

CDC *Vital Signs* Town Hall Teleconference

Binge Drinking Q & A Transcript

January 17, 2012
2:00pm – 3:00pm EST

Amanda Miller: Thank you all for these excellent presentations. In just a moment the operator will open all the lines. As a courtesy to everyone on the call, please mute your phone by pressing star 6 when you're not talking.

Operator, can you please open the lines now?

Coordinator: All lines are now open.

Amanda Miller: Now I'm going to turn to Dr. Holzman for his initial comments and thoughts and to help kickoff today's session.

Dr. Greg Holzman: Thank you. Once again, a wonderful group of presentations and some interesting things going on around the country with regards to another very important public health issue.

I guess I just want to start off with one question back to my colleague at the CDC and then I'll let the other folks just jump in.

But of interest as I was listening through and watching on this and looking at the Community Guide guidelines, one thing that didn't seem to be brought up very much - and I guess this is in my mind just after watching football this past weekend - but alcohol advertising and the effect that that is happening on binge drinking. Is there any evidence to show that that's having an effect as far as binge drinking is concerned? Or has there been looks at that?

Bob Brewer: Yes, hi, this is Bob Brewer calling - or responding, I guess, I lead the Alcohol Program here at CDC.

Good question. Certainly we know that marketing is an important - youth exposure in particular to marketing is an important risk factor for the initiation of alcohol consumption by underage youth - that is under age 21 - and also influences the amount of alcohol that youth consume.

Know from various longitudinal studies that youth exposed to more alcohol advertising, again not only tend to initiate alcohol consumption earlier but also tend to drink more when they do drink.

Now your question had more to do with the effectiveness of reducing alcohol marketing as an intervention strategy. And we have not specifically reviewed that evidence for the Community Guide.

I'm afraid that one of the challenges here - and frankly this is a challenge that we've had with many of the Community Guide recommendations - is that the general direction that things have been going with alcohol policies has been more in the direction of deregulation and - if anything - toward making alcohol more available and frankly also toward - in many cases - increased youth exposure to alcohol marketing.

That's not true in all media venues. But for example, one of the areas that we're particularly concerned about now is what's happening in the digital space. And there's evidence that the alcohol - (actually) alcohol industry is very active in the digital space.

So we certainly believe that exposure to alcohol marketing is a very important risk factor for underage drinking and binge drinking - particularly among

young people - and believe that further work is needed to assess the impact of reducing that marketing - reducing underage drinking and binge drinking going forward.

Dr. Greg Holzman: Operator, do we have any questions?

Sylvia Hobbs: I have a question.

Amanda Miller: Please, go ahead.

Sylvia Hobbs: My name is Sylvia Hobbs. I'm with the Massachusetts Office of Emergency Medical Services.

I'm concerned that a lot of hospitals may be underreporting alcohol abuse-related injuries in the hospital billing data that a lot of state health departments use to survey - for surveillance purposes of substance abuse.

And I was wondering had the CDC ever considered setting up a separate registry that's independent of billing data for hospitals and other providers to submit data on substance abuse so that they won't in some way be penalized by insurance providers.

Bob Brewer: Well this is Bob Brewer again. And I'm just making a couple of comments and then we'd very much like to have Jim and Katy chime in from their perspective in their states.

I think you had a couple of questions that were kind of wrapped together there. One having to do with improving - general issue of improving reporting particularly in hospital settings for alcohol involvement related to injuries and other events.

And then also the issue of disincentives particularly around denial of payment if alcohol is in fact identified as having been involved relative to a particular event, injury or otherwise. Is that correct?

Sylvia Hobbs: Yes, that's correct.

Bob Brewer: Okay. I'm going to take the second one first. What you're referring to is what are call UPPL laws. And we have not - as a program - been actively involved in work on those laws.

But there are a number of other groups, particularly trauma surgeons and folks in our sister center, the injury center - and there maybe some folks on the call here from the injury center who would like to chime in and talk about that - who have been actively involved in trying to address those laws and the significant disincentive as you suggested that they can create.

For those on the call who may not be familiar with those laws, essentially what they provide for is a denial of benefits for people who have been identified as having had alcohol involved in a particular event, typically to the point of intoxication. This could be a motor vehicle crash or other event. And obviously then that creates a severe disincentive to collect and report that information.

