Current Alcohol Statistics and Reports

2006 National Survey on Drug Use and Health (NSDUH)[8]

Background Information

The National Survey on Drug Use and Health (NSDUH) includes questions about the frequency and quantity of alcohol consumption. The survey has been administered to a representative sample of approximately 67,500 persons annually since 2002, allowing trends to be observed. A "drink" is defined as a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. Times when the respondent only had a sip or two from a drink are not considered to be consumption. For this report, estimates for the prevalence of alcohol use are reported primarily at three levels, defined for both males and females and for all ages as follows:

Current Use – At least one drink in the past 30 days

Binge Use* – Five or more drinks on the same occasion at least once in the past 30 days

Heavy Use – Five or more drinks on the same occasion on at least five different days in the past 30 days

Important Information

The highest prevalence of both binge and heavy drinking was for young adults aged 18 to 25, with the peak rate of both measures occurring at age 21. The rate of binge drinking was 42.2% for young adults aged 18 to 25 and 49.3% at age 21. Heavy alcohol use was reported by 15.6% of persons aged 18 to 25. These patterns are consistent with the reported rates in 2005.

Over half of the survey respondents (51.6%) aged 18 to 20 reported drinking alcohol in the month prior to the survey interview in 2006. Respondents were of typical college age, but legally prohibited from consuming alcohol. Also reporting current alcohol use were 3.9% of the respondents aged 12 or 13, 15.6% of persons aged 14 or 15, and 29.7% of 16 or 17 year olds.

Young adults aged 18 to 22 enrolled full-time in college were more likely than their peers not enrolled full-time to use alcohol, binge drink, and drink heavily. Past month alcohol use was 66.4% for full time college students compared with 54.1% for part-time college students and persons not enrolled in college. Binge and heavy use showed the same pattern, which has remained consistent since 2002.

About 19.7% of 18 to 20 year olds and 27.3% of 21 to 25 year olds reported driving under the influence of alcohol. Beyond 25 years old, these percentages gradually decrease. Males were nearly twice as likely as females (16.3% vs. 8.6%, respectively) to drive under the influence of alcohol. The number of persons who reported driving under the influence at least once in the past year has decreased consistently since 2002.

**The term "binge drinking" was originally coined by the Harvard School of Public Health and has many different definitions. Other than in citations where the term is used, The BACCHUS Network™ uses the phrase "high-risk drinking" rather than binge drinking. High-risk drinking is defined as more than five drinks for a man or four drinks for a woman in a single occasion or at the point at which one is more likely to experience negative consequences.*

The Core Institute's 2005 Statistics on Alcohol and Other Drug Use[10]

Background Information

The following statistics are drawn from a sample of 33,379 undergraduate students from 53 colleges in the United States. Unless otherwise noted, these behaviors were reported for the year prior to the survey.

Important Information

27.2% of college students have NOT consumed any alcohol in the past month.

69.3% of college students have NOT missed a class because of alcohol use.

69% of college students have NOT gotten in a fight or argument because of their drinking.

78.2% of college students have NOT performed poorly on a test or project because of their alcohol use.

86.1% of college students have NOT had trouble with police or authorities because of their drinking.

93% of college students have NOT damaged property as a result of alcohol or drug use.

73.7% of college students have NOT driven under the influence of alcohol or other drugs.

89.3% of college students have NOT been taken advantage of sexually as a result their drinking.

97% of college students have NOT taken advantage of another sexually as a result their drinking.

Alcohol Abuse and Health Risks

Of course we have all heard about the long-term health risks associated with drinking over time. These include damage to the heart, liver, and brain. However, it should be noted that the vast majority of our health risks occur over the course of a single evening, not after decades of abuse. A college-aged student has a much higher risk of an alcohol-related injury caused by a car crash, slipping or falling, getting into a fight, etc. than developing cirrhosis of the liver. Still, these long-term health risks are important to know because if a person is currently a heavy drinker, has been so in the past, or plans on continuing drinking in this manner in the future, that person needs to know the potential consequences. There are a number of long-term health risks involved with chronic alcohol abuse, risks in addition to other physical effects such as weight gain, dry skin and a compromised immune system.

Alcohol and the Liver

Alcohol-induced liver disease (ALD) is a major cause of illness and death in the United States. In fact, the U.S. National Center for Health Statistics report states that chronic liver disease and cirrhosis rank among the top 15 leading causes of death in the nation. ALD comes in several different forms, some more severe than others.[9]

The first, and least serious, of these, is fatty liver. Fatty liver is just what it sounds like—a buildup of fat in the liver. Fat buildup is not normal and is usually indicative of a more severe liver problem. A more serious liver condition is alcoholic hepatitis; characterized by persistent inflammation of the liver, alcohol hepatitis can cause scarring and hardening of the liver. When scarring becomes extensive, the condition is called cirrhosis, which is very serious and often fatal.

