

# Binge Drinking Screening During Routine Checkups Among Michigan Adults, 2012

## Why Should We Screen for Binge Drinking?

Binge drinking is associated with many health problems, including:<sup>1</sup>

- Unintentional injuries (e.g., car crashes, falls, burns)
- Intentional injuries (e.g., firearm injuries, sexual assault, domestic violence)
- Alcohol poisoning
- Sexually transmitted infections and unintended pregnancies
- Children born with fetal alcohol spectrum disorders
- High blood pressure, stroke, and other heart diseases
- Liver disease

### Binge Drinking Costs Money!!!

- Binge drinking cost federal, state, and local governments around 62 cents per drink in 2006, while federal and state income from taxes on alcohol totaled only about 12 cents per drink.<sup>2</sup>

### Screening Works!

- The U.S. Preventive Task Force has found that screening interventions improve outcomes, such as alcohol consumption, heavy drinking episodes, and may reduce hospital days for adults with risky or hazardous drinking.<sup>3</sup>

## How Many Michigan Adults are Being Screened?

Of those who had a checkup within the past five years, more than half, (55.9%) of Michigan adults were asked by a doctor or health care professional if they binge drank.<sup>4</sup>

Screening was more likely to occur among:

- Adults aged 25-54
- Females
- College graduates
- Individuals making \$75,000 or more

## Everyone Can Help Prevent Binge Drinking by:

- Supporting the Community Guide recommendations to reduce excessive alcohol consumption, such as:<sup>5</sup>
  - Maintaining limits on days and hours of sale
  - Enforcing commercial host liability
  - Regulating alcohol outlet density
  - Supporting local control of the marketing and sale of alcohol
  - Supporting the minimum legal drinking age of 21

For more information on the Michigan Behavioral Risk Factor Survey, please visit [www.michigan.gov/brfs](http://www.michigan.gov/brfs) or for information on the Michigan Alcohol Epidemiology Program, please visit [www.michigan.gov/substanceabuseepi](http://www.michigan.gov/substanceabuseepi)

Doctor or Healthcare Professional asked at Last Checkup if Individual Binge Drank	
	Percent (95% CI)
<b>Total</b>	<b>55.9 (54.0-57.9)</b>
<b>Age Group</b>	
18-24	47.4 (40.5-54.4)
25-34	68.2 (61.6-74.2)
35-44	67.4 (62.1-72.3)
45-54	62.1 (57.8-66.2)
55-64	56.2 (52.4-59.9)
65-74	43.6 (39.5-47.6)
75+	33.7 (29.5-38.2)
<b>Sex</b>	
Males	52.8 (49.6-55.9)
Females	58.7 (56.2-61.2)
<b>Race/Ethnicity</b>	
Non-Hispanic White	55.4 (53.2-57.5)
Non-Hispanic Black	57.1 (51.0-63.0)
Hispanic	60.0 (46.6-72.0)
<b>Education</b>	
< High School	51.5 (43.3-59.5)
High School Graduate	53.0 (49.6-56.5)
College Graduate	62.5 (59.4-65.5)
<b>Income</b>	
<\$20,000	55.4 (50.2-60.5)
\$20,000-34,999	50.0 (45.6-54.5)
\$35,000-49,999	55.0 (49.6-60.3)
\$50,000-74,999	62.3 (57.3-67.0)
> \$75,000	64.7 (60.8-68.4)
<b>Binge Drinkers</b>	<b>65.1 (60.0-70.0)</b>
<b>Heavy Drinkers</b>	<b>68.9 (60.9-75.9)</b>

### References:

1. Centers for Disease Control and Prevention (CDC). <http://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>.
2. Bouchery EE, Harwood HJ, Sacks JJ, Simon CJ, Brewer RD. Economic costs of excessive alcohol consumption in the United States, 2006. *Am J Prev Med* 2011;41:516-24.
3. Jonas DE et al. Behavioral counseling after screening for alcohol misuse in primary care: a systematic review and meta-analysis for the U.S. Preventive Services Task Force. *Ann Intern Med*. 2012 Nov 6;157(9):645-54.
4. Michigan Department of Community Health. Michigan Behavioral Risk Factor Surveillance System Survey Data, 2012.
5. Guide to Community Preventive Services. Preventing excessive alcohol consumption. <http://www.thecommunityguide.org/alcohol/index.html>.