

Epidemiology of Alcohol Problems In the United States

NIAAA Social Work Education Module 1

(revised 03/04)



Objectives

A. Describe demographic characteristics and historical trends of alcohol use, alcohol abuse/dependence and other alcohol-related problems

B. Identify the relationship between level of alcohol consumption and health effects
C. Recognize the implications of utilizing epidemiological data for early intervention and prevention of alcohol problems, and for evaluating intervention impact



Epidemiologic Rates

• *Incidence Rate* = The rate at which <u>new</u> cases occur in a population during a specific period (e.g., over one year)

• *Prevalence Rate* = The proportion of a cases that <u>exist</u> in a population at a point in time



Epidemiologic Approach to Alcohol Problems

- An ecological model
- Addresses etiology, natural history
- Identifies interaction of vulnerability, risk, and resilience factors
- Study of alcohol use, abuse, and dependence in communities, populations



Differing Measures across Studies "New Case" can be defined as:

- Age or year of first use or first intoxication *versus*
- Age of onset of alcohol dependence (age of first experience of any clinical criterion symptoms for diagnosis)

versus

• Age of occurrence of the third dependence symptom or age when symptoms first "cluster" (2 or more symptoms in a year)



Standard Drink Measure



Note: People buy many of these drinks in containers that hold multiple standard drinks. For example, malt liquor is often sold in 16-, 22-, or 40 oz. containers that hold between two and five standard drinks, and table wine is typically sold in 25 oz (750 ml.) bottles that hold five standard drinks.

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Defining Alcohol Consumption

 Prior to 1970, per capita consumption = <u>total alcohol beverage sales</u> total population over age 15 years

• Since 1970, per capita consumption = <u>total alcohol beverage sales</u> total population over age 14 years

• The 1997 per capita consumption was 2.18 gallons of ethanol per person



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Drinking Patterns (Defined according to quantity & frequency of alcohol consumption)

• <u>Abstainer</u>: has never drank or drinks < once/yr

• Less Frequent: drinks 1-3 times/month and may or may not drink 5 or more drinks at least once/yr

• Frequent: drinks at least once a week and may or may not drink 5 or more drinks at one sitting

• Frequent Heavy Drinker: drinks at least once a week and has 5 or more drinks at one sitting at least once per week



Drinking Episodes Defined (NIAAA Advisory Council Task Force)

• A drinking "binge" is a pattern of drinking that brings blood alcohol concentrations (BAC) to 0.08 or above.

•Typical adult males: 5 or more drinks in about 2 hours

• Typical adult females: 4 or more

• For some individuals, the number of drinks needed teo reach "binge" level BAC is lower



Drinking Episodes Defined National Household Survey)

• Binge Drinking as 5 or more drinks per occasion

• Heavy alcohol use as 5 or more drinks for 5 or more days per month





Drinking Episodes Defined (NIAAA Advisory Council Task Force)

Binge drinking is distinct from:
"risky" drinking (reaching a peak BAC between .05 gm% and .08 gm%)
a "bender" (2 or more days of sustained heavy drinking)



Drinking Episodes Defined (NIAAA Advisory Council Task Force)

• People with risk factors for the development of alcoholism have increased risk with any alcohol consumption, even that below a "risky" level.

- For pregnant women, any drinking presents risk to the fetus.
- Drinking by persons under the age of 21 is illegal.
- "Binge drinking is clearly dangerous for the drinker and society."



A Risk or Problem Use

Drinking above established cut-off limits
 AND

• No current problems associated with drinking

OR

• Alcohol use in risky situations



Definition of Alcohol Abuse

Maladaptive alcohol use causes clinically important distress or impairment, shown in a single 12-month period by one or more of the following:

• Failure to carry out major obligations at work, home or school because of repeated alcohol use

• Repeated use of alcohol even when it's physically dangerous to do so.

 Repeated experience of legal problems

• Continued alcohol use despite knowing that it has caused or worsened social or interpersonal problems



Definition of Alcohol Abuse

Maladaptive alcohol use causes clinically important distress or impairment, shown in a single 12-month period by one or more of the following:

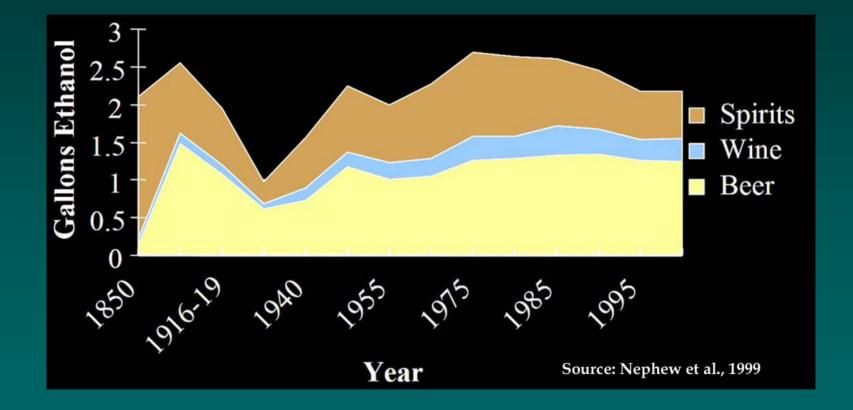
- Tolerance or withdrawal
- Amount/duration of use greater than intended.
 Unsuccessful efforts to control or reduce use
 Spending much time using alcohol, recovering from its effects, or trying to

obtain it.

- Reducing or abandoning important work, social or leisure activities because of alcohol use.
- Continued alcohol use despite knowing that it has probably caused ongoing physical or psychological problems

