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Using Public Health and Community Partnerships to Reduce Density of Alcohol Outlets

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PEER REVIEWED

Abstract

Excessive alcohol use causes approximately 80,000 deaths in the United States each year. The Guide to Community Preventive Services recommends reducing the density of alcohol outlets — the number of physical locations in which alcoholic beverages are available for purchase either per area or per population — through the use of regulatory authority as an effective strategy for reducing excessive alcohol consumption and related harms.

We briefly review the research on density of alcohol outlets and public health and describe the powers localities have to influence alcohol outlet density. We summarize *Regulating Alcohol Outlet Density: An Action Guide*, which describes steps that local communities can take to reduce outlet density and the key competencies and resources of state and local health departments. These include expertise in public health surveillance and evaluation methods, identification and tracking of outcome measures, geographic information systems (GIS) mapping, community planning and development of multisector efforts, and education of community leaders and policy makers.

Public health agencies have a vital and necessary role to play in efforts to reduce alcohol outlet density. They are often unaware of the potential of this strategy and have strong potential partners in the thousands of community coalitions nationwide that are focused on reducing alcohol-related problems.

Introduction

Excessive alcohol use includes binge drinking (defined as 5 or more drinks for men or 4 or more drinks for women on 1 or more occasions), heavy drinking (more than 1 drink per day on average for women or more than 2 for men), and any drinking among underage youth or women who are pregnant. Excessive alcohol use is the nation's third-leading cause of preventable death, causing approximately 80,000 deaths per year in the United States and contributing to a range of health and social problems, including automobile crashes and drowning, heart disease, hypertension, cancers such as breast and oral-pharyngeal, interpersonal violence, HIV infection, unplanned pregnancy, alcohol poisoning, and fetal alcohol spectrum disorders. These negative consequences for individuals, families, communities, and society at large cost the United States approximately \$223.5 billion in 2006 (5).

Regulating Alcohol Outlet Density: A Public Health Strategy

The public health profession has a tradition of promoting health and preventing harm in populations through the use of laws and regulations, including land use and zoning codes. Regulation of alcohol outlet density is part of this tradition. However, despite evidence supporting regulation of alcohol outlet density, many public health practitioners are unaware of its potential and do not know how to implement it.

Alcohol outlet density refers to “the number of physical locations in which alcoholic beverages are available for purchase either per area or per population”. Alcohol outlets include all commercial businesses that sell and serve alcohol for on-premise (eg, bars, restaurants) or off-premise consumption (eg, convenience and grocery stores).

Numerous studies have found a significant relationship between alcohol outlet density and alcohol consumption and alcohol-related harms. Examples of such findings include the following:

- In Los Angeles County, researchers estimated that every additional alcohol outlet was associated with 3.4 additional violent incidents per year.
- In Cleveland, researchers estimated that every additional bar added to a city block resulted in 3.4 more crimes being committed on that block per year.
- In New Orleans, researchers predicted that a 10% increase in the density of outlets selling alcohol for off-premise consumption would increase the homicide rate by 2.4%.
- Researchers in Newark, New Jersey, found an almost 1-to-1 relationship between alcohol outlets and crime; that is, a slightly less than 1% decrease in the density of alcohol outlets would result in a 1% drop in violent crime.

A review of 88 studies on alcohol outlet density and public health by Campbell et al concluded that greater outlet density was associated with a variety of public health and safety concerns, including increased alcohol consumption, alcohol-impaired driving, injury, crime, violence, neighborhood disruption, and other harms. The review noted the relative lack of research on the health effect of reducing alcohol outlet density — most natural experiments have taken place in environments of increasing density. One study found that a decrease in the number of outlets (as a result of remonopolization, not density regulation) selling medium-strength beer in Sweden led to significant declines in hospitalizations for acute intoxication, suicides, and motor vehicle crashes.

Studies of bans on alcohol sales in isolated communities also demonstrated the positive health effects of reducing the physical availability of alcohol. A nonpeer-reviewed case study of changes in land use and nuisance abatement provisions in Vallejo, California, estimated that such changes led to a 53% reduction in alcohol-outlet-related police calls for service.

