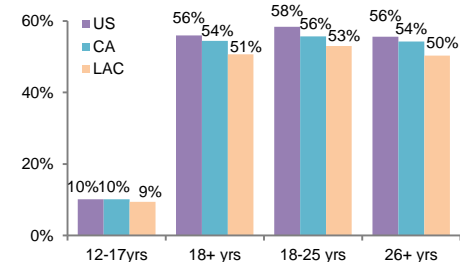


Excessive Drinking and Consequences

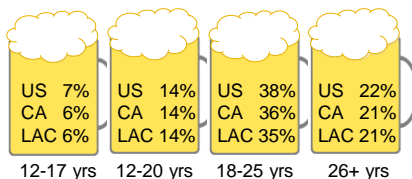
March 2019

Prevalence

Alcohol Drinking in the Past 30 Days by Age in Los Angeles County (LAC), 2014-2016¹

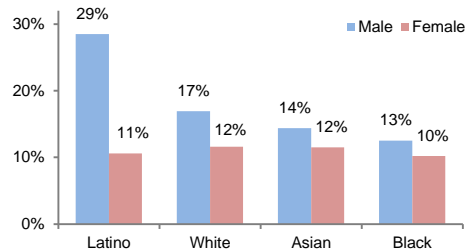


Binge Drinking in the Past 30 Days by Age, 2012-2014¹



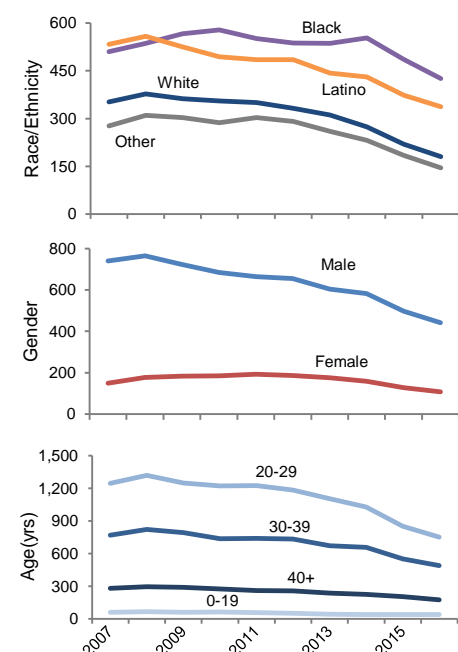
Binge drinking: 4 or more for alcoholic beverages for women, and 5 or more alcoholic beverages for men, on the same occasion on at least 1 day in the past month.

Binge Drinking Among Adults (18+) by Gender and Race/Ethnicity in LAC, 2015²

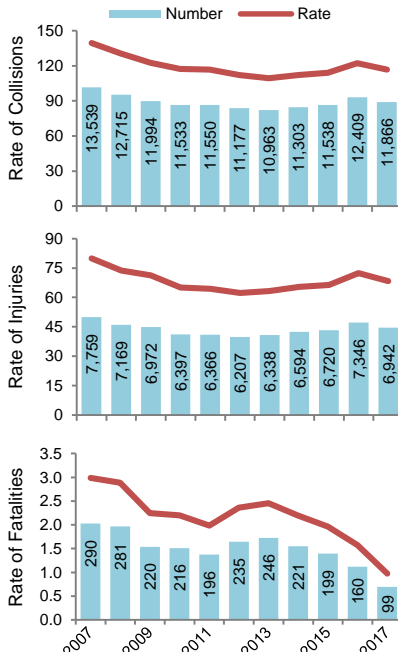


Driving Under the Influence (DUI)

DUI Arrest Rate per 100,000 Population by Race/Ethnicity, Gender, and Age in LAC, 2007-2016³



Number and Rate per 100,000 Population of Alcohol-involved Motor Vehicle Collisions, Injuries, and Fatalities in LAC, 2007-2017⁴



Economic Costs

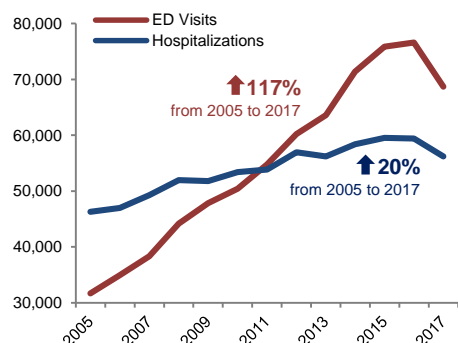
Alcohol-related Tangible Costs in LAC, CA, and US, 2018⁵

