| And website and an and a second secon |                 |   | CONNECTICUT DEPARTMENT OF PUBLIC HEALTH<br>Policy, Planning and Analysis |              |                    |           |          |  |
|--|-----------------|---|--|--------------|--------------------|-----------|----------|--|
|  |                 | Looking Toward 2000 - State Health Assessment |  |              |                    |           |          |  |
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| ALCOHOL  |                 |   | u  | 4            | n                  |           |          |  |

## Summary

Abuse of alcohol has been linked to a variety of diseases including heart disease, liver, oral and esophageal cancer, hepatitis, gastrointestinal disorders, cirrhosis of the liver, and mental illness. Alcohol is estimated to be a factor in half of all motor vehicle fatalities. In addition, alcohol use by pregnant women can adversely affect birth outcomes, resulting in low birthweight or babies born with fetal alcohol syndrome.

# **Time Trends**

Questions on the BRFSS address different measures of alcohol consumption. Respondents are asked if they have had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor in the past month, and those answering "yes" are considered current drinkers. Each year about two-thirds of Connecticut adults report consuming alcohol in the previous month, a figure that is well above the median for all states. In 1995, the prevalence of current drinking in Connecticut was 64.8%, with a median for all states of 52.7% and a range from 27.4% to-69.6%. Chronic drinking of 60 or more drinks per month, acute or binge drinking of 5 or more drinks on an occasion in the past month, and drinking and driving are also measured. The prevalence of binge drinking in 1995 was 14.4%, chronic drinking was 4.4%, and drinking and driving was 2.5%. Only binge drinking by college students is related to a *Healthy People 2000* objective, with a target of 32%. While not an exact measure of the objective, the BRFSS data for acute drinking among 18-24 year olds can provide consistent data over time to serve as an indication of the time trend. Between 1990 and 1995, the rate of binge drinking among 18-24 year olds in Connecticut decreased from 32.9% to 22.4% (Figure 3-13).

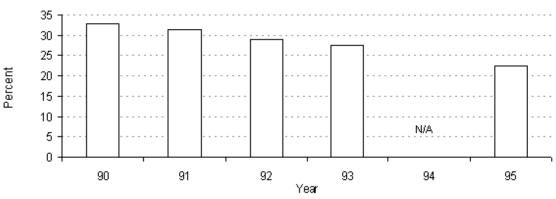
### **High Risk Populations**

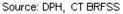
Men and young people are at higher risk than others for alcohol use and abuse (Figures 3-14 and 3-15). Non-whites overall and non-white females are at lower risk than whites for binge drinking.

### Figure 3-13

#### Binge Drinking: (Five or More Drinks on One Occasion), Age 18-24 Years

#### Connecticut, 1990-95

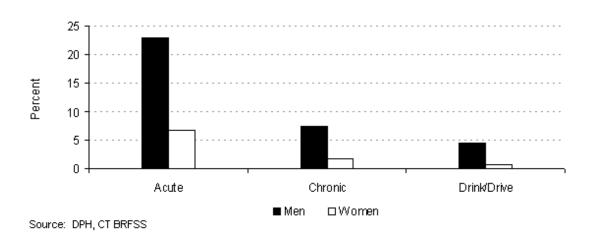




#### Figure 3-14

#### **Drinking by Sex**

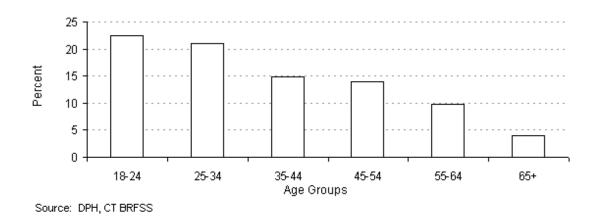
#### **Connecticut Adults, 1995**



#### Figure 3-15

#### Binge Drinking (Five or More Drinks on One Occasion) by Age

#### Connecticut, 1995



# **Intervention Strategies**

Enhance resources for treatment of alcohol abuse and other forms of substance abuse, including outpatient treatment, detoxification, and short- and long term residential treatment.

Provide accessible and culturally appropriate substance abuse services and expand services in prisons.

Remove barriers to substance abuse treatment by providing transportation, child care, housing, and vocational and educational support as needed.

Assure outreach and case management services to substance abusing pregnant women, mothers, youth, and other underserved populations.

Assure adequate enforcement of policies relating to drug offenses, drunk driving (and boating), and sale and possession of alcohol and controlled substances.

# Chapter 3 continued

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