On the basis of the evidence in the Campbell review, the independent, nonfederal Task Force on Community Preventive Services “found sufficient evidence of a positive association between outlet density and excessive alcohol consumption and related harms to recommend limiting alcohol outlet density through the use of regulatory authority (eg, licensing and zoning) as a means of reducing or controlling excessive alcohol consumption and related harms”.

Summary

Local coalitions can collaborate with state and local public health agencies to reduce excessive drinking through regulating alcohol outlet density. An action guide, *Regulating Alcohol Outlet Density*, describes 9 steps in the process. Public health agencies have a vital and necessary role to play in this effort, and they have strong potential partners in the thousands of community coalitions nationwide that focus on reducing alcohol-related problems. The strengths of this technique for public health action lie in the synergy that occurs when community coalitions and health departments forge partnerships. Taking advantage of this synergy, community coalitions and public health departments can use evidence-based strategies such as alcohol outlet density reduction to create healthier and safer communities.

This document contains excerpts from the published report – the entire can be found at:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3625442/>

Recommendations for Reducing Excessive Alcohol Consumption and Alcohol-Related Harms by Limiting Alcohol Outlet Density

The Task Force on Community Preventive Services

The serious toll that alcohol imposes on the population of the U.S. led the Task Force on Community Preventive Services (Task Force) to include the reduction of excessive alcohol consumption and related harms as a priority topic in its earliest planning sessions.¹ As the third-leading cause of preventable death in the nation,² excessive use of alcohol is a public health challenge that can be approached from many directions. The Task Force first studied and made recommendations on several ways to reduce alcohol-impaired driving.^{3–7} It next assessed ways to reduce excessive alcohol consumption,⁸ exploring the effectiveness of interventions to maintain limits on the days on which alcohol can be sold (recommended); increase taxes on alcoholic beverages (recommended); limit privatization of alcohol sales (insufficient evidence to determine effectiveness); enhance enforcement of laws prohibiting sales to minors (recommended); and regulate alcohol outlet density, reviewed in the accompanying article.⁹

Intervention Recommendation

On the basis of the reviewed evidence, the Task Force found sufficient evidence of a positive association between outlet density and excessive alcohol consumption and related harms to recommend limiting alcohol outlet density through the use of regulatory authority (e.g., licensing and zoning) as a means of reducing or controlling excessive alcohol consumption and related harms.

A diverse group of studies of the association of outlet density with alcohol consumption and related harms indicates that when the density of on- or off-premises alcohol outlets is high or increases, the level of alcohol consumption is correspondingly high or increases, and excessive consumption and its diverse related harms occur. A smaller number of studies indicates the converse association. The validity of the causal link between outlet density and excessive alcohol consumption and its related harms is further supported by evidence from evaluations of related interventions that affect outlet density (e.g., bans or privatization of alcohol sales). On the basis of this evidence, the Task Force concludes that limiting on- and off-premises alcoholic beverage outlet density—either by reducing current density levels or limiting density growth—can be an effective means of

reducing the harms associated with excessive alcohol consumption. It may also provide additional benefits for quality of life by reducing community problems such as loitering, public disturbances, and vandalism.

Information from Other Advisory Groups

Healthy People 2010 goals and objectives

The intervention reviewed here may be useful in reaching objectives specified in *Healthy People 2010*,¹⁰ the disease prevention and health promotion agenda for the U.S. The objectives most directly relevant to this review are those to reduce excessive alcohol consumption (26–11 and 26–12); reduce average annual alcohol consumption (26–12); and reduce key adverse consequences of excessive alcohol consumption (26–1, 26–2, and 26–5 through 26–8). *Healthy People 2010* also notes that excessive alcohol consumption is related to several other public health priorities, including cancer, educational achievement, injuries, risky sexual activity, and mental health.

