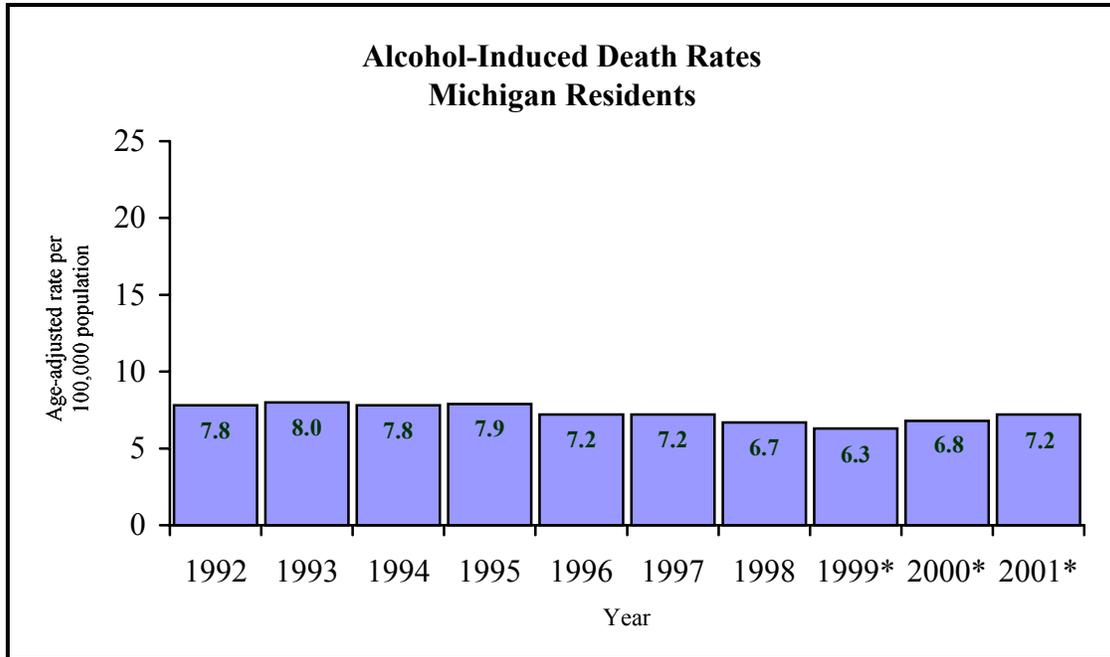


Focused Indicators

Morbidity and Mortality

Alcohol-Induced Deaths



* Death data based on ICD-10 coding. See *Technical Notes* for detailed explanation on ICD coding changes.
Source: Division for Vital Records and Health Statistics, MDCH

How are we doing?

Alcohol-induced mortality includes deaths due to alcohol psychoses, alcohol dependence syndrome, non-dependent abuse of alcohol, alcohol-induced chronic liver disease and cirrhosis, and alcohol poisoning. It does not include deaths due to alcohol-related injury, such as motor vehicle crashes.

The health effects of alcohol abuse and dependency are significant. These effects are difficult to measure directly because the health problems associated with alcohol are often also associated with other diseases. In addition, the social stigma associated with alcohol abuse may lead to denial of alcohol abuse or dependency as a causal factor. One measure of the impact of alcohol abuse on health is the extent of alcohol-induced deaths.

In 2001, there were 704 deaths induced by alcohol in Michigan. The age-adjusted rate for alcohol-induced mortality was 7.2 per 100,000 population.

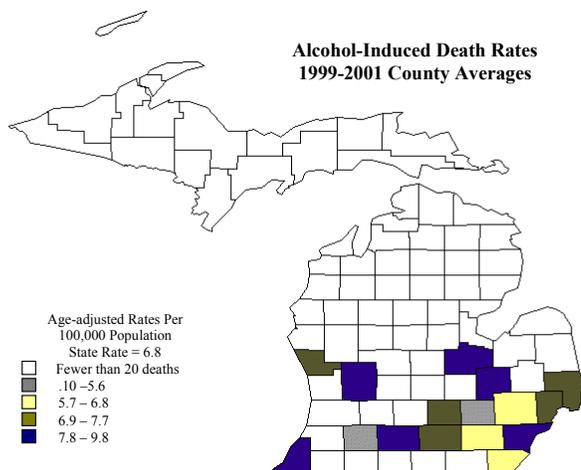
How does Michigan compare with the U.S.?

Michigan's 2000 age-adjusted alcohol-induced death rate of 6.8 was similar to the U.S. preliminary rate of 7.0.

How are different populations affected?

The prevalence of problem drinking is highest in the 18-29 year-old age group. The rate of alcohol-induced deaths peaks for 45-54 year-olds (17.7 in 2000) and then tapers off.

In 2001, the rate of alcohol-induced deaths in Michigan was over 50 percent higher for African Americans (10.3) than for whites (6.8).



Michigan men (11.3) were over three times more likely than women (3.5) to die of alcohol-induced causes. However, women develop cirrhosis of the liver at a much lower cumulative dose of alcohol than do men and women remain at increased risk of disease progression even after abstinence. The death rate among women alcoholics is higher than among male alcoholics because of their increased risk for suicide, alcohol-related accidents, cirrhosis, and hepatitis.

For more state and local data on alcohol-induced deaths, visit the Michigan Department of Community Health Web site at www.michigan.gov/mdch.

What other information is important to know?

Some 100,000 people die each year in the United States as a result of alcohol, making it the third leading cause of preventable mortality after tobacco use and poor diet and activity behaviors.

The victims of alcohol abuse and dependency extend far beyond the individuals who actually engage in the behavior. Alcohol abuse and dependency is associated with infant mortality and morbidity, traffic fatalities, domestic violence, and many other health conditions that lead to disability and death.

What is the Department of Community Health doing to affect this indicator?

The department is actively working to decrease morbidity and mortality due to alcohol abuse by funding substance abuse treatment services throughout the state. A radio show titled “The Older Problem Drinker” was broadcast on 18 local radio programs to draw attention to the problem of alcohol abuse among the elderly.

The department also supports programming that focuses on changing community norms around alcohol use, reducing underage drinking, and reducing the number of alcohol related crashes.

Programs such as the Michigan Coalition to Reduce Underage Drinking (MCRUD), a coalition of prevention partners, focus on underage drinking issues through grant awards and support of eight local coalitions. An advertising campaign is aimed at educating college students on the dangers of binge drinking. A campus-mentoring program emphasizes an alcohol and drug-free approach to campus life. Work site coordination focuses on substance abuse and traffic safety issues targeting 18-21-year-old workers not in school.

The department collects data on the frequency of consumption of alcoholic beverages, binge drinking, and drinking and driving by Michigan adults. This information is obtained through the Michigan Behavioral Risk Factor Surveillance System and other research activities.

Michigan continues to work with local courts and law enforcement units throughout the state to provide substance abuse services for residents that appear before the courts. In FY 2002, about 25% of all treatment admissions in the state came from court referrals or from referrals from some other criminal justice unit.

The Office of Drug Control Policy (ODCP) funds the Michigan Resource Center to distribute alcohol, tobacco and other drug materials, as well as highway safety information. Materials include brochures, pamphlets, videos and promotional items. Informational materials are available to support the following statewide prevention awareness campaigns: Alcohol, Inhalants, Marijuana, Parenting and Alcohol-Related Birth Defects. To receive additional information on these material please contact the Michigan Resource Center at 1-800-626-4636 or www.michiganresourcecenter.org

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