

Alcohol

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1. **Basic Data**

(Prevalence of Current Alcohol Use in the US) "In 2014, 139.7 million Americans aged 12 or older reported current use of alcohol, 60.9 million reported binge alcohol use in the past month, and 16.3 million reported heavy alcohol use in the past month (Figure 24). Thus, slightly more than 2 in 5 current alcohol users reported binge alcohol use (43.6 percent), and about 1 in 9 current alcohol users reported heavy alcohol use (11.7 percent). Among binge alcohol users, more than 1 in 4 (26.8 percent) were heavy users.

"Current Alcohol Use

"The estimate of 139.7 million current alcohol users aged 12 or older in 2014 (Figure 24) corresponds to alcohol use in the past month by slightly more than half (52.7 percent) of the people aged 12 or older (Figure 25). The estimates of past month alcohol use remained steady between 2009 and 2014, but the 2014 estimate was higher than the estimates in most years between 2002 and 2008."

Source:

Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50), p. 19.

<http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR...>

<http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR...>

2.

(Prevalence of "Heavy" Alcohol Use in the US) "The estimate of 16.3 million people aged 12 or older in 2014 who were heavy alcohol users in the past month (Figure 24) represents 6.2 percent of the population aged 12 or older (Figure 27). The estimates of past month heavy alcohol use among the population aged 12 or older remained steady between 2011 and 2014, but they were lower than the estimates in 2002 to 2010. Nevertheless, the differences between the estimate in 2014 and the estimates in 2002 to 2010 were relatively modest (the latter estimates ranged from 6.6 to 7.0 percent)."

("Heavy" alcohol use defined, from the National Institute on Alcohol Abuse and Alcoholism: "SAMHSA defines heavy drinking as drinking 5 or more drinks on the same occasion on each of 5 or more days in the past 30 days," from the web at <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/mo...> last accessed Sept. 5, 2016.)

Source:

Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50), p. 20.

<http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR...>

<http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR...>

3.

(Prevalence of Binge Alcohol Use in the US, 2012)

"□ Nearly one quarter (23.0 percent) of persons aged 12 or older in 2012 were binge alcohol users in the 30 days prior to the survey. This translates to about 59.7 million people. The rate in 2012 was similar to the rate in 2011 (22.6 percent)."

("Binge" alcohol use defined, from the National Institute on Alcohol Abuse and Alcoholism: "The Substance Abuse and Mental Health Services Administration (SAMHSA), which conducts the annual National Survey on Drug Use and Health (NSDUH), defines binge drinking as drinking 5 or more alcoholic drinks on the same occasion on at least 1 day in the past 30 days." From the web at <https://www.niaaa.nih.gov/alcohol-health/overview-alcohol-consumption/mo...> last accessed Sept. 5, 2016.)

Source:

Substance Abuse and Mental Health Services Administration, Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013, p. 31.

<http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/Index.aspx>

<http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindin...>

4.

(Definitions of "Heavy" and "Binge" Alcohol Use According to SAMHSA) "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 (past month) use - At least one drink in the past 30 days.

"Binge use - Five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days.

"Heavy use - Five or more drinks on the same occasion on each of 5 or more days in the past 30 days.

"These levels are not mutually exclusive categories of use; heavy use is included in estimates of binge and current use, and binge use is included in estimates of current use."

Source:

Substance Abuse and Mental Health Services Administration, Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013, p. 31.

<http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/Index.aspx>

<http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindin...>

5.

(Alcohol-Induced Mortality in the US, 2014, by Gender and Race/Ethnicity) "In 2014, a total of 30,722 persons died of alcohol-induced causes in the United States (Tables 10, 12, and 13). This category includes deaths from dependent and

nondependent use of alcohol, as well as deaths from accidental poisoning by alcohol. It excludes unintentional injuries, homicides, and other causes indirectly related to alcohol use, as well as deaths due to fetal alcohol syndrome (for a list of alcohol-induced causes, see Technical Notes).

"The age-adjusted death rate for alcohol-induced causes for the total population increased significantly, 3.7%, from 8.2 in 2013 to 8.5 in 2014 (Tables I-5 and I-6). For males, the age-adjusted death rate for alcohol-induced causes in 2014 was 2.8 times the rate for females. Compared with the rate for the white population, the rate for the black population was 31.9% lower.

"Among the major race-sex and race-ethnicity-sex groups, the age-adjusted rate for alcohol-induced death increased significantly in 2014 from 2013 for white males (3.8%), white females (8.9%), black females (13.8%), Hispanic males (7.2%), non-Hispanic white males (3.2%), non-Hispanic white females (6.3%), and non-Hispanic black females (13.3%). The rate for non-Hispanic black males did not change significantly."

Source:

Kochanek KD, Murphy SL, Xu JQ, Tejada-Vera B. Deaths: Final data for 2014. National vital statistics reports; vol 65 no 4. Hyattsville, MD: National Center for Health Statistics. 2016, p. 13.

<https://www.cdc.gov/nchs/products/nvsr.htm>

https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf

https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04_tables.pdf

6.

(Alcohol as a Factor in Overdose Deaths Attributed to Other Drugs, US, 2014) "In 2014, alcohols, including ethanol and isopropyl alcohol, were involved in 15% of all drug overdose deaths and 17% of the drug overdose deaths that mentioned involvement of at least one specific drug. Table E shows the frequency of alcohol involvement among drug overdose deaths involving specific drugs.

"□ Alcohol involvement was mentioned in 12%–22% of the drug overdose deaths involving fentanyl, heroin, hydrocodone, morphine, oxycodone, alprazolam, diazepam, or cocaine.

"□ Alcohol involvement was mentioned in less than 10% of the drug overdose deaths involving methadone and methamphetamine."

Source:

Warner M, Trinidad JP, Bastian BA, et al. Drugs most frequently involved in drug overdose deaths: United States, 2010–2014. National vital statistics reports; vol 65 no 10. Hyattsville, MD: National Center for Health Statistics. 2016, pp. 5-6.

<https://www.cdc.gov/nchs/products/nvsr.htm>

https://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_10.pdf

7.

(Alcohol Use by 50-Year-Olds in the US) "Alcohol consumption is relatively high among 50-year-olds, with over two thirds (68%) indicating that they consumed at least one alcoholic drink in the prior 30 days, 11% reporting current daily drinking (defined as drinking on 20 or more occasions in the prior 30 days), and 19% indicating recent occasions of heavy drinking (defined as five or more drinks in a row on at least one occasion in the prior two weeks). The rate of recent occasions of heavy drinking is much lower than was exhibited by members of this cohort when they were of high school and college ages."

Source:

Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2012). Monitoring the Future national survey results on drug use, 1975–2011: Volume II, College students and adults ages 19–50. Ann Arbor: Institute for Social Research, The University of Michigan, p. 35.

http://www.monitoringthefuture.org/pubs/monographs/mtf-vol2_2011.pdf

8.

