

The Landscape of Alcohol Use in the U.S.

Alcohol use is one of the leading public health concerns for State alcohol and drug agencies in the United States. These State leaders are working to address this challenge through initiatives related to prevention, treatment, and recovery.

Background

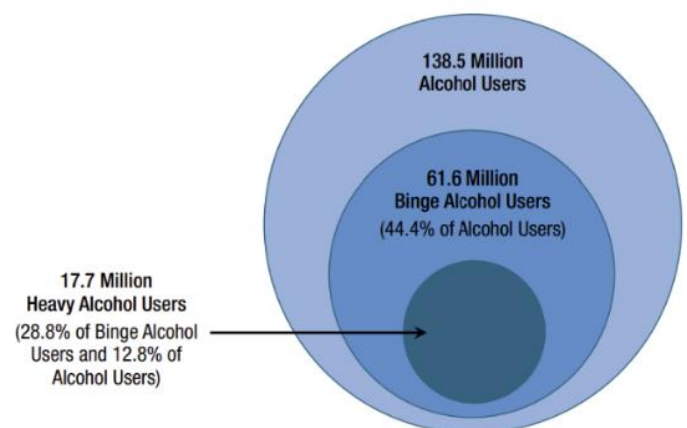
Alcohol (ethyl alcohol or ethanol) is produced through the fermentation of yeast, sugar, and starch. It is found in beverages including beer, wine, and liquor and is a central nervous system depressant. Its consumption is legal for individuals over the age of 21 in the U.S. and is regulated by States and localities. A standard drink is 0.6 ounces of pure ethanol – this typically translates to either 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof distilled liquor.ⁱ The 2020 National Survey on Drug Use and Health (NSDUH) defines binge use as having five or more standard drinks on the same occasion for men and four or more drinks for women. Heavy use is binge drinking on at least 5 days during the past 30 days.³ Alcohol use disorder (AUD) is characterized by the impaired ability to stop or control alcohol use. AUD is considered a brain disorder and can be mild, moderate, or severe.ⁱⁱ

Prevalence of Alcohol Use

In 2020, the NSDUH reported that 50% (or 138.5 million people) of all people drank alcohol in the last month. Adults aged 26 and older made up the age with the highest reported use (54.6% or 119.2 million), followed by people aged 18-25 years old (51.5% or 17.2 million), and then adolescents aged 12 to 17 years old (8.2% or 2.1 million people).

- **Binge alcohol use** – A reported 22.2% (61.6 million) people binge drank in the past month. The percentage was highest among people aged 18-25 years old (31.4%), followed by adults 26 or older (22.9%), and then adolescents aged 12 to 17 years old (4.1%).
- **Heavy alcohol use** – A reported 6.4% (17.7 million) people were heavy alcohol users in the past month. The percentage was highest among people aged 18-25 (8.6%), followed by people 26 and older (7.7%), and then adolescents aged 12 to 17 years old (0.6%).
- **AUD** – A reported that 28.3 million people aged 12 years and older reported having an AUD. Among this group, 2.1 million reported receiving treatment for alcohol use, and only 362,000 of those who received treatment did so with medication-assisted treatment.ⁱⁱⁱ

Figure 6. Current, Binge, and Heavy Alcohol Use: Among People Aged 12 or Older; 2020



Source: National Survey on Drug Use and Health, 2020

Health Effects of Consuming Alcohol

The National Institute on Alcohol Abuse and Alcoholism (NIAAA) is the primary resource for Federal research on the health effects of alcohol use. According to the NIAAA, alcohol negatively affects the brain, heart, liver, pancreas, and immune system, and increases the risk of certain cancers. Even individuals who have no more than one drink per day or people who binge drink are at an increased chance of developing cancers of the head, neck, esophagus, liver, breast, and colon.^{iv}

