

**TESTIMONY OF CHRIS WAGNER**  
**Project Extra Mile**  
**LB 1120 – General Affairs Committee**  
**February 5, 2018**

Good afternoon Chairman Larson and members of the committee. My name is Chris Wagner, and I am the Executive Director for Project Extra Mile, a network of community partnerships across the state working to prevent excessive alcohol consumption, including underage drinking and its tragic consequences. We are here today in opposition to LB 1120.

LB 1120 contains two provisions that would have serious negative consequences for the public health and safety of communities across Nebraska while exacerbating our state's well-established excessive drinking problem.

First, this bill would require the Liquor Control Commission (Commission) to automatically renew a retail liquor license unless the local governing body requests a formal hearing in writing, thereby limiting the Commission's opportunity to reevaluate the circumstances surrounding the renewal of existing licenses. One of the most important duties that the Commission is tasked with is to promote public health and safety through the regulation of alcohol. The current statutory language allows this type of oversight by the commission and is imperative to protecting Nebraskans. This moment of pause before granting a liquor license renewal provides a regulatory safeguard that permits the Commission to evaluate the information before them.

It is entirely plausible that a situation could develop both with or without the intimate knowledge of the local governing body. It is also possible that, due to personal and social relationships as well as economic factors, the local governing body might choose to not request a hearing when, in fact, the current circumstances surrounding a liquor license warrant further review.

We also oppose increasing the size of growlers for Class C licenses from 32 to 64 ounces. When we testified last year against this provision in LB 632, Nebraska was ranked as the eighth-worst binge drinking state among the 50 states and the District of Columbia with a rate of 19.5 percent of adults reporting that they were binge drinking. As I speak to you today, our state has dropped to sixth-worst with a rate of 20 percent (CDC, 2016). Furthermore, three of our communities rank in the top 30 worst out of 143 indexed across the country (CDC, 2016).

We all have seen the tragic consequences of excessive alcohol consumption in local headlines across our state. According to data released as a part of our state's epidemiological profile, an estimated 703 individuals died alcohol-related deaths in Nebraska during 2015 (NE DHHS, 2017). But there are also economic costs – excessive drinking cost our state \$1.16 billion in 2010, \$491 million of which was paid

by taxpayers and more than 75% of which was attributable to binge drinking (Sacks et al., 2015). The scope of this problem is vast and will no doubt expand if we continue to pass one bill after another that appeases the industry while ignoring the public health and safety consequences of these decisions.

It is our understanding that Health and Human Services CEO Courtney Phillips has convened a "Health Rankings Work Group" in order to reduce our state's binge drinking rate. Clearly, this is a priority of the Ricketts' Administration, and we would encourage this committee to prioritize it as well.

Removing the Commission's ability to reexamine licenses during the renewal process would hamstring its ability to be effective as the ultimate regulator of the sale of alcohol in our state and doubling the growler size would lead to increased alcohol-related harms in Nebraska. Alcohol is no ordinary commodity and requires effective and strong regulatory and policy environments.

We would respectfully urge the committee to indefinitely postpone LB 1120.

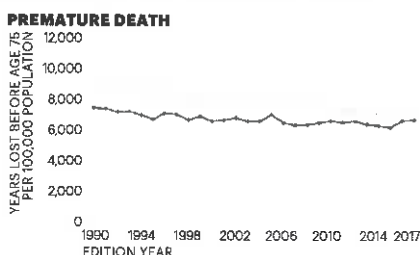
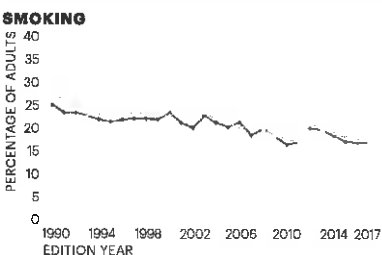
Thank you for your consideration of our comments.