Surgeon General's Workshop on Drunk Driving

This workshop, held in 1988, was a multi-agency effort to address the problem of drunk driving. Recommendations were made in several areas. To reduce availability of alcoholic beverages, workshop participants included a recommendation to strengthen laws concerning hours of sale, characteristics and density of outlets, and other factors relating to retail availability of alcoholic beverages.¹¹ The workshop also recommended future research to document the contribution of location, density, and hours of sale of alcohol outlets to alcohol-impaired driving and resulting injuries and fatalities.

Interpreting and Using the Recommendation

This recommendation can be used to support efforts by community-based and grassroots organizations to limit the density of alcohol outlets in their communities. State and local officials can use this recommendation to help enact or reform laws concerning density of outlets where alcohol is available.

Implementers may encounter barriers, including pre-emption laws at higher levels of government (a state law that takes precedence over and thus allows what a local law is trying to restrict) and opposition by groups whose commercial interests may be affected.

The names and affiliations of the Task Force members are listed below and at www.thecommunityguide.org.

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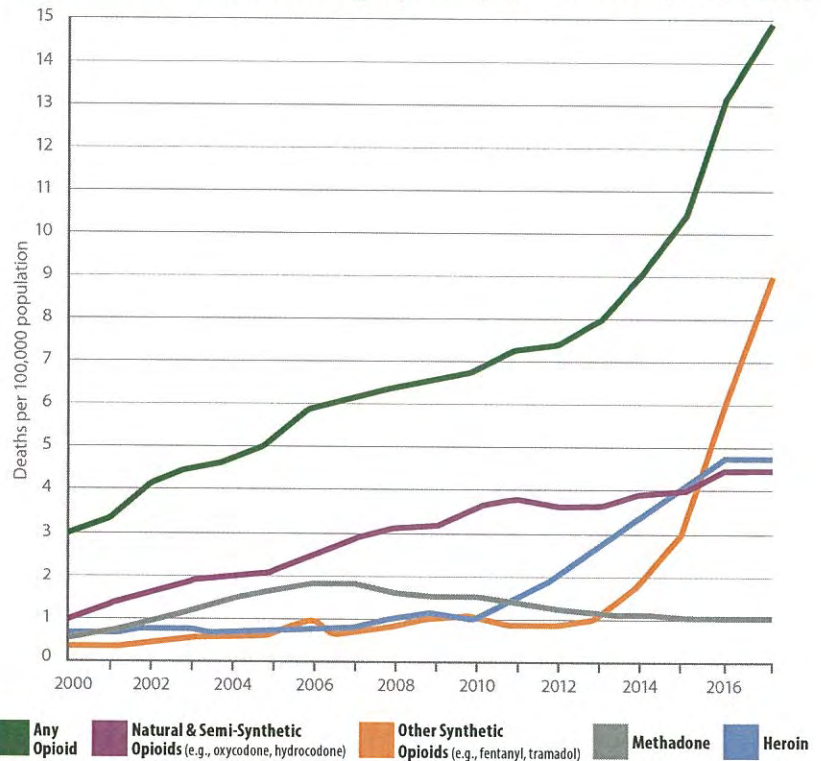
CDC's Efforts to Prevent Opioid Overdoses

AND OTHER OPIOID-RELATED HARMS

A Public Health Crisis

Drug overdoses have dramatically increased over the last two decades, with deaths more than tripling between 1999 and 2016. In 2017, more than 70,000 people died from drug overdoses, making it the leading cause of injury-related death in the United States. Of those deaths, about 68 percent involved a prescription or illicit opioid. Adults between the ages of 25 and 54 years old have the highest rates of overdose deaths.

Overdose Deaths Involving Opioids, United States, 2000-2017



SOURCE: CDC/NCHS, National Vital Statistics System, Mortality. CDC WONDER, Atlanta, GA: US Department of Health and Human Services, CDC; 2017. <https://wonder.cdc.gov/>.

In 2006, CDC initiated efforts to better track and understand data related to the growing epidemic. A scientist from CDC noticed an uptick in poisoning deaths and heard troubling news from state medical examiners about increases in drug overdose deaths. **Prescription opioids were identified as the primary concern.**

Since then, CDC has provided leadership by promoting a public health approach to the problem. CDC's funding for opioid-related activities has increased from \$0 in FY 2014 to an appropriation of \$475 million for opioid overdose prevention and surveillance activities in FY 2019. The majority of these funds go to the states for their prevention efforts.

