

Binge Drinking & Excess Alcohol Use

Excessive alcohol use, including underage drinking and binge drinking, is the third leading preventable cause of death in the U.S.¹ It can lead to increased risk of injuries, violence, liver disease, and some cancers. Excessive alcohol use is one of the most prevalent substance use problems in Washington and has been estimated to cost Washington State about \$5.3 billion annually.² In 2016, 17% (\pm 1%) of Washington adults reported binge drinking in the past month. Binge drinking is defined for men as having five or more drinks, and for women as four or more drinks at one time. Binge drinking prevalence has declined since 2011 after being relatively stable from 1990 to 2010. Males, whites and American Indian and Alaska Natives (AIAN) are more likely to report binge drinking than are other Washingtonians. Those with a college education reported slightly lower rates of binge drinking, as did the group with household incomes below \$25,000.

While illegal, alcohol use among high school students is common and often consists of binge drinking. In 2016, the prevalence of past 30-day use of alcohol among 10th graders was 20% (\pm 1%) and binge drinking in the past two weeks was 11% (\pm 1%, data not shown). Both alcohol use and binge drinking among youth have been declining. Still, youth who begin drinking before age 15 are six times more likely to develop alcohol dependence than those who start after age 21.³ Females, AIAN and Hispanics reported higher use of alcohol in the past month. Youth alcohol use also increased with grade.

The Department of Social and Health Services Division of Behavioral Health and Recovery (DSHS/DBHR), along with partner agencies, is working to implement the *State 5-Year Strategic Plan for Substance Abuse Prevention and Mental Health Promotion*, one focus of which is reducing underage drinking.



1 in 6

Washington adults reported binge drinking in the past month



1 in 5

Washington 10th graders used alcohol in the past month

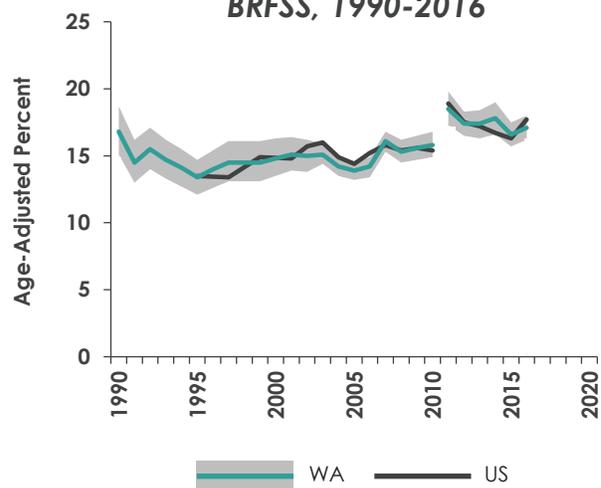


Adults

Time Trends

- In the 2016 Behavioral Risk Factor Surveillance System (BRFSS), the prevalence of binge drinking among Washington State adults was 17% ($\pm 1\%$).
- For the past 20 years, Washington adults have had a similar prevalence of binge drinking compared to U.S. adults.
- The prevalence of binge drinking in Washington has decreased from 19% ($\pm 1\%$) in 2011. Earlier data are not directly comparable due to a change in survey methods. However, the prevalence of binge drinking was stable from 1990 to 2010.

