



RESEARCH SUMMARY
Date Compiled: April 2021

Key takeaways from included research:

- Gatherings in settings where mask wearing and physical distancing do not occur are known to increase the spread of COVID-19. Forty-six cases of COVID-19 were linked to an indoor bar opening event that occurred during February 2021 in a rural Illinois county.
- A study of 347 ED physicians (38.6% response rate) found that approximately 16% reported "always/usually," 70% "sometimes," and 14% "never" screening adult patients (≥ 18 years) for excessive alcohol use.
- Among violent deaths with a reported BAC, 41.1% had a positive BAC and 27.7% had a BAC ≥ 0.08 g/dL. About 2 in 5 violent deaths were missing data on alcohol testing. Increased testing and reporting of alcohol among violent deaths could inform the development and use of evidence-based prevention strategies (e.g., increasing alcohol taxes, regulating alcohol outlet density) for reducing violent deaths.
- Data was collected on the retail prices of alcoholic beverages sold in stores and excise taxes in 26 countries during 2003–2018, using the Economist Intelligence Unit price city data and the Organization for Economic Co-operation and Development (OECD) tax database. The percentages of excise taxes in off-premise retail prices were derived as the ratio of taxes to prices at different price levels. Tax burden on alcoholic beverages is low in OECD countries, indicating ample room for increasing alcohol excise taxes, particularly for beer and wine in those countries.
- Researchers found postmortem BACs were generally lower than antemortem BACs for the fatally injured decedents, though not consistently. More routine antemortem BAC testing, when possible, would improve the surveillance of alcohol involvement in injuries.

COMMUNITY TRANSMISSION OF SARS-CoV-2 ASSOCIATED WITH A LOCAL BAR OPENING EVENT — ILLINOIS, FEBRUARY 2021
April 2021

Summary

Gatherings in settings where mask wearing and physical distancing do not occur are known to increase the spread of COVID-19.

Forty-six cases of COVID-19 were linked to an indoor bar opening event that occurred during February 2021 in a rural Illinois county. Event patrons were linked to secondary cases among household, long-term care facility, and school contacts, resulting in one hospitalization and one school closure affecting 650 students.

Opening up settings such as bars, where mask wearing and physical distancing are challenging, can affect the community. As community businesses reopen, prevention measures should be emphasized, including limiting building occupancy, improving ventilation, prioritizing outdoor seating, enforcing correct mask wearing and physical distancing, staying home when ill, and encouraging COVID-19 vaccination to reduce transmission on site and within the community.

Source: Sami S, Turbyfill CR, Daniel-Wayman S, et al. Community transmission of SARS-CoV-2 associated with a local bar opening event — Illinois, February 2021. *MMWR Morb Mortal Wkly Rep.* ePub: 5 April 2021. DOI: <http://dx.doi.org/10.15585/mmwr.mm7014e3external> icon

SCREENING FOR EXCESSIVE ALCOHOL CONSUMPTION IN EMERGENCY DEPARTMENTS: A NATIONWIDE ASSESSMENT OF EMERGENCY DEPARTMENT PHYSICIANS
March 2021

Abstract

Objective: To assess current screening practices for excessive alcohol consumption, as well as perceived barriers, perceptions, and attitudes toward performing this screening among emergency department (ED) physicians.

Design: A brief online assessment of screening practices for excessive drinking was disseminated electronically to a representative panel of ED physicians from November 2016 to January 2017. Descriptive statistics were calculated on the frequency of alcohol screening, factors affecting screening, and attitudes toward screening.

Setting: An online assessment was sent to a national panel of ED physicians.

Participants: A panel of ED physicians who volunteered to be part of the American College of Emergency Physicians Emergency Medicine Practice Research Network survey panel.

Main outcome measure: The primary outcome measures were the percentage of respondents who reported screening for excessive alcohol consumption and the percentage of respondents using a validated excessive alcohol consumption screening tool.

Results: Of the 347 ED physicians evaluated (38.6% response rate), approximately 16% reported "always/usually," 70% "sometimes," and 14% "never" screening adult patients (≥18 years) for excessive alcohol use. Less than 20% of the respondents who screened for excessive drinking used a recommended screening tool. Only 10.5% of all respondents (15.4% "always," 9.5% "sometimes" screened) received an electronic health record (EHR) reminder to screen for excessive alcohol use.

Key barriers to screening included limited time (66.2%) and treatment options for patients with drinking problems (43.1%).

Conclusions: Only 1 in 6 ED physicians consistently screened their patients for excessive drinking. Increased use of EHR reminders and other systems interventions (eg, electronic screening and brief intervention) could help improve the delivery of screening and follow-up services for excessive drinkers in EDs.

Source: Uong S, Tomedi LE, Gloppen KM, Stahre M, Hindman P, Goodson VN, Crandall C, Sklar D, Brewer RD. (2021) Screening for excessive alcohol consumption in emergency departments: A nationwide assessment of emergency department physicians. *J Public Health Manag Pract.* doi: 10.1097/PHH.0000000000001286

