

Welcome

Office for State, Tribal, Local and Territorial Support
presents...

CDC *Vital Signs* **Binge Drinking among Women and High School Girls**

January 15, 2013
2:00 –3:00 pm (EST)



Centers for Disease Control and Prevention
Office for State, Tribal, Local and Territorial Support

Agenda

2:00 pm	Welcome & Introductions	Richard Schieber, MD, MPH Coordinator, CDC Vital Signs Program
2:04 pm	Presentations	Dafna Kanny, PhD Senior Scientist, Alcohol Program, National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), CDC Karen Peterson, MD Attending Physician, Denver Public Health STD and ID/AIDS Clinics Diane Riibe, BBL Former Executive Director, Project Extra Mile
2:30 pm	Q&A and Discussion	Richard Schieber, MD, MPH
2:55 pm	Wrap-up	Richard Schieber, MD, MPH
3:00 pm	End of Call	



CDC
Vitalsigns™ Teleconference
to support STLT efforts and build
momentum around the monthly
release of CDC *Vital Signs*



Binge Drinking among Women and Girls

Dafna Kanny, PhD
Senior Scientist

Excessive Alcohol Use Prevention Team

CDC *Vital Signs* Town Hall Teleconference
January 15, 2013



Division of Population Health
National Center for Chronic Disease Prevention and Health Promotion

Public Health Impact of Excessive Drinking among Women and Girls

- 23,000 deaths every year
- 633,000 Years of Potential Life Lost (YPLL) every year
- Binge drinking* accounted for over half of these deaths and YPLL
- **Cost**
 - \$223.5 billion in economic costs (2006) or ~\$1.90/drink
 - \$94.2 billion (42%) paid by government or ~\$0.80/drink

* 4 or more drinks per occasion for women

Health Effects for Women and Girls

Injuries

Motor vehicle crashes, falls, drowning

Violence

Homicide, suicide, intimate partner violence, sexual assault

Chronic diseases

High blood pressure, heart disease, stroke, liver disease

Cancer

Of the breast, liver, mouth and throat

Reproductive health

Unintended pregnancy, sexually transmitted diseases such as HIV

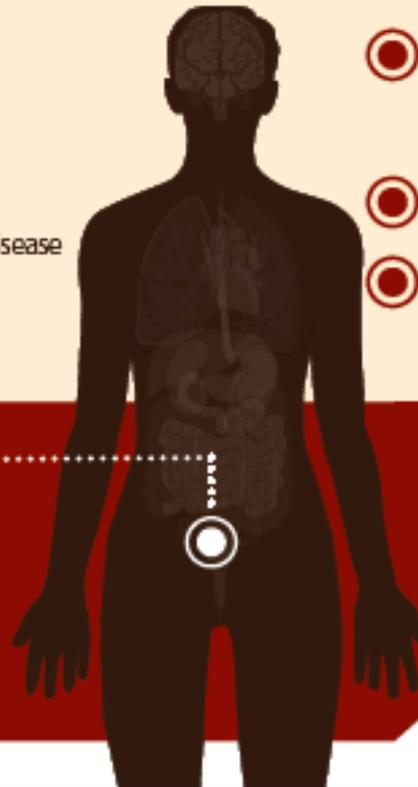
Alcohol dependence/alcoholism

Learning and memory problems

If pregnant

- Miscarriage, stillbirth, premature birth, and low birth weight
- Fetal alcohol spectrum disorders (FASDs) which include physical, behavioral, and learning disabilities

- Sudden Infant Death Syndrome (SIDS)
- Attention-Deficit/Hyperactivity Disorder (ADHD)



Binge Drinking

A Serious, Under-Recognized Problem Among Women and Girls

Binge drinking is a dangerous behavior but is not widely recognized as a women's health problem. Drinking too much – including binge drinking* – results in about 23,000 deaths in women and girls each year. Binge drinking increases the chances of breast cancer, heart disease, sexually transmitted diseases, unintended pregnancy, and many other health problems. Drinking during pregnancy can lead to sudden infant death syndrome and fetal alcohol spectrum disorders.

About 1 in 8 women aged 18 years and older and 1 in 5 high school girls binge drink. Women who binge drink do so frequently – about 3 times a month – and have about 6 drinks per binge. There are effective actions communities can take to prevent binge drinking among women and girls.

*Binge drinking for women is defined as consuming 4 or more alcohol drinks (beer, wine, or liquor) on an occasion.

→ See page 4

Want to learn more? Visit

www.cdc.gov/vitalsigns



National Center for Chronic Disease Prevention and Health Promotion
Division of Population Health



Nearly 14 million US women binge drink about 3 times a month.



Women average 6 drinks per binge.



1 in 5 high school girls binge drink.

Centers for Disease Control and Prevention

MMWR

Morbidity and Mortality Weekly Report

Early Release / Vol. 62

January 8, 2013

Vital Signs: Binge Drinking Among Women and High School Girls — United States, 2011

Abstract

Background: Excessive alcohol use accounted for an estimated average of 23,000 deaths and 633,000 years of potential life lost (YPLL) among women and girls in the United States each year during 2001–2005. Binge drinking accounted for more than half of those deaths and YPLL. Binge drinking also is a risk factor for many health and social problems among women and girls, including unintended and alcohol-exposed pregnancy, sexually transmitted diseases, and breast cancer.

Methods: To describe the prevalence, frequency, and intensity of binge drinking (four or more drinks on an occasion in the last 30 days) among U.S. women aged ≥18 years, CDC analyzed data from the 2011 Behavioral Risk Factor Surveillance System. Data were also analyzed from the 2011 national Youth Risk Behavior Survey on the prevalence of current alcohol use (one or more drinks during the past 30 days) and binge drinking (five or more drinks in a row during the past 30 days) among U.S. high school girls in grades 9–12.

Results: Among adult women, the prevalence of binge drinking was 12.5%, and among those who binge drink, the frequency of binge drinking was 3.2 episodes per month and the intensity was 5.7 drinks on occasion. Binge drinking was most prevalent among women aged 18–24 years (24.2%) and 25–34 years (19.9%), and among those from households with annual incomes of ≥\$75,000 (16.0%). Among those who binge drank, women aged 18–24 years had the highest frequency (3.6 episodes) and intensity (6.4 drinks) of binge drinking. Among high school girls, the prevalence of current alcohol use was 37.9%, the prevalence of binge drinking was 19.8%, and the prevalence of binge drinking among girls who reported current alcohol use was 54.6%.

Conclusions: Binge drinking is reported by one in eight U.S. adult women and one in five high school girls. Women who binge drink tend to do so frequently and with high intensity. Most high school girls who reported current alcohol use also reported binge drinking.

Implications for Public Health Practice: More widespread implementation of evidence-based interventions, such as those recommended by the Guide to Community Preventive Services and the U.S. Preventive Services Task Force, would be expected to reduce the frequency and intensity, and ultimately the prevalence of binge drinking among women and girls, and the harms related to it.

