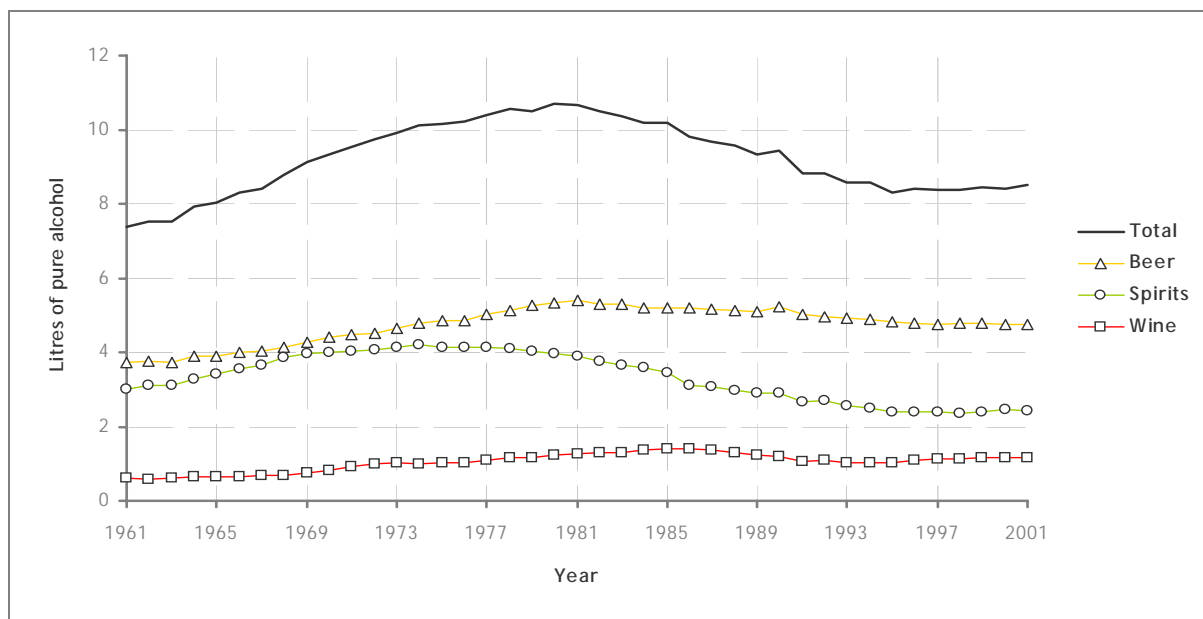


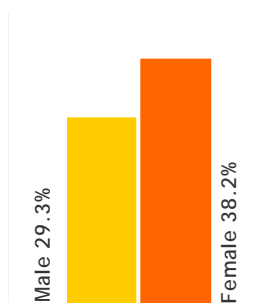
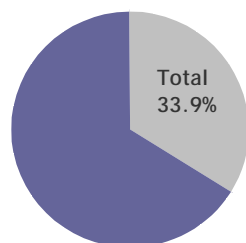
UNITED STATES OF AMERICA (THE)

Recorded adult per capita consumption (age 15+)



Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Last year abstainers

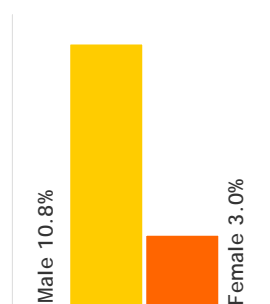
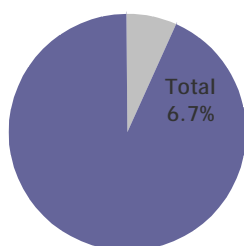


2002 national survey. 68 126 interviews were obtained from subjects 12 years or older.¹

In the same survey, the rate of lifetime abstainers was 16.9% (total), 13.6% (males), 19.9% (females) and the rate of last month abstainers was 49% (total), 42.6% (males), 55.1% (females).¹

