

CDC *Vital Signs* Town Hall Teleconference

Alcohol Poisoning Deaths: A Deadly Consequence of Binge Drinking

Q&A

January 13, 2015

2:00 pm (EST)

Dr. Richard Schieber: Thanks Laura and thanks for getting back on as quickly as you could.

You'll now get the hard questions. Operator, is there, are there questions in the queue? If not I have a couple of things I'd like to ask.

Coordinator: We do have one question in the queue from Dr. Louis Fazen of the Southborough Board of Health. Your line is open.

Dr. Louis Fazen: Thank you very much for taking my question. It seemed like the presentations of, very thoughtful presentations by Dr. Naimi and Dr. Tomedi emphasized more regulatory approaches to binge drinking.

I would say taxation and placement of liquor license and so forth. But I wondered could somebody comment or could they comment a little bit more about social factors that might limit binge drinking?

It seems like the "don't let your friends drive drunk" has had some effect and I wonder what other social kinds of programs might be implemented that could also affect binge drinking? Thank you.

Dr. Richard Schieber: I hear breathing on the phone. Would any of the respondents like to talk about that?

Dr. Tim Naimi: Sure. This is Tim. This is great to hear from Dr. Fazen. Lou Fazen. But so you mentioned other sort of social interventions, Lou. I think the sort of

designated driver thing pertains more to sort of motor vehicle crashes which I don't think, which were not included in the poisoning deaths for this.

So specifically with regards to alcohol poisoning deaths I think there are, you know, social and clinical interventions that are relevant. Even though this is a webinar for, you know, sort of public health oriented.

So I think there are some of those things and I think even though only for example only 30% of the death certificates code alcohol dependence as a contributing cause of death that as Dr. Kanny indicated is probably an under report.

And so there are a variety -- you know, just lack of treatment resources in many communities and that probably is an important factor. And then there are other environmental factors or harm reduction approaches that could be taken.

So people who are for example who might be picked up off the street or who can be readily identified or can have more prompt attention from emergency medical responders may be an important thing as well.

But I think in general for this problem it may well be easier to change policies and to focus on prevention than it is to try to hope to identify people and treat them once they're already severely intoxicated and ill.

But such approaches have been tried and of course are a focus of cornerstone of preventing deaths for example prescription opioid overdoses.

Dr. Richard Schieber: Thank you. Is there another question? Hello?

Coordinator: I show no further questions or comments in the queue.

Dr. Richard Schieber: Oh good. I get to ask some. Tim and Laura. It's clear that the efforts in the United States now are revolving around policy formation and execution. To what extent should we be looking at local based policies versus state based?

If there is a state based policy or regulation how does that come down to the local level? Which prevention measures are particularly sensitive at the local versus state level? Could you expand the conversation along those lines?

Dr. Tim Naimi: Laura do you want to take that first? Or --

Dr. Laura Tomedi: Yes, sure. So this is Dr. Tomedi, and I -- or Laura. And I would say definitely when we talk about alcohol outlet density that we see definitely that more action is successful at the local level versus the state level.

And definitely partnering with healthy community initiatives has worked very well which are very neighborhood based, not even city based. And so that's has worked very well with interventions like regulating alcohol outlet density.

And I think that was recently highlighted in the 2013 PSR which looked at the ability of local areas to control alcohol outlets density. However, I think especially some of the more cost interventions that Dr. Naimi was talking about at least here in New Mexico have seemed to be a little bit more successful at the statewide level.

Dr. Tim Naimi: Sounds good. I'll just maybe add to that, that there -- so some policies are traditionally left in the hands of locals or more likely too, and/or exist in states in which there is not so much preemption. In other words, in the

number of states it's basically not permitted for local policies to trump those of the state.

So that's actually an important consideration in some states. But typically the policies that are more accessible to sort of local control tend to be once related to for example hours of sale and sometimes limiting of like drink discounting and these types of things.