# Nebraska

NEBRASKA

	Rating	2017 Value	2017 Rank	No. 1 State	
<b>Behaviors</b>					
Drug Deaths (deaths per 100,000 population)	+++++	6.7	2	5.7	
Excessive Drinking (% of adults)	+	21.1	45	11.8	
High School Graduation (% of students)	+++++	88.9	5	90.8	
Obesity (% of adults)	++	32.0	37	22.3	
Physical Inactivity (% of adults)	++++	22.4	20	15.7	
Smoking (% of adults)	+++	17.0	23	8.8	
<b>Behaviors Total*</b>	++++	0.060	19	0.295	
<b>Community &amp; Environment</b>					
Air Pollution (micrograms of fine particles per cubic meter)	++++	7.0	15	3.8	
Children in Poverty (% of children)	++++	14.1	16	7.6	
Infectious Disease (mean z score of chlamydia, pertussis and <i>Salmonella</i> *)	+	0.443	42	-1.107	
Infectious Disease	Chlamydia (cases per 100,000 population)	+++++	422.9	19	233.3
	Pertussis (cases per 100,000 population)	+	27.2	50	0.4
	<i>Salmonella</i> (cases per 100,000 population)	+++	16.3	26	9.3
Occupational Fatalities (deaths per 100,000 workers)	++	5.0	31	2.0	
Violent Crime (offenses per 100,000 population)	++++	291	16	124	
<b>Community &amp; Environment Total*</b>	++++	0.096	18	0.324	
<b>Policy</b>					
Immunizations—Adolescents (mean z score of HPV, meningococcal and Tdap)*	+++	-0.072	24	1.717	
Immunizations—Adolescents	HPV Females (% of females aged 13 to 17 years)	+++	50.6	22	73.0
	HPV Males (% of males aged 13 to 17 years)	+++++	41.3	20	68.7
	Meningococcal (% of adolescents aged 13 to 17 years)	+++	80.2	26	96.4
	Tdap (% of adolescents aged 13 to 17 years)	++	86.8	34	96.7
Immunizations—Children (% of children aged 19 to 35 months)	+++++	80.6	2	85.3	
Public Health Funding (dollars per person)	++++	\$95	20	\$296	
Uninsured (% of population)	+++	8.4	25	2.7	
<b>Policy Total*</b>	++++	0.060	19	0.185	
<b>Clinical Care</b>					
Dentists (number per 100,000 population)	++++	65.1	13	80.7	
Low Birthweight (% of live births)	++++	7.1	16	5.8	
Mental Health Providers (number per 100,000 population)	+++	233.0	21	547.3	
Preventable Hospitalizations (discharges per 1,000 Medicare enrollees)	+++	48.3	24	23.3	
Primary Care Physicians (number per 100,000 population)	++++	150.7	19	256.3	
<b>Clinical Care Total*</b>	++++	0.045	18	0.180	
<b>All Determinants*</b>	++++	0.260	16	0.778	
<b>Outcomes</b>					
Cancer Deaths (deaths per 100,000 population)	++++	187.3	20	150.5	
Cardiovascular Deaths (deaths per 100,000 population)	++++	232.2	20	189.7	
Diabetes (% of adults)	+++++	8.8	10	6.6	
Disparity in Health Status (% difference by high school education)	++	29.3	36	8.1	
Frequent Mental Distress (% of adults)	+++++	9.5	5	8.3	
Frequent Physical Distress (% of adults)	+++++	9.8	6	8.9	
Infant Mortality (deaths per 1,000 live births)	++++	5.4	19	4.2	
Premature Death (years lost before age 75 per 100,000 population)	++++	6,592	17	5,555	
<b>All Outcomes*</b>	+++++	0.142	8	0.254	
<b>OVERALL*</b>	++++	0.403	13	0.916	

\* Value indicates z score. Negative scores are below U.S. value; positive scores are above U.S. value. For complete definitions of measures including data sources and years, see Table 7.

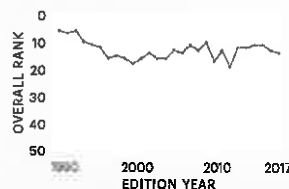


State — Nation — The 2012–2017 data in the smoking graph is not directly comparable with prior years.

**OVERALL RANK:**  
**13**



Change: ▼1  
Determinants Rank: **16**  
Outcomes Rank: **8**



**Strengths:**

- High immunization coverage among children
- Low drug death rate
- Low prevalence of frequent mental distress

**Challenges:**

- High incidence of pertussis
- High prevalence of excessive drinking
- Large disparity in health status by educational attainment

**Highlights:**

- In the past three years, drug deaths decreased 8% from 73 to 67 deaths per 100,000 population
- In the past two years, low birthweight increased 11% from 6.4% to 7.1% of live births
- In the past five years, smoking decreased 15% from 20.0% to 17.0% of adults
- In the past five years, obesity increased 13% from 28.4% to 32.0% of adults
- In the past five years, air pollution decreased 15% from 8.2 to 7.0 micrograms of fine particles per cubic meter

**Ranking:**

Nebraska is 13th this year, it was 12th in 2016. The state ranks 24th for senior health and 17th for the health of women and children.