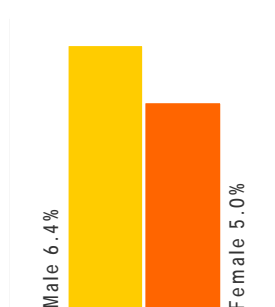
Data from the 2001 National Household Survey (total sample size $n = 68\ 929$; aged 12 years and older) show that the rate of lifetime alcohol use among the total population sampled was 84%. The rate of last year alcohol use was 65.5% (total), 69.8% (males) and 61.5% (females).²

Heavy drinkers (last month)



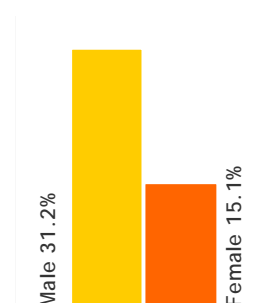
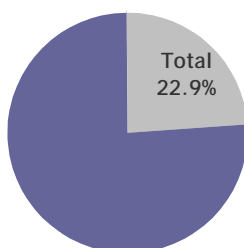
2002 national survey. 68 126 interviews were obtained from subjects 12 years or older. Heavy drinking was defined as having five or more drinks on the same occasion on at least five different days in the past month.¹

Heavy and hazardous drinkers (among drinkers)



Data from the WHO GENACIS study. National survey conducted in 1995/1996 (age group 20 to 64 years). Total sample size $n = 4044$; males $n = 1853$ and females $n = 2191$. Definition used: consumption of 40 g or more of pure alcohol a day for males and 20 g or more of pure alcohol a day for females.³

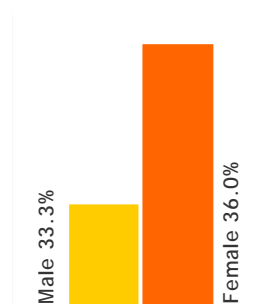
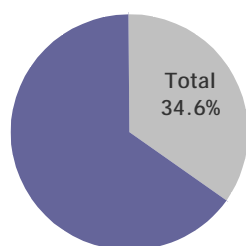
Heavy episodic drinkers (last month)



2002 national survey. 68 126 interviews were obtained from subjects 12 years or older. Heavy episodic drinking was defined as drinking five or more drinks on the same occasion (i.e. at the same time or within a couple of hours of each other) on at least one day in the past 30 days.¹

According to the WHO GENACIS Study (1995/1996 survey; total sample size $n = 857$, males $n = 377$ and females $n = 480$; age range 20 to 64 years), the rate of heavy episodic drinking among drinkers was 29.1% for men and 6.9% for women. Heavy episodic drinking was defined as consumption of five or more drinks in one sitting at least once a month in the last year.³

Youth drinking (last year alcohol use)



2002 national survey. 68 126 interviews were obtained from subjects 12 years or older. Data shown is only for subsample of subjects aged 12 to 17 years old (sample size unknown).¹

In the same survey, the rate of lifetime alcohol use among 12- to 17-year-olds was 43.4% (total), 43.4% (males) and 43.4% (females) whilst the rate of last month alcohol use was 17.6% (total), 17.4% (males), and 17.9% (females).¹

Data from the 2003 Youth Risk Behavior Survey (total sample size $n = 15\ 214$; subjects in grades 9 to 12) show that the rate of lifetime users (students who had at least once drink of alcohol on one or more days during their life) was 74.9% (total), 73.7% (males) and 76.1% (females). The rate of last month alcohol use (students who had at least one drink of alcohol on one or more of the past 30 days) was 44.9% (total), 43.8% (males) and 45.8% (females).⁴

Data from the 2003 Monitoring the Future study (national results on adolescent drug use) conducted among students in eighth grade (total sample size $n = 16\ 500$), tenth grade (total sample size $n = 15\ 800$), and twelfth grade (total sample size $n = 14\ 600$) found that the rate of lifetime prevalence of alcohol use was 45.6%, 66% and 76.6% (for students in eighth grade, tenth grade and twelfth grade respectively). The rate of last year alcohol use was 37.2%, 59.3% and 70.1% (for students in eighth grade, tenth grade and twelfth grade respectively). The rate of last month alcohol use was 19.7%, 35.4% and 47.5% (for students in eighth grade, tenth grade and twelfth grade respectively).⁵

