1998 CSTE ANNUAL MEETING

CSTE POSITION STATEMENT # CD3

COMMITTEE: Chronic Disease

TITLE: Inclusion of Alcohol Use and Alcohol-Related Condition Indicators in the National Public Health Surveillance System (NPHSS)

POSITION TO BE ADOPTED: The following indicators addressing alcohol use and alcohol-related conditions should be included in the National Public Health Surveillance System (NPHSS):

(1) Prevalence of Binge Drinking
    - Adults
    - Women of Childbearing Age
    - Youth
(2) Prevalence of Heavy Drinking
    - Adults
(3) Prevalence of Alcohol Use
    - Youth
(4) Death Rate from Chronic Liver Disease and Cirrhosis

BACKGROUND AND JUSTIFICATION: Alcohol abuse is a major cause of death in the United States, accounting for over 100,000 deaths each year. Alcohol is strongly associated with death from unintentional injuries (e.g., motor vehicle crashes and drownings); violence; fetal alcohol syndrome (FAS); chronic liver disease and cirrhosis; gastrointestinal cancers; cerebrovascular disease; and various mental disorders.

The risk of alcohol-related health effects is directly related to the amount of alcohol consumed and the pattern of alcohol use. Alcohol consumption at or below one drink/day for women and two drinks/day for men may have beneficial effects, including a reduced risk of cardiovascular disease for some individuals. However, at consumption levels above these levels, there is increased risk of acute and chronic health effects. Even so, national telephone surveys assessing U.S. alcohol consumption have shown that over 80 percent of the total alcohol consumed in this country can be ascribed to alcohol consumption *above* these levels.

Heavy episodic or binge drinking – often defined as five or more drinks on one drinking occasion during the past 30 days – is a particularly dangerous pattern of alcohol use that is reported by approximately one-third of high school- and college-aged youth. This drinking pattern is strongly associated with many health risk behaviors and adverse outcomes, including alcohol-impaired driving, unprotected sexual activity, and acute alcohol poisoning. Indeed, in one study, persons who reported binge drinking were 30 times more likely to report alcohol-impaired driving than those who reported they did not binge drink.

Taken together, there is strong justification for public health surveillance to monitor patterns of alcohol use as well as chronic conditions (e.g., chronic liver disease and cirrhosis) associated with alcohol abuse and alcoholism. These surveillance data will, in turn, provide a basis for the design, implementation, and evaluation of public health interventions to modify unhealthy drinking behavior.

GOALS FOR SURVEILLANCE:

a. Local/State
   - Analyze state and local patterns of alcohol use and alcohol-related conditions.
   - Plan and evaluate local interventions and statewide interventions to control alcohol use and alcohol-related conditions (e.g., enforcement of the minimum drinking age, licensing of retail alcohol outlets, and alcohol taxation).
   - Obtain state and federal funding for alcohol surveillance and alcohol control measures.

b. National
   - Analyze state and national patterns of alcohol use and the prevalence of alcohol-related conditions.
   - Assist in the planning and evaluation of public health interventions to control alcohol use at the state and local levels.
   - Obtain federal funding for alcohol surveillance and alcohol control activities at the state and local levels.

PROPOSED METHOD OF SURVEILLANCE:

a. Local/State
   - Alcohol questions in the Behavioral Risk Factor Surveillance System (BRFSS).
   - Alcohol questions included in Youth Risk Behavior Survey (YRBS).
   - Mortality data collected by state vital records departments.
   - State health agencies analyze and report data on alcohol use and alcohol-related conditions from the BRFSS, YRBS, and death certificates.

b. National
   - Funding and technical assistance for the BRFSS and YRBS from Centers for Disease Control and Prevention (CDC).
   - Technical assistance in the analysis of mortality data on chronic liver disease and cirrhosis from the National Institute of Alcohol Abuse and Alcoholism (NIAAA).

PROPOSED SURVEILLANCE DEFINITIONS:

(1) Prevalence of Binge Drinking - Adults, age 18 yrs or older:
   - Percent who report having five or more drinks on one or more occasions during the previous month.
   - Source: BRFSS

(2) Prevalence of Binge Drinking - Women of Childbearing age, (18 - 44 yrs):

- Percent who report having five or more drinks on one or more occasions during the previous month.
- Source: BRFSS

(3) Prevalence of Binge Drinking – Youth, grades 9 - 12:
- Percent who report having five or more drinks on one or more days during the 30 days preceding the survey.
- Source: YRBS

(4) Prevalence of Heavy Drinking – Adults, age 18 yrs or older:
- Percent who report average daily alcohol consumption greater than one drink/day for women and two drinks/day for men.
- Source: BRFSS

(5) Prevalence of Alcohol Use – Youth, grades 9 - 12:
- Percent who report having one or more drinks that contained alcohol during the 30 days preceding the survey.
- Source: YRBS

(6) Death Rate from Chronic Liver Disease and Cirrhosis:
- Includes deaths due to alcoholic fatty liver, alcoholic hepatitis, alcoholic cirrhosis, and alcoholic liver damage unspecified (ICD-9 codes 571.0 - 571.9).
- Source: State vital records, death certificates

DATA TO BE REPORTED:

a. Local/State
- BRFSS data on binge drinking and heavy drinking.
- YRBS data on binge drinking and alcohol use by youth.
- Death rates from chronic liver disease and cirrhosis.

b. National
- Nationwide BRFSS data on binge drinking and heavy drinking.
- National YRBS data on alcohol use and binge drinking.
- National death rates from chronic liver disease and cirrhosis.

INFORMATION SYSTEMS TO BE UTILIZED TO COLLECT AND TRANSMIT INFORMATION:

a. BRFSS
b. YRBS
c. Vital Statistics

COORDINATION WITH OTHER ORGANIZATIONS:

Agencies for Response: National Institute on Alcohol Abuse and Alcoholism
National Center for Environmental Health, CDC
National Center for Chronic Disease Prevention and Health Promotion, CDC

Agencies for Information: Division of Alcohol and Other Drugs, American Medical Association

American Society of Addiction Medicine
Association of State and Territorial Directors of Health Promotion and Public Health Education (ASTDHPPHE)
National Center for Injury Prevention and Control, CDC
National Center for Health Statistics, CDC
Indian Health Service
State Substance Abuse Agencies
Substance Abuse and Mental Health Services Administration

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