National Institute on Alcohol Abuse and Alcoholism

Understanding Alcohol's Adverse Impact on Health

Alcohol and American Society: A Complex Relationship

Alcohol-related problems among adults and adolescents—which result from drinking too much, too fast, or too often—are among the most significant public health issues in the United States and internationally. For example:

» The Alcohol-Related Disease Impact (ARDI) application estimates that each year there are more than 140,000 deaths

(approximately 97,000 male deaths and 43,000 female deaths) attributable to excessive alcohol use, making alcohol one of the leading preventable causes of death in the United States, behind tobacco, poor diet, physical inactivity, and illegal drugs.^{1,2}

- » Alcohol misuse costs the United States about \$249 billion per year.³
- » In the United States, approximately 29.5 million people had alcohol use disorder (AUD) in 2022.4
- » Globally, alcohol misuse is the seventh-leading risk factor for premature death and disability.⁵

National Institute on Alcohol Abuse and Alcoholism's Valuable Contribution

The National Institute on Alcohol Abuse and Alcoholism (NIAAA), a component of the National Institutes of Health, is the lead federal agency for research on alcohol. NIAAA's mission is to generate and disseminate fundamental knowledge about the adverse effects of alcohol on health and well-being, and apply that knowledge to improve diagnosis, prevention, and treatment of alcohol-related problems, including AUD, across the lifespan. NIAAA is the largest funder of alcohol research in the world, with an integrated and multidisciplinary program that includes genetics, basic and clinical research, neuroscience, epidemiology, prevention, and treatment.

NIAAA's broad research portfolio focuses on health topics that touch the lives of almost every family and community across America, such as:

- » Why some people develop AUD
- » How alcohol misuse affects individuals and society
- » How underage drinking impacts brain development in adolescents
- » How we can improve prevention, treatment, and recovery programs







Importantly, the institute's demanding scientific approach generates results that are unbiased, methodologically sound, and trustworthy—making NIAAA the definitive source for science-based information about alcohol and health for individuals, communities, policymakers, and health care providers.

In the alcohol prevention and treatment field, there are more lifesaving tools available today than ever before, thanks largely to the determined and uncompromising efforts of the talented researchers supported by NIAAA.

Looking forward, NIAAA will continue to work toward a greater understanding of alcohol's effects on health and society—an understanding that will help more people live long and healthy lives.

For more information, please visit: niaaa.nih.gov

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), many (but not all) NSDUH estimates from 2022 are comparable with estimates from 2021, as long as updated 2021 estimates, presented in the 2022 Detailed Tables, are used. For more information, see the <u>NSDUH Frequently Asked Questions</u>.

According to the Centers for Disease Control and Prevention (CDC), due to scientific updates to ARDI, estimates of alcohol-attributable deaths or years of potential life lost generated in the current version of ARDI should not be compared with estimates that were generated using the ARDI default reports or analyses in the ARDI Custom Data Portal prior to April 19, 2022.

- ¹ CDC. Alcohol and Public Health: Alcohol-Related Disease Impact. [Table], Annual average for United States 2015–2019 alcohol-attributable deaths due to excessive alcohol use, all ages. [cited 2022 Apr 26]. Available from: <u>https://nccd.cdc.gov/DPH_ARDI/Default/Report.aspx?T=AAM&P=612EF325-9B55-442B-AE0C-789B06E3A8D5&R=C877B524-834A-47D5-964D-158FE519C894&M=DB4DAAC0-C9B3-4F92-91A5-A5781DA85B68&F=&D=</u>
- ² Pilar MR, Eyler AA, Moreland-Russell S, Brownson RC. Actual causes of death in relation to media, policy, and funding attention: examining public health priorities. Front Public Health. 2020;8:279. PubMed PMID: <u>32733836</u>
- ³ Sacks JJ, Gonzales KR, Bouchery EE, Tomedi LE, Brewer RD. 2010 national and state costs of excessive alcohol consumption. Am J Prev Med. 2015;49(5):e73–e79, 2015. PubMed PMID: <u>26477807</u>
- ⁴ SAMHSA, Center for Behavioral Health Statistics and Quality. 2022 National Survey on Drug Use and Health. Table 5.9A—Alcohol use disorder in past year: among people aged 12 or older; by age group and demographic characteristics, numbers in thousands, 2021 and 2022. Available from: <u>https://www.samhsa.gov/data/sites/default/files/reports/rpt42728/NSDUHDetailedTabs2022/NSDUHDetailedTabs2022/NSDUHDetTabsSect5p</u> <u>e2022.htm#tab5.9a</u>
- ⁵ GBD 2016 Alcohol Collaborators. Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016. Lancet. 2018;392(10152):1015–35. PubMed PMID: <u>30146330</u>





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