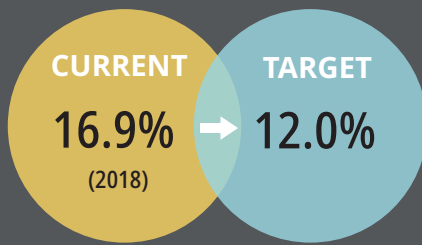


HEALTH INDICATOR 12: EXCESSIVE DRINKING

DESIRED RESULT: DECREASE EXCESSIVE DRINKING



DEFINITION

Percent of adults reporting binge or heavy drinking

DETAILS

Binge drinking = having 4+ (women all ages/men age 65+) or 5+ (men under age 65) drinks on one occasion in the past 30 days;

Heavy drinking = having 8+ (women all ages/men age 65+) or 15+ (men under age 65) drinks per week in the past 30 days

NC EXCESSIVE DRINKING (2018)

16.9% of adults

2030 TARGET

12.0% of adults

RANGE AMONG NC COUNTIES

Not available

RANK AMONG STATES

14th*

DATA SOURCE

NC State Center for Health Statistics, Behavioral Risk Factor Surveillance System (BRFSS)

STATE PLANS WITH SIMILAR INDICATORS

Not Applicable

*Rank of 1st for state with lowest levels of excessive drinking

Rationale for Selection:

Excessive drinking, a major cause of morbidity and mortality across the United States, has significant impacts on individuals, families, communities, and state and local economies. Alcohol is the third leading cause of preventable deaths in North Carolina.

Context

Alcoholic beverages, while legal for those over the age of 21, can have serious health impacts and can lead to premature death if not consumed in moderation.⁹⁷ In North Carolina, 16.9% of adults use alcohol in an unsafe way, either by binge drinking or exceeding recommended low risk levels.⁹⁸ Alcohol-related death ranked third among preventable deaths in the state, accounting for an estimated 4,000 deaths in 2017.⁹⁹ Survey data from the last few years show a rise in excessive drinking from 14.1% in 2014 to 16.0% in 2018.⁹⁸ Excessive alcohol use places a significant burden on individuals, families, communities, health systems, and the state itself in the form of poor health outcomes, lost productivity, and increased risk of violent and criminal behavior. All told, excessive drinking costs North Carolina more than \$7 billion per year— primarily in lost productivity.^{99,100}

“Alcohol-related death ranked third among preventable deaths in the state, accounting for an estimated 4,000 deaths in 2017.”

Excessive alcohol consumption¹¹ is linked to health conditions such as liver disease, hypertension, cardiopulmonary disease, cancers, mental health conditions, alcohol poisoning, and sexually transmitted infections.^{97,101} It is also connected with suicide, unintended pregnancy, pregnancy complications, fetal alcohol spectrum disorder, and sudden infant death syndrome.¹⁰¹ Additionally, excessive drinking contributes to increased rates of domestic violence and child maltreatment, increased risk of motor vehicle accidents, and negatively impacts employment and educational attainment and income potential.¹⁰⁰

FIGURE 21

Definition and Impacts of Binge and Heavy Drinking



BINGE DRINKING is associated with short-term consequences, such as fatal car crashes and overdose



WOMEN ALL AGES & MEN AGE 65 +

MEN UNDER AGE 65

4+ DRINKS

5+ DRINKS



HEAVY DRINKING is associated with deaths due to illness caused by long-term alcohol misuse, such as liver cirrhosis



8+ DRINKS PER WEEK

15+ DRINKS PER WEEK

Source: NC DHHS Alcohol Data Dashboard

Disparities

Excessive drinking rates vary across subpopulations. Almost two times as many men report excessive drinking compared to women, and most binge drinking is found in persons aged 18-44 (Figure 22).^{97,95} Across racial groups, whites, Hispanics, and persons who identify as multiracial are more likely to drink excessively than African Americans.^{95,97} Individuals with higher incomes report higher rates of excessive drinking than those with lower incomes, with individuals making \$75,000 or more reporting excessive drinking at 23.5% compared to 17.7% for individuals making \$25-\$49,999.⁹⁸

¹¹Excessive drinking habits and alcohol dependence may coexist but can also be independent of one another; 9 in 10 adults who drink excessively are not alcohol-dependent. (NCDHHS, Alcohol & the Public's Health in NC).