Introduction

Excessive alcohol use* among women and girls accounted for an estimated average of 23,000 deaths[†] and 630,000 years of

potential life lost (YPLL)[‡] in the United States each year during 2001–2005. Binge drinking was responsible for more than half of those deaths and YPLL (1). Binge drinking is a risk factor for many health and social problems that affect women, including unintentional injuries, violence, liver disease, hypertension, heart disease, stroke, breast and other cancers, reduced cognitive function, and alcohol dependence (2). Binge drinking also can affect women's

* Excessive alcohol use includes binge drinking (defined by CDC as consuming four or more drinks per occasion for women or five or more drinks per occasion for men), heavy drinking (defined as consuming more than one drink per day on average for women or more than two drinks per day on average for men), any alcohol consumption by pregnant women, and any alcohol consumption by youths aged <21 years.

† Alcohol-attributable deaths for 2001–2005 were estimated using the Alcohol-Related Disease Impact (ARDI) application. Additional information is available at http://apps.nccd.cdc.gov/dach_ardi/default/default.aspx.

‡ YPLL for 2001–2005 were estimated using the ARDI application using death and life expectancy data from the National Vital Statistics System.

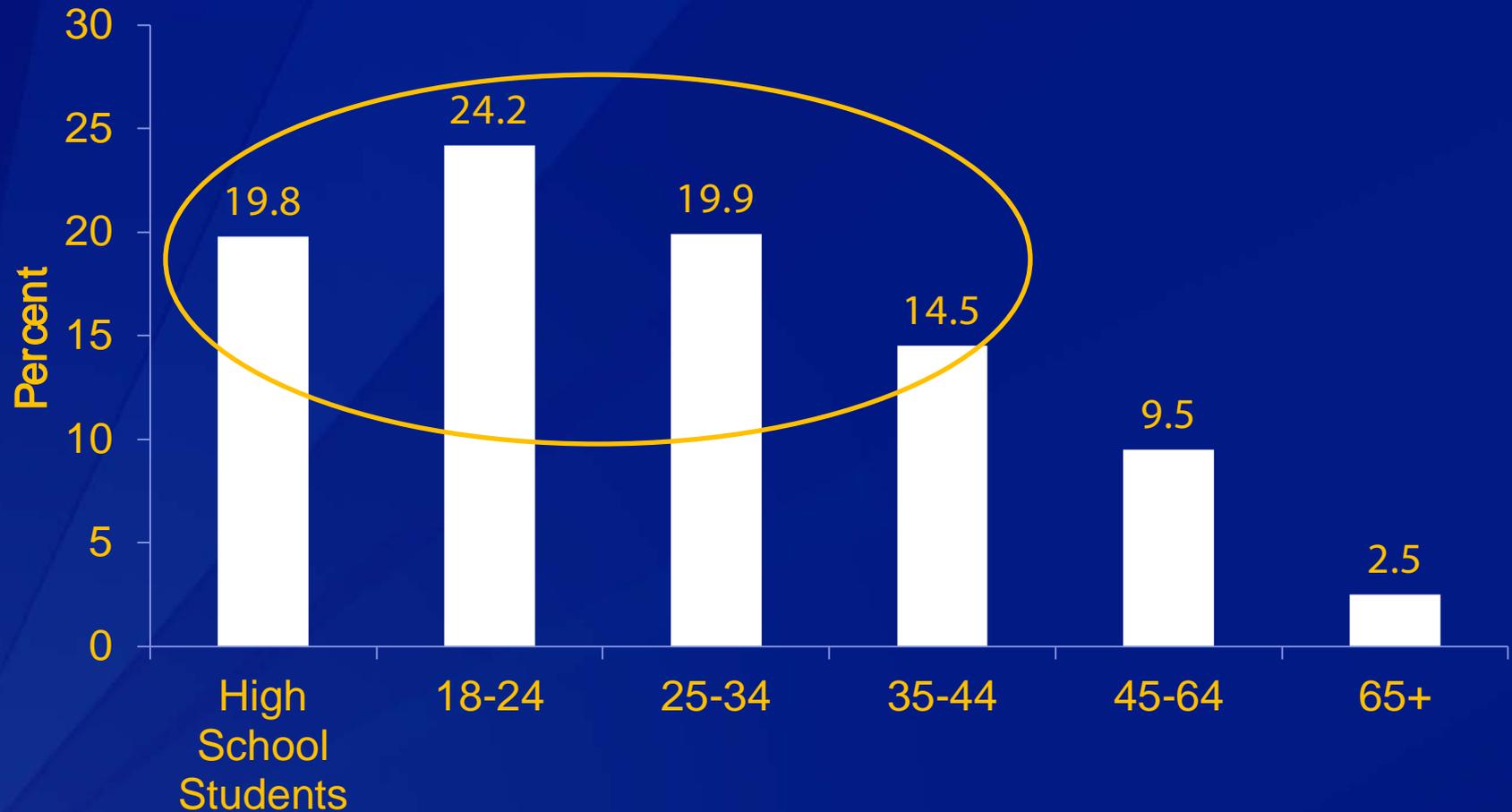


U.S. Department of Health and Human Services
Centers for Disease Control and Prevention