(Prevalence of Alcohol Use In The US) "Current alcohol use is defined as any use of alcohol in the past 30 days. Binge alcohol use is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days. ²⁷ Heavy alcohol use is defined as drinking five or more drinks on the same occasion on 5 or more days in the past 30 days. These levels are not mutually exclusive categories of use; heavy use is included in estimates of binge and current use, and binge use is included in estimates of current use.

"In 2014, 139.7 million Americans aged 12 or older reported current use of alcohol, 60.9 million reported binge alcohol use in the past month, and 16.3 million reported heavy alcohol use in the past month (Figure 24). Thus, slightly more than 2 in 5 current alcohol users reported binge alcohol use (43.6 percent), and about 1 in 9 current alcohol users reported heavy alcohol use (11.7 percent). Among binge alcohol users, more than 1 in 4 (26.8 percent) were heavy users.

"Current Alcohol Use

"The estimate of 139.7 million current alcohol users aged 12 or older in 2014 (Figure 24) corresponds to alcohol use in the past month by slightly more than half (52.7 percent) of the people aged 12 or older (Figure 25). The estimates of past month alcohol use remained steady between 2009 and 2014, but the 2014 estimate was higher than the estimates in most years between 2002 and 2008."

Source:

Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50), p. 19.

<http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR...>

<http://www.samhsa.gov/data/sites/default/files/NSDUH-FRR1-2014/NSDUH-FRR...>

9.

(Alcohol Use Among African-Americans In The US, 2002-2008) "Past month alcohol use, binge alcohol use, and illicit drug use remained relatively stable among black adults between 2002 and 2008 (Figure1).^{4,5}

"Combined 2004 to 2008 data indicate that, in the past month, 44.3 percent of black adults used alcohol, 21.7 percent reported binge alcohol use, and 9.5 percent used an illicit drug (Figure 2).

"Rates of past month alcohol use and binge alcohol use were lower among black adults than the national averages. The rate of past month illicit drug use among black adults, however, was higher than the national average.

"Rates of past month and binge alcohol use were considerably lower among young black adults than the national average of young adults (48.6 vs. 61.1 percent and 25.3 vs. 41.6 percent, respectively) (Figure 3). Past month illicit drug use among young black adults was slightly lower than the national average (18.7 vs. 19.7 percent).

"Older black adults had a rate of past month alcohol use that was considerably lower than the national average of older adults (20.3 vs. 38.3 percent) (Figure 4). Their rates of binge alcohol use and past month illicit drug use, however, did not differ significantly from the national averages.

"Compared with the national averages, adult black females had lower rates of past month alcohol use and binge alcohol use and a slightly higher rate of past month illicit drug use (Table 1).

"Compared with the national averages, adult black males had lower rates of past month alcohol use and binge alcohol use and a slightly higher rate of past month illicit drug use (Table 2)."

Source:

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (February 18, 2010). "The NSDUH Report: Substance Use among Black Adults." Rockville, MD, pp. 3-5.

<http://oas.samhsa.gov/2k10/174/174SubUseBlackAdultsHTML.pdf>

10.

(Prohibition and Homicide Rates) "The data are quite consistent with the view that Prohibition at the state level inhibited alcohol consumption, and an attempt to explain correlated residuals by including omitted variables revealed that enforcement of Prohibitionist legislation had a significant inhibiting effect as well. Moreover, both hypotheses about the effects of alcohol and Prohibition are supported by the analysis. Despite the fact that alcohol consumption is a positive correlate of homicide (as expected), Prohibition and its enforcement increased the homicide rate."

Source:

Jensen, Gary F., "Prohibition, Alcohol, and Murder: Untangling Countervailing Mechanisms," *Homicide Studies*, Vol. 4, No. 1 (Sage Publications: Thousand Oaks, CA, February 2000), p. 31.

<http://www.ncjrs.gov/App/Publications/abstract.aspx?ID=170654>

11.

(Comparison of Lethal Dose Versus Recreational Dose for Alcohol Compared With Other Drugs) "The lethal dose of alcohol divided by a typical recreational dose (safety ratio) is 10, which places it closer to heroin (6), and GHB (8) in terms of danger from overdose, than MDMA ('Ecstasy' – 16), and considerably more dangerous than LSD (1000) or cannabis (>1000)."

Source:

Sellman, Doug, "If alcohol was a new drug," Journal of the New Zealand Medical Association (Wellington, New Zealand: New Zealand Medical Association, September 2009), p. 6.

http://www.nzma.org.nz/_data/assets/pdf_file/0011/17786/Vol-122-No-1303...

12.

(Alcohol Use v Marijuana Use - US Youth and "The Displacement Hypothesis") "Alcohol and marijuana are the two most commonly used substances by teenagers to get high, and a question that is often asked is to what extent does change in one lead to a change in the other. If the substances co-vary negatively (an increase in one is accompanied by a decrease in the other) they are said to be substitutes; if they co-vary positively, they are said to be complements. Note that there is no evidence that the 13-year decline in marijuana use observed between 1979 and 1992 led to any accompanying increase in alcohol use; in fact, through 1992 there was some parallel decline in annual, monthly, and daily alcohol use, as well as in occasions of heavy drinking among 12th graders, suggesting that the two substances are complements. Earlier, when marijuana use increased in the late 1970s, alcohol use also increased. As marijuana use increased again in the 1990s, alcohol use again increased with it, although not as sharply. In sum, there has been little evidence from MTF over the years that supports what we have termed 'the displacement hypothesis,' which asserts that an increase in marijuana use will somehow lead to a decline in alcohol use, or vice versa. ⁸ Instead, both substances appear to move more in harmony, perhaps both reflecting changes in a more general construct, such as the tendency to use psychoactive substances, whether licit or illicit, or in the frequency with which teens party. However, with alcohol use decreasing and marijuana use increasing over the past few years, it is possible that the displacement hypothesis is gaining some support. As a number of states are changing their policies regarding marijuana, our continued monitoring will provide the needed evidence concerning whether alcohol and marijuana are substitutes or complements."

Source:

Miech, R. A., Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2015). Monitoring the Future national survey results on drug use, 1975–2014: Volume I, Secondary school students. Ann Arbor: Institute for Social Research, The University of Michigan, pp. 161-162.

http://monitoringthefuture.org//pubs/monographs/mtf-vol1_2014.pdf

<http://monitoringthefuture.org/pubs.html>

13.

(Illicit Substance Use by 'Lifetime' Alcohol Users in the US) "Lifetime alcohol users aged 21 or older had a significantly

higher rate of past year illicit drug use (13.7 percent) compared with lifetime nondrinkers (2.7 percent). In addition, lifetime alcohol users had significantly higher rates of past year use across all illicit drug categories, with the exception of inhalants (Table 1). Nonmedical use of pain relievers was the illicit drug used most often by lifetime nondrinkers, whereas lifetime alcohol users reported using marijuana most frequently."