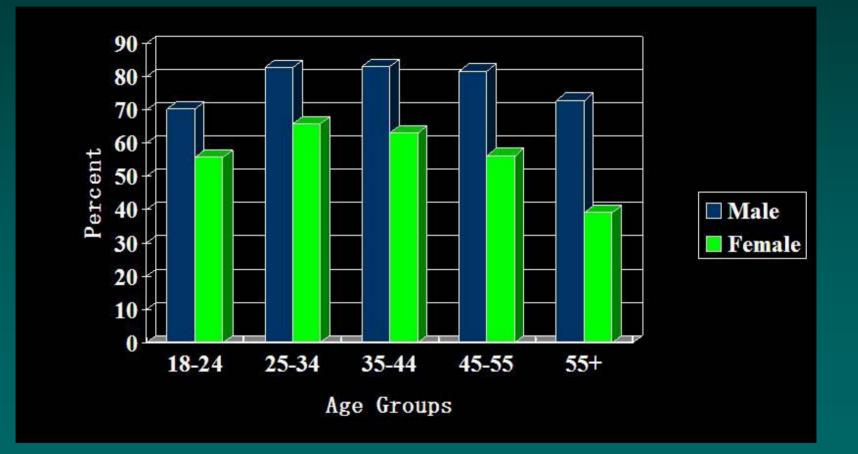


Historical Trends: 1850-1997



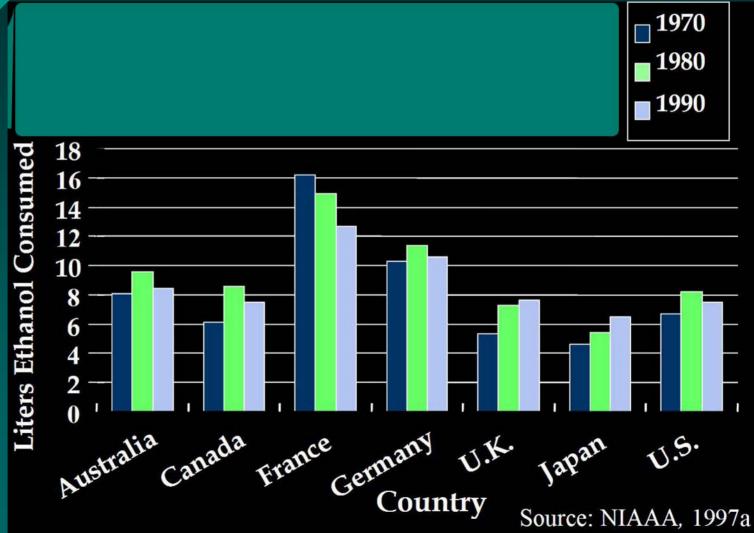


Prevalence of Lifetime Alcohol Use by Age and Gender



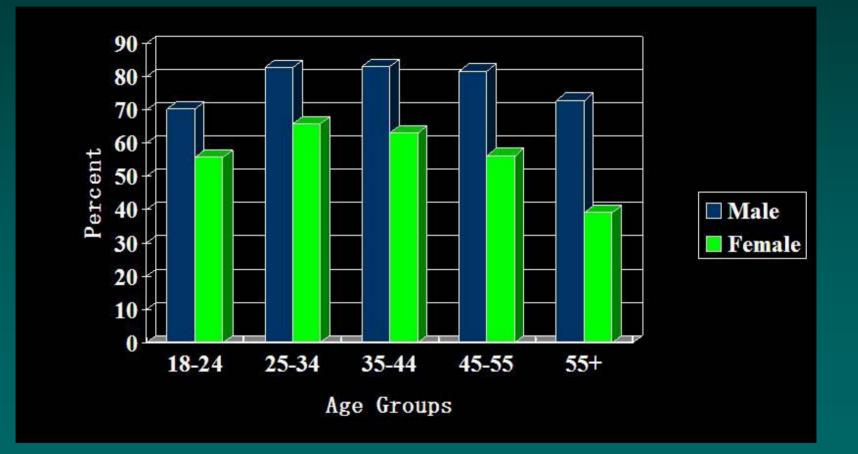


National Trends



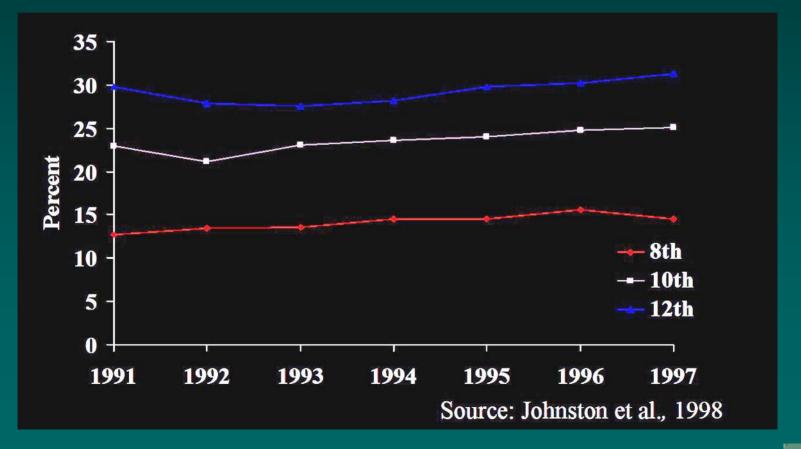


Prevalence of Lifetime Alcohol Use by Age and Gender



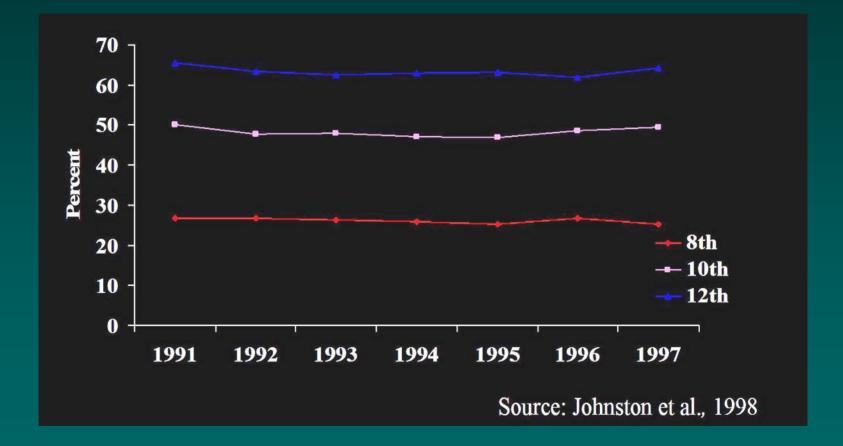






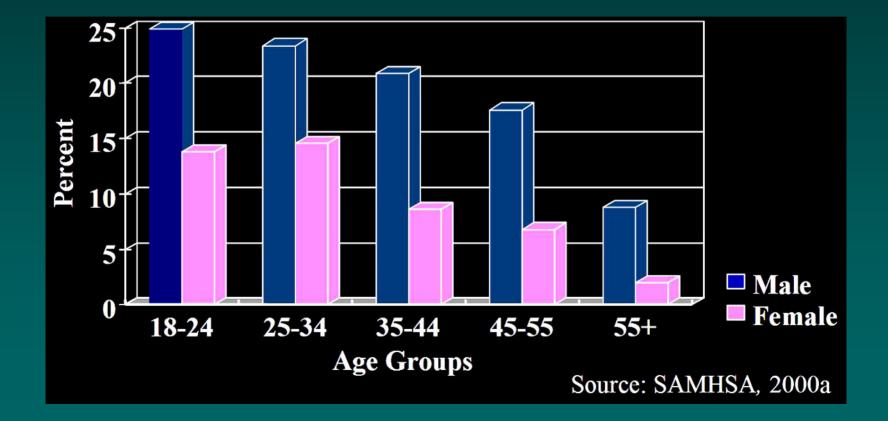
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Age Trends: Intoxication



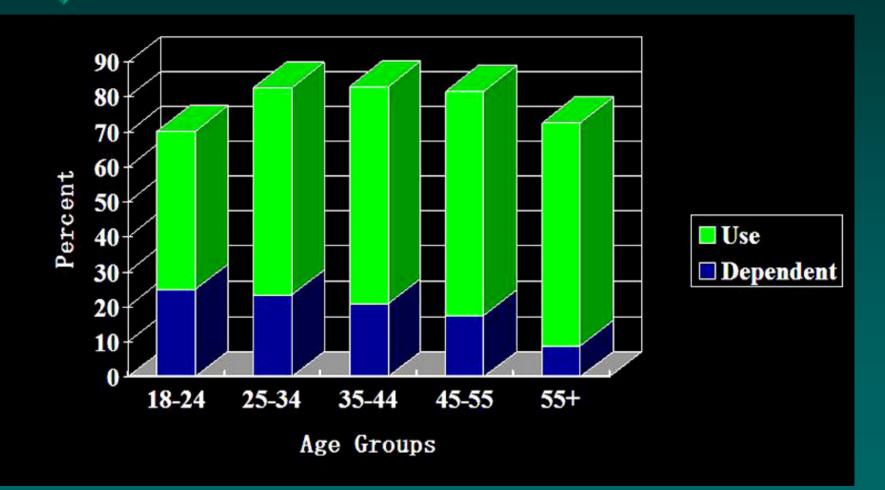


Prevalence of Lifetime Alcohol Dependence (DSM-IV)



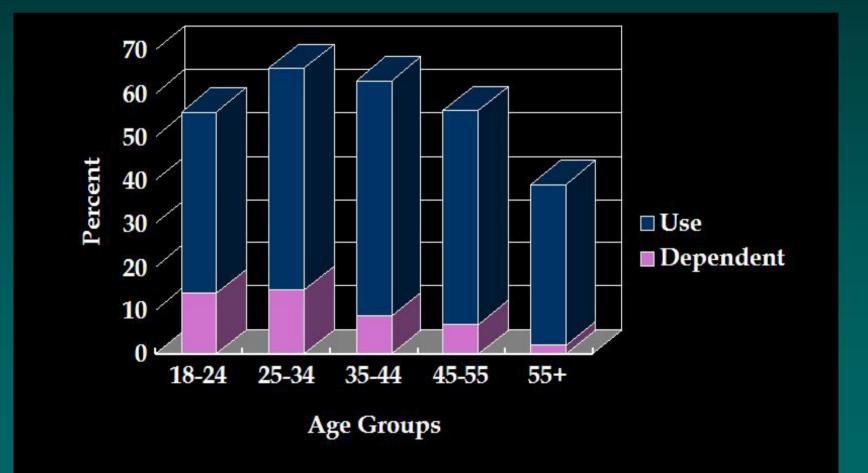


Prevalence of Alcohol Use Men) and Dependence by Age





Prevalence of Alcohol Use (*Nomen*) and Dependence by Age





Alcohol Use & Aging Populations

 National Household Survey on Drug Abuse, 2000 1.6% of elders report heavy drinking in past 30 days • Aging primary care patients 15% male, 12% female abuse alcohol

Community sample
2.2 to 9.6% of elders abuse
alcohol

- Hospitalized adults >40:
 21%abused alcohol
- SAMHSA TIP Series, '98 Up to 17% of older adults are affected by alcohol and prescription drug problems



Additional Risks Related to Alcohol Use and Aging

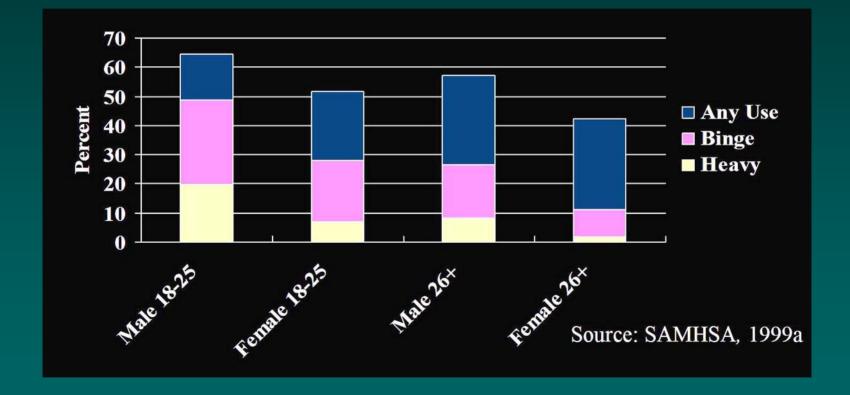
• Elderly individuals are more likely to be affected by chronic illness and use of medications.

