

GEORGIA BRFSS

Behavioral Risk Factor Surveillance System

Alcohol Use in Georgia, 2008

Introduction

Excessive alcohol use is the third leading actual cause of death in the United States.¹ Heavy drinking (more than one drink per day for women and more than two drinks per day for men) and binge drinking (four or more drinks per occasion for women and five or more drinks per occasion for men) are two types of excessive alcohol use associated with increased risk for chronic disease, unintended pregnancy, sexually transmitted disease, injury and death. In Georgia, an estimated 2,348 deaths were attributable to alcohol in 2006.² In addition to the social costs of excessive alcohol use, the economic costs for the nation were estimated to be \$185 billion in 1998.³

Excessive alcohol use often results in acute and chronic health problems. Alcohol-related motor vehicle crashes,⁴ injuries and violence are examples of acute adverse health events that can result from excessive alcohol use. Chronic health problems such as liver disease, high blood pressure, stroke and certain cancers are also associated with excessive alcohol use.⁵ Additionally, binge drinking increases risk for unplanned sexual activities, unprotected sex⁶ and unintended pregnancy.⁷

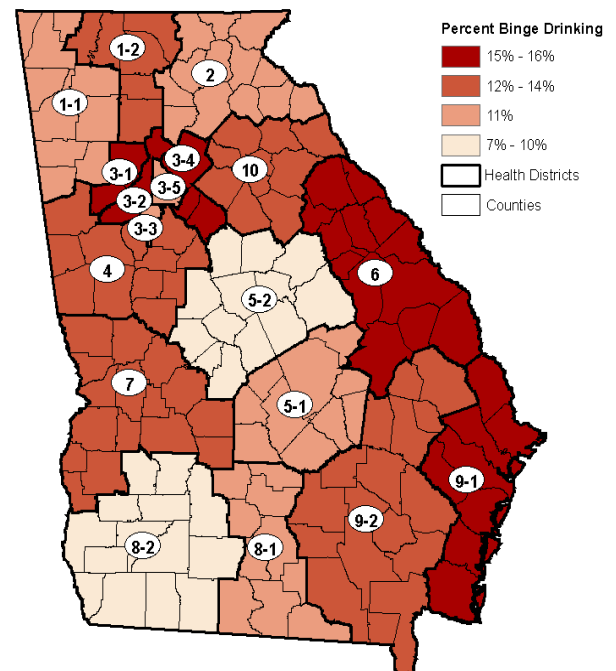
The purpose of this newsletter is to report recent Georgia Behavioral Risk Factor Surveillance System (BRFSS) data on alcohol use and associated risk behaviors. The results include data for years 1999 to 2008. This information is intended for public health professionals, health care providers, legislators and community groups interested in reducing alcohol-related harm in Georgia.

Key Findings

- 47% of Georgia adults had at least one alcoholic drink in the last 30 days (2008)
- In Georgia, males were significantly more likely than females to engage in heavy (5% vs. 3%) and binge (18% vs. 8%) alcohol use (2006-2008)
- Georgians with an annual household income of \$75,000 or greater were significantly more likely than lower income groups to engage in heavy (6% vs. ≤4%) and binge (18% vs. ≤13%) alcohol use (2006-2008)
- In Georgia, adults ages 18-24 (21%) and 25-34 (19%) were significantly more likely to engage in binge drinking compared with older adults (≤15%) (2006-2008)
- Among current drinkers (those who had one or more drinks in the last 30 days) in Georgia, 28% engaged in binge drinking (2006-2008)
- Georgia adults who engaged in binge drinking did so an average of 4 times per month (2006-2008) and consumed an average of 8 drinks per binge occasion (2008)
- Among Georgians who were current drinkers, heavy (13%) and binge (11%) drinkers were significantly more likely to drive while alcohol-impaired compared with non-heavy (3%) and non-binge (1%) drinkers (2004, 2006 and 2008)

Alcohol-related problems can be reduced through community-based prevention programs. Evidence-based strategies to address alcohol-related problems include reducing alcohol outlet density, maintaining limits on days of alcohol sales and increasing alcohol taxes.⁸

