Promoting Lower-Risk Choices

An Educational Playbook on Adult Alcohol Use

Ohio Department of Behavioral Health

Ohio Center of Excellence for Behavioral Health Prevention & Promotion

Welcome to the team!

In Ohio, attitudes and behaviors toward alcohol consumption vary across ages, identities, cultures, faith communities, and neighborhoods.

This playbook aims to equip Ohioans with the prevention know-how that allows all of us to **take action for our communities** in order to:

- **Reduce alcohol use**
- **Promote healthy choices**
- **Improve public health and safety**

THIS PLAYBOOK IS FOR

Individuals. No matter your age, ethnicity, or socioeconomic status, you can adapt this information to raise awareness and promote healthy habits.

Communities. Just as every individual possesses a unique identity, the communities we are part of — whether by birth, choice, circumstance, or environment — also exhibit distinctive qualities. When appropriate, the playbook highlights prevention strategies tailored to meet the needs of specific communities with unique circumstances and challenges.

Professionals. Anyone working in human resources, hospitality, healthcare, higher education, or other related fields plays a pivotal role in creating healthy attitudes and environments.

Coalitions. The coordinated efforts of nonprofit organizations, government agencies, local community groups, schools, colleges, universities, and youth themselves can increase the reach and impact of initiatives. No matter the configuration of the partnerships, there is more to gain when we work together.

OUR SHARED GOALS

1. **Educate** stakeholders about adult alcohol consumption and provide actionable strategies that all Ohioans can take to apply and promote lower-risk choices.
2. **Enhance** current prevention initiatives and build new alliances and partnerships.
3. **Encourage** action, innovation, and expansion of promoting healthy behaviors across Ohio.

By combining Ohio's expertise, resources, and commitment, we can foster healthy attitudes, activities, and environments. Your participation is key, and this resource is designed to help drive your efforts forward.

How to Use This Playbook

We invite you to make this playbook your own.

Each of us understands and feels differently about alcohol use based on a variety of personal and professional experiences and expertise. However, we all share one common goal: promoting a healthier Ohio. **By identifying ways to reduce supply, reduce demand, and reduce risk, we can begin to positively influence lower-risk choices**.

Review and revisit the different tabs in this playbook as needed. Make notes in the margins. Use the prompts in each section to help you and your community specify your goals, make a plan, and take action.

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The Basics

The most recent research is clear: There is no such thing as "no-risk drinking."

Know the facts about alcohol use.
Alcohol, the chemical substance, is a neurotoxin that can cause both short- and long-term cognitive impairment as well as contribute to a myriad of additional short- and long-term health, mental health, and public safety concerns. However, alcohol is also deeply rooted in our culture, traditions, and economy. We must recognize the need to understand all of its complexities.

What do we mean by lower-risk choices?
"Lower-risk choices" refers to a spectrum of options, including abstinence and specific, personalized drinking patterns, intended to minimize the risk of alcohol-related harm and premature death while respecting diverse individual values and attitudes toward alcohol consumption.

The impact of alcohol use is evaluated by:

- assessing risk based on the number of drinks consumed;
- factoring in each individual's physiological and psychological relationship to alcohol;
- considering overall patterns of drinking; and
- other risk and protective factors that influence drinking behaviors and related consequences.

For this playbook, we acknowledge that hundreds of variables may inform each individual or community's relationship to alcohol consumption and, when evaluated together, can inform strategies to lower risk.

Know the Vocabulary

Abstinence: The fact or practice of restraining oneself from drinking alcohol for legal, health, personal preference, recovery, or other reasons.

ABV (Alcohol By Volume): The percentage of alcohol in a beverage relative to its total volume.

Alcohol Addiction: A chronic disorder marked by compulsive drinking, loss of control, and negative emotions when alcohol is unavailable.

Alcohol Misuse: Any drinking behavior that raises the risk of harm, including binge and heavy drinking, potentially leading to Alcohol Use Disorder (AUD).

