



# New York State Behavioral Risk Factor Surveillance System Brief

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual statewide telephone survey of adults developed by the Centers for Disease Control and Prevention conducted in all 50 States, the District of Columbia, and several United States Territories. The New York Behavioral Risk Factor Surveillance System is administered by the New York State Department of Health to provide statewide and regional information on behaviors, risk factors, and use of preventive health services related to the leading causes of chronic and infectious diseases, disability, injury, and death.

## Binge and Heavy Drinking

### New York State Adults, 2022



#### Introduction

Excessive alcohol use is associated with short-term health outcomes such as unintentional injuries and violence, long-term health outcomes including chronic diseases, and learning and mental health concerns like anxiety, depression, and memory problems. Binge drinking and heavy drinking are two patterns of excessive alcohol use. Excessive alcohol use also includes any kind of drinking by pregnant people or people under age 21.<sup>1</sup> Binge drinking is defined as consuming 4 or more drinks for women and 5 or more drinks for men on a single occasion. Heavy drinking is defined as consuming 8 or more drinks per week for women and 15 or more drinks per week for men.<sup>1</sup>

Excessive alcohol use is one of the leading causes of preventable and premature death in the United States, responsible for 140,000 preventable deaths attributable to excessive alcohol use each year.<sup>2,3,4</sup> In New York State (NYS), excessive alcohol use causes more than 8000 deaths annually, resulting in an average of 24 years of potential life lost per death.<sup>3</sup> Excessive alcohol use also results in economic costs and costs NYS an estimated \$16.3 billion, or approximately \$2.28 per drink.<sup>5</sup> Economic costs due to excessive drinking include losses in workplace productivity, health care expenses, criminal justice expenses, and motor vehicle crash costs.

Excessive alcohol use, both in the form of heavy drinking or binge drinking, is associated with an increased risk for several chronic diseases and conditions. Excessive alcohol use has been linked to an increased risk for various types of cancer including those of the oral cavity and pharynx, larynx, esophagus, liver, colon, rectum, and female breast.<sup>6</sup> Research indicates the more alcohol a person drinks regularly over time, the higher their risk of developing an alcohol-associated cancer. An estimated 4.8% of cancer cases and 3.2% of all cancer deaths in NYS are attributable to alcohol consumption.<sup>7</sup> Excessive alcohol use over time also increases the risk for hypertension, cardiovascular disease, stroke, liver disease, and digestive diseases.<sup>1</sup>

