

## SECTION 4:

# CURRENT ALCOHOL STATISTICS AND REPORTS

## MOST COLLEGE STUDENTS MAKE HEALTHY CHOICES

### CAMPUS SPECIFIC DATA

This manual provides an overview of national data from three different surveys on the issues of alcohol and impaired driving, which can give your peer education group an overview of the trends in these fields: what is changing, what is emerging. However, possessing data from your own students will provide a much more relevant picture of the use, attitudes, perceptions, and trends for your campus. There are multiple options for collecting this information from various paper-and-pencil and online surveys to online educational and sanctioning tools that also can collect assessment data.

### 10 WAYS TO INVOLVE PEER EDUCATORS IN DATA COLLECTION

- Utilize peer educator experiences to create survey questions.
- Assign peer educators to help create spreadsheets and enter collected data.
- Create ownership in the process of collecting data, review trends and reflect on next steps with the peer educators.
- Train peer educators to effectively hand out and collect brief questionnaires at all events.
- Work with peer educators to advocate for data collection in the classroom.
- Encourage peer educators to connect with RAs for residence hall-specific data collection.
- Utilize tech-savvy students to create and manage webpage/online survey pages.
- Include students in discussions about the data collection and analysis processes.
- Train students to co-facilitate focus groups.
- Include peer educators in the process of creating presentations and sharing data.

### NATIONAL COLLEGE HEALTH ASSESSMENT, FALL 2009<sup>1</sup>

#### Background Information

The American College Health Association (ACHA) coordinates the National College Health Assessment (NCHA) for participating campuses each fall and spring. Aggregate data are analyzed and ACHA produces summary reports for each data collection period. The NCHA asks students about a variety of health and safety topics including alcohol use and impaired driving behaviors. Below are data points from the Fall 2009 survey with an N of 34,208 college students.

#### Important Information

- 74.8% of college students report NOT driving after drinking any alcohol, in the last 30 days. \*
- 70.3% of college students report not drinking or drinking fewer than five drinks in a sitting in the past two weeks.
- 77.3% of college students report eating before and/or during drinking.
- 84.4% of college students report staying with the same group of friends the entire time drinking.
- 82.8% of college students report using a designated driver.
- 66.7% of college students report keeping track of how many drinks they are consuming.
- 68.6% of college students report NOT doing something they later regretted as a result of their own drinking.
- 73.2% of college students report NOT forgetting where they were or what they did as a result of their own drinking.

*\*Students responding "N/A, don't drive" and "N/A, don't drink" were excluded from this analysis.*

Additional information about the Fall 2009 survey data can be found at [acha-ncha.org](http://acha-ncha.org)

## **CORE INSTITUTE'S 2006 STATISTICS ON ALCOHOL AND OTHER DRUG USE<sup>2</sup>**

### **Background Information**

The Core Alcohol and Drug Survey assists campuses in understanding the prevalence of alcohol and other drug abuse behaviors and attitudes within their student body as well as in gaining insight into the consequences and perceptions of use. The Core Institute at Southern Illinois University, Carbondale, oversees the survey. The following statistics are drawn from a sample of 71,189 undergraduate students from 134 colleges in the United States in 2006.

### **Important Information**

- 28.2% of college students have NOT consumed any alcohol in the past month.
- 45.0% of college students have NOT engaged in heavy drinking (defined as consuming five or more drinks at least once in the past two weeks).
- 69.8% of college students have NOT missed a class because of alcohol use.
- 67.8% of college students have NOT gotten in a fight or argument because of their drinking.
- 77.9% 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.
- 93.2% of college students have NOT damaged property as a
  - result of alcohol use.
- 73.0% of college students have NOT driven under the influence.
- 89.9% of college students have NOT been sexually assaulted under the influence of alcohol.
- 96.8% of college students have NOT taken advantage of another sexually under the influence of alcohol.

Additional information about the Core Survey is available at [core.siuc.edu](http://core.siuc.edu)

## **2009 NATIONAL SURVEY ON DRUG USE AND HEALTH<sup>3</sup>**

### **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, allowing for trends to be observed.

A "drink" is defined as a can or bottle of beer, a glass of wine, a wine cooler, a shot of liquor, or a mixed drink. Drinking a sip or two of a drink is not considered consumption for this report. 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 binge and heavy drinking was for young adults aged 18-25. The rate of binge drinking was 41.0% and the heavy drinking rate was 14.5% for this age group. These rates are similar to those reported in the 2007 NSDUH report.

Rates of current use, binge and heavy drinking were higher for young adults (ages 18-22) enrolled full-time in college than for those not enrolled full-time. Current use for full-time college students was reported at 61.0% versus 54.2% for those not enrolled full-time. Binge and heavy drinking rates for full-time students were found at 40.5% and 16.3% respectively, as compared to 38.1% and 13.0% for this age group not enrolled full-time. These differences between full-time college students and their peers are consistent with the trends reported since 2002.

