

BRFSS Brief

Number 2021-03

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention and administered by the New York State Department of Health. The BRFSS is designed to provide information on behaviors, risk factors, and utilization of preventive services related to the leading causes of chronic and infectious diseases, disability, injury, and death among the noninstitutionalized, civilian population aged 18 years and older.

Binge and Heavy Drinking

New York State Adults, 2019

Introduction and Key Findings

Binge drinking and heavy drinking are two patterns of excessive alcohol use. 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.¹ Excessive alcohol use is associated with short-term health outcomes such as unintentional injuries and violence and long-term health outcomes including chronic diseases and learning and memory problems.

Excessive alcohol use is the third leading cause of preventable death in the United States (US), responsible for approximately 88,000 deaths each year.^{2,3} In New York State (NYS), excessive alcohol use causes nearly 4,500 deaths annually resulting in an average of 38 years of potential life lost per death.³ Excessive alcohol use also results in economic costs and in 2010 cost NYS an estimated \$16.3 billion, or approximately \$2.28 per drink.⁴ Economic costs due to excessive drinking include losses in workplace productivity, health care expenses, criminal justice expenses, and motor vehicle crash costs.

Excessive alcohol use, both in the form of heavy drinking or binge drinking, is associated with an increased risk for several chronic diseases and conditions. Excessive alcohol use has been linked to an increased risk for various types of cancer including those of the oral cavity and pharynx, larynx, esophagus, liver, colon, rectum, and female breast.⁵ Research indicates the more alcohol a person drinks regularly over time, the higher their risk of developing an alcohol-associated cancer. An estimated 4% of all cancer deaths in the US are related to alcohol consumption.⁶ Excessive alcohol use over time also increases the risk for hypertension, cardiovascular disease, and stroke.⁷

Key Findings

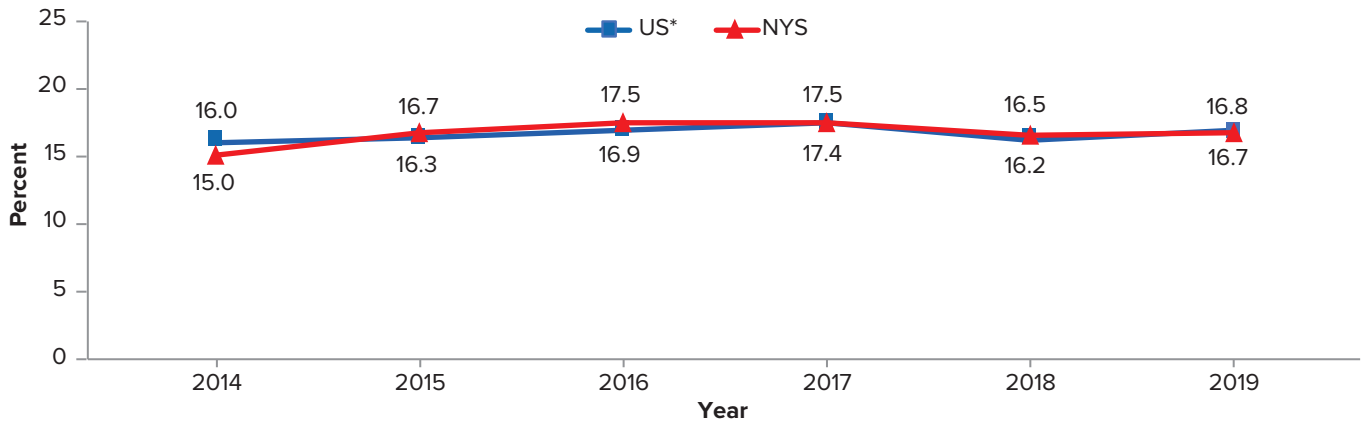
Over 18% of adults in NYS report excessive alcohol use in the form of either binge or heavy drinking. Binge drinking is the most common pattern of excessive use among adults in NYS. An estimated 16.7% of adults in NYS report binge drinking and 5.9% report heavy drinking.