Data from the 2001 Harvard School of Public Health College Alcohol Study Survey (total sample size $n = 10\ 904$; 64% female; subjects were students at 119 4-year colleges) show that the rate of last year abstainers was 19.3% (total), 20.1% (males) and 18.7% (females).⁶

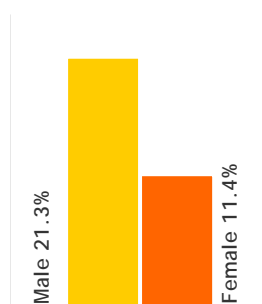
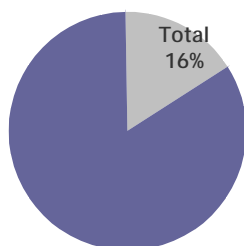
Data from the 2001 National Household Survey (total sample size $n = 68\ 929$; aged 12 years and older) show that the rate of last year alcohol use among the subsample aged 14 to 19 years (sample size unknown) was 52.7% (total), 52% (males) and 53.4% (females).²

In a recent study of 2280 youths from two juvenile justice detention facilities in Georgia (939 males and 1341 females; age range 11 to 18 years), the rate of lifetime alcohol use for the entire sample was 77.8%. Recent alcohol consumption (the month prior to the current detention) was reported by 62.6% of the participants. Of these, approximately 40% reported alcohol consumption on six or more days. Furthermore, 37.8% had five or more drinks during that time. Half of the participants who reported alcohol consumption in the month prior to the detention had had five or more alcoholic drinks in the same day, with 62.4% engaging in this behaviour between 1 and 5 days and the remaining 38.6% engaging in this behaviour (binge drinking) between 6 and 31 days.⁷

In a study of 314 students: 116 African American adolescents (50 boys and 66 girls) and 198 Haitian adolescents (93 boys and 105 girls) in inner-city public high schools in Boston (students were in grade 9 through 12), it was found that the rate of current drinking activity (drank in the past 6 months) was 67% (African-American boys), 45% (African-American girls), 43% (Haitian boys) and 61% (Haitian girls). The corresponding rates for lifetime alcohol use were 94%, 77%, 97% and 96% respectively.⁸

A study using data from the 1993 National Household Survey on Drug Abuse included 1865 Hispanic adolescents (52% male; aged 12 to 17 years; respondents are of Cuban ($n = 200$), Mexican ($n = 1133$), Puerto Rican ($n = 255$) and Central/South-American ($n = 277$) origin) found the rate of last year abstainers for males (by above-mentioned order of origin) to be 78.1%, 63.2%, 68.2% and 61.3% respectively. For females the rates were 70.2%, 66.7%, 70.2% and 65.5% respectively. The corresponding rates of frequent heavy drinking (defined as having drunk four or more times in the past month and drinking five or more drinks per sitting one or more times) to be 0.5%, 6.7%, 3.1% and 5.8% for males and 1.1%, 2.5%, 0.1% and 2.3% for females.⁹

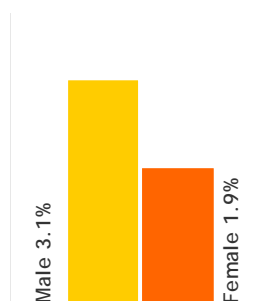
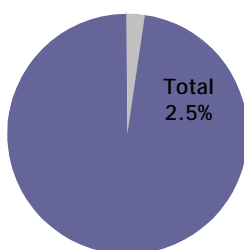
Youth drinking (drink at least weekly)



HBSC survey 2001/2002. Data shows proportion of 15-year-olds who report drinking beer, wine or spirits at least weekly. Total sample size $n = 1625$.¹⁰

According to the 1997/1998 HBSC survey (total sample size $n = 1808$), 23% of 15-year-old boys and 15% of 15-year-old girls reported drinking beer, wine or spirits at least weekly.¹¹

Youth drinking (last month heavy drinkers)