AUD (Alcohol Use Disorder): A biomedical disease, caused by genetic and environmental factors, characterized by an inability to control alcohol use despite negative consequences.

BAC (Blood Alcohol Concentration): The amount of alcohol in the bloodstream used to measure intoxication. In Ohio, a BAC of 0.08% or higher is considered legally intoxicated.

Binge Drinking: Consuming enough alcohol to bring BAC to 0.08% or more in a short time (typically 4+ drinks for women or 5+ for men in about two hours).

Heavy Drinking: Defined by the CDC as 4+ drinks on any day or 8+ drinks per week for women and 5+ drinks on any given day or 15+ drinks per week for men.

Impairment: Physical or mental faculties markedly diminished by the effects of alcohol breaking the blood-brain barrier.

Intoxication: A temporary and reversible condition that affects the central nervous system after a person ingests substances such as alcohol or drugs. Intoxication affects judgment, the ability to think clearly, and behavior.

Mocktail: Nonalcoholic alternatives that resemble traditional cocktails. *Note: Emerging research recommends avoiding the term "mocktail" to avoid inadvertent triggers for individuals in recovery.*

Moderation: The CDC defines moderation as up to one drink per day for women and two drinks per day for men.

Proof: Similar to ABV, proof is a measure of the content of ethanol (alcohol) in an alcoholic beverage. It is double the percentage of ethanol by volume. A liquor that is 40% ethanol by volume would be considered "80 proof."

Risk Reduction: Interventions that help individuals with a history of experimenting with or using alcohol understand and make safer choices.

Serving Size: Measured in fluid ounces, not by alcohol content. The ABV percentage varies across beverages and settings.

Sobriety: The physiological state of being unaffected by the presence of an intoxicant.

What is a Standard Drink?

Regular Beer ~5% ABV

Flavored Malt Beverages (such as Hard Seltzer) ~7% ABV

Table Wine ~12% ABV

Fortified Wine (such as Sherry or Port) ~17% ABV

Distilled Spirits (Gin, Rum, Tequila, Vodka, Whiskey, etc.) ~40% ABV

In the U.S., a "standard drink" contains 0.6 fluid ounces or 14 grams of pure alcohol. Multiply the ABV percentage by the total volume of a beverage to determine the total alcohol content.

[Source: NIAAA]

Effects of Alcohol Consumption Per Week

0 drinks per week

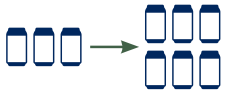
No risk

Not drinking has benefits on health and overall well-being. This is the only safe option for pregnant women; underage individuals; people on medication who adversely react to alcohol or with medical issues exacerbated by alcohol; and those with current or past AUD, or people planning to drive or operate machinery.

1 to 2 standard drinks per week

Lower risk

You may be more likely to avoid alcohol-related consequences for yourself and others.



3 to 6 standard drinks per week

Moderate risk

Your risk of developing several different types of cancer, including breast and colon cancer, increases.

7 or more standard drinks per week

High risk

Your risk of heart disease or stroke increases with regular consumption patterns. Short-term effects associated with heavy drinking such as memory loss, blackouts, and motor and cognitive impairment also increase.

Each additional standard drink increases the risk of alcohol-related consequences.

[Source: Canadian Centre on Substance Use and Addiction]

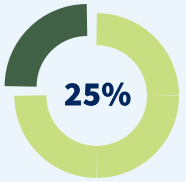
Patterns of Consumption

50% of U.S. adults chose not to drink in the past 30 days.

20% of Ohioans reported binge drinking in the past 30 days.

Ohio is in the top 25% for the highest number of drinks consumed per binge (9.1 drinks).

25% of Ohio binge drinkers did so multiple times in the past month.



Perceptions of what constitutes moderation and excessive drinking vary widely. But recent surveys give us a sense of drinking attitudes and behaviors.