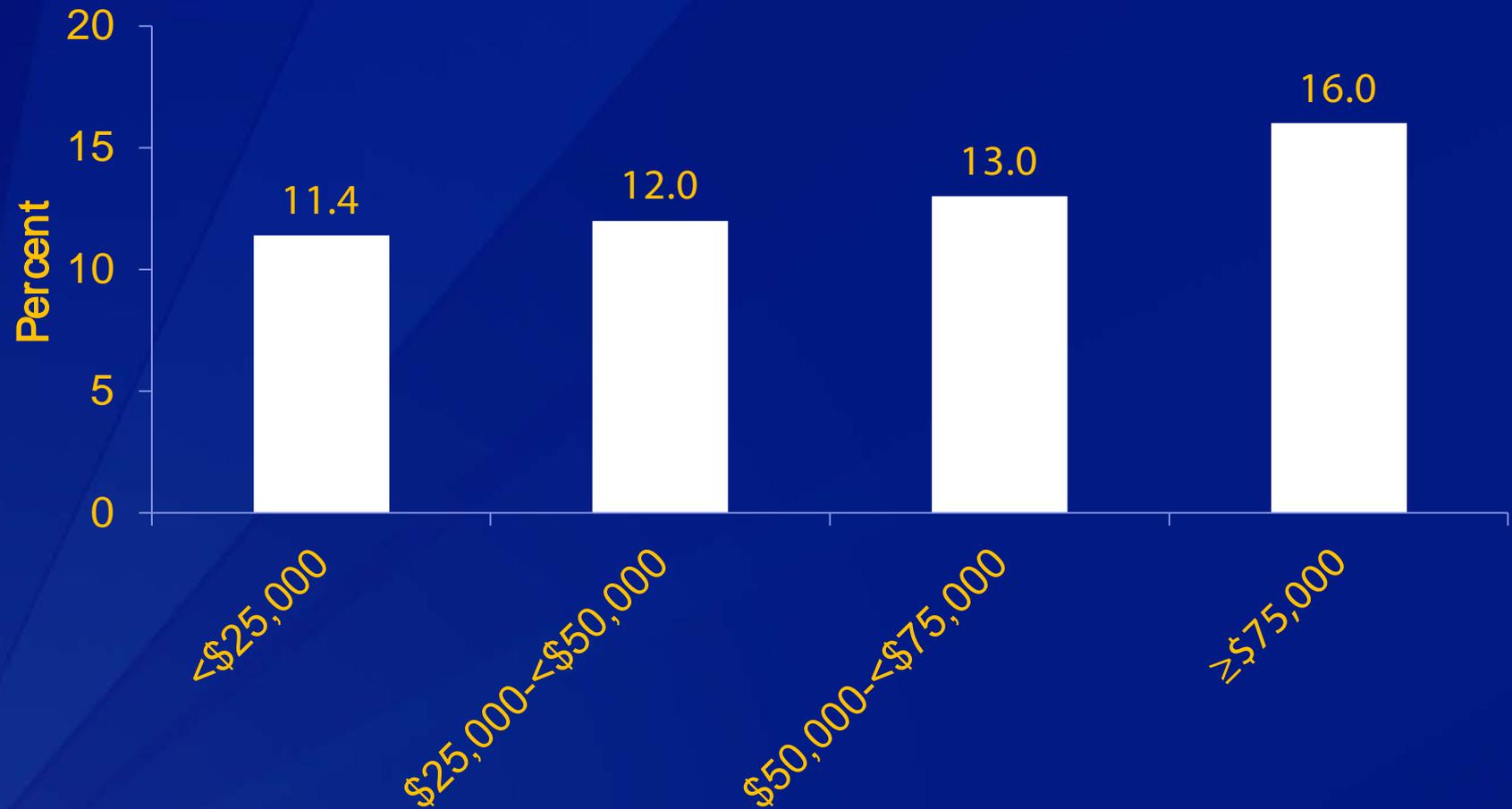
Key Findings

- **Nearly 14 million (1 in 8) U.S. adult women binge drink**
 - ~3 times a month
 - ~6 drinks per binge
- **Almost 40% of high school girls drink alcohol**
 - 1 in 5 binge drink

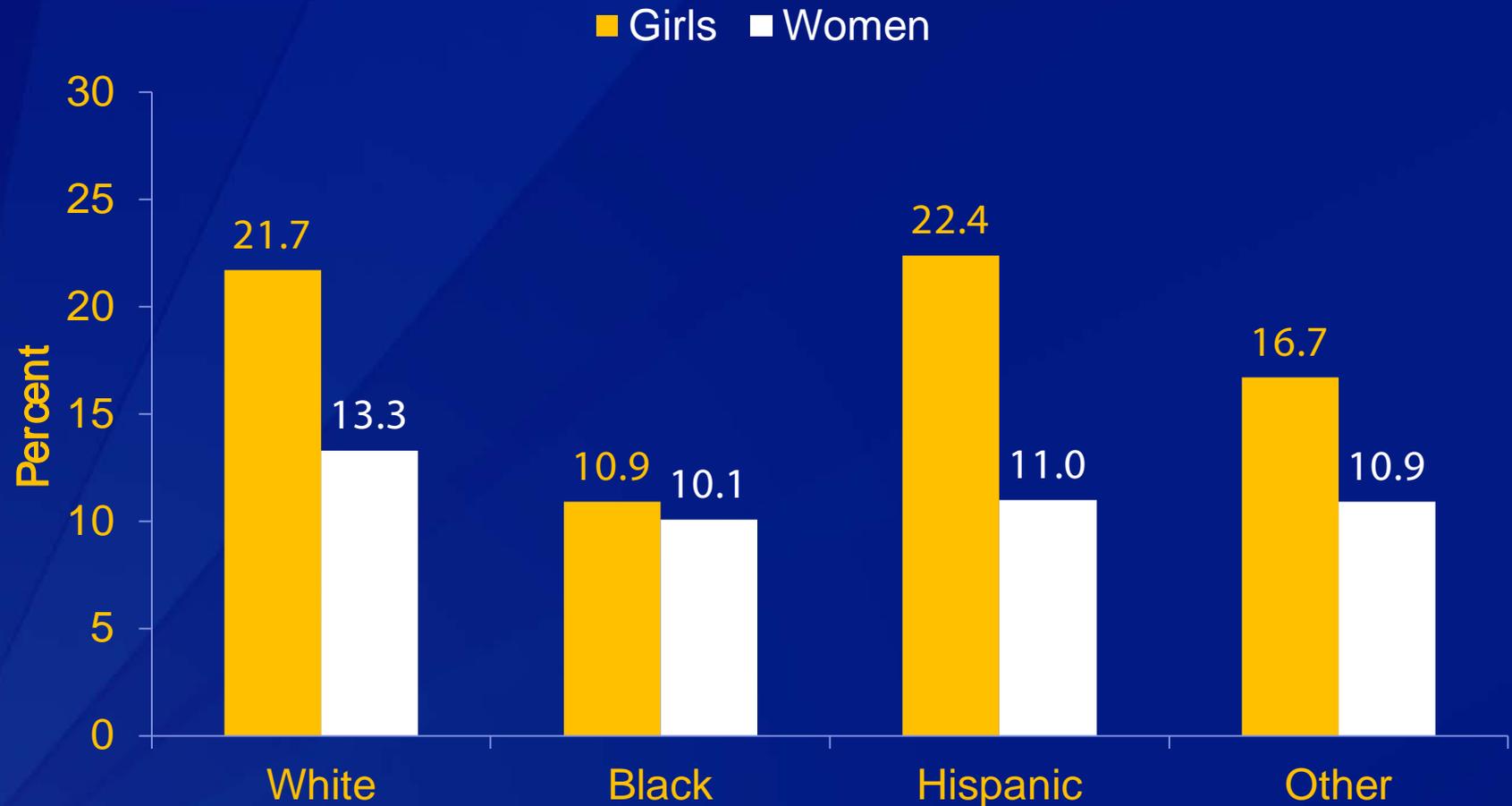
Binge Drinking by Age, U.S. 2011



Binge Drinking by Income, U.S. 2011



Binge Drinking by Race, U.S. 2011



What Can Be Done?

