

The Burden of Excessive Alcohol Use in Wisconsin

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Executive Summary

Excessive alcohol consumption in Wisconsin is a public health problem that affects every man, woman, and child living in the state. This study estimates the economic costs of excessive alcohol consumption in Wisconsin using a national study of the estimated economic cost of excessive alcohol consumption in the United States and Wisconsin's proportion of binge drinkers. Data from the national study, conducted in 2006 and published in 2011, was adjusted to 2012 dollars. The estimated cost of excessive alcohol consumption in Wisconsin was \$6.8 billion in 2012. This cost is borne by everyone in the state, not just the drinkers themselves. Revenue generated by current alcohol taxes covers less than 1% of the total economic cost.



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Revisions

1. The definition of heavy drinking has been corrected: >1 drink per day on average for a woman, and >2 drinks per day on average for a man.
2. The map on the Ozaukee County profile has been corrected.
3. Reference 24 has been corrected: United States Bureau of Labor Statistics.
4. The alcohol tax revenue cited on page 5 has been corrected to account for credits given by the Wisconsin Department of Revenue.
5. Reference 28 has been modified to more clearly explain which rates were used and why.
6. Appendix 1 has been revised to include the prevalence of binge drinking in each county.

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Introduction

Excessive alcohol consumption is one of Wisconsin's biggest public health issues. Excessive alcohol consumption is associated with many negative health and social consequences,¹⁻¹⁵ which come at a great economic cost. These consequences and associated economic costs are borne by individual users, family members, neighbors, and entire communities. Everyone who lives and works in Wisconsin is affected by the health and economic costs of excessive alcohol consumption.

In 2011, the most recent year data is available, excessive drinking in Wisconsin resulted in approximately **1529 deaths**,¹⁶ **48,578 hospitalizations**,¹⁷ **46,583 treatment admissions**,¹⁸ **60,221 arrests**,¹⁹ and **5,751 motor vehicle crashes** (2010).²⁰ Wisconsin ranks number 1 in the U.S. in rates of binge drinking and number 1 in intensity of drinking – Wisconsin adults report drinking an average of 9 drinks per occasion.²¹

The purpose of this report is to present estimates of the economic cost of excessive alcohol consumption in Wisconsin and its impact on the state. It is our hope that these estimates will be used to more fully assess the public health impact of excessive drinking and inform discussions of public policy.

Methods

Excessive Alcohol Consumption

For the purpose of this report, excessive alcohol consumption was defined as binge drinking (≥ 4 drinks per occasion for a woman, and ≥ 5 drinks per occasion for a man); heavy drinking (> 1 drink per day on average for a woman, and > 2 drinks per day on average for a man); any alcohol consumption by youth aged < 21 years; and any alcohol consumption by pregnant women. This definition is consistent with Centers for Disease Control and Prevention²¹ and National Institute on Alcoholism and Alcohol Abuse²² standards used to identify harmful patterns of alcohol consumption.

Economic Costs

National U.S. estimates of the economic costs of excessive alcohol consumption obtained by Bouchery, Hendrick, Sacks, Simon, and Brewer (2011)²³ were used to extrapolate economic costs in Wisconsin. Binge drinking is responsible for the majority (76%) of alcohol-related costs²³ and was therefore used to determine the percentage of the national estimates attributable to Wisconsin. The Consumer Price Index²⁴ (CPI) was used to adjust the 2006 estimates from Bouchery et al. to 2012 dollars. Other states have used a similar methodology for estimating alcohol-related costs including New Mexico²⁵, Oregon²⁶, and Minnesota.²⁷

State-level estimates:

1. National and Wisconsin binge drinking rates from the Behavioral Risk Factor Surveillance System^{28a,b} were multiplied by national and state adult (18 and older) population sizes²⁹ to obtain the estimated number of binge drinkers in the U.S. and Wisconsin. The number of Wisconsin binge drinkers was divided by the total number of binge drinkers

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in the U.S. to determine the percentage of U.S. binge drinkers coming from Wisconsin. (See calculations below)

- National economic cost estimates were adjusted for inflation using the CPI for 2012.
- Wisconsin's binge drinker percentage was multiplied by the adjusted national total and categorical economic cost estimates to determine the amount attributed to Wisconsin as a state.