[Source: NIAAA]

Ohio Trends in Accessibility

Craft Breweries

2014 **60**
2024 **430+**
2025 **+69** in development

Designated Outdoor Refreshment Areas (DORAs)

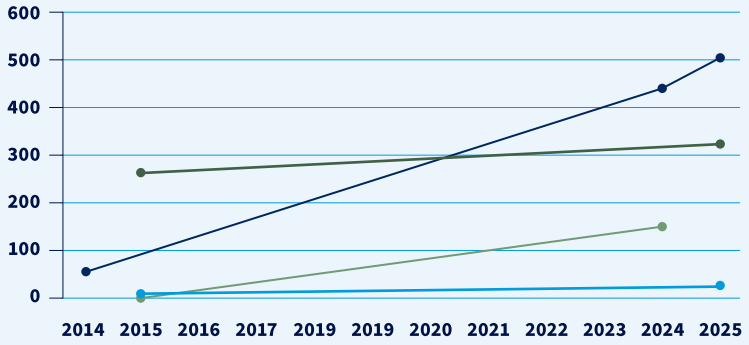
2015 **0** (DORAs legalized in Ohio)
2024 **150**

Wineries

2015 **265**
2025 **323**

Distilleries

2015 **<10**
2025 **24+**



Note: The legalization and rise of alcohol delivery services, especially in the wake of the COVID-19 pandemic, has further increased accessibility, making it easier for individuals to purchase alcohol from the convenience of their homes.

[Sources: agri.ohio.gov, com.ohio.gov, Brewer's Association, Ohiocraftbeer.org]

Trends in Nonalcoholic Beverages

Overall Market Growth

Between August 2021 and August 2022, total dollar sales of nonalcoholic beverages in the U.S. reached $395 million, marking a year-over-year increase of 20.6%. Nonalcoholic beer accounted for 85.3% of these sales, nonalcoholic wine 13.4%, and nonalcoholic spirits 1.3%.

Category-Specific Increases

In the same period, nonalcoholic spirits saw an 88.4% increase in sales, nonalcoholic wine grew by 23.2%, and nonalcoholic beer rose by 19.5%. Growth in no-alcohol beverage sales is estimated at $1.4B by 2028.

E-Commerce Expansion

Online sales of no- and low-alcohol beverages surged by 315% over a 12-month span, compared to a 26% increase for alcoholic beer, wine, and spirits.

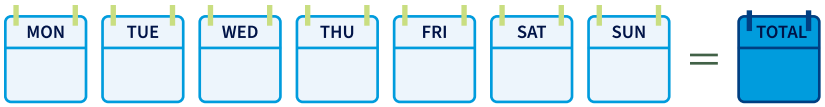
THC-Infused Beverages

As of August 2024, Ohio has legalized the sale of recreational cannabis, including THC-infused beverages, to adults aged 21 and over.

(Sources: NielsenIQ, com.ohio.gov)

Being Mindful of Consumption

As a first step, it is important to be aware of how much alcohol individuals are consuming each week. This graphic can be used to generate awareness in others. Feel free to modify and incorporate this graphic into your communications strategies and materials to support awareness.



Document how many drinks you have in a week. Set a weekly drinking limit. If you're going to drink, make sure you don't exceed two standard drinks on any one day.

[Source: Canadian Centre on Substance Use and Addiction]

Science is evolving, and so are recommendations and guidelines related to alcohol.

No matter which guidelines are observed, drinking alcohol, even a small amount, affects everyone regardless of age, sex, gender, ethnicity, tolerance for alcohol, or lifestyle. Strategies for mitigating risks often involve the following tactics:

SUPPLY REDUCTION

Efforts to limit the availability and accessibility of alcohol.

DEMAND REDUCTION

Strategies aimed at decreasing the desire or need for alcohol.

RISK REDUCTION

Interventions that help individuals understand and make safer choices.

