CD Summary

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BE *CAGE*Y WITH YOUR PATIENTS

ALTHOUGH ALCOHOL is a pervasive and accepted part of our culture, its misuse and abuse exacts a large toll on our health. This issue of the *CD Summary* focuses on the sobering statistics of alcohol misuse, and provides references for tools available to clinicians to screen for patients who may be at risk.

OREGON RANKS HIGHER IN ALCOHOL-RELATED DEATHS …

Oregon has the dubious distinction of being among the top ten states for deaths caused by alcohol. For 2000-2002, Oregon's annual age-adjusted death rate for alcohol-related deaths was 10.3/100,000 population,* the eighth highest in the nation. In comparison, the age-adjusted death rate for alcohol in other states ranged from a low of 3.1 in Hawaii to a high of 20.0 in the District of Columbia, with a national average of 7.0.[1] Oregon's high death rate may be a reporting artifact; in contrast to many states, Oregon queries physicians when causes often linked to alcohol use (e.g., esophageal varices) are reported on death certificates, but alcohol use itself is not.

These rates are probably an underestimate because alcohol is often omitted from the death certificate. Using a nationally developed methodology, we estimate that in 2003 the true number of deaths related to alcohol use is approximately 1,000. This makes alcohol the third leading underlying cause of death in Oregon, behind tobacco and diet/activity patterns, accounting for about 3% of total deaths. (See May 17, 2005 issue of the *CD Summary* at *http://www.oregon.gov/DHS/ph/cdsummary/2005/OHD5410.pdf.)*

AND TRAFFIC FATALITIES

An estimated three of every ten Americans will be involved in an alcohol-related car crash in their lifetime. Nationally, alcohol-related motor vehicle crashes kill someone in the U.S. every 31 minutes.[2]

According to The National Safety Council, Oregon ranks 14th highest among states in alcohol-related traffic fatalities. In 2004, 44% of the nearly 500 traffic fatalities in Oregon involved alcohol. This compares to the national average of 39%, ranging from a low of 24% in Utah to 51% in Rhode Island.[2]

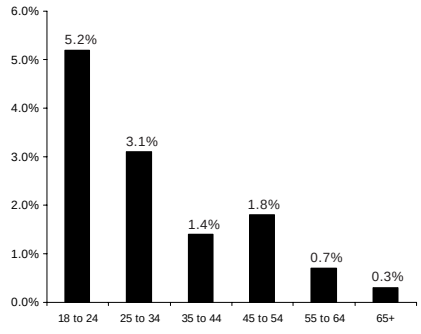
Alcohol-impaired driving is strongly associated with binge drinking (defined as ≥5 drinks on ≥1 occasion(s)). Binge drinkers in the U.S. account for more than 80% of self-reported alcohol-impaired driving episodes and are 14 times more likely to drive while impaired by alcohol compared with non-binge drinkers. Both alcohol-impaired driving and binge drinking rose nationwide in recent years.[3]

Oregon mirrors the nation in terms of binging and drunk driving. According to Oregon's Behavioral Risk Factor Surveillance Survey, in 2004 13% of Oregonians binged, compared with the national median of 15%. Overall, 2% of Oregonians report getting behind the wheel of a car while under the influence during the past month. Alcohol-impaired driving is strongly related to age (figure). More than 5% of 18-24 year olds report drinking and driving compared to <1% for those over 55 years. Of note, a significant number of drunk-driving episodes involved under-age drinking. In addition, three out of four adult Oregonians who reported driving while alcohol-impaired also reported binging on alcohol during the past 30 days.

TEENS MORE LIKELY TO DRINK, AND TO DRIVE DRUNK

Teens are particularly at risk. Data from the Orgon Healthy Teens survey, an annual survey of 8th and 11th graders enrolled in Oregon public schools, show that in the last four years drinking rates among teens have increased. The increase is most dramatic among young girls: since 2001 the percentage of 8th-grade girls who report drinking in the last 30 days rose by a third, to 33%. With drinking among teens becoming more common, the likelihood of driving while drunk also increases. Oregon teens report driving drunk at a rate more than four times that of adults. Roughly 9% of 11th graders in Ore-

Prevalence of alcohol-impaired driving in Oregon by age - 2004



* Includes alcoholic mental/behavioral disorders, maternal care for damage to fetus from alcohol, fetus/newborn affected by maternal alcohol use, alcohol in the blood, accidental poisoning by alcohol, and the following causes stated to be due to alcohol use: degeneration of the nervous system, polyneuropathy, cardiomyopathy, gastritis, liver disease, chronic pancreatitis, intentional self-poisoning, and poisoning of undetermined intent.

