

## **CDC *Vital Signs* Town Hall Teleconference**

### **Binge Drinking Transcript**

January 17, 2012  
2:00pm – 3:00pm EST

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode. After the presentation we will conduct an open question-and-answer session. At that time you may press star 6 to mute and un-mute your phone.

Today's conference is being recorded. If you have any objections you may disconnect at this time.

Now I would like to turn the call over to Dr. Greg Holzman, Deputy Director, OSTLTS CDC. Sir, you may begin.

Dr. Greg Holzman: Thank you. Good afternoon everybody and welcome to CDC's first *Vital Signs* town hall teleconference of 2012. I'm glad you all could join us today to discuss the latest *Vital Signs* report on binge drinking.

It was only a few months ago - in fact October - that CDC's *Vital Signs* report focused on drinking and driving. And that report showed a strong association between alcohol-impaired driving and binge drinking and highlighted how important this public health topic is not only to individual's health, but also to the health and safety of our communities.

This month's *Vital Signs* report grew from the earlier report and shows that binge drinking is a bigger problem than previously thought. Not only is binge

drinking common among US adults, but people who binge drink tend to do so frequently and with high intensity.

It is important to note that the higher prevalence of binge drinking reported in the 2010 compared to the 2009 - that was 17.1% to 15.2% respectively - likely resulted because of a developmental Behavioral Risk Factor Surveillance System - or BRFSS - dataset was used in the 2010 analysis.

CDC is moving forward in its methodology to capture cell phone use since 30% of the country no longer has a land line. While this will cause our data trends to change, we expect this to show a more accurate picture of the current health conditions and risk behaviors in the United States.

I know that some of you may have questions about this developmental dataset and I'm pleased that Dr. Lina Balluz - Acting Director of CDC's Division of Behavioral Surveillance - is on the phone with us today. And she will be able to answer your questions during the discussion in the second half of today's call.

First though we'll hear from our colleagues in New Mexico and Michigan on how they have integrated many of the strategies identified in the Guide to Community Preventative Services into their state's activities to address binge drinking.

So without further delay, I'll turn the conference over to Amanda Miller from the OSTLTS Communication Team who will introduce our speakers and facilitate the discussion portion of the today's meeting.

Amanda Miller: Good afternoon everyone. Thank you for joining us today.

Before we get started I want to remind you that you can download today's PowerPoint presentation and view bios for each of the presenters on the Town Hall Teleconference site.

This website has a new address so you'll need to update your bookmarks if you have this saved. The new address is [www.cdc.gov/stltpublichealth](http://www.cdc.gov/stltpublichealth), that's S-T-L-T public health, no spaces. There's a link directly to the Town Hall website under Highlighted Products and Resources on the bottom right.

This site is also where we will add the audio recording and transcript for today's meeting. And they should be available by early next week.

If you have any problems viewing the PowerPoint presentation, right click on the link and select "Save As" to download the presentation to your computer. This should help eliminate any issues with your browser opening a large file.

After our presentations today there will be time for questions. I encourage you to take advantage of this opportunity. We'd love to hear your strategies, lessons learned, challenges and successes.

Now it's my pleasure to introduce our speakers. I will introduce all the speakers now and then each speaker will hand off to the next one during the presentation.

Joining us today to provide a summary of this month's *Vital Signs* report is Dr. Dafna Kanny, a Senior Scientist in CDC's Alcohol Program within the National Center for Chronic Disease Prevention and Health Promotion.

Then Jim Roeber - an Alcohol Epidemiologist from the New Mexico Department of Health - will discuss how binge drinking data has been used in his state to support Community Guide recommended prevention efforts.

Katy Gonzales - an Alcohol Epidemiologist within the Michigan Department of Community Health - will be our last speaker today. She will share stories about some of the local efforts being taken in Michigan to implement the Community Guide's recommendations to reduce binge drinking.

And now I will turn the call over to Dr. Kanny.

Dr. Dafna Kanny: Thank you. And thank you for inviting me to this town hall teleconference. I will present to you a summary of the information published last week in the *Vital Signs* on binge drinking among adults.

Please go to the next slide, Slide number 5.

Why focusing on binge drinking? Excessive alcohol use - including binge drinking - is responsible for over 80,000 deaths in the United States each year and in 2006 cost the United States \$223 billion.

Binge drinking is defined as four or more alcoholic drinks for women or five or more drinks for men during a short period of time, and accounted for over half of these deaths and  $\frac{3}{4}$  of the economic costs.