So again, I think an important issue is not one that we are specifically involved in, but there are others within CDC and outside of CDC - perhaps more importantly - that have been very actively involved in that issue.

In terms of how to improve alcohol reporting in hospital settings, we do see that as a very important issue. Again, it is not something that our group is

specifically focused on. There has been some work done within the injury center to look at ways to try to improve collection of alcohol information in emergency room settings in particular, which of course are obviously by and large hospital-based.

There are some particular challenges in capturing alcohol information for non-fatal events though. Not the least of which is that people sometimes delay the time they seek care. So you may have somebody who was injured in an event that involved alcohol who don't see care for sometime afterward.

And that means that things like blood alcohol testing - for example - which is supposed to be done routinely in trauma care settings - particularly Level 1 trauma centers which are also hospital-based - becomes a more questionable methodology for collecting alcohol information for people who have less severe injuries.

So I think there's more work that we need to do to try to identify the best way to get at alcohol involvement for non-fatal events.

I think - but a minimum though, one of the things that we'd like to see happen ties into some other work we're doing on screening and brief intervention is to comply with the recommendations of the National Institute on Alcohol Abuse and Alcoholism to make screening for binge drinking more routine in clinical settings.

That doesn't necessarily mean that you're capturing information on alcohol involvement for a specific event, but it does give you information on somebody's drinking pattern that can then inform decisions about next steps that may need to be taken in the way of clinical intervention.

Amanda Miller: There other presenters who want to weigh in on that point? Or do we have another question?

Dr. Greg Holzman: I'll ask a question. This is Dr. Greg Holzman again.

To Katy Gonzales, in the coalition work that's happening in Ingham County, that's just an Ingham County area that's working on that? Is that correct? And if that is correct, has some of the other counties around started to look at getting some of the work that you folks have been doing?

Katy Gonzales: That's a good question. As I stated before, a lot of communities are turning towards serving alcohol at events to generate revenue. And this isn't just a problem here in Ingham County. Talking to local coalitions and our coordinating agencies which, you know, provide more of our prevention efforts, this is an issue statewide.

And so I focus on Ingham because I've worked - I've had an opportunity to work with them a little more closely and I understand the things that they've done. But other communities are also making similar recommendations and establishing the partnerships to hopefully reduce binge drinking at these events.

Amanda Miller: Do we have any other questions on the line?

Laurie Perrett: Yes, I have a question. This is Laurie Perrett from the National Center for Health Statistics.

I was interested in the point that most of the people who binge drink are not alcohol-dependent. And I was wondering what was your feeling about alcohol abuse? Would they qualify as alcohol abuse in the DSM-IV? Because in the

DSM-V they're going to put them together anyway, it's just going to be alcohol use disorders with both dependence and abuse in that one category. So I was just curious about that.

Bob Brewer: Yes, that's a good question. First of all - and Jim Roeber and me specifically want to chime in on this since New Mexico has been very involved in looking at this overlay between dependence and various patterns of alcohol consumption.

Our primary focus and the basis for the comment that was being made by a couple of the speakers that most binge drinkers are not alcohol-dependent is specifically based on looking at the overlay with the DSM-IV diagnosis of alcohol dependence, that is addiction to alcohol.

The abuse category - as you sort of alluded to - is a bit of a tricky one because it really has much more to do with experiencing consequences related to excessive drinking. So there have been various studies that have looked at the overlay - I'm thinking about among college students in particular - with alcohol abuse and then separately with dependence.

And of course as you would expect, a much more substantial proportion of the binge drinking population - and particularly again I'm thinking about among college students - would meet criteria for abuse than for dependence.

But the larger point we're really trying to make here is that most of the people who are drinking too much and at levels - this was pointed out by all of the speakers - that are well in excess of the cut points that we use for defining binge drinking in particular, most of these folks don't really have conditions that are amenable to medical treatment per se.

And that's one of the reasons why we think it's so important to look at other factors - other environmental factors - that are really influencing the drinking behavior of excessive drinkers. And those include a number of the things - again - that the speakers spoke about, the price of alcohol, the availability of alcohol and certainly the issues around marketing as well.

So I think there are some different issues when you - and you're certainly going to come up with some different prevalence estimates for abuse and dependence relative to binge drinking. But I think the larger point - again - has to do with what we do to address it. And the fact that most of these are not drinking at a level that would come to - or typically require medical attention.