HEALTH INDICATOR 12: EXCESSIVE DRINKING

DESIRED RESULT: DECREASE EXCESSIVE DRINKING

FIGURE 22

Excessive drinking across populations in North Carolina and distance to 2030 target

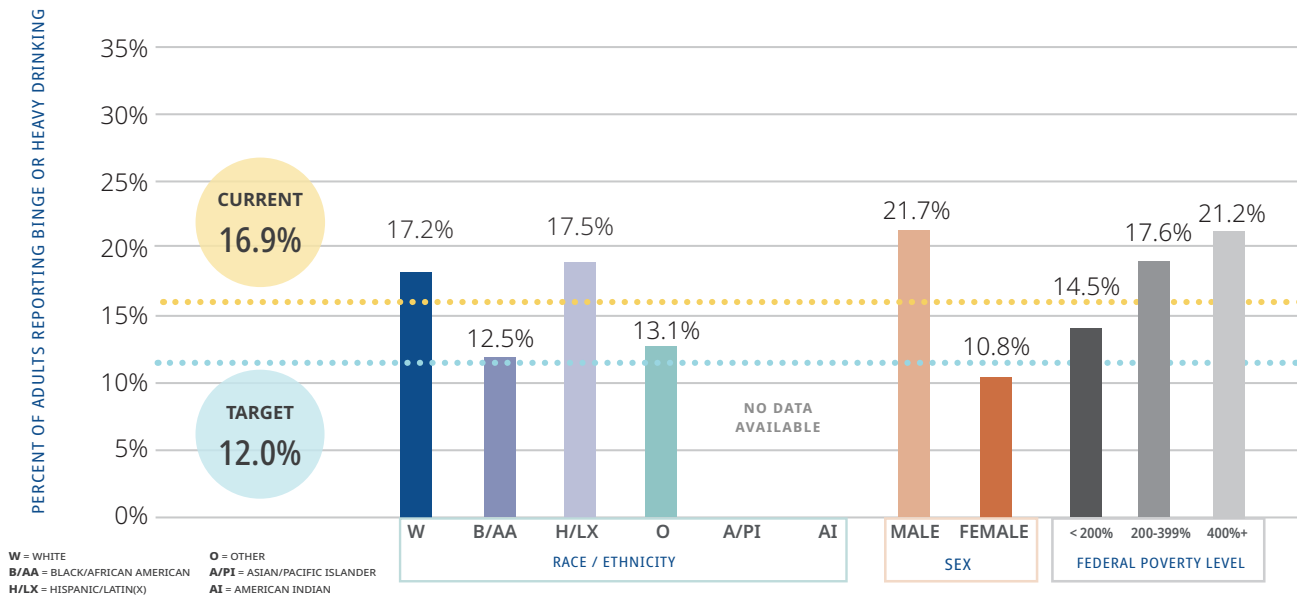
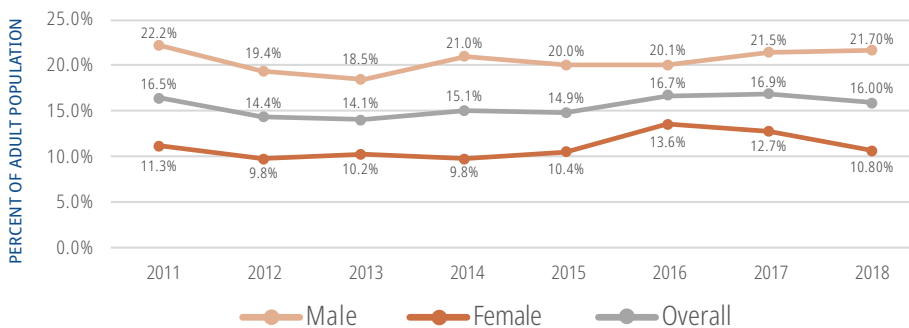


FIGURE 23

Excessive Drinking in North Carolina, by Sex, 2012-2018



Source. North Carolina State Center for Health Statistics analysis of Behavioral Risk Factor Surveillance System

Levers for Change

(America's Health Rankings, Excessive Drinking, 2018; CDC, The Community Guide)

- Support and maintain state-controlled alcohol sales
- Increase alcohol excise taxes
- Reduce density of alcohol retailers
- Reduce the days and hours of alcohol sales
- Screen adults for excessive drinking and conduct brief intervention for those that screen positive
- Hold alcohol retailers liable for intoxicated or underage customers who cause injury to others
- Integrate Screening, Brief Intervention, and Referral to Treatment (SBIRT) into medical settings

2030 Target and Potential for Change

The HNC 2030 group reviewed data across several years and a forecasted value for North Carolina based on historical data to develop a target for excessive drinking. The group chose to set a target for 2030 of 12.0% of adults reporting binge or heavy drinking. This would reflect a reversal of the increasing trend over the past several years, with a low in 2014 of 14.1%. Focused decreases for men will facilitate achieving this goal.