

L.A. Health

December 2001

Alcohol Consumption and Abuse Among Los Angeles County Adults

Alcohol consumption is a part of contemporary American life. Although many people drink moderately and without ill effect, alcohol dependence and abuse imposes an enormous burden on individuals, families, and society. Alcohol abuse can have serious medical consequences, including cardiovascular disease, hypertension, diabetes, liver disease, fetal abnormalities, cancer, and intentional and unintentional injuries.¹ Approximately 100,000 deaths each year in the U.S. (or 5% of all deaths) are attributed to alcohol misuse.² In 1997, alcohol dependence was the second leading cause of premature death and disability among Los Angeles County residents.³ Excessive alcohol use and abuse can impair psychological functioning, and adversely affect family interactions, work productivity, and school performance. Alcohol abuse is also costly. An estimated \$184.6 billion is spent annually in the United States on alcohol-related problems, including lost productivity due to alcohol-related illness, health care expenditures, motor-vehicle crashes, crime, and other social costs.⁴

This report presents findings from the 1999 Los Angeles County Health Survey, a population-based telephone survey of 8,354 randomly selected adults (18 years and older) in Los Angeles County. The prevalence of alcohol consumption was obtained by asking respondents if they had at least one drink (one bottle/can of beer, or one glass of wine, or a cocktail with one shot of liquor) of any alcoholic beverage during the past month. Respondents who reported

The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and access to health services among adults and children in the county. The most recent survey was conducted for the Department of Health Services (DHS) between September 1999 and April 2000 by Field Research Corporation.

1. *Eighth Special Report to the U.S. Congress on Alcohol and Health from the Secretary of Health and Human Services (1993)*. U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism.

2. Lengerich, E.J. (ed) (November 1999). *Indicators for Chronic Disease Surveillance: Consensus of CSTE, ASTCDPD and CDC*. Atlanta, GA: Council of State and Territorial Epidemiologists.

3. *The Los Angeles County Department of Health Services and The UCLA Center for Health Policy Research (January 2000)*. *The Burden of Disease in Los Angeles County: A study of the patterns of morbidity and mortality in the County population*, p. 23.

4. Harwood, H. (2000). *Updating Estimates of the Economic Costs of Alcohol Abuse in the United States: Estimates Update Methods and Data*. National Institute of Alcohol Abuse and Alcoholism.



The 1999-2000 survey collected information on a random sample of 8,354 adults and 6,016 children. Interviews were offered in English, Spanish, Cantonese, Mandarin, Korean, and Vietnamese. Among households contacted and eligible for participation, the response rate was 55%. To adjust for differential rates of participation, results were weighted by selected demographic variables using 1998 census projections for the Los Angeles County population.

The findings in this report are subject to several limitations. In any survey that includes sampling, some degree of error (referred to as "sampling error") is introduced by chance alone, even when the sample is chosen randomly. In the present survey, if 50% of the overall sample of adults answered "yes" to a specific question, the sampling error would be plus or minus 1.2 percentage points at the 95% confidence level. This means that if all adults in the population were asked the above question, there is a 95% chance that the result would be between 48.8% and 51.2%. Because the sample sizes of subgroups are smaller than the overall sample, results for these subgroups have larger sampling errors and wider confidence levels. For all results presented in this report, confidence levels are available.

There are a number of other possible sources of error in any survey. For example, questions may be misunderstood, respondents may not provide accurate information, and errors may occur in the processing of data. In addition, surveys administered by telephone miss those who are homeless and others without telephone service. The survey professionals working on this study made every effort to minimize these sources of error.

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alcohol consumption were asked how often (on average) they drank during the past month, the average number of drinks they had on those occasions, how many times in the past month they had five or more drinks on one occasion, and if they had driven when they had too much to drink. Additionally, all respondents were asked how many times in the past month they had ridden with a driver who had too much to drink, and if drinking had a harmful effect on themselves or a family member in the past two years.