All of these contribute to the death of liver cells. The presence of damaged cells triggers the body's defensive responses. This results in a vicious cycle of inflammation, cell death, and eventually organ failure, ensuring the necessity of a liver transplant.

Liver cancer is a very real and very serious health risk of irresponsible drinking. Deaths from liver cancer are higher among heavy alcohol users than people who do not drink. By altering the liver's ability to metabolize some carcinogenic substances into harmless compounds or to disable certain existing carcinogens, alcohol's effects may influence the occurrence of liver cancer.

Alcohol and the Heart

Drinking excessive amounts of alcohol can raise the levels of fat in the blood (triglycerides), leading to high cholesterol and cardiovascular disease. It can also lead to high blood pressure, heart failure and increased calorie intake (leading to obesity and a higher risk of diabetes). Other serious problems related to heart disease and the use of alcohol include cardiomyopathy (a disease in which the heart muscle becomes inflamed and therefore does not work efficiently), cardiac arrhythmia, (abnormal, irregular heartbeat) and sudden cardiac death.

Alcohol and the Brain

In understanding the various risks faced by 15–24 year olds, it is important to note that brain development significantly impacts decision-making skills. Current research dispels the previously held belief that an adolescent, after undergoing puberty, has a brain that closely resembles that of an adult. According to a study conducted by the National Institute of Mental Health (NIMH) and the University of California, Los Angeles (UCLA), "The brain's center of reasoning and problem solving is among the last to mature…"[12] In this decade long study, the brains of 13 healthy children and teens, from ages four to twenty-one, were scanned every two years using magnetic resonance imaging (MRI) technology. In studying these images, researchers found that, "Areas with more advanced [brain] functions— integrating information from the senses, reasoning, and other executive functions (prefrontal cortex)—mature last."[12] This gradual brain development makes adolescents physiologically more prone to risky decision-making that can have dangerous results. The University of Wisconsin-Madison Medical School reports that "the risk of injury or death is higher during the adolescent period than in childhood or adulthood, and the incidence of depression, anxiety, drug use and addiction, and eating disorders increases…. It is clear that adolescents think and act differently from adults."[13]

Additionally, research demonstrates that new, and sometimes dangerous, experiences "tap into a teenager's so-called reward system…. This is the same set of neurons affected by certain illicit drugs, such as cocaine, that release dopamine, one of the brain chemicals, or neurotransmitters, that are responsible for arousal and motivation."[14] While new experiences may produce a "rush", substance use and abuse in young people can cause serious health risks, such as a lasting impact on brain development, chemical balances, and neurological "hardwiring". [14]

Alcohol and Cancer[15]

Many research studies have established the relationship between alcohol use and cancer. Risks due to alcohol vary depending on the kind of cancer. The strongest associations between alcohol use and cancer are with mouth, esophageal, laryngeal, pharyngeal, breast, and liver cancers. People who drink heavily and smoke cigarettes or use other kinds of tobacco are at even higher risk for most of these cancers.

Oral cancers are six times more common in alcohol users than in non-alcohol users. About 75–80% of all patients with oral cancer consume alcohol frequently. Smokers who also drink are at much higher risk.

Many studies have found an association between alcohol use and the risk of breast cancer. The risk increases with the amount of alcohol consumed and is highest among heavy alcohol users.

Opportunities for Risk Reduction

Drinking alcohol in moderation or abstaining is key to reducing the risk of alcohol-related cancers. The more someone drinks, the higher his or her risk of developing some kinds of cancer. Reducing the amount of alcohol a person drinks will sharply reduce cancer risk.

Alcohol and Academics[16]

Alcohol use can result in missing class, doing poorly on tests or projects, disciplinary issues, or other problems. The following statistics show on average, students who drink the most alcohol receive the lowest grades:

- **"A" students average 3.1 drinks per week**
- **"B" students average 4.4 drinks per week**
- **"C" students average 5.6 drinks per week**
- **"D" and "F" students average 9.5 drinks per week**

Students who are out late partying often oversleep and miss classes. Someone who is hung over is more likely to sleep in or may be too sick to attend class. People who party several times a week can fall behind on their homework, projects, or papers—causing a low GPA and even dropping out of school.

Memory Foundation

Memory foundation is the ability to form new memories, not the ability to recall information that was learned in the past. A chronic drinker may be able to recall something from their childhood, but may not be able to remember what they ate for lunch four hours ago. Also, the richness and detail of the memories during the past few years of drinking might be significantly less than those of earlier years. On mental ability tests, chronic drinkers often perform poorly on retention skills.

Abstract Thinking

The brain interprets different events, observations, and happenings in a variety of ways. Additionally, one of the major tasks of the brain is to distinguish the difference between concrete, obvious, and surface reasoning, and abstract thinking such as word puzzles and interpreting stories. Overall, abstract thinking is more difficult for chronic drinkers.