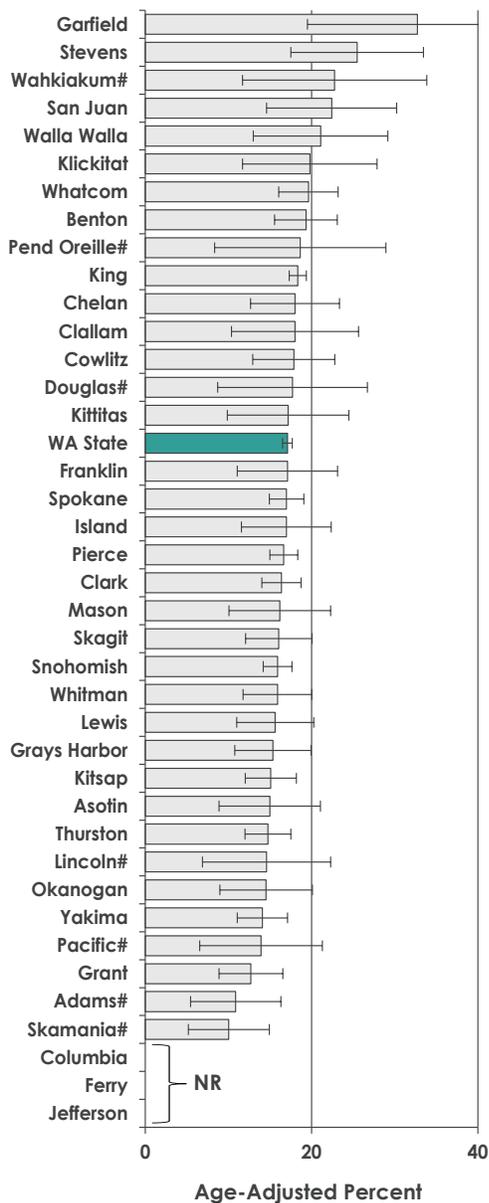
**Prevalence of Binge Drinking
Washington State & US
BRFSS, 1990-2016**



Geographic Variation

There are no counties with a binge drinking prevalence among adults that is different than the state prevalence.

Self-Reported Binge Drinking Washington Counties BRFSS, 2014-2016



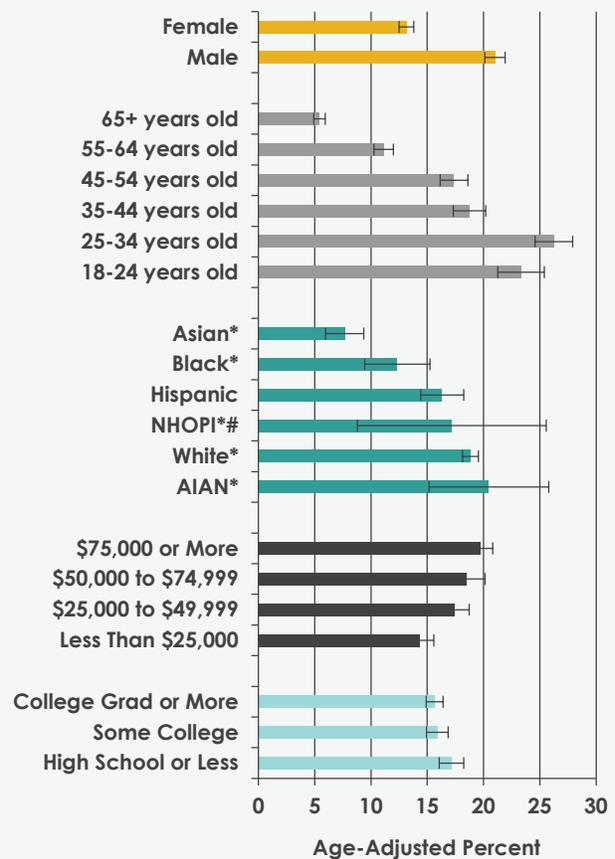
WA State
 Lower than WA State
 Same as WA State
 Higher than WA State

NR: Not reported if RSE ≥ 30% or to protect privacy
 #Relative standard error (RSE) is between 25% and 29%

Disparities

- In the 2014-2016 BRFSS, males had a higher prevalence of binge drinking compared to females.
- Binge drinking was highest among those 25-34 years old.
- Hispanics, blacks and Asians reported lower binge drinking compared to whites.
- Rates of binge drinking were slightly lower among college graduates compared to those with high school or less education. Rates were also lower among the group with household incomes below \$25,000 compared to higher income groups.

