

Prevention Status Report | 2013

Excessive Alcohol Use

District of Columbia

The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce important health problems. This report focuses on excessive alcohol use and briefly describes why it is a public health problem, both for the District of Columbia and the United States as a whole. It also provides an overview of solutions (i.e., evidence-based or expert-recommended policy and practice options) for preventing or reducing excessive alcohol use and reports the status of these solutions in the District of Columbia.

PSR Framework

The PSRs follow a simple framework:

- Describe the public health **problem** using public health data
- Identify potential **solutions** to the problem drawn from research and expert recommendations
- Report the **status** of those solutions for each state and the District of Columbia

Criteria for Selection of Policies and Practices

The policies and practices included in the PSRs were selected because they

- Can be monitored using state- or district-level data that are readily available for most states and the District of Columbia
- Meet one or more of the following criteria:
 - Supported by systematic review(s) of scientific evidence of effectiveness (e.g., *The Guide to Community Preventive Services*)
 - Explicitly cited in a national strategy or national action plan (e.g., *Healthy People 2020*)
 - Recommended by a recognized expert body, panel, organization, study, or report with an evidence-based focus (e.g., Institute of Medicine)

Ratings

The PSRs use a simple, three-level rating scale to provide a practical assessment of the status of policies and practices in each state and the District of Columbia. It is important to note that the ratings reflect the *status of policies and practices* and do not reflect the *status of efforts* by the district health department, other district agencies, or other organizations to establish or strengthen those policies and practices. Strategies for improving public health vary by individual state or district needs, resources, and public health priorities.

More Information

For more information about public health activities in the District of Columbia, visit the District of Columbia Department of Health website (<http://www.dchealth.dc.gov/>). For additional resources and to view reports for other health topics, visit the CDC website (<http://www.cdc.gov/stltpublichealth/psr/>).

Suggested Citation

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www.cdc.gov/stltpublichealth/psr



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Public Health Problem

 Excessive alcohol use is responsible for about 88,000 deaths and 2.5 million years of potential life lost in the United States each year (1). Binge drinking (five or more drinks per occasion for men or four or more drinks per occasion for women) is responsible for more than half the deaths and two-thirds of the years of potential life lost resulting from excessive alcohol use (2).

Excessive drinking results in 210 deaths and 6,725 years of potential life lost each year in the District of Columbia (1).

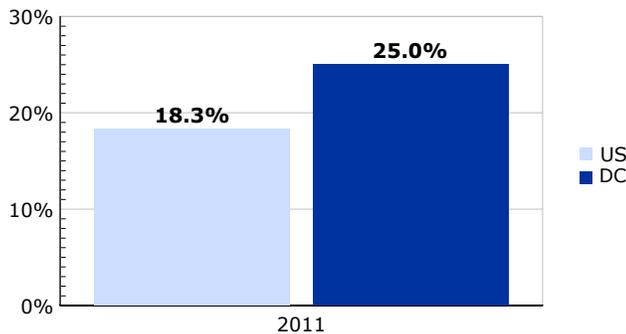


In the District of Columbia, 25.0% of adults and 12.6% of high school students reported binge drinking in 2011 (3,4).



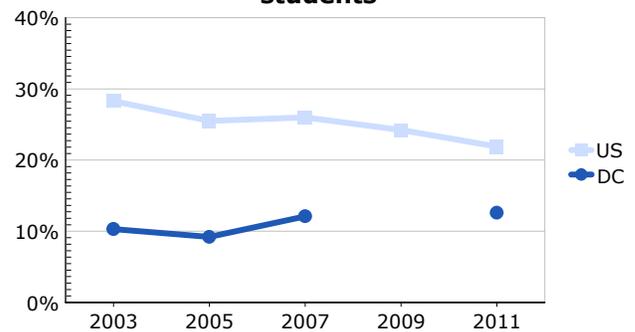
Excessive alcohol use cost the United States \$223.5 billion, or \$1.90 per drink consumed, in 2006 as a result of lost workplace productivity, healthcare expenses, and crime (5). In the District of Columbia, excessive alcohol use cost \$966.7 million, or \$2.35 per drink (6).

Binge drinking among adults



Source: Behavioral Risk Factor Surveillance System (3)

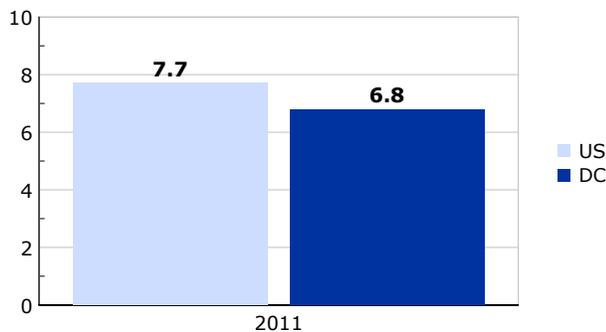
Binge drinking among high school students



Source: Youth Risk Behavior Surveillance System (4)

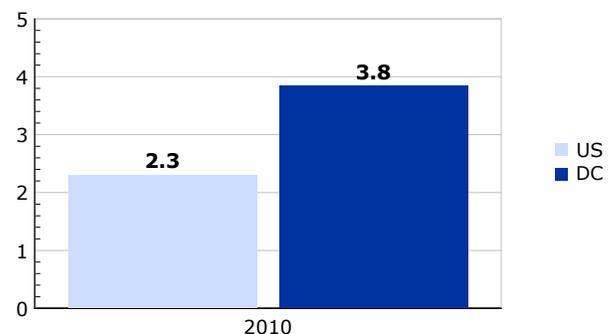
Note: District of Columbia data were not available for one or more years from the source used for this chart. Similar data may be available from another national or district source.