Whereas things like taxes are typically promulgated at the state level so there's less opportunity for local intervention. Although I should mention that in about 20 states, at least some counties have the ability to or metropolitan areas have the ability to levee their own alcohol taxes.

And then the other things you got into is that typically there's a push pull between attention in terms of wanting to implement policies that are shown to be highly effective versus those that are less effective. And, you know, just a political reality is that things like raising alcohol taxes tend to be very politically unpopular.

Whereas things that are frankly proven to be, you know, less effective are often embraced as alternatives. So I think those are some of the considerations in terms of what can versus should get enacted at the local level so there's -- those are some of the important things.

And I think it's going to vary a lot from locality to locality and by state depending on how the state laws are allowed to -- how the local laws are allowed to either supplant or be stronger than or weaker than state laws.

Dr. Richard Schieber: Thanks Tim. In terms of local law, low hanging fruit. I'm sure it's not universal but is there a widespread couple of low hanging fruit policies that do make a decent sized difference that locals should be thinking about?

Dr. Tim Naimi: Well this is Tim again. I think that the two that are probably the -- that tend to be impactful and that are often under the control of locals are the number of alcohol outlets or the number of licenses that are permitted in a jurisdiction and also the hours of operation.

And then the third one is the ability of locals to limit drink discounting. So happy hour restrictions or restrictions on two for the price of one. Those types of things. Or paying, for example paying -- being allowed to pay a fixed amount for, you know, unlimited alcohol.

So I think those would be three examples of policies that could be under the control of locals that are pretty, potentially pretty impactful.

Dr. Laura Tomedi: This is Laura. I would agree with Dr. Naimi and also add on to that. We have couple of communities who have been really successful in controlling alcohol advertising in their -- at a more local level.

And especially sort of neighborhood associations and through zoning ordinances have been able to kind of tackle that issue.

Dr. Bob Brewer: Rich? Can you hear me? This is Bob.

Dr. Richard Schieber: Yes, sure.

Dr. Bob Brewer: Can I just chime in? There's one other set of interventions that I think we also ought to make sure to put on the table because these are among the most accessible to many locals and that has to do with enforcement.

And if you look at some of the interventions that have been reviewed for the Guide to Community Preventative Services at least a couple of them are directly related to enforcement. One has to do with enforcement of the age 21 minimum legal drinking age which is more youth specific.

Another intervention that is certainly very promising and that Laura talked about in her presentation has to do with the enforcement of what are often referred to as over service laws. So again laws having to do with service to people who are intoxicated, which is illegal in pretty much all states. And then the other is not necessarily a local policy, but it's legislation that is promulgated at the state level which very much enables local enforcement and that has to do with what's referred to as commercial host liability or holding retailers accountable for harms related to illegal service, serving to kids, serving to people who are intoxicated.

And that's a good example of a policy by the way that speaks to the interplay between the local environment and the state environment. There are absolutely are things that states can do or not do that can either strengthen or weaken the ability of locals to control excessive drinking.

So that whole set of intervention that have to do with preventing illegal sales is another very important opportunity for locals.

Dr. Richard Schieber: Thank you. I wanted to ask another question. Tim that table of the effectiveness of various policies. That was very interesting. I think second from the top was a state control.

It was -- am I right about that? As you're coming on if that's the case and it's real effective isn't it true that there are relatively few states left that have kind of state control and if I'm right about that then have we sort of lost the battle in that one?

Dr. Tim Naimi: Yes, so that's a great point. So the current situation, I believe it's 18 states that have some form of state monopolies on alcohol but it's important to understand that for these state monopolies -- the state -- in those states with state monopolies, those monopolies really only pertain to spirits or liquor.

And in two states also include wine. But effectively no state has a monopoly on beer sales; although Utah is a little bit different because for regular strength beer there sort of is. But the broader point would be that those monopolies are restricted primarily to spirits.

And the other thing to note is that -- oh excuse me I lost my train of thought there. But anyways as you, so there are states that have that. Some states control the wholesaling, in other words they do the mark up at the wholesale level but they may not have state stores.

