prevention strategies often use terms from several professional and academic disciplines that each have a set of terms and abbreviations. In Wisconsin, our reliance on municipal alcohol control contributes another set of terms to the list. As a result, advocates face a confusing array of terms and abbreviations. This can sometimes hinder understanding or block progress. This glossary is not comprehensive; it is an introduction to frequently used terms with definitions taken from well-recognized sources as noted. Sections of the Wisconsin State Statutes are referenced as appropriate.

Alcohol age compliance checks: Alcohol age compliance checks are a cost-effective way to measure youth access to alcohol from retail outlets. They involve the use of underage buyers by law enforcement agencies as “agents” to test retailers’ compliance with laws regarding the sale of alcohol to minors. (Moore, 2011)

Alcohol and Tobacco Tax and Trade Bureau (TTB): A bureau of the U.S. Department of Treasury, the TTB’s mission is to collect Federal excise taxes on alcohol, tobacco, firearms, and ammunition and to assure compliance with Federal tobacco permitting and alcohol permitting, labeling, and marketing requirements to protect consumers. For more information, visit <https://www.ttb.gov/about-ttb>.

Alcohol beverage: Wisconsin Statutes use the term “alcohol beverages” and not the more commonly heard term “alcoholic beverages” to refer to fermented malt beverages, such as beer, and “intoxicating liquor” which includes distilled spirits, hard liquor and wine. 125.02(1) See also fermented malt beverage, intoxicating liquor, and distilled spirits.

Alcohol Outlet: A retail location licensed to sell alcohol for consumption at another location or on-site including grocery stores, liquor stores, convenience stores, restaurants, bars, taverns, festivals that sell alcohol beverages, and other outlets.

Alcohol outlet density: The number of physical locations in which alcoholic beverages are available for purchase in a community by population, distance between outlets, or by municipality. Some areas may choose to include square footage or capacity in density calculations. The Centers for Disease Control and Prevention outlined three approaches to measurement in the CDC Guide for Measuring Outlet Density.

Alcohol policy: Alcohol policies govern the sale, serving and consumption of alcohol beverages. An alcohol policy is simply a rule or law adopted by government or non-governmental groups that regulates or dictates how alcohol may be used. For example, the minimum legal drinking age of 21 is a widely accepted policy that has reduced underage drinking. Alcohol policy has also been defined by academics as any purposeful effort on the part of governmental or nongovernmental organizations to minimize or prevent alcohol-related consequences. Policies can involve the implementation of a specific strategy regarding alcohol problems (e.g., age restrictions on alcohol sales) or the allocation of resources that reflect priorities regarding prevention or treatment intervention efforts. (Babor & Caetano, 2005)

Beer: A carbonated, fermented alcoholic beverage that is usually made from malted cereal grain (especially barley), and is flavored with hops.



Barrel of beer: A barrel of beer contains 31 gallons of beer. Beer is generally taxed by the barrel, regardless of the retail container (bottles, cans, half-barrel, etc.).

Behavioral Risk Factor Surveillance System (BRFSS): The Behavioral Risk Factor Surveillance System (BRFSS) is an on-going telephone health survey system, tracking health conditions and risk behaviors in the United States yearly since 1984.

Beer Institute: A trade organization that represents over 5,000 large and small domestic brewers, importers and industry suppliers. It hosts the website “Beer Serves America” that offers an estimate of the economic value beer brings to the states and congressional districts. The Beer Institute has adopted a Code of Good Practices that governs advertising and marketing.

Binge drinking: According to the CDC, “Binge drinking is the most common, costly, and deadly pattern of excessive alcohol use in the United States. Binge drinking is defined as a pattern of drinking that brings a person’s blood alcohol concentration (BAC) to 0.08 g/dl or above. This typically happens when men consume 5 or more drinks or women consume 4 or more drinks in about 2 hours. Most people who binge drink do not have a severe alcohol use disorder.

Blood Alcohol Concentration (BAC): BAC refers to the number of grams of alcohol in 100 milliliters of a person’s blood or the number of grams of alcohol in 210 liters of a person’s breath.

Brewer: Refers to a person who manufactures fermented malt beverages for sale or transportation. Wis. Stat. §125.02(2).

Brewpub: A brewpub is a location that manufactures and bottles no more than 10,000 barrels of fermented malt beverages in a single year at that location or by the brewpub group, has a restaurant on the premises and, holds a Class “B” license from the municipality where it is located. The definition is in the Wis. Stat. ch. 125.295.

Cancer: Drinking alcohol beverages has been shown to be a cause of seven different types of cancer: liver, breast, stomach, colon, oropharyngeal, laryngeal, esophageal, and rectal, “A” license authorizes the retail sale of beer and other fermented malt beverages for consumption off the premises. The “Class A” license authorizes the retail sale of liquor and wine for consumption off the premises. The placement of the quotation marks distinguishes between fermented malt beverages including beer (around the letter) and liquor including wine (around the entire phrase).

Class B License: The Class “B” license authorizes the retail sale of beer and other fermented malt beverages for consumption on or off the premises. The “Class B” license authorizes the retail sale of liquor and wine for consumption on or off the premises. The placement of the quotation marks distinguishes between fermented malt beverages including beer (around the letter) and liquor including wine (around the entire phrase).

Class “B” or “Class B” Temporary license (also called picnic licenses): Licenses for a specific location for a specific period that are issued by the municipality to only community, service or civic organizations in existence for more than six months. The fee for this license is limited to \$10. A temporary license is required for “wine walks” and similar events.



College Alcohol Intervention Matrix (CollegeAIM): College Alcohol Intervention Matrix is a tool developed by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) to help schools identify and choose effective alcohol interventions. For more information, visit: <https://www.collegedrinkingprevention.gov/CollegeAIM/>.

Compliance checks: See “Alcohol Age Compliance Checks.”

Dashboard: The term for a single location, most often a website, where a variety of statistics is presented to provide an overview of an issue in a single viewing.

Distilled Spirits Council of the United States (DISCUS): The trade group that represents manufacturers to make or market distilled spirits (whiskey, rum, vodka etc.). This group has adopted a Code of Good Practice that governs advertising and marketing by member companies.

Drink: The U.S. Centers for Disease Control and Prevention define a standard drink as containing 0.6 ounces or 14 grams of pure alcohol. This is the amount of alcohol found in 12 oz. of beer (5% alcohol), 8 oz. of malt liquor (7% alcohol), 5 oz. of wine (12% alcohol) and 1.5 oz. or a “shot” of distilled spirits (80 proof).

Drug Impairment Training for Educational Professionals (DITEP): DITEP is derived from the national Drug Evaluation and Classification (DEC) Program. The training is intended to make high school nurses, principals, and school resource officers competent and confident in evaluating and documenting students suspected of abusing and being impaired by drugs. It was created in cooperation with the International Association of Chiefs of Police (IACP) and the National Highway Traffic Safety Association (NHTSA).

Excessive alcohol Use: Includes binge drinking, heavy drinking, and drinking by pregnant women or people younger than 21. Estimates conclude 90% of excessive drinkers do not meet the criteria for alcohol dependence, a common misperception. Excessive drinking is the baseline used to capture the cost of alcohol misuse in *The Burden of Excessive Alcohol Use in Wisconsin*.

Evidence-based practices: Evidence-based practices are approaches to prevention or treatment that integrate the best research evidence with practical expertise.

Evidence-informed practices: Evidence-informed practices are more flexible approaches that use the best available research and practice knowledge to guide program design and implementation while permitting innovation and flexibility to respond to local conditions.

Excise Tax, Alcohol Excise Tax: A frequently used, but incorrect term for the Wisconsin Occupational Tax on Alcohol wholesalers. Alcohol taxes are assessed at the state and federal level, and are beverage-specific (i.e., they differ for beer, wine and spirits). These taxes are usually based on the amount of beverage purchased (not on the sales price), so their effects can erode over time due to inflation if they are not adjusted regularly. Alcohol excise taxes affect the price of alcohol, and are intended to reduce alcohol-related harms, raise revenue, or both.

Federal Trade Commission (FTC): The FTC was created in 1914 to prevent unfair competition in commerce. It can enforce laws against unfair, anticompetitive, and deceptive trade practices.



Fermented malt beverage: Any beverage made by the alcohol fermentation of an infusion in potable water of barley malt and hops, with or without unmalted grains or decorticated and degerminated grains or sugar containing 0.5 percent or more of alcohol by volume. Wis. Stat. §125.02(6). Wisconsin uses this term in Chapter 125 instead of beer. The term includes beer, hard seltzers, and many so-called wine coolers.