Now I want to very quickly say that I think there is a tremendous opportunity in clinical settings (to address) non-dependent excessive drinking using screening and brief intervention, which is a really underutilized and evidence-based strategy for changing people's drinking.

Could be we would argue (unintelligible). Can you still hear me or no?

(Laurie Perrett): Well I couldn't during that whole thing, but now I can hear you again.

Bob Brewer: I didn't talk then. So I think there are things that can be done in clinical settings to address non-dependent excessive drinkers and also to improve our ability to identify those who do have dependence as well.

And there's a strong body of evidence showing that screening and brief intervention in particular is very effective in clinical settings for addressing people across the full spectrum of excessive drinking.

Amanda Miller: Do we have any other questions?

Steve Wertz: This is Steve Wertz from California.

Amanda Miller: Yes, please go ahead.

Steve Wertz: Thank you. Both to - well perhaps to Dafna and Bob. Just wondering, given this discussion about dependence and the non-dependent consequences of binge drinking, to what degree are you working with SAMHSA on joint efforts to figure out how to address this given SAMHSA's sort of medical model or mental health model versus the CDC's sort of public health model?

Bob Brewer: Well hi Steve. It's good to hear your voice. I'm glad you're on the call.

As I think you're aware, we collaborate quite a bit with SAMHSA in a number of different activities. We're very actively involved in the Interagency Coordinating Committee for the Prevention of Underage Drinking, which has the unfortunate acronym of ICCPUD. And Dafna Kanny actually is our Lead Agency Representative and Janet Collins - who is in Dr. Friedaen's office - is the principal CDC representative to that ICCPUD group.

In addition, SAMHSA is also an active participant in the work we do with the Community Guide. Steve Wing - who is the Lead Alcohol Policy person at SAMHSA - participates in what we refer to as the coordination team that works on the Community Guide branch on these reviews.

And we have also had a number of interactions with SAMHSA related to - and I know you're aware of this - the establishment in states of State Epidemiological Outcome Workgroups which SAMHSA is involved in funding. As well as the larger SPF SIGs - Strategic Prevention Framework State Incentive Grant Programs that they fund in states.

So we certainly have interacted him a good bit. We're involved through the ICCPUD group and the development of a report to Congress on underage drinking, which is including more and more policy information that is directly relevant to the Community Guide recommendations that we've talked about in these presentations. So there actually are a number of different points of connection with SAMHSA.

I think it is fair to say - as you have suggested - that a number of substance abuse agencies - not all, but a number of substance abuse agencies historically have tended to focus a bit more on individual level interventions as opposed to policy (unintelligible), kinds of things we're talking about with the Community Guide.

But our position has always been that these activities are very complementary. It doesn't have to be an (either/or) population and nor should it be.

So I think there need to be more efforts - frankly - to build collaboration between substance abuse agencies and public health agencies.

And I think it's particularly important to get public health more involved - public health agencies more involved in addressing excessive drinking in a manner that is more similar to the situation with smoking which - where as you know, all public health agencies - state public health agencies - at least in the United States - are very actively involved.

Amanda Miller: Do we have any other questions on the line?

Bob Brewer: I'm actually going to - this is Bob Brewer again - sorry. I'd be interested in asking a question of one of our state colleagues, if that's okay.

Not to put them on the spot too much, but Katy, I just wanted to ask you, in your experience working in Ingham County, I know Michigan State University is in Ingham County and I know there certainly have been issues related to binge drinking among college students there. Not that that is in any way unique to state, I don't mean to single out them relative to others.

But I'm just curious with the coalition are leaders from the University involved in working in that community coalition and is there an effort perhaps to marry activities that are going on relative to Michigan State specifically and to address binge drinking by college students there with broader efforts going on in the community? Could you comment on that a little bit?

Katy Gonzales: Sure. I know that Michigan State does work with one of our coordinating agencies which is funded through SAMHSA. And they do have discussions and communication about what can be done.

I know - being a graduate from MSU - that football games are always a big issue, especially around binge drinking. And I know one of the most successful strategies that they implemented was actually reducing the amount of time that tailgating could occur before a football game.

And so before I think it's only - you can only tailgate now four hours prior to a football game instead of it being, you know, six or seven. So that has actually made a big difference. And I know that Michigan State is really interested in reducing some of the harms related to binge drinking and excessive alcohol consumption. And that's obviously an ongoing process that they're continuing to work on.