"Binge drinking" was defined as consuming five or more alcoholic drinks on at least one occasion, and "chronic drinking" was defined as consuming 60 or

Table 1. Prevalence of Alcohol Use (at Least One Drink in Past Month), Chronic Drinking, and Binge Drinking in Adults (18 and older), Los Angeles, 1999

	Alcohol Consumption			Chronic Drinking			Binge Drinking		
	Among All Los Angeles County Adults			Among Adults Who Reported Drinking Alcohol			Among Adults Who Reported Drinking Alcohol		
	%	±95% CI	Est.	%	±95% CI	Est.	%	±95% CI	Est.
Los Angeles County	54%	±1	3,872,000	6%	±1	230,000	29%	±1	1,105,000
Gender									
Male	64%	±2	2,249,000	9%	±1	200,000	38%	±2	843,000
Female	45%	±1	1,623,000	2%	±1	30,000	16%	±2	261,000
Age									
18-20	49%	±4	166,000	10%*	±4	16,000	50%	±7	82,000
21-24	60%	±4	309,000	9%	±3	28,000	47%	±5	143,000
25-29	63%	±3	505,000	7%*	±2	35,000	40%	±4	202,000
30-39	59%	±2	1,075,000	5%	±1	53,000	32%	±3	345,000
40-49	55%	±2	803,000	6%	±2	45,000	25%	±3	201,000
50-59	50%	±3	457,000	7%*	±2	31,000	18%	±3	81,000
60 and over	44%	±2	556,000	4%	±1	22,000	9%	±2	51,000
Race/Ethnicity									
Latino	49%	±2	1,311,000	7%	±1	90,000	40%	±2	515,000
White	64%	±2	1,744,000	6%	±1	97,000	23%	±2	401,000
African American	48%	±3	349,000	7%*	±3	24,000	25%	±4	87,000
Asian/Pacific Islander	47%	±4	426,000	4%*	±2	17,000	22%	±4	93,000
Service Planning Area									
SPA 1 - Antelope Valley	54%	±5	119,000	— **	—	—	19%	±5	22,000
SPA 2 - San Fernando	58%	±2	858,000	6%	±1	50,000	27%	±3	229,000
SPA 3 - San Gabriel	53%	±3	713,000	6%	±2	40,000	26%	±3	187,000
SPA 4 - Metro	53%	±3	442,000	7%*	±2	29,000	35%	±4	154,000
SPA 5 - West	67%	±3	357,000	5%*	±2	16,000	30%	±4	107,000
SPA 6 - South	44%	±4	273,000	5%*	±2	12,000	33%	±5	89,000
SPA 7 - East	50%	±3	471,000	8%	±2	35,000	32%	±4	146,000
SPA 8 - South Bay	56%	±3	640,000	7%	±2	42,000	27%	±3	171,000

* Estimate based on small sample size (n<30) and should be viewed with caution.
** Estimate not reported due to a sample size less than 5.

Source: Los Angeles County Health Survey

more alcoholic drinks during the past month. Both definitions are consistent with those from the U.S. Centers for Disease Control and Prevention and other studies.²

Alcohol Consumption

- 54% of adults reported the consumption of at least one drink in the past month (Table 1).
- The reported use of alcohol was highest among young adults 25 to 29 years of age (63%) (Table 1).
- 64% of males and 45% of females reported alcohol use in the past month.
- Prevalence of alcohol use was highest in Whites (64%), followed by Latinos (49%), African Americans (48%), and Asians/Pacific Islanders (47%).
- The percentage reporting alcohol consumption was highest among adults with incomes at or above 300% of the federal poverty level (67%).
- Reported alcohol use increased with education level: 40% of adults with less than a high school education consumed alcohol, compared to 54% of high school graduates and 66% of adults with a college or post-graduate degree.
- Alcohol use varied in the county's eight Service Planning Areas (SPA), ranging from 67% in SPA 5 (West) to 44% in SPA 6 (South).

Chronic Drinking Among Adults Who Drink

Among adults who reported drinking in the past month:

- 6% reported chronic drinking (Table 1).
- Chronic drinking was highest among young adults between the ages of 18 to 24 (10%).
- The percentage of chronic drinking was higher among men (9%) than women (2%).
- 7% of Latinos, 7% of African-Americans, 6% of Whites, and 4% of Asians/Pacific Islanders reported chronic drinking. In each race/ethnicity category, the percentage who reported chronic drinking was higher in males than females. (Estimates based on small sample size and should be viewed with caution.)

Binge Drinking Among Adults Who Drink

Among adults who reported drinking in the past month:

- 29% reported binge drinking.
- Binge drinking was more prevalent among men (38%) than women (16%).