Food and Drug Administration (FDA): The Food and Drug Administration is responsible for protecting the public health by ensuring the safety, efficacy, and security of human and veterinary drugs, biological products, and medical devices; and by ensuring the safety of our nation's food supply, cosmetics, and products that emit radiation.

Growler: A refillable container for fermented malt beverages for the sale of beer by the measure. Growlers allow customers of small craft brewers that lack a bottling facility to purchase a product for off-premises consumption although any Class "B" licensee may sell beer in a growler.

Heavy drinking: The Centers for Disease Control and Prevention define heavy drinking as 8 or more drinks per week for women and 15 or more drinks per week for men. Heavy drinkers may also be binge drinkers but may not meet the criteria for alcohol use disorder.

Intoxicating liquor: "All ardent, spirituous, distilled or vinous liquors, liquids or compounds whether medicated, proprietary, patented or not, and by whatever name called, containing 0.5% or more alcohol by volume which are beverages, but does not include 'fermented malt beverages'." [125.02(8) Wisconsin Statutes]. Intoxicating liquor is sometimes called "hard liquor" or "spirits," such as all whiskeys, gin, vodka; but does not include alcohol pops and flavored malt beverages such as Smirnoff Ice, Bacardi Silver, etc. In Wisconsin, the term "intoxicating liquor" includes wine.

License: The Wisconsin Statutes define an alcohol beverage license as "an authorization to sell alcohol beverages issued by a municipal governing body" under Chapter 125. Only a municipality (a city, village, or town) can grant and issue alcohol beverage licenses. The Wisconsin Department of Revenue cannot issue licenses, but does issue permits. Wisconsin has a classification scheme for licenses that does not apply to other states. Retail licenses are categorized by the type of alcohol beverages sold and whether the alcohol beverages are consumed on or off premises:

- ❖ "Class A" license authorizes the retail sale of liquor and wine for consumption off the premises.
- ❖ "Class B" license authorizes the retail sale of liquor and wine for consumption on or off the premises
- ❖ Class "A" license authorizes the retail sale of beer for consumption off the premises.
- ❖ Class "B" license authorizes the retail sale of beer for consumption on or off the premises.
- ❖ "Class C" license authorizes the retail sale of wine for consumption on the premises.

Licensee: A person who has received a license to sell alcohol beverages from a Wisconsin municipality.

License conditions: Specific restrictions or requirements placed on an alcohol license at the time it is issued by the municipality that address specific aspects of the operation, management or design of the licensed establishment. For example: license conditions may require a patio or deck to close at a specific time, prohibit certain types of entertainment, require a maintenance task such as nightly sidewalk and or parking lot maintenance or dress codes.



License suspension, revocation & nonrenewal: The most serious sanctions a municipality may impose on a retail (either on or off premises) alcohol outlet licensee. There are specific and different procedural rules for each sanction. An alcohol license may not be suspended, revoked or non-renewed without cause in Wisconsin.

- ❖ License suspension: License suspension requires the licensee to cease operation for the period of the suspension, up to 90 days.
- ❖ License revocation: Revocation withdraws the community license from the licensee.
- ❖ License nonrenewal: Nonrenewal is similar to revocation, must follow a procedure to revocation but occurs only during the annual renewal.

Local Government: Counties, tribes, and municipalities (cities, villages, and towns). Many alcohol policies are made and enforced at the local level. Only municipalities have state authority to grant alcohol beverage licenses. Local governments may enact ordinances for public safety purposes, and may enforce their laws within their boundaries against people who violate them. Tribes may need to work with the Bureau of Indian Affairs when enacting ordinances.

Manufacturer: A person, other than a rectifier, that ferments, manufactures or distills intoxicating liquor. Wis. Stat. §125.02(10).

Minimum Legal Drinking Age (MLDA): Since the National Minimum Drinking Age Act was passed in 1984, every state has adopted age 21 as the minimum legal drinking age. In Wisconsin, the phrase “legal drinking age” means 21 years of age. Wis. Stat. §125.02(8m).

Municipality: Chapter 125 of the Wisconsin Statutes defines a “municipality” as “a city, village, or town.” Only a municipality (city, village, or town) may grant an alcohol license. For the purposes of alcohol beverage law in Wisconsin, counties are not considered municipalities, and have no power to grant alcohol licenses.

National Institute on Alcohol Abuse and Alcoholism (NIAAA): NIAAA supports and conducts research on the impact of alcohol use on human health and well-being. <https://www.niaaa.nih.gov>

National Survey on Drug Use and Health (NSDUH): An annual national survey of a random sample of US residents (by household) age 12 and older to determine levels of alcohol, tobacco and illegal drug use and the consequences of that use. The survey is commissioned by the Substance Abuse and Mental Health Services Administration and conducted by a private contractor.

Outlet density: See **Alcohol Outlet Density**.

Permit: An alcohol beverage permit is “any permit issued” by the Wisconsin Department of Revenue under chapter 125 of the Wisconsin Statutes.

Permittee: A person who has received a permit from the Wisconsin Department of Revenue for alcohol beverages manufacture, distribution, or sales.

Place of Last Drink (POLD): The last location a driver that was arrested/cited for Operating While Intoxicated (OWI – also known as Driving under the Influence [DUI] in some states) names as the last location alcohol was sold or served to them. In Wisconsin, POLD data can be used to establish a pattern of over-serving. In 2012, the National Highway Transportation Safety Agency recommended collecting POLD data. In Wisconsin, POLD data is found on the SP4005 form completed as part of the OWI arrest procedure.



Producer: A person who produces alcohol beverages. This may be a brewer, brewpub, vintner, manufacturer, or rectifier.

Records Management System (RMS): Every law enforcement agency has a record management system enabling the online compilation of arrest and incident data. Several different commercial platforms are used by Wisconsin law enforcement agencies.

Rectifier: The term “rectifier” is defined in detail by Wis. Stat. §125.02(16), but basically refers to a person who bottles, mixes, purifies, rectifies or refines distilled spirits, but does not refer to the original distillation process.

Responsible Beverage Server (RBS): In Wisconsin, an approved course of study that trains sellers and servers how to avoid illegal alcohol sales to intoxicated or underage individuals. In Wisconsin, all licensed “operators,” licensed servers and bartenders, must be licensed. Not all servers or sellers need to be licensed. Training generally involves educating servers about state, local and sometimes establishment policies for serving alcohol and practicing the necessary skills to comply. A list of courses approved in Wisconsin is available at www.revenue.wi.gov/training/index.html.

Retailer: A retailer is any person who sells, or offers for sale, any alcohol beverages to any person other than a person holding an alcohol beverage permit or license. Wis. Stat. §125.02(19).

Saturation Patrols: A saturation patrol is an enforcement tactic where many officers are concentrated into a small geographic area, increasing the perception of risk, thereby deterring criminal behavior.

Screening, Brief Intervention and Referral to Treatment (SBIRT): SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. Primary care centers, hospital emergency rooms, trauma centers, and other community settings provide opportunities for early intervention with at-risk substance users before more severe consequences occur.

- ❖ Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- ❖ Brief intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- ❖ Referral to treatment provides those identified as needing extensive treatment with access to specialty care.

For more information, visit: www.samhsa.gov/sbirt.

State Council on Alcohol and Other Drug Abuse (SCAODA): A state created committee of 16 designated members representing specific groups and agencies, six members selected from the public and 10 ex officio members that advise the Governor and Legislature on substance abuse, prevention and recovery issues. The group creates its own goals and strategic plan to reach those goals.



Social Host Statute: In Wisconsin, this phrase refers to a state law enacted in 2017 that makes it illegal to provide a location for underage drinking. Under state law, individuals aged 18 or older may not “knowingly permit or failing to take steps to prevent” underage drinking on property they control. This phrase has different meanings in different states based on state civil liability laws. Wis. Stat. §125.07(1)(3).

TraCS: Traffic and Criminal Software (TraCS) is a data system and reporting tool used by many police agencies. TraCS was developed by the state of Iowa in partnership with the Federal Highway Administration (FHWA). It is designed with modular architecture capable of sharing common data among forms and providing capability of incorporating crash, citation, OWI, commercial motor vehicle inspection and incident forms. Technologies such as bar code scanners, digital camera and Global Positioning Systems (GPS) enhance the use of TraCS. Wisconsin's version of TraCS is Badger TraCS. It is managed by the Wisconsin Department of Transportation. For more information, visit: <https://wisconsin.gov/Pages/safety/enforcement/agencies/tracs/forms.aspx>.

Underage person: An underage person is a person who has not attained the legal drinking age. Wis. Stat. §125.02(20m).