Binge Drinking Washington State BRFSS, 2014-2016



*Non-Hispanic (all races) | AIAN: American Indian/Alaska Native | NHOPI: Native Hawaiian/Other Pacific Islander

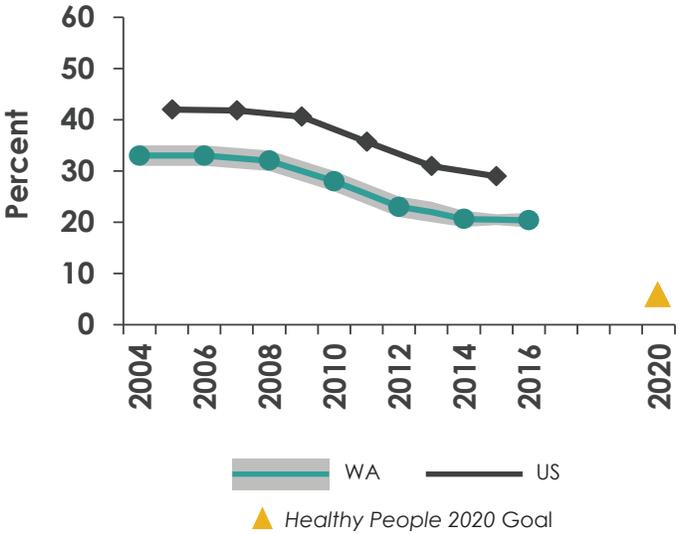


Youth

Time Trends

- In the 2016 HYS, 20% ($\pm 1\%$) of Washington State 10th graders reported using alcohol in the past month.
- Past month alcohol use reported by Washington 10th grade students (20% $\pm 1\%$) is lower than the 29% reported by U.S. 10th graders.
- The prevalence of drinking alcohol in the past month among Washington 10th graders is declining.

**Alcohol Use in Past Month, 10th Graders
Washington State & US, HYS & YRBSS**



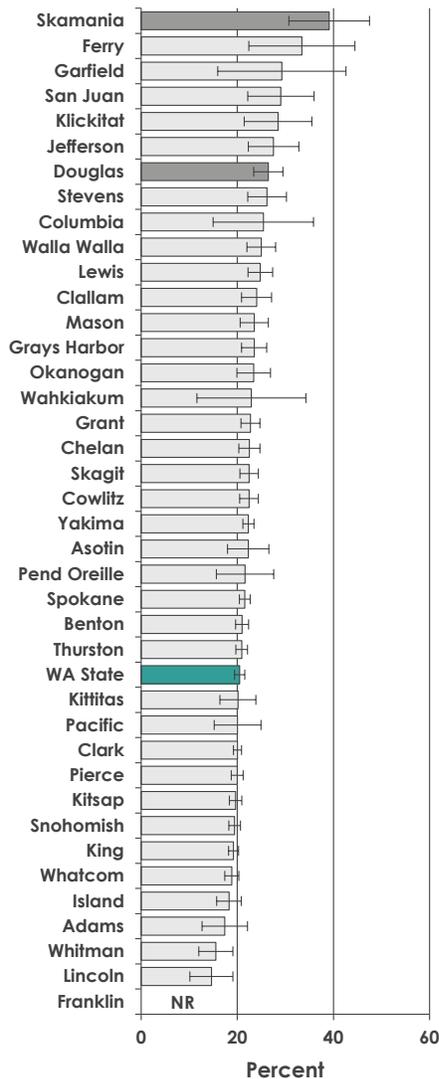
Geographic Variation

- In 2014 and 2016 HYS combined, 10th graders in Douglas and Skamania counties had a higher prevalence of past month alcohol use compared to 10th graders in the state as a whole.
- There was no county with lower prevalence compared to the state.

Disparities

- In the combined 2014 and 2016 HYS, past month alcohol use increased by grade.
- Female 10th graders had higher past month alcohol use compared to males.
- AIAN and Hispanic 10th graders reported higher past month alcohol use compared to white students. Asian students reported lower past month alcohol use.