In addition to this work, which is housed in CDC's National Center for Injury Prevention and Control, programs throughout CDC are working to prevent opioid overdoses and other opioid-related harms, including opioid use disorder, hepatitis and HIV infections, and neonatal abstinence syndrome.



CDC's Efforts to Prevent Opioid Overdoses AND OTHER OPIOID-RELATED HARMS



CDC's work focuses on five areas:



Conducting Surveillance & Research



Building State, Local, & Tribal Capacity



Supporting Providers, Health Systems, & Payers



Partnering with Public Safety



Empowering Consumers to Make Safe Choices



Conduct Surveillance and Research

Timely, high-quality data help public health officials and other decision-makers understand the extent of the problem, focus resources where they are needed most, and evaluate the success of prevention efforts. Recognizing the importance of data, CDC is helping states track the opioid overdose epidemic and better focus their prevention activities. In addition, CDC funds research to better understand the epidemic and identify effective strategies to prevent it.



Build State, Local, and Tribal Capacity

States, local communities, and tribes play an important role in preventing opioid overdoses and related harms. They run prescription drug monitoring programs, regulate controlled substances, license healthcare providers, respond to drug overdose outbreaks, and run large public insurance programs such as Medicaid and Workers' Compensation. CDC is nationally recognized for its work with health departments and community-based organizations. The agency has a long track record of funding efforts to improve data collection and implementing evidence-based prevention strategies.



Support Providers, Health Systems, and Payers

Providers and the health systems they work in are crucial in promoting safer and more effective opioid prescribing for pain management. Use of the CDC Guideline for Prescribing Opioids for Chronic Pain by providers and health systems can improve the way that opioids are prescribed. In addition, health systems can implement quality improvement measures informed by the guideline to track their efforts and integrate these measures into their electronic health records. Private and public insurers and pharmacy benefit plan managers can foster the implementation of CDC's guideline through improvements in coverage, removal of barriers, and drug utilization review.



Partner with Public Safety

In recent years, the opioid overdose epidemic has worsened with a rise in the use of illicit opioids. Of particular concern is illicitly manufactured fentanyl, which is 50–100 times more potent than morphine. CDC has forged new partnerships with law enforcement to address the growing illicit opioid problem. The agency has partnered in innovative ways with public safety and is a leader in prevention strategies in high intensity drug trafficking areas across 22 states. Greater communication and collaboration between public health and law enforcement can improve data sharing, surveillance, and the targeting of interventions.

First responders—including police, fire, and paramedics—are on the frontlines of the epidemic. They are often in a position to save lives with timely administration of naloxone. They may unknowingly come into contact with opioids, including illicitly manufactured fentanyl. CDC provides guidance for first responders who may be exposed to synthetic opioids when responding to medical calls or crime scenes, or during drug raids.



Empower Consumers to Make Safe Choices

One of CDC's priorities is raising awareness about the risks of prescription opioid misuse with consumers. To accomplish this, CDC launched the Rx Awareness communication campaign that features testimonials from people recovering from opioid use disorder and people who have lost loved ones to opioid overdose. The goal of the campaign is to educate consumers about the risks of prescription opioids and the importance of discussing safer and more effective pain management with their healthcare providers. CDC is also promoting awareness of risks associated with non-medical use of opioids, factors that increase risks (such as fentanyl in the local drug supply), and approaches to reduce risks.



June 4, 2019

Alcohol-Related Deaths in The United States Are More Common Than Opioid-Related Deaths

It's almost hard to believe that in the United States more people die from an alcohol-related death each year than from an opioid-related death. Because alcohol is legal and so socially acceptable most people don't view it as toxic or dangerous when in fact it is both. **Alcohol use is actually the third leading cause of preventable death in the United States** with the first being tobacco use and the second being physical inactivity and poor diet.