Prevalence of adult binge drinking by health district, Georgia BRFSS 2005-2008



Public Health Districts

1-1	Northwest (Rome)
1-2	North Georgia (Dalton)
2	North (Gainesville)
3-1	Cobb-Douglas
3-2	Fulton
3-3	Clayton (Jonesboro)
3-4	East Metro (Lawrenceville)
3-5	DeKalb
4	LaGrange
5-1	South Central (Dublin)
5-2	North Central (Macon)
6	East Central (Augusta)
7	West Central (Columbus)
8-1	South (Valdosta)
8-2	Southwest (Albany)
9-1	Coastal (Savannah)
9-2	Southeast (Waycross)
10	Northeast (Athens)

Current Alcohol Use

Current alcohol use is defined as one or more alcoholic drinks in the last 30 days.

While moderate alcohol use (less than one drink per day for women and less than two drinks per day for men) is common and socially accepted in many settings, even moderate drinkers can be susceptible to alcohol-related problems. For example, intoxication⁹ and drinking while taking medications or while pregnant can result in negative health outcomes.⁵

In 2008, 47% of Georgia adults (3,273,309 individuals) used alcohol in the last 30 days. Fifty-four percent of male adults and 40% of female adults reported using alcohol.

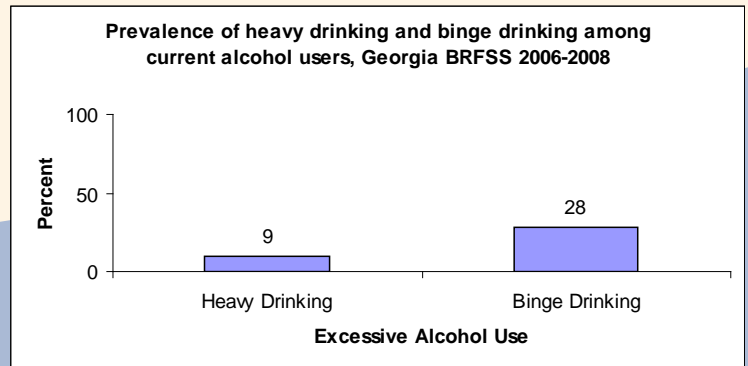
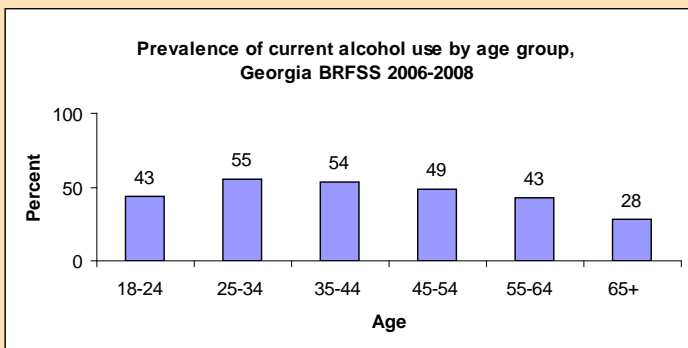
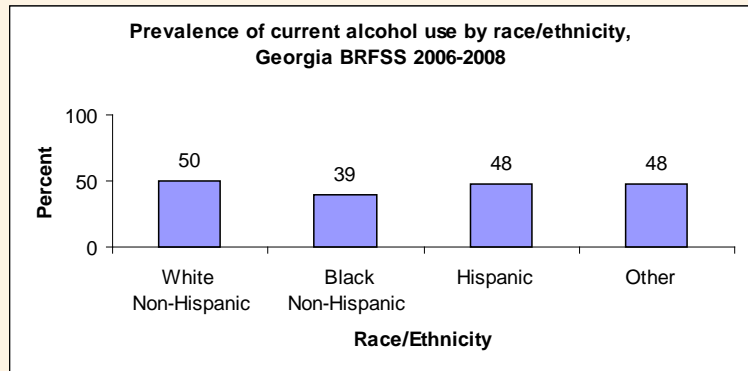
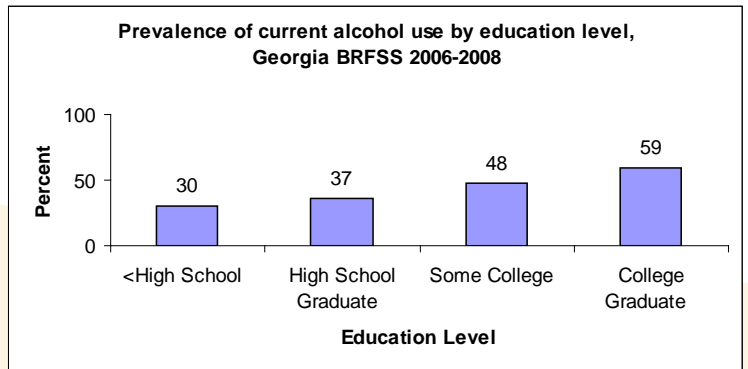
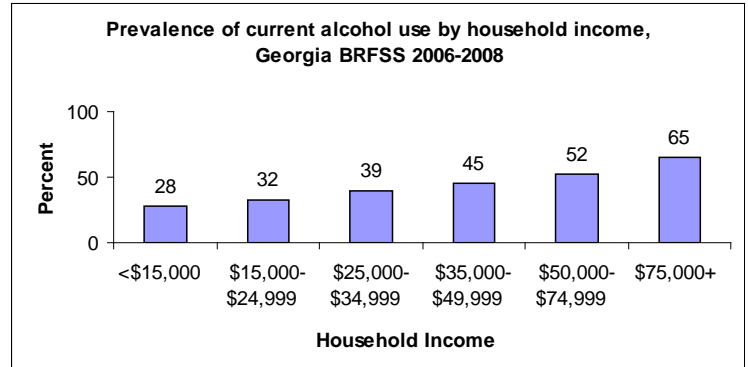
During 2006 to 2008, adults ages 25-34 (55%) and 35-44 (54%) were significantly more likely to use alcohol than adults in other age groups (28% to 49%).

