

**EXCESSIVE  
ALCOHOL USE**  
ADDRESSING A LEADING  
RISK FOR DEATH, CHRONIC  
DISEASE, AND INJURY

**AT A GLANCE**  
2011

National Center for Chronic Disease Prevention and Health Promotion  
Division of Adult and Community Health





## Excessive Alcohol Use: A Largely Unrecognized Public Health Problem

Excessive alcohol use, including binge and underage drinking, is the third leading preventable cause of death in the United States. This dangerous behavior is responsible for more than 79,000 deaths annually and a wide range of health and social problems. On average, for each death due to alcohol, an individual's life is cut short by 30 years. Excessive alcohol use also costs the United States about \$185 billion each year in health care and criminal justice expenses, as well as lost productivity.

### Binge Drinking: The Most Common Form of Excessive Alcohol Use

Binge drinking—defined as consuming 4 or more drinks for a woman or 5 or more drinks for a man in a short period of time—is a widespread problem among adults and young people.

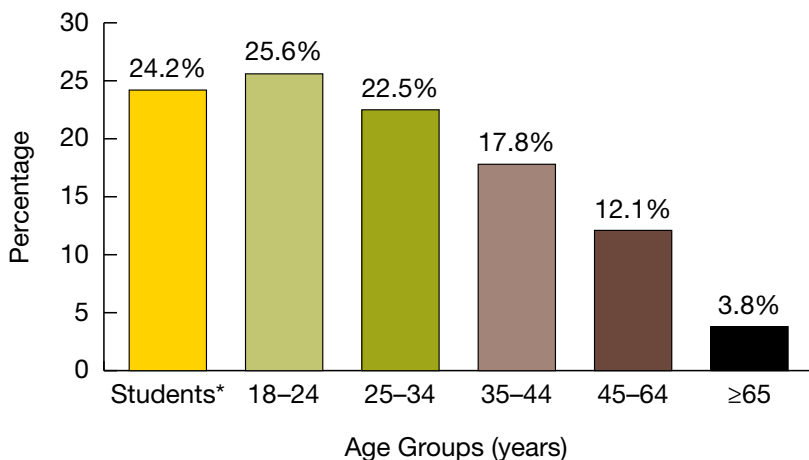
- More than 15% of U.S. adults, or 33 million Americans, report binge drinking in the past 30 days. The percentage of adults who report binge drinking has not declined for more than 15 years.
- About 1.5 billion binge drinking episodes occur among adults each year, which translates to more than 4 million occurrences a day.
- Binge drinkers consume, on average, 8 drinks per binge episode, which far exceeds the threshold that defines this health risk behavior.
- Binge drinking is more common among men, people aged 18–34 years, whites, and those with annual household incomes of \$75,000 or more.
- Binge drinking also is a problem for certain groups that are considered to be at high risk. For example, more than half of active-duty military personnel and more than 4 of 10 college students report binge drinking. Among high school students who drink alcohol, 2 of 3 report binge drinking.
- Most binge drinkers are not alcohol-dependent, and they often engage in this health risk behavior without realizing the problems associated with drinking excessively.

### Drinking Too Much Has Dangerous Effects

Excessive alcohol use usually leads to impairment and places drinkers, their families, and their communities at risk for many harmful health effects, including

- **Motor vehicle crashes.** Every day, 32 people in the United States die in motor vehicle crashes that involve an alcohol-impaired driver.
- **Intimate partner violence.** About 2 of 3 incidents of intimate partner violence are associated with alcohol.
- **Risky sexual behaviors.** Excessive drinking increases risky sexual behaviors, including unprotected sex and sex with multiple partners, which can result in HIV infection, other sexually transmitted diseases, and unplanned pregnancy.
- **Fetal alcohol spectrum disorders.** Any alcohol use by a pregnant woman can cause harm to a developing fetus, resulting in physical, behavioral, and learning problems later in life.
- **Chronic conditions.** Over time, excessive drinking can lead to alcohol dependence, liver disease, high blood pressure, heart attack, stroke, and certain kinds of cancer.

**Percentage of People Who Reported Binge Drinking in the Past 30 Days**



\* High school students.

Sources: CDC, Youth Risk Behavior Surveillance System and Behavioral Risk Factor Surveillance System, 2009.



## CDC's Response

### CDC Works to Address This Public Health Problem

Excessive alcohol use is a significant problem for individuals and communities and is often aggravated by the environments in which people make their drinking decisions. CDC is committed to leading strategic public health efforts to ensure that all people can attain their full health potential by not drinking excessively. Since 2001, CDC's Alcohol Program has worked to address excessive alcohol use in four key ways:

#### 1. Improving public health surveillance on excessive alcohol use and related outcomes.

CDC uses surveys such as the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Survey (YRBS) to collect data on excessive alcohol use, including the extent of binge and underage drinking. In particular, CDC assesses how often binge drinking occurs, the number of drinks consumed per episode, and which populations report this behavior. Recent CDC publications have compared alcohol sales and self-reported alcohol use, as well as binge drinking among U.S. high school students and adults, for CDC's new Vital Signs program. By measuring the magnitude of binge drinking, CDC can provide states and communities with the evidence they often need to implement population-level public health strategies that can reduce excessive drinking.