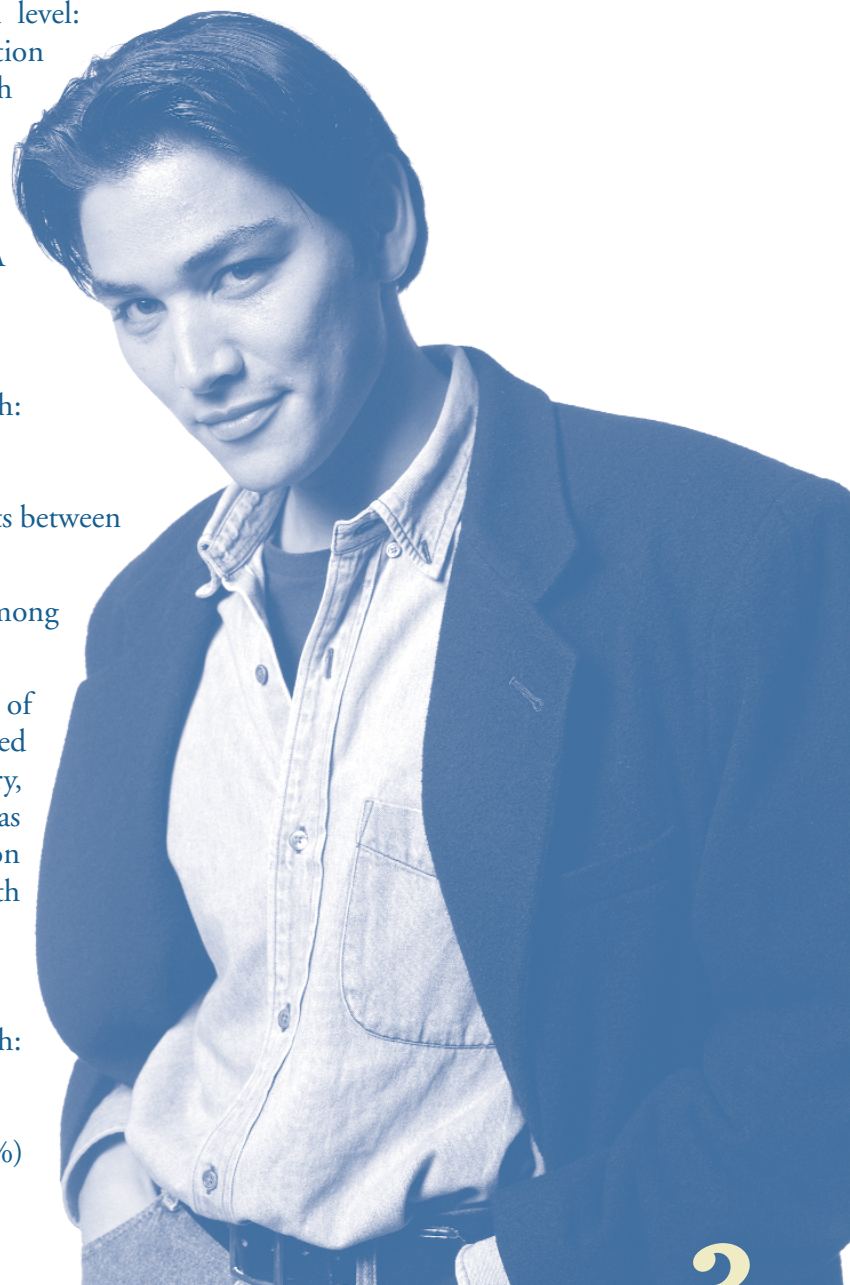
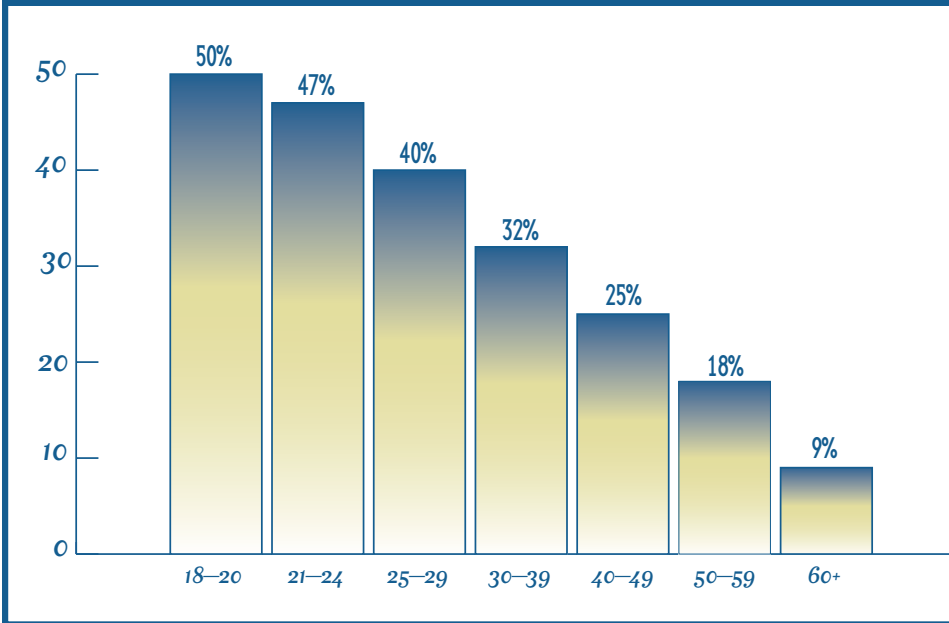


