

Binge Drinking Trends Among Young Adults in 10 Indiana Counties

Introduction

According to the Centers for Disease Control and Prevention (CDC), “Binge drinking is the most common, costly, and deadly pattern of excessive alcohol use in the United States” (CDC, 2018). Indeed, binge drinking in young adulthood has been demonstrated to lead to such issues as alterations to the developing brain structure, illicit drug and tobacco use, alcoholism, liver damage, alcohol poisoning, and accidental injury or death (HHS, 2007). Both national and local data show a shift in binge drinking accompanied by changing experiences in young adulthood. Whereas past data indicate a trend of decreased binge drinking after age 21, researchers now observe an increase in binge drinking that extends beyond the peak often associated with the legal drinking age.

This issue brief provides background information on binge drinking among young adults and highlights results from the Indiana Partnerships for Success (PFS) Young Adult Survey, which was administered to over 1,100 young adults ages 18 to 25 in 10 Indiana counties (Cass, Clark, Floyd, Knox, Lake, Madison, Marion, Porter, Scott, and Vanderburgh) between November and December of 2016. One purpose of the survey was to better understand the changes in binge drinking trends among young adults in Indiana. Results reveal changing social norms may be a contributor to a delayed decrease in binge drinking.

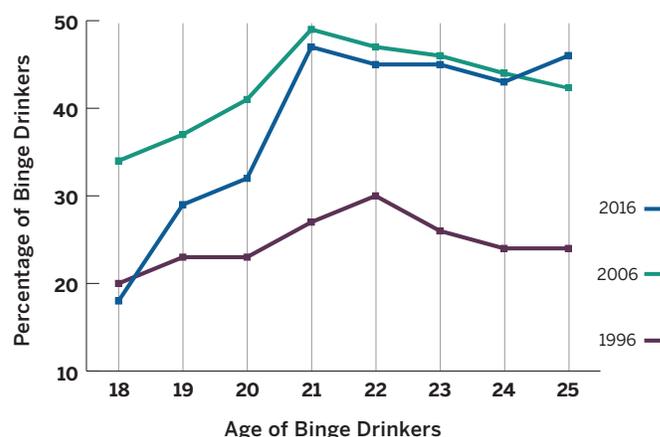
Binge Drinking and Young Adulthood

Binge drinking is defined by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) as a “pattern of drinking that brings a person’s blood alcohol concentration (BAC) to 0.08 grams percent or above” (CDC, 2018). Results from the 2015 Youth Risk Behavior Surveillance System (YRBSS) show that 25.1% of young adults aged 18 to 24 reported engaging in binge drinking (CDC, 2018). The current experiences of young adults can be characterized by two distinct phases: extended adolescence (ages 18-21) and emerging adulthood (ages 22-25). While young adults are often treated as a single group, their lifestyles and experiences are highly varied, with some in college, some working full-time, some being married, and some having children. Furthermore, different lifestyles place some individuals at a higher risk for engaging in binge drinking than others. As such, current characteristics of extended adolescence and emerging adulthood are associated with varying rates of binge drinking among these populations. For example, emerging adults are now likely to delay childbirth and marriage in lieu of educational and career advancements, potentially increasing their risk of binge drinking in later years. (Lundberg, 2016; Santos, 2016; Twenge & Park, 2017).

Data captured between the years of 1993 and 2015 suggest there has been a reduction in alcohol use in extended adolescence (Twenge & Park, 2017). Instead, increased levels of alcohol use have recently been observed among emerging adults, reversing the phenomenon known as “aging out”. Aging out refers to the trend of decreased alcohol use after the expected peak that accompanies age 21. However, recent data show a decrease in aging out as young adults either sustain or increase binge drinking past the age of 21. National data support this shift in alcohol use between these two groups of young adults. As shown in *Figure 1*, The National Survey on Drug Use and Health (NSDUH) shows that between 1996 and 2006 there

was an increase in the percentage of individuals who reported binge drinking in every age group (SAMHDA, 1996-2006). However, less aging out was seen when comparing data from this time period: a 20% versus 14% decline in binge drinking among emerging adults (SAMHDA, 1996-2006). This trend in absence of aging out was seen again in 2016. This time, the percentage of extended adolescents who reported binge drinking had dropped significantly, but with a steeper jump to age 21, and no aging out among emerging adults (SAMHDA, 2016).