Underage Drinking

In 2020, among people aged 12 to 20, 16.1% (or 6.0 million people) used alcohol in the last month. Young people drink less often than adults, but when they do drink, they drink more than adults. Historically, boys were more likely to drink than girls, but in 2020 new data indicates that girls and young women ages 12-20 were more likely to drink than boys and young men.^v

Underage drinking poses significant risks to young people's lives. Research illustrates that alcohol use during youth and adolescence can affect brain development, contributing to a range of cognitive problems. Drinking also reduces individuals' ability to make decisions and increases risky behaviors such as driving under the influence of alcohol. Youth who drink alcohol are more likely to face problems in school, social problems, increased risk of suicide, unintentional injuries (such as burns, falls, or drowning), memory problems, alcohol poisoning, and disruption of normal growth and sexual development. Young people (under age 21) who drink are more likely to experience unwanted, unplanned, and unprotected sexual activity, as well as physical and sexual violence.^{vi}

Emergency Room Visits/Motor Vehicle Accidents

According to preliminary findings of the latest Drug Abuse Warning Network (DAWN), alcohol is the substance most involved in drug-related emergency room visits in 2021 at 39.3% with opioids as the next most prevalent cause at 14.1%. In addition, alcohol is the most common additional substance in visits related to methamphetamine, cocaine, and marijuana where more than one drug was cited with opioids as the next most prevalent cause at 14.1%.^{vii} In 2020, 11,654 people died in alcohol-impaired driving accidents.^{viii} Despite the 14% increase in alcohol-impaired traffic fatalities since 2019, alcohol-related deaths have decreased by 45% since 1982.^{ix}

In 2020, one person every 45-minutes died from an alcohol-related motor vehicle accident.

(Centers for Disease Control and Prevention, 2021)

Impact of COVID-19 on Alcohol use

Research in the Journal of the American Medical Association (JAMA) found that alcohol-related deaths increased by approximately 25% between 2019 and 2020 (or the first year of the COVID-19 pandemic).^x

The Centers for Disease Control and Prevention (CDC) reports that the cost of excessive alcohol use in the U.S. in 2010 was \$249 billion, or about \$2.05 a drink. Excessive alcohol use cost States a median of \$3.5 billion in 2010. The costs largely resulted in losses of workplace productivity (72%), health care expenses (11%), criminal justice expenses (10%), and motor vehicle crashes (5%).^{xi} Investments in alcohol

treatment may yield savings to individuals and society by increasing workplace productivity, fewer interpersonal conflicts, and fewer alcohol-related accidents.



Source: Centers for Disease Control and Prevention, 2010

Benefits of Prevention

Substance use disorder (SUD) primary prevention strategies prevent people from starting to use substances, delay the onset of use, and reduce the number of individuals that are using substances experimentally or have early excessive drinking patterns.

Research shows that individuals who start drinking before the age of 15 are at a higher risk for developing AUD later in life. For example, adults aged 26 and older who began drinking before the age of 15 are 5.6 times more likely to report having an AUD in the past year compared to those who waited until age 21 or later to begin drinking.^{xii}

There are several evidenced-based strategies to prevent and reduce alcohol use.

- Regulate the number of alcohol retailers in an area;
- Increase alcohol taxes;
- Hold alcohol retail establishments accountable for injuries or harms as a result of serving alcohol to intoxicated or underage customers;
- Limits the days and/or hours that alcohol is sold or served; and

- Enhance enforcement of laws prohibiting alcohol sales to minors.^{xiii}

We know evidenced-based prevention strategies contribute to significant cost savings – for every \$1 invested \$18 is saved. Cost savings come from medical costs, increased productivity in work and school, reduced crime, better quality of life.^{xiv}

Benefits of Treatment and Recovery

Treatment is a vital tool to help with AUD. Clinically appropriate treatment for AUD includes an individualized assessment, diagnosis, and referral to the proper level of care (outpatient, intensive outpatient, and residential) at the target level of intensity and duration. This then includes counseling by a State certified professional. There are three four Food and Drug Administration (FDA)-approved medications (Acamprosate, Naltrexone- oral, Extended-Release Injectable Naltrexone, and Disulfiram) to help people stop or reduce their drinking and prevent relapse. Recovery support services have been proven to help people with alcohol uses disorders enter into and sustain recovery.