Bob Brewer: Maybe one other question - if I could - and then I know there may be others. But I wanted to ask Jim - I thought some of your findings related to differences in binge drinking intensity across racial and ethnic groups - and particularly the Native American population - were very provocative and compelling.

And I'm wondering what your thoughts are about how and perhaps what your experience has been to the extent that you've had some experience communicating that information with tribal leaders and the extent to which that might also be able to be used to impact on issues related to alcohol availability on or near tribes in New Mexico. Could you comment on that a little bit perhaps?

Jim Roeber: Sure. Well I think that these are very new findings, so I really actually haven't had much of an opportunity to disseminate them. And I think it's going to be a very interesting process to talk with our prevention community and talk with our prevention programs to think about how we might work to both disseminate the information and then translate it into some kind of prevention action.

So I guess the answer is it's a little early in the process to say how it's going to work, but certainly it's going to be I think part of our message about what's happening with regard to alcohol-related problems in New Mexico.

Bob Brewer: Thanks so much.

Amanda Miller: Yes, thank you. As a courtesy to everyone on the call, I just want to remind you to mute your phone by pressing star 6 when you are not speaking.

Do we have any other questions today?

Wilbur Brown: Hello. This is Wilbur Brown calling Southeast Alaska Regional Health Consortium.

Amanda Miller: Welcome.

Wilbur Brown: Thanks. Hey, I've got a couple of questions related to binge drinking in the data. You know, is there any breakout on the binge drinking, you know, related to our tribal communities? And if so, where could I find it?

And then also related to suicide prevention, is there any data that shows how often binge drinking is related to a suicide? And if there's any data on that where can I find that as well?

And also are there any efforts to collaborate more with folks working on the binge drinking to work more with suicide prevention in our communities?

I guess that's a three-part question.

Bob Brewer: Jim, do you want to - this is Bob. Do you want to talk a little bit about some work that you've done in New Mexico again? It sort of follows up maybe not so much on the most recent findings you have on binge intensity, but perhaps work that you've done collaboratively with the Indian Health Service and that you're doing now and other work that you've done collaboratively with the Native American community?

Jim Roeber: Well yes, I mean, think that one data source that is available is surveillance of binge drinking that's happening through the tribal epicenters. So I know that there has been quite a bit of youth alcohol use surveillance happening through

our Albuquerque area tribal epicenter, and I believe some adult surveillance has also happened through the Navajo area in the tribal epicenter.

So I suggest that you might want to follow up with - if there's a tribal epicenter up in Alaska there - which I believe there is - that might be a good place to go for some tribal data.

Bob Brewer: Well - go ahead...

Dr. Dafna Kanny: Yes, for this analysis of *Vital Signs*, the geographical levels as we analyzed was the state level, but we recommend you to go to your state level BRFSS coordinator and see what type of local data collection is being done utilizing the Behavioral Risk Factor Surveillance System.

I know that some states and some locations have a specific sampling unit that will characterize different (sub)-population or (sub)-locations within a state. But for that analysis we stayed at the state level.

Jim Roeber: Yes, this is Jim again. I can just say that in New Mexico we have worked over the last five or so years to really try to increase our sample out in, you know, our Native American sample out in the Northwestern part of the state in particular where we have a pretty high population.

So that's certainly helped improve our estimates and helped improve our confidence that we're measuring problems more accurately in the Native American population.

Bob Brewer: Your other question had to do with looking specifically at the relationship between excessive alcohol consumption and suicide. And just to highlight I think the larger point you're making, there's no question that excessive

alcohol consumption in general, binge drinking in particular, is an important risk factor for violence in general and self-directed violence, suicide certainly in particular.

We do have a tool on our Alcohol and Public Health website which is called Alcohol-Related Disease Impact software.

Bob Brewer: Mute your phone lines. If anybody's got your phone line un-muted we need (unintelligible).

Bob Brewer: We do have a tool...

Bob Brewer: Can you hear me? Okay, we have a tool on our website called Alcohol-Related Disease Impact software, or ARDI. And that actually profiles alcohol-attributable deaths and years of potential life lost - also known as YPLLs - four about 54 different conditions. Those estimates of deaths and years of potential life lost are available both at the national level and then also at the state level as well.

Suicide is certainly one of the acute conditions that we profile in ARDI. And we have estimates of the proportion of deaths from acute and chronic conditions that are attributable to alcohol. It's actually a separate report on what we would refer to as alcohol-attributable fractions.