The prevalence of current alcohol use increased as household income increased in 2006-2008, from 28% among adults with a household income less than \$15,000 to 65% among adults with a household income of \$75,000 or greater.

For the years 2006-2008 combined, the prevalence of alcohol use significantly* increased with education level.

White non-Hispanic adults (50%) were significantly more likely to use alcohol than Black non-Hispanic adults (39%) during 2006-2008.

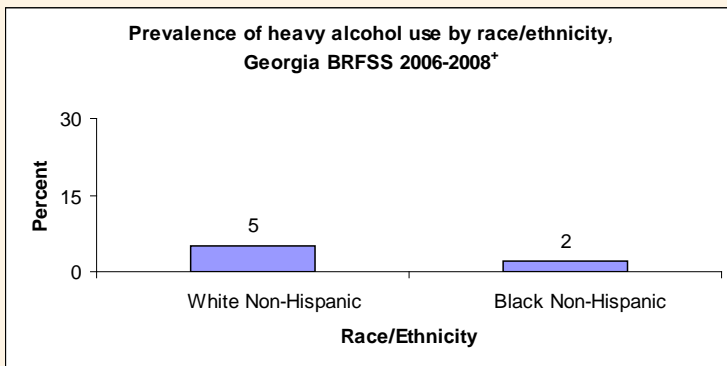
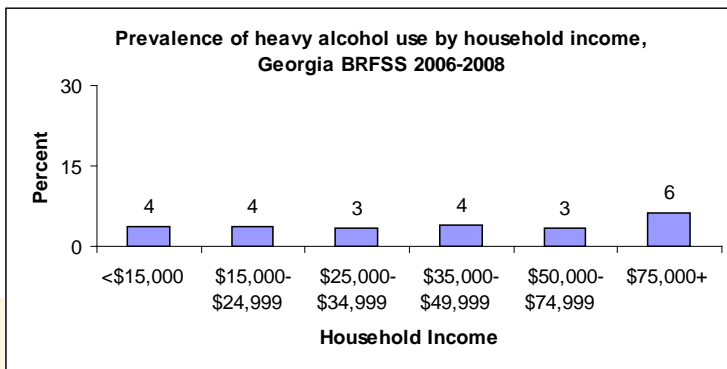
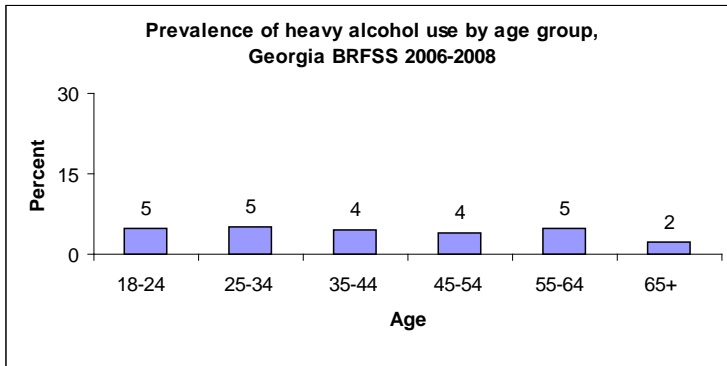
Between 2006 and 2008, 9% of current alcohol users drank heavily. Twenty-eight percent or one in four current drinkers engaged in binge drinking.