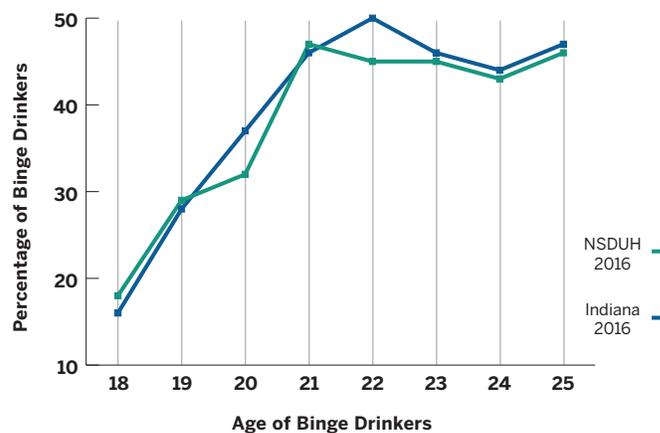
Figure 1: Prevalence of Binge Drinking by Age for the Years 1996, 2006, and 2016: Substance Abuse & Mental Health Data Archive (SAMHDA) (1996-2016)



Results from the Indiana PFS Young Adult Survey

Data from the Indiana PFS Young Adult Survey both mirrors and exceeds national trends. PFS data show a similar pattern as the NSDUH, with a climb in binge drinking to age 21 and no aging out in the years following (*Figure 2*). Additionally, PFS participants reported binge drinking at a rate of 38.5%, which is significantly higher than the national average of 25.1% reported by the YRBSS.

Figure 2: Comparison of NSDUH and Indiana PFS Binge Drinking Prevalence by Age: Substance Abuse & Mental Health Data Archive (SAMHDA) (2016)



The PFS survey data demonstrate how increased binge drinking among emerging adults might result from the extension of adolescence and changes in cultural norms that have accompanied it. First, an increased number of young adults attending college might also mean a greater number of people initiating binge drinking. After adjusting for other factors, 18 to 21 year-olds enrolled in college were 77% more likely to binge drink than those not enrolled. As such, increased rates of educational attainment, mainly occurring in extended adolescence, could lead to extended binge drinking among emerging adults. Survey data specific to emerging adults show work stress, relationship stress, certain living situations, and not having financial dependents are associated with higher binge drinking rates. For example, emerging adults who financially support others were 51% less likely to binge drink, and the majority of these individuals (81%) are parents. Survey respondents who indicated living with a spouse were 70% less likely to engage in binge drinking than their peers. However, those living with a roommate and those living alone had an increased likelihood of binge drinking, at 148% and 79% respectively, compared to their peers. Furthermore, those who responded they were cohabiting with a partner did not have the same protection from binge drinking as those living with a spouse.

Survey data demonstrate that certain lifestyles are associated with a greater risk of engaging in binge drinking than others. These lifestyles are associated with the shifting norms discussed above, such as a delay of marriage and childbearing, and an increase in educational opportunities. PFS survey data suggest the lack of aging out observed at a national level might also be affected by changing norms associated with an extension of adolescence into emerging adulthood.

Discussion

The findings highlighted above reinforce the idea that extended adolescents and emerging adults are two distinct young adult populations experiencing different life events, stressors, and, consequently, binge drinking practices. As such, different prevention approaches are necessary for each group. For instance, it could be beneficial to focus on specific stressors related to the college experience for extended adolescents, while those moving into emerging adulthood will require interventions aimed at tackling stressors such as transitioning into the full-time workforce and developing new adult relationships. Recent interviews with 30 key informants in the 10 counties where the PFS survey was administered demonstrate greater effort should be taken to reach out to young adults, as most interviewees stated either (1) no prevention efforts were being targeted toward young adults in their communities or (2) the only efforts they were aware of were occurring on college campuses. Inadequate efforts to reach this population were largely framed as a result of lack of awareness of the issue, difficulties locating and engaging emerging adults, and lack of funding. We offer the following recommendations based on these findings:

- More funding should be directed toward binge drinking prevention efforts for young adults.
- Binge drinking prevention efforts should account for differences between extended adolescence and emerging adulthood to ensure appropriate approaches are taken.
- Efforts to develop innovative ways to identify and engage emerging adults in prevention efforts should be undertaken.
- Efforts aimed at emerging adults might focus on identification and elimination of stressors that accompany this life stage (e.g., work and relationship stress) and are a precursor to binge drinking, rather than targeting binge drinking itself.
- The extent to which these trends might apply to misuse of substances other than alcohol should be explored.

Conclusion

Binge drinking poses serious individual and public health risks, and data demonstrate emerging adults are engaging in binge drinking at higher rates than previously documented. Life events that have traditionally served as protective factors (e.g., marriage and children) from binge drinking in emerging adulthood are not as prevalent as they once were, as cultural expectations for this age group are shifting. In addition, certain arrangements replacing these life events (e.g., cohabitating and living alone) do not provide the same protections from binge drinking. For prevention efforts to be effective, the unique circumstances of emerging adulthood and its differences with those of extended adolescence should be accounted for, as distinct approaches will be necessary to effectively engage these groups.

Issue Brief Preparation

Samantha Childress, BSPH; Emily Sightes, BSPH; Tamara Leech, PhD; Marion Greene, PhD; Lucy Coons, BFA; Dennis P. Watson, PhD.

Acknowledgements

This project was supported by the Indiana Family and Social Services Administration, Division of Mental Health and Addiction and the Substance Abuse and Mental Health Services Administration (1U79SP020788). Survey data were collected by the Eagleton Center for Public Interest Polling at Rutgers University.

Published: June 2018

References

- Centers for Disease Control and Prevention (CDC) (2018). Fact Sheets-Binge Drinking (2018). *Alcohol and Public Health*. Retrieved from <https://www.cdc.gov/alcohol/fact-sheets/binge-drinking.htm>.
- Lundberg, S., Pollak, R. A., & Stearns, J. (2016). Family Inequality: Diverging Patterns in Marriage, Cohabitation, and Childbearing. *The Journal of Economic Perspectives: A Journal of the American Economic Association*, 30(2), 79–102. <http://doi.org/10.1257/jep.30.2.79>
- Substance Abuse & Mental Health Data Archive (SAMHDA). (1996). *National Household Survey on Drug Abuse 1996 (NHSDA-1996-DS0001)*. Retrieved from <http://datafiles.samhsa.gov/study-dataset/national-household-survey-drug-abuse-1996-nhsda-1996-ds0001-nid13708>.
- Substance Abuse & Mental Health Data Archive (SAMHDA). (2006). *National Survey on Drug Use and Health 2006 (NSDUH-2006-DS0001)*. Retrieved from <http://datafiles.samhsa.gov/study-dataset/national-survey-drug-use-and-health-2006-nsduh-2006-ds0001-nid13698>
- Substance Abuse & Mental Health Data Archive (SAMHDA). (2016). *National Survey on Drug Use and Health 2016 (NSDUH-2006-DS0001)*. Retrieved from <http://datafiles.samhsa.gov/study-dataset/national-survey-drug-use-and-health-2016-nsduh-2016-ds0001-nid17185>
- Santos, C. and Weiss, D. (2016), "Why Not Settle Down Already?" A Quantitative Analysis of the Delay in Marriage. *International Economic Review*, 57, 425–452. doi:10.1111/iere.12163
- US Department of Health and Human Services (HHS) (2007). *The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking*. Retrieved from http://www.camy.org/docs/resources/fact-sheets/Call_To_Action.pdf
- Twenge, J. & Park, H. (2017). The Decline in Adult Activities among US Adolescents, 1976-2016. *Child Development*, 1-17. <https://doi.org/10.1111/cdev.12930>