Source:

"Illicit Drug Use Among Lifetime Nondrinkers and Lifetime Alcohol Users," Office of Applied Programs, Substance Abuse & Mental Health Services Administration, US Dept. of Health and Human Services, June 14, 2005, p. 2.

<http://drugwarfacts.org/cms/files/alcDU.pdf>

14.

(Lifetime Alcohol Users and Other Drug Use) "In 2002 and 2003, an estimated 88.2 percent of persons aged 21 or older (175.6 million) were lifetime alcohol users, whereas an estimated 11.8 percent (23.5 million) were lifetime nondrinkers. Over half of lifetime alcohol users (52.7 percent) had used one or more illicit drugs at some time in their life, compared to 8.0 percent of lifetime nondrinkers. Among persons who had used an illicit drug in their lifetime, the average age at first illicit drug use was 19 years for lifetime alcohol users, versus 23 years for lifetime nondrinkers."

Source:

"Illicit Drug Use Among Lifetime Nondrinkers and Lifetime Alcohol Users," Office of Applied Programs, Substance Abuse & Mental Health Services Administration, US Dept. of Health and Human Services, June 14, 2005, p. 2.

<http://drugwarfacts.org/cms/files/alcDU.pdf>

15.

(Association of Alcohol Use with Tobacco and Other Substance Use in the US, 2013)

"□ As was the case in prior years, the level of alcohol use was associated with illicit drug use in 2013. Among the 16.5 million heavy drinkers aged 12 or older, 33.7 percent were current illicit drug users. Persons who were not current alcohol users were less likely to have used illicit drugs in the past month (4.3 percent) than those who reported current use of alcohol but no binge or heavy use (7.3 percent), binge use but no heavy use (18.5 percent), or heavy use of alcohol (33.7 percent).

"□ Alcohol consumption levels also were associated with tobacco use in 2013. Among heavy alcohol users aged 12 or older, 53.1 percent smoked cigarettes in the past month compared with 16.2 percent of non-binge current drinkers and 15.5 percent of persons who did not drink alcohol in the past month. Smokeless tobacco use and cigar use also were more prevalent among heavy drinkers (12.1 and 15.4 percent, respectively) than among non-binge drinkers (2.0 and 3.9 percent) and persons who were not current alcohol users (2.0 and 1.8 percent)."

Source:

Substance Abuse and Mental Health Services Administration, Results from the 2013 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-48, HHS Publication No. (SMA) 14-4863. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014, pp. 41-42.

<http://www.samhsa.gov/data/NSDUH/2013SummNatFindDetTables/Index.aspx>

<http://www.samhsa.gov/data/NSDUH/2013SummNatFindDetTables/NationalFindin...>

16.

(Alcohol Mortality and Other Annual Costs in the US) "Excessive alcohol use* accounted for an estimated average of 80,000 deaths and 2.3 million years of potential life lost (YPLL) in the United States each year during 2001–2005, and an estimated \$223.5 billion in economic costs in 2006. Binge drinking accounted for more than half of those deaths, two thirds of the YPLL, and three quarters of the economic costs."

* Excessive alcohol use includes binge drinking (defined by CDC as consuming four or more drinks per occasion for women or five or more drinks per occasion for men), heavy drinking (defined as consuming more than one drink per day on average for women or more than two drinks per day on average for men), any alcohol consumption by pregnant women, and any alcohol consumption by youths aged less than 21 years.

Source:

Kanny, Dafna; Garvin, William S.; and Balluz, Lina, "ital Signs: Binge Drinking Prevalence, Frequency, and Intensity Among Adults — United States, 2010," Morbidity and Mortality Weekly Report (Atlanta, GA: Centers for Disease Control and Prevention, January 13, 2012) Vol. 61, No. 1, p. 14.

<http://www.cdc.gov/mmwr/pdf/wk/mm6101.pdf>

17.

(Medications to Treat Alcohol Addiction) "VIVITROL was approved in 2006 by the FDA as an extended-release formulation of naltrexone for the treatment of alcohol dependence in patients who are able to abstain from alcohol in an outpatient setting prior to initiation of treatment. VIVITROL is administered by intramuscular (IM) injection once per month."

Source:

"VIVITROL® (naltrexone for extended-release injectable suspension)," FDA Psychopharmacologic Drugs Advisory Committee Meeting (Waltham, MAP: Alkermes, Inc., September 16, 2010), p. 10.

<http://www.fda.gov/downloads/AdvisoryCommittees/CommitteesMeetingMateria...>

18.

(Estimated Prevalence of Alcohol Use Disorder in the US, by Race/Ethnicity) "The rate of past year alcohol use disorder among persons aged 12 to 20 was higher for American Indians or Alaska Natives (14.9 percent) than for whites (10.9 percent), blacks (4.6 percent), Hispanics (8.7 percent), and Asians (4.9 percent). One in eight Native Hawaiians or Other Pacific Islanders (12.7 percent) met the criteria for an alcohol use disorder."

Source:

Pemberton, M. R., Colliver, J. D., Robbins, T. M., & Gfroerer, J. C. (2008). Underage alcohol use: Findings from the 2002-2006 National Surveys on Drug Use and Health (DHHS Publication No. SMA 08-4333, Analytic Series A-30). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, p. 3.

http://drugwarfacts.org/cms/files/samsha_underage_drinking_study08.pdf

19.

(Prevalence of Alcohol Use Disorder in Among Youth in the US) "Combined data from 2002 to 2006 indicated that an annual average of 9.4 percent of persons aged 12 to 20 (3.5 million persons in that age range) met the diagnostic criteria for an alcohol use disorder (dependence or abuse) in the past year."

Source:

Pemberton, M. R., Colliver, J. D., Robbins, T. M., & Gfroerer, J. C. (2008). Underage alcohol use: Findings from the 2002-2006 National Surveys on Drug Use and Health (DHHS Publication No. SMA 08-4333, Analytic Series A-30). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, p. 3.

http://drugwarfacts.org/cms/files/samsha_underage_drinking_study08.pdf

20.

(Alcohol Poisoning Deaths in the US, 2010-2012) "On average, 6 people died every day from alcohol poisoning in the US from 2010 to 2012. Alcohol poisoning is caused by drinking large quantities of alcohol in a short period of time. Very high levels of alcohol in the body can shutdown critical areas of the brain that control breathing, heart rate, and body temperature, resulting in death. Alcohol poisoning deaths affect people of all ages but are most common among middle-aged adults and men."

Source:

"Alcohol Poisoning Deaths: A deadly consequence of binge drinking," CDC Vital Signs, January 2015, p. 1.

<http://www.cdc.gov/vitalsigns/alcohol-poisoning-deaths/>

<http://www.cdc.gov/vitalsigns/pdf/2015-01-vitalsigns.pdf>

21.

(Alcohol Withdrawal Syndrome) "Withdrawal: A continuum of symptoms and signs of CNS (including autonomic) hyperactivity may accompany cessation of alcohol intake.