When looking at drinking rates for college graduates and non-college graduates of people age 26 and older, college graduates reported a higher rate of current drinking but lower rates of binge and heavy drinking.

Underage drinking of 18-20 year olds from 2007 to 2008 decreased 2.0% from 50.7% to 48.7% of those reported drinking at least once in the past 30 days.

## **ALCOHOL USE: COLLEGE VS. NON-COLLEGE<sup>4</sup>**

College is seen as a protective factor for substance abuse in many instances; however, alcohol use tends to be higher for college students than non-college students. In their 2008 survey of substance use, the Monitoring the Future study found that full-time college students had higher 30-day prevalence rates of alcohol use (69%) than non-college students (55%) and higher rates of high-risk drinking (drinking five or more drinks in a row in the past two weeks): 40% of college students versus 30% of non-college students. More college students reported consuming flavored alcohol beverages than their non-college peers (65% versus 51%).

From 2007 to 2008, the percentage of 21-25 year olds who reported driving after drinking increased 0.3% from 25.8% to 26.1%, respectively. On the contrary, the percentage of 18-20 year olds who reported driving after drinking decreased 1.6% from 18.3% to 16.7%.



Of those who drank, 18-25 year olds reported the highest percentages of driving after drinking, with 16.7% of 18-20 year olds and 26.1% of 21-25 year olds reported driving under the influence.

\*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.

### **Sources**

1. American College Health Association. American College Health Association-National College Health Assessment II: Reference Group Executive Summary Fall 2009. Baltimore: American College Health Association, 2009. Retrieved on June 10, 2010 from [http://www.acha-ncha.org/reports\\_ACHA-NCHAI.html](http://www.acha-ncha.org/reports_ACHA-NCHAI.html)
2. Core Institute. Core Alcohol and Drug Survey, 2006 Results. Retrieved on July 14, 2010 from <http://www.core.siuc.edu/>
3. Substance Abuse and Mental Health Services Administration. (2009). Results from the 2008 National Survey on Drug Use and Health: National Findings (Office of Applied Studies, NSDUH Series H-36, HHS Publication No. SMA 09-4434). Rockville, MD. Retrieved on July 14, 2010 from <http://oas.samhsa.gov/nsduh/2k8nsduh/2k8Results.pdf>
4. Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2009). Monitoring the Future national survey results on drug use, 1975-2008. Volume II: College students and adults ages 19-50 (NIH Publication No. 09-7403). Bethesda, MD: National Institute on Drug Abuse. Retrieved on July 14, 2010 from <http://monitoringthefuture.org/pubs.html>.

## **ALCOHOL AND ACADEMICS**

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 4.21 drinks per week**

**“B” students average 6.03 drinks per week**

**“C” students average 7.76 drinks per week**

**“D” and “F” students average 9.97 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 may even drop out of school.

### **Source**

Presley CA, Leichter JS, Meilman PW. Alcohol and Drugs on American College Campuses: Finding from 1995, 1996, and 1997. A Report to College Presidents. Carbondale, IL: Southern Illinois University, 1999.

A study conducted in 2008 by The Center for the Study of Collegiate Mental Health (CSCMH) at Penn State University surveyed over 15,000 students from 66 campuses about their high-risk drinking behaviors. High-risk drinking was defined as five or more drinks in a row for males, and four or more drinks in

a row for females, in the past two weeks. The following data demonstrates the relationship between frequencies of high-risk drinking behaviors over a two-week period and grade point average (GPA):

**Students who did not partake in high-risk drinking = GPA of 3.19**

**One episode of high-risk drinking = GPA of 3.11**

**Two episodes of high-risk drinking = GPA of 3.06**

**Three to five episodes of high-risk drinking = GPA of 3.04**

**Six to nine episodes of high-risk drinking = GPA of 2.98, while**

**Ten or more episodes of high-risk drinking = GPA of 2.95**

Students participating in high-risk drinking not only negatively affected their academic performance but also caused their friends to be concerned. Of the students who engaged in three or more episodes of high-risk drinking in the two-week period, 41 percent admitted other people were worried about their behaviors.

#### **Source**

Penn State University. (2009, November 16). Study: Inverse relationship between alcohol abuse and college GPA. Press Release. Retrieved on July 14, 2010 from <http://live.psu.edu/story/42960>

#### **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, 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 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 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 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 this deficiency is one of perception and does not reflect the drinker's own emotional state.

#### **Source**

Kuhn, C., Swartzwelder, S. and Wilson, W. (2003). *Buzzed: The Straight Facts About the Most Used and Abused Drugs from Alcohol to Ecstasy*. The Duke University Medical Center. New York, NY: W.W. Norton & Company.

