



Excessive alcohol use is a significant public health concern in New York State, associated with various short-term health outcomes such as unintentional injuries and violence. Additionally, excessive alcohol use contributes to long-term health outcomes including chronic diseases, such as cancer and liver diseases, and learning and mental health conditions, such as anxiety, depression, and memory problems.<sup>1</sup> This report summarizes county-level data on binge and heavy drinking,<sup>2</sup> two patterns of excessive alcohol use, from the 2021 New York State Behavioral Risk Factor Surveillance System.

The [New York State Prevention Agenda](#) focuses on preventing underage drinking and excessive alcohol use by adults. County-level estimates of binge and heavy drinking prevalence are essential for informing efforts to prevent and reduce excessive alcohol use and mitigate the adverse effects of alcohol use in communities. These data can be used to support decision-making and program planning, evaluate the effectiveness of programs and policies, educate decision-makers, and enhance community engagement.

## Public Health Opportunity

**State and local public health professionals** can promote effective interventions to reduce excessive alcohol use and to mitigate the effects of its related harms in communities, including increasing alcohol taxes, regulating alcohol outlet density, holding retailers accountable for harms that result from illegally serving or selling alcohol, maintaining existing government controls over alcohol sales, maintaining limits on the days and hours when alcohol can be sold, enforcing laws that prohibit alcohol sales to minors, and restricting alcohol advertising especially to reduce the impact of alcohol marketing on young people.

**Healthcare providers** can make [alcohol screening and brief intervention](#) efforts a routine part of health care in primary care settings. Alcohol screening and brief intervention is an evidence-based preventive service like blood pressure or cholesterol screening, which can occur as part of a patient's wellness visit to identify and help individuals who are drinking more than the recommended amounts. [Electronic screening and brief intervention](#) is also recommended and uses electronic devices (e.g., computers, telephones, mobile devices) to facilitate delivery of key elements of traditional screening and brief intervention.

## Resources

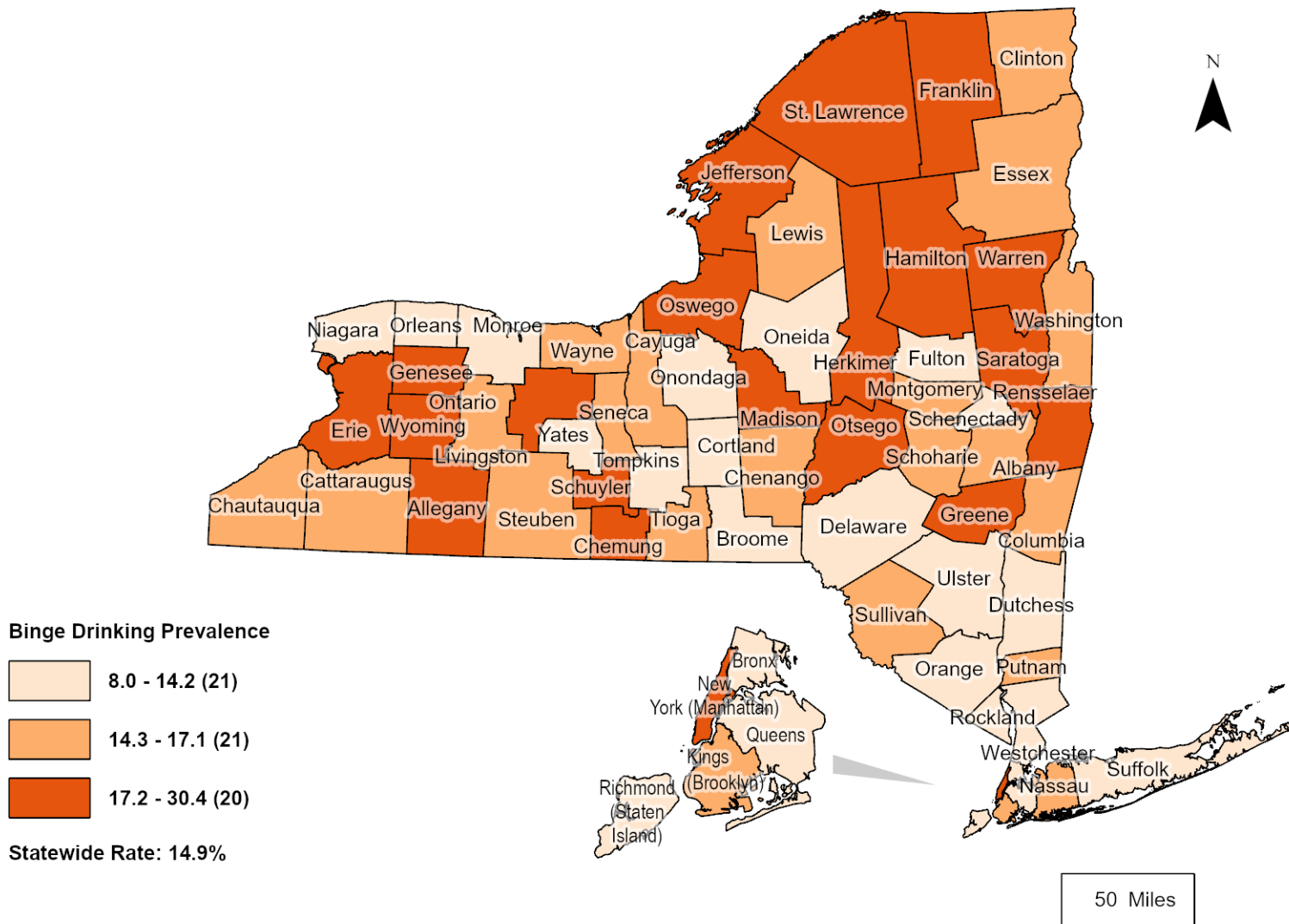
- For more information on evidence-based prevention strategies, visit the [Community Preventive Services Task Force](#).
- The [Centers for Disease Control and Prevention's Alcohol Program](#) provides fact sheets, publications, and other online resources to support states and communities in the prevention of excessive drinking.
- More information on prevention and treatment services is available from the [New York State Office of Addiction Support and Services](#).
- Additional alcohol-related data resources are available on the [New York State Department of Health's Alcohol Surveillance and Epidemiology Program](#) website.