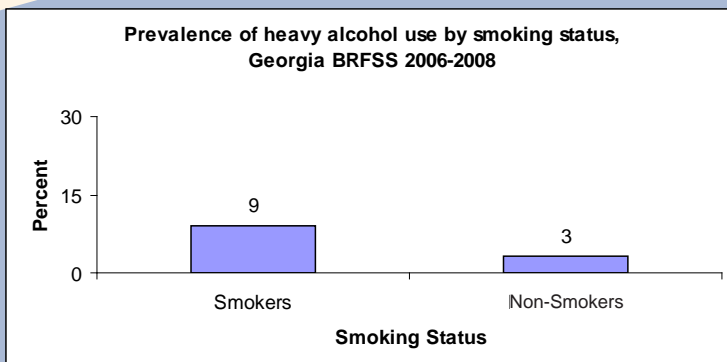
*All differences reported as significant differences are statistically significant at the alpha = .05 level.

Heavy Drinking

Heavy alcohol use is considered more than one drink per day for women and more than two drinks per day for men.



*Hispanic and Other race/ethnicity prevalence estimates are not available for heavy alcohol consumption due to small sample sizes (<50) for these two groups.



Heavy alcohol consumption increases health risks for injury, chronic disease⁵ and sexually transmitted diseases.¹⁰

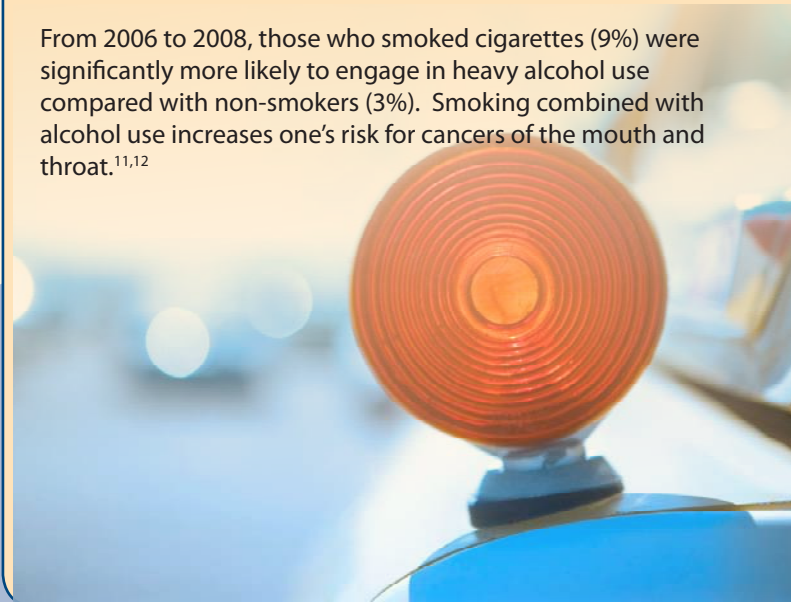
From 2006 to 2008, Georgia males (5%) were significantly more likely to engage in heavy drinking than females (3%).

