The Prevention of Excessive Alcohol Consumption & Related Harms

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Outline

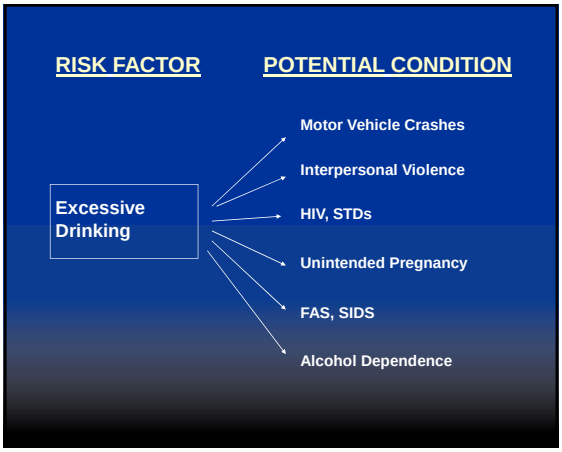
- Overview of the CDC Alcohol Program
- Public Health Impact of Excessive Alcohol Use
- Overview of the Community Guide
- Community Guide Recommendations on the Prevention of Excessive Drinking
- Summary & Conclusions

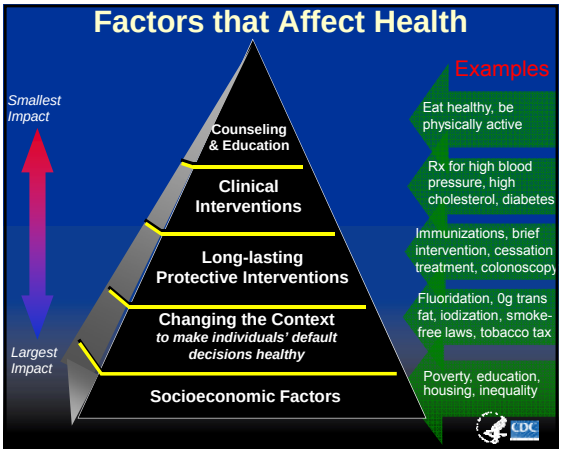
CDC Alcohol Program

- Established in July 2001.
- Public Health Surveillance on alcohol use and alcohol-related conditions.
- Applied research on health impacts and intervention effectiveness.
- State capacity building & technical assistance.
- National leadership & collaboration

Public Health Impact of Excessive Drinking

- 79,000 alcohol-attributable deaths and 2.3 million YPLL per year (29 years/death) in the U.S. annually
- Third leading preventable cause of death in the U.S.
- 4.6% of global burden of disease, similar to the burden imposed by tobacco.
- $185 billion in total economic costs in 1998; 72% were due to productivity losses.





The Guide to Community Preventive Services (*The Community Guide*)

Guide to Community Preventive Services

- Systematic Reviews of Population-Based Interventions across many topic areas
- Evaluating Interventions to Prevent and Control Excessive Alcohol Consumption and Related Harms
- Recommendations on Intervention Effectiveness by Task Force for Community Preventive Services

Why Focus on Evidence-Based Strategies?

- Resources are tight … and getting tighter
- Prevention and Public health are more visible—and therefore our decisions are more carefully examined
- The available body of scientific evidence is rapidly expanding
- Increasing pressure to use resources efficiently

Benefits of an Evidence-Based Approach

- Reliability – moves us beyond experience and anecdote toward science-based strategies
- Transparency – reduces bias and makes assumptions clear
- Synthesis
  - streamline enormous amounts of data
  - reconcile or explain different findings

Key Points About the Community Guide Methods and Process

- Methods have been adapted for the complexity and challenges of public health interventions
- Systematic and transparent
- Judgments are still needed at multiple stages
- Broad participation helps to inform those judgments and reduce bias
  - Systematic review experts
  - Subject matter researchers
  - Subject matter practitioners
  - Task Force on Community Preventive Services

Priority Alcohol Interventions for Systematic Review

- Increasing alcohol excise taxes
- Limiting alcohol outlet density
- Restrictions on days and hours of alcohol sales
- Enforcement of age 21 minimum drinking age (MLDA) laws
- State monopolies on alcohol sales
- Dram shop liability
- Enforcement of overservice laws

Increasing Alcohol Excise Taxes

- Strong and consistent evidence of intervention effectiveness based on a review of over 70 studies.
- Increasing price by 10% would reduce overall alcohol consumption by 7%
- Tax increases are efficiently reflected in the retail price of alcoholic beverages.
- The public health effects of tax increases are expected to be proportional to the size of the increase.
- Task Force for Community Preventive Services recommends increasing alcohol excise taxes to reduce excessive alcohol consumption and related harms.

