

Binge Drinking Among Youth in Oregon

Background

Alcohol is the most commonly used drug among youth in Oregon. Although underage drinking is illegal, research shows that youth and young adults aged 12 to 20 years drink 11% of all alcohol consumed in the United States.¹ Nearly all of this alcohol is consumed in the form of binge drinking,² which is defined as consuming five or more drinks on one occasion in the past 30 days.

Youth who binge drink are more likely to experience higher absenteeism and poor grades, legal problems, risky sexual activity and assault, alcohol-related car crashes and other injuries, use of other drugs, and changes in brain development that can have lifelong effects.³⁻⁵ Youth who start drinking at an earlier age are also more likely to become alcohol dependent later in life.⁶

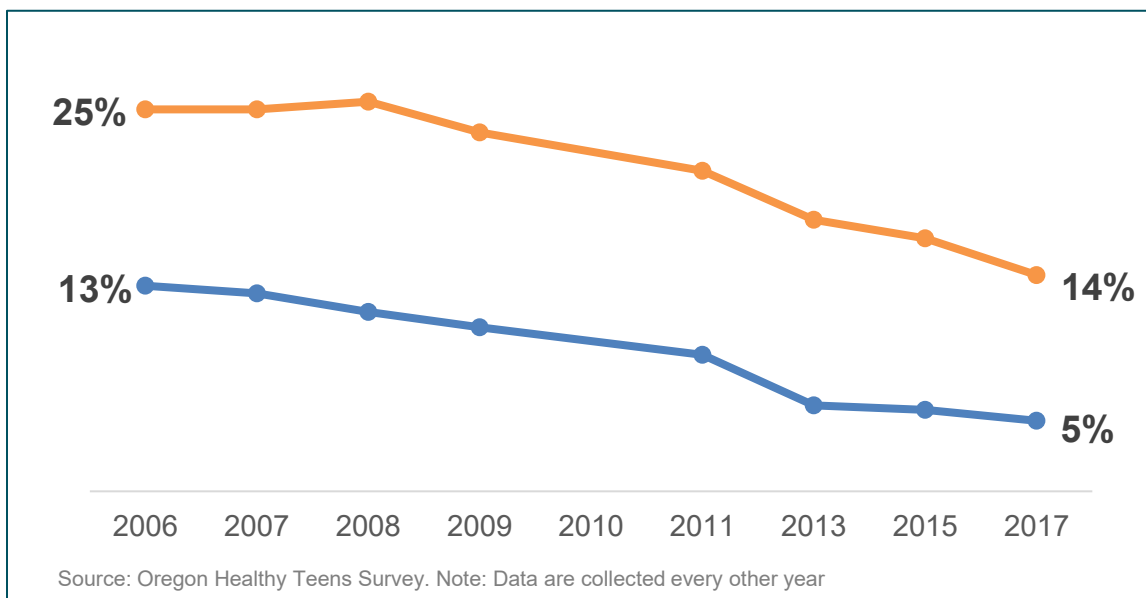


Figure 1. Binge drinking among Oregon youth, 2006–2017

- In 2017, about 1 in 7 (14%) Oregon 11th graders and 1 in 20 (5%) 8th graders reported binge drinking in the past 30 days.
- Binge drinking among Oregon youth has decreased over the past 6 years.

