

Fourth in a series of reports examining health trends and patterns in Nassau and Suffolk Counties



ADULT ALCOHOL ABUSE ON LONG ISLAND

ALCOHOL CONSUMPTION TRENDS IN SUFFOLK AND NASSAU COUNTIES

FALL 2019

THE LONG ISLAND HEALTH COLLABORATIVE

INTRODUCTION

Excessive alcohol use can lead to several short and long-term health risks. These risks include, but are not limited to, traffic crashes, injuries and self-harm, violence, digestive disorders, cardiovascular diseases, cancers, mental health disorders, and risky sexual behavior leading to STI's/HIV and unintended pregnancy.¹ Since 2013, the New York State Department of Health has included measures related to the abuse of alcohol on its [Prevention Agenda dashboard](#). The Prevention Agenda is the state's blueprint to guide prevention and wellness activities throughout the state with the ultimate goal of New York State becoming the healthiest state in the nation.

The Long Island Health Collaborative (LIHC) is a coalition of hospitals, county health departments, dozens of community-based organizations, health plans, colleges and schools, libraries, local municipalities, businesses and others working voluntarily since 2013 to lessen the burden of chronic diseases. It also focuses on the incidence of substance use and mental health, particularly as physical and mental health are interdependent. LIHC partners are engaged in a variety of prevention-related programs and strategies designed to lessen the burden of alcohol misuse among Long Islanders. The LIHC is an initiative overseen by the Nassau-Suffolk Hospital Council, the association that advocates for fair and reasonable healthcare legislation and regulation that affects hospitals on Long Island. Funding for the Collaborative's activities comes from the Population Health Improvement Program (PHIP) grant, via the New York State Department of Health.

A major initiative of the Collaborative is to utilize various data sources and provide region-specific analytics. The LIHC analyzes national, regional, and state secondary data sets, as well as primary data it collects. This report, *Alcohol Abuse on Long Island*, provides a region-specific analysis of the current measures of alcohol use in Nassau and Suffolk County and how the region aligns with New York State measures of alcohol misuse – especially the measure of binge drinking. It draws conclusions from the [Behavioral Risk Factor Surveillance System](#) (BRFSS). In 2018, the Collaborative participants identified, through a survey, the issue of alcohol misuse as a predominant concern.

KEY FINDINGS

- From 2011 to 2017, the percentage of adults reporting having had at least one drink in the past 30 days is slightly higher in the Nassau/Suffolk region compared to national and New York State reported levels.
- However, in the Nassau/Suffolk region, the percentage of adults reporting having had at least one drink in the past 30 days dropped 9.2 percent during a six-year period – from 67.7 percent in 2011 to 58.5 percent in 2017.
- In 2017, the self-reported incidence of binge drinking occurring at least once in the past month among adults in the Nassau/Suffolk region dropped to 17.4 percent, a six-year low.

BACKGROUND

The New York State Department of Health's key indicator for excessive alcohol use in adults is the age-adjusted percentage of adults that reported binge drinking during the past month, where binge drinking is defined as men having five or more drinks, or women having four or more drinks on one occasion.² The Centers for Disease Control and Prevention's (CDC) definition of binge drinking aligns with that of the New York State Department of Health and further defines other terms for excessive alcohol use. For example, heavy drinking is defined by the CDC as consuming eight or more alcoholic beverages per week for women, 15 or more alcoholic beverages per week for men, any drinking by pregnant women, and any drinking by those younger than age 21.³

ALCOHOL ABUSE IN THE LONG ISLAND REGION

A July 2019 brief that appeared in the *Journal of the American Geriatric Society* reported on a study that found 10.6 percent of adults aged 65 or older in the United States are estimated to be current binge drinkers.⁴ This is especially problematic given this population’s higher risk for falls and incidence of cardiovascular disease. In another study appearing in the August 2019 issue of the *American Journal of Preventive Medicine*, researchers from the CDC note that when surveyed between 2012 and 2014 more than half of the 4.2 million Americans who reported misusing prescription opioids also reported binge drinking.⁵ This is another serious health issue because combining alcohol and opioids can significantly increase the risk of overdoses and deaths

Globally, alcohol-use disorders are most prevalent in countries with higher average incomes. In the United States, it is estimated that excessive alcohol use is responsible for almost 88,000 deaths each year. Excessive use of alcohol cost the economy approximately \$249 billion in 2010.^{6 7}

