America’s Drinking Problem Is Much Worse This Century

Alcohol abuse has shot up since 2001, and the number of adults who binge weekly may top the population of Texas.

By John Tozzi
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Americans are drinking more than they used to, a troubling trend with potentially dire implications for the country’s future health-care costs.

The number of adults who binge drink at least once a week could be as high as 30 million, greater than the population of every state save California, according to a study published on Wednesday in JAMA Psychiatry. A similar number reported alcohol abuse or dependency. Between the genders, women showed the larger increase in alcohol abuse, according to the report.

“This should be a big wake-up call,” said David Jernigan, director of the Center on Alcohol Marketing and Youth at the Johns Hopkins Bloomberg School of Public Health, who wasn’t involved with the research. “Alcohol is our number one drug problem, and it’s not just a problem among kids.”

While underage drinking has declined in recent years, adult consumption increased across all demographics. The jump was also especially large for older Americans, minorities and people with lower levels of education and income.

The rise is “startling,” said Bridget Grant, a researcher at the National Institute on Alcohol Abuse and Alcoholism and lead author of the paper. “We haven’t seen these increases for three or four decades.”

The share of adults who reported any alcohol use, high-risk drinking or alcohol dependence or abuse increased significantly between when surveys were conducted in 2001-02 and in follow-up surveys during 2012-2013. Researchers personally interviewed tens of thousands of people with similar questions, offering a robust, nationally representative look at how American drinking habits have evolved in the 21st century.
About 12.6 percent of adults reported risky drinking during the previous year in 2012-13, compared with 9.7 percent in 2001-02. Behavior was considered high-risk if people surpassed the government’s guidelines for excessive alcohol intake, set at four drinks in one day for women and five drinks for men, at least once a week.

That 3 percentage point increase may not seem like a huge jump, but given an adult U.S. population of about 250 million, it represents roughly 7 million more people binge drinking at least once a week.

The increase in alcohol abuse or dependence was even greater: Some 12.7 percent of respondents reported such behavior in the 2012-13 period, compared with 8.5 percent in 2001-02. That percentage increase is roughly equivalent to 10.5 million people at the current population. The surveys assessed abuse or dependence using standard diagnostic criteria (PDF), with questions such as whether people had difficulty cutting down on drinking, or if they continued drinking even when it caused trouble with family and friends.
There’s no single explanation for the increase. Researchers point to economic stress in the aftermath of the Great Recession; more easily available alcohol at restaurants and retailers; and the diminished impact of alcohol taxes. As a percentage of average income, alcohol is cheaper today than at any point since at least 1950.

Pervasive marketing by the alcohol industry and new products such as flavored vodkas or hard lemonade and iced tea may also be driving some of the increases among women and other demographics, said Jernigan.

The consequences for health care, well-being and mortality are severe. Excess drinking caused on average more than 88,000 deaths in the U.S. each year from 2006 to 2010, the Centers for Disease Control estimates—more than twice the number of deaths from prescription opioids and heroin last year. The total includes drunk-driving deaths and alcohol-linked violence, as well as liver disease, strokes and other medical conditions. The CDC says drinking too much is responsible for one in 10 deaths among working-age Americans.

The estimated cost of excess alcohol consumption is almost $250 billion a year in the U.S.
“We pay for all of it,” said Jürgen Rehm, senior director of the Institute for Mental Health Policy Research at the Centre for Addiction and Mental Health in Toronto. The costs show up in higher health-care needs, lost productivity and prosecuting alcohol-fueled crimes, from drunk driving to homicide.

Rehm said alcohol doesn’t command the attention of policymakers the way tobacco, illicit drugs or prescription opioids have. “The response of society should be commensurate to the level of the problem,” he said. Yet there is no national strategy in the U.S. that matches recent, high-profile efforts to combat opioids, smoking or illegal drugs. “Alcohol,” Rehm said, “we just tend to overlook.”

What can be done? Making alcohol more costly, through higher taxes or the setting of minimum prices, could reduce consumption, said William Kerr, senior scientist at the Alcohol Research Group, a nonprofit research center primarily funded by the National Institute on Alcohol Abuse and Alcoholism. In Canada, putting a floor under prices was linked to reductions in alcohol-related hospital visits. Limiting availability—by restricting hours of sale or the number of liquor licenses, for example—would also reduce consumption, he added.

Additional medical screening could also identify people with risky drinking habits. That, however, would require a significant cultural shift in the U.S.

Americans tend to consider excess drinking a character flaw rather than a medical problem. Only about one-fifth of people who have reported alcohol abuse or dependency have ever been treated, previous research by Grant found. That compares with a treatment rate of about 60 percent for depression, she said.
“I think that there’s a lot of stigma still associated with it and people don’t want to talk to their doctors about it,” she said. “We haven’t done the job for alcohol that we’ve done with depression.”