## **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, it is during the college years they are at the greatest risk for sexual health issues.<sup>1</sup> 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:<sup>2</sup>

- They are more likely to have multiple sexual partners.
- They may select partners whom are also 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 for STIs and many demonstrate misperceptions about STI risk factors and testing.

- Recent estimates suggest 15 to 24 year olds represent 25% of the ever sexually active population, and they acquire nearly half of all new STDs.<sup>3</sup>
- 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.<sup>3</sup>
- 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% of Medicaid plans were screened for this STI.<sup>4</sup>

### **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 another protective barrier. Making the smarter choices in sexual situations will significantly decrease the chance of contracting HIV/AIDS.

### **DID YOU KNOW...**

- Consuming a beverage containing both caffeine and alcohol impairs your neuropsychological functioning, specifically vision and language mechanisms.<sup>6</sup>
- Drinking a caffeinated beverage with alcohol can lessen subjective intoxication.<sup>7</sup>
- College-aged students that reported mixing energy drinks with alcohol drank 36% more compared to students who drank alcohol alone. These same students who mixed energy drinks and alcohol were more susceptible to sexual assault, riding in a vehicle where the driver was under the influence, and becoming injured.<sup>8</sup>
- The stimulant effects of caffeine do NOT counteract the depressant effects of alcohol. Caffeine actually heightens the degree of intoxication leading to riskier behaviors.<sup>9</sup>

### **In the United States<sup>5</sup>**

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.

### **Alcohol, Sex and Judgment**

Because alcohol affects judgment and lowers inhibitions, we sometimes do things when we drink alcohol we would not do sober; this could include having sex or choosing not to use protection. When looking at different aspects of sexual health, decision-making, and alcohol use, it is important to realize 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?

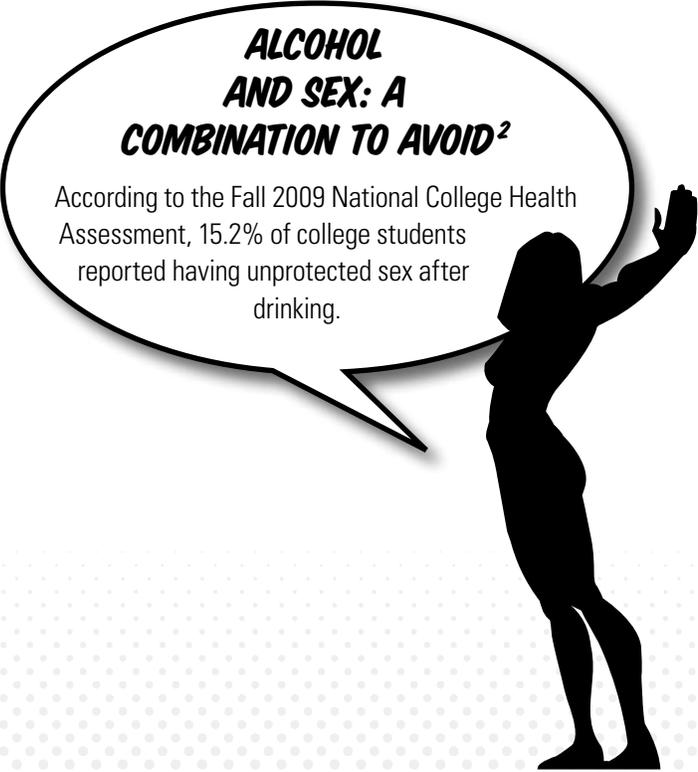
The process of evaluating these decisions occurs in the part of our brain best referred to as the judgment center, or frontal lobe. To understand the impact of alcohol and sexual decision-making, we need to look at what happens to our thought process when we drink and the risks that come with it.

### **Physical and Emotional Risks**

Many people only think 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. The best way to avoid the physical risks is to choose abstinence. However, if you do choose to be sexually active, a contraceptive method should be used every time.

Other risks may not be talked about but 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 there is regret for rushing a relationship where the two 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, potentially resulting in a premature end to a possible 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.



**ALCOHOL  
AND SEX: A  
COMBINATION TO AVOID<sup>2</sup>**

According to the Fall 2009 National College Health Assessment, 15.2% of college students reported having unprotected sex after drinking.

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.