Figure 1. Percentage of Binge Drinkers Among Adults (18 and Older) Who Consume Alcohol by Age Group, Los Angeles County, 1999



Source: Los Angeles County Health Survey

- Among young adults, 50% of adults ages 18 to 20 years and 47% of adults ages 21 to 24 years reported binge drinking (Figure 1).
- The percentage reporting binge drinking was highest among Latinos (40%), followed by African-Americans (25%), Whites (23%), and Asians/Pacific Islanders (22%).
- The percentage reporting binge drinking was highest among Latino men (49%) (Figure 2).
- Binge drinking was inversely related to household income, from a high of 44% among those living below 100% of the federal poverty level to 23% among those at 300% and above the federal poverty level.

Self-Reported Drinking and Driving

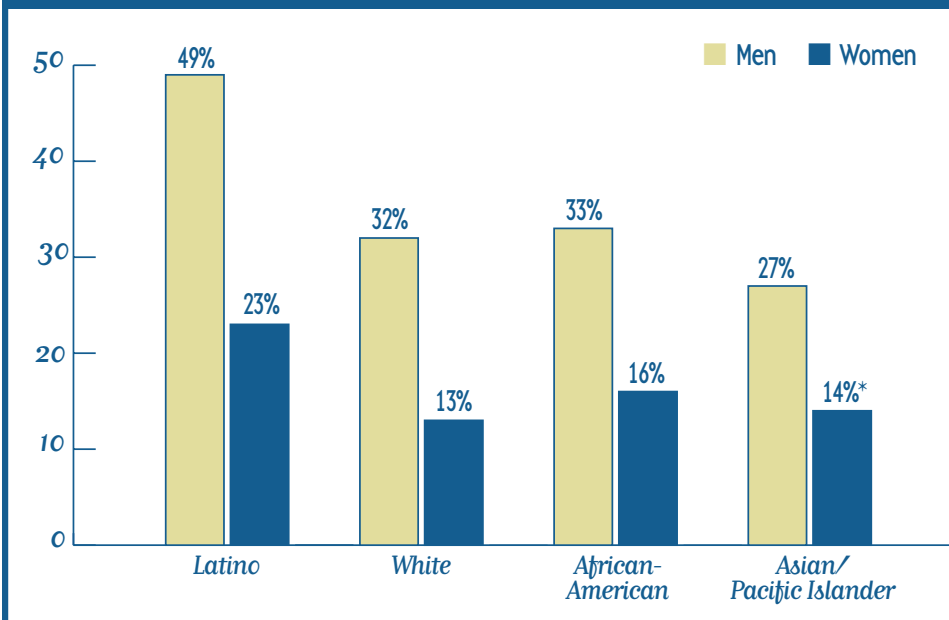
Among adults who reported drinking in the past month:

- 4% (an estimated 160,000 persons) reported that they had driven after having too much to drink.
- A higher percentage of men than women reported driving after having had too much to drink (6% and 2%, respectively).
- 9% of adults ages 18 to 24 reported driving after having had too much to drink.

Riding With A Driver Who Has Had Too Much To Drink

All adults (those who reporting drinking and those who abstained during the past month) were asked whether they had ridden in a car

Figure 2. Binge Drinking Among Adults (18 and Older) Who Consume Alcohol by Gender and Race/Ethnicity, Los Angeles County, 1999



*Estimate based on small sample size (n<30) and should be viewed with caution.