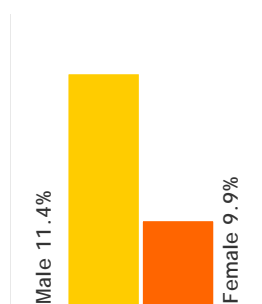
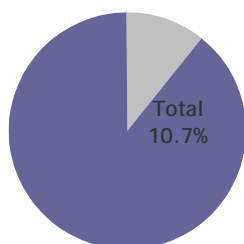
2002 national survey. 68 126 interviews were obtained from subjects aged 12 years or older. Data shown is only for subsample of subjects aged 12 to 17 years old (sample size unknown). Heavy drinking was defined as having five or more drinks on the same occasion on at least five different days in the past month.¹

Data from the 2003 Monitoring the Future study (national results on adolescent drug use) conducted among students in eighth grade (total sample size $n = 16\ 500$), tenth grade (total sample size $n = 15\ 800$), and twelfth grade (total sample size $n = 14\ 600$) found that the rate of last month daily use of alcohol was 0.8%, 1.5% and 3.2% (for students in eighth grade, tenth grade and twelfth grade respectively).⁵

Data from the 2001 National Household Survey (total sample size $n = 68\ 929$; aged 12 years and older) show that 32% of teenagers reported drinking on a monthly basis and 21.5% (24.6% of boys and 18.4% of girls) reported binge drinking five or more drinks on at least one occasion in the past month. In terms of heavy alcohol use, 6.5% of teenagers (8.4% of boys and 4.6% of girls) reported drinking five or more drinks on each of five or more days in the past month.²

In a 2002 study of 1029 (58% female) students attending a community college in California, it was found that 74% of the participants reported drinking alcohol in the past 12 months and 52% reported alcohol use in the past 30 days. About half (47%) of the sample reported lifetime use of malt liquor, and 38% reported malt liquor use in the past 12 months. Malt liquor drinkers also reported engaging in heavy drinking (i.e. five drinks in a row in a 2-hour period) more frequently and experienced intoxication more frequently than did drinkers who reported no malt liquor use. Overall, 30% of the sample reported heavy drinking in the past 30 days; among them, 71% were malt liquor drinkers. Similarly, 40% of the sample reported intoxication in the past 30 days; among these respondents, 67% were malt liquor drinkers. The study also found that prevalence rates of problem behaviours generally were highest among malt liquor drinkers, followed by drinkers who did not use malt liquor and then nondrinkers.¹²

Youth drinking (last month heavy episodic drinkers)



2002 national survey. 68 126 interviews were obtained from subjects aged 12 years or older. Data shown is only for subsample of subjects aged 12 to 17 years old (sample size unknown). Heavy episodic drinking was defined as having five or more drinks on the same occasion at least once in the past month.¹

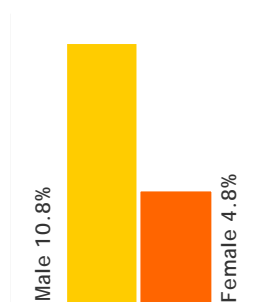
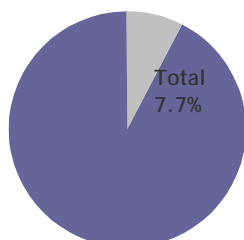
Data from the 2003 Youth Risk Behavior Survey (total sample size $n = 15\,214$; subjects in grades 9 to 12) show that the rate of last month heavy episodic drinking (students who had five or more drinks of alcohol in a row, that is, within a couple of hours, on one or more of the past 30 days) was 28.3% (total), 29% (males) and 27.5% (females).⁴

Data from the 2001 Harvard School of Public Health College Alcohol Study Survey (total sample size $n = 10\,904$; 64% female; subjects were students at 119 4-year colleges) show that the rate of binge drinkers was 44.4% (total), 48.6% (males) and 40.9% (females). The rate of frequent binge drinkers was 22.8% (total), 25.2% (males) and 20.9% (females). Binge drinking was defined as the consumption of at least five drinks in a row for men or four drinks in a row for women during the two weeks before completion of the survey. Frequent binge drinking was defined students who had binged (refer to above definition) three or more times in the past two weeks.⁶

Youth drinking (drunkenness)

According to the 2001/2002 HBSC survey (total sample size $n = 1625$), the proportion of 15-year-olds who reported having been drunk at least two or more times was 30.4% for boys and 22.7% for girls.¹⁰