The Impact

Understanding the Benefits of Making Lower-Risk Choices

According to the CDC and other organizations, making lower-risk choices or abstaining offers numerous benefits, including but not limited to:

Physical Health Benefits

- **Reduced Risk of Disease:** Heavy alcohol consumption is linked to increased risks of cardiovascular disease, cancer, and liver disease, among other serious health consequences. Reducing intake can lower these risks.
- **Higher Success with Weight Management:** Alcoholic beverages are calorie-dense and can contribute to weight gain. Reducing intake aids in maintaining a healthy weight.
- **Enhanced Immune Function:** Excessive alcohol weakens the immune system, increasing susceptibility to illnesses. Moderation or abstinence supports better immune health.

Relationship Health Benefits

- **Improved Communication:** Avoiding cognitive impairment from alcohol results in clearer thinking, enhanced listening skills, and the improved ability to articulate one's needs.
- **Greater Trust and Increased Empathy:** Making lower-risk decisions assists in maintaining greater self-awareness and accountability, which builds trust within relationships.
- **Reduced Conflict:** While alcohol use doesn't directly cause domestic or sexual violence, it can increase the risk, severity, and frequency of these behaviors. Seeking help for alcohol or substance use may benefit the safety and security of the entire family.

*Sacks, J. J., Gonzales, K. R., Bouchery, E. E., Tommasello, L. B., & Brewer, R. D. (2015). 2010 National and State Costs of Excessive Alcohol Consumption. American Journal of Preventive Medicine, 49(5), e73–e79. https://doi.org/10.1016/j.amepre.2015.05.031

**National Institute on Alcohol Abuse and Alcoholism (NIAAA)

Developmental Benefits

- **Reduced Risk to Fetus:** Abstaining from alcohol use during a pregnancy will help contribute to healthy fetal development.
- **Promote Brain Development During Adolescence:** Our brains are not fully developed until age 24, and alcohol use during adolescence can interfere with healthy development.
- **Avoid Accelerated Cognitive Decline:** Alcohol use can worsen declines in brain function that happen during aging in people over the age of 65.

Behavioral Health Benefits

- **Enhanced Mental Health:** Alcohol can exacerbate mental health issues like depression and anxiety. Reducing intake may improve mood and overall mental well-being.
- **Better Sleep Quality:** Alcohol disrupts sleep patterns, leading to poor-quality rest. Limiting consumption can result in more restorative sleep.
- **Decreased Risk of Alcohol Use Disorder:** Lowering alcohol consumption reduces the likelihood of developing dependence or addiction.

Community & Economic Impact

- **Reduced Motor Vehicle Accidents:** Impaired driving accounts for thousands of fatalities and injuries annually. Making arrangements for alternative transportation or incentivizing designated drivers has saved countless lives.
- **Reduced Costs to the State of Ohio:** A 2010 study by the National American Journal of Preventative Medicine found that excessive alcohol use cost Ohio $8.6 billion primarily due to lost workplace productivity, health care costs, and other expenses (criminal justice, motor vehicle crashes, and property damage). Reducing excessive use of alcohol will reduce the costs to the state.*
- **Community Violence:** Alcohol is involved in a significant percentage of violent crimes. In the U.S., studies have estimated that a substantial portion of homicides, assaults, and sexual assaults involve a perpetrator who was under the influence of alcohol.**

What's at Stake

There are many misconceptions about alcohol that often lead to unintentional risks and adverse outcomes. By educating Ohioans about these realities, we can foster more mindful and informed lower-risk choices. Below are a few common examples:

- **There is no such thing as "zero-risk" drinking.** Even small amounts of alcohol can impair alertness and motor skills and impact health, quality of life, and safety.
- **Understanding ABV is critical.** Most people are unaware of how much alcohol is in a standard drink and therefore often consume a higher quantity of alcohol than intended, inadvertently putting themselves and others at risk. The total amount of alcohol depends on the ABV, or percent of alcohol by volume, not the total number of fluid ounces in a beverage.
- **Alcohol is absorbed more quickly than it is metabolized.** Alcohol is absorbed into the bloodstream faster than the body can eliminate it, which will result in an increase in blood alcohol level directly proportional to the quantity and timing of consumption.
- **Time is the only way to sober up.** It takes time for the body to metabolize and discard alcohol from the bloodstream and the amount of time varies depending on the physiology of each individual.
- **Alcohol affects different people differently.** Genetics, body weight, gender, age, what type of beverage, food in your stomach, medications in your system, and your state of health, influence how people respond to alcohol.
- **The effects of alcohol are cumulative over the years.** Regular and continuous consumption of alcohol over months and years may result in a variety of risks to long-term health and contribute to conditions such as liver disease, cancer, hypertension, heart problems, and alcohol dependence.