After looking at the statistics it becomes apparent that this is a serious issue that needs more attention. While it is certainly true that the record high number of drug overdose deaths needs to be addressed, it has overshadowed the fact that **there is another epidemic surrounding alcohol that is receiving little to no attention.**

Breaking down the numbers:

- According to the National Institute on Alcohol Abuse and Alcoholism (NIAAA), an estimated 88,000 people die each year from an alcohol-related cause.
- According to the Center for Disease Control (CDC), over 77,000 people died of a drug overdose in 2017. 44,800 of those deaths involved opioids.
- The NIAAA reports that 9,967 people died from an alcohol-impaired driving fatality in 2014.
- The National Highway Traffic Safety Administration (NHTSA) reports that drunk driving kills almost 30 people in the United States every day.
- Between 2007-2017 alcohol-related deaths amongst women rose at an alarming rate of 85%.

So if so many people are dying from alcohol each year why aren't we talking about this more? While it is important that we address the overwhelming amount of drug overdose deaths, it should also become a priority that we begin addressing the insanely high amount of alcohol-related deaths as well.

People often forget that alcohol is a drug. Yes it is socially acceptable to drink and yes it is legal, but it is still a drug none-the-less.

It is common knowledge that drinking alcohol can have a negative impact on one's health. **Alcohol use has several negative side effects on various parts of the body.**

Perhaps one of the reasons that alcohol addiction is considered by some to be less dangerous than heroin addiction is the length of time they each take to kill someone. One shot of heroin can easily take a life while **death from alcohol is usually slow and insidious**. Yes, a person can quickly die from drunk driving or alcohol poisoning but most alcohol-related deaths happen over a span of several years. **Because of this, many people are lulled into a false sense of security about their drinking.** Oftentimes people will not realize the damage alcohol has caused to their bodies until it is too late. It is for this very reason that it is so important to learn about the potential side effects of drinking.

While there is a large majority of people out there who are able to drink responsibly, the fact of the matter is **it only takes one bad decision made under the influence to ruin a person's life.** Instead of glorifying alcohol use and normalizing binge-drinking it would be helpful if we as a society began to look at alcohol for what it truly is, a toxic substance with the ability to cause irreparable damage.

<https://www.narconon-colorado.org/blog/alcohol-deaths-in-the-us-are-more-common-than-opioid.html>

Addiction Center

The Deadliest Drug

Opioids are taking the news headlines by storm, and rightfully so, as we are living amongst a deadly opioid overdose epidemic here in the U.S. People are dying from prescription pills every day, and we cannot do enough to reduce the number of these deaths. However, what we don't hear enough about is alcohol and how deadly it is. Alcohol is the most socially acceptable drug on the market and the most easily accessible. Even with this knowledge, the general public still has a tendency to believe alcohol is ok, not dangerous, and an acceptable form of relaxation. Science tells us something different. Alcohol is the deadliest drug of all. Let's look at why this is true.

Alcohol kills more people than all other drugs combined.

Alcohol is the third leading preventable cause of death in the U.S. The National Institute on Alcohol Abuse and Alcoholism has reported that alcohol causes 88,000 deaths each year. Alcohol has shortened the lifespan of those 88,000 human beings by 30 years. All other drugs combined only cause 30,000 deaths a year. Alcohol is not only harmful to the individual, but it's also harmful to society as a whole. Its negative effects are wide-ranging and can result in injuries, car accidents, violence, and sexual assault. Even with knowing this, alcohol is still more common than other drugs, and alcohol distributors and bartenders are not looked at like drug dealers who sell heroin and cocaine. Alcohol is different than other illicit substances that we know can cause overdose deaths because alcohol can also kill people slowly by deteriorating the body.

Alcohol is three times as harmful as cocaine or tobacco.

According to a study released in 2010 by a group of British scientists, alcohol was rated the most harmful drug overall and almost three times as harmful as cocaine or tobacco. In comparison, ecstasy was only one eighth as harmful as alcohol. This ranking encouraged the scientists to say that aggressively targeting the harms of alcohol is a necessary public health strategy. They also mentioned that the current drug classifications had little to do with the relation to the evidence of harm. Just because cocaine and heroin are illegal doesn't make them more dangerous. The World Health Organization estimates risks linked to alcohol cause 2.5 million deaths worldwide each year from heart and liver disease, road accidents, suicides, and cancer. On the scale given by the scientists, alcohol received a score of 72 out of 100. Heroin received a 55, while crack received a 54.