Alcohol dependence or abuse (last year)



2002 national survey. 68 126 interviews were obtained from subjects aged 12 years or older. Survey measured alcohol dependence or abuse based on criteria specified in the DSM-IV.¹

In a sample consisting of 2040 short-stay, general hospital admissions (1613 males and 427 females) the current (last year) prevalence for DSM-IV criteria of alcohol use disorder was found to be 7.4%.¹³

It is a known fact that alcohol abuse and alcoholism are leading causes of death among Native Americans. In a series of face-to-face interviews conducted with 1660 individuals from seven Native American tribes from 1998 to 2001, the lifetime prevalence of DSM-IV alcohol dependence was found to be high in six of the seven tribes (men: 21–56%, women: 17–30%).¹⁴

In a study conducted among Navajo Indians (735 men and 351 women) using the Diagnostic Interview Schedule, the rate of lifetime prevalence of alcohol dependence was found to be 70.4% for men and 29.6% for women.¹⁵

In a recent study of 198 (109 male) homeless youths aged between 13 and 19 years old, it was found that 95.4% of the total sample had used alcohol in the past year and 87.9% had used alcohol in the past month. Using the Structured Clinical Interview for DSM (SCID), 44.6% of those administered the SCID for alcohol met criteria for DSM-IV alcohol dependence in the past year; an additional 21.7% of those not meeting dependence criteria met criteria for alcohol abuse.¹⁶

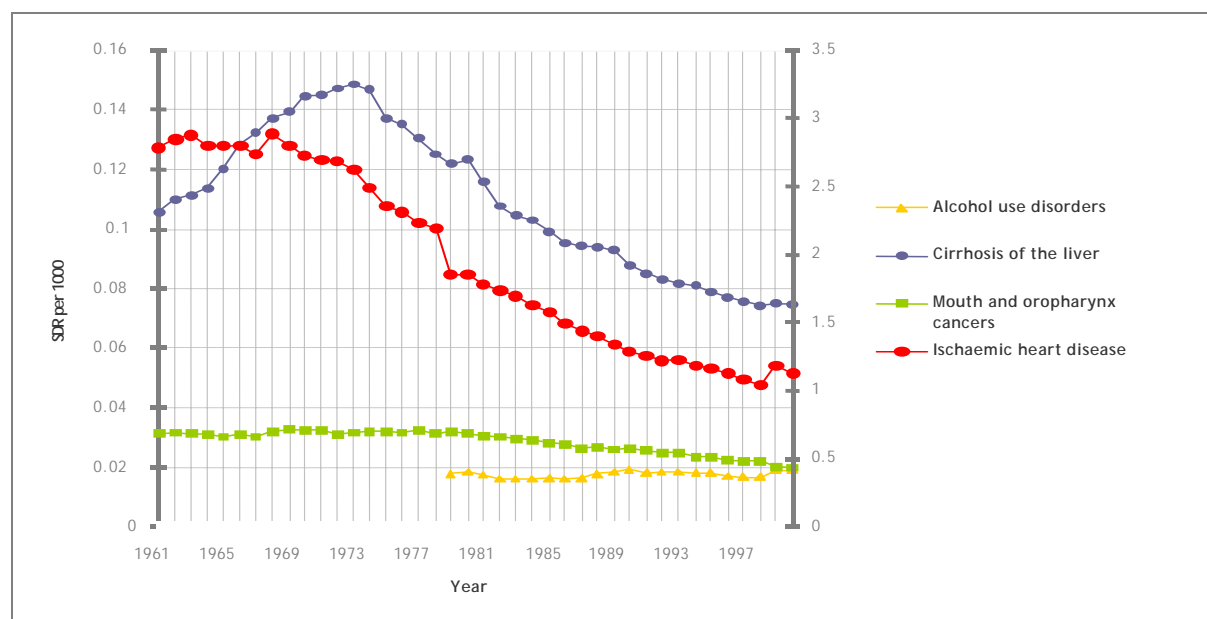
Unrecorded alcohol consumption

The unrecorded alcohol consumption in the United States of America is estimated to be 1.0 litre pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).¹⁷