[Sources: CDC, NIAAA, and SAMHSA]

Your Turn. Fill in the blanks.

By understanding what's at stake and making lower-risk choices, additional benefits include:

For me:

For my friends and family:

For my community:

Other benefits:

NOTES

Take Action

How to Make a Plan

In order to minimize the adverse consequences and maximize the health benefits of making lower-risk choices or abstaining, start by identifying the specific needs related to alcohol use and its impact on your community. Narrow your focus on who you are trying to influence and in what way.

HERE'S HOW

State the problem you are trying to solve by answering the 5 Ws:

WHO	is involved? are you supporting?
WHAT	are your goals and intended outcomes?
WHEN	will you take action, and for how long?
WHERE	is the problem/solution happening?
WHY	are you focusing on this?

Population-Specific Actions

RISK REDUCTION

For an *individual*, it might look something like this:

Who: Myself.

What: Set a limit on drinks in social situations.

When: Before, during, and after social gatherings.

Where: At family events and parties.

Why: Because my drinking is affecting my health, my personal relationships, and my wallet.

DEMAND REDUCTION

For a *community*, it might look something like this:

Who: Individuals experiencing social isolation.

What: Address loneliness in ways that do not include alcohol.

When: During interactions with people who are isolated.

Where: Healthcare provider visits, home delivery services, community centers, faith-based organizations.

Why: Creating opportunities for ways to manage unstructured time can reduce alcohol consumption.

SUPPLY REDUCTION

For a *professional* in the hospitality industry, it might look something like this:

Who: Customers and guests.

What: Promote alcohol-free beverage options.

When: Whenever beverages are served.

Where: Bars, restaurants, and private venues.

Why: Because having options reduces social pressures, destigmatizes nonalcoholic beverages, and affirms lower-risk choices.

DEMAND REDUCTION

For a *coalition*, it might look something like this:

Who: Young adults, ages 21 to 24.

What: Educate young adults on the quantity of alcohol in a "standard drink."

When: During Educational Presentations.

Where: Institutions of higher education and community events.

Why: Knowing ABV promotes awareness and informs more mindful choices.

It's your turn. What does your plan look like?

Who is involved? Who are you supporting?

What are your goals and intended outcomes?

When will you take action, and for how long?

Where is the problem/solution happening?

Why are you focusing on this? (Because: list the supporting facts.)

What You Can Do Right Now

Each action in this section is designed for you as an individual, as a group, as a professional, or as a coalition working together to create change. Browse the entire list of examples — universal and population-specific — to consider how you might redefine and tailor efforts to your circumstances.

Universal Actions

Our Collective Goal

Who: Ohio residents.

What: Promote lower-risk alcohol consumption practices.

When: Every day.

Where: Ohio.

Why: Alcohol has an adverse impact on individual physical and mental health, relationship health, and community health.

Although these 5Ws may be very broad, there are universal actions that can be incorporated and applied across all individuals, groups, professional networks, and coalitions.

Every Ohioan can be a part of the team when it comes to promoting lower-risk choices for adult alcohol use. Here are five universal actions to get you started.

1. **Be educated about alcohol.**
   Review Tab 1, *Alcohol Basics: Knowing the Facts About Drinking*

2. **Challenge stereotypes.**
   For example, the body can't be trained to 'hold its liquor.' Alcohol affects everyone differently based on factors like body size, genetics, and food intake.

   What other stereotypes can we dispel?

