



Alcohol Attributable Deaths in the United States 2001

- 75,000
- 3rd leading cause of preventable deaths

(Source: Midanik, MMWR 2004)



Alcohol Acute Conditions 40,933

National Institute on Alcohol Abuse and Alcoholism

Motor Vehicle Traffic	13,674
Homicide	7,655
Suicide	6,995
Falls	4,766
Poisoning (Alcohol & Alcohol Other)	4,297
Fire Injuries	1,167
Drowning	812
Other	1,617

Source: Midanik et al. MMWR 2004



Chronic Disease Deaths 34,833

Alcohol Liver Disease	12,201
Liver Cirrhosis Unspecified	6,719
Alcohol Dependence Syndrome	3,520
Alcohol Abuse	2,321
Stroke (Hemorrhagic & Ischemic)	2,401
Hypertension	1,184
Pancreatitis (Acute & Chronic)	966
Other	4,521



- Injuries are the leading cause of deaths among youth in the U.S. ages 1-44
- Alcohol is the leading contributor to injury death
- Alcohol injury deaths account for twice as many years of life lost as chronic alcohol disease deaths

(Sources: CDC, Smith 1999)



Disability Adjusted Life Years (DALYs)

- Alcohol is the 5th leading cause of DALYs among males
 - Ischemic Heart Disease
 - Road Traffic Injury
 - Lung Cancer
 - HIV/AIDS
 - Alcohol
- Alcohol is the 11th leading cause of DALYs among women

Source: McKenna, Am.J. Preventive Med 2005



Health Outcomes

- Liver disease
- Cardiovascular disease
- Cancers
- Depression
- Diabetes
- Fetal alcohol effects
- Malnutrition
- Obesity
- Osteoporosis/hip fractures



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Brief Motivational Alcohol Intervention in a Trauma Center

Annals of Surgery, 1999

- 46% of injured trauma center patients age 18 and older screened positive for alcohol problems.
- Half (N=336) randomly allocated to receive 30 minute brief intervention to reduce risky drinking and offers links to alcohol treatment



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Brief Motivational Alcohol Intervention in a Trauma Center

Annals of Surgery, 1999

- Reduced alcohol consumption by an average 21 drinks per week at 1 year follow up
- 47% reduction in new injuries requiring treatment in ED
- 48% reduction in hospital admissions for injury over 3 years
- 23% fewer drunk driving arrests



Systematic Review of Randomized Trials of Brief Interventions from 1992-2004

(Solberg et al., Am. J. Prev. Med, 2008)

- “Results make alcohol screening and counseling one of the highest ranking preventive services among 25 effective services.”
- Similar score as screening for
 - hypertension
 - colorectal cancer
 - vision for adults age 65 and older



Implementation Gap

- Fewer than
 - ½ of pediatricians screen all adolescents for use of alcohol and drugs
 - ¼ screen for drinking and driving.
- Pediatric Medical Care Providers considerably underdiagnose alcohol use, abuse, and dependence among patients ages 14-18.
- 1.5 million 12-17 year olds need alcohol treatment
- Only 216,000 14% received treatment

Sources: American Academy of Pediatrics, 1997; Wilson, Sheritt, Gates, Knight
Pediatrics, 2004; National Household Survey on Drug Use and Health, 2003



Primary Reason

Because public policies have been effective in reducing alcohol-related harms in the past, we propose to continue to emphasize research on public policy.



Evidence of policy effect

- Minimum legal drinking age
(O'Malley and Wagenaar 1991; Shults et al. 2001; Wagenaar and Toomey 2002)
- Alcoholic beverage taxation
(Chaloupka et al. 1998; Cook and Moore 2002; Kenkel and Manning 1996; Leung and Phelps 1993)