Binge drinking is a risk factor for many health and social problems, including motor vehicle crashes, violence, hypertension, sexually transmitted diseases, unintended pregnancy and fetal alcohol syndrome. And most binge drinkers are not alcohol-dependent or alcoholics.

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For this study we used data on self reports of binge drinking within the past 30 days for about 458,000 United States adults aged 18 years and older from the 2010 Developmental Behavior Risk Factor Surveillance System that blended for the first time cellular and land line respondents.

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Despite the many health and social problems due to binge drinking, about 38 million - or one in six U.S. adults - binge drank in 2010, an average of four times a month. And the largest number of drinks per binge on average was eight, far exceeding the drinking levels that are used to define this behavior.

There are important demographics and geographic disparities in the frequency and intensity of binge drinking among different groups. (Socio) demographic groups in states where the lower prevalence of binge drinking may still include subgroups with high frequency and intensity.

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Binge drinking is most common among 18 to 34 years old. But binge drinkers aged 65 years and older binge drink more often than other age groups, on average of five to six times a month.

Binge drinking is most common among person with incomes above \$75,000 a year, but binge drinkers with incomes less than \$25,000 a year consumed the largest average number of drinks when they binged, between 8 and 9 drinks per episode.

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Binge drinking varies from state-to-state and estimates of adults who binge drink ranges from 10.9% in Utah to 25.6% in Wisconsin. As you can see on the left map, adult binge drinking is most common in the Midwest, New England, the District of Columbia, Alaska and Hawaii.

However, when looking at the map to the right, binge drinkers in the Southern Mountain States, Midwest and some states where binge drinking is less common - including Louisiana and Mississippi and South Carolina - consume more drinks when they binge.

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What are effective ways to prevent binge drinking? More widespread implementation of evidence-based strategies - such as those recommended by the Community Guide - could reduce the frequency, intensity and ultimately the prevalence of binge drinking, as well as the health and social costs related to it.

Such evidence-based strategies include increasing the price of alcohol, regulating alcohol outlet density - which are the places where alcohol can be sold or served - dram shop liability - which means holding alcohol retailers liable for injuries or damage done by their intoxicated or underage customers - maintaining limits on days and hours of alcohol sales, maintaining state monopolies on alcohol sales and enhancing enforcement of laws prohibiting alcohol sales to minors.

Detailed information of these strategies can be found at the Community Guide website.

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Recent analysis note the substantial gap between the societal and governmental cost of excessive alcohol consumption and the total federal and state taxes on alcoholic beverages. Binge drinking costs federal, states and local governments 62 cents per drink, while the federal and state income from taxes on alcohol is 12 cents per drink.

Alcohol consumption is sensitive to price. A 10% increase in the price of alcohol will reduce consumption by 7%.

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So what is CDC doing to address binge drinking? In addition to improving the public health surveillance on excessive alcohol use - including binge and underage drinking - and how it's related to it as we do with this release of this *Vital Signs* report, and of course disseminating information on effective measures for preventing excessive drinking.

We are also developing translational tools in the form of Action Guides. These are developed to assist state and local public health agencies and coalitions in implementing Community Guide recommended strategies.

The Action Guide regulating alcohol outlet density has been recently released and the other two guides on increasing alcohol excise taxes and dram shop liability are under development.

We also fund state capacity building in alcohol epidemiology and providing technical assistance to states and communities.

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There are three take home messages I would like to leave with you. First, binge drinking is a nationwide and common problem. Second, widespread implementation of effective prevention strategies is necessary. And lastly, monitoring the frequency and intensity of binge drinking in addition to prevalence are key to evaluate the impact of evidence-based strategies to prevent binge drinking.

At this point I would like to turn it over to Jim Roeber from New Mexico.

Jim Roeber: Good afternoon. If you can go to Slide 15.

My name is Jim Roeber. I'm the Alcohol Epidemiologist for the New Mexico Department of Health. I'd like to thank the CDC for this invitation to present.

Today I'll be talking about binge drinking among adults in New Mexico. And specifically I'll talk about how we've been able to use binge drinking data to help support both alcohol epidemiology and alcohol-related prevention in our state.

I'll start by discussing how we've been able to use binge-intensity - one of the binge drinking measures that was included in the recent *Vital Signs* - to help explain disparities in alcohol-related outcomes in our state.

Next slide please, Slide 16.