3. **Challenge misinformation.**
   Examples of misinformation include: Most individuals consume alcohol after work, or it is not possible to get drunk on a full stomach. Both statements are false.

   What other misinformation can we dispel?

4. **Promote a healthy self-image.**
   For example, cultivating self-worth and body acceptance can strengthen resilience and reduce the likelihood of engaging in harmful behaviors like heavy drinking.

   What other affirmation can we promote?

5. **Encourage help-seeking.**
   For example, affirming and supporting others to seek professional support reduces stigma associated with sharing stories of struggle with alcohol and helps people make different choices.

   What other encouragement can we give?

6. **Be aware of marketing tactics.**
   For example, thinking critically about advertising helps people be more mindful about when and why they are drinking so they can make lower-risk choices.

   What other observations can we highlight?

Population-Specific Actions

For Women

DEMAND REDUCTION

Who: Women 21 and over, with and without children.

What: A mindset that alcohol is not the default solution for managing stress or the central focus of social gatherings.

When: During social gatherings or the stressors of daily life.

Where: In homes and all settings where women gather.

Why: Marketing has promoted alcohol as a key part of the "woman's experience." A growing number of women are opting for healthier alternatives to manage stress and foster genuine connections.

Take Action:

- Encourage alternative activities and reasons to gather that don't prioritize alcohol.
- Provide nonalcoholic options and alternatives. There are hundreds of new nonalcoholic products available.

For Men

DEMAND REDUCTION

Who: Men 21 and over.

What: Perspective shift where heavy alcohol consumption and a deep knowledge of high-end alcohol are no longer defining characteristics of masculinity.

When: During social and professional interactions.

Where: At sporting events, tailgates, business functions, specialty bars, lounges, and social clubs.

Why: Men are increasingly forming bonds through shared interests and exploring other ways to relax and connect with friends.

Take Action:

- Encourage self-acceptance and body positivity within the community, to help reduce unhealthy coping mechanisms.
- Create safe spaces and environments that prioritize inclusivity and safety for all individuals.
- Destigmatize getting help.

For Aging Individuals

DEMAND REDUCTION

Who: Aging adults.

What: Acknowledge the increased risk of adverse effects from alcohol.

When: Ages 65+.

Where: At home and in congregate care and living facilities.

Why: Because the impact of alcohol changes as we age, may react with medications, and may be used as a coping mechanism for social isolation.

Take Action:

- Educate individuals about age-related changes.
- Raise awareness of how aging can affect alcohol metabolism and increase the risk of adverse health effects with the help of healthcare providers.
- Help build personal connections and strengthen relationships with social activities.

For Families

DEMAND REDUCTION

Who: Parents and caregivers.

What: Model healthy habits and attitudes for youth 0 to 21.

When: Throughout childhood and young adult years.

Where: Within the immediate family and extended family.

Why: Because healthy attitudes and behaviors are formed during childhood and based on the modeled behaviors of others.

Take Action:

- Model behaviors that support lower-risk choices or abstinence.
- Provide accurate information. Use credible sources such as the national "Talk. They Hear You.®" campaign to highlight the advantages of healthy choices and the pitfalls of excessive alcohol consumption.
- Establish rules. Clearly communicate your expectations regarding alcohol consumption and consequences for breaking the rules and enforce them consistently.

RISK REDUCTION

For Military-Connected Individuals

Who: Service members, veterans, and families.

What: Destigmatize conversations about alcohol use and its impact on health, relationships, and community well-being.

When: During health and wellness programming, reintegration support, family readiness activities, and community events.

Where: Within workplace support environments, VA and military health systems, schools, and community-based organizations.

Why: Because military-connected individuals often underreport or minimize substance use concerns due to fear of stigma, career repercussions, or cultural norms.

Take Action:

- Share struggles and successes by openly discussing personal experiences with alcohol, including both positive and negative outcomes, to destigmatize misuse and inspire others.
- Intervene when necessary in situations where individuals are excessively intoxicated or exhibiting risky behavior to prevent negative consequences and offer support.
- Participate in training and educational opportunities to learn more about alcohol's impact on mental and physical health.

