Alcohol Use

Alcohol is a nervous-system depressant that is rapidly absorbed into the bloodstream after consumption. It affects all organs in the body.\(^1\) Excessive alcohol use has both immediate and long-term associated health risks. Possible immediate effects of excessive alcohol use (usually the result of binge drinking) include unintentional injuries, violence, damage to a fetus if pregnant, and alcohol poisoning. Long-term health risks include neurological problems, cardiovascular disease, depression, liver disease, and some cancers. Excessive alcohol use is the third-leading lifestyle-related cause of death in the U.S, with approximately 75,000 deaths per year. In 2003, more than two million hospitalizations and more than four million emergency room visits were alcohol-related.\(^2\)

When consumed in moderation, alcohol has been shown to have beneficial effects. The lowest coronary heart disease mortality and all-cause mortality rates occur among adults who consume one to two drinks per day. However, the highest morbidity and mortality rates are seen among those who drink large amounts of alcohol.\(^3\)

Alcohol use and abuse is more common among males than females, and among younger adults than older ones.\(^2\) Underage drinking is a major public health problem in the U.S. Even though alcohol use is illegal for persons under age 21, youth ages 12-20 drink almost 20% of all alcohol consumed in the U.S. It is estimated that one of every two high-school students in the U.S. drink some amount of alcohol. In 2004, more than 142,000 emergency room visits by people ages 12-20 could be attributed to injuries and other conditions related to alcohol.\(^2\)

Heavy Alcohol Consumption

The U.S. Department of Health and Human Services and the U.S. Department of Agriculture’s *Dietary Guidelines for Americans* (2005) define moderate drinking as the consumption of up to one drink a day for women and the consumption of up to two drinks a day for men.\(^3\) Consuming, on average, more than one drink per day for women or more than two drinks per day for men is considered heavy alcohol consumption.\(^2\)
Heavy Alcohol Consumption in South Texas

The prevalence of heavy alcohol consumption among adults in South Texas was an estimated 6% in 2002-2005. This prevalence was similar to the percent of heavy alcohol consumption among adults in the rest of Texas (6%) and nationwide (7%). In South Texas, the prevalence of heavy alcohol consumption was slightly higher, but not statistically significantly higher, for non-Hispanic whites (almost 8%) than for Hispanics (6%).

Sex and age patterns for heavy alcohol consumption prevalence in South Texas were the same as observed nationally. The highest rate of adult heavy alcohol consumption was seen in adults 18-29 years of age (Figure 8.8), and the prevalence of heavy alcohol consumption was almost twice as high in South Texas males as in females (9% versus 5%). The prevalence of heavy alcohol consumption was higher, although not statistically significantly higher, in South Texas’s metropolitan counties (7%) than in the non-metropolitan counties (4%).

Figure 8.8. Estimated prevalence of heavy alcohol consumption among South Texas adults by age group, 2002-2005.
Source: Texas Behavioral Risk Factor Surveillance System Combined Year Dataset, Statewide BRFSS Survey, 2002-2005
Binge Drinking

A common pattern of excessive alcohol use in the U.S. is binge drinking. Binge drinking is defined by the National Institute of Alcohol Abuse and Alcoholism as a pattern of alcohol consumption that brings an individual’s blood alcohol concentration (BAC) to 0.08 grams percent or above. For adults, this BAC typically corresponds to drinking five or more drinks in two hours for males and drinking four or more drinks in two hours for females (NIAAA Newsletter, 2004).  

Nationwide, binge drinking is about three times more common among men than women. Binge drinking among underage persons is a problem in the U.S. The prevalence of binge drinking in the U.S. is highest among young adults ages 18-20 (52%). An estimated one of every four high-school students in the U.S. binge drink, and more than 90% of the alcohol consumed by people ages 12-20 is in the form of binge drinks.

Binge Drinking in South Texas

In 2002-2005, the prevalence of binge drinking among adults in South Texas was approximately 18%, which was similar to the prevalence for the rest of Texas (16%) and the nation (17%). In South Texas, the prevalence of binge drinking was similar for Hispanics and non-Hispanics. The prevalence of binge drinking was much higher for adults ages 18-44 than for adults ages 45 and older. In 2002-2005, more than one-fourth of all adults ages 18-29 in South Texas binge drank (Figure 8.9).

Figure 8.9. Estimated prevalence of binge drinking among South Texas adults by age group, 2002-2005.
Source: Texas Behavioral Risk Factor Surveillance System Combined Year Dataset, Statewide BRFSS Survey, 2002-2005
The prevalence of binge drinking among South Texas males (30%) was more than four times higher than the prevalence among females (7%). As with heavy alcohol consumption, the prevalence of binge drinking was slightly higher, but not statistically significantly higher, for South Texas metropolitan county residents (18%) than for residents of non-metropolitan counties (14%).

References


Cancer Screening Activities

Cancer screening is a means of detecting early signs of cancer in people who do not yet have any symptoms. The goal of screening is not to prevent cancer, but rather to find it as early as possible. Positive results obtained from screening tests are not usually diagnostic, but can help to identify individuals in whom cancer might be present and thus should be examined further. For some cancers, screening has the potential to reduce deaths and morbidity, because treatment of early-stage cancers often has a better prognosis and can be less aggressive than treatment of advanced-stage cancers. In order for cancer screening to be effective, the test must have the ability to detect cancers earlier than they could be detected as a result of symptoms, and there must be evidence that earlier detection through screening decreases the risk of dying from the disease.1

Key Point: For the most part, South Texas had a similar prevalence of cancer screening activities than the rest of Texas. However, South Texas had a higher prevalence of males ages 40 and older who did not have an up-to-date prostate-specific antigen (PSA) test than the rest of Texas or nationwide.