Step 1			
<i>2010 WI Population (18+)</i> 4,367,605	x	<i>Binge Drinking %</i> 23%	= <i># of Binge Drinkers in WI</i> 999,358
<i>2010 US Population (18+)</i> 235,572,845	x	<i>Binge Drinking %</i> 16%	= <i># of Binge Drinkers in US</i> 37,691,655
<i># of Binge Drinkers in WI</i> 999,358	÷	<i># of Binge Drinkers in US</i> 37,691,655	= <i>Proportion of Binge Drinkers (18+) in WI</i> 2.65%

Step 2			
<i>US National Estimate (millions 2006 dollars)</i> \$223,478.60	x	<i>National CPI (2006 to 2012)</i> 1.15	= <i>US National Estimate (millions 2012 dollars)</i> \$257,000.39

Step 3			
<i>US National Estimate (millions 2012 dollars)</i> \$257,000.39	x	<i>Proportion of Binge Drinkers in WI</i> 2.65%	= <i>Costs Attributed to WI (millions 2012 dollars)</i> \$6,810.51

County-level estimates:

- County-level binge drinking prevalence rates from Behavioral Risk Factor Surveillance System²⁸ were multiplied by county adult (18 and older) population sizes²⁹ to obtain the number of binge drinkers in each Wisconsin county.
- The number of binge drinkers in each county was divided by the total number of binge drinkers in Wisconsin to determine the percentage of binge drinkers for each county.
- The percentage of binge drinkers in each county was used to determine what proportion of Wisconsin's total and categorical alcohol-related costs are attributed to each county (Appendix 1).



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Bouchery et al. divided costs into the following sub-categories:

⇒ Healthcare

- Specialty care for abuse/dependence
- Hospitalizations for the 54 Alcohol-Related Disease Impact (ARDI) conditions³⁰ (primary diagnosis only)
- Fetal alcohol syndrome
- Health insurance administration
- Prevention and research
- Ambulatory care for the 54 ARDI conditions (primary diagnosis only)
- Nursing home costs
- Training of substance abuse and mental health professionals

⇒ Productivity (estimated earnings levels)

- Lost productivity while at work, home, or while institutionalized
- Premature mortality
- Incarceration of perpetrators
- Absenteeism
- Crime (loss of work among victims)
- Fetal alcohol syndrome

⇒ Other

- Criminal justice (police, court system, corrections, legal costs)
- Motor vehicle crashes
- Fire losses
- Crime victim property damage
- Fetal alcohol syndrome – special education

Bouchery et al. further identified who was responsible for paying the alcohol-related costs and the following percentages were carried over to determine the breakdown of costs in Wisconsin:

Table 1: Percentage of alcohol-related costs attributed to each payer type by category*²³

	Government	Excessive drinker and family	Others in society
Healthcare	60.9	10.3	28.8
Lost productivity	35.1	54.6	10.4
Criminal justice	98.8	1.1	0
Motor vehicle crashes	0	14.2	85.8
Other	65.8	4.8	29.3

⇒ Others in society includes private health insurers, employers, crime victims, and others.

*Totals may not equal 100% due to rounding adjustments

Per capita costs were determined by dividing the estimated state and county costs by the total population in the state and each county, respectively.

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Results

Economic Costs

The estimated total annual economic cost of excessive drinking in Wisconsin is \$6.8 billion. On a per capita basis, this cost is approximately \$1,198 for each man, woman, and child in Wisconsin. Of the total cost, \$2.9 billion came from impaired productivity; \$2 billion came from premature mortality costs; \$749 million came from increased healthcare costs; \$649 million came from criminal justice costs; \$418 million came from motor vehicle costs; and \$90 million came from other effects.

