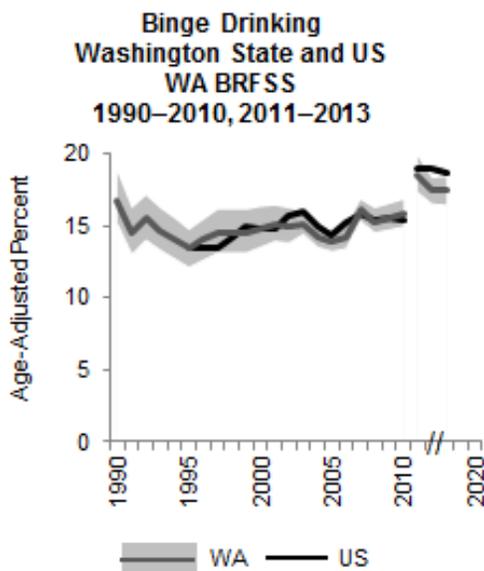


Alcohol Abuse and Dependence

Data Definition: Binge drinking is classified as reporting five or more drinks for men and four or more drinks for women on one occasion during the past month. Binge drinkers may or may not meet criteria for a clinical diagnosis of Alcohol Use Disorder, which requires at least two of the following symptoms in the past 12 months: drinking more than intended; attempts to quit; time spent on alcohol; craving; failing to fulfill work, school or home obligations; continued use despite recurring problems; giving up or reducing activities because of alcohol; using alcohol in physically hazardous situations; continued use despite physical or psychological problems; tolerance; or withdrawal.¹

This is a data update of the *Health of Washington State* chapter on [Alcohol Abuse and Dependence](#) published in 2012. In 2013, the clinical diagnoses of Alcohol Abuse and Dependence were replaced by Alcohol Use Disorder.¹ However, statewide data are not available for either diagnostic approach and so the measure used in this chapter did not change.

Time Trends



Nationally, in 2012 an estimated 7% of adults had an alcohol use disorder.¹ State trend data are not available for alcohol use disorder but are available for binge drinking. The Washington [Behavioral Risk Factor Surveillance System](#) (BRFSS) collected data on the percentage of Washington adults who reported binge drinking – defined as consuming five or more drinks on one occasion in the past month in 1995, 1997,

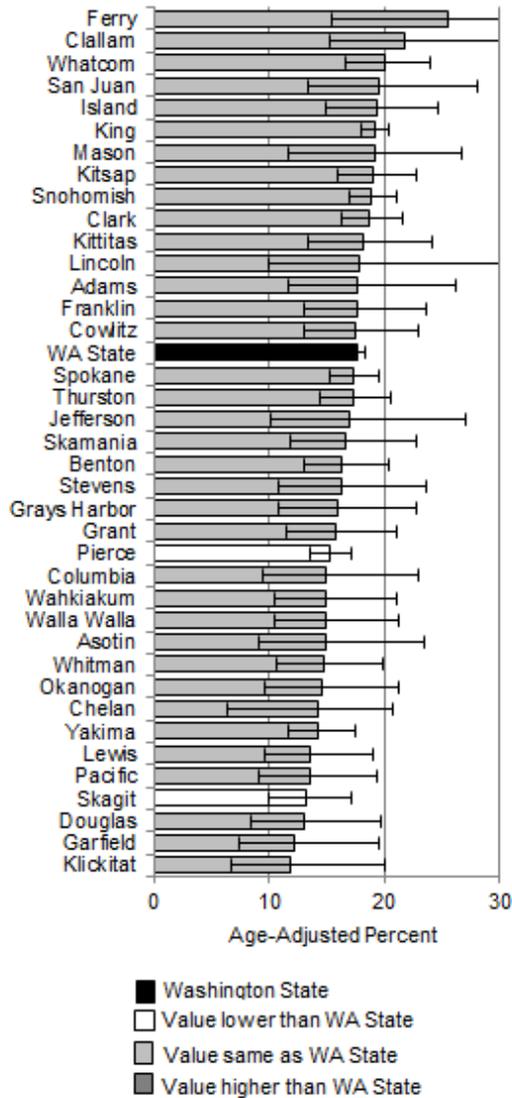
1999 and 2001–2005 and as five or more drinks on one occasion in the past month for men and four or more for women in 2006–2013. The 2006–2013 measure approximates a .08 blood alcohol level.

