



New York State Behavioral Risk Factor Surveillance System Brief

The Behavioral Risk Factor Surveillance System is an annual 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, 2023

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 21.¹ 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.¹

Excessive alcohol use is one of the leading causes of preventable and premature death in the United States (US), responsible for 178,000 preventable deaths attributable to excessive alcohol use each year.²⁻⁴ In New York State (NYS), excessive alcohol use causes over 8,000 deaths annually, resulting in an average of 22 years of potential life lost per death.³ Excessive alcohol use also results in economic costs and costs NYS an estimated \$16.3 billion, or approximately \$2.28 per drink.⁵ 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 is associated with an increased risk for several chronic diseases and conditions. It has been linked to an increased risk for various cancers including those of the oral cavity and pharynx, larynx, esophagus, liver, colon, rectum, and female breast.⁶ 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.⁷ Excessive alcohol use also increases the risk for hypertension, cardiovascular disease, stroke, liver disease, and digestive diseases.¹

Health Equity

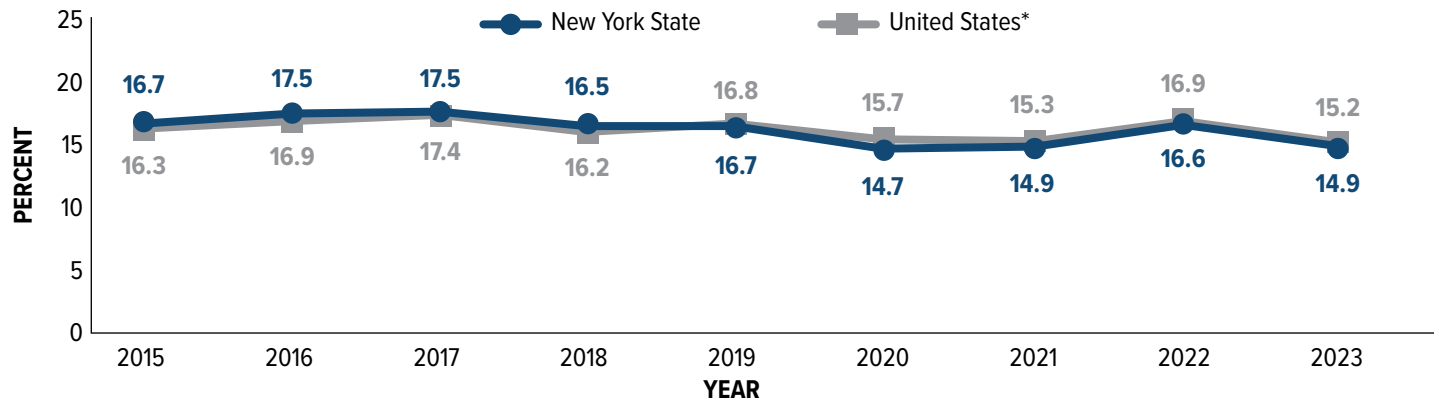
The New York State Department of Health acknowledges that social, economic, and environmental inequities result in adverse health outcomes and can have a greater impact on health than individual choices.⁸ Alcohol consumption and its related harms vary across population groups and certain groups face a disproportionate burden of alcohol-related harms. Despite historically reporting lower binge and heavy drinking prevalence than non-Hispanic White adults, non-Hispanic Black adults and Hispanic adults often experience greater alcohol-related harms.⁹⁻¹² Social determinants of health such as greater alcohol retailer density, increased availability of alcohol products, and 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. 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 6 adults in NYS (16.2%) reported excessive alcohol use in the form of either binge or heavy drinking, a significant reduction from the previous year (18.4%).
- The prevalence of binge drinking decreased significantly from 16.6% in 2022 to 14.9% in 2023 in New York. This reduction was consistent with national trends. The prevalence of heavy drinking decreased significantly from 6.1% in 2022 to 5.0% in 2023.
- Adults who binge drink reported an average of 3.9 binge drinking occasions per month (median = 1.5 occasions) and an average of 6.9 drinks per binge drinking episode (median = 5.2 drinks)
- The prevalence of binge drinking was significantly higher in males compared to females, adults who were less than 35 years of age compared to older adults ages 55 and up, and adults with an annual household income of \$75,000 or more compared to those with lower incomes.
- The prevalence of both binge and heavy drinking were significantly higher in adults who reported frequent mental distress (20.4% and 7.4%, respectively), as compared to those without frequent mental distress (14.2% and 4.7%, respectively).
- Binge drinking was significantly higher among those who reported being employed or self-employed (19.4%) compared with those who are unemployed (12.2%) or not in the labor force (8.5%).
- The prevalence of binge drinking among adults who reported current smoking (22.8%) was almost 1.5 times the prevalence reported among those who did not currently smoke (14.1%), and the prevalence of heavy drinking (9.8%) was almost double the prevalence reported among those who did not currently smoke (4.6%).
- The prevalence of both binge and heavy drinking among adults who currently use cannabis was almost four times the prevalence reported by adults who currently do not use cannabis (binge: 35.1% vs 9.7%, heavy: 12.6% vs 2.9%)

