Excessive alcohol use includes binge drinking, heavy drinking, any alcohol use by a woman who is pregnant, and underage drinking (any alcohol use by persons younger than 21).

13.4% of Utah adults reported excessive alcohol use in the past 30 days.

Utahns aged 18-49 years were more likely to report binge drinking than any other age group.

Utah males reported binge drinking (16.7%) significantly more than Utah females (8.3%).

Utahns with a high school diploma/GED or less education reported binge drinking significantly more than those with some post high school education or a college degree.
Excessive alcohol use is responsible for 88,000 deaths in the U.S. each year, including one in 10 deaths among working-aged adults aged 20-64 years. Estimates suggest that more than 700 Utahns die from alcohol-attributable causes each year. Utah is ranked seventh in the nation for alcohol poisoning deaths. Additionally, in Utah, at least 5,400 emergency department (ED) visits and 3,100 hospitalizations occurred in 2014 due to alcohol-attributable causes and this is likely an underestimate.

Excessive alcohol use is also associated with many health and social harms, including liver cirrhosis, certain cancers, unintentional injuries, violence, and fetal alcohol spectrum disorder. Nationally, excessive drinking cost $249 billion in 2016. In 2014, the cost of excessive alcohol use in Utah was estimated to be $1.2 billion.

### Excessive Alcohol Use

Excessive alcohol use includes:
- Binge drinking
- Heavy drinking
- Any alcohol use by a woman who is pregnant
- Any alcohol use by persons younger than age 21 (underage drinking)

**Binge drinking** is defined as consuming four or more drinks on an occasion for a woman or five or more drinks on an occasion for a man.

**Heavy drinking** is defined as consuming eight or more drinks per week for a woman or 15 or more drinks per week for a man.

**What is a standard drink?**

In the U.S., one “standard” drink contains roughly 14 grams of pure alcohol, which is found in:
- 12 ounces of regular beer, which is usually about 5% alcohol
- 5 ounces of wine, which is typically about 12% alcohol
- 1.5 ounces of distilled spirits, which is about 40% alcohol

### Utah Trends

In 2016, 13.4% of Utahns reported excessive alcohol use (Figure 1). The majority of which were binge drinkers (8.6 % binge only, 3.9% binge and heavy drinking). The prevalence of binge drinking has not significantly changed in recent years (Figure 2). There was, however, a significant increase in heavy drinking from 2015 to 2016. Death rate estimates for alcohol-attributable causes in the years 2011-2015 were 38.6 per 100,000 population for Utahns aged 20 and older, making excessive alcohol use and its effects a leading cause of death in Utah for that age group.
Utah and U.S.

With regard to alcohol consumption and excessive drinking, there is a lower reported overall prevalence in Utah compared to the U.S. In 2016, when asked about their recent drinking habits, 31.7% of Utahns reported any alcohol consumption in the past 30 days compared with 53.5% of all U.S. adults (Figure 3). While fewer Utah drinkers reported binge drinking overall, a significantly greater percentage of Utahns reported binge drinking (39.9%) than in the U.S. (31.4%).

The frequency and intensity of binge drinking is used to examine the harms for this pattern of excessive alcohol consumption. Binge drinking frequency is defined as the number of binge drinking occasions in the past month. Binge drinking intensity is defined as the average largest number of drinks consumed on one occasion.

The risk of harm (e.g., unintentional injuries) increases with the number of drinks consumed or with progressively higher blood alcohol concentrations. The frequency of binge drinking is also associated with poor health-related quality of life.

Among Utah binge drinkers in 2016, the frequency (number of occasions) of binge drinking was 4.7 occasions per month, and the intensity (number of binge drinks) was 8.2 drinks on one occasion (Figure 4).

Unlike the overall prevalence of binge drinking, where reported Utah rates were much lower than the national average, the frequency of binge drinking in Utah was very similar to the national average and intensity was significantly higher.
Age, Sex, and Sexual Orientation

Overall, in 2016, Utah adult men reported binge drinking (16.7%) significantly more than Utah adult women (8.3%).

The prevalence of reported binge drinking decreased as a person aged (Figure 5). Utahns aged 18-49 years reported binge drinking significantly more than Utahns aged 50 years and older.

For 2014-2016, Utahns who identify as homosexual, bisexual, or another non-heterosexual sexual orientation, the rate of binge drinking was significantly higher (17.2%) than the overall Utah rate.

Income, Ethnicity, Race, and Education

In 2016, there were not significant differences in binge drinking prevalence among income groups in Utah.

For 2014-2016, Utahns aged 25 and older with a high school degree/GED or less education reported binge drinking significantly more than those with some post high school education or a college degree (Figure 6).