So they may not as apparent to you when you go to that state. Whereas other states will control the monopolized beverages down to the retail level so we'll have a state store. But in general, you're right if anything the movement has been away from monopolies.

Washington State was recently, you know, disbanded and that's being studied. But it's lead to a large increase in the number of outlets for sure.

So that's an example of policy that's generally effective but unfortunately for public health the political trend has been if anything has been towards movements to disband state monopolies.

Dr. Richard Schieber: Thank you. Operator, how are we doing on the questions?

Coordinator: No questions or comments. Press star 1. Record your name if you have a question or want to make a comment.

Dr. Richard Schieber: I know there are 154 people on the line. Somebody must be wondering about something.

Dr. Bob Brewer: Rich, while we have just a little bit of space can I just throw in one comment about the monopoly issue? This is another policy that we were involved in reviewing with the Community Guide.

And specifically the policy that we are looking at was what Tim just talked about which is essentially the converse of the monopoly. That is the impact of privatizing retail alcohol sales. And there were actually a number of studies that looked at that impact.

And it's very much tied into the issue of physical availability of alcohol as Tim said. And the overall estimate of the increase in per capita alcohol sales that occurs following privatization and this is based on a lot of privatization events that admittedly took place a while ago.

But it was about a 44% increase in per capita alcohol sales after privatization. So you can dramatically increase availability if you privatize alcohol sales. So from a public health standpoint the position of the Community Guide as taken any way.

Or the Community Preventive Services Task Force more specifically is that privatization is not a good thing. And if you have an existing monopoly -- if a state has an existing monopoly in the sale of an alcoholic beverage which as Tim said is typically going to be liquor though not exclusively.

It varies across states then the Community Preventive Services Task Force recommendation is that you ought to retain it.

Dr. Richard Schieber: Thank you. Operator, next question.

Coordinator: Yes, our next question or comment comes from Stephanie Alvarez for the Methodist Counseling Center. Your line is open.

Stephanie Alvarez: Hello. My question is so in addition to counseling and emphasizing an addiction I'm also president of a local coalition against drugs and alcohol use and so my question is a lot of -- as a lay person.

And not knowing so much about this topic can you produce a list or is there already a list of things local coalitions can do to know what is the right steps to do? Like for example, we have like eight bars in a five mile radius which is politically, you know, driven.

So what are those ordinances that we can do? What are those things that local coalitions can do to start trying to work on?

Dr. Dafna Kanny: This is Dafna. There is a translational tool one can use and it's related to the regulation of alcohol outlet density and we can -- you can definitely visit our website. It's [www.cdc.gov/alcohol](http://www.cdc.gov/alcohol).

And there is a link to this from our homepage. So you can look at this issue of what can be done at the local level. And this is really a useful document that you can really start to learn more about the whole process.

Stephanie Alvarez: And which slide number is that information on?

Dr. Dafna Kanny: Actually if you could go to my contact information you can either drop me an email and I will send you the link to this particular publication. It's off the [www.cdc.gov/alcohol](http://www.cdc.gov/alcohol) website. We have a link there to this particular document.

Stephanie Alvarez: Okay. And your email is listed where?

Dr. Dafna Kanny: Slide 19.

Stephanie Alvarez: Slide 19. Okay. Thank you.

Dr. Dafna Kanny: Sure.

Coordinator: Our next question or comment comes from Saadia Stephan of the Orange County Florida Department of Health. Your line is open.

Saadia Stephan: Yes, my -- can you hear me?

Coordinator: Yes we can.

Saadia Stephan: Okay. I think I send it to you by email but let me -- my question was is it cultural that the New Mexico for example is on the rise for the impact of the use of alcohol knowing what's going on?

Dr. Laura Tomedi: Yes, this is Laura. I guess there are some potentially some cultural factors that could be involved in our alcohol attributable mortality rate. But definitely also the access to health care, the sort of the rural nature of our state also is a pretty heavy contributor to the alcohol attributable mortality rate.