Youth Risk Behavior Survey (YRBS): The Wisconsin Youth Risk Behavior Survey (YRBS) is conducted as part of a national effort by the U.S. Centers for Disease Control and Prevention to monitor health-risk behaviors of the nation's high school students. The behaviors monitored by the Wisconsin YRBS include traffic safety; weapons and violence; suicide; tobacco use; alcohol and other drug use; sexual behavior; and diet, nutrition and exercise. The Wisconsin Department of Public Instruction (DPI) has administered the YRBS every two years beginning with 1993. The YRBS is administered to students in Wisconsin's public high schools. Survey procedures were designed to protect the privacy of students by allowing anonymous and voluntary participation. Local parent permission procedures were followed before administration, including informing parents that their child's participation was voluntary.

Wholesaler: A wholesaler is a person, other than a brewer, brewpub, manufacturer, or rectifier, who sells alcohol beverages to a licensed retailer or to another wholesaler. Wis. Stat. §125.02(21).

Wine: Products created by the normal alcohol fermentation of juice or must of sound ripe grapes, other fruits or agricultural products, imitation wine, compounds sold as wine, vermouth, cider, perry, mead and sake if such products contain not less than 0.5% nor more than 21% alcohol by volume.” (125.02(22) Wisconsin Statutes). Brand information may not reflect the type of beverage. Many so-called wine coolers are fermented malt beverages flavored to taste like a wine-based beverage, taxed as beer not wine.

Wisconsin Epidemiological Profile on Drug Use and Health: A summary produced every other year of statistics and charts showing current and past alcohol consumption and drug use, consequences of alcohol or drug use. Some shared and community risk factors are included, as well as sources and definitions of different indicators included. The Wisconsin Department of Health Services in collaboration with the University of Wisconsin Population Health Institute has historically produced the summary.

Wisconsin Statutes Chapter 125: The section of the Wisconsin State Statutes that governs alcohol sales in Wisconsin. It does not address all types of alcohol related violations; it creates the alcohol policy framework for licensing and sales.



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A Systematic Review of Drink Specials, Drink Special Laws, and Alcohol-Related Outcomes

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Abstract

Purpose of Review

The adverse health and safety consequences of heavy alcohol consumption are a leading problem around the world. While many risk factors have been extensively studied and presented in comprehensive summaries, not all questions regarding risk factors for problematic drinking behaviors have been answered and presented in systematic reviews. As of March 2020, no review has summarized studies assessing the role of promotional price practices at on-premises alcohol outlets, known as drink specials. Also missing was systematic information of policies that

regulated these promotional practices. We aimed to synthesize the available research evidence on the effects that drink specials and drink special laws have on different alcohol-related outcomes.

Item 2.

Recent Findings

Twelve studies examined the effect of drink specials in seven countries between 1978 and 2018. Of these, 11 found a consistent positive association between drink specials and increased alcohol consumption, heavy drinking, and alcohol intoxication. Drink specials also increased reports of driving under the influence, fighting, and unprotected sex. Drink specials were also associated with expectations of higher consumption and modified attitudes and behaviors towards favorable views of drink specials. Effect sizes ranged from 1.80 to 4.43 increased odds for the examined alcohol-related outcomes. The only study examining the effects of a drink special law revealed mixed findings between prohibiting happy hours and three alcohol-related outcomes.

Summary

Drink specials were consistently associated with alcohol-related adverse outcomes, but almost nothing is known about the effects of laws restricting drink specials.

Keywords: Drink special, Drink special laws, Alcohol-related outcomes, Alcohol drinking, Epidemiologic studies, Health policy

Introduction

Alcohol use is prevalent worldwide, with over 2 billion people aged 15 years and older having consumed alcoholic beverages in the previous 12-month period in 2016 [1]. Moreover, excessive alcohol use is a primary risk factor for non-communicable diseases, disability, and mortality. In 2016, 132.6 million combined disability-adjusted life years were due to premature mortality and morbidity from alcohol [1]. In the United States (U.S.), where an estimated 139.8 million people aged 12 years and older consumed alcohol in the past 30 days [2], and 67.1 million engaged in binge drinking in the past month [2], underscores the urgent need for research on factors associated with excessive alcohol consumption. Prior research has demonstrated the relationship between alcohol pricing and alcohol-related outcomes, including alcohol consumption, alcohol abuse, and various health effects [3–6]. Increases in the price of alcoholic beverages also effectively reduce drinking, heavy drinking, alcohol-related violence, and other crime [5, 4]. While discounting alcohol prices, known as drink specials, as a catalyst for heavy drinking has also been

studied [7], no synthesis has summarized these effects to date. Also missing is a summary of studies assessing the effectiveness of policies implemented to counter drink specials. A comprehensive review of studies on drink specials is crucial to inform policy and educate the public.

Fluctuations in the price of alcohol are due to market competition between manufacturers and alcohol sale outlets, changes to tax regulations, as well as other marketing efforts such as on-premises promotions to increase patronage during non-peak hours, so-called drink specials [3]. Drink specials are strategies used to promote price or volume-related discounts at on-premises alcohol outlets. Drink specials encourage heavy alcohol consumption by lowering prices and incentivize drinking copious amounts of alcohol in short periods [7]. Drink specials include tactics such as offering free drinks, multiple servings at one time, multiple servings for a single price, happy hours, and “all you can drink” specials without an increase in price.

As with drink specials, research on the effects that laws regulating drink specials might have on alcohol-related problems is also essential. Drink special laws are those that prohibit or restrict on-premises retailers from using low-price, high-volume drink specials as marketing strategies [8]. As of January 2018, 32 states and D.C. had enacted some form of drink special laws. Twenty-four have prohibited on-premises alcohol outlets from offering unlimited beverages for a fixed price or period, 20 states have banned multiple serving for a single serving price, 18 states have either restricted or banned happy hours, 16 states have banned offering free drinks, 11 states have banned increased volume without an increase in price practices, and five states have prohibited multiples servings at one time. Eighteen states do not impose any restrictions on drink specials. Drink special laws can presumably deter the public from engaging in excessive alcohol use at on-premises alcohol outlets.

Previous studies have assessed the combined effects of different policies and their impact on different alcohol outcomes [9]. However, efforts to consolidate evidence of studies evaluating the effects of drink specials on alcohol-related outcomes are minimal. A research report by the National Highway Traffic Safety Administration on drink specials included only five studies [7]. The report summarized results from an experimental setting [10], a college-aged population survey [11], an assessment of drink special laws in combination with other underage laws [9], and a happy hour ban [12, 13]. However, the report had no details of the search strategy, quality controls for the retrieve records, and limited its focus to one type of drink special law. Despite its limitations, the report concluded that happy hour laws were an important policy strategy for reducing impaired driving, traffic-related outcomes, and other alcohol-related problems. To March 2020, no systematic review has summarized the effects that drink specials or drink special laws on

health-related outcomes. Research in this area has multiple significant policy implications. As numerous states, cities, and localities attempt to prohibit or restrict drink specials, a systematic review of the available scientific evidence, including both domestic and overseas research, will potentially be of great value to policymakers in choosing the best regulatory practices. It is known that reducing the affordability of alcohol by increasing its price is an effective strategy for controlling alcohol consumption and related harms [4, 3]. Given this, we conducted a comprehensive search for literature on the effects that drink specials and drink special laws have on alcohol consumption, binge drinking, and alcohol-related harms.

Item 2.

Methods

The central question of interest was whether drink specials, and drink special laws, affect alcohol consumption, binge drinking, and alcohol-related harms. To answer this research question, we followed the Preferred Reporting Items for Systematic Review and Meta-Analysis protocols – PRISMA-P - a 17-item checklist to facilitate and perform systematic reviews [14]. We registered the protocol for this systematic review at the International Prospective Register of Systematic Reviews (PROSPERO CRD42019132590). We also obtained an IRB review exemption from the Columbia University Human Research Protection Office (IRB-AAAS3958).

Study eligibility

Studies were eligible if they: 1) Assessed alcohol-related outcomes of interest: direct measures of drink consumption (such as the number of drinks), blood alcohol concentration (BAC) levels, attitudes or drinking behaviors towards bars offering drink specials, and traffic-related outcomes (See [Appendix 1](#)); 2) Used a cross-sectional or pre-post approach, such as time series, cohorts, or comparison group designs; 2) Presented quantitative data or at least one measure of association (i.e., odds ratios, risk ratios, absolute risk, or correlation coefficients); 3) Were published in the English language; 4) Were peer-reviewed or part of the grey literature examining discounted alcohol prices, restrictions, and alcohol-related harms, such as reports from government or private agencies. No limits on publication date were imposed. Excluded from this review were commentaries, dissertations, conference abstracts, opinion pieces, reviews, congressional testimonials, and studies focusing exclusively on alcohol taxation. The beneficial effects of alcohol taxation have been widely studied [15, 3], and to avoid repeating previous efforts, studies that focused on the effects of alcohol-related taxes were excluded.