"A mild withdrawal syndrome includes tremor, weakness, headache, sweating, hyperreflexia, and GI symptoms. Symptoms usually begin within about 6 h of cessation. Some patients have generalized tonic-clonic seizures (called alcoholic epilepsy, or rum fits) but usually not > 2 in short succession.

"Alcoholic hallucinosis (hallucinations without other impairment of consciousness) follows abrupt cessation from prolonged, excessive alcohol use, usually within 12 to 24 h. Hallucinations are typically visual. Symptoms may also include auditory illusions and hallucinations that frequently are accusatory and threatening; patients are usually apprehensive and may be terrified by the hallucinations and by vivid, frightening dreams. The syndrome may resemble schizophrenia, although thought is usually not disordered and the history is not typical of schizophrenia. Symptoms do not resemble the delirious state of an acute organic brain syndrome as much as does delirium tremens (DT) or other pathologic reactions associated with withdrawal. Consciousness remains clear, and the signs of autonomic lability that occur in DT are usually absent. When hallucinosis occurs, it usually precedes DT and is transient.

"DT usually begins 48 to 72 h after alcohol withdrawal; anxiety attacks, increasing confusion, poor sleep (with frightening dreams or nocturnal illusions), profuse sweating, and severe depression also occur. Fleeting hallucinations that arouse restlessness, fear, and even terror are common. Typical of the initial delirious, confused, and disoriented state is a return to a habitual activity; eg, patients frequently imagine that they are back at work and attempt to do some related activity. Autonomic lability, evidenced by diaphoresis and increased pulse rate and temperature, accompanies the delirium and progresses with it. Mild delirium is usually accompanied by marked diaphoresis, a pulse rate of 100 to 120 beats/min, and a temperature of 37.2 to 37.8° C. Marked delirium, with gross disorientation and cognitive disruption, is accompanied by significant restlessness, a pulse of > 120 beats/min, and a temperature of > 37.8° C; risk of death is high.

"During DT, patients are suggestible to many sensory stimuli, particularly to objects seen in dim light. Vestibular disturbances may cause them to believe that the floor is moving, the walls are falling, or the room is rotating. As the delirium progresses, resting tremor of the hand develops, sometimes extending to the head and trunk. Ataxia is marked; care must be taken to prevent self-injury. Symptoms vary among patients but are usually the same for a particular patient with each recurrence."

Source:

"Alcohol," The Merck Manual for Health Care Professionals, Special Subjects: Drug Use and Dependence, Alcohol (Merck & Co. Inc., last revised July 2008), last accessed August 28, 2013.

[http://www.merckmanuals.com/professional/special_subjects/drug_use_and d...](http://www.merckmanuals.com/professional/special_subjects/drug_use_and_d...)

22.

(Impact of Medical Marijuana Legalization (MML) on Crime Rates in States That Have Legalized Medical Cannabis)

"The central finding gleaned from the present study was that MML is not predictive of higher crime rates and may be related to reductions in rates of homicide and assault. Interestingly, robbery and burglary rates were unaffected by medicinal marijuana legislation, which runs counter to the claim that dispensaries and grow houses lead to an increase in victimization due to the opportunity structures linked to the amount of drugs and cash that are present. Although, this is in line with prior research suggesting that medical marijuana dispensaries may actually reduce crime in the immediate vicinity [8]."

Source:

Robert G. Morris, Michael TenEyck, JC Barnes, and Tomislav V. Kovandzic, "The Effect of Medical Marijuana Laws On Crime: Evidence From State Panel Data, 1990-2006," PLoS ONE 9(3): e92816. March 2014. doi: 10.1371/journal.pone.0092816

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0092816>

23.

(Effect of Medical Marijuana Legalization On Crime Rates) "In sum, these findings run counter to arguments suggesting the legalization of marijuana for medical purposes poses a danger to public health in terms of exposure to violent crime and property crimes. To be sure, medical marijuana laws were not found to have a crime exacerbating effect on any of the seven crime types. On the contrary, our findings indicated that MML precedes a reduction in homicide and assault. While it is important to remain cautious when interpreting these findings as evidence that MML reduces crime, these results do fall in line with recent evidence [29] and they conform to the longstanding notion that marijuana legalization may lead to a reduction in alcohol use due to individuals substituting marijuana for alcohol [see generally 29, 30]. Given the relationship between alcohol and violent crime [31], it may turn out that substituting marijuana for alcohol leads to minor reductions in violent crimes that can be detected at the state level. That said, it also remains possible that these associations are statistical artifacts (recall that only the homicide effect holds up when a Bonferroni correction is made)."

Source:

Robert G. Morris, Michael TenEyck, JC Barnes, and Tomislav V. Kovandzic, "The Effect of Medical Marijuana Laws On Crime: Evidence From State Panel Data, 1990-2006," PLoS ONE 9(3): e92816. March 2014. doi: 10.1371/journal.pone.0092816

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0092816>

24.

(Effect Of Medical Marijuana Legalization On Crime Rates And Limitations Of Data) "Given that the current results failed to uncover a crime exacerbating effect attributable to MML, it is important to examine the findings with a critical eye. While we report no positive association between MML and any crime type, this does not prove MML has no effect on crime (or even that it reduces crime). It may be the case that an omitted variable, or set of variables, has confounded the associations and masked the true positive effect of MML on crime. If this were the case, such a variable would need to be something that was restricted to the states that have passed MML, it would need to have emerged in close temporal proximity to the passage of MML in all of those states (all of which had different dates of passage for the marijuana law), and it would need to be something that decreased crime to such an extent that it "masked" the true positive effect of MML (i.e., it must be something that has an opposite sign effect between MML [e.g., a positive correlation] and crime [e.g., a negative correlation]). Perhaps the more likely explanation of the current findings is that MML laws reflect behaviors and attitudes that have been established in the local communities. If these attitudes and behaviors reflect a more tolerant approach to one another's personal rights, we are unlikely to expect an increase in crime and might even anticipate a slight reduction in personal crimes.

"Moreover, the present findings should also be taken in context with the nature of the data at hand. They are based on official arrest records (UCR), which do not account for crimes not reported to the police and do not account for all charges that may underlie an arrest. In any case, this longitudinal assessment of medical marijuana laws on state crime rates suggests that these laws do not appear to have any negative (i.e., crime exacerbating) impact on officially reported criminality during the years in

which the laws are in effect, at least when it comes to the types of offending explored here. It is also important to keep in mind that the UCR data used here did not account for juvenile offending, which may or may not be empirically tethered to MML in some form or another; an assessment of which is beyond the scope of this study."

Source:

Robert G. Morris, Michael TenEyck, JC Barnes, and Tomislav V. Kovandzic, "The Effect of Medical Marijuana Laws On Crime: Evidence From State Panel Data, 1990-2006," PLoS ONE 9(3): e92816. March 2014. doi: 10.1371/journal.pone.0092816

<http://www.plosone.org/article/info%3Adoi%2F10.1371%2Fjournal.pone.0092816>

25.