Alcohol-related disorders and alcohol use disproportionately affect certain populations within the United States. When compared to women, men are twice as likely to drink excessively. However, women who do drink excessively are at higher risk of developing alcohol-related health issues. LGBT populations in the United States also exhibit higher rates of engagement in excessive alcohol use than their heterosexual counterparts and concurrently are at higher risk of alcohol-related comorbidities.⁸

LOCAL PERCEPTIONS

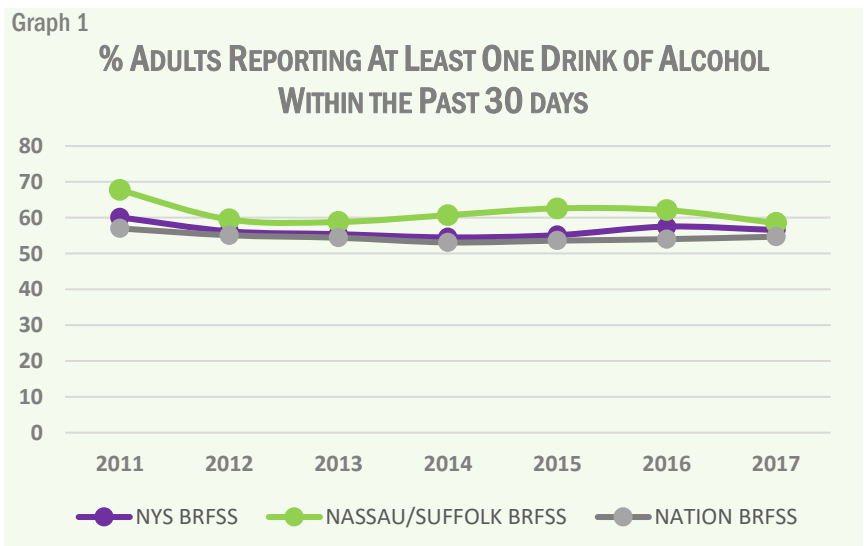
The results of the Long Island and Eastern Queens Community Health Assessment Survey (CHAS), which looked at survey data collected during the months of January through June 2019, reveal that when asked “what the biggest ongoing health concerns in the community where you live are,” drug and alcohol abuse rank number 1 for Suffolk County and number 2 for Nassau County. The [CHAS is an ongoing survey](#) distributed and analyzed by the Long Island Health Collaborative. It examines individuals’ and communities’ perceptions of health and barriers to healthcare.

ABOUT THE BRFSS DATA SET

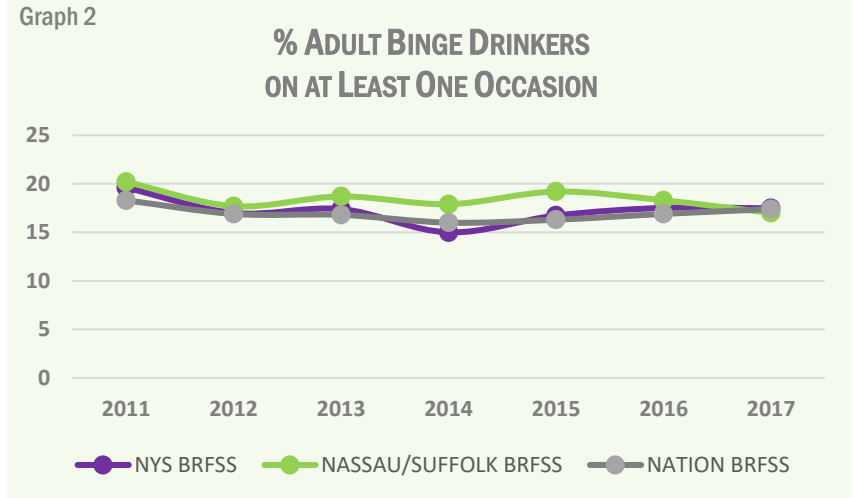
Operated by the CDC, the **B**ehavioral **R**isk **F**actor **S**urveillance **S**ystem is the nation’s largest continually conducted survey system. It focuses on collecting behavioral health risk data via telephone surveys for all 50 states in the United States, including the District of Columbia and three U.S. territories. This annual survey provides for comparison of county, state, and national-level data, allowing for the tracking of progress and trends.