All right, so New Mexico has historically had among the worst alcohol-related outcomes in the United States. In 2007 - the most recent year for which data

are available - New Mexico had the highest alcohol-related death rate in the nation with a rate of almost twice that of the U.S.

Substantial disparities in alcohol-related death rates exist in New Mexico. New Mexico's high alcohol-related death rates are driven by very high rates in the American Indian population and high rates in the Hispanic male population.

Meanwhile, New Mexico's rates of excessive alcohol consumption as measured by the Behavioral Risk Factor Surveillance Survey - BRFSS - are less exceptional.

In 2007 - the same year in which our alcohol-related death rate was almost twice the U.S. rate - our binge drinking rate was actually less than the U.S. rate. Our rate was 12.3% compared to the U.S. rate of 15.8%.

This gap between New Mexico's very high alcohol-related death rates and its more average binge drinking rates has been a cause of some confusion in recent years and has led to questions about what might be causing the apparent disconnect between our binge drinking rates and our alcohol-related death rates.

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This slide shows some more recent results, which - once again - show this apparent disconnect. On the left-hand side of this slide you can see alcohol-related death rates by race/ethnicity for New Mexico's three largest race ethnic groups. This is for 2005 through 2009.

And during this period the alcohol-related death rate in the American Indian population was more than twice the rate in the white non-Hispanic population and the white Hispanic rate was almost 40% higher than the white non-Hispanic rate. In contrast, the binge drinking rates by ethnicity that are shown on the right-hand side of this slide were almost identical for this five-year period.

So these results sometimes raise questions about whether the BRFSS is accurately measuring excessive alcohol consumption in New Mexico. There are gaps in land line coverage in rural areas of the state, increasing cell phone use, etc., could potentially contribute to underestimates of New Mexico's binge drinking rates particularly among the American Indian population.

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Another possible explanation for this apparent gap is mentioned in the recently published *Vital Signs*. And specifically that states would lower prevalence of binge drinking might still include subgroups that binge drink frequently and with high intensity.

Investigate this possibility I looked at patterns of binge frequency and binge intensity in New Mexico by race/ethnicity. During the period 2005 to 2009, I didn't find any significant difference in binge drinking frequency between New Mexico's three largest race/ethnic groups. However, I did find significant differences in binge drinking intensity and these paralleled the differences in alcohol-related death rates.

So for example - as show in the graph on the left-hand side of this slide - American Indians reported significantly higher largest number of drinks in the

past month than white non-Hispanics, 8 drinks on average among American Indians compared to 7.2 drinks on average among white non-Hispanics.

Even more compelling are the results on the left-hand - I'm sorry, on the right-hand side of the slide. These show that the prevalence of very high intensity binge drinking - drinking more than ten drinks at least once in the past month - is significantly higher among the American Indian than the white non-Hispanic population. And furthermore they show that more than a quarter - about 26.8% - of American Indian binge drinkers reported this very high intensity binge drinking compared to only 14.5% of white non-Hispanic binge drinkers.

Now these results suggest that real differences in binge drinking patterns exist among the three largest population subgroups in New Mexico. They point to the existence of population subgroups that binge drink with very high intensity as suggested in the *Vital Signs*. And they suggest that differences in binge intensity may help explain the race/ethnic disparities in alcohol-related death rates that we see in New Mexico.

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So now I'm going to talk briefly about a few other uses that we've made of the BRFSS binge drinking data.

In addition to supporting alcohol epidemiology in New Mexico, these data have also helped support important steps toward reducing excessive alcohol consumption.

In 2006, New Mexico's alcohol regulation and licensing agency proposed strengthening regulations that prohibit illegal sales and service of alcohol to

minors and intoxicated persons. And specifically the agency proposed reducing the number of violations required for a license revocation.

This particular slide was used to argue for these regulatory - for the strengthening of New Mexico's regulations. This was based on the BRFSS Binge Module, which was a set of questions that asked past month binge drinkers about their last binge drinking episode. Asked them how many drinks they had consumed, what location they had done the binge drinking and whether they had driven on this occasion.

Based on this information we were able to estimate the total number of binge driving events per month by binge drinking location and we were able to assess the intensity of binge drinking that preceded these binge driving events.

These data all resulted in the pie chart you see here, which show that many binge driving events - about 6,000 per month - originated in bars and clubs. And about one-third of these events involved high intensity binge drinking, drinking ten or more drinks on the occasion.