(Admissions to Treatment for Primary Alcohol Abuse Alone, in the US, 2012)

"□ Admissions for abuse of alcohol alone, with no secondary drug abuse, represented 21 percent of TEDS admissions aged 12 and older in 2012 [Table 1.1b].

"□ The average age at admission among admissions for alcohol only was 41 years. The average age at admission for alcohol with secondary drug was 37 years [Table 2.1a]. Admission for alcohol only or with secondary drug was the most likely reason for admissions aged 30 and older [Table 2.1b].

"□ Non-Hispanic Whites made up 66 percent of all alcohol-only admissions (approximately 46 percent were males and 21 percent were females) [Table 2.3a].

"□ Eighty-seven percent of alcohol-only admissions reported that they first became intoxicated before age 21, the legal drinking age. Almost one-third (30 percent) first became intoxicated by age 14 [Table 2.5].

"□ Among admissions referred to treatment by the criminal justice/DUI source, alcohol-only admissions were more likely than admissions for alcohol with secondary drug abuse to have been referred as a result of a DUI/DWI offense (28 vs. 16 percent) [Table 2.6].

"□ Some 34 percent of alcohol-only admissions aged 16 and older were employed compared with 22 percent of all admissions that age [Table 2.8]."

Source:

Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. Treatment Episode Data Set (TEDS): 2002-2012. National Admissions to Substance Abuse Treatment Services. BHSIS Series S-71, HHS Publication No. (SMA) 14-4850. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014, pp. 12-13.

http://www.samhsa.gov/data/sites/default/files/2002_2012_TEDS_National/2...

http://www.samhsa.gov/data/sites/default/files/2002_2012_TEDS_National/2...

26. Physiological and Psychological Effects

(Physiological Effects) "Alcohol is neurotoxic to brain development, leading to structural hippocampal changes in adolescence, ¹⁶ and to reduced brain volume in middle age. ¹⁷ Alcohol is a dependence-producing drug, similar to other substances under international control, through its reinforcing properties and neuro-adaptation in the brain. ¹⁸ It is an immunosuppressant, increasing the risk of communicable diseases, ¹⁹ including tuberculosis. ²⁰ Alcoholic beverages are classified as carcinogenic by the International Agency for Research on Cancer, increasing the risk of cancers of the oral cavity and pharynx, oesophagus, stomach, colon, rectum, and breast in a linear dose-response relation, ²¹ with acetaldehyde as a potential pathway. ²² Alcohol has a bifurcated relation with coronary heart disease. In low and apparently regular doses (as little as 10 g every other day), alcohol is cardioprotective, ²³ although doubt remains about the effect of confounders. ²⁴ At high doses, especially when consumed irregularly, it is cardiotoxic. ²⁵

Source:

Anderson, Peter; Chisholm, Dan; and Fuhr, Daniela C., "Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol," *The Lancet* (London, United Kingdom: June, 27, 2009) Vol. 373, pp. 2234-2236.

http://www.who.int/choice/publications/p_2009_CE_Alcohol_Lancet.pdf

27.

"When an alcoholic beverage is consumed, approximately 20% of the alcohol is absorbed in the stomach and 80% is absorbed in the small intestine (Freudenrich, 2001). After absorption, alcohol enters the bloodstream and dissolves in the water of the blood where it is quickly distributed to body tissues. When alcohol reaches the brain, it affects the cerebral cortex first, followed by the limbic system (hippocampus and septal area), cerebellum, hypothalamus, pituitary gland, and lastly, the medulla, or brain stem. Some of these regions are similar to those affected by cannabis, but alcohol also affects sexual arousal/function and increases urinary output. When BAC is near toxic levels, lower order brain regions are affected, which is often followed by sleepiness, lack of consciousness, coma, or death."

Source:

Laberge, Jason C., Nicholas J. Ward, "Research Note: Cannabis and Driving -- Research Needs and Issues for Transportation Policy," *Journal of Drug Issues*, Dec. 2004, pp. 973.

<http://www.ncjrs.gov/App/Publications/abstract.aspx?ID=208405>

28.

" Antidepressants are most commonly in the form of selective serotonin uptake inhibitors (SSRIs), such as fluoxetine (Prozac®) and sertraline (Zoloft®). They can cause impairment, especially in circumstances where extremely high blood concentrations are measured or if they are taken outside of medical need or therapeutic treatment. There is also an additional risk of impairment associated with combined use with alcohol."

Source:

Lacey, John H.; Kelley-Baker, Tara; Furr-Holden, Debra; Voas, Robert B.; Romano, Eduardo; Ramirez, Anthony; Brainard, Katharine; Moore, Christine; Torres, Pedro; and Berning, Amy , "2007 National Roadside Survey of Alcohol and Drug Use by Drivers," Pacific Institute for Research and Evaluation (Calverton, MD: National Highway Traffic Safety Administration, December 2009), p. 27.

<http://www.nhtsa.gov/DOT/NHTSA/Traffic%20Injury%20Control/Articles/Assoc...>

29.

(Impairment) "After drinking [alcohol], the brain works inefficiently, taking longer to receive messages from the eye; processing information becomes more difficult and instructions to the muscles are delayed. Alcohol can slow down reaction time by 10 to 30 per cent. It also reduces ability to perform two or more tasks at the same time.

"Alcohol reduces the ability to see distant objects and night vision can be reduced by 25 per cent. Blurred and double vision can also occur. Ability to perceive what is happening at the roadside is weakened. Loss of peripheral vision could be crucial. Alcohol may also create a sense of overconfidence, with the result that people are prepared to take greater risks."

Source:

"Drinking & Driving: IAS Factsheet," Institute of Alcohol Studies (London, United Kingdom: October 19, 2010), p. 3.

http://www.ias.org/resources/factsheets/drink_driving.pdf

30.

(Interactions With Acetaminophen and NSAIDs) "... we [the U.S. Food and Drug Administration, HHS] have recent data suggesting that acetaminophen may be the most common cause of acute liver failure in the United States (Ref. 13). Therefore, we believe that the word "severe" is appropriate in the liver warning. In addition, we agree with the submission that the word "severe" is also appropriate in the stomach bleeding warning on OTC NSAID [nonsteroidal anti-inflammatory drug] products."

The required labeling for acetaminophen and NSAID products in this Federal Register entry was:

"For products containing **acetaminophen** :

"Alcohol Warning: If you consume 3 or more alcoholic drinks every day, ask a doctor whether you should take acetaminophen or other pain relievers/fever reducers. Acetaminophen may cause liver damage."

"For products containing **NSAIDs** :

"Alcohol Warning: If you consume 3 or more alcoholic drinks every day, ask your doctor whether you should take (name of active ingredient) or other pain relievers/fever reducers. (Name of active ingredient) may cause stomach bleeding."