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CAGE is a short tool popular in primary care settings and consists of four questions:	
C	Have you ever felt you should **Cut down** on your drinking?
A	Have people **Annoyed** you by criticizing your drinking?
G	Have you ever felt **bad or Guilty** about your drinking?
E	Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**Eye opener**)?

gon reported driving a car or other vehicle at least once during the past 30 days when they had been drinking. Even when they aren't behind the wheel, many place themselves at risk by riding with a drunk driver. In 2005, 14% of 11th graders said they were passengers in a car driven by either another teen or an adult who was alcohol-impaired.

PREVENTION AND SCREENING

Changing alcohol use, like changing many health-related behaviors, is a complicated task. As for tobacco prevention, changing social norms and policies related to alcohol abuse is the key to success. While this requires work outside of the healthcare provider's office, providers have an important contribution to make to this effort. As for tobacco, screening to identify those at risk for problems related to alcohol consumption and referral for appropriate support is one component of a comprehensive approach to prevention and has been shown to be effective.[4]

IF YOU CAN ASK ONLY ONE QUESTION

In instances where practitioners may have time to ask patients only one screening question concerning alcohol consumption, the following has been shown to accurately identify patients who meet criteria for at-risk drinking or alcohol abuse: "On any single occasion during the past 3 months, have you had more than 5 drinks containing alcohol?"[5]

RESOURCES

A variety of validated screening tools are available, and these can be incorporated into the check-in process for patients, a written health history questionnaire, or history taken by the clinician.

- CAGE (see table), recommended by the National Institute of Alcohol Abuse and Alcoholism, can identify alcohol problems over a patient's lifetime. [4,6]
- The Alcohol Use Disorders Identification Test (AUDIT) is a 10-item questionnaire designed to detect alcohol misuse and abuse or dependence. AUDIT contains questions about drinking quantity and frequency, as well as the consequences of drinking, during the past year. [4,6]
- T-ACE [4,6] and TWEAK[4] are designed to screen pregnant women for lower levels of alcohol consumption that might pose risks during pregnancy.

Further guidance on how to screen for alcohol misuse can be found in *A Clinician's Guide to Helping Patients who Drink Too Much*, which is available at the National Institute on Alcohol Abuse and Alcoholism's website at *http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/guide.pdf*.

Information on assessments and alcohol and other drug treatment facilities in Oregon can be found at *http://dasis3.samhsa.gov/* or at DHS Office of Mental Health and Addiction Services, at *http://egov.oregon.gov/DHS/addiction/index.shtml*.

REFERENCES

1 Centers for Disease Control and Prevention, National Center for Health Statistics. *http://wonder.cdc.gov*
2 National Highway Traffic Safety Administration's National Center for Statistics and Analysis; Traffic safety facts: Alcohol-related fatalities in 2004; August 2005. At: *http://www-nrd.nhtsa.dot.gov/pdf/nrd-30/NCSA/RNotes/2005/809904.pdf*.
3 Quinlan P, Brewer R, Siegel, P, Sleet, D, et al. Alcohol-impaired driving among U.S. adults, 1993-2002. Am J Prev Med 2005; 28: 346-50. *http://www.ajpm-online.net*.
4 U.S. Preventive Services Task Force, United States Department of Health and Human Services, Agency for Healthcare Research and Quality. Screening for alcohol misuse, Recommendation Statement, April 2004. At: *http://www.ahrq.gov/clinic/3rduspstf/alcohol/alcomisrs.htm*
5 Taj, N.; Devera-Sales, A.; and Vinson, D.C. Screening for problem drinking: Does a single question work? *Journal of Family Practice* 46:328–335, 1998.
6 National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism, Alcohol Alert: Screening for alcohol use and alcohol-related problems; April 2005, Number 65. At: *http://pubs.niaaa.nih.gov/publications/aa65.htm*