Communities can reduce binge drinking by implementing evidence-base strategies, such as those recommended by The Community Guide*:

- Increasing alcohol taxes
- Regulating alcohol outlet density
- Dram shop [commercial host] liability
- Maintaining limits on days and hours of sale
- Maintaining state monopolies on alcohol sales
- Enhancing enforcement of laws prohibiting alcohol sales to minors
- Electronic screening and brief interventions in the clinical setting

*www.thecommunityguide.org/alcohol

Increasing Alcohol Taxes

- Increasing price by 10% would reduce overall alcohol consumption by approximately 7%.
- Tax increases result in price increases.
- Reductions in excessive alcohol consumption are proportional to the size of the tax increase.

Regulating Alcohol Outlet Density

- Concentration of retail alcohol outlets within a small geographic area
 - Higher alcohol outlet density is associated with increased alcohol consumption and related harms (e.g., violent crime)
 - Most studies assessed the impact of relaxing controls on outlet density (e.g., privatization of retail sales)

What Is CDC Doing?

- **Translational tools: Developing action guides to assist state and local public health agencies and coalitions in implementing The Community Guide's recommended strategies for:**
 - Regulating alcohol outlet density
- **Funding state capacity building in alcohol epidemiology and providing technical assistance to states and communities.**

Summary and Conclusions

- Binge drinking is a common problem among women and girls.
- Implementation of effective prevention strategies can reduce binge drinking.
- Monitoring the frequency and intensity of binge drinking in addition to prevalence are key to evaluating the impact of evidence-based strategies to prevent binge drinking.

Thank You!

For more information, please contact Centers for Disease Control and Prevention.

1600 Clifton Road NE, Atlanta, GA 30333
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov Web: www.cdc.gov

The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



Division of Population Health
National Center for Chronic Disease Prevention and Health Promotion



STD CHOICES: Preventing Alcohol-Exposed Pregnancy in Women Attending Urban STD Clinics

Karen Peterson, MD
Denver Public Health (DPH)
1/15/13

(Thanks to Heidi Hutton, PhD, for Baltimore site information)



STD CHOICES Project

- Demonstration project funded by CDC starting in 2009-10, now in its final year
- Two sites participating: Baltimore City Health Department/Johns Hopkins, and Colorado Department of Public Health and Environment/Denver Public Health
- Both sites have busy urban STD clinics with ~16% of reproductive age women at risk of alcohol-exposed pregnancy (AEP) because of high-risk drinking and lack of effective contraception despite having sex with men
 - High-risk drinking: binge (≥ 4 drinks on one occasion) and/or heavy drinking (≥ 8 drinks in a week)



Denver Setting

- The Denver Metro Health Clinic (DMHC) is the only dedicated urban STD Clinic in the Denver-Aurora MSA (>2.5 million residents)
- Housed at DPH, which is a department of Denver Health
 - Denver Health runs Denver's safety-net public hospital and community health center system
- The DMHC sees approximately 3,000 unique women yearly for new problem visits
- About 75% of women seen are aged 18-44 years old and are sexually active with a male
- About 50% of those women are not using effective contraception
 - either no contraception or ineffective use of a method
- Family Planning is integrated into routine STD Clinic visits, as it is a Title X Clinic site
- About 35% of women binge drink/heavy drink



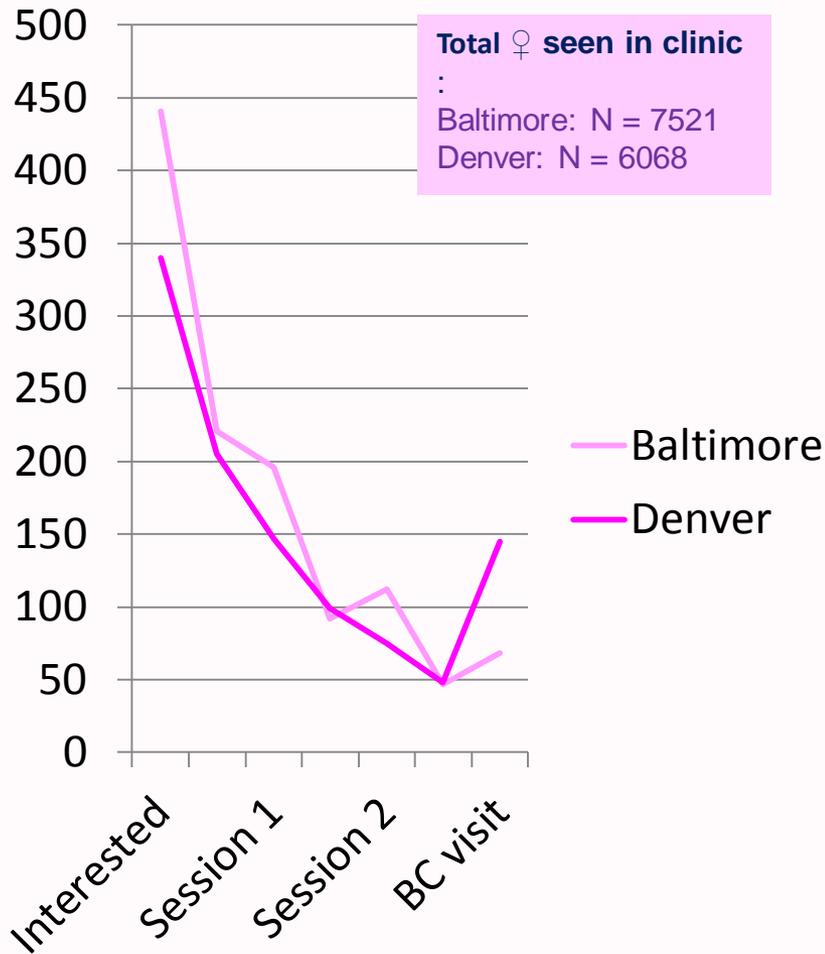
Denver Setting, cont.

- DPH had experience with Screening/Brief Intervention/Referral to Treatment, as a site for the Denver Health SBIRT demonstration grant, which highlighted the value of immediate, brief intervention
 - SBIRT screens for alcohol and other substance use and offers a brief intervention to those using at risk levels
- STD CHOICES offers a short, motivational interviewing-based intervention
 - two 20-30 minute sessions using decisional balance and importance/readiness/confidence rulers to help women set goals to reduce drinking and/or use effective contraception to prevent AEP