Source:

Food and Drug Administration, HHS, "Organ-Specific Warnings; Internal Analgesic, Antipyretic, and Antirheumatic Drug Products for Over-the-Counter Human Use; Final Monograph," Federal Register, Vol. 74, No. 81, Wednesday, April 29, 2009, p. 19391.

<http://www.gpo.gov/fdsys/pkg/FR-2009-04-29/pdf/E9-9684.pdf>

31.

(Alcohol Toxicity) "Alcohol thus ranks at the dangerous end of the toxicity spectrum. So despite the fact that about 75 percent of all adults in the United States enjoy an occasional drink, it must be remembered that alcohol is quite toxic. Indeed, if alcohol were a newly formulated beverage, its high toxicity and addiction potential would surely prevent it from being marketed as a food or drug."

Source:

Gable, Robert S., "The Toxicity of Recreational Drugs," American Scientist (Research Triangle Park, NC: Sigma Xi, The Scientific Research Society, May-June 2006) Vol. 94, No. 3, pp. 207-208.

http://www.americanscientist.org/libraries/documents/200645104835_307.pd...

32. **Alcohol and Driving**

(Driving Impairment) "The findings in this report confirm those from the most recent National Roadside Survey, which in 2007 found that only a small percentage of adult drivers are alcohol-impaired. That survey showed that 2.2% of drivers on the road on Friday afternoon or Friday or Saturday night had a BAC of ≥ 0.08 g/dL (12). Additionally, the findings in this report are consistent with alcohol-impaired driving fatality data. Men accounted for 81% of all alcohol-impaired driving episodes in

2010 and 82% of all alcohol-impaired drivers involved in fatal crashes in 2009 (1). Likewise, men aged 21–34 accounted for 32% of alcohol-impaired driving episodes and 35% of all alcohol-impaired drivers involved in fatal crashes (Tonja Lindsey, National Highway Traffic Safety Administration, personal communication, 2011)."

Source:

"Vital Signs: Alcohol-Impaired Driving Among Adults — United States, 2010," *Morbidity and Mortality Weekly Report* (Atlanta, GA: Centers for Disease Control and Prevention, October 7, 2011) Vol. 60, No. 39, p. 1354.

<http://www.cdc.gov/mmwr/pdf/wk/mm6039.pdf>

33.

(Driving Fatalities) "Alcohol-impaired driving fatalities declined 20% from 13,491 to 10,839 from 2006 to 2009, the most recent year for which fatality data are available (7). However, the proportion of all motor vehicle fatalities that involve at least one alcohol-impaired driver has remained stable at about 33%, because non-alcohol-impaired driving fatalities have declined at the same rate as alcohol-impaired fatalities (7). This study indicated that alcohol-impaired driving rates remain disproportionately high among young men, binge drinkers, persons who do not always wear a seatbelt, and persons living in the Midwest."

Source:

"Vital Signs: Alcohol-Impaired Driving Among Adults — United States, 2010," *Morbidity and Mortality Weekly Report* (Atlanta, GA: Centers for Disease Control and Prevention, October 7, 2011) Vol. 60, No. 39, p. 1352.

<http://www.cdc.gov/mmwr/pdf/wk/mm6039.pdf>

34.

(Marijuana, Alcohol, and Driving) "As with cannabis, alcohol use increased variability in lane position and headway (Casswell, 1979; Ramaekers et al., 2000; Smiley et al., 1981; Stein et al., 1983) but caused faster speeds (Casswell, 1977; Krueger & Vollrath, 2000; Peck et al., 1986; Smiley et al., 1987; Stein et al., 1983). Some studies also showed that alcohol use alone and in combination with cannabis affected visual search behavior (Lamers & Ramaekers, 2001; Moskowitz, Ziedman, & Sharma, 1976). Alcohol consumption combined with cannabis use also worsened driver performance relative to use of either substance alone. Lane position and headway variability were more exaggerated (Attwood et al., 1981; Ramaekers et al., 2000; Robbe, 1998) and speeds were faster (Peck et al., 1986).

"Both simulator and road studies showed that relative to alcohol use alone, participants who used cannabis alone or in combination with alcohol were more aware of their intoxication. Robbe (1998) found that participants who consumed 100 g/kg of cannabis rated their performance worse and the amount of effort required greater compared to those who consumed alcohol (0.05 BAC). Ramaekers et al. (2000) showed that cannabis use alone and in combination with alcohol consumption increased self-ratings of intoxication and decreased self-ratings of performance. Lamers and Ramaekers (2001) found that cannabis use alone (100 g/kg) and in combination with alcohol consumption resulted in lower ratings of alertness, greater perceptions of effort, and worse ratings of performance."

Source:

Laberge, Jason C., Nicholas J. Ward, "Research Note: Cannabis and Driving -- Research Needs and Issues for Transportation Policy," *Journal of Drug Issues*, Dec. 2004, pp. 978.

35.

(Drunk Driving and Students) "During the 30 days before the survey, 24.1% of students nationwide had ridden one or more times in a car or other vehicle driven by someone who had been drinking alcohol (Table 5). The prevalence of having ridden with a driver who had been drinking alcohol was higher among white female (23.8%) than white male (20.5%) students. Overall, the prevalence of having ridden with a driver who had been drinking alcohol was higher among Hispanic (30.7%) than white (22.1%) and black (22.8%) students; higher among Hispanic female (30.7%) than white female (23.8%) and black female (23.2%) students; and higher among Hispanic male (30.7%) than white male (20.5%) and black male (22.5%) students."

Source:

"Youth Risk Behavior Surveillance — United States, 2011," *Morbidity and Mortality Weekly Report* (Atlanta, GA: Centers for Disease Control, June 8, 2012) Vol. 61, No. 4, p. 5.

<http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>

36.

(Marijuana, Alcohol, and Driving) "When compared to alcohol, cannabis is detected far less often in accident-involved drivers. Drummer et al. (2003) cited several studies and found that alcohol was detected in 12.5% to 79% of drivers involved in accidents. With regard to crash risk, a large study conducted by Borkenstein, Crowther, Shumate, Zeil and Zylman (1964) compared BAC in approximately 6,000 accident-involved drivers and 7,600 nonaccident controls. They determined the crash risk for each BAC by comparing the number of accident-involved drivers with detected levels of alcohol at each BAC to the number of nonaccident control drivers with the same BAC. They found that crash risk increased sharply as BAC increased. More specifically, at a BAC of 0.10, drivers were approximately five times more likely to be involved in an accident.

"Similar crash risk results were obtained when data for culpable drivers were evaluated. Drummer (1995) found that drivers with detected levels of alcohol were 7.6 times more likely to be culpable. Longo et al. (2000) showed that drivers who tested positive for alcohol were 8.0 times more culpable, and alcohol consumption in combination with cannabis use produced an odds ratio of 5.4. Similar results were also noted by Swann (2000) and Drummer et al. (2003)."

Source:

Laberge, Jason C., Nicholas J. Ward, "Research Note: Cannabis and Driving -- Research Needs and Issues for Transportation Policy," *Journal of Drug Issues*, Dec. 2004, pp. 981.