Mortality rates from selected death causes where alcohol is one of the underlying risk factors

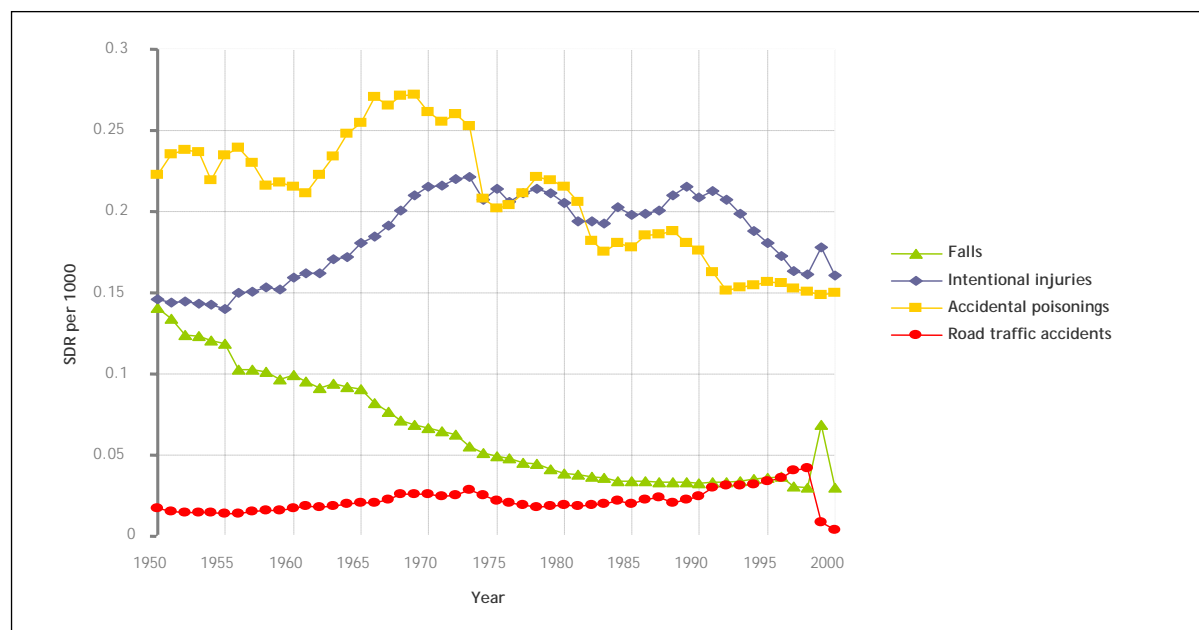
The data represent all the deaths occurring in a country irrespective of whether alcohol was a direct or indirect contributor.

Chronic mortality



Note: Chronic mortality time-series measured on two axes, ischaemic heart disease on right axis and the other causes on the left.

Acute mortality



Source: WHO Mortality Database

Morbidity, health and social problems from alcohol use

Workers are roughly two times more likely to be absent from work the day after alcohol was consumed.¹⁸

A survey found that farm residents who drank more frequently had higher farm work injury incidence rates (3.35 injuries per 10 000 person-days of observation versus 1.94 injuries per 10 000).¹⁹

A study of 6540 managers, supervisors and workers at 16 worksites found that although moderate-heavy and heavy drinkers reported more work performance problems than very light, light or moderate drinkers, the lower-level-drinking employees, since they were more plentiful, accounted for a larger proportion of work performance problems than did the heavier drinking groups.²⁰

In a study looking at data from 1992 to 2000, it was found that there were an estimated 68.6 million emergency department visits attributable to alcohol, a rate of 28.7 per 1000 population. The number of alcohol-related visits increased 18% during this period.²¹

In emergency rooms, self-reported alcohol consumption within six hours of admission is higher for injured than uninjured attendees. 20–40% of emergency admissions are intoxicated; the night-time rate is higher at 80%.²²

In a study evaluating a sample of emergency department patients for history of violence and substance abuse, it was found that in comparison with participants who reported no alcohol use, those drinking any alcohol were twice as likely to report that their injury sustained was related to acute violence and that there was a history of past-year violence, including violence victimization and perpetration in both partner and non-partner relationships, as well as any substance use in the past month and any substance-related consequences in the past year.²³