Elder R, et al. *Am J Prev Med*, 2010

Limiting Alcohol Outlet Density

- Consistent evidence that greater alcohol outlet density is associated with increased alcohol consumption and related harms (e.g., violent crime).
- Inconsistent evidence on MV crashes mostly due to findings from studies of "dry" communities
- Many studies assessed the impact of relaxing controls on outlet density, including privatization of retail sales.
- Task Force for Community Preventive Services recommends limiting alcohol outlet density to reduce excessive alcohol consumption and related harms.

Campbell, et al. *Am J Prev Med*, 2009

Limiting the Days when Alcohol is Sold

- Allowing Sunday alcohol sales resulted in increased alcohol consumption and related harms (e.g., MV crashes).
- Sunday sales was also associated with increased assaults and domestic disturbances in some but not all cases.
- Effect was bi-directional – increasing days of sale increased harms and reducing days of sale reduced harms.
- Long-term trend has been toward increased availability; therefore, only two studies evaluated impact of new limits.
- Task Force for Community Preventive Services recommends maintaining existing limits on the days when alcohol is sold to reduce excessive alcohol consumption and related harms.

Task Force for Community Preventive Services, June 2008, available at: www.thecommunityguide.org/alcohol

Age 21 Minimum Legal Drinking Age (MLDA)

- Strong scientific evidence supporting effectiveness
- Recommended by Task Force on Community Preventive Services in 2001
- Among 18-20 year olds, drinking declined from 59% in 1985 to 40% in 1991.
- Age 21 MLDA laws reduce alcohol consumption among youth ≥21 years

Enhanced Enforcement of the age 21 MLDA

- Enhanced enforcement of the age 21 MLDA reduced the ability of youthful-looking decoys to purchase alcoholic beverages by a median of 42%.
- Enhanced enforcement programs were effective in on-premises (e.g., bars) and off-premises (e.g., liquor stores) settings; in rural and urban communities; and among different ethnic and socioeconomic groups.
- There were too few studies to assess the relationship between enhanced enforcement and underage drinking.
- Task Force for Community Preventive Services recommends enhanced enforcement of laws prohibiting alcohol sales to underage youth.
- Further research is needed to assess the effect of this intervention on underage drinking.

Task Force for Community Preventive Services, June 2006, available at: www.thecommunityguide.org/alcohol

Next Steps

- Disseminate information on completed reviews via the internet and through publications in peer-reviewed journals.
- Conduct additional reviews on new topics (e.g., dram shop liability, responsible beverage service, and systems approaches for delivering screening and brief intervention.)
- Develop tools to promote the translation of Guide recommendations into public health practice.
- Support an Alcohol Policy Resource Center that can assist states and communities in implementing Guide recommendations.

In Conclusion….

- Excessive drinking is a huge public health problem in the U.S.
- Effective population-based prevention strategies are available but underused.
- Federal, state, and local public health agencies **must** work together to prevent this key risk behavior.

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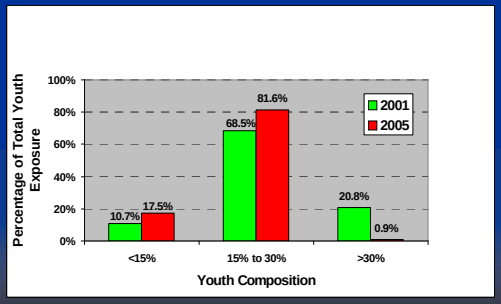
Binge Drinking

- Most common pattern of excessive drinking in the U.S.; over 90% of excessive drinkers binge drink.
- Defined as 4 or more drinks per occasion for women; 5 or more drinks per occasion for men.
- Responsible for over half of all deaths and two-thirds of the YPLL due to excessive drinking.
- Accounts for about half of the alcohol consumed by adults and 90% of the alcohol consumed by youth in the U.S.
- Most binge drinkers are not alcohol dependent.

Youth Exposure to Alcohol Marketing

- Strong tie between youth exposure to alcohol advertising and underage drinking
- Youth exposure to alcohol marketing is governed by voluntary, industry standards
- In 2003, the beer and liquor industries agreed to stop advertising in media venues where >30% of the audience was aged 12-20 years.
- Institute of Medicine has recommended immediate adoption of 25% threshold and move toward 15%
- In 2009, CDC began funding the Center on Alcohol Marketing and Youth (CAMY) at the Johns Hopkins Bloomberg School of Public Health to independently monitor youth exposure to alcohol marketing.

% Total Youth Exposure to Alcohol Advertising in Magazines by Youth Audience Composition



Jernigan DH, et al. *Morb Mortal Wkly Rep,* 2007