• Alcohol and prescription drug problems are frequently:

Under-identified Under-treated Under-diagnosed Under-estimated

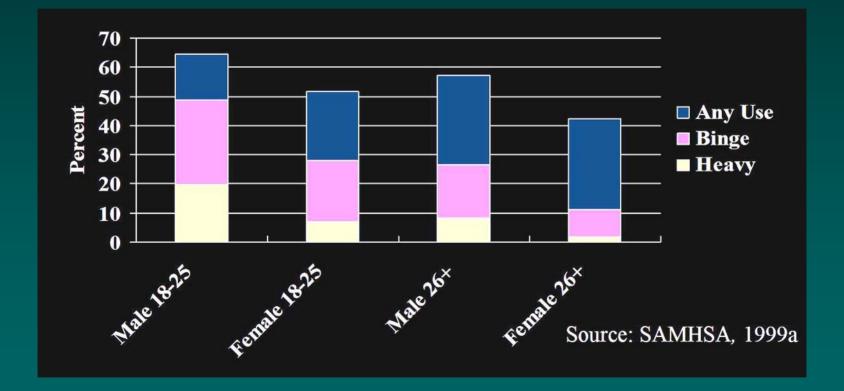


Age and Gender Interactions



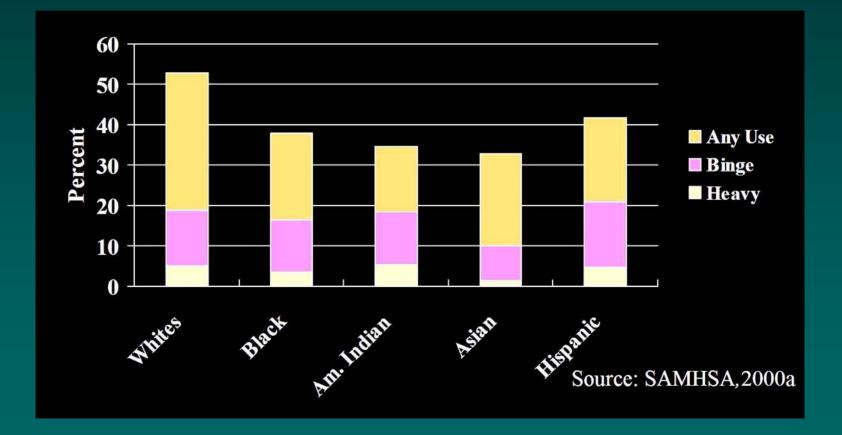


Past Month Alcohol Use by Ethnicity: Ages 18-25



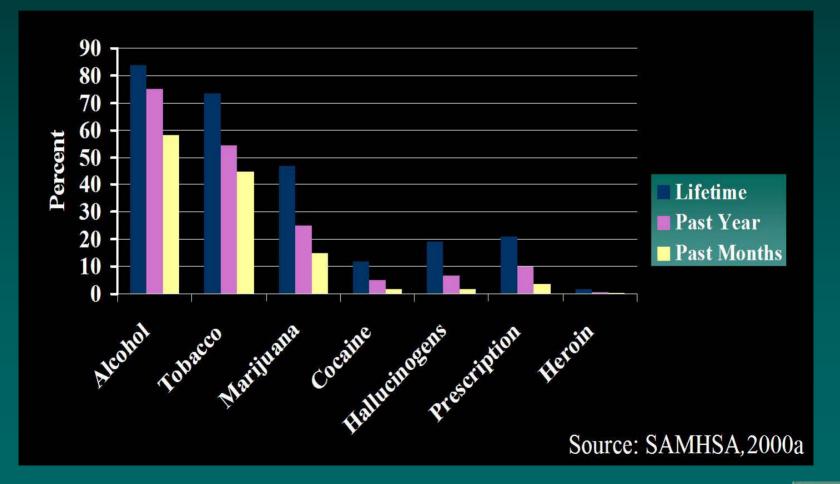


Past Month Alcohol Use by Ethnicity: Age 26 or Older



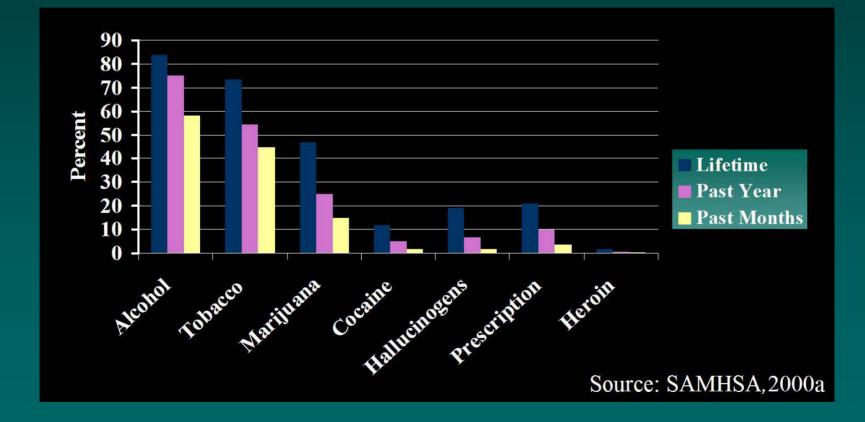


Use of Alcohol and Other Drugs: 1999 Ages 18-25



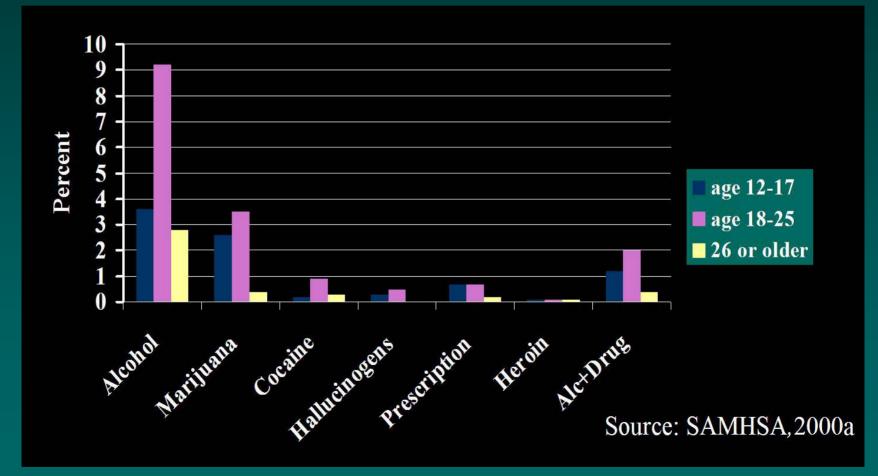


Use of Alcohol and Other Drugs: 1999 Ages 26 and Older





Reported Past Year Substance Dependence by Age, 1999





Adolescent Risk Factors

Risk Factors	Increased Odds Ratio
Negative interaction with	• 1.6 - 4.6
mother	
Negative interaction with	• 1.7 – 4.0
father	
Parental alcohol	• 2.52
dependence	
• Parents dislike friends	• 3.71
Heavy drinking friends	• 15.5
Daily cigarette smoking	• 15.8

Source: Kuperman et al., 2001

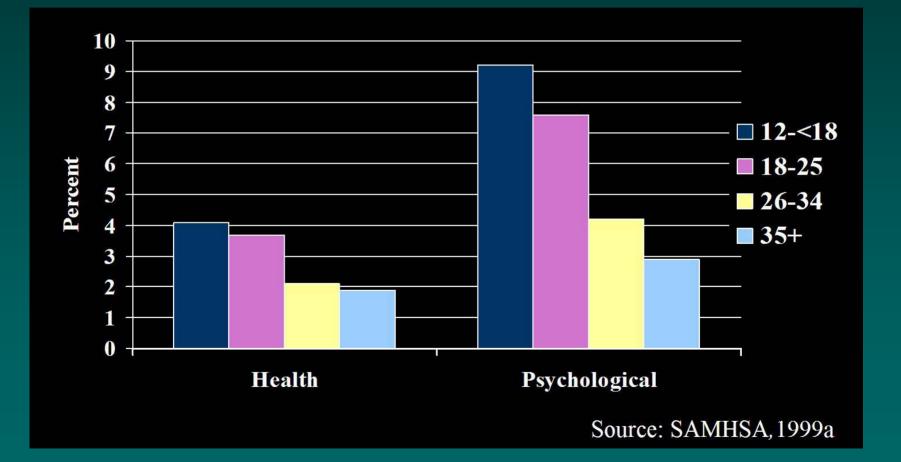
Adolescent Risk Factors (continued)