According to the National Highway Traffic Safety Administration, during 2002, alcohol-related motor-vehicle crashes resulted in 17 419 deaths in the United States, accounting for 41% of all traffic fatalities.²⁴

In a report released by the Centers for Disease Control and Prevention (CDC) that analysed the occurrence of child passenger deaths involving drinking drivers during 1997–2002, it was found that among the 2335 children who died in alcohol-related crashes, 1588 (68%) were riding with drinking drivers.²⁵

Conservative estimates of sexual assault prevalence suggest that 25% of American women have experienced sexual assault, including rape. Approximately one half of those cases involve alcohol consumption by the perpetrator, victim or both.²⁶ A study looking at data from 859 female sexual assault victims identified from the National Violence against Women Survey found that offender drinking was associated with greater likelihood of rape completion.²⁷

A study conducted among college women (using data from three different surveys performed in 1997, 1999 and 2001) found that roughly one in 20 (4.7%) women reported being raped. Nearly three quarters (72%) of the victims experienced rape while intoxicated. Women who drank heavily in high school and attended colleges with high rates of heavy episodic drinking were at higher risk of rape while intoxicated.²⁸

Alcohol plays an important part in intimate partner violence. A 1995 national study found that 30–40% of the men and 27–34% of the women who perpetrated violence against their partners were drinking at the time of the event.²⁹ A study found that problem drinking significantly predicted perpetration and victimization for men and women. For women, partner drinking was strongly related to perpetration and victimization.³⁰

In a recent study of 103 women who were arrested for domestic violence, it was found that relative to the nonhazardous drinkers (NHD) group, hazardous drinkers (HD) women reported significantly greater frequency of perpetration of physical assault, psychological abuse and sexual abuse toward their relationship partners, causing significantly more injuries. HD women also reported significantly greater frequency of physical assault victimization than NHD women. HD women reported significantly greater frequency of general violence perpetration since age 18 than NHD women. There was a trend for the HD group to report a greater frequency of general violence in the past year relative to the NHD group. Women in the HD group also reported significantly more partner alcohol problems relative to the NHD group. HD women were significantly more likely than NHD women to have used alcohol and to have been intoxicated prior to the most recent battering arrest. In addition, compared with NHD women, HD women reported a higher frequency of partner violence perpetration and victimization, and general violence perpetration, subsequent to drinking in the past year.³¹

A time series analysis of alcohol consumption and suicide mortality between 1934 and 1987 in the United States of America found that bivariate associations between alcohol consumption and suicide rates were not significant. However, when unemployment was included in the model, increases in per capita alcohol consumption were significantly related to increases in suicide overall, for men and women, and for the young (under age 40) and middle-aged (40 to 59 years), but not for those over age 60.³² An earlier study looking at suicide rates and alcohol consumption between 1970 and 1989 showed findings that suggested that it was not the consumption of ethanol

per se but rather the consumption of ethanol in the form of spirits that is related to suicide. Rather, it would appear that a population-based preference for the consumption of spirits is associated with suicide events.³³

In a study exploring the relationship between alcohol use prior to suicide among American Indian decedents in New Mexico for the years 1980 through 1998, alcohol was detected in 69% of all suicides with some variance by major tribal cultural groups (ranging from 62.1% to 84.4%). This is higher than in suicides among the overall New Mexico population (44.3%). The mean blood alcohol concentration (BAC) of the drinking Indian decedents at suicide was 0.198. Mean BACs were high for both males (0.199) and females (0.180) who had been drinking. Over 90% of the Indian decedents who had been drinking had BACs greater than the legal intoxication level of 0.08.³⁴

A study found that a consumption increase of 1 litre of alcohol per capita brings about an increase in the divorce rate of about 20%. The results from this study provide support both for the effects of heavy drinking on divorce rates and the effect of divorce rates on expenditure for alcoholic beverages.³⁵