37.

(History of Drunk Driving) "The first discussion of a relationship between alcohol consumption and motor vehicle collisions to be published in an American scientific journal appeared as an editorial in the Quarterly Journal of Inebriation (1904). The editor had received a communication about 25 fatal crashes of automobile wagons in which 23 occupants died and 14 suffered injuries. Nineteen of the drivers had used alcohol within an hour of the crash. The author of the communication commented that driving automobile wagons was a more dangerous activity for drinkers than driving locomotives. Drinking by on-duty railroad employees had been prohibited since 1843 (Borkenstein, 1985)."

Source:

Blomberg, Richard D.; Peck, Raymond C.; Moskowitz, Herbert; Burns, Marcelline; and Fiorentino, Dary, "Crash Risk of Alcohol Involved Driving: A Case-Control Study," Dunlap and Associates, Inc. (Stamford, CT: September 2005), p. 3.

<http://www.dunlapandassociatesinc.com/crashriskofalcoholinvolveddriving...>

38. Law and Policies

(Alcohol Industry) "Since there are substantial commercial interests involved in promotion of alcohol's manufacture, distribution, pricing, and sale, ² the alcohol industry has become increasingly involved in the policy arena to protect its commercial interests, leading to a common claim among public health professionals that the industry is influential in setting the policy agenda, shaping the perspectives of legislators on policy issues, and determining the outcome of policy debates towards self-regulation. ² "

Source:

Anderson, Peter; Chisholm, Dan; and Fuhr, Daniela C., "Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol," *The Lancet* (London, United Kingdom: June, 27, 2009) Vol. 373, p. 2243.

http://www.who.int/choice/publications/p_2009_CE_Alcohol_Lancet.pdf

39.

(History of Alcohol Prohibition) "By all estimates, the Eighteenth Amendment was a costly blunder. Between 1920 and 1930, the federal government spent an average of twenty-one million dollars enforcing the Volstead Act. ¹² [the National Prohibition Act - enabling legislation for the 18th Amendment] During the same period, the United States lost an estimated \$1.25 billion in potential tax revenues annually. ¹³ In spite of the resources consumed by Alcohol Prohibition, it affected only one segment of the nation. National Prohibition cut in half the consumption of spirits by the poor and working classes,

but the “consumption of alcoholic beverages by the business, professional and salaried class [was] fully as great . . . as it was prior to prohibition.”¹⁴ While National Prohibition kept the poor dry, it made local organized crime groups wealthy enough to extend their control over entire cities.¹⁵ This success further reflected mainstream America’s implicit rejection of temperance morality. As Al Capone himself so pointedly remarked:

"I make my money by supplying a public demand. If I break the law, my customers, who number hundreds of the best people in Chicago, are as guilty as I am. The only difference between us is that I sell and they buy. Everybody calls me a racketeer. I call myself a business man. When I sell liquor, it’s bootlegging. When my patrons serve it on a silver tray on Lake Shore Drive, it’s hospitality."

Source:

Whitebread, Charles H., "Us" and "Them" and the Nature of Moral Regulation," Southern California Law Review (Los Angeles, CA: University of Southern California Gould School of Law, 2000) Vol 74, No. 2, p. 364.

<http://www-bcf.usc.edu/~usclrev/pdf/074121.pdf>

40.

(Heavy Alcohol Use Among Military Personnel) "Heavy alcohol use in the past 30 days decreased between 1980 and 1988, remained relatively stable with some fluctuations between 1988 and 1998, showed a significant increase from 1998 to 2002, and remained at that same level in 2005 (19%) and 2008 (20%). However, taken together, heavy alcohol use over the decade from 1998 to 2008 showed an increasing pattern (15% to 20%). The heavy drinking rate for 2008 (20%) was not significantly different from when the survey series began in 1980 (21%)."

Source:

Robert M. Bray, et al., "2008 Department of Defense Survey of Health Related Behaviors Among Active Duty Military Personnel, A Component of the Defense Lifestyle Assessment Program (DLAP)" (Research Triangle Park, NC: RTI International, Sept. 2009), p. 46.

<http://www.tricare.mil/tma/2008HealthBehaviors.pdf>

41. **Adolescents and Alcohol**

(Widespread Availability) "The presence of alcohol in almost all of the polydrug-use repertoires and among all of the different populations addressed is one of the key findings of this 'Selected issue'. Alcohol is almost always the first drug with strong psychoactive and mind-altering effects used by young people, and its widespread availability makes it the ever-present drug in substance combinations among young adults, particularly in recreational settings."

Source:

European Monitoring Centre for Drugs and Drug Addiction, "Polydrug Use: Patterns and Responses" (Lisboa, Portugal: 2009), p. 26.

http://www.emcdda.europa.eu/attachements.cfm/att_93217_EN_EMCCDDA_SI09_po...

42.

(Alcohol Use Among US 12th Graders By College Plans) "Frequent alcohol use is also considerably more prevalent among the non-college-bound. For example, daily drinking is reported by 4.8% of the non-college-bound 12th graders versus 1.5% of the college-bound. Binge drinking (five or more drinks in a row at least once during the preceding two weeks) has less of a relative difference: It is reported by 29% of the non-college-bound 12th graders versus 21% of the college-bound. There are also modest differences between the non-college-bound and college-bound 12th graders in lifetime (75% vs. 67%), annual (67% vs. 61%), and 30-day (45% vs. 38%) prevalence of alcohol use. In the lower grades, there are even larger differences in the various drinking measures between those who expect to go to college and those who do not (see Tables 4-5 through 4-8). As shown in earlier editions of Volume II in this monograph series, the college-bound eventually increase their binge drinking to a level exceeding that of the non-college-bound—an important reversal with age."

Source:

Johnston, L. D., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E. & Miech, R. A. (2014). Monitoring the Future national survey results on drug use, 1975–2013: Volume I, Secondary school students. Ann Arbor: Institute for Social Research, The University of Michigan, p. 100.

http://www.monitoringthefuture.org/pubs/monographs/mtf-vol1_2013.pdf

43.

(Alcohol Use Among Youth By Socioeconomic Status As Measured By Parental Education Achievement) "Thirty-day prevalence of alcohol use is also negatively associated with SES [Socio-Economic Status] in 8th grade, but that association declines in upper grades and showing little difference by 12th grade. The prevalence of getting drunk in the prior 30 days is also negatively associated with SES in 8th grade, but becomes positively correlated with SES by 12th grade."

Source:

Johnston, L. D., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E. & Miech, R. A. (2014). Monitoring the Future national survey results on drug use, 1975–2013: Volume I, Secondary school students. Ann Arbor: Institute for Social Research, The University of Michigan, p. 103.

http://www.monitoringthefuture.org/pubs/monographs/mtf-vol1_2013.pdf

44.