Search strategy, data synthesis, and quality assessment

The search strategy was first designed and tested on April 16, 2019. This review included any relevant record published up to April 30, 2019, irrespective of publication date. The comprehensive search included four electronic databases: Embase, Google Scholar, MEDLINE (as a combination of Ovid MEDLINE(R), Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Daily and Versions(R) and PubMed), and Web of Science Core Collection. These four sources are the optimal combination for literature searches in systematic reviews and the minimum requirement of search engines for a reliable recall rate of literature [16]. We searched the databases using titles, abstracts, keywords, Medical Subject Headings (MeSH), and Emtree terms. For more details on the terms and the search strategy used, please see [Appendix 1](#).

Two researchers (VPP and GC) independently screened titles and abstracts of records following the inclusion criteria. Discrepancies in the selection of studies were resolved through discussion. We manually screened the reference list from each relevant study, searching for records that were not identified by our search algorithm. We recorded data on the primary author, publication year, study location, population type, sample size, and findings. When available, we extracted effect sizes, magnitudes, or other measures of association for outcomes examined in each study and reported these in the results section. We divided each article into two categories: drink specials or drink special laws.

The quality of all included studies was evaluated using the Risk of Bias in Non-randomized Studies of Interventions (ROBINS-I) [17, 18]. ROBINS-I is a tool for assessing the risk of bias of the estimates from non-randomized studies. The tool includes seven domains: Bias due to confounding, selection of participants into the study, classification of the interventions, deviations from intended interventions, missing data, measurement of outcomes, and selection of the reported results.

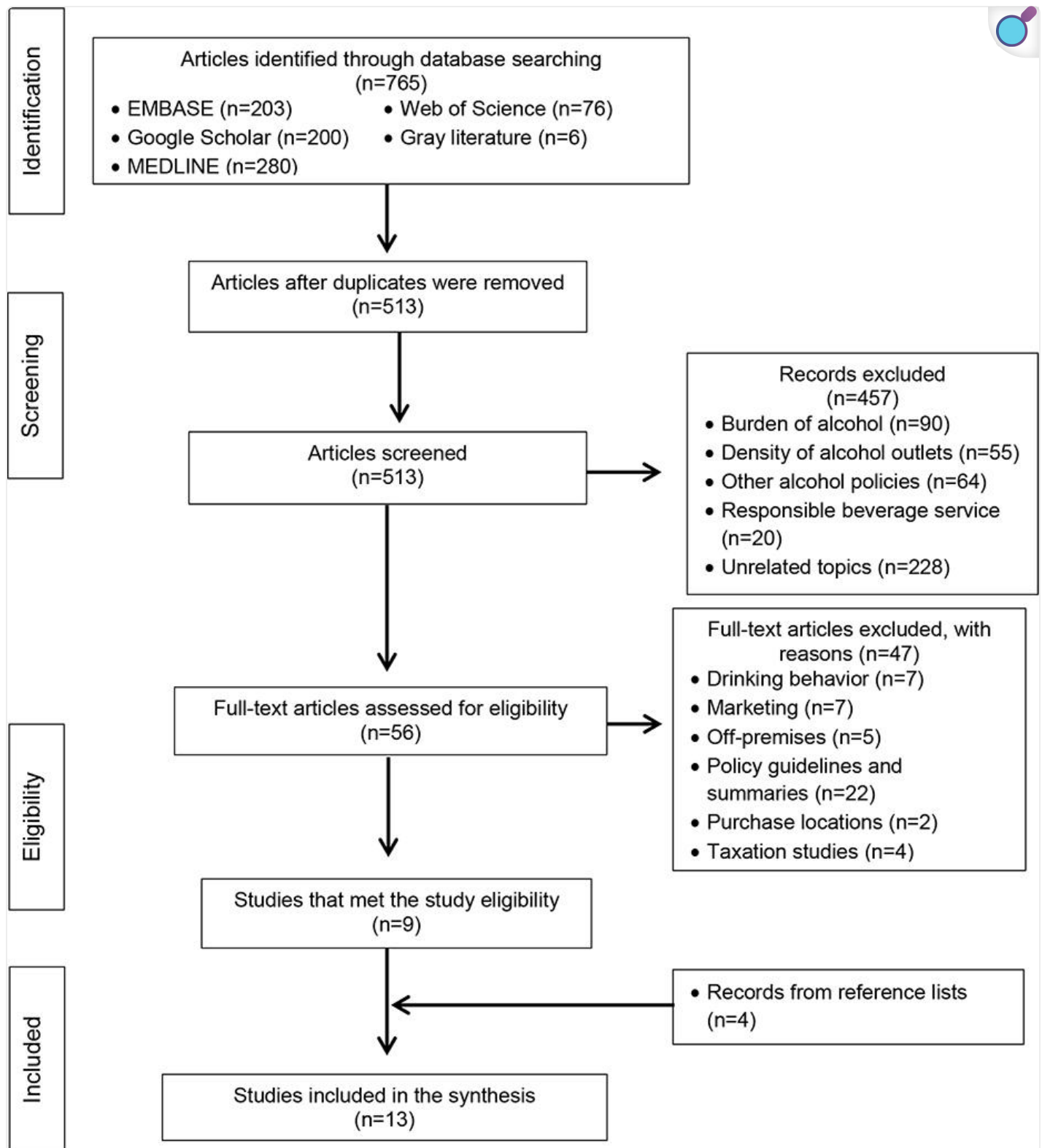
Results

The four-database search identified 765 records. After removing 252 duplicates, 513 titles and abstracts were screened for eligibility. In the first screening of titles and abstracts, 457 records were removed. The remaining 56 records were then assessed for eligibility criteria. Nine studies met the inclusion criteria ([Figure 1](#)). We included four additional studies after reviewing the reference lists of selected records. All the studies were published between 1978 and 2018. Seven studies took place in the United States [10, 19, 20, 11, 21–23] and six in other countries, including Australia [24, 25], Brazil [26], Canada [12], Japan [27], and the Netherlands [28]. Twelve articles addressed drink specials, while only one studied the effects of drink special laws [12] ([Table 1](#)). All the studies used cross-sectional designs but one, which used a quasi-experimental design [10].

Most studies evaluated outcomes at the individual level, except for one study that assessed both individual and aggregated data [12]. In the study, the authors collected individual data from patrons inside drinking venues and city-wide local data from the liquor control board and the metropolitan police force.

Item 2.

Figure 1.


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Flowchart of Identification, Screening, Eligibility Review, and Selection of Studies Included in the Systematic Review Relating to the Effects of Drink Specials and Drink Special Laws on Alcohol-Related Outcomes.

Item 2.

Table 1.

Effects of Drink Specials and Drink Special Laws on Alcohol-Related Outcomes from Studies Published From 1978 to 2018

First Author, Year (Reference)	Study Location	Population Type	Sample Size	Findings
<u>DRINK SPECIALS</u>				
<i>Studies that assessed changes to the number or amount of drinks consumed</i>				
Babor, 1978 [10]	Belmont, MA, USA	Adult male volunteers	34	Casual drinkers in the happy hour arm consumed an average of 20.9 drinks per subject, while non-happy hour participants consumed 10.1 drinks per subject during the 20-days study period. Heavy drinkers in the happy hour arm consumed an average of 117.6 drinks per subject, while non-happy hour participants consumed 49.6 drinks per subject during the 20-days study period. Happy hour subjects drank most during the reduced-price period (2–5 pm), while non-happy hour subjects consumed the highest proportion of their alcohol in the evening

First Author, Year (Reference)	Study Location	Population Type	Sample Size	Findings
Babor, 1980 [19]	25 miles south of Boston, MA, USA	Regular bar patrons	16	(8–11 pm). Casual drinkers in the happy hour showed a significantly higher frequency of BAC at the 0.05 threshold at the 4:30 pm reading, while the non-happy hour subjects had very few occasions of BAC above 0.05. Happy-hour patrons consumed an average of 9.56 drinks per day, while non-happy hour patrons drank 3.73 drinks per day ($p < 0.01$). Happy hour patrons' average daily consumption after the promotional period was significantly higher than that consumed by non-happy hour patrons after 5 pm ($p < 0.05$). Happy hour patrons mean number of drinking episodes and mean number of drinks per episode were 15.0 ± 2.83 and 7.03 ± 14.4, respectively. Non-happy hour patrons mean number of drinking