Hispanics reported binge drinking significantly more (16.5%) than non-Hispanics (12.0%).

For 2014-2016, American Indians/Native Alaskans had significantly higher binge drinking levels than the overall Utah rate, with 18.3% reporting binge drinking in the past 30 days.
Causes of Death
Alcohol contributes to a variety of deaths from breast cancer to homicide. Estimates from 2011-2015 show that each year, almost 300 Utahns died from chronic alcohol-attributable causes and more than 400 Utahns died from acute alcohol-attributable causes. The following are the most frequent causes of alcohol-attributable death in Utah, with the average number of individuals who die each year due to alcohol: \(^{2,3}\)

Acute causes of death:
- Suicide (130 Utahns/year)
- Motor-vehicle traffic crashes (83 Utahns/year)
- Poisoning (not alcohol) (111 Utahns/year)
- Falls (70 Utahns/year)

Chronic causes of death:
- Alcoholic liver disease (116 Utahns/year)
- Alcohol dependence syndrome (58 Utahns/year)
- Liver cirrhosis (59 Utahns/year)

Location of Injury
Utah Small Areas with significantly higher binge drinking rates than the state for the period 2014-2016: \(^9\) SLC (Downtown), Murray, South Salt Lake, SLC (Glendale), Midvale, West Jordan (West)/Copperton, Millcreek, West Valley (East), Summit County, SLC (Avenues), Cottonwood, West Jordan (SE), and Ben Lomond.

Underage Drinking
In 2017, 8.8% of Utah youth in grades 8, 10 & 12 reported using alcohol in the past 30 days. \(^{14}\) This is significantly lower than the national rate of 19.8%. \(^{15}\) Additionally, 5.5% of Utah youth in grades 8, 10 & 12 reported binge drinking. \(^{14}\) This is also significantly lower than the national average of 9.4%. However, the prevalence of binge drinking among Utah youth who did drink was much closer to the national average. \(^{14,16}\)

From 2014-2016, the prevalence of 30-day alcohol use for Utahns aged 18-20 years, as reported on the BRFSS, was 18.1%, while the prevalence of binge drinking was 8.0%. Both of these rates were significantly lower than that of the total adult population. Since 2009, there have not been any significant changes for either the rate of 30-day alcohol use or binge drinking among Utahns aged 18-20 years.

In 2014, there were 349 ED visits and 32 hospitalizations directly attributable to alcohol among Utahns aged 15-20 years. The rate of alcohol attributable ED visits for this population decreased over the past few years, while the rate of alcohol-attributable hospitalizations stayed relatively the same. \(^5\)

From 2011-2015, there was an estimated yearly average of 33 deaths attributable to alcohol for Utahns aged 21 or younger. \(^{2,3}\)
Prevention of Excessive Alcohol Use

Individuals can:
- Follow the U.S. Dietary Guidelines on moderate alcohol consumption. If you choose to drink and are of legal drinking age, the guidelines suggest no more than one drink per day for women and no more than two drinks per day for men.
- Not serve or provide alcohol to those who should not be drinking, including children or teens and those who have already had too much to drink.
- Talk with your health care provider about your drinking behavior and request counseling if you drink too much.

States and communities can:
- Implement effective prevention strategies for excessive alcohol use, such as those recommended by the Community Preventive Services Task Force.
- Enforce existing laws and regulations about alcohol sales and service.
- Develop community coalitions that build partnerships between schools, faith-based organizations, law enforcement, health care, and public health agencies to reduce excessive alcohol use.
- Routinely monitor and report the prevalence, frequency, and intensity of binge drinking.

Resources
- Community Guide: www.thecommunityguide.org/topic/excessive-alcohol-consumption
- Parents Empowered: parentempowered.org
- Utah Division of Substance Abuse and Mental Health (DSAMH): dsamh.utah.gov

References
1. Preventing Chronic Disease, 2014, Contribution of excessive alcohol consumption to deaths and years of potential life lost in the U.S.
5. Utah Inpatient Hospital Discharge Data, Office of Health Care Statistics; Utah Emergency Department Encounter Database, Bureau of Emergency Medical Services, Utah Department of Health, 2014, data queried via Utah's Indicator Based Information System for Public Health (IBIS-PH) [cited 2018 March].

If your life has been affected by excessive alcohol use, the Utah Department of Health wants to hear from you. Share your story with the Utah Health Story Bank at www.health.utah.gov/bhp/sb/.

Our Mission is to provide trusted and comprehensive data and technical assistance related to violence and injury. This information helps promote partnerships and programs to prevent injuries and improve public health.

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