Excessive alcohol use is higher in men, adults aged 18 to 24 and 25 to 34 years, and adults with an annual household income greater than \$75,000. White, non-Hispanic adults report higher rates of both binge (19%) and heavy drinking (7.7%) when compared to other racial and ethnic groups. The prevalence of binge drinking and heavy drinking is significantly higher in adults who report frequent mental distress (25% and 9.2%, respectively). The prevalence of binge drinking reported among adults who are current smokers (25.3%) is nearly double the prevalence reported among non-smokers (15.5%) while the prevalence of heavy drinking is almost three times greater among smokers (12.1%) as compared to non-smokers (5%).

BRFSS questions

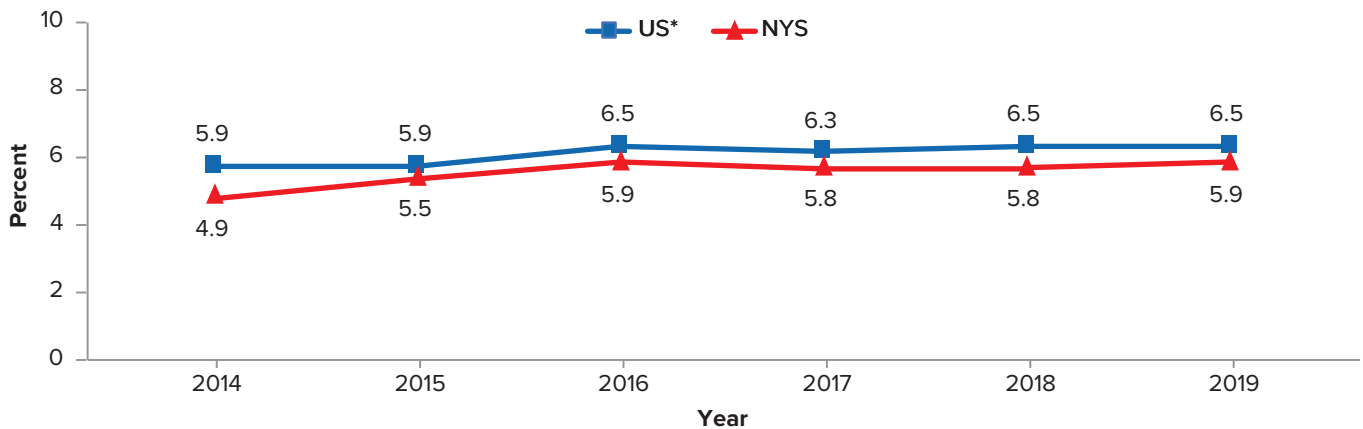
1. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
2. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?
3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks for men or 4 or more drinks for women on an occasion?

Figure 1. Prevalence of binge drinking among US and NYS adults by survey year, BRFSS 2014-2019



*Median percent; includes data from all 50 states and the District of Columbia.

Figure 2. Prevalence of heavy drinking among US and NYS adults by survey year, BRFSS 2014-2019



*Median percent; includes data from all 50 states and the District of Columbia.

Figure 3. Prevalence of binge or heavy drinking among NYS adults by sex, race/ethnicity, and age, BRFSS 2019