First Author, Year (Reference)	Study Location	Population Type	Sample Size	Findings
Kuo, 2003 [11]	38 states and Washington DC, USA	Undergraduate students from 118 colleges	10,823	episodes and the mean number of drinks per episode were 10.75 ± 1.22 ($p < 0.01$) and 3.79 ± 4.1 ($p < 0.05$), respectively. The 118 surveyed colleges were surrounded by 830 on-premises alcohol outlets. The lower average alcohol sale price among on-premises establishments surrounding the college campus, the higher the college binge drinking rate (for single drinks $r = -0.36$, pitchers $r = -0.25$, or the largest volume $r = -0.39$). About 73% of the on-premises locations offered specials on weekends. Beer specials were highly correlated with college binge-drinking rates ($r = 0.42$, $p < 0.001$). "All you can eat/drink" had a marginal correlation ($r = 0.19$, $p = 0.04$). Planned alcohol specials in the next 30 days were also

First Author, Year (Reference)	Study Location	Population Type	Sample Size	Findings
Van Hoof, 2008 [28]	Five cities in the Netherlands	14 to 17-year-old adolescents in secondary schools	172	significantly correlated ($r=0.34$, $p=0.0002$). Campuses with higher on-premises establishment index scores had higher binge-drinking rates ($r=0.42$, $p<0.0001$). Higher on-premises index scores were marginally associated with the total number of drinks consumed by the students in the past 30 days (coef. 1.24, $p=0.084$). The total alcohol environment index score (off- and on-premises score) was positively associated with the total number of drinks consumed by the students. Almost one-third of observed on-premises (31%) offered at least one alcohol discount. Adolescents indicated that alcohol discounts had a significant effect on their alcohol consumption. Alcohol discounts did not affect their choice of cafes

First Author, Year (Reference)	Study Location	Population Type	Sample Size	Findings
Kawaida, 2018 [27]	Kanto area, Japan	Undergraduate and graduate in 35 colleges	511	when going out, nor influence the amount of money spent when going out. The use of alcohol discounts was similar between underage (14–15) and minor (16–17) adolescents. Also, the effects of alcohol discounts on alcohol consumption were similar between underage and minor adolescents. The effects of alcohol discounts on cafes' attractiveness and money spent when going out were also similar between underage and minor adolescents. The amount of drinking was increased 1.8-fold among men and 1.7-fold among women during Nomihodai use (consuming various kinds of drinks within two to three hours at a fixed price), compared with non-use.
<i>Studies that assessed changes to Blood Alcohol Concentrations</i>				
Thombs, 2008 [21]	Southeastern campus	Patrons exiting drinking	291	Patrons who took advantage of drink

First Author, Year (Reference)	Study Location	Population Type	Sample Size	Findings
	community, USA	establishments		specials had 4.38 times the odds of a BAC > 80 mg/dl, compared to patrons who did not take advantage of drink specials. Also, patrons taking advantage of drink specials had 4.25 times the odds of having a BAC > 100 mg/dl.
Thombs, 2009 [22]	Southeastern campus community, USA	Patrons exiting drinking establishments	383	Patrons who took advantage of a drink special were more likely to have arrived at the bar in a less inebriated state. Women were more likely than men to take advantage of a drink special. "All you can drink" had a significant association with exiting patron BAC level. Patrons that either took advantage of a drinking-game or a special that offered reduced prices on specific alcoholic beverages were not statistically associated with exiting patron BAC.
Carlini, 2014 [26]	São Paulo, Brazil	Patrons entering and exiting nightclubs	2,422	"All you can drink" specials were significantly associated with BAC > 0.08% (AOR

First Author, Year (Reference)	Study Location	Population Type	Sample Size	Findings
				= 2.44). In “all you can drink” venues, people drank until the last possible moment, and it was usual to see people holding drinks at closing time.

Studies that assessed changes to attitudes or drinking behaviors

Christie, 2001 [20]	Southern university, USA	Undergraduate students	189	The attitudes toward the ads, bar, and patronage intentions were favorable for three types of alcohol beverage specials (1, greater discount: \$0.50 price; 2, lower discount: \$1.50 price; 3, control: reduced prices for appetizers), with more favorable attitudes and intentions towards the largest discount. Consumption expectations for self and others were increased for greater discounts and longer special periods. However, larger discounts did not have stronger effects on attitudes and patronage intentions for binge drinkers than for non-binge drinkers. The average level of
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First Author, Year (Reference)	Study Location	Population Type	Sample Size	Findings
Christie, 2001 [20]	Southern university, USA	Undergraduate students	164	estimated consumption for self or others exceeded or approached the binge drinking level for any alcohol special. The attitudes toward the ad and patronage intentions were favorable for three types of alcohol beverage specials (1, “all you can drink” for a fixed price; 2, any coin, any drink; 3, control: free appetizers and no alcohol-related discounts), but not for management’s concern about customers and expectations of excessive consumption. The “all you can drink” special led to higher consumption perceptions. A message of personal responsibility only changed perceptions related to management’s concern about customers’ safety.
Baldwin, 2014 [23]	Statesboro, GA, USA	Students attending the Georgia Southern University	1,423	Women, underage students, freshman and sophomores, non-student athletes,

First Author, Year (Reference)	Study Location	Population Type	Sample Size	Findings
				fraternity members, and non-workers were more likely to report an increased drinking pattern when a happy hour or drink special was present. Also, respondents from higher-income families, living in campus dormitories, alcohol-frequent users, and with lower age when first use alcohol were more likely to increase their drinking pattern when a happy hour was available. Happy hour drinking significantly increased 1.88 times the odds of driving under the influence, 2.18 times the odds of fighting while drinking, and increased alcohol-related problems. Happy hour drinking marginally increased 1.29 the odds of having unprotected sex.

Studies that assessed changes to other types of alcohol-related outcomes

Stockwell, 1993 [25]	Perth, Western Australia	Household survey of people aged 16 and over	321	The discounting of drinks was significantly correlated (N.B.
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First Author, Year (Reference)	Study Location	Population Type	Sample Size	Findings
Coomber, 2016 [24]	Five Australian cities	Licensed venues	62	correlation coefficient = 0.11, $p < 0.05$) with continuing service to intoxicated customers. However, when included in the model examining heavy alcohol consumption, it did not reach a statistical significance. Only 10% of observed venues had observable alcoholic beverage specials. Observable specials were not associated with the percentage of patrons showing any signs of intoxication, nor the percentage of patrons showing high levels of intoxication.
<u>DRINK SPECIAL LAWS</u>				
Smart, 1986 [12]	Toronto, Canada	Drinking establishments	5	No significant differences were found for alcohol consumption (by amount or type of alcohol) between the pre-ban and post-ban periods. Also, aggregate alcohol consumption data were not different between the study and

First Author, Year (Reference)	Study Location	Population Type	Sample Size	Findings
				comparison (1 year prior) periods. The number of impaired-driving charges was similar in the pre-ban study and pre-ban (proxy) comparison periods. However, fewer impaired-driving charges were found in the post-ban study period compared to the post-ban (proxy) comparison period. Also, a statistically significant decrease was found for the number of charges between the pre-ban and post-ban periods in the study time.

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Abbreviations: AOR, adjusted odds ratio; BAC, Blood alcohol concentration.

Of the 13 studies, 11 met the criteria for serious risk of bias (ROB), one received a low ROB assessment [10], and one received a critical ROB assessment [24] (Appendix 2). Overall, ROB assessments revealed that 11 of the 13 studies had a fair quality but failed to adjust for the pre-defined set of confounders, including non-alcohol drug use, mental illnesses, and alcohol consumption background. Only one study adjusted for these confounders and received a low ROB score [10]. The only study that reported no alcohol-related effects associated with drink specials was also the only study classified with a critical ROB [24].

Drink special exposure definitions

Included studies had a variety of exposure definitions, including beer specials, defined as a 50 cents or \$1.50 price on beer for three or nine hours [20], “any coin, and drink” promotion [20], alcoholic beverage promotions, a combination of discounts or free drinks offers [24], on-premises establishment index, which was a combination of beer specials, specials in the following 30 days, and low sale prices [11], drinking games or 50 cents off a pitcher of a popular beer [22], and alcohol price discounts in cafes [28]. Drink specials comprised multiple types of specials, which in some studies, were not clearly defined. For example, drink specials were defined as whether the price of drinks had been discounted [25] or whether patrons “take advantage of any drink specials” [21]. The definitions of “all you can drink” promotions were similar in four of the five studies that examined this practice. These included “patrons pay a fixed value at the entrance allowing them completely unrestricted alcohol consumption inside the establishment” [26], “all you can drink” for a fixed price [20], requiring a nominal admission fee to enter the bar [22], and “Nomihodai” [all you can drink], which enables patrons to consume different types of alcoholic beverages within two to three hours at a fixed price [27]. Only one study assessed the combined effect of “All you can eat/drink” [11]. The definitions for happy hour differed among four studies assessing its effects. It was defined as a 25 cents discount from a 50 cents regular alcohol price for 3 hours [10], a 20 cents discount from a 75 cents regular price for 2 hours [19], or had an ambiguous operationalization [23, 12].