Binge drinking intensity among adults (in number of drinks per occasion)



Source: Behavioral Risk Factor Surveillance System (3)

Alcohol consumption per person aged ≥14 (in gallons)



Source: Alcohol Epidemiologic Data System (7)

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Policy and Practice Solutions

This report focuses on policies and practices recommended by the Community Preventive Services Task Force on the basis of scientific studies supporting their effectiveness in reducing excessive alcohol consumption and related harms (8). These policies and practices include 1) increasing alcohol excise taxes (e.g., district taxes on beer, distilled spirits, and wine); 2) having commercial host (dram shop) liability laws; and 3) regulating alcohol outlet density (8–10). Other strategies supported by scientific evidence include avoiding further privatization of retail alcohol sales and providing adults (including pregnant women) with screening and brief intervention for excessive alcohol use (11,12). For information about why certain alcohol-related indicators were selected, and for links to additional data and resources, visit the CDC website (<http://www.cdc.gov/stltpublichealth/psr/alcohol/>).

Status of Policy and Practice Solutions in the District of Columbia

District beer tax

As of January 1, 2012, the District of Columbia's excise tax per gallon of beer was \$0.09 (13).

Task Force on Community Preventive Services recommendation: Increase alcohol excise taxes. Studies show that a 10% increase in the price of beer would likely reduce beer consumption by approximately 5% (8).



Rating	District beer tax
Green	≥\$1.00 per gallon
Yellow	\$0.50–\$0.99 per gallon
Red	\$0.00–\$0.49 per gallon

District distilled spirits tax

As of January 1, 2012, the District of Columbia's excise tax per gallon of distilled spirits was \$1.50 (14).

Task Force on Community Preventive Services recommendation: Increase alcohol excise taxes. Studies show that a 10% increase in the price of distilled spirits would likely reduce distilled spirits consumption by approximately 8% (8).



Rating	District distilled spirits tax
Green	≥\$8.00 per gallon
Yellow	\$4.00–\$7.99 per gallon
Red	\$0.00–\$3.99 per gallon

District wine tax

As of January 1, 2012, the District of Columbia's excise tax per gallon of wine was \$0.30 (15).

Task Force on Community Preventive Services recommendation: Increase alcohol excise taxes. Studies show that a 10% increase in the price of wine would likely reduce wine consumption by approximately 6% (8).



Rating	District wine tax
Green	≥\$2.00 per gallon
Yellow	\$1.00–\$1.99 per gallon
Red	\$0.00–\$0.99 per gallon

Commercial host (dram shop) liability laws

As of January 1, 2011, the District of Columbia had commercial host liability with no major limitations (16,17).

Task Force on Community Preventive Services recommendation: Presence of commercial host (dram shop) liability for sale or service to either underage patrons or intoxicated adults. Evidence shows these laws are associated with a reduction in alcohol-related harms, including a median 6.4% reduction in deaths from motor vehicle crashes (9).



Rating	District had
Green	Commercial host liability with no major limitations
Yellow	Commercial host liability with major limitations
Red	No commercial host liability

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Local authority to regulate alcohol outlet density

The District of Columbia was not rated for this measure because the measure addresses state versus local authority and does not apply to the District of Columbia (18).

Task Force on Community Preventive Services recommendation: Use regulatory authority (e.g., through licensing and zoning) to limit alcohol outlet density. Evidence shows greater alcohol outlet density is associated with excessive drinking and related harms, including injuries and violence (10). Local control allows communities to better address density problems (18).

Rating	State had
Green	Exclusive local or joint state/local alcohol retail licensing
Yellow	Exclusive state alcohol retail licensing with local zoning authority or other mixed policies
Red	Exclusive state alcohol retail licensing

Simplified Rating System

A more detailed explanation of the rating system for excessive alcohol use is available at <http://www.cdc.gov/stltpublichealth/psr/alcohol/>.

Green

The policy or practice is established in accordance with supporting evidence and/or expert recommendations. Higher tax levels are rated green.

Yellow

The policy or practice is established in partial accordance with supporting evidence and/or expert recommendations. Intermediate tax levels are rated yellow.

Red

The policy or practice is either absent or not established in accordance with supporting evidence and/or expert recommendations. Lower tax levels are rated red.