Alcohol is more easily accessible than most other drugs.

Even though it is the deadliest drug, alcohol is legal in the U.S. and Britain, as well as many other countries around the world. As we can see from this study and alcohol's far-reaching effects, legal substances cause just as much damage, or more, than illegal substances. This might be in part because of how easy it is to access alcohol. Most people don't even call alcohol a drug because of its acceptance and accessibility in our society. Did you know that more people enter treatment facilities for alcohol misuse than any other drug? According to Psychology Today, only 50 percent of Americans drink. Of that 50 percent, the majority of alcohol is consumed by the top 10 percent. Those heavy drinkers consume about 73 drinks per week. This means that Big Alcohol must sell to heavy, problematic drinkers. Their

target market is a group of people are sick and suffering. This is no different from regular drug dealers who depend on consumers to buy their products.

Alcohol directly causes a variety of diseases.

Last year, we learned that alcohol is the direct cause of 7 forms of cancer. Even light to moderate drinkers are at risk. The study, published in the journal *Addiction*, provided evidence that alcohol is the direct cause of breast, liver, colon, esophagus, and other types of cancer. The researchers also mentioned that there is growing evidence, though not conclusive yet, that alcohol also causes skin, prostate, and pancreatic cancer. Alcohol also causes fatty liver disease, cirrhosis of the liver, and alcohol hepatitis. These conditions can kill drinkers slowly and over many years. Heavy drinking can weaken the heart and affect how oxygen and nutrients are delivered to certain organs in your body. Prolonged and excessive alcohol use can also interfere with brain function and structure. Not to mention the secondhand events that occur like car accidents, DUI's, drunken injuries, toxic relationships, and destruction of property.

The truth is alcohol is the deadliest drug and the research and statistics prove this. In a country that is focusing solely on the current opioid epidemic, these facts are a good reminder that alcohol is deadlier and more socially acceptable than other drugs. Next time someone tries to justify drinking alcohol, remember it causes cancer and other diseases, it's three times as harmful as cocaine or tobacco, and it causes more deaths than all other drugs combined. We shouldn't just accept alcohol was a part of life; we should talk about just how deadly it is.

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<https://www.addictioncenter.com/community/why-alcohol-is-the-deadliest-drug/>



Alcohol Related Death vs Opioid Related Deaths

By now, you have heard about the opioid epidemic happening in this country. According to the US Department of Health and Human Services, in the late 1990s, pharmaceutical companies reassured the medical community that patients would not become addicted to opioid pain relievers and healthcare providers began to prescribe them at greater rates. Increased prescription of opioid medications led to widespread misuse of both prescription and non-prescription opioids before it became clear that these medications could indeed be highly addictive. In 2017 HHS declared a public health emergency and announced a 5-Point Strategy To Combat the Opioid Crisis. While this is a devastating epidemic, one epidemic people tend to overlook is the alcohol epidemic. The alcohol related death vs opioid related death is staggering and growing.

Alcohol Related Death

Alcohol is so widely available and socially acceptable. However, it is one of the deadliest substances to become addicted to. While there is nothing wrong with enjoying alcohol in moderation, drinking alcohol on the weekends to relax can quickly become a full-blown addiction.

According to the National Institute on Alcohol Abuse and Alcoholism, an estimated 88,000 people (approximately 62,000 men and 26,000 women) die from alcohol-related causes annually, making alcohol the third leading preventable cause of death in the United States. The first is tobacco, and the second is poor diet and physical inactivity. In 2014, alcohol-impaired driving fatalities accounted for 9,967 deaths (31 percent of overall driving fatalities).