We do see a higher rates among American Indians and Alaskan Natives and that's a group that, you know, we work a lot with the sovereign nations to look at clustering of alcohol outlets outside -- right outside of tribal areas specifically dry tribal areas or tribal lands where alcohol is not served at all.

And also sort of the impact of casinos and so there are definitely a lot of factors that are contributing to our alcohol attributable death rate here in New Mexico. I guess cultural factors, I may be need a little more clarity on what specifically what is it your thinking of when you say cultural factors?

Saadia Stephan: Well for example if the prevention starts in school at the age, I don't know ten because some culture background, you know, it's okay to give alcohol for a ten-year old and some others none.

But what is the prevention in terms of the local health department or the community partner in schools or college or high school to prevent them from even, you know, the touching the use of alcohol and any illegal drugs?

Dr. Laura Tomedi: Yes. It's -- so we, the Department of Health works really closely with our Office of Substance Abuse Prevention which is actually housed in a different department but it's another state agency, it's a sister state agency of the Human Services Department.

And they contract out with many community providers that go into the -- that do prevention activities among school age children and I'm not total sure about college age children or -- excuse me, college age adults.

But I know that the University has done a number of initiatives around that and so we work very closely with them. Providing them with data and meeting pretty regularly with them and they -- so they do a lot of the prevention activities that you are talking about.

But we found that those prevention activities are sort of best when couched if in a larger prevention, especially sort of environmental intervention so looking at and sort of larger policies that can affect excessive drinking.

Just because it's one thing to sort of tell a student, okay, you know you shouldn't drink excessively. You should drink excessively. But then if they go out of that classroom and into an environment that is really where alcohol is very cheap and very accessible and very well advertised.

Then they -- it's very difficult to for the prevention message to kind of maintain. So we really found that the best way to really tackle the alcohol, excessive alcohol consumption issues is to sort of make sure that those policies go hand in hand. I don't know if Bob or Dafna or Tim if you guys want to add anything?

Dr. Bob Brewer: I'll just -- this is Bob. I'll just say I completely agree with what Laura said. And, you know, unfortunately while I think on the face of it all of us believe in the value of education. It certainly is important for people to be informed about risk.

I have to strongly concur with Laura that from a scientific perspective that the science simply doesn't support that educational activities are effective as a standalone strategy. I think if you want to fold education in as part of a more comprehensive approach to dealing with excessive drinking I think it certainly can have a role.

But a lot of time educational activities and this by the way goes for media campaigns too, have tended to work most effectively when they are in the service of a particular intervention. So media to support activities related to enforcement.

Parallels can be made here to policies related to impaired driving as well. Sobriety checkpoints for example are typically most effective when they're paired with media campaigns but it's not a standalone campaign or a standalone educational activity.

It's an educational activity that is in the service of that policy change.

Saadia Stephan: So the problem would be rising now that we have the marijuana legality. I mean that's going to be like a vicious circle. Use of alcohol plus, you know, illegal drugs. What is the outcome?

If -- I mean if we work in preventing one thing and then scientifically we find that the politically they're allowing more and more, you know, use of alcohol, illegal drugs so --

Dr. Richard Schieber: That's one of the great challenges of public health. Sorry, there's two more people in the queue. I'd like to see if we can get to their questions.

Coordinator: Our next question or comment comes from Dr. Sandy Zelnick of the Sumter County Florida Department of Health. Your line is open.

Dr. Sanford Zelnick: Great. Thank you very much for taking my call. My question concerned any comments any of the providers may want to make concerning the issue of alcohol accessibility and binge drinking at sporting events and in colleges.

As you know certainly many of the fraternal organization have initiations dealing with alcohol binge drinking and certainly alcohol is prevalent at -- in wide use at most major sporting events.