	Increased
Risk Factors	Odds Ratio
 Marijuana abuse Other drug abuse Dropping out of school ADHE Conduct disorder 	 27.1 19.8 6.5 5.0 13.5

Source: Califano and Booth, 1998



Problems Reported by Alcohol Users (past year)





Alcohol and Violence

1. Alcohol is related to both aspects of violence -perpetration and victimization

2. Offenders were drinking in:

- 86% of homicides
- 60% of sexual offences
- 37% of assaults
- •27% of females and 57% of males involved in marital violence
- •13% of child abuse cases

Source: Roizen, 1997)



Acohol and Violence (continued)

Roizen, 1993	 13%-50% of offenders in rape
Alcohol is associated with:	cases6%-36% of victims in rape cases
Miczek et al., 1993 Identified alcohol in:	 35%-65% of rape cases (6 studies) ~50% of incest cases (2 studies) 20%-83% of family violence cases (3 studies) 10%-83% of homicides (6 studies) 33%-57% of felonies (2 studies)

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Alcohol and Violence (continue)

1. Risk factors for becoming violent:

- History of violence
- Multiple drug use
- Co-morbid psychiatric disorder

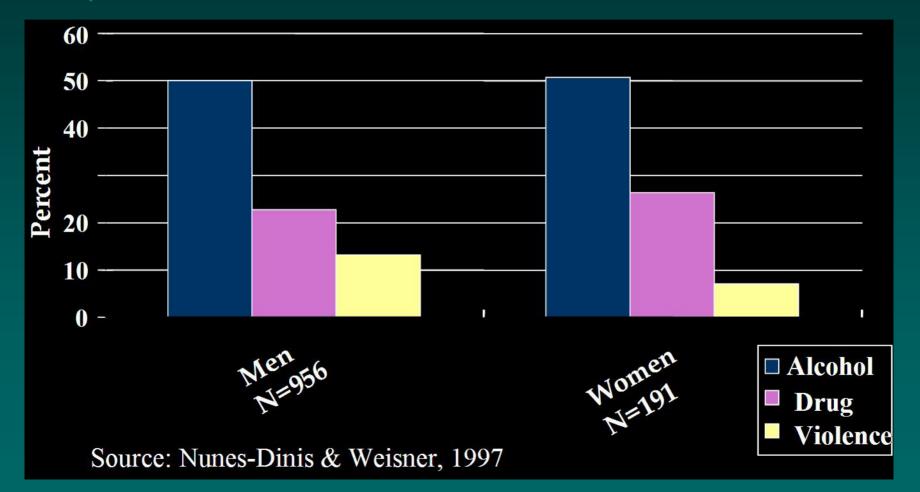
2. Rates for alcohol-related violence hard to find:

• Rates of alcohol involvement vary across studies making comparison difficult

• Hard to establish a causal relationship due to other factors (e.g., interaction between personality factors and alcohol)

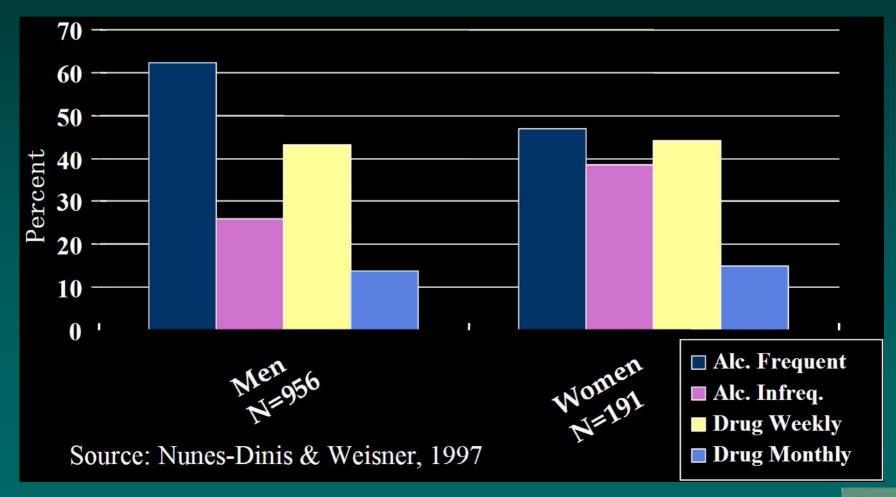


Alcohol, Drug, and Violent Events Related to Arrest





Alcohol and Drug Use: 12 Months of Arrests in Northern California



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Alcohol–Related Hospitalizations

1. Hospital discharges (1997):

Alcohol-related diagnosis was first-listed (primary) diagnosis for 20.2 per 10,000 population aged 15 and older
All listed alcohol-related diagnosis was 64.5 per 10,000 population

2. Alcohol-related morbidity episodes not appearing as a first-listed (primary) diagnosis = 69%

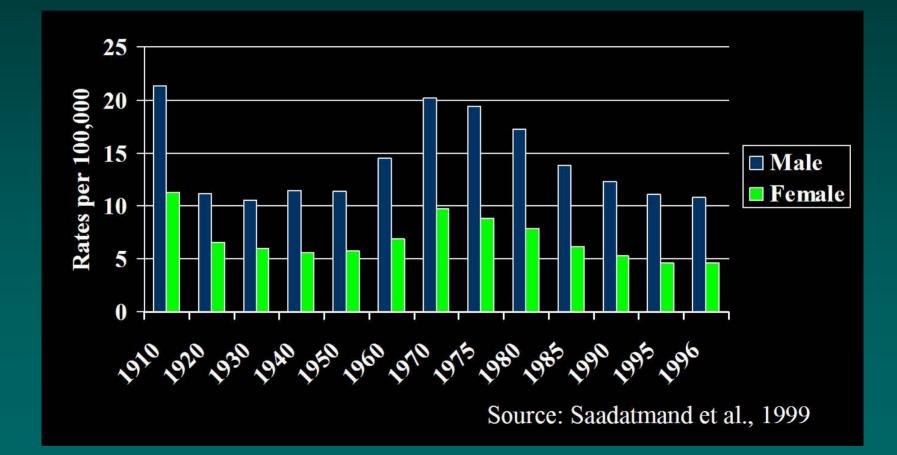


Alcohol-Related Hospitalizations (continued)

Disorder	Percent
Alcohol dependence syndrome	49 %
• Alcohol psychosis	22%
• Cirrhosis of the liver	20%
• Alcohol abuse, nondependent	9%



Age-Adjusted Liver Cirrhosis Mortality U.S. 1910-1996





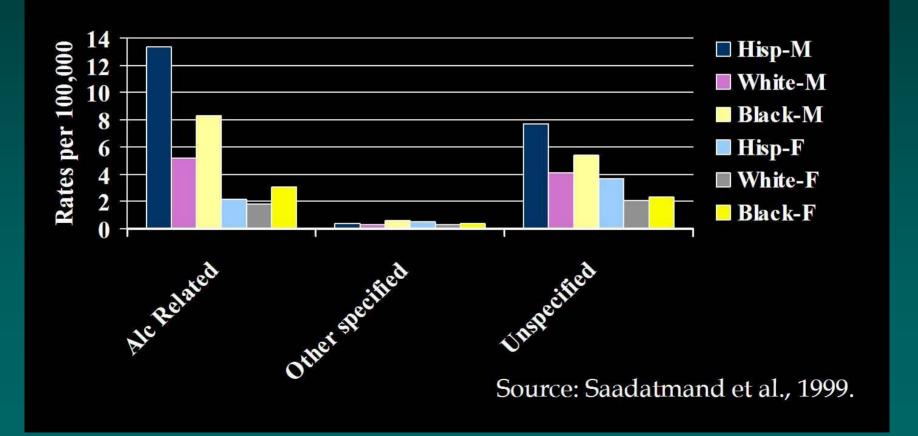
Vulnerability to Alcohol-Related Liver Disease

- Genetic Factors
- Dietary Factors
- Gender
- Hepatitis C
- Level of Alcohol Intake