<sup>1</sup>Centers for Disease Control and Prevention. Alcohol and Public Health. Retrieved on June 5, 2023. <https://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>.

<sup>2</sup>Binge drinking is defined as consuming 4 or more drinks for women and 5 or more drinks for men on a single occasion. Heavy drinking is defined as consuming 8 or more drinks per week for women and 15 or more drinks per week for men.

## Prevalence of Binge Drinking among New York State Adults, Behavioral Risk Factor Surveillance System 2021

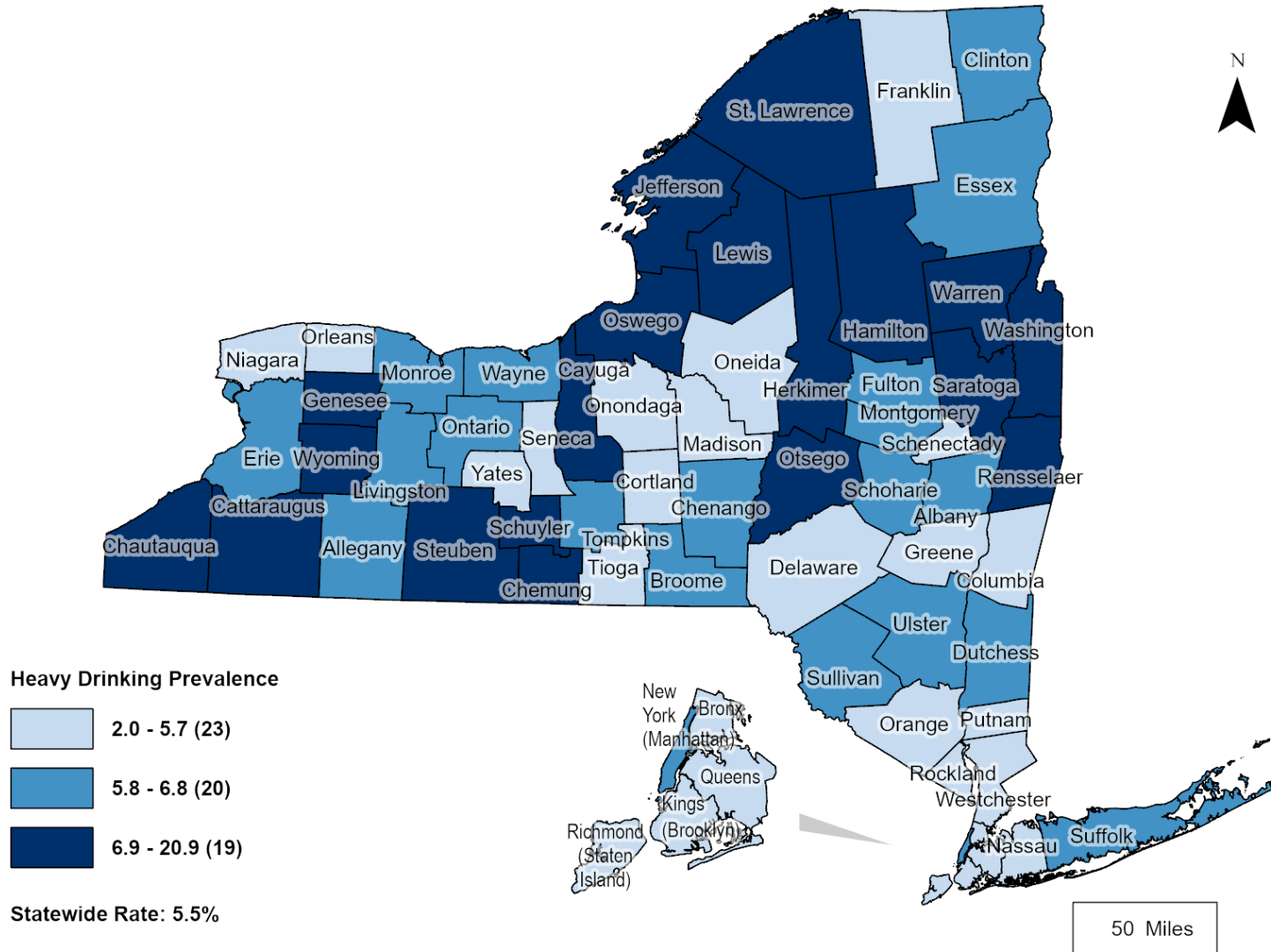
- In 2021, 14.9% of adults in New York State reported binge drinking and the prevalence of binge drinking varied by county from 8.0% to 30.4%.
- Counties outside New York City with the highest rates of adult binge drinking were Allegany (22.2%), Ontario (21.1%), and Oswego (20.8%).
  - Counties outside New York City with the lowest rates of adult binge drinking were Yates (8.0%), Orleans (10.1%), and Tompkins (10.4%).
  - Among New York City boroughs, the rate of adult binge drinking was highest in Manhattan (20.8%) and lowest in Staten Island (10.8%).