SAMHSA data indicates that the Substance Abuse Prevention and Treatment (SAPT) Block Grant has been successful in expanding treatment to over 1.6 million people each year. In 2021, there were 1,758,392 people served in treatment across the 50 States, D.C., Territories, and Red Lake Band of The Chippewa Indians.^{xv}

During the 2021 report year, clients who were discharged from SAPT Block Grant funded treatment services had the following outcomes:

- 93.82% without arrests in the prior 30-days;

- 90.92% had stable housing/living situations; and
- 76.64% were abstinent from alcohol use, and 50.43% were abstinent from drug use.^{xvi}

Key Federal Grant Programs

The Substance Abuse and Mental Health Services Administration's (SAMHSA) SAPT Block Grant is a formula grant awarded to every State and Territory. SAMHSA's Center for Substance Abuse Prevention (CSAP), funded at \$218 million in fiscal year 2022, supports States and communities to expand prevention infrastructure. In 2021, the SAPT Block Grant accounted for an estimated 68% of State alcohol and drug agencies' expenditures on prevention.^{xvii}

CSAP's Partnerships for Success Initiative is a NASADAD priority program designed to help States achieve a quantifiable decline in SUD rates using the Strategic Prevention Framework (SPF) approach. States use data to identify problem areas, craft a coordinated, cross-agency plan, and fund community-based organizations to plan and deliver evidence-based services. The Sober Truth on Preventing Underage Drinking Act (STOP Act) of 2006, funded at \$12 million for FY 2022, provides grant funds to prevent and reduce alcohol use among young people aged 12-20.^{xviii}

The Drug-Free Communities Support Program

The Drug-Free Communities (DFC) Support Program, administered by the Office of National Drug Control Policy (ONDCP) in partnership with the CDC, is a Federal grant program that provides funding to community coalitions to enhance collaboration among

local partners to curb substance use in youth 18 years and younger.^{xix} DFC Coalitions mobilize community leaders across multiple sectors to build an infrastructure to address local substance use problems to prevent and treat SUD during youth.^{xx} The DFC program bolsters prevention efforts, encourages citizen participation in reduction efforts, and distributes information about local community environmental conditions tied to SUD.^{xxi} Alcohol was identified as one of priority substances or "targets" by DFC Coalitions in 2020.^{xxii}

The Role of State Alcohol and Drug Agencies

State alcohol and drug agency directors design, manage, and evaluate the publicly funded substance use prevention, treatment, and recovery system in each State. State Directors provide leadership by promoting standards of care, evidence-based services, and continuous quality improvement innovations. State Directors also ensure public dollars are dedicated to programs that work through performance data management and reporting, contract monitoring, corrective action planning, on site-reviews, and technical assistance.