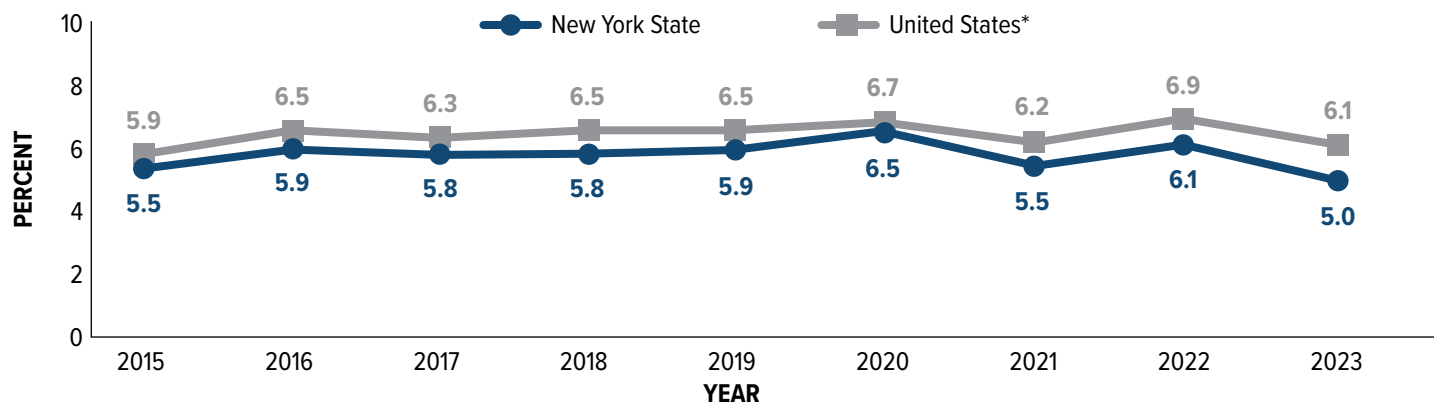


Figure 1. Prevalence of binge drinking among US and NYS adults by survey year, Behavioral Risk Factor Surveillance System, 2015-2023



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

Figure 2. Prevalence of heavy drinking among US and NYS adults by survey year, Behavioral Risk Factor Surveillance System, 2015-2023