Cost Category	Annual Cost (2010)
United States	\$302.5 billion
Healthcare	\$34.5 billion
Lost Productivity	\$217.6 billion
Other	\$50.5 billion
California	\$42.8 billion
Healthcare	\$4.9 billion
Lost Productivity	\$30.8 billion
Other	\$7.1 billion
Los Angeles County	\$11.1 billion
Healthcare	\$1.3 billion
Lost Productivity	\$8.0 billion
Other	\$1.9 billion

Lost productivity includes reduced productivity at work, work absenteeism, and lost productivity due to death. "Other" includes criminal justice system costs, motor vehicle crashes, and property damage. Based on 2010 estimates adjusted for population increases and inflation to 2018 USD.

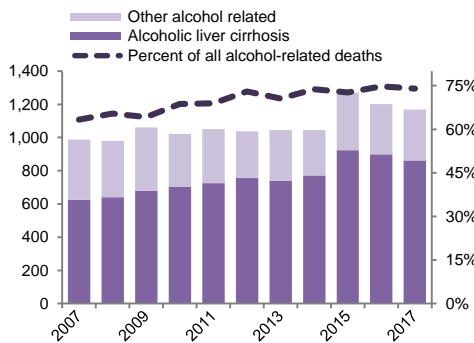
Healthcare Utilization

Number of Alcohol-related ED Visits and Hospitalizations in LAC, 2005-2017⁶

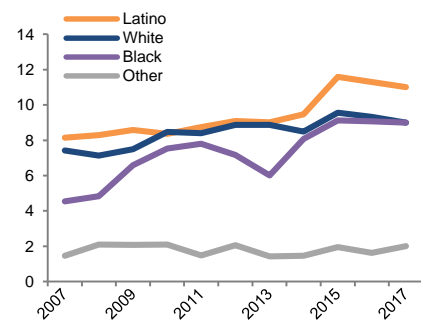


Mortality

Number of Alcoholic Liver Cirrhosis Deaths in LAC, 2006-2017⁷



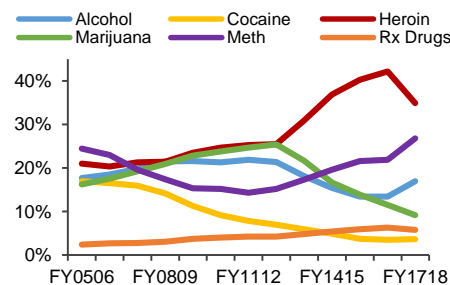
Alcoholic Liver Cirrhosis Death Rate per 100,000 Population by Race/Ethnicity and Age in LAC, 2007-2017⁷



Excessive Drinking and Consequences

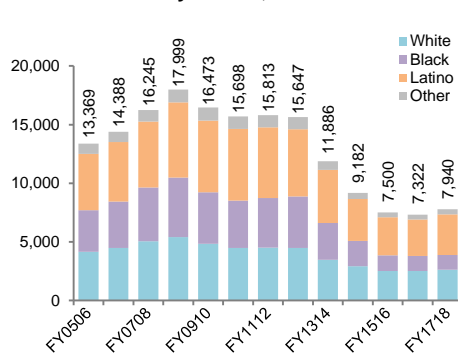
Treatment Admissions

Primary drug problem at treatment admission, LAC, FY0506-FY1718⁸

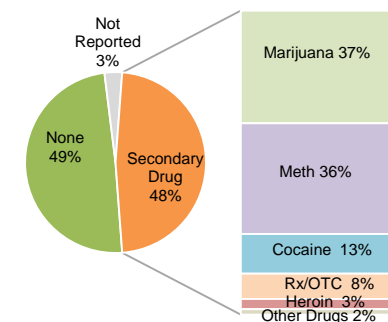


The proportion of admissions to publicly funded SUD treatment programs with alcohol as the primary drug decreased after FY1213 but increased in FY1718.