- ⁱ “What Is A Standard Drink?,” National Institute on Alcohol Abuse and Alcoholism, accessed June 27, 2022, <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder>.
- ⁱⁱ “Understanding Alcohol Use Disorder,” National Institute on Alcohol Abuse and Alcoholism, accessed June 27, 2022, <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder>.
- ⁱⁱⁱ Substance Abuse and Mental Health Services Administration, “Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health,” (October 2021): 1-156, <https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFR1PDFW102121.pdf>.
- ^{iv} “Alcohol’s Effects on the Body,” National Institute on Alcohol Abuse and Alcoholism, accessed June 27, 2022, <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/underage-drinking>.
- ^v “Underage Drinking,” National Institute on Alcohol Abuse and Alcoholism, accessed June 27, 2022, <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/underage-drinking>.
- ^{vi} Substance Abuse and Mental Health Services Administration, “Key Substance Use and Mental Health Indicators in the United States: Results from the 2020 National Survey on Drug Use and Health,” (October 2021): 1-156, <https://www.samhsa.gov/data/sites/default/files/reports/rpt35325/NSDUHFFR1PDFW102121.pdf>.
- ^{vii} Substance Abuse and Mental Health Services Administration, “Preliminary Findings from Drug-Related Emergency Department Visits, 2021,” (2021): 1-43, https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP22-07-03-001.pdf.
- ^{viii} “Drunk Driving,” National Highway Traffic Safety Administration, accessed June 27, 2022, <https://www.nhtsa.gov/risky-driving/drunk-driving>.
- ^{ix} “Drunk Driving Fatality Statistics,” The Foundation for Advancing Alcohol Responsibility, accessed June 27, 2022, <https://www.responsibility.org/alcohol-statistics/drunk-driving-statistics/drunk-driving-fatality-statistics/>.
- ^x Aaron White, I-Jen Castle, and Patricia Powell, “Alcohol-Related Deaths During the COVID-19 Pandemic,” *Journal of the American Medical Association*, (Spring 2022): 1704-1706, <https://doi.org/10.1001/jama.2022.4308>.
- ^{xi} “Excessive Drinking is Draining the U.S. Economy,” Centers for Disease Control and Prevention, accessed June 27, 2022, <https://www.cdc.gov/alcohol/features/excessive-drinking.html>.
- ^{xii} “Understanding Alcohol Use Disorder,” National Institute on Alcohol Abuse and Alcoholism, accessed June 27, 2022, <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder>.
- ^{xiii} Centers for Disease Control and Prevention, “Preventing Excessive Alcohol Use,” accessed July 19, 2022, <https://www.cdc.gov/alcohol/fact-sheets/prevention.htm>
- ^{xiv} SAMHSA. Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis, Retrieved from: <http://www.samhsa.gov/sites/default/files/cost-benefits-prevention.pdf>. Accessed 10 Aug. 2022
- ^{xv} Web Block Grant Application System (WebBGAS) FY 2019 - 2021 SABG Treatment Utilization Matrix Admissions & Persons Served, State/Jurisdiction Selection: All States/Jurisdictions. Accessed 10 Aug. 2022.
- ^{xvi} Web Block Grant Application System (WebBGAS) FY 2021 TEDS Performance Measures - State Level. Accessed 10 Aug. 2022.
- ^{xvii} Department of Health and Human Services, “Fiscal Year 2022 Substance Abuse and Mental Health Services Administration Justification of Estimates for Appropriations Committees,” (n.d.): 1-364, <https://www.samhsa.gov/sites/default/files/samhsa-fy-2022-cj.pdf>.
- ^{xviii} Department of Health and Human Services, “Fiscal Year 2023 Substance Abuse and Mental Health Services Administration Justification of Estimates for Appropriations Committees,” (n.d.): 1-391, <https://www.samhsa.gov/sites/default/files/samhsa-fy-2023-cj.pdf>.
- ^{xix} “Drug-Free Communities (DFC) Support Program-New,” Substance Abuse and Mental Health Services Administration, accessed July 11, 2022, <https://www.samhsa.gov/grants/grant-announcements/sp-19-005>.
- ^{xx} “Drug-Free Communities Support Program,” White House Office of National Drug Control Policy, accessed July 11, 2022, <https://www.whitehouse.gov/ondcp/dfc/#:~:text=About%20the%20DFC%20Program&text=The%20DFC%20Support%20Program%20provides,in%20local%20youth%20substance%20use>.
- ^{xxi} “Drug Free Communities Support Program,” youth.gov, accessed July 11, 2022, <https://youth.gov/federal-links/drug-free-communities-support-program>.
- ^{xxii} “About DFC: Preventing Youth Substance Use is Critical,” Centers for Disease Control and Prevention, accessed July 11, 2022, <https://www.cdc.gov/drugoverdose/drug-free-communities/about.html>.