These data suggested that illegal sales and service occurring in bars and clubs was indeed a problem and they were used to successfully argue for the need for stronger liquor regulation in New Mexico.

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Binge drinking data have also been used to help reframe the focus of prevention efforts in New Mexico. Historically alcohol dependence - the formal term for alcoholism - has been viewed by many in New Mexico as the key risk behavior that drives New Mexico's alcohol-related problems.

This slide shows a study we published in 2007 based on 2002 New Mexico BRFSS data. In this survey we asked respondents not only about their binge drinking behavior, but also about their symptoms of alcohol dependence.

The results of this survey showed clearly that binge drinking was the most prevalent form of excessive alcohol consumption in New Mexico and that most excessive drinkers were not alcohol-dependent. In fact only 2% of all adult respondents were alcohol-dependent, whereas 14.4% of all adults reported past month binge drinking and only 8% of those binge drinkers reported alcohol dependence.

These findings show that the majority of adult binge drinkers were not alcohol-dependent and did not warrant more intensive interventions such as treatment. And these findings have helped reframe the focus of prevention in New Mexico to support increased focus on binge drinking prevention among adults.

And finally, binge drinking data have been used to support a variety of evidence-based Community Guide-based prevention initiatives in New Mexico.

As I mentioned earlier, they informed the decision to strengthen our state liquor control regulations which supports the Community Guide recommendation to enhance enforcement of laws prohibiting alcohol sales to minors.

Binge drinking data have also contributed to the evaluation of successful efforts that we've undertaken in our state to reduce alcohol-impaired driving using Community Guide-recommended strategies, such as sobriety checkpoints and associated media campaigns.

And finally, the binge drinking data have been used to promote screening and brief interventions for at-risk adult drinkers in primary care settings, which is consistent with a recommendation from the U.S. Preventive Services Taskforce.

So in closing I'll just say that binge drinking have contributed very substantially to our understanding of alcohol-related issues in New Mexico. And the increased focus on characteristics of binge drinking - such as binge intensity - that is encouraged by the recent *Vital Signs* has already contributed important new information to our understanding of alcohol-related issues in New Mexico.

So now I'd like to turn it over to Katy Gonzales.

Katy Gonzales: Thank you. As mentioned by - next slide please.

As mentioned by Jim, my name is Katy Gonzales and I'm a CDC-funded Alcohol Epidemiologist in Michigan. I've been with the Michigan Department of Community Health for more than a year-and-a-half conducting public health surveillance and excessive alcohol use, particularly binge and underage drinking and related health outcomes.

Today I will be discussing some of the efforts here in Michigan to implement the Community Guide recommendations to reduce binge drinking.

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As reported in last week's *Vital Signs*, in 2010 the prevalence of binge drinking among Michigan adults was 17.7%, which was slightly higher than the overall total of 17.1% in other states.

In the past 30 days Michigan binge drinkers had on average 4.4 binge drinking episodes and the average largest number of drinks consumed on an occasion was 7.

Compared to other states, Michigan adults had the same frequency of binge episodes as other adults but were consuming about one drink less on occasion.

As the data demonstrate, binge drinking is a major public health concern nationally as well as in Michigan.

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A significant proportion of my presentation will be focused on Ingham County. As you can see on the map, Ingham County is located in the Central portion of the Lower Peninsula. The State Health Department and Lansing - which is the state capitol - are both located within Ingham County.

The estimates presented here on this slide were calculated using the older BRFSS methodology and include land line households only. These binge drinking measures are most likely an underestimate and do not accurately represent the prevalence, intensity and frequency of binge drinking in Ingham County.

The prevalence of binge drinking among adults in Ingham County is 13.2%, which is lower than the current 2011 state estimate.

Despite a lower proportion of adults binge drinking, Ingham County binge drinkers have a higher frequency with 5.1 binge drinking episodes per month. Ingham County binge drinkers also have a higher intensity of binge drinking with the largest average number of drinks consumed being 7.6 drinks on occasion.

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Next I would like to discuss special licenses and events occurring in Michigan and how the Community Guide recommendations have been adapted and implemented locally in our state to reduce binge drinking and related harms.

With the current economic climate, many of our local communities have turned to selling and serving alcohol to generate additional revenue at events such as fundraisers, fairs and festivals.

In Michigan one day special licenses can be purchased by nonprofit organizations for \$25. These licenses are unique from our retail licenses in that they are not limited to a specific governmental unit or geographic area and are not based on a population quota system.