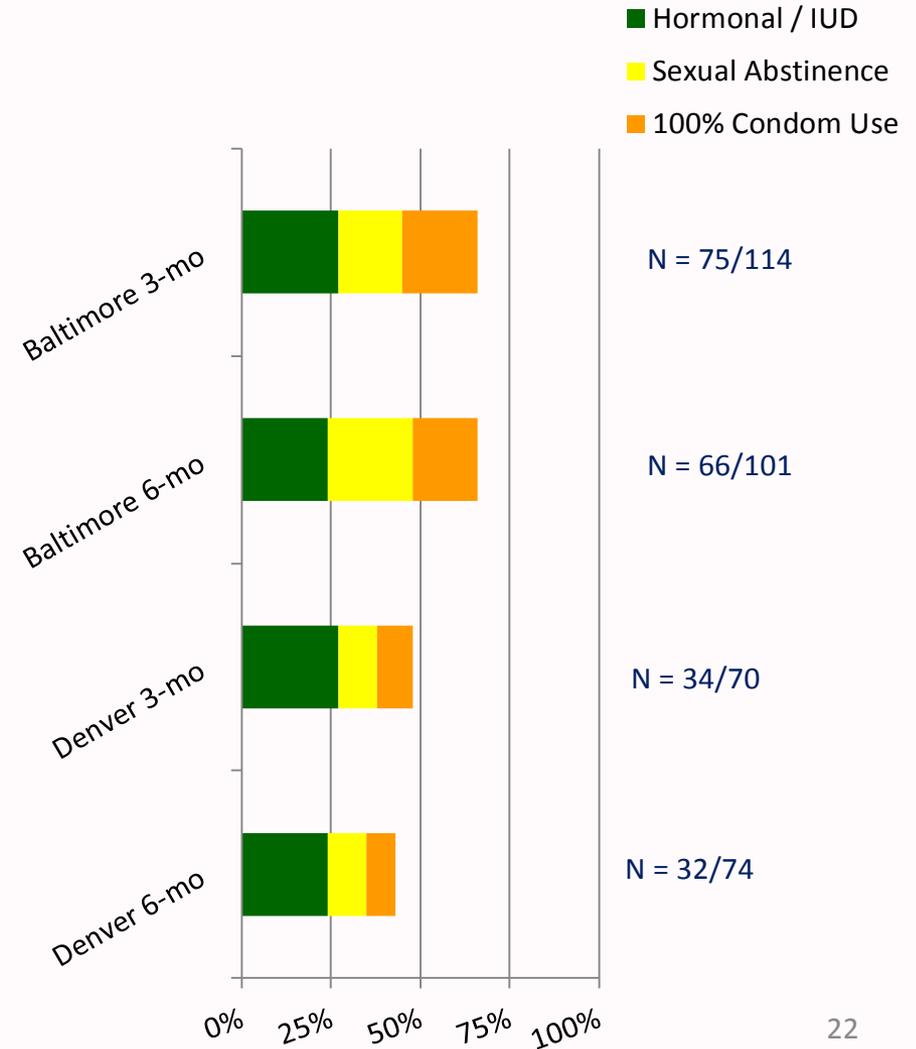


Outcomes

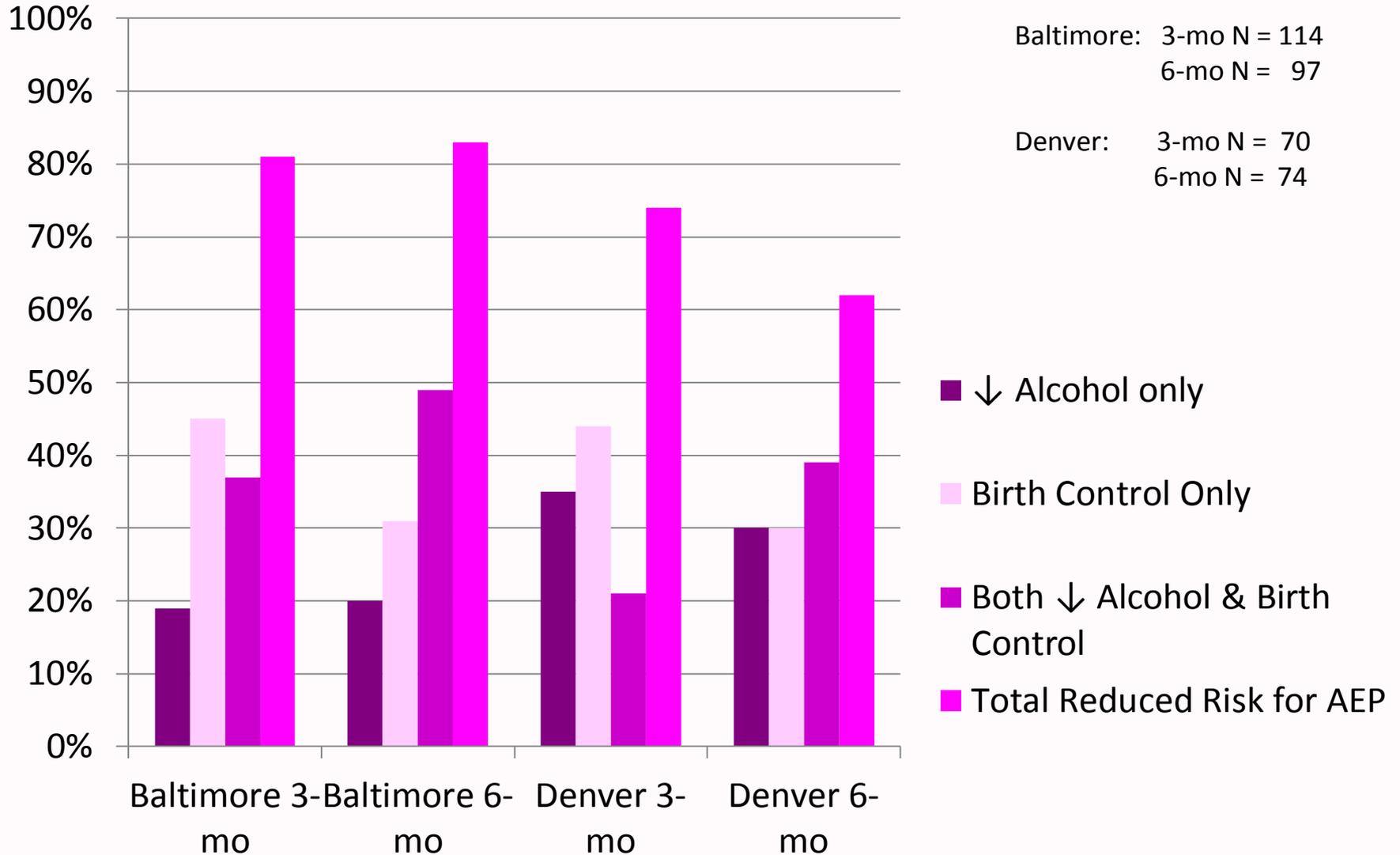
Session Delivery and Follow-Up



Types of Birth Control Method Used



Outcomes, cont.