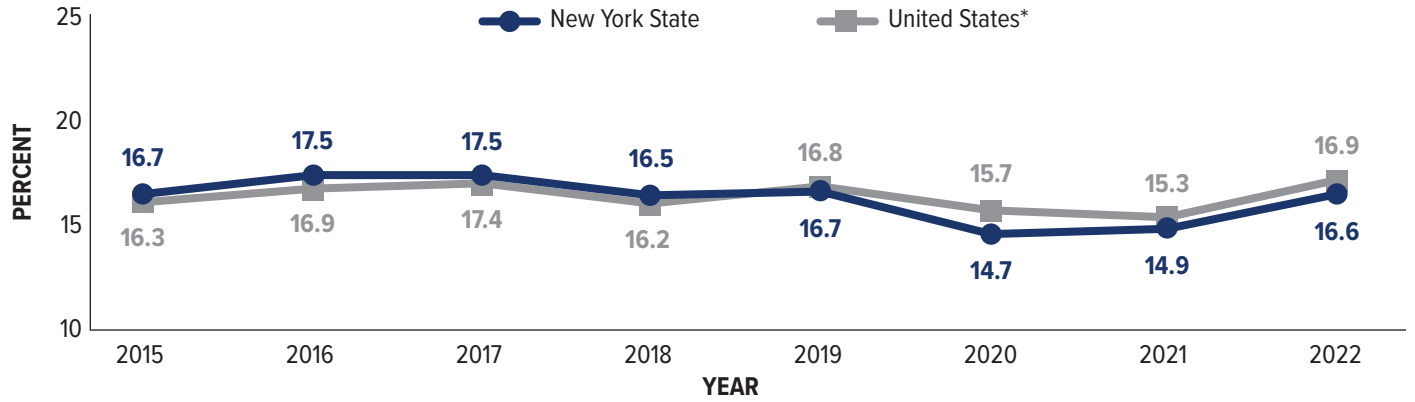
#### Health Equity

The NYS Department of Health acknowledges that social, economic, and environmental inequities result in adverse health outcomes and can have a greater impact on health than individual choices.<sup>8</sup> Alcohol consumption and its related harms vary across population groups and certain groups face a disproportionate burden of alcohol-related harms. Despite reporting lower binge and heavy drinking prevalence than non-Hispanic White adults (Table 1), non-Hispanic Black adults and Hispanic adults experience greater alcohol-related harms.<sup>9,10,11</sup> Social determinants of health such as greater alcohol retailer density, increased availability of alcohol products, and increased marketing of alcohol products to specific population groups, especially when fueled by structural racism, contribute to disparities in the burden of excessive alcohol use and its associated outcomes. Similarly, adults with lower socioeconomic status have disproportionately greater alcohol attributable risk even with lower levels of alcohol consumption. To advance health equity in communities, we need to ensure that every community benefits from policies and approaches that reduce excessive alcohol use and prevent the harm that it can cause.

#### Key Findings

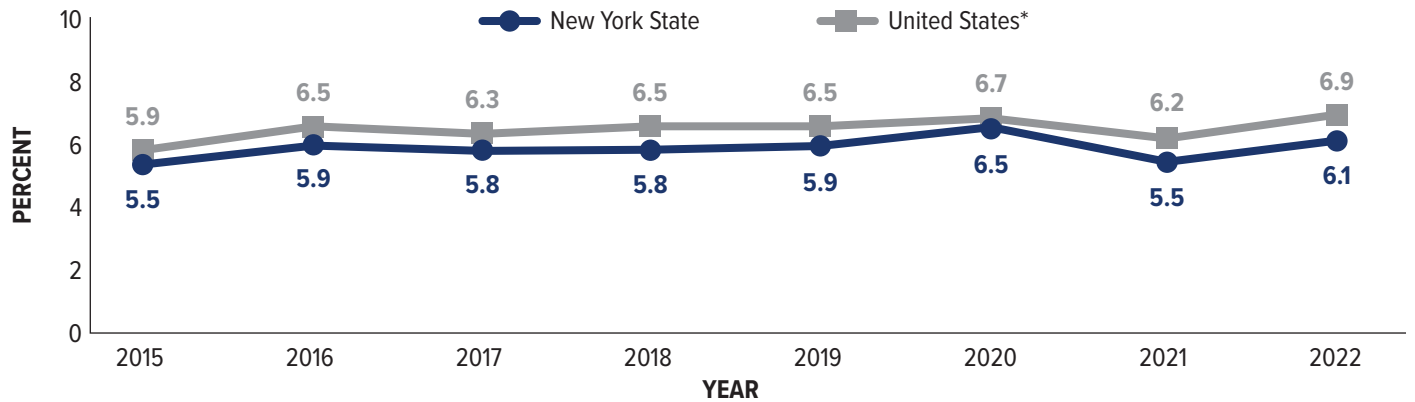
- Nearly 1 in 5 adults in NYS (18.4%) reported excessive alcohol use in the form of either binge or heavy drinking, with an estimated 16.6% of adult in New York State reporting binge drinking and 6.1% reporting heavy drinking.
- The prevalence of binge drinking increased significantly from 14.9% in 2021 to 16.6% in 2022.
- Adults who binge drink reported an average of 4.3 binge drinking occasions per month (median = 1.7 occasions) and an average of 7.1 drinks per binge drinking episode (median = 5.4 drinks).
- The prevalence of binge drinking was higher in males, adults who were less than 35 years of age, and adults with an annual household income of \$75,000 or more.
- White, non-Hispanic adults reported higher rates of binge (18.9%) and heavy drinking (7.9%) compared to adults representing other racial and ethnic groups.
- The prevalence of binge drinking, and heavy drinking were significantly higher in adults who reported frequent mental distress (23.0% and 10.3%, respectively).
- The prevalence of binge drinking among adults who reported current smoking (27.4%) was almost double the prevalence reported among those who did not currently smoke (15.3%), and the prevalence of heavy drinking was more than two times greater among people who smoked (13.6%) as compared to people who did not smoke (5.2%).
- The prevalence of both binge and heavy drinking among adults who currently use cannabis was almost three times the prevalence reported by adults who currently do not use cannabis (binge drinking: 36.0 % vs 12.4%, heavy drinking: 13.6% vs 4.1 %).