Primary Alcohol Admissions by Race/Ethnicity in LAC, FY0506-FY1718⁸



Secondary Drug Problem Among Primary Alcohol Admissions in LAC, FY1718⁸



1. Substance Abuse and Mental Health Services Administration. Substate estimates of substance use and mental illness from the 2012-2014 and 2014-2016 National Surveys on Drug Use and Health: Results and Detailed Tables.

In 2014-2016, over half of all adults age 18 or older reported current drinking in the United States (US), California State (CA) and Los Angeles County (LAC).

LAC had lowest percent for current drinking among all age groups from 2014-2016 compared to CA and US. Percent for underage (individuals age 12 to 17), 18 or older, 18 to 25 and 26 or older were 9%, 51%, 53% and 50% in LAC, while in CA those were 10%, 54%, 56% and 54% and in US those were 10%, 56%, 58% and 56%.

In 2012-2014, over 1 in 3 young adults age 18 to 25 reported binge drinking in LAC (35%), CA (36%) and US (38%). Adults age 26 or older had lower percent of binge drinking: LAC (21%), CA (21%), and US (22%). Among underage individuals (age 12 to 20), there were 14% reported binge drinking in LAC same as CA and US. Individuals age 12 to 17 reported 6% binge drinking in LAC and CA, US was higher at 7%.

2. Los Angeles County Health Survey 2015; Office of Health Assessment and Epidemiology, Los Angeles County Department of Public Health.

In 2015, LAC adults age 18 or older had 52% of prevalence of alcohol drinking at least once in the past month and 16% of prevalence of binge drinking.

Latinos in LAC had the greatest prevalence of binge drinking (drinking 4 or more alcoholic beverages for women, and 5 or more alcoholic beverages for men on the same occasion on at least one day in the past 30 days) among all the races in 2015 (Latino male 29%, Latino female 11%), followed by Whites (White male 17%, White female 12%), Asians (Asian male 14%, White female 12%) and Blacks (Black male 13%, Black female 10%).

Male had higher prevalence of binge drinking than female across all race/ethnicity groups in LAC.

3. California Department of Justice, Criminal Justice Statistics Center, Monthly Arrest & Citation Register.

In 2016, there were 27,586 DUI arrests in LAC. Among the DUI arrests, the largest demographic groups were males (80%), Latinos (60%) of DUI arrests, and individuals age 20 to 39 (69%).

From 2005-2016 in LAC, rates per 100,000 population of DUI arrests among males decreased from 686 to 441, while the rates among females decreased from 129 to 108.

In 2009, rates per 100,000 population of DUI arrests among Blacks surpassed that of Latinos. Blacks remained the race with highest rate of DUI arrest in recent years, followed by Latinos, Whites, and other races in LAC.

In 2016, young adults aged 20 to 29 had highest rates of DUI arrests in LAC, followed by individuals age 30 to 39, individuals age 40 or older, and individuals age 0 to 19.

4. Statewide Integrated Traffic Records System 2018.

Fatal and injury motor vehicle traffic collisions. California Highway Patrol.

During 2007-2017 in LAC, there were total of 130,587 motor vehicle collisions that involved alcohol, resulting in 74,810 injuries and 2,363 fatalities.

There were decreases from 2007-2017 in the rate (per 100,000 population) of alcohol-involved collisions (by 16% from 140 in 2007 to 117 in 2017), alcohol-involved injuries (by 15% from 80 in 2007 to 68 in 2017), and alcohol-involved fatalities (by 67% from 3 in 2007 to 1 in 2017).

Of all motor vehicle collisions in LAC from 2007-2017, 9.4% involved either alcohol or drugs, 8.7% involved alcohol alone, 0.5% involved drug(s) alone, and 0.1% involved both alcohol and drugs.

Of all motor vehicle injuries in LAC from 2007-2017, 9.4% involved either alcohol or drugs, 8.6% involved alcohol alone, 0.5% involved drug(s) alone, and 0.1% involved both alcohol and drugs.

Of all motor vehicle fatalities in LAC from 2007-2017, 44.8% involved either alcohol or drugs, 22.4% involved alcohol alone, 11.4% involved drug(s) alone, and 10.8% involved both alcohol and drugs.

While the total number and percent of alcohol or drug involved motor vehicle collisions and injuries remained relatively stable from 2007-2017, the number and percent of alcohol or drug involved motor vehicle fatalities were much lower in 2016-2017 than in previous years.