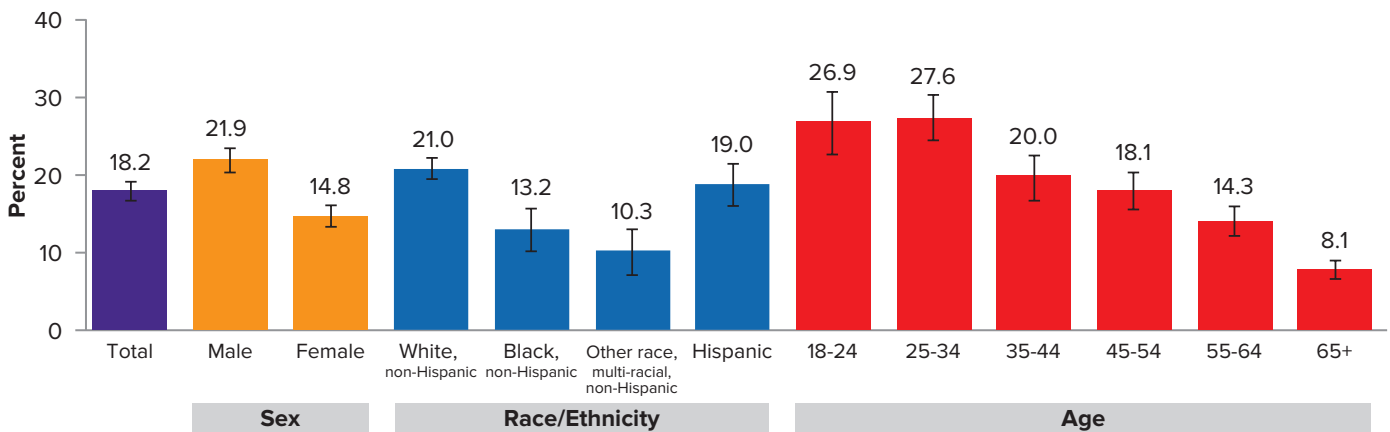


Table 1. Prevalence of binge or heavy drinking by select demographic groups in NYS, BRFSS 2019

	Binge or Heavy Drinking ^a		Binge Drinking		Heavy Drinking	
	% ^b	95% CI ^b	% ^b	95% CI ^b	% ^b	95% CI ^b
Total NYS [N=14,232]	18.2	17.2-19.2	16.7	15.8-17.7	5.9	5.3-6.5
Region						
Rest of State (NYS excluding NYC)	19.1	17.8-20.3	17.2	16.0-18.4	7.0	6.2-7.8
New York City	16.9	15.3-18.6	16.1	14.5-17.7	4.4	3.6-5.2
Sex^c						
Male	21.9	20.3-23.4	20.8	19.3-22.3	5.5	4.7-6.3
Female	14.8	13.6-16.1	13.0	11.8-14.2	6.3	5.5-7.1
Race, Ethnicity						
White, non-Hispanic	21.0	19.7-22.3	19.0	17.7-20.3	7.7	6.9-8.5
Black, non-Hispanic	13.2	10.5-15.9	12.3	9.6-14.9	3.5	2.0-5.0
Other race or multiracial, non-Hispanic	10.3	7.4-13.1	9.7	6.9-12.5	2.8	1.4-4.1
Hispanic	19.0	16.4-21.6	18.1	15.6-20.6	4.1	2.7-5.4
Age						
18-24	26.9	22.8-31.0	25.7	21.7-29.7	7.5	5.1-9.9
25-34	27.6	24.7-30.5	26.9	24.0-29.8	7.1	5.4-8.8
35-44	20.0	17.2-22.7	19.2	16.4-21.9	5.0	3.7-6.4
45-54	18.1	15.7-20.4	16.9	14.6-19.1	6.5	5.1-7.9
55-64	14.3	12.5-16.2	12.0	10.3-13.7	6.3	5.1-7.4
65+	8.1	7.0-9.2	5.8	4.9-6.8	4.3	3.5-5.0
Educational Attainment						
Less than high school	13.6	10.8-16.5	12.5	9.8-15.2	3.4	1.8-4.9
High school or GED	15.1	13.2-17.0	13.9	12.0-15.8	4.5	3.5-5.5
Some post-high school	19.6	17.6-21.7	18.2	16.2-20.2	6.1	5.0-7.2
College graduate	21.4	19.8-23.0	19.6	18.0-21.1	8.0	7.0-9.0
Annual Household Income						
Less than \$25,000	15.0	13.0-17.0	14.2	12.2-16.2	4.7	3.4-5.9
\$25,000-\$34,999	14.3	11.3-17.4	12.8	9.9-15.7	3.4	2.0-4.8
\$35,000-\$49,999	16.5	13.4-19.6	14.8	11.8-17.8	5.0	3.3-6.7
\$50,000-\$74,999	24.0	20.5-27.4	21.6	18.2-24.9	8.6	6.6-10.6
\$75,000 or more	24.2	22.3-26.1	22.6	20.7-24.5	8.4	7.2-9.6
Missing ^d	11.0	9.2-12.8	9.8	8.0-11.5	3.1	2.3-3.9
Employment Status						
Employed/self-employed	22.4	21.0-23.9	21.1	19.7-22.5	6.9	6.1-7.8
Unemployed	18.4	14.0-22.9	16.0	12.0-20.1	5.2	2.6-7.9
Not in labor force	12.0	10.6-13.3	10.4	9.1-11.7	4.4	3.7-5.2
Health Coverage						
Private insurance	21.9	20.4-23.5	20.4	18.9-21.9	6.8	6.0-7.7
Medicare	8.9	7.5-10.3	6.5	5.3-7.7	4.5	3.5-5.4
Medicaid	12.6	10.2-15.1	11.8	9.4-14.1	3.4	2.0-4.7
Other insurance ^e	18.1	13.8-22.5	16.5	12.3-20.6	6.8	4.0-9.6
No insurance	17.5	14.2-20.7	16.7	13.6-19.8	4.7	3.0-6.4
Disability Status^f						
Yes	16.2	14.3-18.1	14.6	12.8-16.3	6.4	5.1-7.6
No	18.9	17.7-20.1	17.5	16.3-18.6	5.8	5.2-6.4
Frequent Mental Distress^g						
Yes	26.9	23.5-30.4	25.0	21.7-28.3	9.2	7.0-11.4
No	17.2	16.1-18.2	15.7	14.7-16.8	5.5	4.9-6.1
Current Smoker^h						
Yes	27.8	24.5-31.1	25.3	22.1-28.5	12.1	9.8-14.4
No	16.7	15.7-17.8	15.5	14.5-16.5	5.0	4.4-5.5