In addition to the approximate 17,000 liquor licenses already issued in 2011, 6,993 special licenses were granted to nonprofit organizations. In Ingham County the number of events with alcohol service has consistently increased. In 2011, from May to September there were 12 fairs and festivals with food and alcohol service alone.

In the past two years various concerns about events with special licenses have been expressed. Community members and substance abuse prevention specialists were worried that these fairs and festivals were fostering

opportunities for underage alcohol consumption and were creating an environment that was conducive to binge drinking.

Another major issue is that at these events the individuals serving alcohol can be volunteers and often do not receive any responsible beverage service training. Volunteer servers often are not informed about the dram shop laws and despite this, the untrained server may be liable for serving to a minor or an intoxicated individual as a serious incident may result.

Unfortunately no data collection has occurred at these events and claims made by concerned individuals have not been validated.

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One of our local coalitions - the Ingham Substance Abuse Prevention Coalition - recognized a unique prevention opportunity and developed partnerships with the local health department and event coordinators and staff.

Due to the concerns expressed, the coalition started and continues to conduct free assessments of events with special licenses. The coalition then provides recommendations to prevent alcohol availability to minors and to prevent and reduce binge drinking.

To reduce binge drinking, the coalition - which has members that are trained and certified to provide alcohol service training such as TIPS training - gives free server training and information on binge drinking to all volunteer servers prior to the event.

Free and post-tests are given to assess the servers' knowledge of safe serving practices and Michigan laws. In addition to providing free training, the

coalition also posts information on safe alcohol consumption in the areas where alcohol is served.

To address the other main concern - underage alcohol consumption - the coalition makes several recommendations to the event planners.

In addition to checking IDs and having wristbands for of-age attendees and strictly 21 and over areas, it also suggests that alcoholic drinks should be in distinctly different colored containers than non-alcoholic drinks.

This fiscal year the coalition has worked with local law enforcement to plan compliance checks to occur the same day as a scheduled event. At no additional costs police can assess if alcohol is being served and sold to minors and intoxicated patrons.

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In addition to dram shop liability and enhanced enforcement of laws prohibiting sales to minors, the coalition has made recommendations to restrict the number of outlets where alcohol is sold during these events.

Excluding special licenses, retail liquor licenses are currently based on a quota system set by the population. Event planners have to estimate the number of attendees for various other reasons, and this information can be used to limit the number of locations where alcohol is served.

Also the coalition will be making recommendations to improve events with special licenses to the Michigan Liquor Control Commission, which is the issuing agency.

The coalition would like server training to be mandatory for all volunteers and servers. It will be recommended that approval of a special license be granted from a local health department in addition to the approval from local law enforcement.

In addition to the strategies that mirror the Community Guide recommendations mentioned previously, some other suggestions are made by the coalition to reduce binge drinking.

The coalition recommends reducing the container size for alcoholic drinks to standard sizes. For example, 12 ounces for beer, 5 ounces for wine and 1.5 ounces for liquor and mixed drinks. This helps patrons easily monitor their consumption and also increases the profitability of the event.

More suggestions made by the coalition are to limit the number of beverages allowed per purchase, eliminate beer pitchers completely, limit or eliminate alcohol sponsorship and advertising, shut down alcohol service an hour before the end of the event, and add food and strictly 21 and over alcohol-only areas such as beer tents.

In summary, the Ingham Substance Abuse Prevention Coalition has adapted two of the Community Guide recommendations - dram shop liability and enhanced enforcement of laws prohibiting sales to minors - to fit their community needs to reduce binge drinking.

In the future, ISAP - the coalition - is working on implementing the Community Guide recommendation to restrict alcohol outlet density at events, make server training mandatory for all volunteers, and to require the approval of the local health department before a special license is issued.

This is just one example of how a local community in Michigan has successfully built relationships and partnerships with local businesses and agencies that have a large impact in reducing binge drinking and related harms.

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I would like to thank and acknowledge the Ingham Substance Abuse Prevention Coalition and the Ingham County Health Department for all the wonderful work they're doing to prevent binge drinking in our community.

I would also like to mention the University of Minnesota's Alcohol Epidemiology Program, which has created resources for alcohol control at community festivals that the coalition used in addition to the Community Guide recommendations.

Also and finally, I would like to thank the CDC Alcohol Program for continuing to support alcohol-related surveillance activities in Michigan. Thank you.