RISK REDUCTION

For Faith-based Communities

Who: Faith leaders.

What: Destigmatize asking for help.

When: One-on-one outreach and group programs.

Where: At centers of worship and fellowship.

Why: Because the stigma related to drinking is a deterrent to seeking help.

Take Action:

- Set a positive example by promoting and modeling lower-risk choices for alcohol use or abstaining at gatherings.
- Emphasize the importance of spiritual health and self-reflection to promote healthy habits.
- Offer evidence-based prevention programs to congregation members.

DEMAND REDUCTION

Individuals in High-Risk or Under-Resourced Communities

Who: Those affected by social and economic drivers of health.

What: Foster healthy behaviors and reduce alcohol misuse through trauma-informed and community-driven approaches.

When: Every day.

Where: Local organizations, peer networks, schools, and faith-based groups

Why: Some communities face greater challenges related to alcohol use, including mental health concerns, financial strain, and social disruption.

Take Action:

- Create opportunities and events to celebrate community, emphasize connection, and de-emphasize alcohol as a social catalyst.
- Provide mentorship and guidance to younger individuals within the community on healthy lifestyles and wellness strategies.
- Encourage culturally relevant alcohol-free activities, such as outdoor recreation, fitness, art, music, or other personal interests.

DEMAND REDUCTION

For International Communities

Who: International residents.

What: Acknowledge the intersection of cultural and social norms.

When: Every day.

Where: International neighborhoods and affinity groups.

Why: Because coping with social and cultural change may involve unhealthy coping mechanisms and excesses.

Take Action:

- Understand and respect cultural differences related to alcohol to promote cultural sensitivity. This can help foster a more inclusive and supportive environment where individuals feel comfortable discussing their concerns and seeking help.
- Join community organizations and participate in local events to help build strong social networks and promote positive social norms.
- Provide information on where to find culturally relevant resources and support services crucial for international and immigrant families who may face additional barriers to accessing care.

RISK REDUCTION

For Workplaces, Supervisors, and HR Professionals

Who: Employees.

What: Reduce absenteeism and productivity decline.

When: During professional development programs.

Where: Place of employment or online.

Why: Employee alcohol use, including occasional heavy drinking, can affect employee productivity, safety, and morale, leading to substantial financial costs to the organization.

Take Action:

- Promote mental health with wellness programming at the workplace.
- Foster an inclusive work environment that supports employee professional development and growth.
- Offer confidential support and resources for employees struggling with alcohol use and include recovery-friendly practices in your workplace policy.
- Encourage culturally appropriate alcohol-free social activities that do not include or decentralize alcohol.

RISK REDUCTION

For Mental Health and Healthcare Professionals

Who: Patients.

What: Reduce short and long-term health effects of alcohol.

When: During visits.

Where: Patient care visits.

Why: Because many problems associated with alcohol can be assessed and mitigated through health services.

Take Action:

- Incorporate alcohol screening into routine check-ups to identify individuals at risk.
- Personalize the assessment to understand individual drinking patterns, motivations, and potential risks.
- Educate patients about healthy habits, the health risks of excessive drinking, social implications, and professional consequences.
- Offer support and connection to resources for patients struggling with alcohol use.

RISK REDUCTION

For Hospitality Professionals

Who: Customers and guests.

What: Promote health and safety and avoid legal liability of overconsumption.

When: During business hours.

Where: Business and event venues.

Why: Hotels, bars, restaurants, Designated Outdoor Refreshment Area (DORAs), and event planners are at risk when heavy alcohol use is prevalent.

Take Action:

- Provide comprehensive training to staff and leadership on alcohol awareness, responsible service, and recognizing signs of intoxication.
- Partner with brands that prioritize and clearly communicate lower-risk choices and incentivize nonalcoholic options.
- Refuse to serve alcohol to intoxicated individuals and promote designated driver programs to support public safety initiatives.

RISK REDUCTION

For Higher Education Professionals

Who: Students.