During 2006 to 2008, the prevalence of heavy alcohol use across age groups ranged from 4% to 5%, with the exception of those ages 65 and older (2%) who were significantly less likely to engage in heavy alcohol use.

From 2006 to 2008, the prevalence of heavy alcohol use was significantly higher among those with an annual household income of \$75,000 or greater (6%) than in lower income groups earning \$15,000 to \$24,999, \$25,000 to \$34,999 and \$50,000 to \$74,999 (3 to 4%). In the groups with an annual household income of \$35,000 to \$49,999 and less than \$15,000 (4%) the prevalence of heavy drinking was lower than for the \$75,000 or greater income group, but the difference was not statistically significant due to wide variation within the two lower income groups.

Black non-Hispanic adults (2%) had a significantly lower prevalence of heavy alcohol use compared with White non-Hispanic adults (5%) during 2006 to 2008.

From 2006 to 2008, those who smoked cigarettes (9%) were significantly more likely to engage in heavy alcohol use compared with non-smokers (3%). Smoking combined with alcohol use increases one's risk for cancers of the mouth and throat.^{11,12}



Binge Drinking

Binge drinking is defined as four or more drinks per occasion for women and five or more drinks per occasion for men.

Binge drinking is associated with motor-vehicle crashes, alcohol poisoning, injury,¹³ unplanned sexual activities⁶ and unintended pregnancy.⁷ Women who binge drink during the three months prior to pregnancy confirmation are much more likely than non-binge drinkers to unknowingly expose their fetus to alcohol.⁷

The prevalence of binge drinking among men has remained stable since 1999, ranging between 21% and 20%. Among women, there has been a significant increase in binge drinking from 5% to 9%. This change in the prevalence of binge drinking among women may be partially due to the change in the definition of binge drinking for women from five or more drinks per occasion to four or more drinks per occasion in 2006. Results from two separate national surveys have shown a substantial increase in binge drinking among women in the last decade.^{14,15}

For 2006 to 2008, the overall prevalence of binge drinking among Georgia adults was 13%. Male adults (18%) were significantly more likely than female adults (8%) to engage in binge drinking.

Adults ages 18-24 (21%) and 25-34 (19%) were significantly more likely to engage in binge drinking compared with older adults (≤15%) during 2006 to 2008. For the same period, male adults were significantly more likely to engage in binge drinking than females for all age groups except those ages 18-24.

During 2006 to 2008, those with an annual household income of \$75,000 or greater (18%) were significantly more likely to engage in binge drinking compared with lower income groups (11% to 13%).

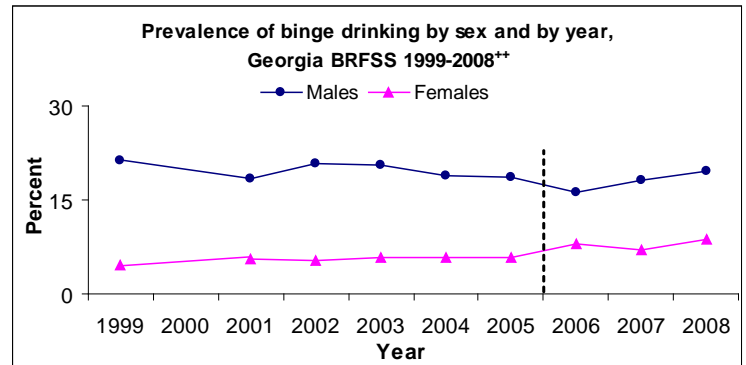
In 2006 to 2008, the prevalence of binge drinking was significantly higher among non-Hispanic White adults (14%) than non-Hispanic Black adults (10%).