How Alcohol Related Death Happens

There are many reasons alcohol could be the cause of death for someone, directly or indirectly. Some of these include:

Alcohol poisoning. According to MayoClinic, alcohol poisoning is a serious — and sometimes deadly — consequence of drinking large amounts of alcohol in a short period of time. Drinking too much too quickly can affect your breathing, heart rate, body temperature, and gag reflex and potentially lead to a coma and death.

Liver disease. The liver is responsible for metabolizing and filtering out the toxins of alcohol. When someone is suffering from alcohol addiction, their liver works in overdrive constantly. This will cause issues such as fatty liver disease and cirrhosis, both of which are deadly.

Heart disease. Alcohol increases blood pressure and makes the heart work faster and harder than it normally should. This can lead to issues such as heart attacks, heart disease, and heart failure — all of which are deadly.

Alcohol-related accidents. This can include driving accidents, injury or other types of accidents that go awry due to drinking.

Opioid Related Death

While opioids can be a helpful tool for people going through chronic pain or recovery after a surgery or major injury, opioid use can turn into a deadly addiction rather quickly when not monitored by a medical professional. The more you take opioids, the more is required to be able to get you high. This tolerance-building is what causes an eventual addiction, which can lead to overdose and death. Opioids can include prescription painkillers, synthetic opioids such as fentanyl or street drugs such as heroin.

Statistics

According to the Centers for Disease Control and Prevention, drug overdoses killed 63,632 Americans in 2016. Nearly two-thirds of these deaths (66%) involved a prescription or illicit opioid. Overdose deaths increased in all categories of drugs examined for men and women, people ages 15 and older, all races and ethnicities, and across all levels of urbanization.

How Opioid Related Death Happens

When someone uses opioids, the drugs bind to the receptors and essentially sedates the brain. This is what causes the relaxing euphoric feeling, and is also what causes people to feel less pain when needed. However, when too much is taken, the brain can become so sedated and depressed that all functions slow to a crawl. Breathing and heart rate become depressed, causing people to essentially choke to death. The only way to survive an opioid overdose is to be given an antidote, such as Naloxone, to stop the opioids from binding to the receptors.

About Pinelands Recovery Center

Alcohol addiction and opioid addiction can both cause long-lasting damaging effects to the body, and they are also both extremely deadly. The good news about these conditions is that they are both treatable. Even if you have experienced a near-overdose, you can go on to live a healthy, happy life in recovery.

Pinelands Recovery Center of Medford is widely known as one of New Jersey's finest, most respected addiction treatment facilities. With comfortable 30-bed accommodations and 24-hour professional staff, we can offer clients a serene, relaxing environment amid the lush piney woods. This stress-free setting with its sense of warmth and welcoming enables you to feel comfortable and confident about your clean and sober life ahead.

We will establish clear goals, both general in nature and specific to your needs. We continue to monitor those goals, to make sure that our clients are progressing and buying into their recovery plan. We thrive on assisting clients in feeling connected to the recovery community, share and demonstrate effective coping techniques, help clients to modify attitudes and patterns of behavior and everything else you will need to be happy and productive living a sober, healthy life.

We ensure that clients complete their planned concrete tasks, encourage hope, optimism and healthy living. Our recovery program is not a revolving door treatment program; it is a recovery model designed to help clients go on to lead productive, happy lives. For more information, visit pinelandsrecovery.com

Jaclyn Uloth Uncategorized alcohol, alcohol addiction, alcohol disorder, alcohol rehab, alcoholism, death, opioid, opioid addiction, opioid detox, opioids, overdose



Alcohol Kills More People in the U.S. Than Opioids

The biggest increases in alcohol-related deaths are among middle-aged women, according to a new study.

February 20, 2019 • By Casey Halter

When it comes to drug-related liver disease, opioids usually get called out first as the driver of poor health outcomes. But a study out this month shows alcohol kills more people in the United States each year than heroin or prescription painkillers: Nearly 88,000 people die each year from drinking compared with the 72,000 people who die of opioid overdose, USA Today reports.