Binge drinking in Washington did not change significantly between 1990 and 2010. More recent trends cannot be assessed because BRFSS methodology changed in 2011 and data are not comparable before and after the methodology change. In 2013, 17% ($\pm 1\%$) of Washington adults reported binge drinking, a lower rate than the United States as a whole ($19\% \pm <1\%$). The Washington rate is the same with or without adjustment for age.

Geographic Variation

Based on BRFSS data from the 2011–2013 surveys combined, reported binge drinking ranged from 25% ($\pm 12\%$) in Ferry County to 12% ($\pm 7\%$) in Klickitat County. Most counties had rates similar to the state rate but Pierce and Skagit Counties had lower rates. Pend Oreille County is not included because there were too few survey respondents.

**Binge Drinking
Washington Counties
WA BRFSS, 2011–2013**



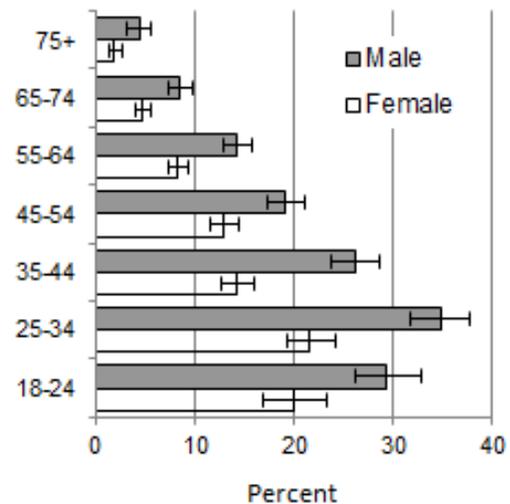
Age and Gender

In the 2011–2013 BRFSS, men reported binge drinking more often than women for every age group. Women 18–34 years old reported binge drinking more often than women 35 years old and older. Men 18–44 years old reported binge drinking more often than men 45 years old and older. These patterns are consistent with national patterns.

Nationally, men are at higher risk for alcohol problems than are women, and this is consistent across age, racial and ethnic groups. But

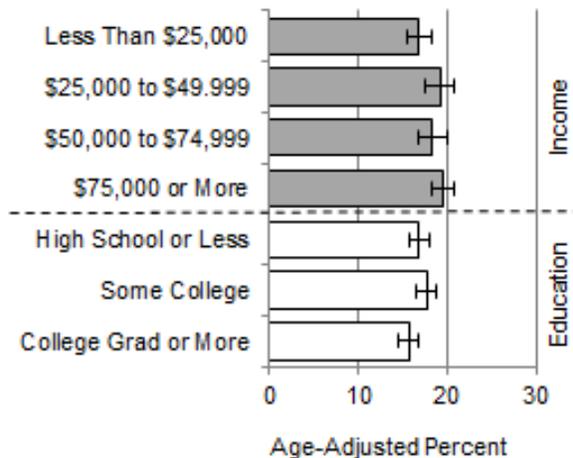
women experience health effects at lower levels of consumption than men.²