Healthcare Costs

Of the \$749 million in health expenditures attributable to alcohol, \$325 million (43.4%) was from specialty treatment for alcohol abuse and dependence and \$156 million (20.8%) from hospitalizations for other medical conditions stemming from excessive drinking.

Lost Productivity Costs

The two largest productivity losses were from lost productivity at work, estimated at \$1.3 billion (45.9%) and \$1.2 billion (40.3%) in lost productivity in premature mortality.

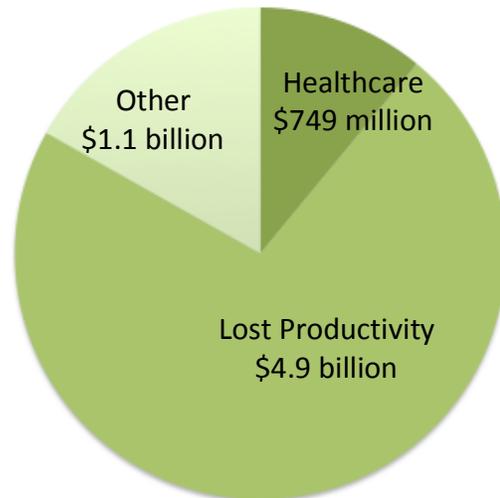
Other Costs

The two largest costs were criminal justice system costs (55.7%) and motor vehicle crashes (36.4%). Of the \$649 million in Wisconsin criminal justice system costs, Bouchery et al. determined 76.8%, or \$498 million in Wisconsin, came from crimes that would not be thought of as solely alcohol-attributable (e.g., assault) as opposed to obviously alcohol-attributable crimes like driving under the influence of alcohol.

Of the total \$498 million cost of alcohol-attributable crime, 43.8% came from crash-related costs from driving under the influence, 17.2% came from corrections costs, and 15.1% came from lost productivity associated with homicide.

Who Bears the Cost

In Wisconsin, \$2.9 billion of the total economic cost of excessive alcohol was borne by government, including federal, state, and local government agencies (Table 2); \$2.8 billion use was borne by excessive drinkers and their family members; and \$1.1 billion was borne by others in society, including private health insurers, employers, and others.



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Table 2: US National and Wisconsin alcohol cost estimates by category and payer (\$, millions)

	2006 National Estimate (Bouchery, 2011)		2012 National Estimate (adjusted for inflation)		2012 Wisconsin Estimate	
	Society ^a	Government ^b	Society	Government	Society	Government
TOTAL	223,478.6	94,195.8	257,000.4	108,325.2	6,810.5	2,867.2
Healthcare	24,555.6	14,954.4	28,238.9	17,197.5	748.7	456.0
Lost productivity	161,286.1	56,611.4	185,479.0	65,103.1	4,917.8	1,726.1
Criminal justice	20,972.7	20,742.0	24,118.6	23,853.3	639.5	632.4
Motor vehicle crashes	13,718.4	0	15,776.2	0	418.3	0
Other	2,945.9	1,938.4	3,387.8	2,229.2	89.8	59.1

^a Society refers to all payers (government, excessive drinker and family, and others in society)

^b Government refers to all government entities; Federal, State, and local.

Discussion

The burden of excessive alcohol consumption in Wisconsin is manifested in social, health, and economic damages. Although this burden is not shared equally by everyone in the state, its impact is felt by everyone because many of the costs filter throughout the economy via higher insurance rates, diverted government spending to address substance abuse related crimes and consequences, lost economic output, and higher healthcare costs.

It should be noted that, although the \$6.8 billion figure is the best currently available estimate of the cost of excessive drinking in Wisconsin, Bouchery et al. caution that it is a substantial underestimate due to data limitations, conservative estimates, and the non-inclusion of intangible costs like pain, suffering, and bereavement.

Despite these limitations, this study shows that the economic impact of excessive alcohol consumption is carried by people other than the excessive drinkers themselves. The \$56 million in 2012 state revenues from alcohol taxes³¹ do not begin to cover the economic costs.