Source: NIAAA, 2001 b

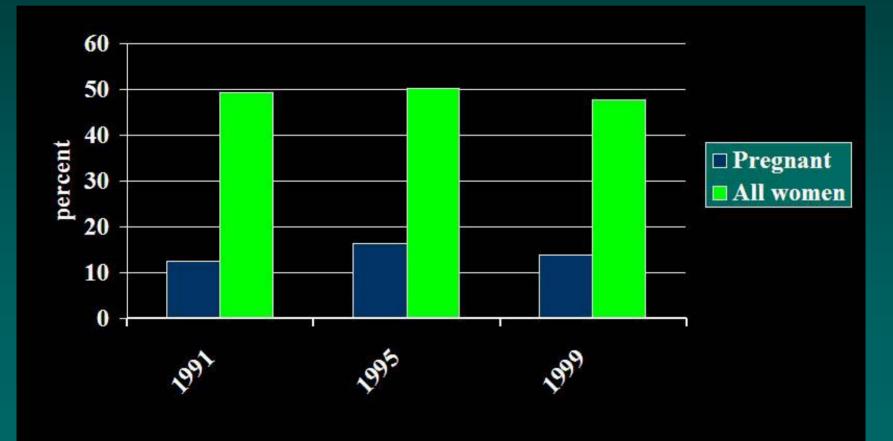


Alcohol-Related Cirrhosis by Race and Gender (Age-Adjusted, 1996)



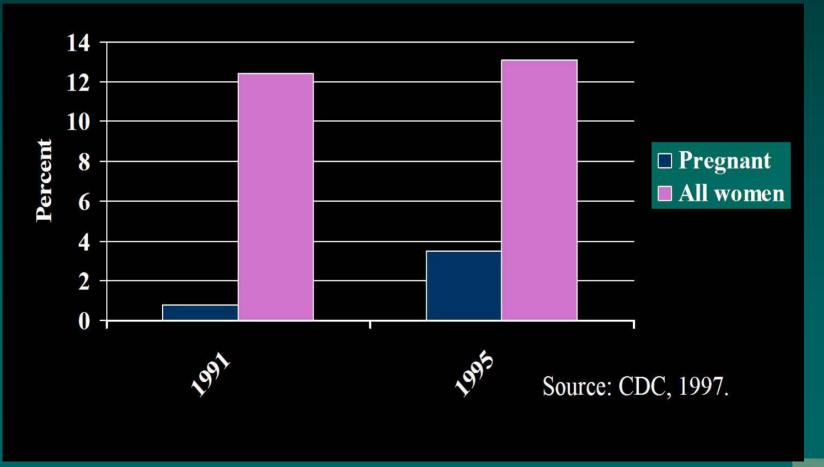


Alcohol Consumption Among U.S. Pregnant & Child-bearing Aged Women

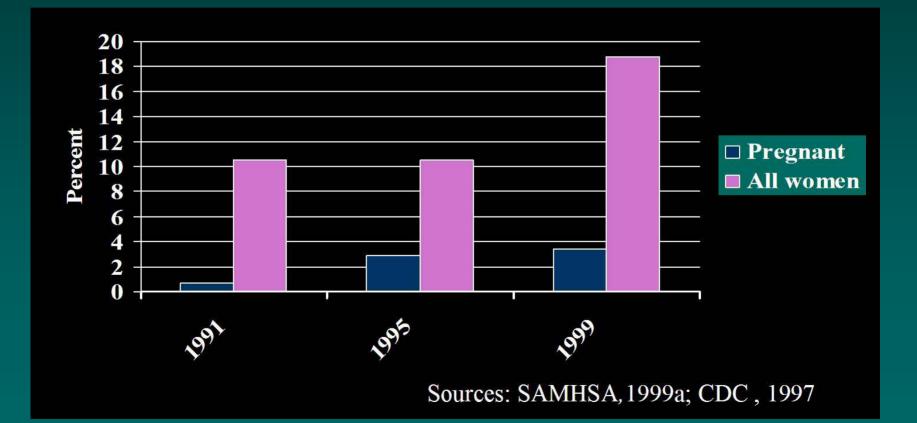




Frequent Drinking Among U.S. Pregnant & Child-bearing Aged Women

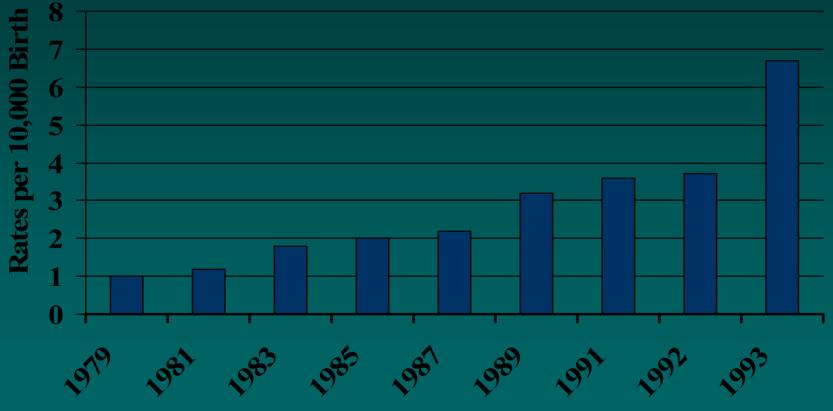


Binge Drinking Among U.S. Pregnant & Child-bearing Aged Women





Reported Rates of Fetal Alcohol Syndrome, U.S. 1979-1993



Source: CDC, 1995a



Prenatal Alcohol Exposure

• How many drinks can a pregnant women consume without harm to the fetus?

• An estimated 550,000 to 750,000 U.S. children are born exposed to drugs/alcohol each year

• Increased risk of child maltreatment (abuse, neglect) and out of home placement



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Risks of Fetal Alcohol Exposure

- Low birth weight
- Prematurity
- Small for gestational age (SGA)
- Failure to thrive (FTT)
- Neurobehavioral symptoms
- Infectious disease

Sudden Infant Death Syndrome (SIDS)
Fetal Alcohol
Syndrome (FAS)
Other Fetal Exposure
Effects
Compromised developmental outcomes



Compromised Developmental Outcomes

- Many unknowns to predict specific outcome
- Certain physical problems may persist
- Some problems not immediately apparent
- Secondary problems may emerge
- Structured and nurturing environment may compensate and promote development
- Regular developmental evaluation needed
- Need early identification of social, language, cognitive, and motor developmental problems



Ehildren Prenatally Exposed

Developmental patterns <u>birth to 15 months</u> characterized by:

- Unpredictable sleep patterns
- Feeding difficulties
- Irritability
- Atypical social interaction
- Delayed language development
- Poor fine motor development



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Children Prenatally Exposed (continued)

Toddlers (16-36 months):

- Atypical social interaction
- Minimal play strategies

Preschoolers (3-5 years):

- Easy loss of control
- Mood swings
- Hyperactivity/short attention span
- Difficulty transitioning between activities
- Difficulty processing auditory/visual info



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Children Prenatally Exposed (continued)

School aged to adolescence:
No conclusive research on long-term biological or constitutional effects of drug/alcohol exposure

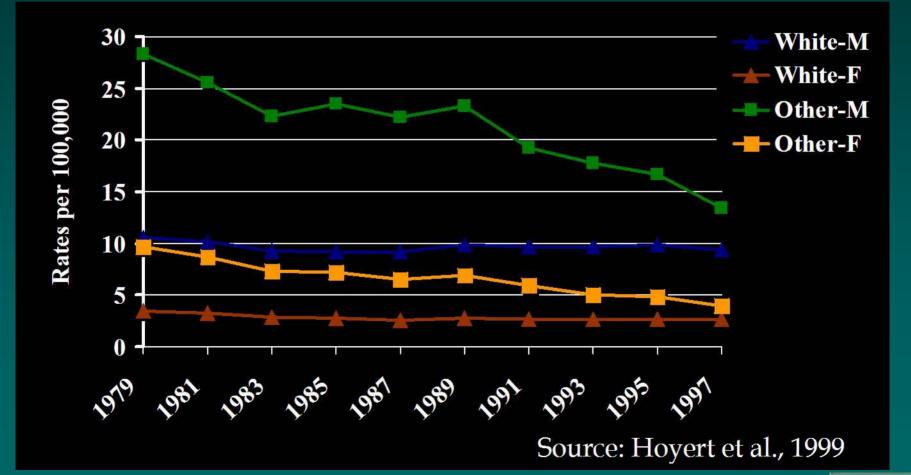
•Greater risk of maltreatment, learning disabilities, behavior problems



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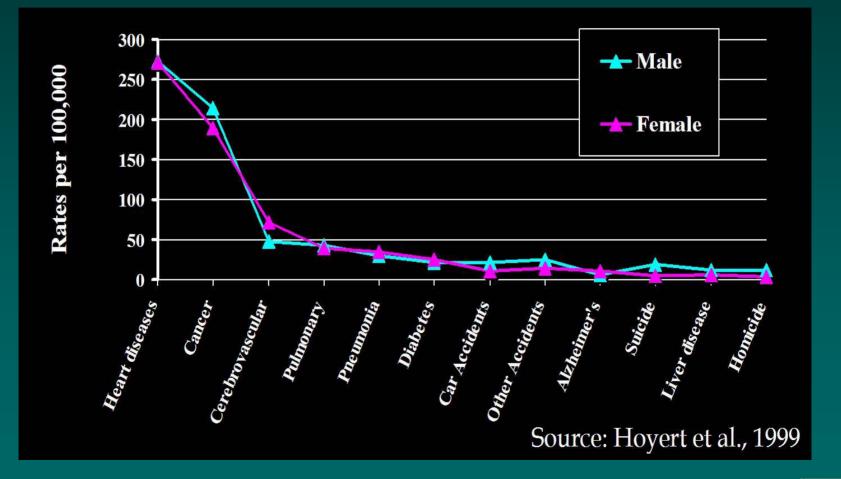