**State Health Department Website:**  
[www.dhhs.ne.gov/](http://www.dhhs.ne.gov/)

## The Facts about Binge Drinking

### *Dangerous Underage Drinking with Dangerous Consequences*

Nebraska has traditionally had higher levels of underage drinking, binge drinking, and alcohol impaired driving compared to the rest of the nation.<sup>1</sup>

**Binge drinking** is defined as the consumption of five or more alcoholic beverages in one sitting for a man, or four for a woman. Binge drinking is a dangerous drinking pattern that is associated with a number of health and social consequences.

### Why we care about binge drinking

- **Health** – Binge drinking is associated with the following health problems:
  - Unintentional injuries (e.g. car crashes, falls, burns, drowning)
  - Intentional injuries (e.g. firearm injuries, sexual assaults, domestic violence)
  - Alcohol poisoning
  - Sexually transmitted disease
  - Unintended pregnancy
  - Children born with Fetal Alcohol Spectrum Disorders
  - High blood pressure, stroke, and other cardiovascular diseases
  - Liver disease
  - Neurological damage
  - Sexual dysfunction, and
  - Poor control of diabetes.<sup>2</sup>
- **Safety** – Binge drinkers are 14 times more likely to report alcohol-impaired driving than non-binge drinkers.<sup>3</sup>
- **Economics** – Excessive alcohol consumption costs the citizens of Nebraska over \$1.1 billion dollars in 2010, approximately \$491 million of which fall on government. Seventy-five percent of these costs are attributable to binge drinking.<sup>4</sup>

### The Nebraska experience

According to the results from a recent CDC survey on adult alcohol consumption, Nebraska ranks as the sixth-worst state in the country for its adult binge drinking rates and three Nebraska communities (Lincoln, Norfolk, and Omaha) rank in the top 27 worst binge drinking cities out of 143 cities indexed across the nation.<sup>5,6</sup> Furthermore, Nebraska ranks as the sixth-worst state nationally in terms of its excessive alcohol consumption rate.<sup>7</sup> Alcohol misuse in the state places a significant strain on the healthcare system, the criminal justice system, and the substance abuse treatment system. This is particularly concerning for young adults who tend to be the most likely age group to use alcohol and suffer from the negative consequences associated with alcohol misuse.

<sup>1</sup> Nebraska DHHS (2014)

<sup>2</sup> CDC (2014)

<sup>3</sup> Naimi T.S., Brewer R.D., Mokdad A., Clark D., Serdula M.K., Marks J.S. (2003)

<sup>4</sup> Sacks, J. J., Gonzales, K. R., Bouchery, E. E., Tomedi, L. E., & Brewer, R. D. (2015)

<sup>5</sup> CDC (2016a)

<sup>6</sup> CDC (2016b)

<sup>7</sup> United Health Foundation (2017)

- Binge drinking rates increase dramatically as youth's age approaches the minimum legal drinking age. The tables below outline the impact that age and sex have had on youth binge drinking rates over the past two years.

**Binge Drinking\*, Rates (%) for Nebraska High School Students, 2016**

Age	Male	Female
9 <sup>th</sup> grade	2.8	6.1
10 <sup>th</sup> grade	9.9	5.0
11 <sup>th</sup> grade	9.7	10.0
12 <sup>th</sup> grade	19.8	19.4

*\* Percentage who reported having five or more drinks for men/four or more drinks for women within a couple of hours, on at least one of the 30 days preceding the survey*

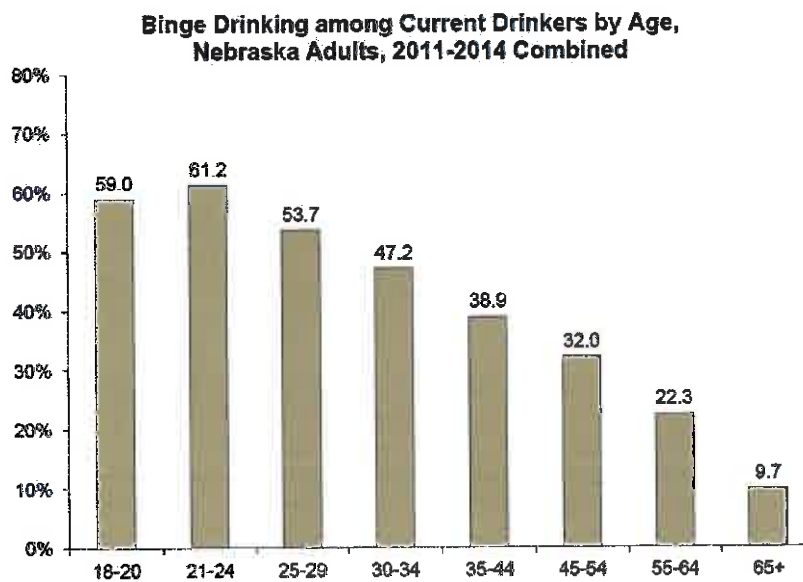
Source: Nebraska Youth Risk Behavior Survey (2016)