**Figure 1. Prevalence of binge drinking among US and NYS adults by survey year, Behavioral Risk Factor Surveillance System, 2015-2022**



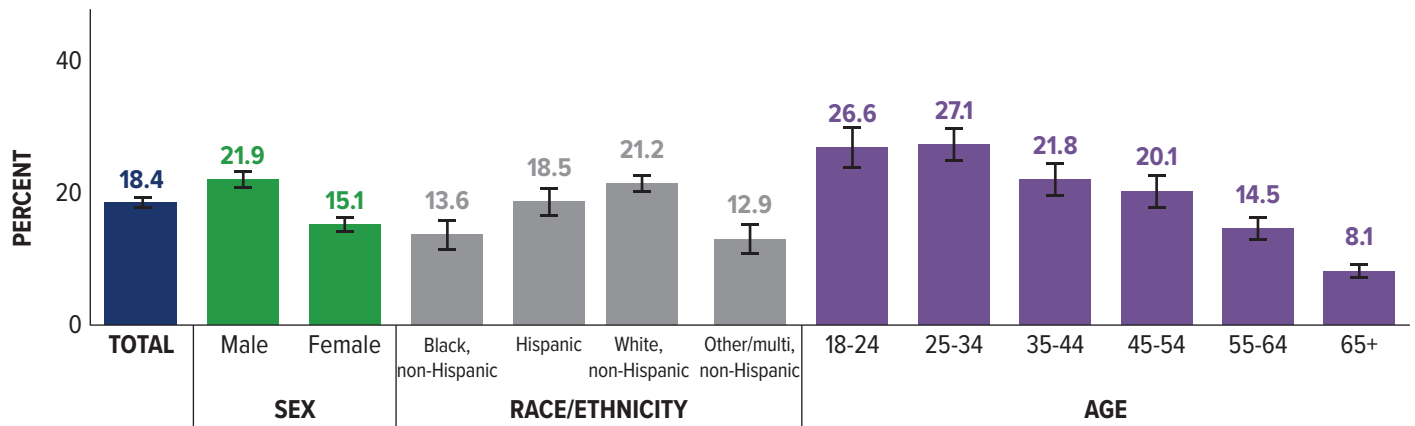
\*Median percent; includes data from all 50 states and the District of Columbia.

**Figure 1. Prevalence of heavy drinking among US and NYS adults by survey year, Behavioral Risk Factor Surveillance System, 2015-2022**



\*Median percent; includes data from all 50 states and the District of Columbia.

**Figure 3. Prevalence of binge or heavy drinking among New York State adults by sex, race/ethnicity, and age, Behavioral Risk Factor Surveillance System, 2022**



**Table 1. Prevalence of binge or heavy drinking by select demographic groups in New York State, Behavioral Risk Factor Surveillance System 2022**