5. Sacks JJ, et al. 2010 National and State Costs of Excessive Alcohol Consumption. Am J Prev Med. 2015; 49(5):e73-e79. Data extrapolated for California and Los Angeles County. All estimates were adjusted for inflation to 2018 US dollars.

According to Sacks et al (data extrapolated for LAC and adjusted for inflation to 2018 US dollars), the total tangible direct and indirect costs of excess alcohol consumption in LAC in 2017 was over \$11 billion.

Healthcare Costs:

- Healthcare costs for treatment of alcohol-attributable conditions were \$1.3 billion for LAC in 2017.

Lost Productivity Costs:

- Alcohol-related costs due to premature mortality, impaired productivity at work, home, and while institutionalized, work-related absenteeism, lost work days among crime victims and from incarceration, and reduced productivity related to fetal alcohol syndrome were \$8.0 billion for LAC in 2017.

Other Costs:

- Alcohol-related costs due to criminal justice system, property damage, motor vehicle crashes, fire damage, and fetal alcohol syndrome related special education were \$1.9 billion in LAC in 2017.

6. Emergency Department and Inpatient Discharge Data Set. Office of Statewide Health Planning and Development. California Department of Public Health.

In LAC, the number of emergency department visits with any alcohol-related diagnosis or external cause of injury significantly ($p_{trend} < 0.01$) increased by 117% from 31,652

visits in 2005 to 68,727 visits in 2017.

- The number of alcohol-related hospitalizations with any alcohol-related diagnosis or external cause of injury significantly ($p_{trend} < 0.01$) increased by 20% from 46,276 hospitalizations in 2005 to 56,239 hospitalizations in 2017.
- Alcohol-related ED visits increased and outnumbered hospitalizations beginning in 2011.

7. Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database. <http://wonder.cdc.gov/mcd-icd10.html>

The number of alcohol related deaths increased by 21% from 990 in 2000 to 1,168 in 2017 in LAC. The rate per 100,000 population of alcohol related deaths increased from 10 to 12 per 100,000 population from 2000 to 2017 in LAC.

The rate of alcoholic related deaths attributable to alcoholic liver cirrhosis increased from 5 per 100,000 population in 2000 to 9 per 100,000 population in 2017 in LAC.

Alcoholic liver cirrhosis deaths increasingly accounted for deaths related to alcohol. Alcoholic related deaths attributable to alcoholic liver cirrhosis increased from 49% (482 deaths) in 2000 to 74% (863 deaths) in 2017. Number of alcoholic liver cirrhosis deaths increased by 79% from 2000-2017 in LAC.

In 2017, Latinos had the highest rate (per 100,000 population) of alcoholic liver cirrhosis deaths (rate = 11), followed by Whites and Blacks (rate = 9), and those of other races (2 per 100,000 population) in LAC.

Rates (per 100,000 population) of alcoholic liver cirrhosis deaths were highest among individuals aged 55 to 64 (rate = 26) and aged 65 to 74 (rate = 21), followed by individuals aged 45 to 54 and aged 75 to 84 (rate = 13), individuals aged 85 or older (rate = 7), and individuals aged 35 to 44 (rate = 6), and individuals age 25 to 34 (rate = 1).

8. Los Angeles County Participant Reporting System and Sage data. Substance Abuse Prevention and Control, Los Angeles County Dept. of Public Health.

During FY0506 to FY1718, the proportion of admissions to publicly funded treatment programs in LAC for a primary alcohol problem decreased after FY1213 but increased in FY1718.

During FY0506 to FY1718, there were a total of 169,462 treatment admissions to publicly funded treatment programs in LAC for a primary alcohol problem. The number of primary alcohol admissions began to drop from FY1314.

In FY1718, 17% of admissions was due to alcohol as the primary drug of problem.

Latinos accounted for the largest portion of admissions to publicly funded treatment centers/programs in LAC, followed by Whites, Blacks, and individuals of other race/ethnicities.

Nearly half (48%) of admissions for alcohol as the primary problem in LAC also reported a secondary drug problem in FY1718. Marijuana was the most common secondary drug problem, followed by meth, cocaine, prescription or over-the-counter drugs, heroin, and other drugs.