**Binge Drinking, Rates (%) for Nebraska Young Adults, 2016**

Age	Male	Female
19-20 years	25.2	24.4
21-22 years	52.5	43.6

Source: Nebraska Young Adult Alcohol Opinion Survey (2016)

- Young adults report having the highest rates of current binge drinking in Nebraska.<sup>8</sup> They also reported having consumed the greatest number of drinks on average during their last binge drinking episode in 2013. 18-24 year-olds reported an average of 8.1 drinks, and 25-34 year-olds reported an average of 8.3. The overall average was 7.2.<sup>9</sup>



Source: Behavioral Risk Factor Surveillance System (BRFSS)

- Underage drinking cost the citizens of Nebraska \$324.5 million in 2013. These costs include medical care, work loss, and pain and suffering associated with ramifications of alcohol use. This translates to a cost of \$1,779 for each youth in the state.<sup>10</sup>

<sup>8</sup> Nebraska Department of Health and Human Services (2015)

<sup>9</sup> Ibid.

<sup>10</sup> Pacific Institute for Research and Evaluation (2015)

## Evidence-based interventions for preventing binge drinking

- **State policy matters.** State policy environment has been found to account for a substantial proportion of state-level variation in binge drinking among US states.<sup>11</sup>
- **Limiting alcohol outlet density.** By limiting the number of retail outlets in an area that sell alcohol, a community can limit access as a means of reducing consumption.<sup>12,13</sup>
- **Consistent enforcement of laws against underage drinking and alcohol-impaired driving.** States with more stringent alcohol control policies tend to have lower levels of binge drinking among adults and college students.<sup>14,15,16,17</sup>
- **Increasing taxes on alcohol.** Although alcohol excise taxes are often raised for revenue-generating reasons, several studies suggest that higher excise taxes also have an impact on youth consumption and its consequences. Young adults are more responsive to price increases than adults, and higher taxes increase the consumer price of alcohol. Higher taxes on alcohol are associated with less drinking among 16- to 21-year-olds and high school students.<sup>18</sup>

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<sup>11</sup> Naimi, T.S., et al. (2014)

<sup>12</sup> Babor T.F., et al. (2003)

<sup>13</sup> Community Preventive Services Taskforce (n.d.)

<sup>14</sup> National Research Council and Institute of Medicine (2004)

<sup>15</sup> Community Preventive Services Taskforce (n.d.)

<sup>16</sup> U.S. Department of Health and Human Services (2007)

<sup>17</sup> Xuan, Z., et al. (2015)

<sup>18</sup> Community Preventive Services Taskforce (n.d.)

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# 2010 National and State Costs of Excessive Alcohol Consumption



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Laura E. Tomedi, PhD, MPH,<sup>4</sup> Robert D. Brewer, MD, MSPH<sup>5</sup>

**Introduction:** Excessive alcohol use cost the U.S. \$223.5 billion in 2006. Given economic shifts in the U.S. since 2006, more-current estimates are needed to help inform the planning of prevention strategies.

**Methods:** From March 2012 to March 2014, the 26 cost components used to assess the cost of excessive drinking in 2006 were projected to 2010 based on incidence (e.g., change in number of alcohol-attributable deaths) and price (e.g., inflation rate in cost of medical care). The total cost, cost to government, and costs for binge drinking, underage drinking, and drinking while pregnant were estimated for the U.S. for 2010 and allocated to states.

**Results:** Excessive drinking cost the U.S. \$249.0 billion in 2010, or about \$2.05 per drink. Government paid for \$100.7 billion (40.4%) of these costs. Binge drinking accounted for \$191.1 billion (76.7%) of costs; underage drinking \$24.3 billion (9.7%) of costs; and drinking while pregnant \$5.5 billion (2.2%) of costs. The median cost per state was \$3.5 billion. Binge drinking was responsible for >70% of these costs in all states, and >40% of the binge drinking-related costs were paid by government.