Alcohol Death Rates by Ethnicity (Age-Adjusted), 1979-1997



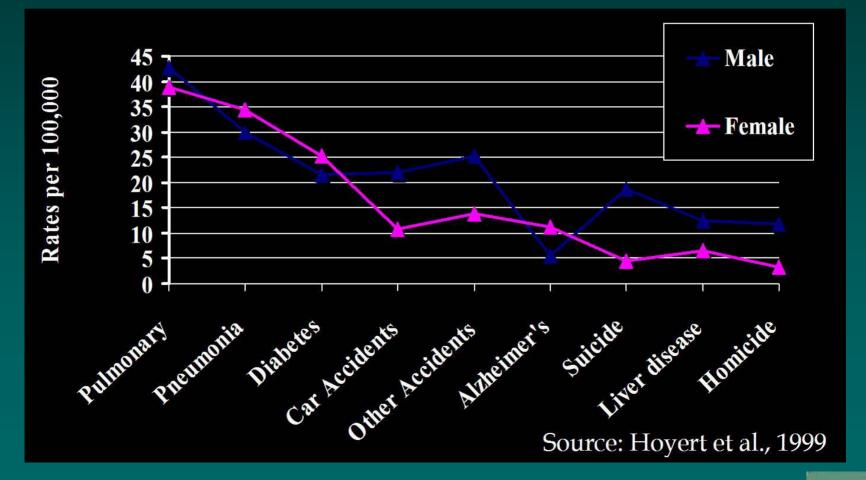


Age-Adjusted Death Rates for 10 Leading Causes, U.S. (1997)



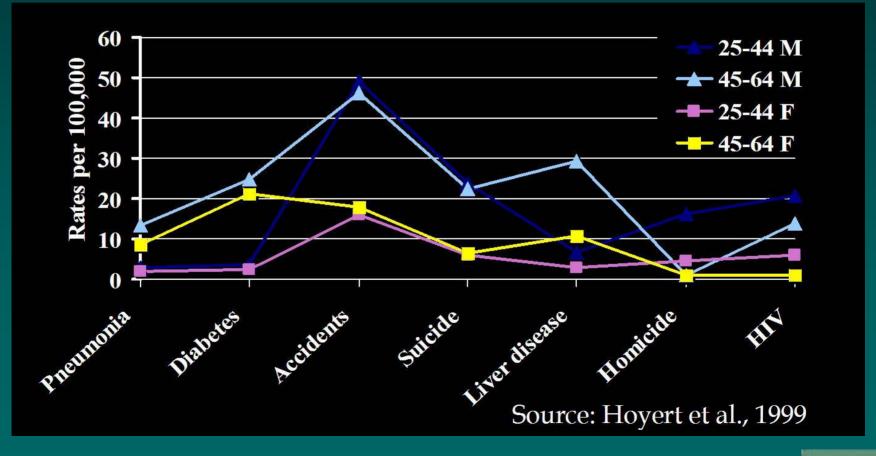


Age-Adjusted Death Rates for Causes Other Than Cancer, Heart, or Stroke, U.S. (1997)



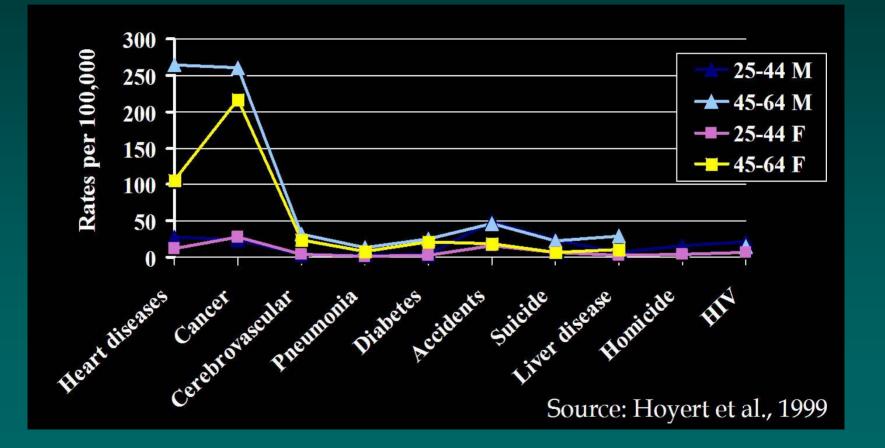
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Age-Adjusted Death Rates by Causes Other than Cancer, Heart, or Stroke, Ages 25-64 (1997)



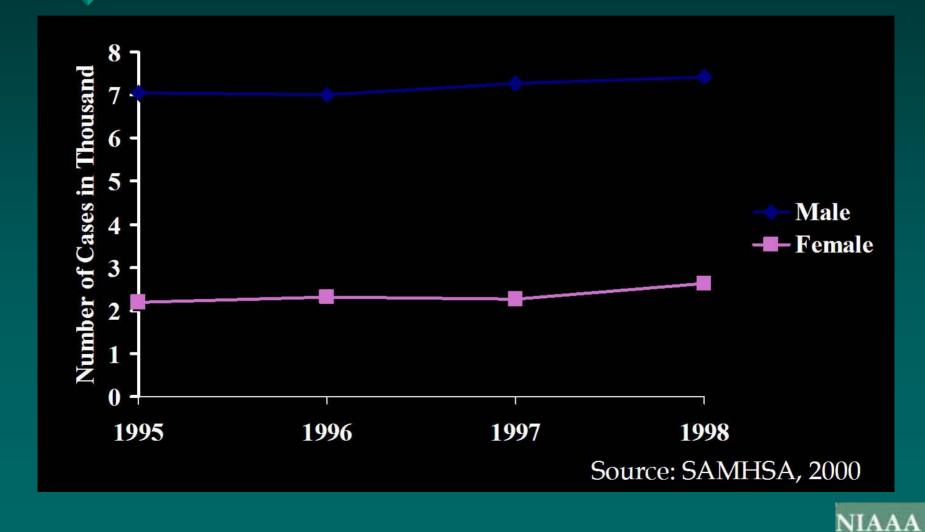


Age-Adjusted Death Rates by Cause, Ages 24-64 (1997)

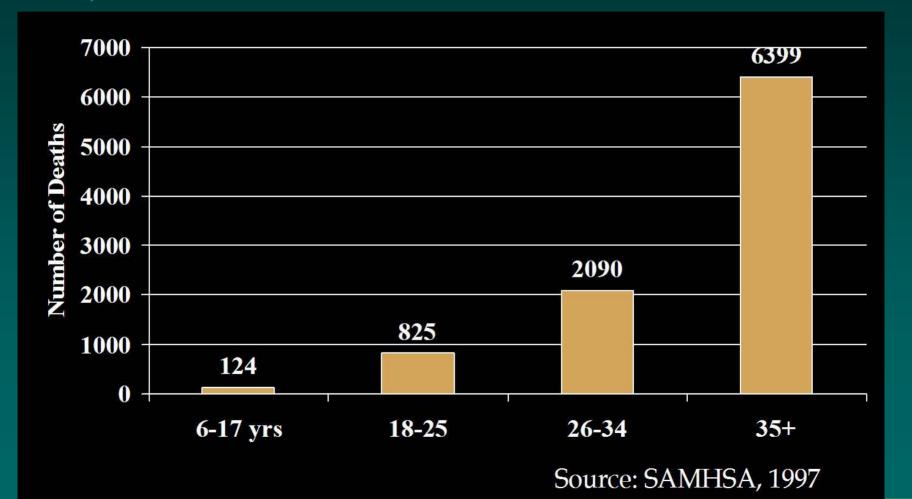




Drug Abuse Death 1995-1998



Drug-Related Deaths by Age (1996)



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Alcohol Involvement in Emergency Department Episodes

1. 35% of drug episodes (1999) involved a mention of alcohol-in-combination events