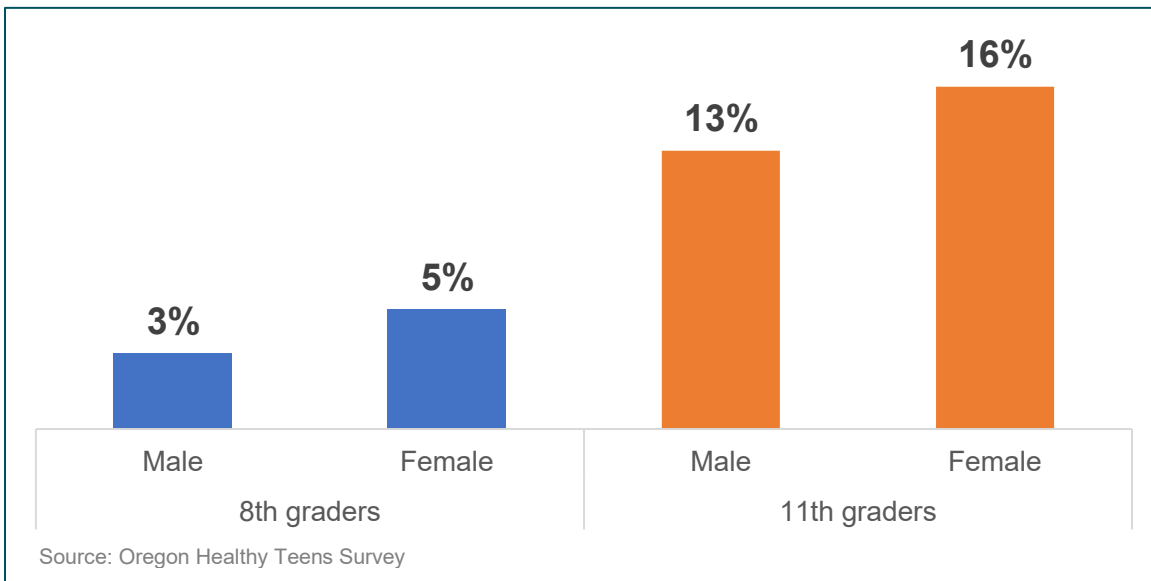


Figure 2. Binge drinking among Oregon youth by grade and gender, 2017

- In 2017, more girls reported binge drinking than boys.
- Binge drinking is more common among 11th graders.

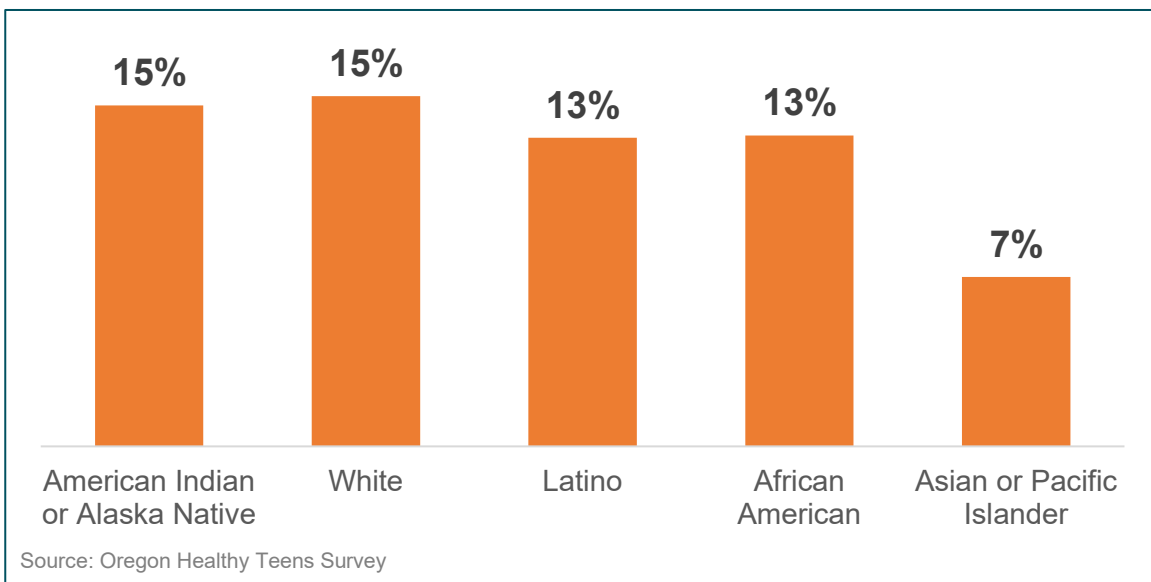


Figure 3. Binge drinking among Oregon 11th graders by race and ethnicity, 2017

- Binge drinking is less common among Asian or Pacific Islander youth compared to other racial and ethnic groups.