**Conclusions:** Excessive drinking cost the nation almost \$250 billion in 2010. Two of every \$5 of the total cost was paid by government, and three quarters of the costs were due to binge drinking. Several evidence-based strategies can help reduce excessive drinking and related costs, including increasing alcohol excise taxes, limiting alcohol outlet density, and commercial host liability. (Am J Prev Med 2015;49(5):e73–e79) © 2015 American Journal of Preventive Medicine. All rights reserved.

## Introduction

Excessive alcohol consumption causes about one in ten deaths among working-age adults in the U.S. annually,<sup>1</sup> and cost the U.S. an estimated \$223.5 billion in 2006.<sup>2,3</sup> However, these economic costs have not been re-evaluated despite ongoing concerns about the public health impact of excessive drinking, underutilization of prevention strategies,<sup>4</sup> and economic changes in the U.S. since 2006. This study's purpose is

to update national and state cost estimates to inform the planning and implementation of prevention strategies.<sup>5</sup>

## Methods

Excessive alcohol consumption was defined as binge drinking (four or more drinks per occasion for women; five or more drinks per occasion for men); heavy drinking (more than eight drinks per week for women; and  $\geq 15$  drinks per week for men); any alcohol consumption by youth aged <21 years; and any alcohol consumption by pregnant women.

The methodology for the 2006 estimates is described in detail elsewhere.<sup>2,3</sup> Briefly, alcohol-attributable fractions from studies were used to assess the proportion of 26 costs (e.g., lost productivity, health care, criminal justice) that could be attributed to excessive drinking. For each component, a state-level measure was selected as an allocator to distribute a portion of that national total to states. Estimates of the cost to government and costs due to binge drinking, underage drinking, and drinking during pregnancy were calculated nationally and allocated to states.

From March 2012 to March 2014, each of the 2006 cost components was projected to 2010 based on incidence and price (Appendix 1, available online). The incidence trend reflected the

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2006–2010 change in occurrence of an event (e.g., alcohol-attributable deaths, hospital discharges, patients in alcohol abuse treatment), whereas the price trend adjusted for change in cost per occurrence due to inflation and other factors (e.g., mean hourly wage). The government share of costs was estimated separately for 2010 for each of the 26 components (Appendix 2, available online).

Each state's costs were estimated as a share of the national cost estimate on a line item–specific basis (Appendix 3, available online). State allocators were adjusted to reflect differences in state wages, given the significant contribution of productivity losses to costs.

The number of standard drinks per state was estimated by multiplying the number of gallons of ethanol sold<sup>6</sup> by the specific gravity of ethanol (0.79); weight of 1 gallon of water (8.33 pounds); and number of grams in 1 pound (453.59), and then dividing by the number grams of ethanol in a standard drink (14.0).<sup>7</sup> The state cost was divided by the number of standard drinks. The per capita costs were calculated by dividing the state cost by the 2010 state population.<sup>8</sup>

## Results

The estimated cost of excessive drinking in 2010 was \$249.0 billion. This equates to \$2.05 per drink or \$807 per person. Lost productivity comprised 71.9% of costs, health care comprised 11.4%, and other comprised 16.7%. The cost to government was \$100.7 billion (\$0.83 per drink, \$306 per capita) (Tables 1 and 2).

Binge drinking costs (\$191.1 billion) represented 76.7% of total costs (Table 1). Binge drinking accounted for \$78.7 billion (78.2%) of the \$100.7 billion in government costs.

Underage drinking cost \$24.3 billion, which was 9.7% of the total cost in 2010. Drinking while pregnant accounted for \$5.5 billion in costs, or 2.2% of the total cost of excessive drinking.

The median state cost was \$3.5 billion and ranged from \$35.0 billion (California) to \$488 million (North Dakota). The median state cost per drink was \$2.05 and ranged from \$2.77 (New Mexico) to \$0.92 (New Hampshire). The median state per capita cost was \$769 and ranged from \$1,526 (District of Columbia) to \$592 (Utah) (Table 2).

The median state government cost was \$1.4 billion (range, \$14.5 billion [California] to \$183 million [North Dakota]). The proportion of costs paid by government ranged from 43.5% (Utah) to 36.3% (Mississippi). Government costs per drink ranged from \$1.19 (Utah) to \$0.36 (New Hampshire); per capita costs ranged from \$619 (District of Columbia) to \$257 (Utah) (Table 2).