Lessons Learned

- STD clinics attract populations of women at risk for AEP
- CHOICES can be implemented in diverse settings (e.g., Baltimore vs. Denver)
- Intervention drift reduces effectiveness
- Capturing women on a clinic visit and providing the key elements at the first session is essential, as follow-up rapidly diminishes
- Sustainability will depend on adding intervention skills to the repertoire of current staff, given limited clinic resources

Binge Drinking and Women

Vital Signs

January 15, 2013



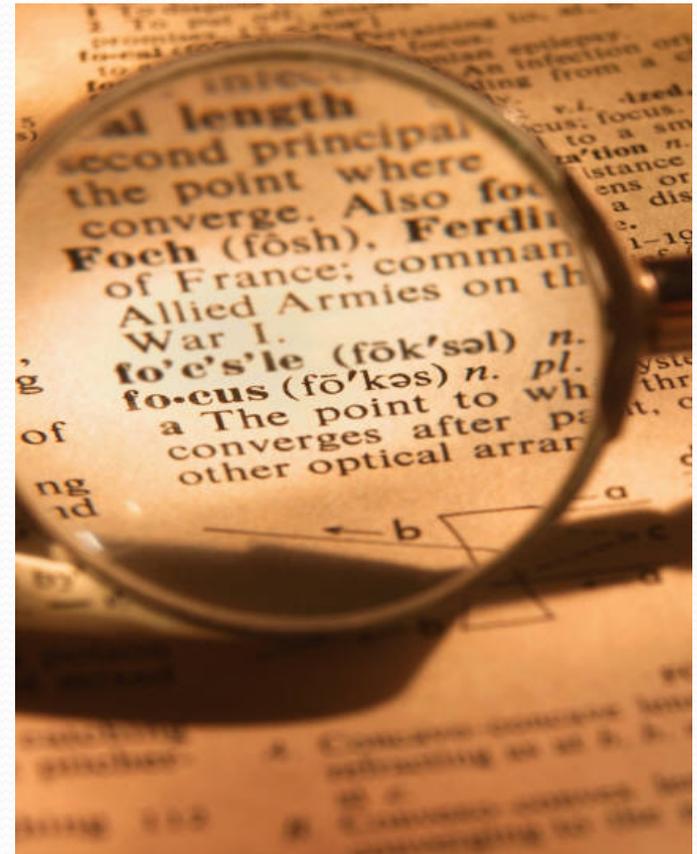
Project Extra Mile's Mission

*To create a community consensus that
underage alcohol use **is illegal,
unhealthy, and unacceptable.***

Our Comprehensive Focus

5-Pronged Approach

- **Policy** initiatives
- **Enforcement** collaborations
- **Media** advocacy
- **Education** and awareness efforts
- Develop **youth** leadership

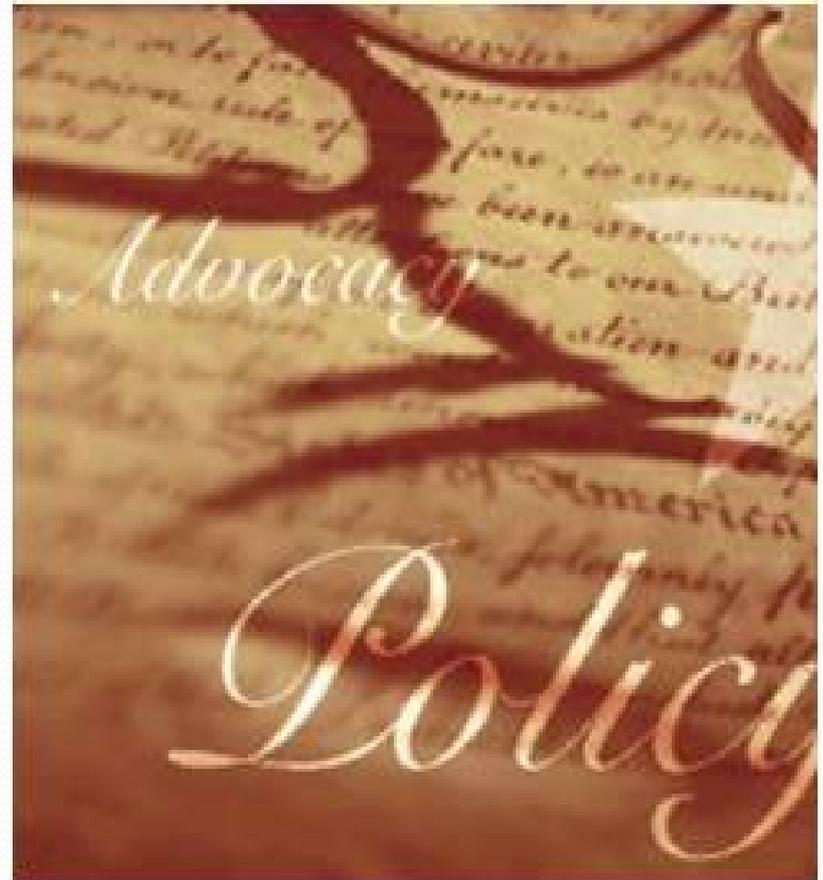


Public Health Connections

- Recognized early that prevention of underage drinking and youth access to alcohol is a *critical public health issue*
- The connectedness between our mission and binge drinking across the age span was undeniable
- ADULT DRINKING → YOUTH DRINKING

Multiple Responses: *Policy Initiatives*

- Use of *evidence-based strategies*. Among others, CDC's **Community Guide**, a critical resource for what works in public health: www.thecommunityguide.org
- Dram shop, days/hours of sale, compliance checks, alcohol outlet density, age 21 laws



Multiple Responses: *Enforcement Collaborations*

- Provide annual training statewide
- Compliance checks
- Saturation/party patrols
- Sobriety checkpoints
- Shoulder taps
- Source investigations



Multiple Responses: *Media Advocacy*

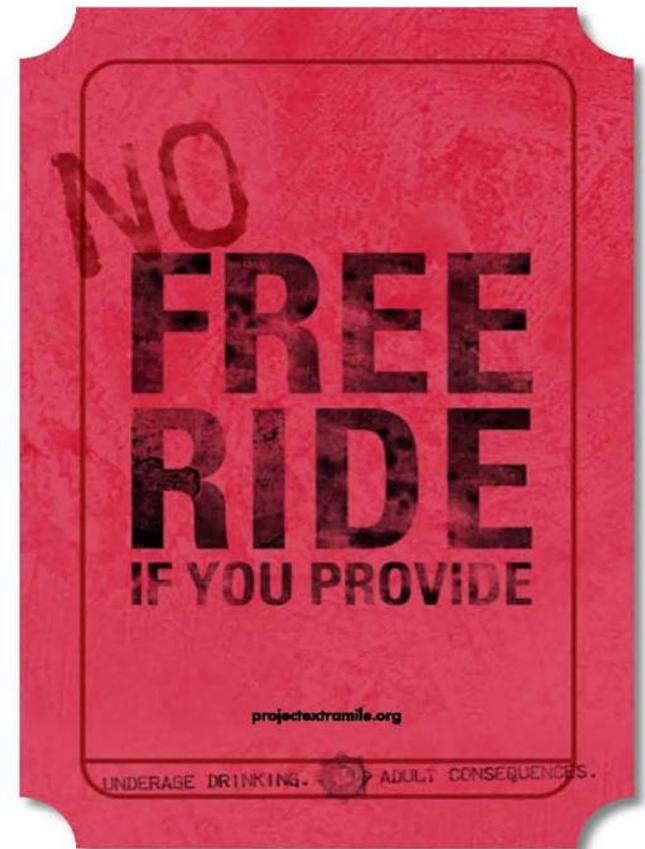
- The *strategic* use of the media to advance your goal:
 - Print, radio, TV
 - Interviews, op eds, letters to editor
 - Statewide



Multiple Responses:

Education and Awareness

- Disseminate awareness materials to schools/organizations statewide: 30,000/year
- Speak to groups of adults, youth
- Train youth, adults, law enforcement
- Present at conferences



Multiple Responses: *Youth Leadership*

- Facilitate youth legislative days
- Host annual youth training
- Youth involved on multiple levels: testimony, media interviews/PSA's, presentations, etc.