NASSAU/SUFFOLK: ALCOHOL CONSUMPTION

A higher percentage of adults in the Nassau/Suffolk region of Long Island, reported having had at least one drink in the past 30 days (Graph 1) at the time of self-report on the BRFSS surveys (2011 -2017) However, the 58.5 percent rate marks a six-year low in the region’s response to this question. It is a 9.2 percentage point improvement over the 2011 data.



The percentage of Long Island adults who reported binge drinking on at least one occasion (Graph 2) in 2017 was about the same as for New York State and the nation; there had been more divergence in prior years. In the 2017 BRFSS survey, the Nassau/Suffolk region's binge drinking rate marked a regional six-year low at 17.4 percent. The state and national averages are trending in the opposite direction, having hit their lowest points in 2014 at 16 percent and 15 percent, respectively. They have been slowly climbing since then. The Nassau/Suffolk region's 2017 rate is well within the New York State Prevention Agenda target measure of reducing to no more than 18.4 percent the percentage of adults binge drinking within a 30-day period.



CONCLUSION

The declining rate of binge drinking among adults in this region and the region's drop in adult alcohol consumption (at least one drink in the past 30 days) point to progress. There are a variety of prevention and substance abuse treatment programs located throughout Long Island, and these may have had an effect on this downward trend in the Nassau/Suffolk region. These programs are provided by hospitals, county health departments, community-based organizations, faith-based organizations, specialty clinics, health centers, and local government agencies licensed to address substance use and mental health issues.

Through the help of New York State Office of Alcoholism and Substance Abuse Services (OASAS) and the various programs on Long Island, community members have greater access to education, prevention, and treatment related to alcohol misuse. The goal is that data will continue to show smaller percentages of excessive alcohol use among adults in Nassau and Suffolk Counties.

About the [Long Island Health Collaborative](#)

The Long Island Health Collaborative is a partnership of Long Island's hospitals, county health departments, physicians, health providers, community-based health and social service organizations, human service organizations, academic institutions, health plans, local government, and the business sector, all engaged in improving the health of Long Islanders. The initiatives of the LIHC draw funding from the New York State Department of Health through the Population Health Improvement Program grant. Work of the LIHC is concentrated in the following areas:



- Convening diverse partners
- Engaging in primary and secondary data collection and analyses
- Coordinating a region-wide cultural competency/health literacy program for providers
- Conducting consumer and provider-facing public information/awareness campaigns
- Supporting adoption of policies related to healthier living
- Promoting chronic disease self-care
- Providing a free web-based walking initiative for use by the public and organizations seeking a platform in which to engage patients/clients/employees in a walking program

About [DataGen](#)

For more than a decade, DataGen has been an essential partner to healthcare organizations across the country, illustrating the financial implications of payment policy changes and promoting a pragmatic view of how changes will affect revenue and profitability. DataGen provides data analytic support to hospitals, health systems, state hospital associations, and other healthcare groups across the nation as they strive to improve quality, outcomes, and financial performance. Drawing on specialized health policy and payment expertise, as well as in-depth understanding of the power of analytics to drive change, DataGen simplifies the complexities of healthcare payment change.



¹ <https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>

² https://www.health.ny.gov/prevention/prevention_agenda/2013-2017/plan/mhsa/goals_objectives.htm

³ <https://www.cdc.gov/alcohol/fact-sheets/prevention.htm>

⁴ Han, B. H., Moore, A. A., Ferris, R. and Palamar, J. J. (2019), Binge Drinking Among Older Adults in the United States, 2015 to 2017. *J Am Geriatr Soc*. doi:10.1111/jgs.16071

⁵ Esser, Marissa B. et al. Binge Drinking and Prescription Opioid Misuse in the U.S., 2012–2014 *American Journal of Preventive Medicine*, Volume 57, Issue 2, 197 - 208

⁶ <https://www.cdc.gov/features/costsofdrinking/index.html>

⁷ Sacks JJ, Gonzales KR, Bouchery EE, Tomedi LE, Brewer RD. 2010 National and State Costs of Excessive Alcohol ConsumptionExternal. *Am J Prev Med* 2015; 49(5):e73–e79

⁸ Greenwood G.L., Gruskin E.P. (2007) LGBT Tobacco and Alcohol Disparities. In: Meyer I.H., Northridge M.E. (eds) *The Health of Sexual Minorities*. Springer, Boston, MA

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