

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:

- » Each year in the United States, more than 140,000 people (approximately 97,000 men and 43,000 women) die from alcohol-related causes, making it the fourth-leading preventable cause of death in our country.¹ The first is tobacco, the second is poor diet and physical inactivity, and the third is illegal drugs.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 2021.⁴
- » More than 10% of U.S. children live with a parent who has AUD, according to a 2017 study.⁵
- » Globally, alcohol misuse is the seventh-leading risk factor for premature death and disability.⁶



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 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: <https://www.niaaa.nih.gov>

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), caution should be used when comparing estimates from the 2020 and 2021 National Survey on Drug Use and Health to those from prior years due to methodological changes. Prior to the COVID-19 pandemic, data were collected during in-home visits, using computer-assisted techniques. The COVID-19 pandemic necessitated a delay in data collection during 2020 and the introduction of web-based data collection, with very limited in-person data collection. The criteria used to categorize AUD among respondents also changed in 2020 from the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV) to the fifth edition (DSM-5), resulting in some differences in whom is classified as having an AUD. Specifically, DSM-5 criteria could lead to a diagnosis of AUD for some respondents with too few symptoms to be diagnosed using DSM-IV criteria. Because these changes in data collection coincided with the spread of the COVID-19 pandemic and any related behavioral or mental health changes, we cannot fully separate the effects of methodological changes from true changes in the outcomes. Please see the [Methodological Summary and Definitions](#) for more information.

According to the Centers for Disease Control and Prevention (CDC), due to scientific updates to Alcohol-Related Disease Impact (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: 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=

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. PMID: [32733836](#)

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. PMID: [26477807](#)

⁴ SAMHSA, Center for Behavioral Health Statistics and Quality. 2021 National Survey on Drug Use and Health. Table 5.6A—Alcohol use disorder in past year: among people aged 12 or older; by age group and demographic characteristics, numbers in thousands, 2021. Available from: <https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect5pe2021.htm#tab5.6a>.

⁵ Lipari RN, Van Horn SL. The CBHSQ report: children living with parents who have a substance use disorder. Rockville (MD): SAMHSA, Center for Behavioral Health Statistics and Quality; 2017 Aug 24 [cited 2017 Nov 20]. Available from: https://www.samhsa.gov/data/sites/default/files/report_3223/ShortReport-3223.html

⁶ 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. PMID: [30146330](#)



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