^a Respondents who report either binge or heavy drinking.

^b %= Weighted percentage; 95% CI= 95% confidence interval.

^c Based on respondent's sex at birth or current gender identity at time of interview if sex at birth is missing.

^d "Missing" category included because more than 10% of the sample did not report income.

^e Includes TRICARE, VA/Military, and Indian Health Services.

^f Respondents who reported at least one type of disability (cognitive, self-care, independent living, vision, mobility, or hearing)

^g Frequent mental distress is defined as yes if respondents reported problems with stress, depression, or emotions on at least 14 of the previous 30 days.

^h Current smoker is an adult over age 18 who has smoked at least 100 cigarettes in their lifetime and currently smokes on at least some days.

References

1. Centers for Disease Control and Prevention (CDC). Alcohol and Public Health. Retrieved on February 1, 2021. <https://www.cdc.gov/alcohol/index.htm>.
2. Mokdad AH, Marks JS, Stroup DF, et al. Actual causes of death in the United States, 2000. *JAMA* 2004;291:1238–45.
3. Centers for Disease Control and Prevention. Alcohol Related Disease Impact (ARDI) application, 2020. Available at www.cdc.gov/ARDI.
4. Sacks JJ, Gonzales KR, Bouchery EE, Tomedi LE, Brewer RD. 2010 National and State Costs of Excessive Alcohol Consumption. *Am J Prev Med*. 2015 Nov;49(5):e73–e79.
5. National Cancer Institute. Alcohol and Cancer Risk. Retrieved on February 1, 2021. <https://www.cancer.gov/about-cancer/causes-prevention/risk/alcohol/alcohol-fact-sheet#r1>.
6. Nelson DE, Jarman DW, Rehm J, Greenfield TK, Rey G, Kerr WC, Miller P, Dhield KD, Ye Y, Naimi TS. Alcohol-attributable cancer deaths and years of potential life lost in the United States. *Am J Public Health*. 2013; 103:641-648.

Program Contributions

New York State Department of Health
Bureau of Chronic Disease Evaluation and Research
Bureau of Community Chronic Disease Prevention

Order Information

Copies may be obtained by contacting:

BRFSS Coordinator
New York State Department of Health
Bureau of Chronic Disease Evaluation and Research
Empire State Plaza
Corning Tower, Rm. 1070
Albany, NY 12237-0679

Or by phone or electronic mail:

(518) 473-0673
or
BRFSS@health.ny.gov
or
www.health.ny.gov



Department
of Health