What: Reduce the incidence of binge drinking.

When: During student life and wellness programming.

Where: On campus and at school-sponsored events.

Why: Because the consequences associated with binge drinking among students include personal, public health, safety, and legal risks.

Take Action:

- Incorporate personal wellness education into health courses, orientation programs, and residence hall meetings.
- Share factual information about the risks and consequences of excessive alcohol consumption.
- Offer a variety of alcohol-free events and activities to provide alternatives to drinking to foster a sense of community and belonging on campus and reduce reliance on alcohol for social connection.

It's your turn. Customize your efforts.

Find actions that overlap with your goals and customize your efforts. Your impact can be through a variety of supply, demand, and risk reduction. Focus on one or use a combination that best suits your specific community, goals, and objectives.

Identify the community you serve. Review your 5Ws and fill in the blanks.

What can you do to educate your community about alcohol?

What can you do to promote and model lower-risk choices for alcohol use?

What can you do to provide a healthy environment?

What can you do to provide support for your community?

What can you do to destigmatize getting help?

What can you do to partner with others across communities?

Advancing Impact and Building Coalitions

Together, let's help Ohio get smart about lowering risks.

Prevention and public health professionals will recognize the advantages of using the Strategic Prevention Framework (SPF) to promote lower-risk choices for alcohol use in Ohio. Alcohol consumption habits are complicated, and individual and group efforts to educate and influence healthy habits are a good place to start. However, the distinction between lower-risk and higher-risk drinking behaviors — and the associated harm — can vary significantly. Population change over the long term will be dependent on the work of coalitions across the state.

To influence significant population change, we need to follow the science:

- **Assessment:** Identify the problem using data *(who, what, where, when, and why)*
- **Capacity:** Secure partnerships and resources
- **Plan:** Use existing data to inform strategies
- **Implement:** Execute plan over time

Pillars of Success

- **Be Open-Minded, Be Humble.** The backbone of successful prevention work is a commitment to understanding the unique needs of each group — to attain the insight, empathy, knowledge, and skills that enable success across all populations.
- **Make it Last (Sustainability).** Data suggests that changing attitudes and knowledge is easier than changing behaviors. Behavioral change is a gradual process. Initiatives that commit to long-term engagement but remain open to evaluation and adaptability will see results.

Evaluate Your Efforts

Prevention is a circular process. By revisiting your goals and objectives, tracking progress through ongoing evaluations, and measuring strengths and weaknesses, you can adjust and strengthen your efforts over time.

What does this look like?

- **Monitor** any shifts in consumption data. Use your specific benchmarks.
- **Document** any changes in your priority population and context, such as new trends, changes in social norms, and new obstacles to navigate.
- **Create** and incentivize periodic reviews or surveys to assess change.
- **Review** your data collection processes and confirm efforts and input from partners.
- **Report** your findings to funders, share them with the community, and use them to inform your next steps.

Sustainability relies on adaptability. Periodic evaluation is critical to refining strategic prevention frameworks and reallocating efforts where they will have the greatest impact.

By advancing efforts through more meticulous use of the SPF, all communities can come together to reduce the harms related to alcohol and promote a healthier Ohio.

Conclusion

Thank you to the members of the Ohio Lower Risk Drinking Advisory Committee for your efforts to guide the content and resources shared in the playbook.

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NOTE: The Ohio Center of Excellence for Behavioral Health Prevention and Promotion (The Center) was decommissioned, effective September 30, 2025; however, the Ohio Department of Behavioral Health (ODBH), formerly OhioMHAS, remains committed to elevating behavioral health prevention throughout the state's system of care.

To reaffirm its commitment and ensure the valuable resources created during The Center's tenure remain accessible, the **preventioncoe.ohio.gov** website will continue to be available online.

We extend our heartfelt gratitude to all who contributed to the Center's success and invite you to join us in celebrating the lasting legacy of this important work.

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Access additional resources at
tinyurl.com/OCE-Alcohol-Prevention