Alcohol Outlets and Neighborhoods – *Effective Strategies Needed*

- **Mounting issues created increased dialogue:**
 - Alcohol sales allowed in pharmacies over protests of local city council
 - Erosion of state alcohol-control policies
 - Excessive alcohol consumption data
 - Violence, shootings
- **Building frustration among residents:**
 - Led to creation of citywide Alcohol Impact Coalition (neighborhood associations), **growing desire for local land use ordinance**, and development of the LOCAL Campaign



*Let Omaha Control Its
Alcohol Landscape*



CDC's Community Guide Recommendations

- **Regulation on alcohol outlet density is defined as applying regulatory authority to reduce alcoholic beverage outlet density or to limit the increase of alcoholic beverage outlet density.**
- **Regulation is often implemented through licensing or zoning processes.**



Project Extra Mile's Role

- **We understood:**
 - **Important linkage: limiting physical access, or availability, reduces youth consumption**
 - **Strong evidence for reasonable controls placed on alcohol outlets producing positive public health impacts**
- **We provided:**
 - **Technical assistance to neighbors who were already addressing alcohol outlet/neighborhood issues**
 - **Connection between local neighbors and national experts on alcohol policy and alcohol outlet density (e.g., legal memo that answered pre-emption question for Nebraska)**

OMAHA

alcohol outlet density

Alcohol Retail Outlet Ordinance

Overview

Most people are aware that alcohol consumption can lead to individual and community problems. Local, state, and federal laws recognize these potential dangers by regulating the way in which alcohol is marketed, sold, and served. One of the key regulatory concerns is preventing an overconcentration of alcohol outlets and the health and safety problems that can result.

Over the past 20 years, alcohol outlets in Nebraska have grown at a rate nearly twice as fast than that of the state's population. This growth has led to an overconcentration of alcohol outlets in certain areas of Omaha, creating vulnerable neighborhoods where crime has escalated and quality of life issues surfaced. Exacerbating these issues is the powerlessness of neighbors and city leaders in the State liquor licensing process. Although local governing bodies can provide recommendations to the State on liquor licensing decisions, the current structure gives final authority to the State. Too often, the recommendations of the Omaha City Council are ignored by the State Liquor Control Commission.

The city has the opportunity to gain regulatory authority through its land-use powers to control the environment around alcohol outlets to better reflect community standards. Without this authority, rising alcohol outlet density will likely lead to more crime, including assaults, drinking and driving and increased nuisances, such as graffiti, loitering and excessive litter, thereby jeopardizing our most vulnerable population—our youth.

Increasingly, Omaha residents living, working and shopping near alcohol outlets are questioning their safety. Some residents have expressed fear to walk in their own neighborhoods or visit parts of the city where crime, including assaults, are more prominent. Too often alcohol outlets create environments that invite crime. The map included illustrates the connection between 2010 assaults (SpotCrime) and alcohol outlets. The areas highlighted in yellow show three alcohol outlets (denoted by blue stars) surrounded by a cluster of assaults (red dots), providing a visual example of how placing several alcohol outlets in one concentrated area is connected to high crime levels. Further, a business with poor business practices could also become a magnet for crime.

Numerous studies confirm that neighborhoods with a higher concentration of alcohol outlets experience higher rates of alcohol consumption, resulting in increased alcohol-related traffic crashes, assaults, homicides, and child maltreatment among other crimes.

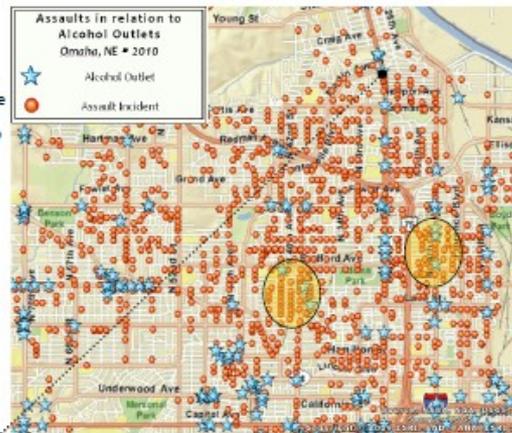
A 2005 study conducted in Omaha by Rebecca K. Murray, Ph.D., of Creighton University's Department of Sociology and Anthropology, assessed the effects of liquor-serving establishments on crime and found:

- A bar on a residential city block increases the expected number of felonious assaults on that block by 68.9%.
- Blocks adjacent to a residential block with a bar increased the expected number of felonious assaults by 40.5%.

Howell's BP 7166 N. 30 St.

Howell's BP was granted a liquor license by the State despite the Omaha City Council's recommendation of denial which it based on documented violence and crime, including a Dec. 2009 homicide where a store clerk was shot dead.

Crime



"We'd rather have an empty building than another liquor store in our already struggling neighborhood. There was violence in this area before; alcohol is certainly not going to make it safer."

- Sharon Olson, Mirna-Lusa/Miller Park Neighborhood Association

● Issue Brief Developed

THE LOCAL CAMPAIGN

LET OMAHA CONTROL ITS ALCOHOL LANDSCAPE



[ALCOHOL ORDINANCE OVERVIEW](#) [CONTACT YOUR CITY COUNCIL MEMBER](#) [COMMUNITY SUPPORT](#) [ORDINANCE LANGUAGE](#) [LEGAL OPINION](#) [ABOUT US](#)

Contact Your City Council Member

Contact your City Council representative to show your support for the "Good Neighbor Policy"

To make certain your correspondence with the City Council gets into the public record, please send a copy of your letter/email to Buster Brown, Omaha City Clerk. [Buster Brown](#) (402) 444-5557.

Click on the names below to send an email directly to the City Council members.