Frequency of Binge Drinking

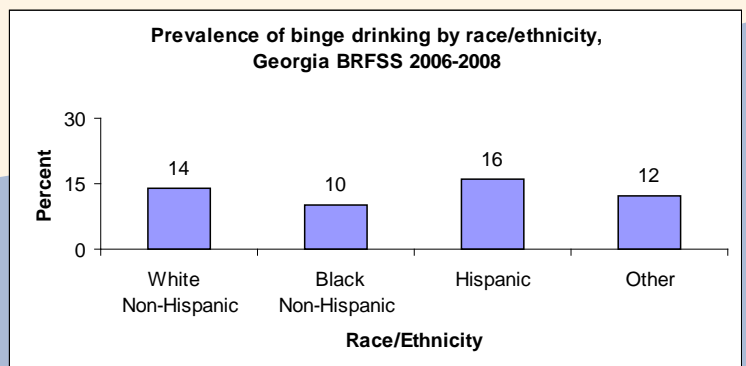
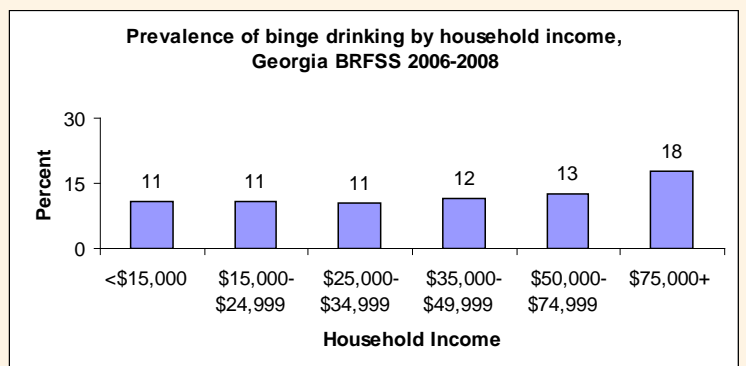
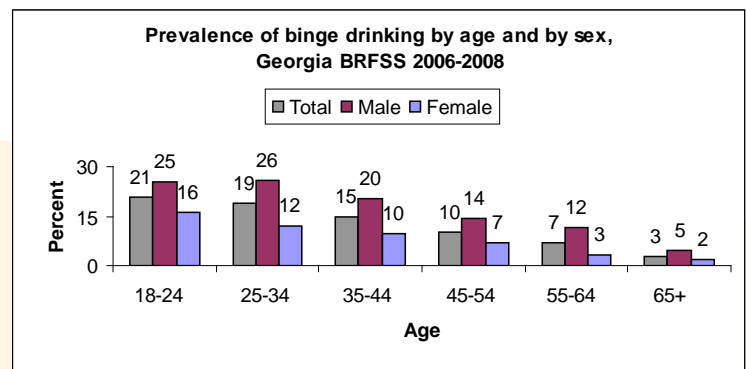
During 2006 to 2008, Georgia binge drinkers binge drank an average of four times per month. Males binge drank an average of five times per month and females an average of three times per month.

Intensity of Binge Drinking

In 2008, adults in Georgia who binge drank consumed an average of eight drinks per binge occasion. Males consumed an average of nine drinks per binge occasion, while females consumed an average of six drinks per binge occasion.