Alcohol consumption outcomes

Five studies examined changes to the number of drinks consumed, making it the most commonly assessed outcome [10, 19, 11, 28, 27]. Drink specials were consistently associated with increased alcohol consumption. In the only quasi-experimental study, volunteers were admitted into a live-in facility in a clinical research ward at McLean Hospital in Massachusetts and assigned to either the intervention or control group based on subjects’ schedule availability [10]. Babor et al. defined “causal drinkers” as subjects who identified themselves as “light or fairly light” alcohol users with an average daily consumption of less than 2 oz of alcohol and less than five episodes of “drunkenness” per month. “Heavy drinkers” were people who described themselves as “heavy or fairly heavy” alcohol users who consumed more than 2 oz of alcohol per day and had more than five episodes of “drunkenness” per month. Among “causal drinkers,” happy hours doubled the number of drinks consumed during the 3-hours of reduced alcohol prices. For “heavy drinkers,” happy hours increased the number of drinks consumed by 2.3 times during the 3-hours of reduced prices. In a second study set at a neighborhood tavern in Boston, happy hour patrons almost tripled the number of drinks per day that they consumed and had an average of five more drinks

episodes and four more drinks per episode than non-happy hour patrons [19]. A third study examined the effects of alcohol price discounting among students from 119 colleges in 38 states and the District of Columbia. Any “beer specials” on Thursdays, Fridays, or Saturdays were associated with higher rates of college binge drinking, particularly “special price” and “all you can eat/drink” at a single price [11]. Two non-US studies reported changes to the amount of alcohol consumed when drink specials were available. The first study reported the effects of alcohol discounts at cafes in five Dutch cities. The availability of alcohol discounts in cafes increased alcohol consumption among adolescents, both underage (14–15 years old) and minor (16–17 years old) adolescents [28]. In the second study, Japanese researchers evaluated users of the Nomihodai system in Japan, which allows customers to drink various kinds of alcoholic beverages within two to three hours at a fixed price. They found that Nomihodai practices increased alcohol consumption for both males and females [27].

Blood alcohol concentration outcomes

Three studies assessed changes to blood alcohol concentration (BAC) levels among bar patrons exiting bars that offered drink specials [21, 22, 26]. In the first study, patrons who exited on-premises alcohol establishments and reported taking advantage of any drink specials were 4.38 times more likely to have a BAC $\geq 0.08\%$ than were those who reported not taking advantage of any drink specials [21]. Also, patrons who reported taking advantage of any drink specials had 4.25 times higher odds of exiting a bar with a BAC $\geq 0.10\%$. In the second study, which randomly selected patrons exiting on-premises alcohol establishments, taking advantage of drink specials was significantly associated with exiting BAC levels [22]. Specifically, patrons who took advantage of an “all you can drink” promotion had higher BAC levels than those who did not take advantage of any drink specials. It also reported that women were more likely than men to take advantage of drink specials. Drinking-game promotions and reduced prices on specific alcoholic beverages were not associated with alcohol intoxication [22]. In the third study, which took place in São Paulo, Brazil, “all you can drink” specials increased 2.4 times the odds of exiting a bar with BAC $\geq 0.08\%$ [26].

Attitudes, drinking behavior, and other alcohol-related outcomes

Two papers assessed changes in attitudes or drinking behaviors [20, 23]. The first article by Christie et al. summarized findings from two studies among undergraduate students at a major Southern university in the U.S. [20], which we identified as study A and study B. Study A assessed changes in attitudes towards \$0.50 alcohol price, a \$1.50 alcohol price, and a control group. Consumption expectations for self and others were higher for the \$0.50 alcohol price. Regarding

self-reported drinking status, people categorized as “binge drinkers” believed that promotions were likely to increase their alcohol consumption compared to “non-binge drinkers.” However, when examining the type of promotion, no differences between people categorized as binge and non-binge drinkers were found. Study B reported that attitudes and patronage intentions were favorable towards “all you can drink,” and “any coin, any drink” specials. The “all you can drink” special led to higher consumption perceptions. The second article reported results from 2,349 students attending classes at Georgia Southern University in spring 2012 [23]. The authors reported that drinking behavior was more likely to be modified among women, students under 21, non-athletes, members of Greek-affiliated organizations, more affluent, unemployed students, and students living on campus in the presence of happy hour specials [23]. Students who reported altered drinking due to happy hour specials were more likely to report driving under the influence (odds ratio [OR] = 1.88, 95% confidence intervals [CI] = 1.12, 3.15), fighting while drinking (OR = 2.18, 95% CI = 1.30, 3.65), and increased chances of alcohol-related problems ($\beta = 0.14$, p-value <0.01). Changes in drinking due to happy hour specials also increased the odds of engaging “in unprotected sexual intercourse with a stranger while intoxicated (pg. 4)” (OR = 1.29, 95% CI = 0.97, 1.70).

For other alcohol-related outcomes, a household survey study in Perth, Australia, found that licensed premises that offered discounted alcohol prices or permitted over-crowding were significantly correlated with continuing serving drinks to intoxicated customers [25]. While discounting or over-crowding did not directly predict either heavy drinking or increased risk of harm, these two factors were found to interact with types of venues and gender to create high-risk settings for harm. Only one study, which sampled licensed venues in five Australian cities and observed individuals inside venues, reported no association between drink specials and any sign or signs of high intoxication among patrons [24].

Drink special law study

Smart et al. evaluated the effects of December 14, 1984, ban on happy hours in Toronto, Canada [12]. The data were collected between October 1984 and February 1985. For the aggregated data, the authors assessed effects between pre- and post-ban study periods, and a comparison period which covered the same time interval one year prior. The results revealed no association between banning happy hours and changes in consumption of alcohol, by neither individual observation nor aggregated alcohol consumption data. Estimates did show a small decrease in the daily number of impaired-driving charges made by the Metropolitan Toronto Police Force in the study post-ban period compared to the second comparison (post-ban proxy) period. It also reported that the

number of impaired-driving charges decreased between pre- and post-ban study periods, while changes were observed between the two comparison periods (pre-ban and post-ban proxies). Item 2.

Discussion

This systematic review examined whether drink specials and drink special laws affect alcohol consumption, binge drinking, and alcohol-related harms. Overall, we found consistent evidence supporting the finding that drink specials were associated with increasing alcohol consumption, heavy drinking, and alcohol intoxication [10, 19, 26, 27, 11, 21, 22]. The evidence also suggested associations between drink specials and reports of driving under the influence, fighting, and unprotected sex [23]. Drink specials were also associated with changes in attitudes, behaviors, and expectations regarding heavy alcohol consumption [23, 20, 25, 28].

A large body of research supports the effects of the increased price of alcoholic beverages, achieved through raising taxes on alcohol or establishing minimal pricing policies, on significantly reducing alcohol consumption and health-related harms and costs [4, 15, 29]. Our findings confirmed the complement: lower alcohol prices lead to increased alcohol consumption. Specifically, lowering alcohol prices through drink specials increased adverse health outcomes and other alcohol-related harms [10, 19, 23, 26, 20, 27, 11, 25, 21, 22, 28]. While the research identified in this review used different methodological approaches, studied different demographic groups, was set in different cities and countries, or examined different outcomes, the results across studies were consistent in supporting the association between on-premises drink specials and harmful outcomes.

All of the studies that evaluated changes to the number of drinks of alcohol found that drink specials, in the form of happy hours [10, 19], beer specials [11], “all you can drink” [27], or other price discounts [28], increased the number of drinks consumed by patrons. In the category of changes to blood alcohol concentration (BAC), all three studies found that people who reported taking advantage of any drink special [21, 22] or that attended establishments where “all you can drink” promotions were available [26, 22], had a higher probability of reaching a BAC equal or above the driving alcohol impairment level of 0.08% [30, 31]. The design used in these three studies was similar, sampling of establishments, random [26, 22], or non-random [21] sampling of entering and exiting patrons, along with BAC measurements using breathalyzers. This research supports the hypothesis that increased affordability of alcohol through drink specials boosts BAC levels. However, none of these studies explored consequences related to higher BACs, such as traffic outcomes. Also missing were assessments of the effects of restricting drink specials on BACs and related harms.