Effective interventions to reduce excessive alcohol consumption — including increasing alcohol excise taxes, limiting alcohol outlet density, maintaining and enforcing the minimum legal drinking age of 21 years, and specific countermeasures for alcohol-impaired driving such as sobriety checkpoints — are available but are underutilized in reducing the health, social, and economic impacts of excessive drinking. For more information regarding evidence-based prevention strategies, visit What Works for Health (<http://whatworksforhealth.wisc.edu/>), the Wisconsin State Council on Alcohol and Other Drug Abuse's report on Alcohol, Culture and Environment (<http://scaoda.state.wi.us/docs/ace/ACE2011reprint.pdf>), and The Community Guide (<http://www.thecommunityguide.org/index.html>).

Estimates of the economic cost of excessive alcohol consumption in each county are provided to facilitate local discussion, planning, and action.

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References and Endnotes

1. American Academy of Pediatrics, Committee on Substance Abuse and Committee on Children with Disabilities. 2000. Fetal alcohol syndrome and alcohol-related neurodevelopmental disorders. *Pediatrics*; 106:358–361, 2000.
2. Baan R, Straif K, Grosse Y, Secretan B, et al. on behalf of the WHO International Agency for Research on Cancer Monograph Working Group. Carcinogenicity of alcoholic beverages. *Lancet Oncol*. 8:292–293, 2007.
3. Booth BM, Feng W. The impact of drinking and drinking consequences on short-term employment outcomes in at-risk drinkers in six southern states. *J Behavioral Health Services and Research*; 29(2):157–166, 2002.
4. Caetano R, Kaplan MS, Huguet N, McFarland BH, Conner K, Giesbrecht N and Nolte KB. Acute Alcohol Intoxication and Suicide Among United States Ethnic/Racial Groups: Findings from the National Violent Death Reporting System. *Alcoholism: Clinical and Experimental Research*. Published online first February 5, 2013.
5. Corrao G, Bagnardi V, Zambon A, La Vecchia C. A meta-analysis of alcohol consumption and the risk of 15 diseases. *Prev Med*; 38:613–619, 2004.
6. Feldman SH, Jones KL, Lindsay S, Slymen D, Klonoff-Cohen H, Kao K, Rao S, and Chambers C. Prenatal Alcohol Exposure Patterns and Alcohol-Related Birth Defects and Growth Deficiencies: A Prospective Study. *Alcoholism: Clinical and Experimental Research*, 36: 670–676, 2012.
7. Kesmodel U, Wisborg K, Olsen SF, Henriksen TB, Sechler NJ. Moderate alcohol intake in pregnancy and the risk of spontaneous abortion. *Alcohol & Alcoholism*; 37(1):87–92, 2002.
8. Miller TR, Teti LO, Lawrence BA, and Weiss HB. Alcohol involvement in hospital-admitted nonfatal suicide acts. *Suicide and Life-Threatening Behavior*, 40 (5): 492-499, 2010.
9. Naimi TS, Lipscomb LE, Brewer RD, Colley BG. Binge drinking in the preconception period and the risk of unintended pregnancy: Implications for women and their children. *Pediatrics*, 11(5):1136–1141, 2003.
10. Nelson DE, Jarman DW, Rehm J, Greenfield TK, Rey G, Kerr WC, Miller P, Shield KD, Ye Y, and Naimi TS. Alcohol-Attributable Cancer Deaths and Years of Potential Life Lost in the United States. *American Journal of Public Health*, published online ahead of print February 14, 2013.
11. Rehm J, Gmel G, Sepos CT, Trevisan M. Alcohol-related morbidity and mortality. *Alcohol Research and Health*; 27(1)39–51, 2003.
12. Sanap M, Chapman MJ. Severe ethanol poisoning: a case report and brief review. *Crit Care Resusc*; 5(2):106–108, 2003.
13. Shults RA, Elder RW, Hungerford DW, Strife BJ, and Ryan GW. Emergency department visits for alcohol-related unintentional traumatic injuries, United States, 2001. *Journal of Safety Research*, 40 (4): 329-331, August 2009.
14. Taylor B, Irving HM, Kanteres F, Room R, Borges G, and Cherpitel C. The more you drink, the harder you fall: A systematic review and meta-analysis of how acute alcohol consumption and injury or collision risk increase together. *Drug and Alcohol Dependence*, 110 (2010): 108-116, 2010.

