

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 current drinking but lower rates of binge and heavy drinking.

When looking at underage drinking, 50.7% of all 18-20 year olds reported drinking at least once in the past 30 days, a consistent trend since 2002.

Of those who drank, those ages 18-25 reported the highest percentages of driving after drinking, with 18.3% of 18-20 year olds and 25.8% of 21-25 year olds reporting driving under the influence.

In 2007, the percentage of 18-25 year olds who reported driving after drinking decreased 1.6% from 24.4% to 22.8%.

**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

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3. Substance Abuse and Mental Health Services Administration, Office of Applied Studies (2008). Results from the 2007 National Survey on Drug Use and

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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 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.

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,¹ 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:²

- 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, 15 to 24 years of age acquire nearly half of all new STDs.³
- 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.³
- 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.⁴

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 States⁵

- 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

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.

Alcohol and Sex: A Combination to Avoid

According to the Fall 2008 National College Health Assessment, 15% of college students reported having unprotected sex after drinking.

Sources

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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^{1,2}

- 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 stick from an order of CinnaStix or Cheesy Bread Sticks 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 = a slice of a 14 inch Ultimate Deep Dish ExtravaganZZa Feast from Domino's (468 calories).

Although pure alcohol contains calories, 7 calories/gram,³ (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.⁴ 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.⁵

Finally, alcohol actually inhibits the absorption of several nutrients, in particular vitamins B1, B2, B3, B6, B12, and folic acid.⁶ "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."⁶

Sources

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