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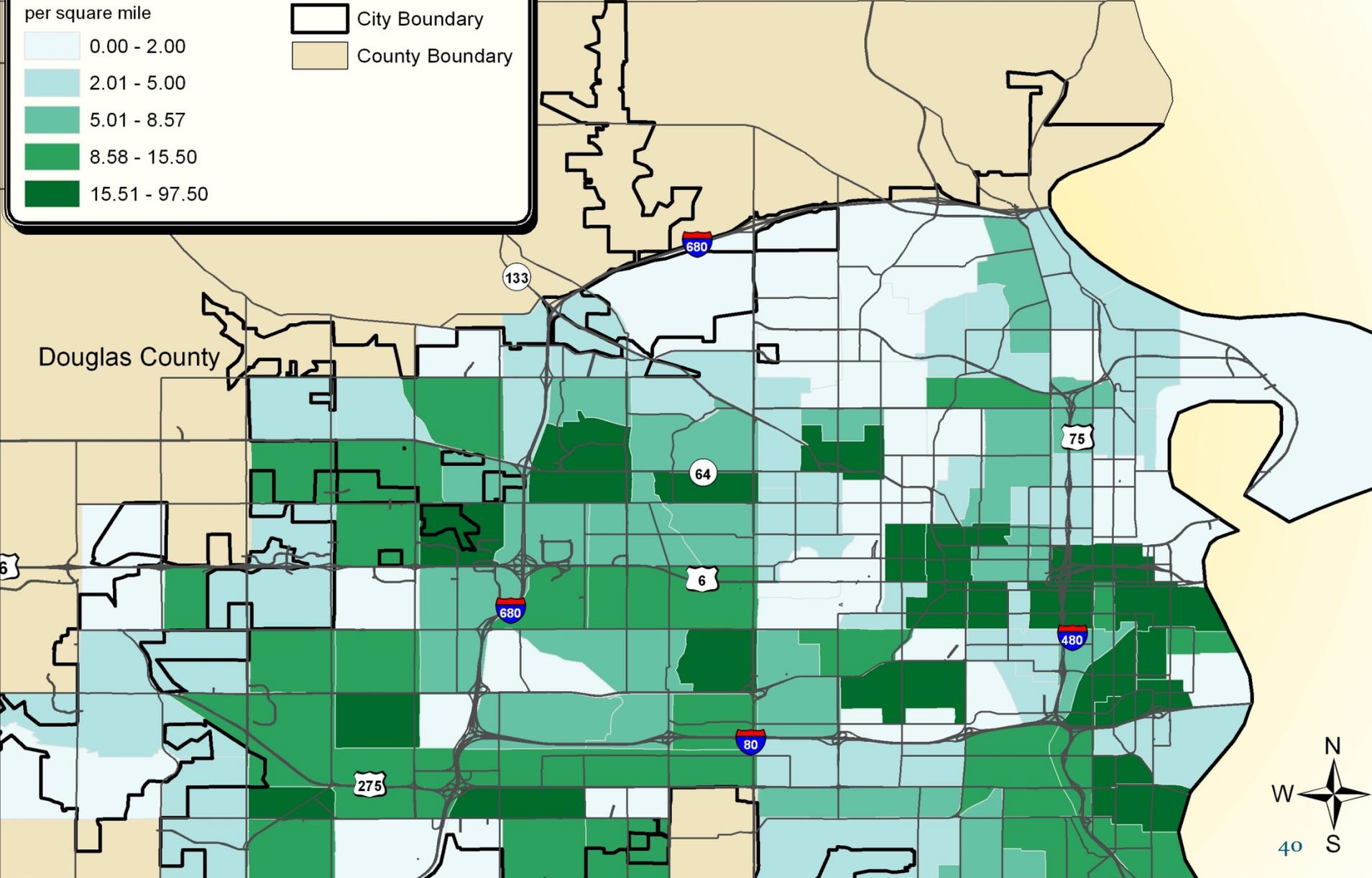
Density of Alcohol Outlets Omaha, NE 2010

Legend

Density of Alcohol Outlets
per square mile

- 0.00 - 2.00
- 2.01 - 5.00
- 5.01 - 8.57
- 8.58 - 15.50
- 15.51 - 97.50

- Major Roads
- City Boundary
- County Boundary



Douglas County



Success!



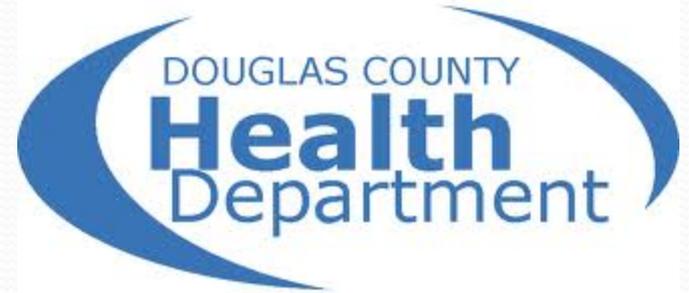
With a hope of better neighborhoods, residents were successful in passing a local land-use ordinance.

- Land-use ordinance passed Omaha City Council – Oct. 2012
- Includes new nuisance abatement standards for alcohol outlets
- Provides for loss of certificate of occupancy for noncompliance
- Ordinance followed 3+ years of work by residents

Role of Local Public Health Dept.

Then and Moving Forward

- Relationships – not to be underestimated
- A critical voice of reason – and science – added to the public discussion
- Testimony at public hearings
- Data and mapping capabilities
- Need for increased surveillance



**Dr. Adi Pour, Director
Douglas Co. Health Dept.**

Important Next Steps

- **Missing element: cost recovery/impact fee**
- **In order to complete success: enforcement and implementation must be attended to:**
 - **Process for addressing neighbors' concerns with effective solutions**
 - **Need for continued role of residents**



QUESTIONS:
Diane Riibe
driibe@gmail.com

Project Extra Mile
info@projectextramile.org



CDC *Vital Signs* Electronic Media Resources

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Syndicate *Vital Signs* on your website

<http://tools.cdc.gov/syndication/search.aspx?searchURL=www.cdc.gov%2fvitalsigns>

Vital Signs interactive buttons and banners

www.cdc.gov/vitalsigns/SocialMedia.html

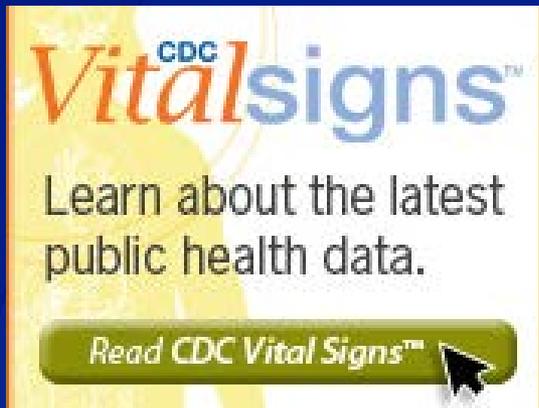
Public Health Practice Stories from the Field

- Stories about the implementation of public health practices in the field



www.cdc.gov/stltpublichealth/phpracticestories

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