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15. Widom CS, Hiller-Sturmhöfel S. Alcohol Abuse as a Risk Factor for and Consequence of Child Abuse. *Alcohol Research & Health*, 25 (1): 52, 2001.
16. Wisconsin Department of Health Services. Wisconsin resident death certificates. Annual average numbers 2002-2010.
17. Wisconsin Department of Health Services. Wisconsin hospital inpatient discharge database. 2011.
18. Wisconsin Division of Mental Health and Substance Abuse Services. Human Services Reporting System staff data query. 2013.
19. Wisconsin Statistical Analysis Center, Wisconsin Office of Justice Assistance. Arrests in Wisconsin 2010. 2011.
20. Wisconsin Department of Transportation. 2010 Wisconsin Traffic Crash Facts, Section V: Alcohol. 2011.
21. Centers for Disease Control and Prevention. Vital Signs: Binge Drinking Prevalence, Frequency, and Intensity Among Adults – United States, 2010. *Morbidity and Mortality Weekly Report*; 61(1):14-19, 2012.
22. National Institute of Alcohol Abuse and Alcoholism. NIAAA council approves definition of binge drinking. *NIAAA Newsletter*, 3: 3, 2004.
23. Bouchery, E.E., Henrick, J.H., Sacks, J.J., Simon, C.J., Brewer, R.D. Economic Costs of Excessive Alcohol Consumption in the U.S., 2006. *American Journal of Preventive Medicine*, 41(5):516-524, 2011.
24. United States Bureau of Labor Statistics. Consumer Price Index Inflation Calculator. Available at <http://data.bls.gov/cgi-bin/cpicalc.pl>.
25. New Mexico Department of Health, Epidemiology and Response Division (2009) The Human and Economic Cost of Alcohol Abuse in New Mexico, 2006. *New Mexico Epidemiology* 2009(10).
26. Whelan R, Josephson A, Holcome J. The Economic Costs of Alcohol and Drug Abuse in Oregon in 2006. 2008.
27. Minnesota Department of Health. The Human and Economic Cost of Alcohol Use in Minnesota. (January 2004, updated March 2006)
28. Wisconsin Department of Health Services. Behavioral Risk Factor Surveillance System.
 - a. The binge drinking rate from 2007 was used to determine the number of binge drinkers in the United States.
 - b. Binge drinking rates from 2006-2008 were used for county analysis due to small sample sizes and available weights. Binge drinking rates from 2006-2008 were used for state analysis to be consistent with county analyses.
29. United States Census Bureau: American Fact Finder. 2010 population estimates.
30. Centers for Disease Control and Prevention, Alcohol-Related Disease Impact Software (ARDI), available at <https://apps.nccd.cdc.gov/ardi/Homepage.aspx> - ARDI is an online application that provides national and state estimates of alcohol-related health impacts, including deaths and years of potential life lost (YPLL). These estimates are calculated for 54 acute and chronic causes using alcohol-attributable fractions.
31. Wisconsin Department of Revenue. Annual Fiscal Report: Budgetary Basis. 2012.

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Appendix 1 – Prevalence of Binge Drinking and Proportion of Binge Drinkers by County

⇒ Prevalence refers to the percentage of adults, ages 18+, who report binge drinking.