The median state cost of binge drinking was \$2.6 billion. Binge drinking was responsible for a median of 76.3% of state costs (range, 83.3% [Louisiana] to 72% [Oregon]) (Table 2). More than 40% of binge drinking–related costs in states were paid by government.

The median state cost of underage drinking was \$350 million, a median of 10.0% of total state cost (range, 16.2% [Utah] to 4.6% [District of Columbia]). The median state cost of drinking while pregnant was \$60 million, a median of 2.3% of total cost (range, 4.8% [Nebraska] to 0.5% [Tennessee]) (Appendix 4, available online).

## Discussion

Despite the severe economic recession in the U.S. from late 2007 to mid-2009, the cost of excessive drinking increased about 2.7% annually from \$223.5 billion in 2006 to \$249.0 billion in 2010, significantly outpacing the 1.9% annual inflation rate during this four-year time period. Had the recession not occurred, the cost of excessive drinking in 2010 might have been even higher than estimated in this study given the significant reduction in labor force participation that occurred as a result of the recession, and the significant contribution (71.9%) of productivity losses to the total cost of excessive drinking in 2010. Nonetheless, the proportion of the total cost of excessive drinking caused by binge drinking (76.7%) and paid by government (40.4%) were similar to the proportion of total costs in 2006 (76.4% and 42.1%, respectively).

Differences in state costs were probably influenced by factors that are independent of alcohol consumption, including differences in economic conditions (e.g., state budgets, population shifts) and other factors (e.g., access to medical services). However, differences in cost per drink and per capita also reflect differences in per capita sales of alcohol (a proxy for excessive drinking) and the prevalence of excessive alcohol use, which are influenced by social and cultural factors (e.g., demographics and religion) and state alcohol control policies, particularly those related to the price and availability of alcohol.<sup>9–13</sup>

## Limitations

This study had limitations. The trending factors for some component costs may have misestimated the 2010 costs because several were based on changes in broader outcomes (e.g., total hospitalizations) that were not specific to alcohol. For most cost components, change in price drove trending more than change in incidence (price factors were always greater than 1.0, but some incidence factors were less than 1.0) (Appendix 1, available online). In addition, some allocators may not have accurately distributed national costs to states. State adjustment factors were unavailable for some items (e.g., medical care, motor vehicle repair) resulting in imprecision. However, the 2010 national and state estimates are likely to substantially underestimate the actual cost of excessive

**Table 1.** Excessive Alcohol Consumption Costs (in Millions), by Category, U.S., 2010

Category of cost	Total costs (\$)	Government costs (\$)	Binge drinking (\$)	Underage drinking (\$)	Drinking while pregnant (\$)
Total	249,026.4	100,674.8	191,126.9	24,268.3	5,494.1
Health care	28,379.1	16,915.1	16,273.8	3,795.8	2,830.0
Specialty care for abuse/dependence	12,044.6	9,031.3	8,245.2	2,120.4	—
Hospitalization	5,948.5	2,828.1	2,007.5	198.9	48.6
Ambulatory care	1,524.5	524.0	1,070.8	144.4	7.0
Nursing home	1,166.8	691.6	863.4	2.1	0.5
Drugs/services	1,545.5	471.6	1,085.5	146.4	7.1
Fetal alcohol syndrome	2,750.0	1,248.5	1,160.5	449.5	2,750.0
Prevention and research	1,048.8	1,048.8	496.1	454.4	10.1
Training	34.8	11.5	16.4	6.3	—
Health insurance administration	2,315.6	1,059.7	1,328.5	273.3	6.7
Lost productivity	179,084.9	57,219.0	134,035.4	13,666.6	2,290.0
Impaired productivity at work	76,858.6	25,440.2	52,614.1	1,924.3	—
Impaired productivity at home	6,218.0	—	4,256.6	205.0	—
Absenteeism	4,619.9	1,529.2	4,619.9	201.5	—
Impaired productivity while in specialty care	1,983.4	656.5	1,358.6	349.1	—
Impaired productivity while in hospital	228.4	75.6	64.1	6.4	2.6
Mortality	75,204.5	24,892.7	58,373.4	6,044.2	170.7
Incarceration of perpetrators	9,150.5	3,028.8	9,150.5	3,855.3	—
Crime victims	2,704.8	895.3	2,704.8	734.7	—
Fetal alcohol syndrome	2,116.8	700.6	893.3	346.0	2,116.8
Other	41,562.5	26,540.7	40,817.7	6,806.0	374.1
Crime victim property damage	559.4	—	559.4	216.1	—
Criminal justice: corrections	15,865.9	15,865.9	15,865.9	1,842.0	—
Criminal justice: alcohol-related crimes	2,160.0	2,160.0	1,631.4	478.6	—
Criminal justice: violent and property crimes	5,998.8	5,998.8	5,998.8	2,117.6	—
Criminal justice: private legal	228.1	—	228.1	72.8	—
Motor vehicle crashes	13,461.9	—	13,461.9	1,490.2	—
Fire losses	2,914.3	2,142.0	2,914.3	527.5	—
Fetal alcohol syndrome (special education)	374.1	374.1	157.9	61.1	374.1