ALCOHOL TESTING AND ALCOHOL INVOLVEMENT AMONG VIOLENT DEATHS BY STATE, 2014-2016 **March 2021**

Abstract

Blood alcohol concentration (BAC) testing rates vary across states, potentially biasing estimates of alcohol involvement in violent deaths. The National Violent Death Reporting System (NVDRS) collects information on violent deaths, including decedents' BACs. This study assessed characteristics of violent deaths by BAC testing status, and the proportion of decedents with a positive BAC or BAC \geq 0.08 g/dL. NVDRS data from 2014 to 2016 (2014: 18 states; 2015: 27 states; 2016: 32 states) were analyzed to assess BAC testing (tested, not tested, unknown/missing) by state, decedent characteristics, and death investigation system (e.g., state medical examiner, coroners), in 2019. The proportion of violent deaths with a BAC $>$ 0.0 or \geq 0.08 g/dL was also assessed. Among 95,390 violent death decedents, 57.1% had a BAC test (range: 9.5% in Georgia to 95.8% in Utah), 2.3% were not tested, and 40.6% had an unknown/missing BAC testing status (range: 1.3% in Alaska to 78.0% in Georgia). Decedents who were 21-44 years, American Indian/Alaska Native or Hispanic, died by poisoning, died by undetermined intent, or were investigated by a state medical examiner were most likely to receive BAC testing. Among the violent deaths with a reported BAC, 41.1% had a positive BAC and 27.7% had a BAC \geq 0.08 g/dL. About 2 in 5 violent deaths were missing data on alcohol testing. Increased testing and reporting of alcohol among violent deaths could inform the development and use of evidence-based prevention strategies (e.g., increasing alcohol taxes, regulating alcohol outlet density) for reducing violent deaths.

Source: Greene N, Tomedi LE, Cox ME, Mello E, Esser MB. (2021) Alcohol testing and alcohol involvement among violent deaths by state, 2014-2016. *Prev Med.* doi: 10.1016/j.ypmed.2021.106527

ALCOHOL EXCISE TAXES AS A PERCENTAGE OF RETAIL ALCOHOL PRICES IN 26 OECD COUNTRIES **February 2021**

Abstract

Background: Many countries have implemented alcohol excise taxes. However, measures of excise taxes as a percentage of alcohol prices have not been systematically studied.

Methods: Data on the retail prices of alcoholic beverages sold in stores and excise taxes in 26 countries during 2003–2018 was from the Economist Intelligence Unit price city data and the Organization for Economic Co-operation and Development (OECD) tax database. The percentages of

excise taxes in off-premise retail prices were derived as the ratio of taxes to prices at different price levels. Changes of excise taxes over time were assessed using negative binominal regressions.

Results: The percentage of excise taxes in average off-premise alcohol prices was from 5 % in Luxembourg to 59% in Iceland for beer, and from 0% in France to 26% in Iceland for wine. Excise taxes accounted for 5% of discount liquor prices in Czech Republic to 41% in Sweden for Cognac, for 19% in the United States (US) to 67% in Sweden for Gin, for 13% in the US to 63% in Australia for Scotch Whisky six years old, and for 6% in Iceland to 76% in Sweden for Liqueur Cointreau. There were no significant changes in the percentage of excise taxes in alcohol prices over time in most countries except for Nordic countries. While wine had the lowest excise taxes, liquors had the highest tax burden.

Conclusion: Tax burden on alcoholic beverages is low in OECD countries, indicating ample room for increasing alcohol excise taxes, particularly for beer and wine in those countries.

Source: Ngo AP, Wang X, Slater S, Chriqui JF, Chaloupka FJ, Yang L, Smith L, Li Q, Shang C. (2021) Alcohol excise taxes as a percentage of retail alcohol prices in 26 OECD countries, *Drug and Alcohol Dependence*, 219, <https://doi.org/10.1016/j.drugalcdep.2020.108415>

VARIABILITY IN ANTEMORTEM AND POSTMORTEM BLOOD ALCOHOL CONCENTRATION LEVELS AMONG FATALLY INJURED ADULTS **January 2021**

Abstract

Background: Excessive alcohol use is a risk factor for injury-related deaths. Postmortem blood samples are commonly used to approximate antemortem blood alcohol concentration (BAC) levels.

Objectives: To assess differences between antemortem and postmortem BACs among fatally injured adults admitted to one shock trauma center (STC).

Method: Fifty-two adult decedents (45 male, 7 female) admitted to a STC in Baltimore, Maryland during 2006–2016 were included. STC records were matched with records from Maryland’s Office of the Chief Medical Examiner (OCME). The antemortem and postmortem BAC distributions were compared. After stratifying by antemortem BACs <0.10 versus ≥ 0.10 g/dL, differences in postmortem and antemortem BACs were plotted as a function of length of hospital stay.

Results: Among the 52 decedents, 22 died from transportation-related injuries, 20 died by homicide or intentional assault, and 10 died from other injuries. The median BAC antemortem was 0.10 g/dL and postmortem was 0.06 g/dL. Thirty-one (59.6%) decedents had antemortem BACs ≥ 0.08 g/dL versus 22 (42.3%) decedents using postmortem BACs. Postmortem BACs were lower than the antemortem BACs for 42 decedents, by an average of 0.07 g/dL. Postmortem BACs were higher than the antemortem BACs for 10 decedents, by an average of 0.06 g/dL.

Conclusion: Postmortem BACs were generally lower than antemortem BACs for the fatally injured decedents in this study, though not consistently. More routine antemortem BAC testing, when possible, would improve the surveillance of alcohol involvement in injuries. The findings emphasize the usefulness of routine testing and recording of BACs in acute care facilities.

Source: Greene N, Esser MB, Vesselinov R, Auman KM, Kerns TJ, Lauerman MH. (2021) Variability in antemortem and postmortem blood alcohol concentration levels among fatally injured adults, *The American Journal of Drug and Alcohol Abuse*, 47:1, 84-91, DOI: [10.1080/00952990.2020.1822856](https://doi.org/10.1080/00952990.2020.1822856)