(Lifetime Prevalence of Alcohol Use by Students) "Nationwide, 70.8% of students had had at least one drink of alcohol on at least 1 day during their life (i.e., ever drunk alcohol) (Table 41). The prevalence of having ever drunk alcohol was higher among black female (66.1%) than black male (60.9%) students. Overall, the prevalence of having ever drunk alcohol was higher among white (71.7%) and Hispanic (73.2%) than black (63.5%) students; higher among Hispanic female (74.1%) than black female (66.1%) students; and higher among white male (72.3%) and Hispanic male (72.4%) than black male (60.9%) students."

Source:

"Youth Risk Behavior Surveillance — United States, 2011," Morbidity and Mortality Weekly Report (Atlanta, GA: Centers for Disease Control, June 8, 2012) Vol. 61, No. 4, p. 17.

<http://www.cdc.gov/mmwr/pdf/ss/ss6104.pdf>

45.

(Alcohol Prevalence Among US Adolescents, 2013)

"□ Alcohol and cigarettes are the two major licit drugs included in the MTF surveys, though even these are legally prohibited for purchase by those the age of most of our respondents. Alcohol use is more widespread than use of illicit drugs. About seven out of ten 12th-grade students (68%) have at least tried alcohol, and approximately four out of ten (39%) are current drinkers—that is, they reported consuming some alcohol in the 30 days prior to the survey (Table 4-2). Even among 8th graders, more than a quarter (28%) report any alcohol use in their lifetime, and one in ten (10%) is a current (past 30-day) drinker. ³⁴

"□ Of greater concern than just any use of alcohol is its use to the point of inebriation: In 2013 one eighth of all 8th graders (12%), one third of 10th graders (34%), and about a half of all 12th graders (52%) said they had been drunk at least once in their lifetime. The prevalence rates of self-reported drunkenness during the 30 days immediately preceding the survey are strikingly high—4%, 13%, and 26%, respectively, for grades 8, 10, and 12.

"□ Another measure of heavy drinking asks respondents to report how many occasions during the previous two-week period they had consumed five or more drinks in a row. Prevalence rates for this behavior, which is also referred to as binge drinking or episodic heavy drinking, are 5%, 14%, and 22% for the three grades, respectively."

Source:

Johnston, L. D., O'Malley, P. M., Bachman, J. G., Schulenberg, J. E. & Miech, R. A. (2014). Monitoring the Future national survey results on drug use, 1975–2013: Volume I, Secondary school students. Ann Arbor: Institute for Social Research, The University of Michigan, pp. 90-91.

http://www.monitoringthefuture.org/pubs/monographs/mtf-vol1_2013.pdf

46.

(Prevalence of Alcohol and Other Drug Use by Young People in the US) "In 2006, more than one third (35.8 percent) of persons aged 12 to 20 who used alcohol in the past month also had used an illicit drug in the past month, and 16.0 percent of underage drinkers used an illicit drug within 2 hours of using alcohol on their last occasion of alcohol use.

"Marijuana was the illicit drug most used by underage drinkers, with nearly one third (30.0 percent) having used marijuana in the past month, and 15.0 percent having used marijuana within 2 hours of their last alcohol use."

Source:

Pemberton, M. R., Colliver, J. D., Robbins, T. M., & Gfroerer, J. C. (2008). Underage alcohol use: Findings from the 2002-2006 National Surveys on Drug Use and Health (DHHS Publication No. SMA 08-4333, Analytic Series A-30). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, p. 4.

http://drugwarfacts.org/cms/files/samsha_underage_drinking_study08.pdf

47.

(How Young People in the US Illegally Acquired Alcohol for Themselves) "Among all underage current drinkers, 31.0 percent paid for the alcohol the last time they drank, including 9.3 percent who purchased the alcohol themselves and 21.6 percent who gave money to someone else to purchase it. Underage persons who paid for alcohol themselves consumed more drinks on their last drinking occasion (average of 5.9 drinks) than did those who did not pay for the alcohol themselves (average of 3.9 drinks).

"More than one in four underage drinkers (25.8 percent) indicated that on their last drinking occasion they were given alcohol for free by an unrelated person aged 21 or older. One in sixteen (6.4 percent) got the alcohol from a parent or guardian, 8.3 percent got it from another family member aged 21 or older, and 3.9 percent took it from their own home."

Source:

Pemberton, M. R., Colliver, J. D., Robbins, T. M., & Gfroerer, J. C. (2008). Underage alcohol use: Findings from the 2002-2006 National Surveys on Drug Use and Health (DHHS Publication No. SMA 08-4333, Analytic Series A-30). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies, p. 4.

http://drugwarfacts.org/cms/files/samsha_underage_drinking_study08.pdf

48.

(Exposure to Prevention Messages by Youth In and Outside of School, 2012)

"□ In 2012, 75.9 percent of youths aged 12 to 17 reported having seen or heard drug or alcohol prevention messages in the past year from sources outside of school, such as from posters or pamphlets, on the radio, or on television. This rate in 2012 was similar to the 75.1 percent reported in 2011, but was lower than the 83.2 percent reported in 2002 (Figure 6.6). In 2012, the prevalence of past month use of illicit drugs among those who reported having such exposure (9.4 percent) was not

significantly different from the prevalence among those who reported having no such exposure (10.0 percent).

"□ In 2012, 75.0 percent of youths aged 12 to 17 enrolled in school in the past year reported having seen or heard drug or alcohol prevention messages at school, which was similar to the 74.6 percent reported in 2011, but was lower than the 78.8 percent reported in 2002 (Figure 6.6). In 2012, the prevalence of past month use of illicit drugs or marijuana was lower among those who reported having such exposure in school (8.9 and 6.7 percent for illicit drugs and marijuana, respectively) than among youths who were enrolled in school but reported having no such exposure (12.3 and 9.7 percent)."

Source:

Substance Abuse and Mental Health Services Administration, Results from the 2012 National Survey on Drug Use and Health: Summary of National Findings, NSDUH Series H-46, HHS Publication No. (SMA) 13-4795. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013, p. 72.

<http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/Index.aspx>

<http://www.samhsa.gov/data/NSDUH/2012SummNatFindDetTables/NationalFindin...>

49.

(Alcohol and Other Drug Involvement in Criminal Offenses at Schools and Colleges) "Table 9 provides the reported instances in each offense record in which the offenders were suspected of using alcohol, computers, and/or drugs. ²² The data show that such use was minimal in situations occurring at schools during the 5-year study period. Of the 589,534 offense records, reports of offenders suspected of using drugs totaled 32,366, while reports of alcohol use totaled 5,844."

Source:

Noonan, James H., Vavra, Malissa C., "Crime in Schools and Colleges: A Study of Offenders and Arrestees Reported via National Incident-Based Reporting System Data," United States Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division (Washington DC: October 2007), p. 14.

<http://www.fbi.gov/about-us/cjis/ucr/nibrs/crime-in-schools-and-colleges...>

Related Chapters:

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