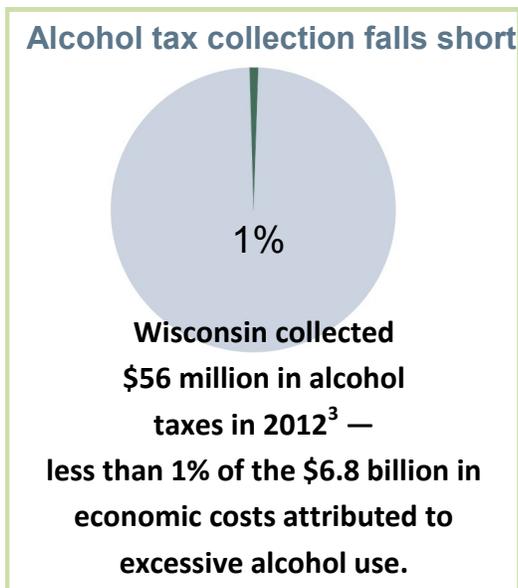
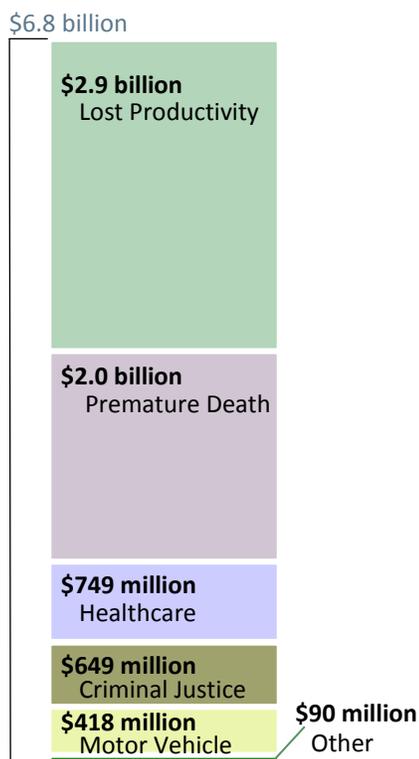
⇒ Proportion refers to the contribution of each county to the state’s overall prevalence.

	Prevalence	Proportion		Prevalence	Proportion
Adams	22%	0.4%	Marathon	22%	2.2%
Ashland	26%	0.3%	Marinette	25%	0.8%
Barron	26%	0.9%	Marquette	21%	0.3%
Bayfield	18%	0.2%	Menominee	34%	0.1%
Brown	25%	4.7%	Milwaukee	21%	15.0%
Buffalo	23%	0.2%	Monroe	26%	0.9%
Burnett	17%	0.2%	Oconto	33%	1.0%
Calumet	38%	1.4%	Oneida	19%	0.6%
Chippewa	20%	1.0%	Outagamie	30%	4.0%
Clark	23%	0.6%	Ozaukee	17%	1.1%
Columbia	29%	1.3%	Pepin	19%	0.1%
Crawford	25%	0.3%	Pierce	31%	1.0%
Dane	25%	9.6%	Polk	26%	0.9%
Dodge	24%	1.7%	Portage	20%	1.1%
Door	25%	0.6%	Price	21%	0.2%
Douglas	25%	0.9%	Racine	25%	3.7%
Dunn	18%	0.6%	Richland	17%	0.2%
Eau Claire	30%	2.4%	Rock	24%	2.9%
Florence	28%	0.1%	Rusk	16%	0.2%
Fond du Lac	22%	1.7%	St. Croix	25%	1.5%
Forest	22%	0.2%	Sauk	22%	1.0%
Grant	28%	1.1%	Sawyer	25%	0.3%
Green	23%	0.6%	Shawano	21%	0.7%
Green Lake	16%	0.2%	Sheboygan	32%	2.8%
Iowa	24%	0.4%	Taylor	28%	0.4%
Iron	29%	0.1%	Trempealeau	26%	0.6%
Jackson	17%	0.3%	Vernon	28%	0.6%
Jefferson	23%	1.5%	Vilas	15%	0.3%
Juneau	18%	0.4%	Walworth	21%	1.7%
Kenosha	19%	2.4%	Washburn	16%	0.2%
Kewaunee	32%	0.5%	Washington	23%	2.3%
La Crosse	17%	1.5%	Waukesha	18%	5.4%
Lafayette	17%	0.2%	Waupaca	24%	1.0%
Langlade	29%	0.5%	Waushara	21%	0.4%
Lincoln	23%	0.5%	Winnebago	24%	3.2%
Manitowoc	27%	1.7%	Wood	19%	0.1%