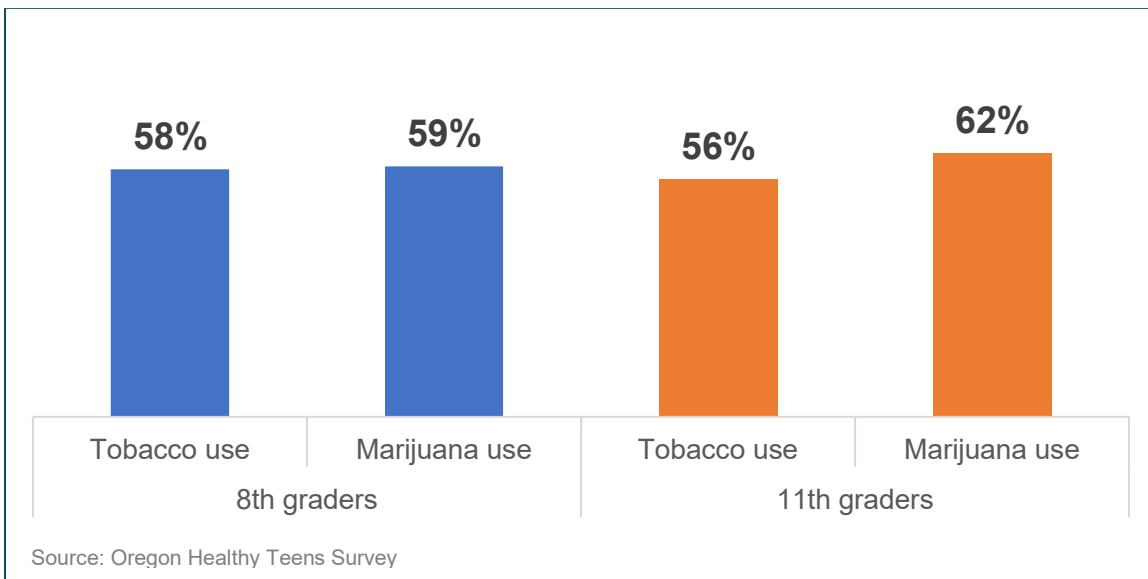


Figure 4. Tobacco and marijuana use among youth who report binge drinking by grade, 2017

Youth who binge drink are likely to use other substances as well:

- 56% of 11th graders who binge drink also report current use of tobacco.
- 62% of 11th graders who binge drink also report current use of marijuana.

Alcohol and substance use is an Oregon State Health Improvement Plan (SHIP) priority. For more information, see: <http://www.oregon.gov/OHA/PH/ABOUT/Pages/ship-substance-use.aspx>

References:

1. Office of Juvenile Justice and Delinquency Prevention. [Drinking in America: Myths, Realities, and Prevention Policy](#) [PDF-1.03MB]. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention; 2005.
2. World Health Organization. [Global Status Report on Alcohol and Health—2014](#). Geneva, Switzerland: World Health Organization; 2014.
3. U.S. Department of Health and Human Services. [The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking](#). Rockville, MD: U.S. Department of Health and Human Services; 2007.
4. Bonnie RJ and O'Connell ME, editors. National Research Council and Institute of Medicine. [Reducing Underage Drinking: A Collective Responsibility](#). Washington, DC: The National Academies Press; 2004.
5. Miller JW, Naimi TS, Brewer RD, Jones SE. [Binge drinking and associated health risk behaviors among high school students](#). *Pediatrics*. 2007;119:76–85.
6. Center for Behavioral Health Statistics and Quality. [2015 National Survey on Drug Use and Health: Detailed Tables](#). Rockville, MD: Substance Abuse and Mental Health Services Administration; 2016.
7. Sacks JJ, Gonzales KR, Bouchery EE, Tomedi LE, Brewer RD. [2010 national and state costs of excessive alcohol consumption](#). *Am J Prev Med*. 2015;49(5):e73–e79.

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