### **Sources**

1. National Center for Chronic Disease Control and Prevention and Health Promotion (2007). Healthy Youth! Health Topics: Sexual Risk Behaviors. Retrieved July 14, 2010 from [www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm](http://www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm)
2. American College Health Association. American College Health Association-National College Health Assessment II: Reference Group Executive Summary Fall 2009. Baltimore: American College Health Association, 2009. Retrieved on June 10, 2010 from [http://www.acha-ncha.org/reports\\_ACHA-NCHAII.html](http://www.acha-ncha.org/reports_ACHA-NCHAII.html)
3. Centers for Disease Control and Prevention. STD surveillance 2006 special focus profiles: adolescents and young adults. Retrieved July 14, 2010 from <http://www.cdc.gov/std/stats06/toc2006.htm>
4. American Social Health Association. (2006). STD/STI statistics: Fast Facts. Retrieved July 31, 2009 from [www.ashastd.org/learn/learn\\_statistics.cfm](http://www.ashastd.org/learn/learn_statistics.cfm)
5. Centers for Disease Control and Prevention. (2007). HIV/AIDS surveillance in adolescents and young adults (through 2005). Retrieved July 14, 2010 from [www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm](http://www.cdc.gov/hiv/topics/surveillance/resources/slides/adolescents/index.htm)
6. Curry, K, Stasio M. The effects of energy drinks alone and with alcohol on neuropsychological functioning. *Hum. Psychopharmacol Clin Exp* 2009; 24:473-481.
7. Ferreira SE, de Mello MT, Pompeia S, de Souza-Formgoni ML. Effects of energy drink ingestion on alcohol intoxication. *Alcohol Clin Exp Res*. 2006; 30:598-605.
8. O'Brien, MC, McCoy, TP, Rhodes, SD, et al. Caffeinated cocktails: energy drink consumption, high-risk drinking, and alcohol-related consequences among college students. *Acad Emerg Med*. 2008; 15:1-8.
9. University of Florida. (2010, February 10). UF researchers: Alcohol, energy drinks add up to higher intoxication levels, increased driving risk. Press Release. Retrieved on June 10, 2010 from <http://news.ufl.edu/2010/02/10/energy-drink/>.

## **ALCOHOL AND NUTRITION**

It is important to remember 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 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<sup>1,2</sup>**

- A 12-ounce beer has about 150 calories and 13 grams of carbohydrates = One slice of a 12-inch Crunchy Thin Crust pizza with Ham from Domino's which has 148 calories and 14 carbs.
- A 12-ounce light beer has about 100 calories and 5 grams of carbohydrates.
- A 6-ounce glass of white wine has about 120 calories and 1.4 grams of carbohydrates.
- A 6-ounce glass of red wine has about 128 calories and 3 grams of carbohydrates = One stick from an order of CinnaStix or Cheesy Bread Sticks from Domino's has 123 calories each.
- A 1.5-ounce shot of 80-proof liquor, such as vodka, rum, tequila, or gin, has about 100 calories.
- A 1.5-ounce shot of 100-proof liquor has about 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 about 182 calories and 12 grams of carbohydrates = One slice of a 12-inch Crunchy Thin Crust pizza with Sausage from Domino's which has 181 calories.
- Liqueurs frequently have higher sugar and fat contents, contributing to greater calories. For example, 5 ounces of a popular cream liqueur totals about 468 calories = One slice of a 14-inch Ultimate Deep Dish ExtravaganZZa Feast from Domino's which has 468 calories.

Pure alcohol contains 7 calories/gram, (compared to 4 calories/gram for carbohydrates and protein, and 9 calories/gram for fat), it should not make up a significant portion of one's daily caloric intake for several reasons.<sup>3</sup> Although, alcohol beverages can provide some energy, they are not nutrient dense, meaning alcohol lacks proteins, fats, vitamins, and minerals needed to maintain healthy body functions.<sup>4</sup>

Finally, alcohol actually inhibits the absorption of several nutrients: vitamins B1, B2, B3, B6, B12, and folic acid.<sup>5</sup> "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."<sup>5</sup>

#### **Sources**

1. Goldhammer, Amy. (2002). Cocktails and calories: Beer, wine and liquor calories can really add up. Retrieved July 14, 2010 from [www.findarticles.com/p/articles/mi\\_m0846/is\\_5\\_21/ai\\_82333620](http://www.findarticles.com/p/articles/mi_m0846/is_5_21/ai_82333620)
2. The Fast Food Nutrition Fact Explorer. (2006). Search for calories. Retrieved July 14, 2010 from [www.fatcalories.com](http://www.fatcalories.com)
3. Go Ask Alice!, Columbia University's Health Q&A Internet Service. (1999). What's more important: Calories or fat grams? Retrieved July 14, 2010 from [www.goaskalice.columbia.edu/1450.html](http://www.goaskalice.columbia.edu/1450.html)
4. T. B. (2004). Nutritional effects of alcohol. Retrieved July 14, 2010 from <http://alcoholism.about.com/cs/heal/a/aa990908.htm>
5. Grayson, N. (2000). Nutrition recommendations for those who consume alcohol in moderation, in excess, now or in the past. Retrieved July 14, 2010 from [http://www.bouldermedicalcenter.com/articles/Alcohol\\_Nutrition.htm](http://www.bouldermedicalcenter.com/articles/Alcohol_Nutrition.htm)