Indicator Definitions

District beer tax: The excise tax rate, in dollars per gallon, imposed by the district on beer containing 5% alcohol by volume. District beer excise tax does not include any additional taxes, such as those based on price rather than volume (e.g., ad valorem or sales taxes) that the District of Columbia may have implemented at the wholesale or retail level. District beer taxes ranged from \$0.02 to \$1.07 across states for which excise tax data were available.

District distilled spirits tax: The excise tax rate, in dollars per gallon, imposed by the district on distilled spirits containing 40% alcohol by volume. District distilled spirits excise tax does not include any additional taxes, such as those based on price rather than volume (e.g., ad valorem or sales taxes) that the District of Columbia may have implemented at the wholesale or retail level. State distilled spirits taxes ranged from \$1.50 to \$14.25 across states for which excise tax data were available. For states with different tax rates for distilled spirits sold off-sale (e.g., at liquor stores) and on-sale (e.g., at restaurants), the off-sale tax rate has been reported.

District wine tax: The excise tax rate, in dollars per gallon, imposed by the district on wine containing 12% alcohol by volume. District wine excise tax does not include any additional taxes, such as those based on price rather than volume (e.g., ad valorem or sales taxes) that the District of Columbia may have implemented at the wholesale or retail level. District wine taxes ranged from \$0.11 to \$2.50 across states for which excise tax data were available.

Commercial host (dram shop) liability laws: Laws that hold alcohol retailers liable for alcohol-attributable harms (e.g., injuries or deaths resulting from alcohol-related motor vehicle crashes) caused by patrons who were illegally sold or served alcohol because they were either intoxicated or under the minimum legal drinking age of 21 years at the time of sale or service. District commercial host liability laws are considered to have major limitations if they 1) cover underage patrons or intoxicated adults but not both, 2) require increased evidence for finding liability, 3) set limitations on damage awards, or 4) set restrictions on who may be sued.

Local authority to regulate alcohol outlet density: The extent to which a local government can implement zoning (land use) or licensing controls over the number of alcohol retailers (e.g., bars, restaurants, liquor stores) in its geographic area.

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References

1. CDC. Alcohol and Public Health: Alcohol-Related Disease Impact (ARDI) [database]. Accessed Dec 13, 2013.
2. CDC. Alcohol-attributable deaths and years of potential life lost, United States, 2001. *MMWR* 2004;53:866–70.
3. CDC. Behavioral Risk Factor Surveillance System (BRFSS) [database]. Accessed Dec 6, 2012.
4. CDC. Youth Online: High School Youth Risk Behavior Surveillance (YRBS) [database]. Accessed Feb 27, 2013.
5. Bouchery EE, Harwood HJ, Sacks JJ, et al. Economic costs of excessive alcohol consumption in the United States, 2006. *American Journal of Preventive Medicine* 2011;41:516–24; and correction, *American Journal of Preventive Medicine* 2013;44:198.
6. Sacks JJ, Roeber J, Bouchery EE, et al. State costs of excessive alcohol consumption, 2006. *American Journal of Preventive Medicine* 2013;45:474–85.
7. National Institute on Alcohol Abuse and Alcoholism. Alcohol Epidemiologic Data System. Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977–2010. Bethesda, MD: National Institutes of Health; 2010.
8. Community Preventive Services Task Force. Preventing excessive alcohol consumption: increasing alcohol taxes. In: *Guide to Community Preventive Services*. Updated Jun 2007.
9. Community Preventive Services Task Force. Preventing excessive alcohol consumption: dram shop liability. In: *Guide to Community Preventive Services*. Updated Mar 2010.
10. Community Preventive Services Task Force. Preventing excessive alcohol consumption: regulation of alcohol outlet density. In: *Guide to Community Preventive Services*. Updated Feb 2007.
11. Community Preventive Services Task Force. Preventing excessive alcohol consumption: privatization of alcohol retail sales. In: *Guide to Community Preventive Services*. Updated Apr 2011.
12. US Preventive Services Task Force. Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse [website]. Updated Oct 2012.
13. National Institute on Alcohol Abuse and Alcoholism. Alcohol beverages taxes: beer. Alcohol Policy Information System [database]. Accessed Dec 6, 2012.
14. National Institute on Alcohol Abuse and Alcoholism. Alcohol beverages taxes: distilled spirits. Alcohol Policy Information System [database]. Accessed Dec 6, 2012.
15. National Institute on Alcohol Abuse and Alcoholism. Alcohol beverages taxes: wine. Alcohol Policy Information System [database]. Accessed Dec 6, 2012.
16. Substance Abuse and Mental Health Services Administration. Report to Congress on the Prevention and Reduction of Underage Drinking. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2011.
17. Mosher JF, Cohen EN, Jernigan DH. Commercial host (dram shop) liability: current status and trends. *American Journal of Preventive Medicine* 2013;45:347–53.
18. Mosher JF, Treffers R. State pre-emption, local control, and alcohol retail outlet density regulation. *American Journal of Preventive Medicine* 2013;44:399–405.