# Alcohol & Drug Use

# Why It Is Important

Some research suggests that moderate drinking may be beneficial for the heart and circulatory system and may protect against type II diabetes. In the United States, moderate drinking is usually defined as no more than two drinks per day for men and no more than one drink per day for women. However, heavy drinking is detrimental to health and is a major cause of preventable death in the nation. It can damage the liver and heart and increase the chances of developing breast and some other cancers. Heavy drinking is often called binge drinking which is defined as having five or more drinks on one occasion.

The cost of alcohol in California is roughly \$1,000 per California resident or \$3,000 per family each year. Alcohol use causes a disturbing array of health problems from liver disease to cancer, all of which cost California \$18.2 billion annually. The annual cost to the workplace due to alcohol problems is \$25.3 billion, the cost of traffic collisions and other injuries is about \$12.4 billion, and the total economic cost per year is \$38.4 billion. However, the yearly sales revenue generated by the alcohol industry is \$22.8 billion.

In California, alcohol-caused injury and traffic collisions are responsible for roughly 3,524 deaths and a staggering 109,917 non-fatal injuries each year. Tragically, alcohol results in 784 suicides each year, while 26% of all traffic deaths are caused by alcohol. The total number of lives lost per year due to alcohol use is 9,439 California residents.<sup>36</sup>





Source: Applied Survey Research, *Stanislaus County Community Health Assessment Survey*, 2008. N=2,562

<sup>&</sup>lt;sup>36</sup> Marin Institute: The Annual Catastrophe of Alcohol in California, July 2008.



2003

### 🐨 Percentage of Adults, Ages 18 and Older, Who Drank Alcohol in the Past Figure 97:

Source: 2001, 2003, and 2005 California Health Interview Survey. Stanislaus County 2001 N: 315,000; 2003 N: 330,000; 2005 N: 352,000. California 2001 N: 24,594,000; 2003 N: 25,469,000; 2005 N: 26,388,000.

**Stanislaus** County

2001

🖗 New data not available

25%

0%

#### 🐨 Percentage of Adults, Ages 18 and Older, Who Engaged in Binge Drinking Figure 98: in the Past Month, 2005

California

2005



Source: 2005 California Health Interview Survey.

Stanislaus County N: 352,000.

California N: 26,388,000.

Note: Binge drinking is defined differently for males and females by the California Health Interview Survey. For males, binge drinkers are those that have had five or more drinks on at least one occasion in the past month. For females, binge drinkers are those that have had four or more drinks on at least one occasion in the past month.

Note: Comparable data not available for prior years.





### Figure 99: Rate of Drug Induced Deaths per 100,000 Residents, Age Adjusted Averages

Source: Bengiamin, M., Capitman, J.A., and Chang, X. Healthy People 2010: A 2007 Profile of Health Status in the San Joaquin Valley, 2007.

Note: San Joaquin Valley includes Fresno, Kern, Kings, Madera, Merced, San Joaquin, Stanislaus, and Tulare Counties.

## 🖗 New data not available

## Data Summary

A sizable majority (74%) of Stanislaus County Community Health Assessment Survey respondents reported having never had five or more alcoholic drinks within a time period of two hours during the past 30 days. Eight percent (8%) reported having done so once, 6% twice, 3% three times, 4% four to five times, and 5% six times or more during the past month.

According to CHIS, the percentage of Stanislaus County adults who reported drinking in the past month rose from 54% in 2001 to 58% in 2005. Despite the increase, it was still lower than that of California (60%) in 2005. In 2005, 20% of Stanislaus adults engaged in binge drinking compared to 18% of California adults. These percentages were both higher than the Healthy People 2010 Objective that no more than 6% of adults will engage in binge drinking.

Stanislaus County reported the highest rates of drug induced deaths in all of San Joaquin Valley from 2001 to 2004. Between 2002-2004, Stanislaus County had an age adjusted average death rate of 19 per 100,000 residents, which was higher than the rates in San Joaquin Valley (13 per 100,000 residents) and California (10 per 100,000 residents).

# How We're Making a Difference

### **Stanislaus County Behavioral Health and Recovery Services**

Over 30 years ago my ambitions, hopes and dreams faded. At that time, I slowly found myself imprisoned inside my mind as the onset of my first psychotic break introduced me to a world riddled with mental illness that destroyed my life. The episodes were horrific as family members, friends and business associates watched the disease take its course. For years, I felt like I had failed my family friends and that my life was over. Even so, I began to access care at a Stanislaus County Regional outpatient facility.

#### **Recovery Happens: Peer Support**

My world changed as I listened and learned from others who seemed to have risen above their destructive and humiliating past. I began my first step into service work as I helped to provide coffee and a warm space at a local drop-in center. The volunteer tasks were minimal, yet I began to feel a sense of belonging and really felt the unity amongst my peers. My service benefits were twofold. Not only was I helping others in their quest for sobriety, but also for the first time I too remained sober. Now educated on the facts about sobriety, my life took on new meaning. This service work, backed by a strong conviction to follow my psychiatrist's direction, proved very beneficial in opening the gates to freedom.

Armed with a vision of hope and a reluctance to remain on Social Security, I chose to volunteer. My first mental health volunteer job was during the development of a new conceptual Stanislaus County mental health program, Wellness Recovery Center. We answered calls for peers and facilitated recovery support groups at a variety of locations including inpatient psychiatric hospital settings. I soon achieved purpose as a peer mentor. The position raised my self-esteem and fired my imagination. Now my career has expanded into a position with Stanislaus County as the Behavioral Health and Recovery Service's Family Advocate.

### **Reintegration: Community**

I set high goals for my education and received full scholarships at the junior college level. I served as a teacher's aide and received recognition as a goodwill ambassador to the college due to my efforts to enroll others. I have just finished my third year of study at California State University at Stanislaus, participating in a leadership development program, and am closely approaching my Bachelor Degree in Social Sciences.

The long road of reconstruction filled with heartache and feelings of uselessness has now subsided. I have become, through my life's experiences, a better man. My example of strong recovery and perseverance has set the tone for others who may struggle on their respective paths to freedom.

My life is full of passion and, through my production company, I have raised thousands of dollars for charity and developed a widely recognized mental health conference entitled a Day of Hope. I hold a teaching certificate in the NAMI Peer to Peer program and speak regularly at NAMI gatherings. I focus even harder on my recovery to try to be a model for others. I believe in recovery from mental illness, I live it and I share it!

John Black, Family Advocate Stanislaus County Behavioral Health & Recovery Services