	Binge or Heavy Drinking <sup>a</sup>		Binge Drinking		Heavy Drinking	
	% <sup>b</sup>	95% CI <sup>c</sup>	% <sup>c</sup>	95% CI <sup>b</sup>	% <sup>c</sup>	95% CI <sup>b</sup>
<b>New York State [n=17,800]</b>	<b>18.4</b>	<b>17.5-19.2</b>	<b>16.6</b>	<b>15.8-17.4</b>	<b>6.1</b>	<b>5.6-6.6</b>
<b>Region</b>						
New York State exclusive of New York City	19.1	17.9-20.2	17.1	15.9-18.2	6.6	5.9-7.3
New York City	17.4	16.1-18.7	15.9	14.7-17.2	5.5	4.7-6.3
<b>Sex<sup>c</sup></b>						
Male	21.9	20.5-23.2	20.7	19.3-22.0	6.1	5.3-6.9
Female	15.1	14.0-16.3	12.9	11.8-13.9	6.2	5.5-6.9
<b>Race/Ethnicity</b>						
Black, non-Hispanic	13.6	11.3-15.9	12.9	10.6-15.1	4.2	2.9-5.5
Hispanic	18.5	16.3-20.6	17.4	15.3-19.4	5.0	3.7-6.3
White, non-Hispanic	21.2	20.0-22.4	18.9	17.7-20.0	7.9	7.1-8.6
Other race or multiracial, non-Hispanic <sup>d</sup>	12.9	10.4-15.4	11.6	9.2-14.4	2.9	1.8-4.0
<b>Age (Years)</b>						
18-24	26.6	23.3-30.0	25.4	22.1-28.6	6.3	4.3-8.2
25-34	27.1	24.5-29.7	25.7	23.2-28.3	8.5	6.9-10.1
35-44	21.8	19.4-24.2	20.5	18.2-22.8	6.3	5.0-7.6
45-54	20.1	17.7-22.5	18.7	16.4-21.0	6.6	5.3-7.8
55-64	14.5	12.7-16.3	12.1	10.4-13.8	6.3	5.1-7.4
65+	8.1	7.0-9.1	5.7	4.8-6.6	4.1	3.4-4.9
<b>Educational Attainment</b>						
Less than high school	13.9	11.3-16.4	12.4	10.0-14.7	4.4	2.8-5.9
High school or GED	18.3	16.4-20.3	16.4	14.6-18.3	6.5	5.3-7.7
Some post-high school	19.0	17.1-20.8	17.0	15.2-18.8	6.4	5.3-7.4
College graduate	19.5	18.2-20.7	17.9	16.6-19.1	6.4	5.6-7.1
<b>Annual Household Income</b>						
Less than \$25,000	14.4	12.3-16.5	13.0	11.0-14.9	4.8	3.5-6.1
\$25,000-\$34,999	14.4	11.7-17.1	12.9	10.4-15.3	3.9	2.4-5.4
\$35,000-\$49,999	15.2	12.7-17.7	13.7	11.3-16.1	4.7	3.4-5.9
\$50,000-\$74,999	19.9	17.2-22.6	18.1	15.4-20.7	8.0	6.3-9.7
\$75,000 or more	24.1	22.5-25.7	22.1	20.5-23.6	8.3	7.3-9.2
Missing <sup>e</sup>	14.3	12.4-16.2	12.7	10.8-14.5	4.3	3.3-5.4
<b>Employment Status</b>						
Employed/self-employed	23.2	22.0-24.5	21.4	20.2-22.7	7.8	7.0-8.6
Unemployed	19.1	15.3-22.8	17.6	14.0-21.3	5.0	3.1-7.0
Not in labor force	11.1	9.9-12.2	9.4	8.2-10.5	4.0	3.4-4.6
<b>Health Care Coverage</b>						
Private	23.6	22.2-25.0	21.7	20.3-23.0	7.9	7.0-8.7
Medicare	9.8	8.4-11.1	7.8	6.6-9.1	3.9	3.1-4.8
Medicaid	15.3	12.8-17.8	13.9	11.5-16.2	5.4	3.9-7.0
Other insurance <sup>f</sup>	17.5	14.7-20.4	15.5	12.8-18.2	5.7	4.1-7.4
No coverage	24.2	19.6-28.8	22.8	18.2-27.4	7.1	4.5-9.7