Source: Los Angeles County Health Survey

with a driver who they perceived had too much to drink. Among these adults:

- 5% (an estimated 350,000 adults) reported riding in a car with a driver during the past month who they thought had had too much to drink.
- 12% of adults ages 18 to 24 (an estimated 104,000 adults) had ridden in a car with someone they thought had had too much to drink.
- 6% of all men and 4% of all women reported that they had ridden with someone they thought had had too much to drink.

Underage Drinking

- Nearly half (49%) of those ages 18 to 20 (under the legal age limit for purchasing alcohol and drinking) reported drinking in the past month (Figure 3a).
- 14% of all 18 to 20 year olds reported riding with a driver they thought had had too much to drink (Figure 3a).

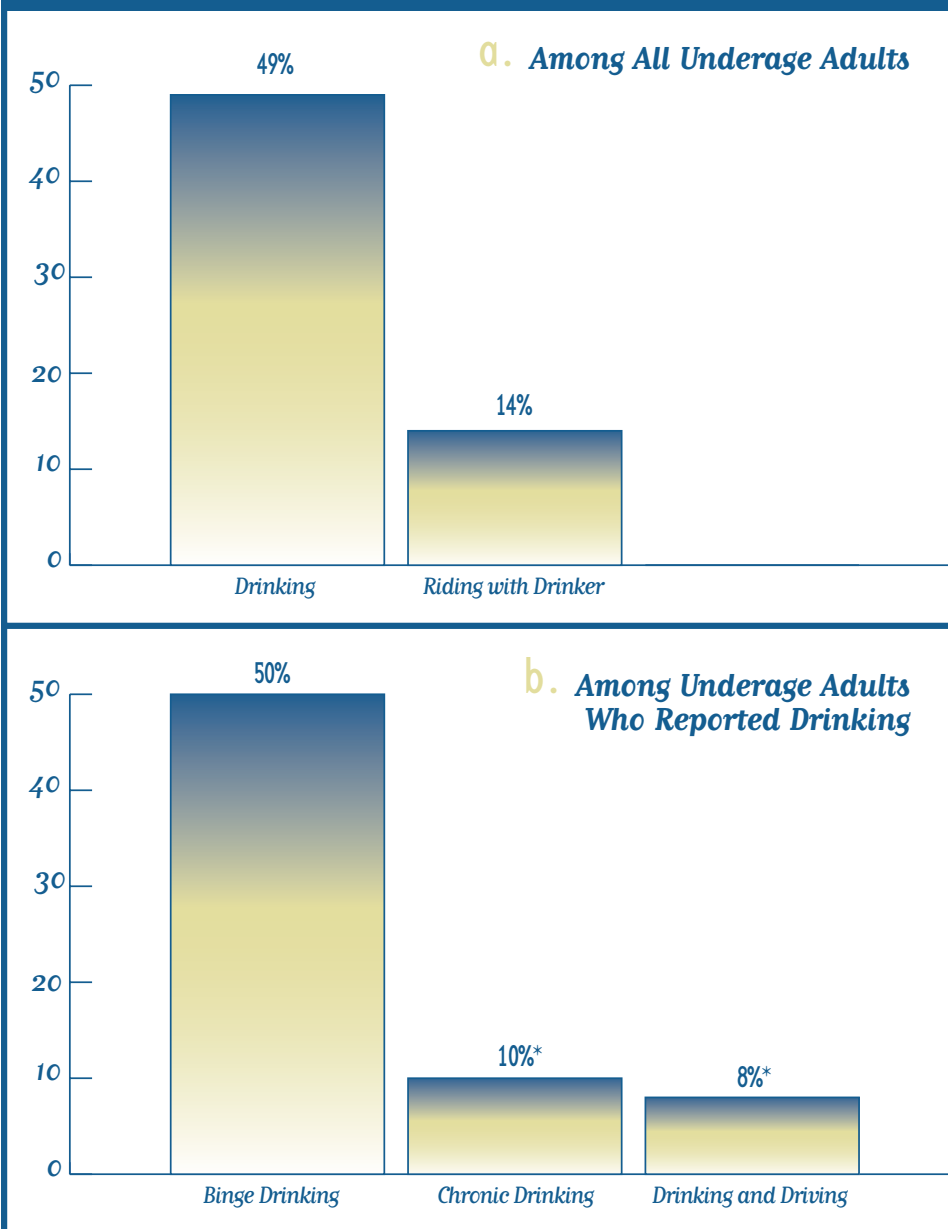
Among all underage adults who drink:

- 10% reported chronic drinking and 50% reported binge drinking (Figure 3b).*
- 8% reported driving in the past month after drinking too much (Figure 3b).*

Prevalence of Harmful Effects of Alcohol

- 12% of adults reported that alcohol use had a harmful effect on him/herself or a family member in the past two years.
- The percentage of respondents reporting harmful effects of alcohol was highest for adults in the 18 to 24 year age group (17%).

