# **BRFSS Brief**

#### Number 1812

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, 2016

### **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.<sup>1</sup> 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.<sup>2,3</sup> In New York State (NYS), excessive alcohol use causes over 4,000 deaths annually resulting in an average of 28 years of potential life lost per death.<sup>3</sup> Excessive alcohol use also results in economic costs and in 2010 cost NYS an estimated \$16.3 billion, or approximately \$2.28 per drink.<sup>4</sup> 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.<sup>5</sup> Research indicates the more alcohol a person drinks regularly over time, the higher his or her risk of developing an alcohol-associated cancer. An estimated 4% of all cancer deaths in the US are related to alcohol consumption.<sup>6</sup> Excessive alcohol use over time also increases the risk for hypertension, cardiovascular disease, and stroke.<sup>7</sup>

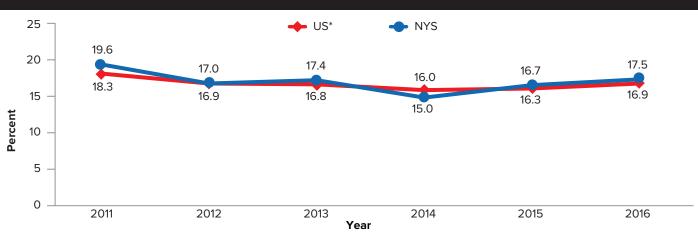
Nearly 19% of adults in NYS report excessive alcohol use in the form of either binge or heavy drinking. Binge drinking is the most common pattern of excessive use among adults in NYS. An estimated 17.5% of adults in NYS report binge drinking and 5.9% report heavy drinking.

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 (19.9%) and heavy drinking (7.8%) when compared to other racial and ethnic groups. The prevalence of binge drinking reported among adults who are current smokers (30.9%) is double the prevalence reported among non-smokers (15.3%) while the prevalence of heavy drinking is almost three times greater among smokers (13.5%) as compared to non-smokers (4.7%).

### **BRFSS** questions

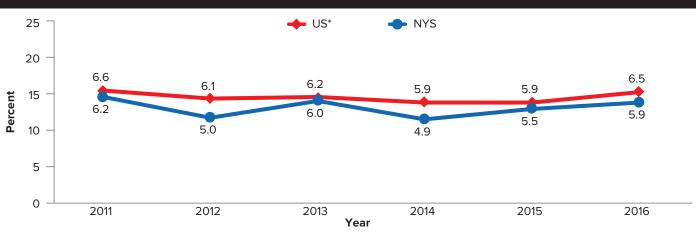
- 1. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
- 2. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, 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 2011-2016



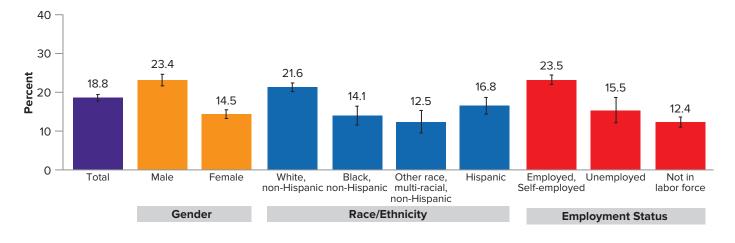
\*Median percent; includes data from all 50 states and the District of Columbia.

# Figure 2. Prevalence of heavy drinking among US and NYS adults by survey year, BRFSS 2011-2016



\*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 gender, race/ ethnicity, and employement status, BRFSS 2016