2. Rate per 100,000:	
 Alcohol in combination 	81
• Cocaine	69
• Marijuana	36
• Opiates	35

Source: SAMSHA, 1999b



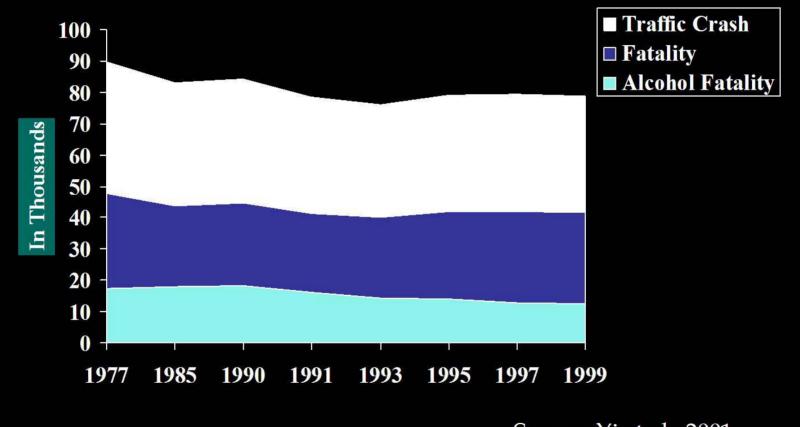
Medical Examiner Mention of Drugs, 6-17 Year Old Decendents (n=124)

Category Mentioned:	#of	% total
	mentions	episodes
• Marijuana/hashish	52	41.9
• Cocaine	26	21.0
Alcohol in combination	23	18.6
• Opiates	22	17.7
• Diazepam	10	8.1

Source: SAMSHA, 1997



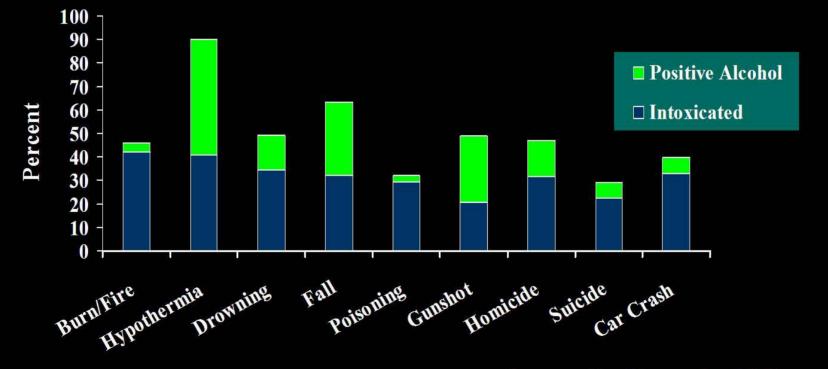
Inaffic Alcohol-Related Fatalities, 1977-1999



Source: Yi et al., 2001



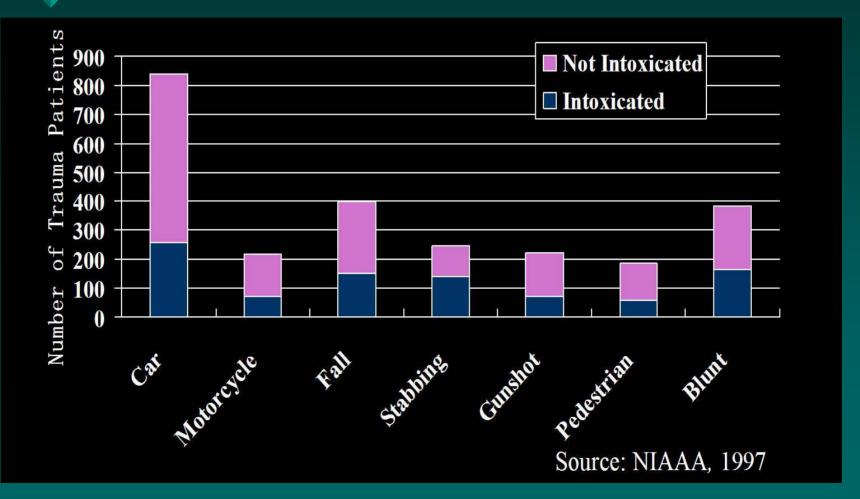
Acohol Involvement in Accidental Death, Homicide, and Suicide



Source: Smith et al., 1999



Alcohol and Trauma by Injury Type



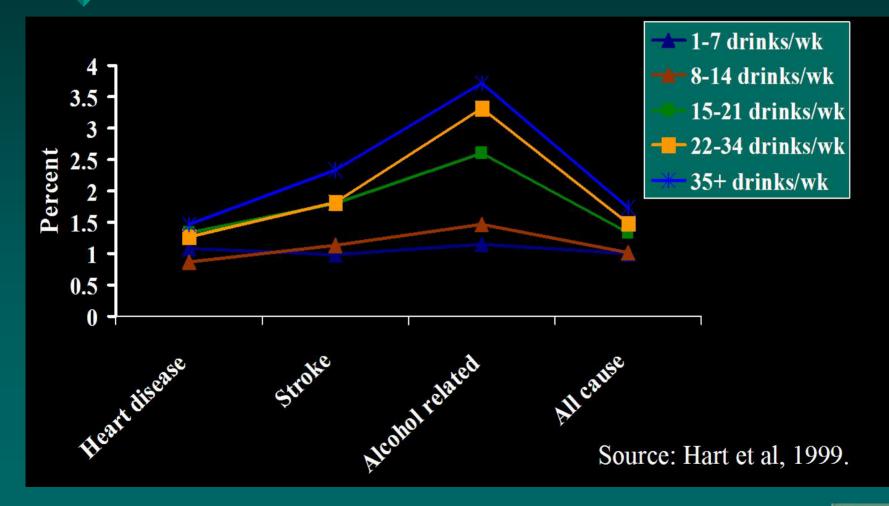


Alcohol and Trauma, by Age



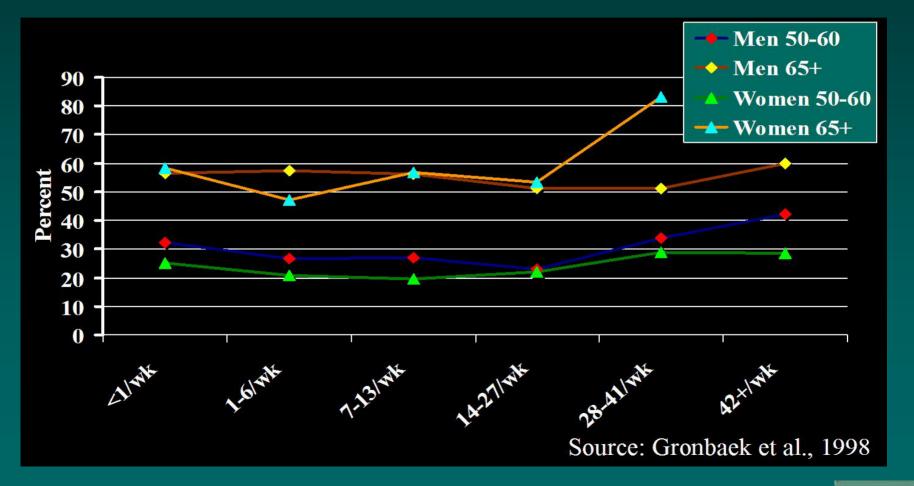


Relative Risk Over 21 Years, Alcohol Consumption & Mortality (Scottish Men)





Alcohol and Mortality: 11-Year Follow-up, Adults Age 50+ (16,304 Danish Men & Women)





DHHS & USDA Dietary Guidelines for Alcohol Consumption

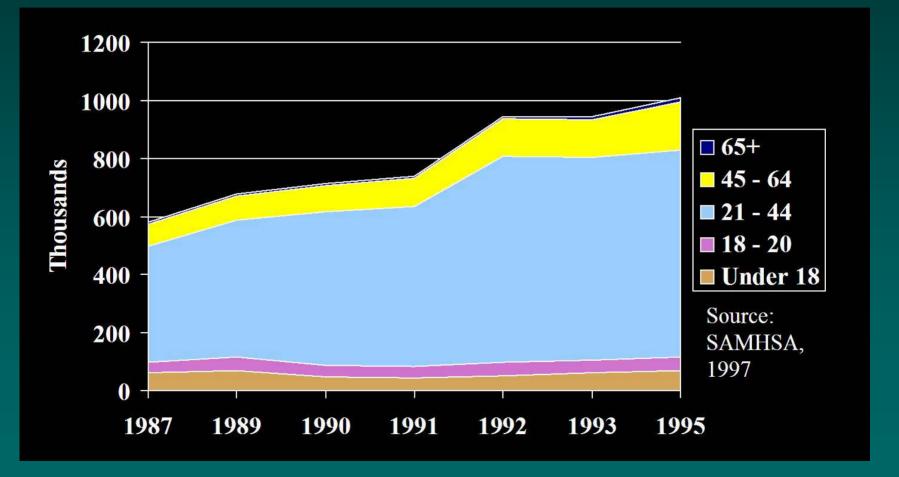
Women- Moderate drinking, no more than 1 drink/day Men- Moderate drinking, no more than 2 drinks/day