Heavy drinking among the college-aged population has been associated with multiple risk factors [32–37]. These factors include advertising and placing alcohol outlets near college campuses, both of which are associated with drinking rates [32–37]. The reviewed literature confirmed that advertisements, specifically drink special ads, or the presence of drink specials did influence attitudes and patronage intentions toward higher alcohol consumption among the college-aged population [23, 20]. One study found that discounted alcohol prices were correlated with continuing service to intoxicated customers, and continuing service was correlated with heavy drinking and alcohol intoxication problems [25]. Only one study found no association between observable drink specials and the percentage of patrons showing signs of alcohol intoxication [24]. However, this study based its analysis on subjective outcome measures by reporting the observed number of patrons inside the bar with noticeable signs of intoxication by an external rater. Due to the high probability of errors in the outcome measurements, this study received a high ROB assessment score.

Item 2.

Lastly, we identified a single study addressing the effect of a drink special law. This study found that prohibiting happy hours in 1984 in Toronto, Canada was not associated with changes in consumption of alcohol, by neither individual observations nor aggregated alcohol consumption data [12]. However, the authors reported fewer charges for driving under the influence in the post-ban period, according to data from the Metropolitan Toronto Police force. The reviewed research supports our premise that encouragement of over-consumption by reducing alcohol prices is a potent inducement to drinking large amounts of alcohol in short periods. It also supports that drink specials are associated with adverse health and social consequences, thereby suggesting that laws restricting drink specials could reduce alcohol-related outcomes. However, we only identified a single study assessing a law banning a single drink special in Canada. The lack of evidence supporting the role of drink special laws in reducing alcohol-related outcomes is a substantial gap in the literature, especially in the U.S., where there are laws designed for each of the six drink special practices. Our review highlights the need for research evidence that establishes whether drink special laws are associated with reducing problematic alcohol use and related harms.

Our review has limitations. First, we considered pooling results, using random-effects modeling, for studies that assessed the same type of alcohol discount strategy and outcome measure. However, we were unable to perform a pooled meta-analysis in this systematic review because of the limited number of studies assessing the different outcome measures within each category of alcohol-related problems. Also, the exposure definitions were not consistent across studies within each outcome category. Despite this limitation, the constant association found in 11 studies supports the association between drink specials and alcohol-related problems. Second, the effects of multiple types of drink specials were combined into a single category, were combined with food

promotions, or else were not precisely defined in the exposure operationalization [11, 28, 21, 25]. For example, Kuo et al. [11] studied “all you can drink” specials in combination with “all you can eat” promotions. As such, studies that reported combined effects of different exposures received a lower quality assessment, therefore warranting caution when interpreting the findings. Third, evidence regarding traffic-related outcomes was limited to two studies. A study that included self-reported driving under the influence incidents [23], and a study that included police reports of the number of citations [12]. Given alcohol’s role in traffic-adverse outcomes, this is a significant gap that needs to be addressed with more empirical research.

Item 2.

Conclusion

This systematic review summarized the available research evidence for the effects of drink specials and drink special laws on alcohol-related outcomes and harms. Despite considerable variation in exposure and outcomes assessments, studies examining drink specials showed consistency in reporting negative individual-level consequences related to higher alcohol use and heavy drinking. Further research is needed to determine whether regulations of drink specials, in the form of drink special laws, can help to discourage high-risk groups from engaging in problematic drinking behavior, reduce heavy drinking and related harms, and have beneficial effects on decreasing the number of fatalities due to alcohol impairment.

Acknowledgments

Conflict of Interest

Dr. Puac-Polanco reports grants from The National Institute of General Medical Sciences (NIGMS) R25GM062454, during the conduct of the study; Dr. Keyes has testified as an expert witness in litigation against opioid manufacturers and other defendants; Dr. Mauro reports grants from National Institute on Drug Abuse (NIDA) K01DA045224, during the conduct of the study; and Dr. Branas has nothing to disclose. We thank Dr. Gregory Cohen, at Boston University, for his help in the screening of titles, abstracts, and full texts.

List of abbreviations

BAC

blood alcohol concentration

ROB

risk of bias

Item 2.

APPENDIX 1:

Question:

Do discount alcohol prices and laws regulating discounted alcohol prices, in U.S. and overseas on-premised outlets, affect alcohol consumption, binge drinking, and alcohol-related harms among people aged 16 years or more?

Key concepts:

Alcohol price discounts

Laws against alcohol prices discounts

Consumption outcomes

Binge drinking, or problematic drinking

Alcohol-related harms

Drink specials:

Free beverages

Multiple servings at one time to a customer.

Multiple servings for a single price (e.g., two-for-ones).

Happy hours

Unlimited beverages for a fixed price or period (e.g., “all you can drink,” “beat the clock”)

Increased volume without an increase in price (e.g., double shots for the price of single shots).

Emtree terms and keywords

'commercial phenomena' [Emtree]	'restaurant' [Emtree]	'drinking behavior' [Emtree]
	restaurant* [Keyword]	'alcohol abuse' [Emtree]
'drink specials' [Keyword]	Bar or Bars [Keyword]	'traffic accident' [Emtree]
'free beverages' [Keyword]	Club or Clubs [Keyword]	'car driving' [Emtree]
'multiple servings' [Keyword]	'Drinking establishment*' [Keyword]	'health care cost' [Emtree]
'two for one' [Keyword]	'On-premise alcohol outlets' [Keyword]	'hospital admission' [Emtree]
'happy hour' [Keyword]		'fatality' [Emtree]
'happy hours' [Keyword]		'injury' [Emtree]
'all you can drink' [Keyword]		'alcohol intoxication' [Emtree]
'price discount*' [Keyword]		

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Search Strategy #1

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('commercial phenomena'/exp OR 'drink specials' OR 'free beverages' OR 'multiple servings' OR 'two for one' OR 'happy hour' OR 'happy hours' OR 'all you can drink' OR 'price discount*') AND

('restaurant'/exp OR 'restaurant*' OR 'bar' OR 'bars' OR 'club' OR 'clubs' OR 'drinking establishment*' OR 'on-premise alcohol outlets') AND

('drinking behavior'/exp OR 'alcohol abuse'/exp OR 'traffic accident'/exp OR 'car driving'/exp OR 'health care cost'/exp OR 'hospital admission'/exp OR 'fatality'/exp OR 'injury'/exp OR 'alcohol

intoxication'/exp)

Item 2.

Search Strategy Final

('commercial phenomena'/exp OR 'commercial phenomena' OR 'drink specials' OR 'free beverages' OR 'multiple servings' OR 'two for one' OR 'happy hour' OR 'happy hours' OR 'all you can drink' OR 'price discount*') AND ('restaurant'/exp OR 'restaurant' OR 'restaurant*' OR 'bar'/exp OR 'bar' OR 'bars' OR 'club' OR 'clubs' OR 'drinking establishment*' OR 'on-premise alcohol outlets') AND ('drinking behavior'/exp OR 'drinking behavior' OR 'alcohol abuse'/exp OR 'alcohol abuse' OR 'traffic accident'/exp OR 'traffic accident' OR 'car driving'/exp OR 'car driving' OR 'health care cost'/exp OR 'health care cost' OR 'hospital admission'/exp OR 'hospital admission' OR 'fatality'/exp OR 'fatality' OR 'injury'/exp OR 'injury' OR 'alcohol intoxication'/exp OR 'alcohol intoxication')

MeSH Terms and keywords

“Commerce”[Mesh] “Marketing”[Mesh] “Direct-to-Consumer Advertising”[Mesh]) “Drink specials” [Keyword] “Free beverages” [Keyword] “Multiple servings” [Keyword] “two for one” [Keyword] “happy hour” [Keyword] “happy hours” [Keyword] “all you can drink” [Keyword] Price discount* [Keyword]	“Restaurants” [Mesh] Restaurant* [Keyword] Bar or Bars [Keyword] Club or Clubs [Keyword] Drinking establishment* [Keyword] “On-premise alcohol outlets” [Keyword]	“Alcohol Drinking”[Mesh] “Binge Drinking”[Mesh] “Accidents, Traffic”[Mesh] “Automobile Driving”[Mesh] “Health Care Costs”[Mesh] “Patient Admission”[Mesh] “Fatal Outcome”[Mesh] “Wounds and Injuries”[Mesh] “Alcohol-Related Disorders”[Mesh] “Poisoning”[Mesh])
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Search Strategy #1

PubMed

(“Commerce”[Mesh] OR “Marketing”[Mesh] OR “Direct-to-Consumer Advertising”[Mesh] OR “drink specials” OR “free beverages” OR “Multiple servings” OR “two for one” OR “happy hour” OR “happy hours” OR “all you can drink” OR price discount*) AND

(“Restaurants”[Mesh] OR restaurant* OR bar OR bars OR club OR clubs OR drinking establishment* OR “On-premise alcohol outlets”) AND

(“Alcohol Drinking”[Mesh] OR “Binge Drinking”[Mesh] OR “Accidents, Traffic”[Mesh] OR “Automobile Driving”[Mesh] OR “Health Care Costs”[Mesh] OR “Patient Admission”[Mesh] OR

"Fatal Outcome"[Mesh] OR "Wounds and Injuries"[Mesh] OR "Alcohol-Related Disorders"[Mesh] OR "Poisoning"[Mesh])

Item 2.