Off the top of my head my recollection is that something on the order of 30% of suicides - and here we're talking exclusively of completed suicides - that is those that have led to death - are alcohol-attributable. So it is certainly a very important risk behavior, and I dare say frankly probably quite underreported relative to suicide as it is with really all of the conditions that we look at.

It is possible to profile alcohol-attributable deaths including suicide or areas below the state level. And that is something that you might well want to talk with folks in the department about. There certainly is - a number of the folks on this call actually have been involved in uploading sub-state level data to analyze things like suicide within (unintelligible).

I hope that's of some help.

Wilbur Brown: Yes, it sounded like you had a lot of great information coming out there, but someone who was receiving a call right in the middle of your discussion of where the website was at, can you rename the website again?

Bob Brewer: Sure. Our Alcohol and Public Health website, that's www.cdc.gov/alcohol, that's the CDC homepage, and then /alcohol. And you'll find right on the homepage - on the landing page - a link to this Alcohol-Related Disease Impact software tool. Okay.

Amanda Miller: I think we may have time for one more question.

John Surlerton: This is John Surlerton from (unintelligible). I have a question about - I understand that - I understand that the relationship between alcohol dependence and binge drinking, that is that binge drinkers apparently are at a lower less for alcohol dependence. What about the reverse? How many alcohol-dependent individuals binge drink? Do we have any data on that?

Bob Brewer: Yes. And if I could just correct one thing, I want to make sure we don't have a misunderstanding here. People who binge drink certainly are at increased risk of developing alcohol dependence.

John Surleton: Sure.

Bob Brewer: So I don't mean to imply that those are not related. I think what we were talking about more is that on a population basis if you look at the proportion of people who report binge drinking who also meet criteria for alcohol dependence, it's on the order roughly - varies somewhat across studies on the order of roughly 20%.

In New Mexico - the study that Jim was reporting on - actually it was even a somewhat smaller proportion that met criteria for dependence.

But certainly people who binge drink are at increased risk of developing alcohol dependence.

Now in terms of the flipside of the coin then as you were asking, I think a number of people in the addiction treatment field who see people who are alcohol-dependent would say that virtually everybody is alcohol-dependent binge drinks. Particularly when you realize that one of the key diagnostic criteria for alcohol dependence has to do with loss of control.

So pretty much by definition people who are alcohol-dependent are not typically able to set appropriate limits on their drinking behavior, and that's why of course it prompts a lot of adverse consequences in a variety of different areas of their life.

In a recent economic cost study though that we released in October of last year published in the American Journal of Preventive Medicine, we did actually tease out the proportion of costs - and Dr. Kanny made reference to that in her remarks - a proportion of the \$224 billion in economic cost due to excessive drinking that were attributable to binge drinking.

And to get at that figure we did have to (unintelligible) and specifically estimate the proportion of people who met criteria for dependence who were also binge drinking.

And we were very conservative in the approach that we used to assessing binge drinking among the alcohol-dependent population and only considered persons who met criteria for alcohol dependence to also be engaged in binge drinking if they reported doing so within the past 30 days.

And on that basis - I don't have the exact figure in front of me - but it was somewhere on the order of 2/3 of people who met criteria for alcohol dependence reported binge drinking in the past 30 days.

Now if you went out past 30 days, it certainly is very likely that a much larger proportion of the dependent population would have reported binge drinking. But that was what we used for the analysis in that particular report.

John Surleton: Thank you.

Amanda Miller: Unfortunately, it looks like we are running out of time. And before we close, please take a moment to look at the next to last slide in the PowerPoint presentation.

On this slide you'll find a number of ways to stay connected and integrate *Vital Signs* into your websites and social media channels for free. You can become a fan on Facebook, follow us on Twitter or syndicate *Vital Signs* so that it automatically appears and updates on your sites. Additionally, you can download interactive Web buttons and banners to help us spread the word.

The last slide has our email address, which is OSTLTSfeedback@cdc.gov. That's O-S-T-L-T-S feedback@cdc.gov. Please let us know how we can improve these teleconferences so they'll be more beneficial to you.

A special thank you to our presenters and to everyone who participated with us on this call.

I hope you'll join us again next month on Valentine's Day, February 14, for the next *Vital Signs* town hall teleconference on cardiovascular disease. Thank you.