Children ______
 Adolescents ______
 Pregnant women ______
 Should not drink at all

 Adults Children ______ Adolescents _____ Should not drink Pregnant women _____ at all Family history of alcoholism



One Day Census of Clients in Substance Treatment by Age





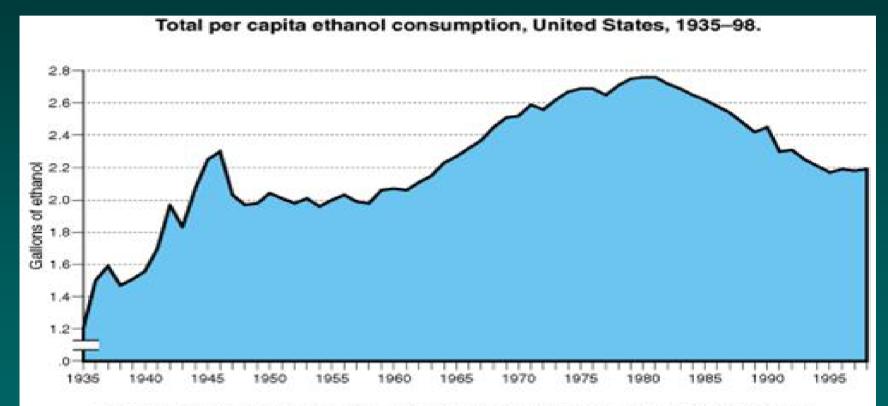


Appendices

Additional Materials Available for Incorporating into Classroom Presentations



Per Capita Consumption, 1935-98

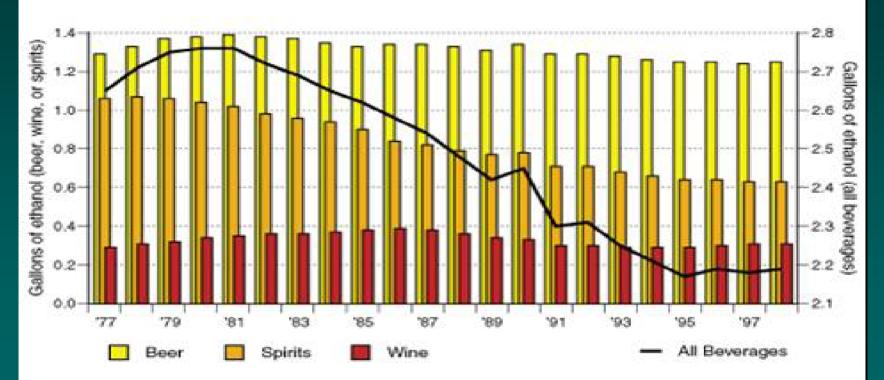


Source: Nephew, T.M.; Williams, G.D.; Stinson, F.S.; Nguyen, K.; and Dulour, M.C. Surveillance Report #55: Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977–98. Rockville, MD: NIAAA, Division of Biometry and Epidemiology, Alcohol Epidemioligic Data System, December 2000.



Per Capita Consumption, 1977-98

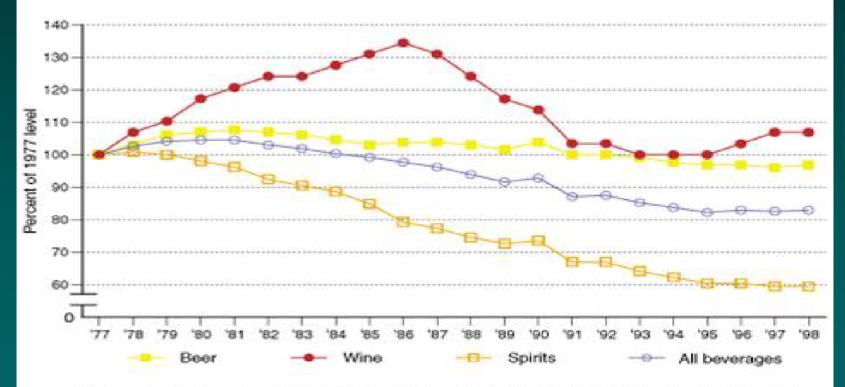
Per capita ethanol consumption by beverage type, United States, 1977-98.



Source: Nephew, T.M.; Williams, G.D.; Stinson, F.S.; Nguyen, K.; and Dufour, M.C. Surveillance Report #55: Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977–98. Rockville, MD: NIAAA, Division of Biometry and Epidemiology, Alcohol Epidemioligic Data System, December 2000.

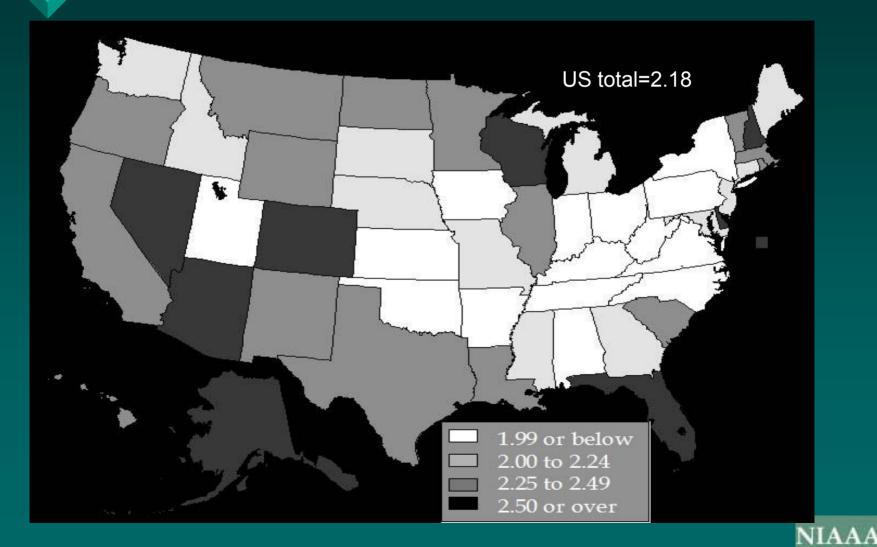
Percent Changes in Per Capita Consumption, 1977-1998

Percent change in per capita ethanol consumption, United States, 1977-98.

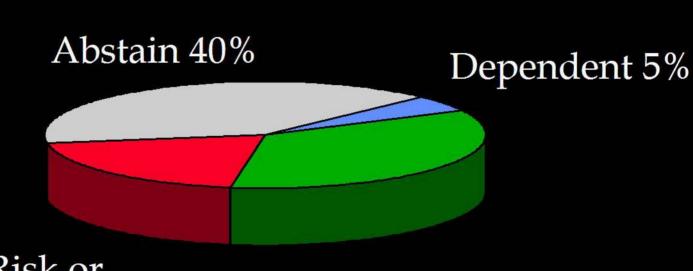


Source: Nephew, T.M.; Williams, G.D.; Stinson, F.S.; Nguyen, K.; and Dufour, M.C. Surveillance Report #55: Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977–98. Rockville, MD: NIAAA, Division of Biometry and Epidemiology, Alcohol Epidemioligic Data System, December 2000.

Total Per Capita Consumption: Ethanol by State, 1997



S. Drinking Patterns



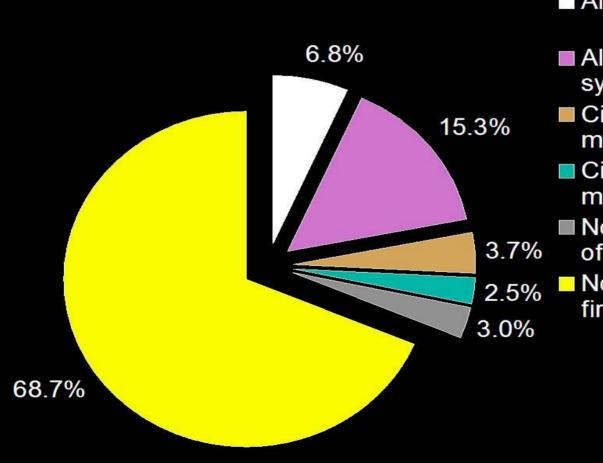
At Risk or Problem 20%

Low Risk 35%

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Source: National Longitudinal Alcohol Epidemiologic Survey, 1992.

Principal diagnosis of discharges with alcohol mentioned (1997)



Alcoholic psychoses

- Alcohol dependence syndrome
- Cirrhosis, with mention of alcohol
- Cirrhosis, without mention of alcohol
- Nondependent abuse
- 6 of alcohol
 - Nonalcohol-related first-listed diagnosis

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Average deaths with explicit *mention of alcohol: 1986-1990*