Problem Solving

Similar to thinking in an abstract way, problem solving often involves using different strategies and reasoning skills. We also need mental flexibility, the ability to switch strategies and approaches to problems in order to solve them efficiently. In testing situations, heavy drinkers find themselves taking much longer to find solutions because they become stuck in one particular method of problem solving.

Attention and Concentration

There is some evidence that chronic drinkers have a hard time keeping their attention focused and maintaining their concentration. Attentiveness and concentration are mental functions used in the classroom on a daily basis and are critical parts of the learning process. The degree to which these functions are affected depends on how much alcohol is consumed. Chronic long-term abusers of alcohol experience the major effects. However, "social drinkers" also develop deficits in their mental functioning. The more alcohol a person has when they go out, the more likely they are to experience negative effects.

Perceptions of Emotion

Recent studies show that alcoholics acquire the inability to perceive emotion in people's language. The specific brain function that allows us to perceive attitude and emotion in conversation is impaired in heavy drinkers. It is important to realize that this deficiency is one of perception and does not reflect the drinker's own emotional state.

Alcohol and Sexual Decision Making

What We Need To Know

There are some significant connections between alcohol use and sexual decision-making. Although many college students aged 18 to 24 have had sex before entering college,[29] it is during the college years that they are at the greatest risk for sexual health issues. When alcohol (or another drug) is added to a sexual situation, this risk increases.

Young People at Risk

Young adults are at higher risk for acquiring sexually transmitted infections (STIs) for many reasons including the following: [4]

- They are more likely to have multiple sexual partners.
- They may select partners at higher risk.
- They are frequently in situations involving compromised sexual decision-making, such as under the influence of alcohol or other drugs.

Clearly, young people are a demographic already at risk and many demonstrate misperceptions about STI risk factors and testing.

- Recent estimates suggest that while representing 25% of the ever sexually active population, those who are 15 to 24 years of age acquire nearly half of all new STDs.[17]
- Among women in 2005, as in previous years, 15 to 24 year olds had the highest rate of gonorrhea compared to women in all other age categories. Among men, 20 to 24 year olds had the highest rate of gonorrhea.[17]
- About two-thirds of young females believe doctors routinely screen teens for Chlamydia. However, in 2003 only 30% of women 25 and under with commercial health care plans and 45% with Medicaid plans were screened for this STI.[18]

HIV/AIDS

HIV/AIDS is a serious life threatening illness that can be avoided in sexual situations by abstinence, monogamy (sex with only one partner who has been tested), and the use of a condom or other protective barriers. Making the right choices in sexual situations will significantly decrease the chance of contracting HIV/AIDS.

In the United States[19]

- Among young adults 20 to 24 years of age, there were 1,912 reported AIDS cases in 2005.
- Black young adults have been disproportionately affected by the HIV/AIDS epidemic. In 2005, 14% of young adults 20 to 24 years of age were black, yet 58% of reported AIDS cases in 20 to 24 year olds were in blacks.
- The ratio of males to females with AIDS varies by age at diagnosis. In 2005, 43% of adolescents 13 to 19 years old at AIDS diagnosis were female, 28% of young adults 20 to 24 years old were female, and 26% of persons 25 years old and older were female.

Worldwide[20]

- There are an estimated 38.6 million people living with HIV/AIDS worldwide, a greater number than ever before.
- HIV is the leading cause of death worldwide among those ages 15 to 59.
- Young people ages 15 to 24 account for 28% of the global total of adults living with HIV/AIDS and approximately half of new adult HIV infections. This means there are almost 6,000 new HIV infections each day, or about one every 15 seconds.
- In 2005, 2.8 million people died of AIDS. Over half a million of these were children.

Alcohol, Sex and Judgment

When looking at different aspects of sexual health, decision-making, and alcohol use, it is important to realize that there are choices involved. Some of the choices we need to make in our sexual lives include:

- Will I be sexually active, and if so, to what level?
- How does this choice fit into my own boundaries and values?
- If I choose to be sexually active, how can I stay physically safe?

The process of evaluating these decisions rests in the part of our brain best referred to as the judgment center. In order to understand the impact of alcohol and sexual decision-making, we need to look at what happens to our thought process when we drink.

Because alcohol affects judgment and lowers inhibitions, we sometimes do things when we drink alcohol that we would not do sober; this can include having sex when we normally would not or choosing not to use protection. As a result, we need to deal with the exposure to a number of risks.

Physical and Emotional Risks

Many people think only of the physical risks of being sexually active: contracting a STI, such as HIV, or the chance of becoming pregnant. These risks are certainly real. Obviously, the best way to avoid the physical risks is to choose abstinence. However, if you do choose to be sexually active, a condom or barrier should be used every time.