## Prevalence of Heavy Drinking among New York State Adults, Behavioral Risk Factor Surveillance System 2021

In 2021, 5.5% of adults in New York State reported heavy drinking and the prevalence of heavy drinking varied by county from 2.0% to 20.9%.

- Counties outside New York City with the highest rates of adult heavy drinking were Warren (12.5%), St. Lawrence (10.8%), and Oswego (10.8%).
- Counties outside New York City with the lowest rates of adult heavy drinking were Orange (3.2%), Cortland (3.3%), and Delaware (3.6%).
- Among New York City boroughs, the rate of adult heavy drinking was highest in Manhattan (6.3%) and lowest in Staten Island (2.0%).



**Table 1. Binge Drinking among New York State Adults by County, Behavioral Risk Factor Surveillance System 2021**

County	(%)	[95%CI]*	County	(%)	[95%CI]*
Albany	15.1	[12.0-18.1]	Niagara	12.3	[8.3-16.3]
Allegany	22.2	[14.2-30.2]	Oneida	14.2	[10.5-17.8]
Bronx	11.7	[9.4-14.0]	Onondaga	12.5	[9.4-15.6]
Broome	13.1	[9.1-17.1]	Ontario	21.1	[14.6-27.6]
Cattaraugus	15.5	[10.3-20.7]	Orange	12.9	[8.7-17.1]
Cayuga	15.1	[8.6-21.7]	Orleans	10.1	[6.1-14.1]
Chautauqua	14.3	[8.8-19.8]	Oswego	20.8	[14.8-26.7]
Chemung	18.8	[13.2-24.4]	Otsego	20.1	[10.5-29.7]
Chenango	15.5	[9.5-21.5]	Putnam	16.6	[9.8-23.3]
Clinton	16.0	[10.2-21.9]	Queens	13.3	[11.4-15.3]
Columbia	16.6	[9.4-23.8]	Rensselaer	20.3	[12.5-28.2]
Cortland	10.4	[5.4-15.4]	Richmond	10.8	[7.1-14.6]
Delaware	11.4	[6.6-16.2]	Rockland	11.0	[6.7-15.3]
Dutchess	12.5	[7.9-17.1]	Saratoga	19.3	[13.1-25.4]
Erie	18.2	[15.4-20.9]	Schenectady	11.2	[6.1-16.3]
Essex	15.0	[10.6-19.4]	Schoharie	15.8	[10.0-21.6]
Franklin	20.0	[14.4-25.5]	Schuyler	19.7	[11.1-28.3]
Fulton	13.7	[10.0-17.4]	Seneca	15.6	[9.0-22.1]
Genesee	17.5	[12.0-22.9]	St Lawrence	18.7	[13.3-24.1]
Greene	18.8	[10.3-27.3]	Steuben	16.9	[12.2-21.6]
Hamilton	30.4**	[11.0-49.8]	Suffolk	12.9	[10.4-15.4]
Herkimer	20.2	[14.4-25.9]	Sullivan	15.0	[8.6-21.4]
Jefferson	20.0	[16.4-23.7]	Tioga	16.6	[9.9-23.4]
Kings	16.7	[14.6-18.8]	Tompkins	10.4	[6.5-14.2]
Lewis	14.4	[9.2-19.6]	Ulster	12.2	[8.0-16.5]
Livingston	17.1	[8.2-26.1]	Warren	20.0	[14.6-25.4]
Madison	18.3	[11.8-24.8]	Washington	17.0	[11.8-22.2]
Monroe	14.1	[11.6-16.7]	Wayne	16.4	[12.3-20.6]
Montgomery	14.4	[9.4-19.5]	Westchester	11.9	[9.1-14.7]
Nassau	14.4	[11.9-16.9]	Wyoming	19.5	[11.1-28.0]
New York	20.8	[18.1-23.5]	Yates	8.0	[4.0-12.0]