Figure 3. Reported Underage (Ages 18-20) Alcohol Consumption, Los Angeles County, 1999



*Estimate based on small sample size (n<30) and should be viewed with caution.

Source: Los Angeles County Health Survey

“Alcohol is involved in one out of three fatal motor vehicle crashes in Los Angeles County”¹⁰

Discussion

In 1999, over half (54%) of Los Angeles County adults reported consuming alcohol in the past month, as compared to 60% for California and 54% for the nation.⁵ Rates of binge and chronic drinking among Los Angeles County adults were also comparable to those for California and the nation. Binge and chronic drinking are considered alcohol abuse, and can lead to alcoholism and other alcohol-related problems. Although the overall prevalence of alcohol use was higher among Whites and more affluent persons, the prevalence of alcohol abuse showed a different pattern. Rates of binge drinking were highest among young adults (ages 18 to 34) and those with lower incomes. Also, binge drinking rates were markedly higher among males in all racial ethnic groups, particularly African-American, Latino, and White men; and were higher among Latinos compared to other ethnic groups, even after controlling for age. Of particular concern are the observed high rates of alcohol use, binge drinking, and chronic drinking reported by young adults, particularly among those who are underage (ages 18 to 20).

The survey data also indicates that a significant number of Los Angeles County residents drink and drive, particularly young adults and underage adult drinkers. Nationally, alcohol is involved in 38% (almost 16,000 fatalities) of fatal crashes, and in 7% of all crashes.⁶ In addition, 21 to 34 year old adults are responsible for approximately 50% of all alcohol-related crashes nationwide.⁶ Although the number of alcohol-related traffic fatalities in the U.S. has dropped dramatically from the 1980's, the decreases have been much smaller in recent years.

The above data highlight the need for more effective community- and policy-based strategies to reduce alcohol abuse. Successful alcohol prevention programs link community organizations and government agencies involved in regulatory and environmental policies. These initiatives should be aimed at reducing access to alcohol, as well as reducing alcohol-related traffic crashes, especially for young and underage adults. For example, working with police officers to increase law enforcement activity to reduce drunk driving can help reduce alcohol-related traffic crashes.⁷ In addition, initiatives aimed at working with retailers to reduce alcohol sales to minors, or increasing alcohol prices and taxes can help reduce access to alcohol, particularly among young adults and underage drinkers.⁷ Efforts to work with retailers may be especially important for reducing alcohol and other health disparities in Los Angeles County, where the density of alcohol outlets is higher in both low income⁸ and violent crime areas.⁹

In health care settings, earlier identification of harmful drinking behaviors among adolescents and adults can prevent alcohol-related health problems and reduce alcoholism. Screening and other patient assessments have been shown to be effective in identifying those at highest risk for developing alcohol-related health problems who are not receiving treatment.¹¹ Numerous screening instruments for

5. 1999 prevalence data, Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention.

6. Traffic Safety Facts 1999 - State Alcohol Estimates. U.S. Department of Transportation, National Highway Traffic Safety Administration. Washington, D.C.: National Center for Statistics & Analysis.

7. Grover, P.L. (Ed.) (1999). Preventing problems related to alcohol availability: environmental approaches. Prevention Enhancement Protocols System (PEPS), Department of Health and Human Services.

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9. Scribner, R.A., MacKinnon, D.P., & Dwyer, J.H. (1995). The risk of assaultive violence and alcohol availability in Los Angeles County. American Journal of Public Health, 85(3), 335-340.

10. 1999 Annual Report of Fatal and Injury Motor Vehicle Traffic Collisions, Statewide Integrated Traffic Records System (SWITRS), Department of California Highway Patrol.

11. Tenth Special Report to the U.S. Congress on Alcohol and Health from the Secretary of Health and Human Services (June 2000). U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, National Institute on Alcohol Abuse and Alcoholism.