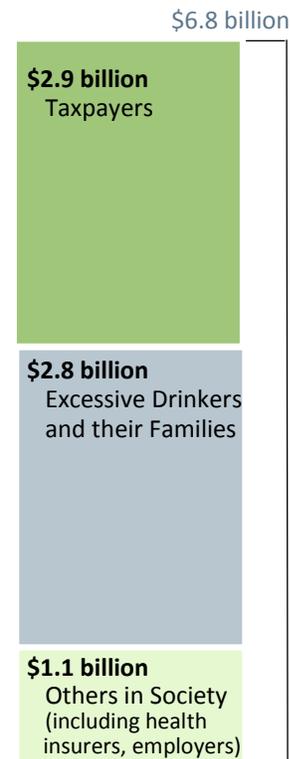
The Burden of Excessive Alcohol Use in Wisconsin

Annual economic cost of excessive alcohol use in Wisconsin **\$6.8 BILLION**

What We Pay For^{1,2}



We All Pay^{1,2}



Consequences of Excessive Alcohol Use

In 2011, excessive alcohol consumption contributed to at least:

- 1,529 deaths⁴
- 48,578 hospitalizations⁵
- 46,583 treatment admissions⁶
- 60,221 arrests⁷
- 5,751 motor vehicle crashes⁸

For more details, please refer to the full report, available online at <http://uwphi.pophealth.wisc.edu/>.

How We Got Here

High Consumption

Wisconsin's annual alcohol consumption is 28% higher than the national average.⁹



#1 in Binge Drinking

Wisconsin ranks highest among all states in binge drinking, an important risk factor for alcohol related injuries and deaths.⁹

Binge drinking = 5+ drinks on an occasion for men; 4+ drinks for women.

Excessive alcohol use in Wisconsin costs

\$1,200 per person

Suggested Citation

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References and Notes

- 1 Wisconsin total and categorical economic estimates were derived from the national estimate established in Bouchery, E.E., Henrick, J.H., Sacks, J.J., Simon, C.J., Brewer, R.D. Economic Costs of Excessive Alcohol Consumption in the U.S., 2006. *American Journal of Preventive Medicine*, 41 (5):516-524, 2011.
- 2 Wisconsin Bureau of Labor Statistics. Consumer Price Index Inflation Calculator. Available at <http://data.bls.gov/cgi-bin/cpicalc.pl>. The calculator was used to inflate estimates to 2012 dollars.
- 3 Wisconsin Department of Revenue. Annual Fiscal Report: Budgetary Basis. 2012.
- 4 Wisconsin Department of Health Services. Wisconsin resident death certificates. Annual average numbers 2002-2010.
- 5 Wisconsin Department of Health Services. Wisconsin hospital inpatient discharge database. 2011.
- 6 Wisconsin Division of Mental Health and Substance Abuse Services. Human Services Reporting System staff data query. 2013.
- 7 Wisconsin Statistical Analysis Center, Wisconsin Office of Justice Assistance. Arrests in Wisconsin 2010. 2011.
- 8 Wisconsin Department of Transportation. 2010 Wisconsin Traffic Crash Facts, Section V: Alcohol. 2011.
- 9 Wisconsin Department of Health Services. Behavioral Risk Factor Surveillance System. Binge drinking rates from 2006-2008 were used for county analysis due to small sample sizes and available weights (county-specific weights were not available for 2008-2010 data). Binge drinking rates from 2006-2008 were used for state analysis to be consistent with county analyses.



For questions regarding this report, please contact Penny Black at pblack@wisc.edu



For questions regarding what to do with this report, please contact Paul Krupski at pkrupski@healthfirstwi.org



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