**Note:** The prevalence estimates for binge and heavy drinking available in the data tables and used for the map are crude rates. Partners interested in accessing county-specific age-adjusted rates for binge and heavy drinking rates can find them on [Health Data NY](#) and the [New York State Prevention Agenda Dashboard](#).

\*The 95% confidence interval (95% CI) provides the statistical range containing the true population rate with a 95% probability.

\*\*Estimates with a confidence interval of a half-width of greater than 10 are unstable and should be used with caution.

**Table 2. Heavy Drinking among New York State Adults by County, Behavioral Risk Factor Surveillance System 2021**

County	(%)	[95%CI]*	County	(%)	[95%CI]*
Albany	6.3	[4.3-8.3]	Niagara	5.2	[2.3-8.1]
Allegany	6.2	[2.4-9.9]	Oneida	4.8	[2.9-6.8]
Bronx	3.5	[2.3-4.8]	Onondaga	5.3	[3.3-7.4]
Broome	6.4	[4.2-8.6]	Ontario	6.7	[3.0-10.5]
Cattaraugus	7.5	[3.5-11.5]	Orange	3.2	[0.8-5.5]
Cayuga	8.0	[1.8-14.2]	Orleans	4.2	[1.9-6.6]
Chautauqua	9.4	[4.3-14.6]	Oswego	10.8	[5.8-15.8]
Chemung	8.6	[4.9-12.3]	Otsego	8.4	[4.3-12.6]
Chenango	6.0	[2.8-9.2]	Putnam	4.9	[2.5-7.3]
Clinton	6.3	[2.4-10.2]	Queens	3.3	[2.3-4.3]
Columbia	4.4	[2.5-6.3]	Rensselaer	7.4	[3.6-11.2]
Cortland	3.3	[1.4-5.3]	Richmond	2.0	[0.6-3.4]
Delaware	3.6	[1.6-5.6]	Rockland	5.7	[2.7-8.8]
Dutchess	5.9	[2.8-9.0]	Saratoga	9.8	[5.3-14.4]
Erie	6.6	[4.9-8.3]	Schenectady	3.8	[1.2-6.5]
Essex	6.6	[3.4-9.8]	Schoharie	5.8	[2.9-8.8]
Franklin	5.3	[3.1-7.6]	Schuyler	8.0	[2.9-13.0]
Fulton	6.0	[3.8-8.2]	Seneca	5.7	[2.4-9.0]
Genesee	7.5	[3.3-11.8]	St Lawrence	10.8	[6.4-15.2]
Greene	5.1	[2.0-8.3]	Steuben	7.7	[4.5-11.0]
Hamilton	20.9**	[0.9-40.9]	Suffolk	5.8	[4.2-7.5]
Herkimer	9.5	[5.4-13.5]	Sullivan	6.0	[2.7-9.3]
Jefferson	8.6	[6.1-11.0]	Tioga	4.9	[1.0-8.8]
Kings	5.7	[4.4-7.0]	Tompkins	5.9	[3.3-8.4]
Lewis	7.8	[3.4-12.1]	Ulster	6.1	[3.4-8.7]
Livingston	6.2	[2.0-10.4]	Warren	12.5	[7.9-17.2]
Madison	4.8	[2.1-7.5]	Washington	9.4	[5.1-13.7]
Monroe	6.4	[4.6-8.2]	Wayne	6.8	[4.4-9.1]
Montgomery	6.0	[2.3-9.7]	Westchester	5.2	[3.0-7.4]
Nassau	4.5	[3.0-6.1]	Wyoming	6.9	[3.4-10.3]
New York	6.3	[4.7-7.9]	Yates	5.4	[2.3-8.5]

**Note:** The prevalence estimates for binge and heavy drinking available in the data tables and used for the map are crude rates. Partners interested in accessing county-specific age-adjusted rates for binge and heavy drinking rates can find them on [Health Data NY](#) and the [New York State Prevention Agenda Dashboard](#).

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