Alcohol and Drug Program Administration

alcohol use have been validated and are used in health care settings. In addition, “brief interventions” (time-limited counseling strategies by physicians) have been shown to reduce alcohol use and related problems in at-risk or nondependent drinkers.^{12,13} Brief interventions may also facilitate treatment-seeking among alcohol dependent individuals.

The survey findings are subject to several limitations. First, the prevalence of alcohol use and harmful drinking may be underestimated given the personal nature of the questions. Respondents may not have disclosed information about their drinking behavior, or they may have given responses they perceived to be socially desirable. Second, the definition of binge drinking for men and women in our survey was the same (five drinks on one occasion). Recent studies indicate that four drinks on one occasion is a more appropriate threshold for women.¹⁴ Third, the survey did not collect data on alcohol use among adolescents under 18 years of age in Los Angeles County. Lastly, because the survey was limited to those living in households with telephones, information was not collected from persons who are homeless or incarcerated.

In conclusion, data from the survey indicate the need for interventions that extend beyond those who seek treatment for alcoholism, targeting those adults who drink heavily and drink and drive, especially young and underage adults. In addition, interventions need to target those adults who place themselves and others at risk through harmful use. The data also emphasize the importance of community- and policy-level interventions. Such interventions require partnerships between numerous organizations and sectors seeking to reduce the negative consequences from alcohol use.

Acknowledgments

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12. Sanchez-Craig, M., Wilkinson, D.A., & Davila R. (1995). Empirically based guidelines for moderate drinking: 1-year results from three studies with problem drinkers. *American Journal of Public Health*, 85, 823-828.

13. Wilk, A.I., Jensen, N.M., & Havighurst, T.C. (1997). Meta-analysis of randomized controlled trials addressing brief interventions in heavy alcohol drinkers. *Journal of General Internal Medicine*, 12, 274-283.

14. National Institute on Alcohol Abuse and Alcoholism (1998). *College Students and Drinking*, Alcohol Alert No. 29, Bethesda, MD: U.S. Department of Health and Human Services.

The Alcohol and Drug Program Administration (ADPA) is a division of Public Health, Department of Health Services. The ADPA has the primary responsibility for administering the County's alcohol and drug programs. Its mission is to reduce community and individual problems related to alcohol and drug use.

ADPA contracts with over 300 community-based organizations to provide an array of alcohol and drug prevention, intervention, treatment and recovery services throughout the County of Los Angeles. These services include: alcohol and drug prevention services, residential treatment services, outpatient drug-free counseling services, alcohol detoxification services, drug abuse residential detoxification services, perinatal day care rehabilitative services, community prevention and recovery programs, methadone maintenance services, homeless day care services, in-custody drug treatment services, alcohol and drug free living centers, driving under the influence programs, and drug diversion programs.

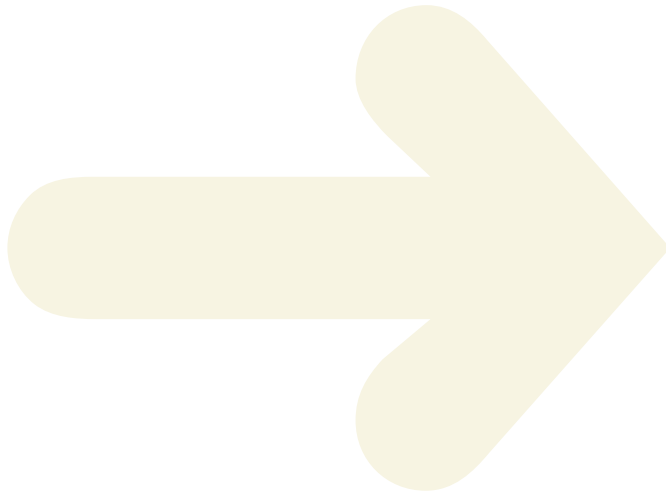
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Summary:

LOS ANGELES COUNTY HEALTH SURVEY

- 54% of the Los Angeles County adult population, or 3.9 million persons, reported consuming at least one alcoholic beverage in the past month.
- 6% of adults who reported drinking in the past month also reported chronic drinking.
- Among young adults who reported drinking, 50% aged 18 to 20 years and 47% aged 21 to 24 years reported binge drinking.
- The percentage of binge drinking among adults who reported alcohol consumption was highest among Latino men (49%).
- An estimated 160,000 adults reported that they had driven in the past month after having too much to drink.
- 12% of adults reported that alcohol use had a harmful effect on him/herself or a family member.



Issue 8