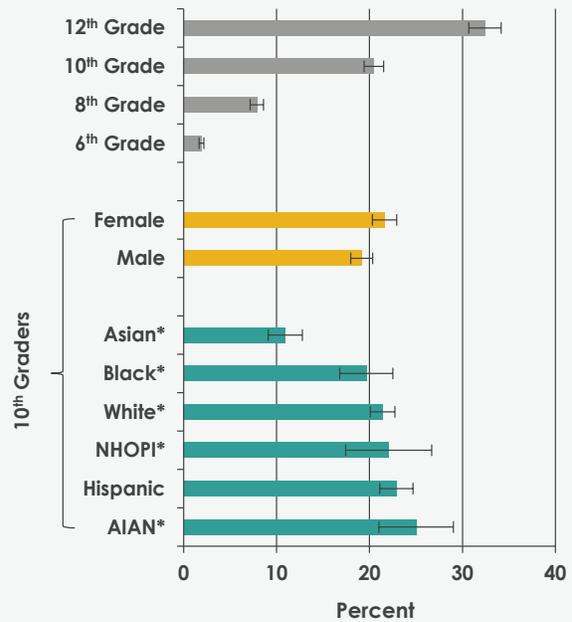
**Alcohol Use in Past Month, 10th Graders
Washington Counties
HYS, 2014 & 2016**



■ WA State Lower than WA State
 Same as WA State Higher than WA State

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**Alcohol Use in Past Month
Washington State
HYS, 2014 & 2016**



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How is Washington addressing excessive alcohol use?

DSHS/DBHR and its partners are implementing the goals of the [State 5-Year Strategic Plan for Substance Abuse Prevention and Mental Health Promotion](#). The plan's strategies are collaborative policy development, public education, and professional workforce development and training for each of the focus areas. Reducing underage drinking is one of the focus areas in the strategic plan.

DSHS/DBHR staffs the Washington Healthy Youth Coalition (WHY). WHY is an interagency workgroup dedicated to addressing underage alcohol and marijuana use. They work on statewide policy impacts and communication. DBHR and its partner agencies implemented a statewide social norms media campaign targeted to youth ages 12-18 in fall 2017. The goal of the campaign was to correct youth misperception of peer use. The campaign focused on providing information that demonstrated most young people don't drink.

DSHS/DBHR:

- Provides funding to 64 Community Prevention and Wellness Initiative communities that prioritize reduction in underage alcohol use. Communities identify risk and protective factors in their community that relate to youth alcohol use and address them locally with appropriate evidence-based strategies.

- Provides funding to 29 federally recognized tribes to provide prevention and treatment services. Tribes develop and implement action plans to address their most important needs.
- Supports behavioral health organizations to ensure substance use disorder services are available to youth and adults across the state.
- Provides workforce development for prevention and treatment professionals.
- Funds www.starttalkingnow.org.

Washington State is also working to transform healthcare services. The Health Care Authority, DOH, DSHS/DBHR and partners including managed care organizations, Accountable Communities of Health, local health, healthcare providers and others are working together to integrate physical health services, mental health services and substance use services. These efforts are funded by grants and the [Medicaid 1115 waiver](#) and include integrating clinical practices, supporting providers in identifying, serving and monitoring high-need populations, developing systems to support information sharing across providers, and integrating payment systems.

See also [Mental Health](#)

Technical Notes

Confidence Intervals: Definition and examples are described in [Appendix C](#)

Race and Ethnicity: Classification described in [Appendix C](#)

Relative Standard Error: Definition and how it was used is described in [Appendix C](#)

Endnotes

¹Mokdad AH, Marks JS, Stroup DF, Gerberding JL. Actual causes of death in the United States, 2000. *JAMA* 2004 Mar 10;291(10):1238-45.

²Sacks JJ, Roeber J, Bouchery EE, et al. State costs of excessive alcohol consumption, 2006. *Am J Prev Med*. 2013;45:474-85.

³Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. 2015 National Survey on Drug Use and Health: Detailed Tables. www.samhsa.gov/data/population-data-nsduh/reports?tab=38. Published September 8, 2016. Accessed September 29, 2017.