With support from the Robert Wood Johnson Foundation, CDC developed an online application called the Alcohol-Related Disease Impact (ARDI) software, which allows users to access state and national estimates of deaths and years of potential life lost from excessive alcohol use. It also allows users to perform custom analyses, such as by location or among specific racial or ethnic groups. (Available at <http://www.cdc.gov/alcohol>.)

With continued support from the Robert Wood Johnson Foundation, CDC also worked with the Lewin Group to assess the economic cost of excessive alcohol use. This work updates previous national estimates of the cost of binge and underage drinking in the United States and will be released in 2011.

In addition, CDC funds the Center on Alcohol Marketing and Youth (CAMY) at the Johns Hopkins Bloomberg School of Public Health to monitor youth exposure to alcohol advertising. With CDC's support, CAMY released two reports in 2010, one on youth exposure to alcohol advertising in magazines and the other on advertising on television. The latter report (available at

<http://www.camy.org>) shows that the exposure of young people aged 12–20 years to alcohol advertising on television increased 71% during 2001–2009, from an average of 217 ads a year in 2001 to 366 (about 1 ad per day) in 2009. These reports show that alcohol advertisers are not in compliance with their own voluntary standards on the placement of advertising and that, compared with adults, youth are disproportionately exposed to messages about alcohol in popular media outlets.

#### 2. Advancing the science for preventing excessive alcohol use.

CDC has worked with the Task Force on Community Preventive Services to assess public health interventions and policies designed to prevent excessive alcohol use and related harms as part of *The Guide to Community Preventive Services* (the Community Guide). The Task Force conducts systematic reviews of scientific literature and publishes its findings and recommendations at <http://www.thecommunityguide.org>.

The Task Force recommends on the basis of strong evidence the following interventions to prevent excessive alcohol use and related harms:

- Increasing alcohol taxes.
- Regulation of alcohol outlet density, which is the number of places that sell alcohol in a defined geographic area.
- Dram shop liability (i.e., holding retailers accountable for harms resulting from illegally serving or selling alcohol).
- Maintaining limits on the days and hours when alcohol can be sold.
- Enhanced enforcement of laws that prohibit alcohol sales to minors.

#### 3. Supporting state and local health agencies.

CDC funds full-time alcohol epidemiologists in Georgia, Michigan, and New Mexico to conduct public health surveillance on excessive alcohol use. The alcohol epidemiologists share their findings with stakeholders in their states, which helps to guide the planning and evaluation of evidence-based prevention strategies. In addition, CDC provides technical assistance to epidemiologists and public health officials in other state and local health agencies and works closely with the Council of State and Territorial Epidemiologists' subcommittees on substance abuse and alcohol. CDC also has helped states implement the BRFSS Binge Drinking Module.



## CDC's Response (continued)

### 4. Providing public health leadership to prevent excessive alcohol use.

CDC collaborates with other federal agencies to support national public health activities to prevent excessive alcohol use. For example, CDC works with the National Institute on Alcohol Abuse and Alcoholism and the Substance Abuse and Mental Health Services Administration and other agencies on the Interagency Coordinating Committee on the Prevention of Underage Drinking, which was established by Congress. This work includes helping to develop a new report to Congress on underage drinking that uses many of CDC's surveillance tools to analyze alcohol data and provides evidence that supports 21 as the minimum legal drinking age.

CDC collaborates with many national groups, including the American Medical Association and the Community Anti-Drug Coalitions of America (CADCA), that are involved in efforts to prevent excessive drinking. CDC helped CADCA teach members of local community coalitions funded by the Sober Truth on Preventing Underage Drinking (STOP) Act how to use CDC surveillance tools and how to implement interventions recommended in the Community Guide.

CDC also provided scientific input to help the World Health Organization develop its global strategy to reduce the harmful use of alcohol. This strategy emphasizes the public health problems associated with excessive drinking and identifies policies and interventions proven to reduce this health risk behavior.

### Future Directions

CDC will continue its efforts to improve the evidence base for preventing excessive alcohol use and to help states and communities implement strategies that have been proven to work. CDC also will continue to support national, state, and local public health efforts by

- Improving public health surveillance of alcohol-related conditions and alcohol use, particularly underage and binge drinking.

- Monitoring alcohol marketing to youth.
- Reviewing public health interventions and policies for preventing excessive alcohol use and related harms with the Task Force on Community Preventive Services.
- Building state and local public health capacity in alcohol epidemiology.
- Developing action guides and policy resources to help state and local health departments implement policy recommendations from the Community Guide.
- Preparing to support prevention activities in states and communities when resources become available.

### Turning Science into Prevention

In New Mexico, the CDC-funded alcohol epidemiologist has worked with the state's DWI (driving while impaired) "czar" to provide scientific support to a governor's initiative to reduce alcohol-impaired driving. The New Mexico alcohol epidemiologist used data from a CDC-funded survey on binge drinking to guide discussions on the state's liquor control regulations. The state's "three strikes" rule, which went into effect in 2006, supports liquor license revocation after three violations of state liquor laws, including illegal alcohol sales to minors or intoxicated patrons.

In addition, the New Mexico Licensing and Regulation Department has increased enforcement to prevent illegal alcohol sales and service. Preliminary data suggest that the increased enforcement has contributed to declines in deaths from alcohol-related motor vehicle crashes and reductions in the number of drinks consumed per binge drinking episode.

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