# Prevalence of binge or heavy drinking by select demographic groups in NYS, **BRFSS 2016**

	Binge or Heavy Drinking <sup>®</sup>		Binge Drinking		Heavy Drinking	
	% <sup>b</sup>	95% Cl⁵	% <sup>b</sup>	95% Cl <sup>ь</sup>	% <sup>b</sup>	95% Cl <sup>b</sup>
Total NYS [N=34,190]	18.8	17.9-19.7	17.5	16.6-18.4	5.9	5.4-6.5
Region						
Rest of State (NYS excluding NYC)	18.9	17.8-20.0	17.7	16.6-18.8	6.5	5.7-7.2
New York City	18.5	17.0-20.0	17.3	15.8-18.8	5.2	4.4-6.1
Sex						
Male	23.4	22.0-24.9	22.7	21.3-24.1	6.4	5.5-7.2
Female	14.5	13.4-15.6	12.8	11.8-13.9	5.5	4.9-6.2
Race, Ethnicity						
White, non-Hispanic	21.6	20.4-22.7	19.9	18.7-21.0	7.8	7.0-8.6
Black, non-Hispanic	14.1	11.6-16.7	13.0	10.5-15.5	4.7	3.1-6.4
Other race or multiracial, non-Hispanic	12.5	9.6-15.4	12.3	9.5-15.2	1.5	0.8-2.1
Hispanic	16.8	14.6-18.9	16.4	14.2-18.5	3.3	2.4-4.2
Age						
18-24	25.8	22.3-29.3	25.4	21.9-28.8	6.7	4.4-8.9
25-34	29.5	26.9-32.1	28.5	26.0-31.1	8.5	6.8-10.1
35-44	21.2	18.8-23.5	20.3	18.0-22.6	5.6	4.5-6.8
45-54	18.4	16.4-20.4	17.7	15.7-19.7	5.4	4.3-6.5
55-64	14.0	12.3-15.6	11.8	10.3-13.4	5.9	4.9-6.9
65+	7.7	6.6-8.9	5.8	4.7-6.9	3.9	3.1-4.6
Educational Attainment			5.0		5.0	
Less than high school	14.4	11.8-17.1	13.9	11.3-16.5	4.0	2.3-5.8
High school or GED	17.3	15.6-19.0	16.3	14.6-18.0	5.9	4.9-6.9
Some post-high school	19.4	17.5-21.2	18.1	16.3-19.9	6.0	4.8-7.1
College graduate	21.2	19.8-22.7	19.6	18.2-21.0	6.8	6.0-7.7
Annual Household Income						
Less than \$25,000	15.9	14.1-17.6	15.0	13.3-16.7	4.7	3.6-5.7
\$25,000-\$34,999	15.7	12.9-18.6	14.7	11.9-17.6	4.2	3.0-5.3
\$35,000-\$49,999	19.7	16.9-22.5	18.0	15.3-20.8	7.0	5.2-8.8
\$50,000-\$74,999	21.3	18.7-23.9	20.2	17.6-22.8	5.7	4.5-7.0
\$75,000 or more	23.7	22.0-25.4	22.1	20.4-23.8	8.3	7.2-9.5
Missing <sup>c</sup>	11.4	9.4-13.4	10.5	8.5-12.4	3.2	2.1-4.3
Employment Status						
Employed/self-employed	23.5	22.2-24.8	22.3	21.0-23.6	7.6	6.8-8.5
Unemployed	15.5	12.2-18.8	14.4	11.2-17.6	4.6	3.0-6.2
Not in labor force	12.4	11.1-13.7	11.2	9.9-12.4	3.7	3.0-4.4
Health Coverage						
Private insurance	21.3	20.0-22.7	20.2	18.8-21.5	7.1	6.2-7.9
Medicare	8.7	7.3-10.1	7.1	5.8-8.3	3.8	3.0-4.7
Medicaid	14.7	12.3-17.1	13.8	11.5-16.1	4.6	3.2-6.0
Other insurance <sup>d</sup>	22.3	17.3-27.3	20.5	15.6-25.4	8.5	5.1-11.8
No insurance	19.8	16.7-22.8	18.6	15.6-21.6	4.2	3.0-5.4
Disability Status <sup>e</sup>						
Yes	14.8	13.1-16.5	13.5	11.8-15.1	5.4	4.3-6.5
No	20.0	18.9-21.0	18.8	17.7-19.8	6.1	5.5-6.8
Poor Mental Health <sup>f</sup>	20.0				0.1	0.0 0.0
Yes	21.0	18.1-23.9	19.8	17.0-22.7	8.6	6.5-10.6
No	18.7	17.7-19.6	17.5	16.5-18.4	5.7	5.1-6.2
Current Smoker <sup>g</sup>	10.7				5.7	0.1 0.2
Yes	32.7	29.9-35.6	30.9	28.1-33.8	13.5	11.2-15.7
No	16.4	15.5-17.4	15.3	14.4-16.2	4.7	4.2-5.2

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b

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d

e f

Respondents who report either binge or heavy drinking. %= Weighted percentage; 95% CI= 95% confidence interval. "Missing" category included because more than 10% of the sample did not report income. Includes TRICARE, VA/Military, and Indian Health Services. Respondents who reported at least one type of disability (cognitive, self-care, independent living, vision, mobility, or hearing). Poor mental health is defined as reported problems with stress, depression, or emotions on at least 14 of the previous 30 days Current smoker is as adult over the age of 18 who has smoked at least 100 cigarettes in their lifetime and currently smokes on at least some days. g

### References

- Centers for Disease Control and Prevention (CDC). Alcohol and Public Health. Retrieved on September 15, 2017. 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, 2013. Available at https://nccd.cdc.gov/DPH\_ARDI/default/default. aspx.
- 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 September 15, 2017. https://www.cancer.gov/about-cancer/causesprevention/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.
- Rehm J, Baliunas D, Borges GL, Graham K, Irving H, Kehoe T, et al. The relation between different dimensions of alcohol consumption and burden of disease: an overview. *Addiction*. 2010;105(5):817-43.

#### **Program Contributions**

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

#### **Order Information**

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