*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, 2023

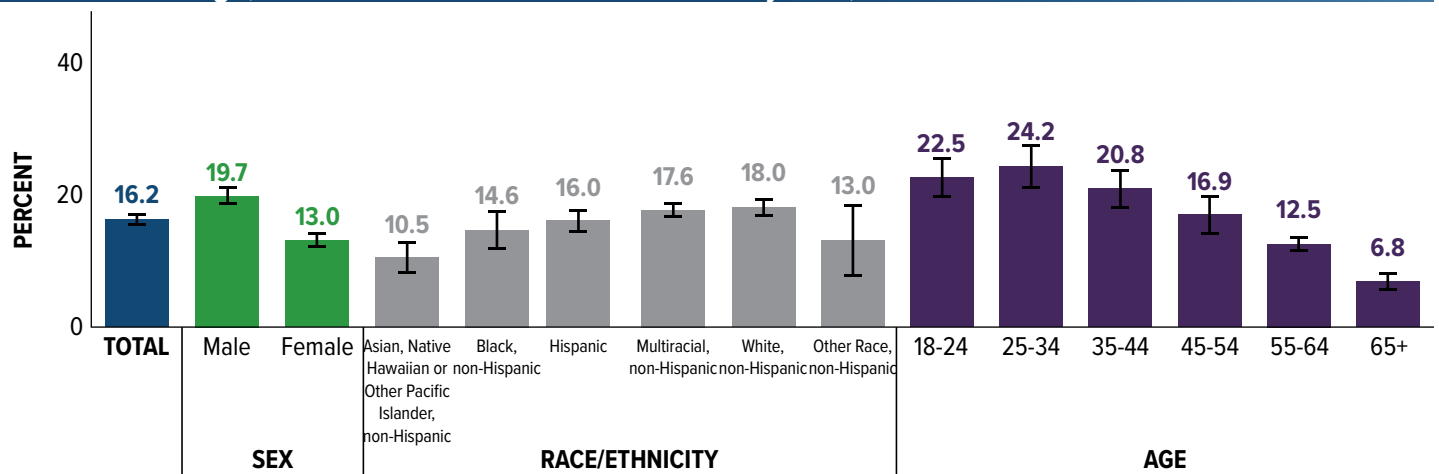


Table 1. Prevalence of binge or heavy drinking by select demographic groups in New York State, Behavioral Risk Factor Surveillance System, 2023

	Binge or Heavy Drinking ^a		Binge Drinking		Heavy Drinking	
	% ^b	95% CI ^b	% ^b	95% CI ^b	% ^b	95% CI ^b
New York State [n 17,349]	16.2	15.4 17.0	14.9	14.1 15.7	5.0	4.6 5.5
Region						
New York State excluding New York City	15.9	14.8-17.0	14.4	13.3-15.5	5.6	4.9-6.3
New York City	16.6	15.3-17.9	15.6	14.3-16.8	4.3	3.7-4.9
Sex^c						
Male	19.7	18.3-21.0	18.7	17.4-20.0	5.0	4.3-5.8
Female	13.0	12.0-14.0	11.4	10.5-12.4	5.1	4.5-5.7
Race/Ethnicity^d						
Asian, Native Hawaiian or Other Pacific Islander, non-Hispanic	10.5	8.0-13.0	10.4	7.9-12.8	1.7	0.7-2.8
Black, non-Hispanic	14.6	11.9-17.2	13.6	11.1-16.2	4.9	3.2-6.6
Hispanic	16.0	14.2-17.8	14.9	13.1-16.6	3.6	2.7-4.5
Multiracial, non-Hispanic ^e	17.6	12.3-22.9	16.6	11.5-21.8	7.3	3.5-11.2
White, non-Hispanic	18.0	16.9-19.2	16.3	15.2-17.5	6.4	5.7-7.1
All Other race groups combined, non-Hispanic ^f	13.0	7.2-18.8	12.2	6.5-18.0	2.6	1.1-4.2
Age (Years)						
18-24	22.5	19.2-25.8	22.2	19.0-25.5	4.8	3.3-6.3
25-34	24.2	21.9-26.5	23.3	21.1-25.5	6.9	5.4-8.4
35-44	20.8	18.5-23.1	19.6	17.4-21.8	5.6	4.3-7.0
45-54	16.9	14.6-19.1	15.6	13.4-17.9	4.6	3.4-5.8
55-64	12.5	10.8-14.2	10.9	9.2-12.5	5.5	4.4-6.7
65+	6.8	5.8-7.8	4.7	3.8-5.6	3.7	3.0-4.4
Educational Attainment						
Less than high school	12.1	9.7-14.5	10.7	8.4-12.9	4.1	2.5-5.7
High school or GED	15.0	13.2-16.7	13.9	12.2-15.6	5.1	4.1-6.0
Some post-high school	15.7	14.0-17.4	14.3	12.7-16.0	5.0	4.0-6.0
College graduate	18.8	17.6-20.1	17.5	16.2-18.7	5.4	4.7-6.2
Annual Household Income						
Less than \$25,000	13.3	11.4-15.2	11.9	10.2-13.7	4.4	3.1-5.8
\$25,000-\$34,999	11.6	9.5-13.8	10.1	8.2-12.0	4.1	2.7-5.4
\$35,000-\$49,999	16.1	13.3-18.9	14.8	12.1-17.5	5.4	3.7-7.1
\$50,000-\$74,999	15.3	12.8-17.8	14.1	11.7-16.6	6.0	4.4-7.6
\$75,000 or more	21.8	20.3-23.4	20.4	18.9-21.9	6.4	5.5-7.2
Missing ^g	10.5	8.8-12.1	9.5	7.9-11.1	2.8	2.0-3.7
Employment Status						
Employed/self-employed	20.6	19.4-21.8	19.4	18.2-20.6	5.8	5.1-6.5
Unemployed	13.4	10.7-16.2	12.2	9.5-14.8	4.3	2.6-6.0
Not in labor force	10.0	8.9-11.1	8.5	7.4-9.5	4.1	3.4-4.8
Health Care Coverage						
Private insurance	21.0	19.6-22.4	20.0	18.6-21.4	6.1	5.3-6.9
Medicare	8.9	7.5-10.2	6.7	5.5-7.9	4.0	3.1-4.8
Medicaid	12.7	10.6-14.8	11.5	9.6-13.4	4.6	3.1-6.1
Other insurance ^h	15.2	12.8-17.7	13.8	11.4-16.1	4.2	2.8-5.5
No insurance	22.8	18.8-26.8	21.7	17.8-25.6	5.5	3.5-7.5
Disabilityⁱ						
Yes	13.1	11.6-14.6	12.1	10.7-13.6	4.4	3.5-5.2
No	17.4	16.4-18.4	16.0	15.0-16.9	5.3	4.7-5.8