Note: Cost to government and costs for binge, underage, and drinking while pregnant are all subsets of total costs. Binge drinking, underage drinking, and drinking while pregnant are not mutually exclusive and may overlap.

Table 2. Estimated Total, Governmental, and Binge Drinking Costs of Excessive Alcohol Consumption, by State, 2010

	Total cost			Cost to government			Binge drinking		
	2010 cost (millions, \$)	Cost per drink, \$	Cost per capita, \$	2010 cost (millions, \$)	Cost per drink, \$	Cost per capita, \$	% of total cost	2010 cost (millions, \$)	% of total cost
U.S.	249,026.4	2.05	807	100,674.8	0.83	326	40.4	191,126.9	76.7
State median	3,520.2	2.05	769	1,386.6	0.79	307	40.3	2,561.2	76.3
Alabama	3,724.3	2.27	779	1,386.6	0.85	290	37.2	3,035.7	81.5
Alaska	827.2	2.25	1,165	347.0	0.95	489	42.0	637.8	77.1
Arizona	5,946.4	2.27	930	2,434.5	0.93	381	40.9	4,539.8	76.3
Arkansas	2,073.3	2.27	711	772.9	0.85	265	37.3	1,692.3	81.6
California	35,010.6	2.44	940	14,468.7	1.01	388	41.3	25,786.9	73.7
Colorado	5,056.5	2.14	1,005	2,193.0	0.93	436	43.4	3,765.7	74.5
Connecticut	3,029.0	2.04	847	1,204.1	0.81	337	39.8	2,297.9	75.9
Delaware	803.8	1.64	895	332.6	0.68	370	41.4	626.4	77.9
District of Columbia	918.4	2.14	1,526	372.3	0.87	619	40.5	715.3	77.9
Florida	15,322.2	1.82	815	6,126.6	0.73	326	40.0	11,854.0	77.4
Georgia	6,930.9	2.12	715	2,805.7	0.86	290	40.5	5,612.4	81.0
Hawaii	937.4	1.58	689	369.2	0.62	271	39.4	702.0	74.9
Idaho	1,137.9	1.62	726	452.6	0.64	289	39.8	865.6	76.1
Illinois	9,715.7	1.86	757	3,795.8	0.73	296	39.1	7,412.1	76.3
Indiana	4,468.2	1.96	689	1,804.4	0.79	278	40.4	3,476.5	77.8
Iowa	1,933.6	1.59	635	766.9	0.63	252	39.7	1,454.4	75.2
Kansas	2,075.8	2.18	728	802.5	0.84	281	38.7	1,636.6	78.8
Kentucky	3,194.5	2.36	736	1,281.2	0.95	295	40.1	2,561.2	80.2
Louisiana	3,801.4	1.91	839	1,521.9	0.77	336	40.0	3,168.4	83.3
Maine	938.7	1.58	707	394.8	0.66	297	42.1	690.3	73.5
Maryland	4,964.7	2.22	860	2,098.6	0.94	363	42.3	3,852.9	77.6
Massachusetts	5,634.6	1.93	861	2,256.4	0.77	345	40.0	4,134.3	73.4

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Table 2. Estimated Total, Governmental, and Binge Drinking Costs of Excessive Alcohol Consumption, by State, 2010 (continued)

