North Dakota is second in binge drinking

Excessive alcohol use causes diseases of the liver, heart, nervous system and pancreas, as well as some cancers. It is also associated with many social ills, including crime, motor vehicle crashes, homicide, suicide, domestic violence and work absenteeism. Alcohol consumption during pregnancy can cause fetal alcohol syndrome. In North Dakota about 6 percent of the population drinks in excess regularly, while 21 percent binge drink (drank five or more drinks on one or more occasions in the past month). In 2003, the North Dakota binge drinking rate (21%) was second only to that in Wisconsin (24%).

Binge drinking is worse among the young

- In 2003, young adults age 18 to 24 binge drank at a much higher rate (42%) than did older age groups.

- In 2003, males (33%) were three times more likely to binge drink than were females (10%).

- Binge drinking rates were high for both American Indians (29%) and whites (22%). (1996-2002)

- Binge drinking rates were high regardless of educational background or household income.
To achieve the Healthy People 2010 objective: a comprehensive approach must be employed

The Healthy People 2010 objective is to decrease the binge drinking rate to 6 percent or less. There is a particular need to decrease alcohol misuse in young adults age 18 to 24, among whom the heavy drinking and binge drinking rates are the highest. This will require state and community intervention (policy change, social change, education and treatment).

“Healthy North Dakota - Highlights” is prepared by the Department of Community Medicine, University of North Dakota School of Medicine and Health Sciences for the North Dakota Department of Health.

To learn more about alcohol and other behavioral health risks in NORTH DAKOTA, contact the North Dakota Department of Health, 600 E. Boulevard Ave., Dept 301, Bismarck, ND 58505; 701.323.2372; or visit www.ndhealth.gov.

EFFECTIVE STRATEGIES

- Increase public awareness of the misuse of alcohol both statewide and in local communities.
- Increase community-based and worksite prevention education.
- Decrease discount drinking opportunities, such as “happy hours.”
- Increase skill-building education to help people turn down drinks offered to them.
- Increase excise tax on alcohol.
- Increase health professional training regarding screening and counseling for alcohol misuse.

TECHNICAL NOTE

Data presented in this “Healthy North Dakota - Highlights” come from the North Dakota Behavioral Risk Factor Surveillance System (BRFSS) for year 2003. Every year since 1984, a random sample of adult (age 18 and older) North Dakotans has been interviewed about a wide variety of behavioral risks that are important to staying healthy. Full details of the survey method used to secure these data can be seen at www.cdc.gov/brfss. Whenever race-specific estimates for North Dakota American Indians are presented, a seven year aggregate BRFSS dataset (1996-2002) has been used; 438 respondents during this time period identified themselves as American Indian, and 14,127 as whites.

In 2003, there were 3,026 respondents to the North Dakota BRFSS. The responses described in this issue concern:

Binge drinking: persons who had five or more drinks on one or more occasion in the past month.

Heavy drinking: men who had more than two drinks a day, or women who had more than one drink a day, in the past month.