A study found that from 1983 to 1998, changes in alcohol consumption were significantly associated with changes in gonorrhoea and syphilis rates. Each 1% increase in alcohol consumption was associated with increases of about 0.4% to 0.7% in reported gonorrhoea incidence rates and 1.8% to 3.6% in reported syphilis incidence rates.³⁶

Alcohol is associated with motor vehicle crashes and fatal intentional injuries such as suicides and homicides. In 1994, 19 470 deaths were attributed to alcohol-induced causes.³⁷

In 1998, chronic liver disease (CLD) was the tenth leading cause of death in the United States. Of 30 933 CLD deaths in 1998, 39% were coded as alcohol-related.³⁸

A national study of college and university students conducted in 1999 found that compared with respondents first intoxicated at age 19 or older, those first intoxicated prior to age 19 were significantly more likely to be alcohol dependent and frequent heavy drinkers, to report driving after any drinking, driving after five or more drinks, riding with a driver who was high or drunk and, after drinking, sustaining injuries that required medical attention. Respondents first intoxicated at younger ages believed that they could consume more drinks and still drive safely and legally; this contributed to their greater likelihood of driving after drinking, and riding with high or drunk drivers.³⁹

A national study of college students found that students with poor mental health/depression (PMHD) were less likely to report never drinking, as likely to report frequent, heavy and heavy episodic drinking, and more likely to report drinking to get drunk. Students with PMHD - especially females - were more likely to report drinking-related harms and alcohol abuse.⁴⁰

Economic and social costs

The costs of alcohol abuse and alcoholism were estimated to be \$184.6 billion in 1998. These costs include: about \$18.9 billion in medical expenditures to treat the medical consequences of alcohol abuse and alcoholism, \$134.2 billion due to lost earnings, \$31.6 billion for other impacts to society (such as specialty alcohol services such as alcohol abuse treatment, crime costs and social welfare administration). Compared to 1992, this was an approximately 25% increase, or an average annual increase of 3.8%.⁴¹

In 1992 the economic cost to society from alcohol abuse and alcoholism was an estimated \$148 billion. Specialized services for the prevention and treatment of alcohol problems cost \$5.6 billion and treatment for health problems attributed to alcohol abuse cost \$13.2 billion. 107 400 people died as a consequence of alcohol abuse and the estimated cost was \$31.3 billion, representing the present discounted value of expected lifetime earnings (at 6%). An estimated \$67.7 billion in lost potential productivity was attributed to alcohol abuse. Total costs attributed to alcohol-related motor vehicle crashes were estimated to be \$24.7 billion. This included \$11.1 billion from premature mortality and \$13.6 billion from automobile and other property destruction.⁴²

In the United States of America, related absenteeism and poor job performance cost \$148 billion annually (average annual cost per working adult, \$2000). Although hangover is associated with alcoholism, most of its cost is incurred by the light-to-moderate drinker.⁴³

The total cost of alcohol use by youth was \$52.8 billion in 1996. This includes \$19.5 billion for alcohol-attributable crashes involving drivers under the age of 21 (pedestrians and cyclists included), \$29.4 billion for alcohol-attributable violent crime involving perpetrators under the age of 21, suicide attempts (\$1.5 billion), unintentional drownings (\$426 million), alcohol-attributable burns (\$189 million), fetal alcohol syndrome (\$493 million), alcohol poisonings (\$340 million) and alcohol treatment (\$1 billion). Yet another breakdown of this \$52.8 billion expense is how the money was spent: alcohol-related problems resulted in \$3.7 billion in medical spending in 1996 – about 4% of total medical spending in the country; they led to future work losses, property

damage, and criminal justice costs of \$10.6 billion; and they caused pain and quality of life losses conservatively valued at \$38.5 billion.⁴⁴

Country background information

Total population 2003	294 043 000	Life expectancy at birth (2002)	Male	74.6
Adult (15+)	232 293 970		Female	79.8
% under 15	21	Probability of dying under age 5 per 1000 (2002)	Male	9
Population distribution 2001 (%)			Female	7
Urban	77	GNI per capita 2002	US\$	35 060
Rural	23			

Sources: Population and Statistics Division of the United Nations Secretariat, World Bank World Development Indicators database, The World Health Report 2004

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