Ovid MEDLINE

Commerce/ or Marketing/ or Direct-to-Consumer Advertising/ or drink special*.mp. or free beverage*.mp. or multiple serving*.mp. or happy hour*.mp. or all you can drink.mp. or price discount*.mp.

and

Restaurants/ or Restaurant*.mp. or bar.mp. or bars.mp. or club.mp. or clubs.mp. or drinking establishment*.mp. or on-premise alcohol outlets.mp.

and

Alcohol Drinking/ or Binge Drinking/ or Accidents, Traffic/ or Automobile Driving/ or Health Care Costs/ or Patient Admission/ or Fatal Outcome/ or "Wounds and Injuries"/ or Alcohol-Related Disorders/ or Poisoning/

Web of Science

TS=((commerce OR marketing OR "direct-to-consumer advertising" OR "drink special*" OR "free beverage*" OR "multiple servings" OR "two for one" OR "happy hour*" OR "all you can drink" OR "price discount*") AND (restaurant* OR bar OR bars OR club OR clubs OR "drinking establishment*" OR "on-premise alcohol outlet*") AND ("alcohol drinking" OR "binge drinking" OR accident* OR crash* OR "vehicle driving" OR "car driving" OR "automobile driving" OR "health care costs" OR "patient admission" OR fatal* OR "crash injury" OR "crash injuries" OR "alcohol-related disorders" OR poisoning*))

Google Scholar ()

("drink specials" OR "happy hour" OR "all you can drink" OR "price discounts") AND (Restaurant OR bar OR bars OR club OR clubs) AND ("binge drinking" OR accident* OR crash* OR "health care costs" OR "patient admission" OR fatal* OR "crash injuries")

APPENDIX 2.

Risk of Bias (ROB) Assessment in Studies That Reported the Effects of Drink Specials or Drink Special Laws on Alcohol-Related Outcomes

ROB Criteria Assessed	First Author, Year (Reference)			
	Babor, 1978 [10]	Babor, 1980 [19]	Smart, 1986 [12]	Stockwell, 1993 [25]
Bias due to confounding	Low – Study accounted for relevant confounders	Serious – No adjustment for relevant confounders	Serious – No adjustment for relevant confounders	Serious – No adjustment for relevant confounders
Bias in the selection of participants into the study	Low – Subjects who were in good health and who showed no evidence of prior drug addiction, alcohol dependence, or psychiatric abnormalities were classified as either casual or heavy drinkers.	Low - Regular bar patrons were selected based on their known regularity of frequenting a neighborhood tavern	Serious - Establishments were selected to be (1) as heterogeneous as possible, (2) dispersed throughout Metropolitan Toronto and (3) as places where drinking rather than eating was the focus of patrons	Low – Household survey data from a representative sample of adults
Bias in the classification of interventions	Low – Intervention was clearly defined	Low – Intervention was clearly defined	Low – Intervention was clearly defined	Serious – Not clearly defined
Bias due to deviations	Low – No deviation from the	Low – No deviation from	Low – No deviation from	NI

from intended interventions	intended intervention	the intended intervention	the intended intervention	
Bias due to missing data	Low – No missing data were reported	Low – No missing data were reported	NI	NI
Bias in measurement of outcomes	Low – Measurement of outcomes independent of policy	Low – Measurement of outcomes independent of policy	Moderate - Data were collected for each patron at the observed tables with respect to the type and number of alcoholic beverages	NI
Bias in the selection of the reported results	Low – Expected analyses were reported	Low – Expected analyses were reported	Low – Expected analyses were reported	Low – Expected analyses were reported
Overall bias	Low – Adequate adjustment for the relevant confounding domains.	Serious – Fail to adjust for the relevant cofounding domains	Serious – Fail to adjust for the relevant cofounding domains	Serious – Fail to adjust for the relevant cofounding domains

ROB Criteria Assessed

First Author, Year (Reference)

	Christie, 2001 [20]	Kuo, 2003 [11]	Thombs, 2008 [21]	Van Hoof, 2008 [28]
Bias due to confounding	Serious – No adjustment for relevant confounders	Serious – No adjustment for relevant confounders	Serious – No adjustment for relevant confounders	Serious – No adjustment for relevant confounders

Bias in the selection of participants into the study	Serious - Undergraduate students who voluntarily participated in the study	Low – Surveyed students at 119 colleges and who responded to mailed questionnaires	Serious – No randomized sample of patrons exiting 15 on-premises establishment.	Low – Surveyed students from secondary schools, observational data of cafes, and content analysis of website information.	Item 2.
Bias in the classification of interventions	Low – Intervention was clearly defined	Serious – Intervention not clearly defined	Serious – Intervention not clearly defined	Serious – Intervention not clearly defined	
Bias due to deviations from intended interventions	Low – No deviation from the intended intervention	Low – No deviation from the intended intervention	Low – No deviation from the intended intervention	Low – No deviation from the intended intervention	
Bias due to missing data	NI	Serious – 52% response rate	Moderate – 48.5% response rate	NI	
Bias in measurement of outcomes	Low – Measurement of outcomes independent of policy	Moderate – Binge-drinking rates based on self-reported data	Low – Measurement of outcomes independent of policy	Low – Measurement of outcomes independent of policy	
Bias in the selection of the reported results	Low – Expected analyses were reported	Low – Expected analyses were reported	Low – Expected analyses were reported	Low – Expected analyses were reported	
Overall bias	Serious – Fail to adjust for the relevant confounding domains	Serious – Fail to adjust for the relevant confounding domains	Serious – Fail to adjust for the relevant confounding domains	Serious – Fail to adjust for the relevant confounding domains	

ROB Criteria
Assessed

First Author, Year (Reference)

	Thombs, 2009 [22]	Baldwin, 2014 [23]	Carlini, 2014 [26]	Coomber, 2016 [24]
Bias due to confounding	Serious – No adjustment for relevant confounders	Serious – No adjustment for relevant confounders	Serious – No adjustment for relevant confounders	Serious – No adjustment for relevant confounders
Bias in the selection of participants into the study	Low – Randomized sample of patrons exiting on-premises establishments	Low – surveyed students attending classes	Low - environmental data (characteristics of the nightclub) and individual-level data (patrons of the nightclub)	Critical - licensed venues in five Australian cities were used to estimate the count of the number of patrons in the venue and approximate percentage venue capacity
Bias in the classification of interventions	Low – Intervention was clearly defined	Low – Intervention was clearly defined	Low – Intervention was clearly defined	Serious - Use of any alcoholic beverage promotions within the venue in the past hour was recorded
Bias due to deviations from intended interventions	Low – No deviation from the intended intervention	Low – No deviation from the intended intervention	Low – No deviation from the intended intervention	NI
Bias due to missing data	Moderate – 80.3% response rate	Moderate – 80% representation	Moderate – 60% acceptance rate of nightclubs, 80% entrance	NI

acceptance rate,
76% follow-up
rate

Bias in measurement of outcomes	Low – Measurement of outcomes independent of policy	Low – Measurement of outcomes independent of policy	Low – Measurement of outcomes independent of policy	Critical – Measurement of outcomes was observations of other patrons inside the bar, with no objective measures regarding intoxication signs.
Bias in the selection of the reported results	Low – Expected analyses were reported	Low – Expected analyses were reported	Low – Expected analyses were reported	Critical
Overall bias	Serious – Fail to adjust for the relevant confounding domains	Serious – Fail to adjust for the relevant confounding domains	Serious – Fail to adjust for the relevant confounding domains	Critical Fail to adjust for the relevant confounding domains and the outcome measures were subjective

ROB Criteria
Assessed

First Author, Year (Reference)

Kawaida, 2018
[\[27\]](#)

Bias due to confounding
Serious – No adjustment for relevant confounders

Bias in the selection of participants into the study	Moderate – self-administered questionnaires of undergraduates
Bias in the classification of interventions	Low – Intervention was clearly defined
Bias due to deviations from intended interventions	Low – No deviation from the intended intervention
Bias due to missing data	Serious – 57.7% response rate
Bias in measurement of outcomes	Low – Measurement of outcomes independent of policy
Bias in the selection of the reported results	Low – Expected analyses were reported
Overall bias	Serious – Fail to adjust for the relevant confounding domains

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Abbreviations: NI, no information, ROB, risk of bias.

Footnotes

This article does not contain any studies with human or animal subjects performed by any of the authors.

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- Of importance
- Of major importance

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