**Notes:** <sup>a</sup>Respondents who reported either binge or heavy drinking. <sup>b</sup>%= Weighted percentage; 95% CI= 95% confidence interval. <sup>c</sup>Based on respondent's sex at birth or current gender identity at time of interview if sex at birth is missing. <sup>d</sup>Respondents who reported they are not white, not black, not of Hispanic origin, but reported multiracial, American Indian, Alaskan Native, Asian only, native Hawaiian, other Pacific Islander or other races. <sup>e</sup>"Missing" category included because more than 10% of the sample did not report income. <sup>f</sup>Includes TRICARE, VA/Military, and Indian Health Services. <sup>g</sup>Respondents who reported at least one type of disability (cognitive, self-care, independent living, vision, mobility, or hearing). <sup>h</sup>Frequent mental distress is defined as yes if respondents reported problems with stress, depression, or emotions on at least 14 of the previous 30 days. <sup>i</sup>Current smoker is an adult over age 18 who has smoked at least 100 cigarettes in their lifetime and currently smokes on at least some days. <sup>j</sup>Respondents who reported using cannabis or marijuana at least once in the past 30 days

**Table 1. Prevalence of binge or heavy drinking by select demographic groups in New York State, Behavioral Risk Factor Surveillance System 2022**

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<b>New York State [n=17,800]</b>	<b>18.4</b>	<b>17.5-19.2</b>	<b>16.6</b>	<b>15.8-17.4</b>	<b>6.1</b>	<b>5.6-6.6</b>
<b>Disability<sup>d</sup></b>						
Yes	15.5	13.9-17.2	13.8	12.3-15.3	5.4	4.4-6.4
No	19.4	18.4-20.5	17.7	16.6-18.7	6.4	5.8-7.0
<b>Frequent Mental Distress<sup>e</sup></b>						
Yes	25.1	22.4-27.9	23.0	20.3-25.6	10.3	8.3-12.2
No	17.3	16.4-18.2	15.6	14.7-16.5	5.4	4.9-5.9
<b>Current Smoker<sup>f</sup></b>						
Yes	30.6	27.2-34.0	27.4	24.1-30.6	13.6	11.0-16.1
No	16.8	15.9-17.7	15.3	14.4-16.1	5.2	4.7-5.7
<b>Current Cannabis Use<sup>g</sup></b>						
Yes	38.6	34.9-42.3	36.0	32.3-39.6	13.6	11.1-16.2
No	13.6	12.6-14.7	12.4	11.3-13.4	4.1	3.5-4.6

**Notes:** <sup>a</sup>Respondents who reported either binge or heavy drinking. <sup>b</sup>%= Weighted percentage; 95% CI= 95% confidence interval. <sup>c</sup>Based on respondent's sex at birth or current gender identity at time of interview if sex at birth is missing. <sup>d</sup>Respondents who reported they are not white, not black, not of Hispanic origin, but reported multiracial, American Indian, Alaskan Native, Asian only, native Hawaiian, other Pacific Islander or other races. <sup>e</sup>“Missing” category included because more than 10% of the sample did not report income. <sup>f</sup>Includes TRICARE, VA/Military, and Indian Health Services. <sup>g</sup>Respondents who reported at least one type of disability (cognitive, self-care, independent living, vision, mobility, or hearing). <sup>h</sup>Frequent mental distress is defined as yes if respondents reported problems with stress, depression, or emotions on at least 14 of the previous 30 days. <sup>i</sup>Current smoker is an adult over age 18 who has smoked at least 100 cigarettes in their lifetime and currently smokes on at least some days. <sup>j</sup>Respondents who reported using cannabis or marijuana at least once in the past 30 days



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## Behavioral Risk Factor Surveillance System Questions

### Binge and Heavy Drinking

1. During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
2. One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?
3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks for men or 4 or more drinks for women on an occasion?
4. During the past 30 days, what is the largest number of drinks you had on any occasion?



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## Program Contributions

New York State Department of Health

Bureau of Chronic Disease Evaluation and Research

Bureau of Cancer Prevention and Control



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## Disclaimer

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Department of Health