There are other risks that may not be talked about that certainly come into play when sex and alcohol are involved. These can include sexual violence or an unwanted pregnancy, but can also include emotional consequences. It may be a sense of regret about breaking your own sexual boundaries, perhaps hooking up with someone and thinking the next day "that's not who I am" or maybe "that's not who I want to be".

Sometimes it is regret at rushing a relationship where people who were attracted to each other had too much to drink and acted on those feelings. Now they may feel awkward and uncomfortable around each other, sometimes resulting in a premature end to a potential longer-term relationship. Whether talking about physical or emotional risks, the key to achieving intimacy and a healthy sexual identity is not to let alcohol impair sexual decision-making.

Remember, as a peer educator or advisor, it is your responsibility to help educate and explain the negative consequences of quick or drunken sexual decisions. This education should also include strategies or tips for communication between partners.

For more information on sexual health, visit smartersex.org

Most College Students Make Healthy Choices
National College Health Assessment, Spring 2007[4]

The following statistics are from a sample of 71,860 students drawn from 107 two and four year college campuses. Both public and private schools are represented and school size varied from less than 2,500 students to over 20,000.

Sexually active female participants reported having an average of 1.2 sexual partners during the last school year. However, students perceived that sexually active female students had an average of 3.5 partners last school year.

Sexually active male participants reported having an average of 1.7 sexual partners during the last school year. However, students perceived that sexually active male students had an average of 3.3 partners last school year.

Eighty-four percent of students who drank did not report having unprotected sex as a consequence they experienced after alcohol consumption during the last school year.

Alcohol and Nutrition

It is important to remember that alcohol has a significant effect on your dietary health and nutrition. When we drink, it is easy to forget how many calories, in addition to alcohol, we are consuming with each beverage. Many students do not realize that one evening of drinking can be equivalent to a meal or even an entire day's worth of calories!

The Calorie and Carbohydrate Breakdown—Food for Thought [21, 22]

- A 12-ounce beer has 150 calories and 13 carbohydrate grams = A slice of a 12 inch Crunchy Thin Crust pizza with Ham from Domino's (148 calories and 14 carbs).
- A 12-ounce light beer has 100 calories and 5 carbohydrate grams.
- A 6-ounce glass of white wine has 120 calories and 1.4 carbohydrate grams.
- A 6-ounce glass of red wine has 128 calories and 3 carbohydrate grams = A CinnaStix or Cheesy Bread Stick from Domino's (123 calories each).
- A 1.5-ounce shot of 80-proof liquor, such as vodka, rum, tequila, or gin, has 100 calories.
- A 1.5-ounce shot of 100-proof liquor has 124 calories.
- If having a mixed drink, you must also include the total number of calories for your beverage in the calculation. For example, 2 ounces of rum plus 4 ounces of cola total 182 calories and 12 carbohydrate grams = A slice of a 12 inch Crunchy Thin Crust pizza with Sausage from Domino's (181 calories).
- Liqueurs frequently have higher sugar and fat contents, contributing to greater calories. For example, 5 ounces of a popular cream liqueur totals 468 calories = one slice of a 14 inch Ultimate Deep Dish ExtravaganZZa Feast from Domino's (468 calories).

Although pure alcohol contains calories, 7 calories/gram,[23] (compared to 4 calories/gram for carbohydrates and sugar and 9 calories/gram for fat), it should not make up a significant portion of one's daily caloric intake for several reasons.[24] Although, alcoholic beverages can provide energy, they are unbalanced and do not contain any of the proteins, fats, vitamins, or minerals and few of the carbohydrates needed to maintain healthy body functions.[25]

Finally, alcohol actually inhibits the absorption of several nutrients, in particular vitamins B1, B2, B3, B6, B12, and folic acid.[26] "The process of metabolizing alcohol requires nutrients. As the liver decreases its supply of these nutrients, the blood stream is called upon to replenish the supply. As a result, body cells are deprived of critical nutrients and normal body functions suffer."[26]

Most College Students Make Healthy Choices
National College Health Assessment, Spring 2007[4]

The following statistics are from a sample of 71,860 students drawn from 107 two and four year college campuses. Both public and private schools are represented and school size varied from less than 2,500 to over 20,000.

56.9% of female students and **63.1%** of male students describe their health as very good or excellent.

65.7% of female students and **56.8%** of male students are in their healthy weight categories, according to the Body Mass Index.

61.2% of female students and **44%** of male students intend to exercise to lose weight.

96.4% of college students eat at least one serving of fruits or vegetables a day and **29.1%** eat at least three to four servings per day.

80.1% of college students who drink, eat before and/or during drinking.

Within the past seven days, **74.1%** of college students participated in vigorous exercise for at least 20 minutes or moderate exercise for 30 minutes.