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	% ^b	95% CI ^b	% ^b	95% CI ^b	% ^b	95% CI ^b
New York State [n 17,349]	16.2	15.4 17.0	14.9	14.1 15.7	5.0	4.6 5.5
Frequent Mental Distress^j						
Yes	22.0	19.4-24.6	20.4	17.8-22.9	7.4	5.8-9.0
No	15.5	14.6-16.4	14.2	13.4-15.1	4.7	4.2-5.3
Current Cigarette Smoking^k						
Yes	25.3	22.1-28.5	22.8	19.8-25.8	9.8	7.6-11.9
No	15.3	14.5-16.2	14.1	13.3-15.0	4.6	4.1-5.1
Current Cannabis Use^l						
Yes	36.9	31.7-42.2	35.1	29.8-40.3	12.6	9.4-15.8
No	10.9	9.7-12.2	9.7	8.5-10.9	2.9	2.3-3.5

Notes: ^aRespondents who reported either binge or heavy drinking. ^b%= Weighted percentage; 95% CI= 95% confidence interval. ^cBased on respondent's sex at birth or current gender identity at time of interview if sex at birth is missing. ^dPursuant to Chapter 745 of 2021 of the Laws of New York, this report does not include separate tabulations for the required Asian or Pacific Islander ethnic groups and languages. Data quality was determined to be insufficient for publication due to small cell sizes that result in unreliable/unstable estimates. ^eRespondents who reported they are more than one race group and not of Hispanic origin. ^fAll other race groups combined, non-Hispanic includes: American Indian or Alaska Native and other race. ^g"Missing" category included because more than 10% of the sample did not report income. ^hIncludes TRICARE, VA/Military, and Indian Health Services. ⁱRespondents who reported at least one type of disability (cognitive, self-care, independent living, vision, mobility, or hearing). ^jFrequent mental distress is defined as yes if respondents reported problems with stress, depression, or emotions on at least 14 of the previous 30 days. ^kRespondents who reported of smoking at least 100 cigarettes in their lifetime and currently smokes on at least some days. ^lRespondents 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



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Disclaimer

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