**Binge Drinking
Age and Gender
WA BRFSS, 2011–2013**



Economic Factors and Education

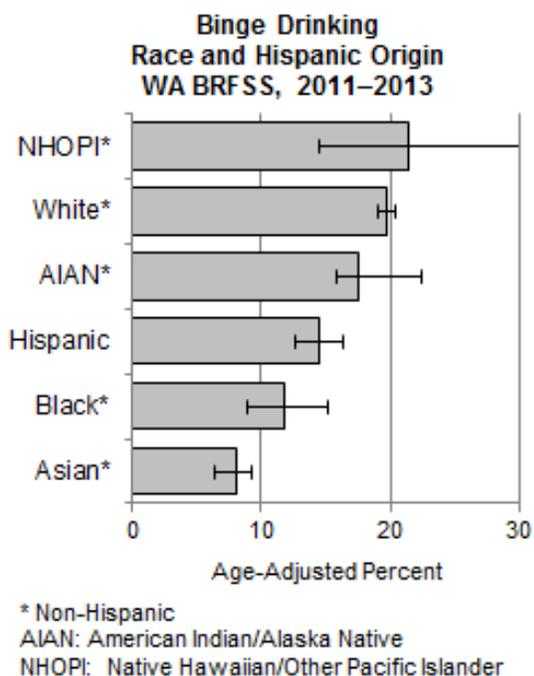
**Binge Drinking
Annual Household Income
and Education
WA BRFSS, 2011–2013**



In the 2011–2013 BRFSS, rates of binge drinking were slightly lower among college graduates compared to those with less education. Rates were also lower in the group with annual household incomes under \$20,000 compared to incomes of \$25,000 to \$49,999 or \$75,000 or more.

These results are similar to BRFSS data for other states.³ Higher rates of binge drinking in groups with higher income may reflect the availability of resources to purchase alcohol. Nationally, rates of alcohol abuse and dependence are not associated with educational level.⁴ Being employed is associated with lower rates of alcohol abuse and dependence.⁵

Race and Hispanic Origin



In the 2011-2013 BRFSS, Asians were the least likely to report binge drinking, and Native Hawaiians and other Pacific Islanders the most likely. Nationally, Asians have the lowest prevalence of alcohol use disorders, and American Indians and Alaska Natives have the highest prevalence (the national study had too few Native Hawaiians and other Pacific Islanders to report).⁵

Data Sources (For additional detail, see [Appendix B](#))

Washington State Behavioral Risk Factor Surveillance System (BRFSS) data: 1990–1993, 1995, 1997, 1999, 2001–2013. Olympia, Washington: Washington State Department of Health, under federal cooperative agreement numbers: U58/CCU002118 (1990–2003), U58/CCU022819 (2004–2008), U58/DP001996 (2009–2010), U58/SO000047 (2011–2013).

United States Behavioral Risk Factor Surveillance System: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data.

Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1995, 1997, 1999, 2001–2013.

Acknowledgments

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Endnotes

¹ National Institute on Alcohol Abuse and Alcoholism. *Alcohol Use Disorder*. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Alcohol Abuse and Alcoholism. <http://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/alcohol-use-disorders>. Accessed March 4, 2015.

² National Institute on Alcohol Abuse and Alcoholism. *Women and Alcohol*. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Alcohol Abuse and Alcoholism, updated August 2013. <http://pubs.niaaa.nih.gov/publications/womensfact/womensFact.pdf>. Accessed March 4, 2015.

³ Cremeens JL, Nelson D, Naimi TS, Brewer RD, Pearson WS, Chavez PR. Sociodemographic differences in binge drinking among adults – 14 states, 2004. *MMWR Morb Mort Wkly Rep*. 2009;58:301-304.

⁴ Substance Abuse and Mental Health Services Administration. *Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings*, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. <http://www.samhsa.gov/data/sites/default/files/NSDUHresultsPDFWHTML2013/Web/NSDUHresults2013.pdf>. Accessed March 4, 2015.

⁵ Substance Abuse and Mental Health Services Administration. *Results from the 2013 National Survey on Drug Use and Health: Detailed Tables. Tables 5.1–5.13, Substance dependence or abuse*. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014. <http://www.samhsa.gov/data/sites/default/files/NSDUH-DeTTabPDFWHTML2013/Web/PDFW/NSDUH-DeTTabSect5peTab1to13-2013.pdf>. Accessed March 4, 2015.