And I was wondering if any of the presenters had any comments regarding any policy initiatives dealing with some of the leaders in this area. Either at colleges and universities or any of the professional or college sports teams and so on. Thank you.

Dr. Bob Brewer: Tim do you want to take that? I'm not sure if Tim's still on. This is Bob Brewer.

Dr. Tim Naimi: Yes, I'm still on. Go ahead if you want to take it.

Dr. Bob Brewer: Well, I just -- I know we don't have much time. I guess I would just say in response I think it's a very important point but the reality of the situation is that the policies that end up being most effective in reducing --

-- for example binge drinking among college students tend to be the same policies that are very effective in reducing binge drinking among the entire population and among adults in the case, in particular.

The very strong relationship between binge drinking by college students and binge drinking by adults in the same state. And Tim and other colleagues of our have been involved in research that has specifically looked at that.

You also find a very strong correlation as Tim alluded to between underage drinking and binge drinking by adults. And the common denominator here is not only modeling of drinking behavior by adults to youth.

But the fact that the drinking behavior of youth and adults is very strongly by the effected by the policy environment in which drinking decisions are made. So I think very important to be aware of this high groups.

But some of the strategies that are most likely -- this based on the scientific evidence we have to be effective in addressing excessive drinking in college students and other particular subpopulations are in fact those that are going to effect the general population.

Dr. Laura Tomedi: And this is Laura and really briefly we do have a number of interventions that look at binge drinking among college age students especially sort of through the universities here.

But I think one of the really interesting points of the *Vital Signs* that just came out was that sort of the group that's out the highest risk or sort of makes up a large percentage of these deaths are actually sort of middle aged adults and there are very few interventions.

At least here in New Mexico, I don't know about in other states sort of addressing binge drinking and excessive drinking among those age groups. And so we're looking at ways that we can really encourage these kind of interventions as well.

Dr. Richard Schieber: That's great. All right. Our last question please.

Coordinator: Our last question or comment comes from Paul Ruchames of the Back Stretch Employee Service Team. Your line is open.

Paul Ruchames: Hi. Thank you. I was just curious if there was research regarding the percentage of binge drinking which is done in peoples residences versus public establishments like bars and restaurants?

Dr. Tim Naimi: So, this is Tim. Yes, so as I recall it's about 60/40. So that slightly more of it occurs in private residences than in bars. And hence things that effect price of alcohol are, you know, very helpful in affecting drinking in all locations.

And to a certain extend things like alcohol outlet density as well to the density even if you're drinking at home you have to obtain the alcohol so -- But it's also important to note that the drinking in licensed establishments is especially important.

Because of the fact it occurs in public and it may lead to things like, you know, public vandalism and of course driving while intoxicated. So in those cases the drinking in public establishments where there are laws that restrict sales to -- of course to minors.

Or to people who are obviously intoxicated will have a disproportionately big impact on minimizing some of those harms that occur in public locations.

Dr. Richard Schieber: Thank you. This is Dr. Schieber again. And we're going to close in about a minute but before we do I have three things to bring to your attention. First is on slide 42, the Prevention Status Reports which we call PSRs.

And these highlight for all 50 states and DC as the status of certain policies and practices designed to address ten public health problems. And one of these problems is excessive alcohol use.

So please take a look at that and see if it can help you as you work for making decisions and planning program. There is direct link to the 2013 Excessive Alcohol Use PSR on the January *Vital Signs* Town Hall Conference web page or you can visit the link at the bottom of the slide on slide 42.

See all the PSRs by state or topic. Second, please let us know how we can improve these teleconferences. Email your suggestions to OSTLTS, O-S-T-L-T-S, feedback, all one word, [ostltsfeedback@cdc.gov](mailto:ostltsfeedback@cdc.gov).

And we hope you'll be able to join us for next month's Town Hall which will be Tuesday, February 14 -- Tuesday, February 10 when we discuss tobacco use. Thank you to our three presenters and thank you to the people on the call.

This has been a very good call. And that ends today's session. Thank you and goodbye.