	Total cost			Cost to government			Binge drinking		
	2010 cost (millions, \$)	Cost per drink, \$	Cost per capita, \$	2010 cost (millions, \$)	Cost per drink, \$	Cost per capita, \$	% of total cost	2010 cost (millions, \$)	% of total cost
Michigan	8,161.7	2.10	826	3,326.8	0.86	337	40.8	6,072.3	74.4
Minnesota	3,886.4	1.74	733	1,533.5	0.69	289	39.5	2,898.3	74.6
Mississippi	2,277.4	2.05	768	827.0	0.74	279	36.3	1,901.3	83.5
Missouri	4,603.6	1.83	769	1,790.4	0.71	299	38.9	3,676.0	79.8
Montana	870.8	1.73	880	335.0	0.67	339	38.5	666.8	76.6
Nebraska	1,166.5	1.61	639	491.3	0.68	269	42.1	879.8	75.4
Nevada	2,296.3	1.49	850	935.9	0.61	347	40.8	1,742.1	75.9
New Hampshire	959.9	0.92	729	376.5	0.36	286	39.2	714.7	74.5
New Jersey	6,175.2	1.70	702	2,540.7	0.70	289	41.1	4,632.8	75.0
New Mexico	2,232.9	2.77	1,084	914.2	1.13	444	40.9	1,680.2	75.2
New York	16,330.2	2.28	843	6,937.8	0.97	358	42.5	12,261.9	75.1
North Carolina	7,034.2	2.11	738	2,801.1	0.84	294	39.8	5,568.4	79.2
North Dakota	487.6	1.40	725	182.7	0.52	272	37.5	372.2	76.3
Ohio	8,519.8	2.10	739	3,404.6	0.84	295	40.0	6,447.2	75.7
Oklahoma	3,081.2	2.49	821	1,205.2	0.97	321	39.1	2,443.6	79.3
Oregon	3,520.2	2.08	919	1,486.7	0.88	388	42.2	2,534.6	72.0
Pennsylvania	9,544.2	1.92	751	3,895.5	0.78	307	40.8	7,487.0	78.4
Rhode Island	886.5	1.82	842	358.2	0.73	340	40.4	657.1	74.1
South Carolina	3,982.9	2.13	861	1,458.7	0.78	315	36.6	3,161.7	79.4
South Dakota	598.2	1.59	735	241.0	0.64	296	40.3	446.2	74.6
Tennessee	4,683.8	2.25	738	1,807.3	0.87	285	38.6	3,760.9	80.3
Texas	18,820.6	1.99	748	7,342.0	0.78	292	39.0	14,968.1	79.5
Utah	1,636.1	2.74	592	711.4	1.19	257	43.5	1,291.5	78.9
Vermont	513.0	1.66	820	212.2	0.69	339	41.4	377.6	73.6

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Table 2. Estimated Total, Governmental, and Binge Drinking Costs of Excessive Alcohol Consumption, by State, 2010 (continued)

	Total cost			Cost to government			Binge drinking		
	2010 cost (millions, \$)	Cost per drink, \$	Cost per capita, \$	2010 cost (millions, \$)	Cost per drink, \$	Cost per capita, \$	% of total cost	2010 cost (millions, \$)	% of total cost
Virginia	6,126.0	2.06	766	2,496.6	0.84	312	40.8	4,782.4	78.1
Washington	5,805.1	2.23	863	2,479.6	0.95	369	42.7	4,286.2	73.8
West Virginia	1,334.9	2.20	720	510.0	0.84	275	38.2	1,051.5	78.8
Wisconsin	4,452.9	1.62	783	1,845.4	0.67	324	41.4	3,387.1	76.1
Wyoming	593.1	2.33	1,052	239.2	0.94	424	40.3	459.2	77.4

drinking for many reasons.<sup>2,3</sup> For example, the mortality, morbidity, and associated lost productivity estimates were based only on the primary cause of death/illness and did not include alcohol-related contributing causes. Intangible costs like pain and suffering were not included. Multiple additional sources of underestimation appear in Table 3 of the national report.<sup>2</sup>

### Conclusions

It is clear that excessive alcohol consumption is very expensive, that these costs are largely due to binge drinking, and that a substantial proportion of these costs are borne by taxpayers, including non-drinkers. There are several evidence-based strategies to reduce excessive drinking and the related harms, including increasing alcohol excise taxes, limiting alcohol outlet density, and commercial host liability.<sup>14,15</sup> Screening and brief intervention for excessive alcohol use has also been recommended for adults.<sup>16</sup> Yet, many of these interventions are underused.<sup>4</sup> Unless this changes, the economic cost of excessive drinking is likely to increase, placing an ever-greater burden on the excessive drinker, their family, society, and taxpayers.

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## Appendix

### Supplementary data

Supplementary data associated with this article can be found at <http://dx.doi.org/10.1016/j.amepre.2015.05.031>.