According to a new analysis by the Institute for Health Metrics and Evaluation at the University of Washington in Seattle, the number of deaths attributed to alcohol increased by 35 percent between 2007 and 2017, while the direct death rate rose by about 24 percent. The increase was particularly large among women, among whom death rates rose an astounding 85 percent. And while teen deaths from drinking decreased by 16 percent during the study period, deaths among adults ages 45 to 64 rose about 25 percent.

“The story is that no one has noticed this. It hasn’t really been researched before,” said study researcher Max Griswold, who helped develop the alcohol estimates.

In fact, as USA Today reports, many women struggle with alcohol-related illness that goes unnoticed and untreated. The article also notes that binge drinking among middle-aged people has been increasing over the past few years. And those statistics, said study authors, mirror those of middle-aged women increasingly getting into trouble while drinking.

For example, according to a similar study published in the February 2018 issue of *Alcoholism: Clinical and Experimental Research*, which looked at emergency room visits from 2006 to 2014, the largest increases in admissions related to binge drinking were among middle-aged people, notably women. What’s more, these older patients tended to have more complications from their alcohol consumption—such as fluid buildup in their abdomens, liver cirrhosis, aspirated vomit in their lungs, brain hemorrhages and internal bleeding—than younger binge drinkers.

Experts say long-term drinking can also lead to an increased risk for heart failure, infections, dementia, stomach ulcers and cancer—conditions that aren’t really tracked among younger drinkers. And according to the Centers for Disease Control and Prevention alcoholism is three times costlier to treat than opioid addiction.

To learn more about alcohol-related liver disease, click here.

<https://www.hepmag.com/article/alcohol-kills-people-us-opioids>

NEWSWEEK

BY KELLY WYNNE On 11/17/18 at 9:51 AM EST

Health

Alcohol is killing more adults in the U.S. than the opioid epidemic according to the Institute for Health Metrics and Evaluation at the University of Washington. The opioid epidemic kills an average of 72,000 people per year, while alcohol kills 88,000. In those 88,000 deaths are 2.5 million years of potential life lost, according to the Center for Disease Control and Prevention.

The surge of alcohol related deaths is new. In ten years, the number of deaths by alcohol have increased 35 percent according to the new report shared by USA Today on Friday. The statistics are based on findings from 2007 to 2017.

Most affected by the rising alcohol epidemic are young women. Among women, deaths rose 67 percent, while for men, the percentage rose only 27 percent.

Women are more susceptible to alcohol-related risks because they typically weigh less than men, and can feel the effects of alcohol faster, according to the National Institute on Alcohol and Abuse and Alcoholism. The complications that most affect women who drink excessively are Liver Damage, Heart Disease, Breast Cancer and complications with pregnancy.

Alcohol-related deaths are on the rise, and most affected are young to middle-aged women.

According to a survey by the Institute in 2015, 9.3 percent of women surveyed drank alcohol while pregnant in the month before taking the survey. 51.1 percent of women drank alcohol in general, 22 percent of them engaging in binge drinking in the month prior. 61.3 percent of men drank in the month prior to the survey, and 32.1 percent binge drank.

5.4 percent of the female drinkers received help for an alcohol disorder, while 7.4 percent of men did.

Teen drinking deaths rates are down 16 percent, while drinking deaths for those between the ages of 45 and 64 increased about 25 percent.

The deaths associated with over-drinking are not necessarily instantaneous. Many of the causes lie in issues developed over time from excessive drinking, like liver cirrhosis, pancreatitis, cancer and suicide.

In terms of location, the District of Columbia tops the list for most alcohol deaths. It's followed by Georgia and Alabama. States with lower alcohol control policies, like Nevada, Wisconsin, Iowa, South Dakota and Wyoming, have higher rates of binge drinking than those with stricter restrictions.

Psychologist Benjamin Miller questioned why, while alcohol deaths rise above opioid fatalities, we still embrace drinking as a culture. "Culturally, we've made it acceptable to drink but not to go out and shoot up heroin," Miller said. "A lot of people will read this and say 'What's the problem?'"

<https://www.newsweek.com/alcohol-killing-more-people-year-opioid-crisis-and-most-deaths-are-young-1220622>