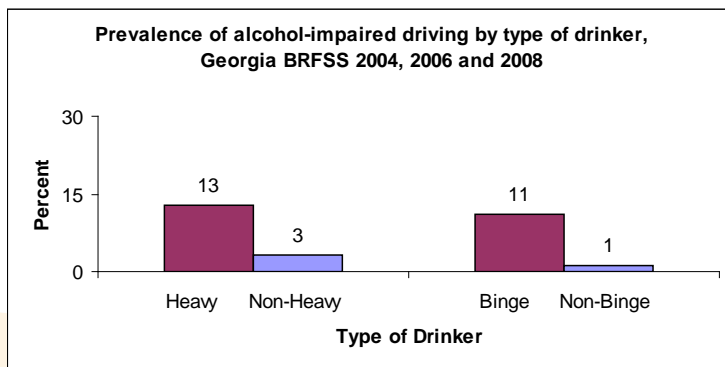
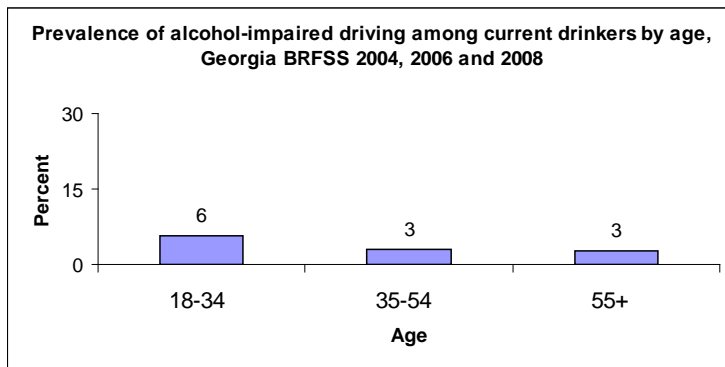


** Note: Dotted line indicates a change in the definition of binge drinking for women from 5 or more drinks per occasion to 4 or more drinks per occasion. There are no data for the year 2000.



Alcohol-Impaired Driving

Alcohol-impaired driving is defined as driving a motor vehicle after having too much to drink.



Alcohol-impaired driving is associated with increased risk for motor-vehicle crash injuries and death. Nationally, alcohol is involved in up to 40% of motor vehicle crashes.¹⁶ Alcohol-related crashes cost Georgians an estimated \$3.4 billion in 1998. Each alcohol-related crash fatality cost an average of \$3.5 million, while the average cost of injury per survivor was \$100,000.¹⁷

During the years 2004, 2006 and 2008, four percent of current drinkers in Georgia reported driving after having too much to drink. For the years 2004, 2006 and 2008, the prevalence of alcohol-impaired driving among current drinkers was significantly greater among males (5%) than females (3%).

During 2004, 2006 and 2008, the prevalence of alcohol-impaired driving among current drinkers was significantly higher among younger adults ages 18-34 (6%) compared with older adults ages 35-54 (3%) and 55 and older (3%).

For the years 2004, 2006 and 2008, current drinkers who engaged in heavy drinking (13%) or binge drinking (11%) were significantly more likely to engage in alcohol-impaired driving compared with current drinkers who did not drink heavily (3%) or binge drink (1%).

Resources

Alcohol Policy Information System
<http://alcoholpolicy.niaaa.nih.gov/>

Centers for Disease Control and Prevention
Alcohol and Public Health webpage
<http://www.cdc.gov/alcohol/index.htm>

Community Guide to Preventive Services
webpage on Preventing Excessive Alcohol Use
www.thecommunityguide.org/alcohol.html

Georgia BRFSS
<http://health.state.ga.us/epi/brfss/index.asp>

Substance Abuse and Mental Health Services
Administration
<http://www.samhsa.gov/>

National Institute on Alcohol Abuse and
Alcoholism
<http://www.niaaa.nih.gov/>

About the Georgia Behavioral Risk Factor Surveillance System

The information provided in this newsletter is from the Georgia BRFSS survey for years 1999 to 2008. The Georgia BRFSS is an annual statewide telephone survey of non-institutionalized civilian Georgia residents age 18 years and older.

In 2008, 5,716 individuals were interviewed by telephone about health conditions, behaviors and the use of preventive services. In earlier years going back to 1999, between 2,273 and 7,709 individuals were interviewed by telephone per year. Respondents were asked the following question: "During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?" If they answered "Yes", respondents would be asked additional questions on alcohol use. Questions covered topics related to alcohol use and risk behaviors.

The Georgia Department of Community Health would like to thank the participants of the Georgia BRFSS survey. BRFSS survey results provide valuable information in systematically assessing the burden of chronic diseases and risk behaviors in Georgia.

For more information about the Georgia BRFSS, contact the Georgia BRFSS Program at 1-888-968-0456 or email GA-BRFSS@dhr.state.ga.us.



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