Youth Alcohol Use Statistics

Different surveys – whether provincial or national – can produce slightly different statistics based on the populations being surveyed and the specific questions asked. Nonetheless, data about youth substance use, patterns and trends tend to show similar results across surveys.

The student alcohol use data in the Parent Action Pack Alcohol section come from the Ontario Drug Use and Health Survey, 2011 from the Centre for Addiction and Mental Health. (1)

This survey looks at drinking for the following important patterns among students in grades 7-12:

- Prevalence of drinking
- Frequency of drinking
- Heavy drinking/binge drinking
- Hazardous or harmful drinking

From the results of this survey across these four areas, we see there are no significant differences between males and females. The rates increase significantly with grade, and use tends to be less in Toronto, more in the North, with the East and West of Ontario somewhere in between.

There are also other reliable sources of cross-Canada statistics on youth drinking and other drug use that show similar results for Ontario and provide information on rates of use by youth in other provinces.

- See:
  - 2011 Ontario Student Drug Use and Health Survey (OSDUHS) from Centre for Addiction and Mental Health (CAMH)
  - 2011 Cross-Canada Report on Student Alcohol and Drug Use from Canadian Centre for Substance Abuse (CCSA)
  - 2011 Canadian Tobacco Use Monitoring Survey from Health Canada

Concerns about young women and alcohol

The rate of female alcohol consumption (from teen, through young adult) is currently drawing a lot of attention among educators and health promoters. At issue is the different ways that females absorb alcohol and the different impact on health and behaviour that ensues, both in the short and long terms.
“When a woman drinks, the alcohol in her bloodstream typically reaches a higher level than a man’s even if both are drinking the same amount. This is because women’s bodies generally have less water than men’s bodies. Because alcohol mixes with body water, a given amount of alcohol is less diluted in a woman’s body than in a man’s. Women become more impaired by alcohol’s effects and are more susceptible to alcohol–related organ damage. That is, women develop damage at lower levels of consumption over a shorter period of time.” (2)

The concern is that if young women have begun to match young men in terms of how much and how frequently they drink, and become drunk, they will be more vulnerable to both the short term and long term consequences of alcohol consumption. Short term consequences include sexual assault, unplanned sexual encounters and unplanned pregnancy. Long term consequences include increased risk for developing breast cancer later in life, heart disease and liver damage. (2)

- See resources for young women and alcohol from Parent Action on Drugs.

**Harmful Consequences of Teen Drinking**

One of the biggest causes for concern about teenage drinking is the lack of moderation that is typical of teenage drinking patterns. Teens –and young adults – drink in an episodic fashion, i.e. consuming a large number of drinks on one occasion. This can also be called “binge drinking” (consuming 5 or more drinks on one occasion) and or drinking to become drunk.

Recent surveys show a decrease in the percentage of students overall reporting drinking in this manner over the past decade. However, almost 40% of grade 12 students report at least one episode of binge drinking over the past year. Among Grade 12 students, almost a third (30%) report hazardous or harmful drinking, i.e., reporting such signs as not remembering what happened when they were drinking, being injured because of their drinking, and failing to do what was expected of them. (1)

Males and females are about equally likely to binge drink or become drunk and to report harmful or hazardous drinking. (1)

An extensive search of the research literature “consistently demonstrates that the greatest risk of harm occurs for adolescents and young adults that consume alcohol at high frequencies, and high quantities” and are greater for youth than for adults. (3) The following are important harms associated with drinking by youth (3):

- Risky driving behaviors and injuries sustained in motor vehicle crashes – for example, 55% of the deaths from motor vehicle accidents for youth under 19 years of age are alcohol related
- Injuries – Adolescents experience the highest prevalence of serious injuries compared to any other age group, with a high incidence of self-reported alcohol and drug use at the time of the injury
- Risky sexual behaviors – “ Research on the link between alcohol use and risky sexual behaviors has found that alcohol use among adolescents and young adults age 10-30 increases the probability that they will engage in sexual intercourse and risky sex”
• Risky substance use – Binge drinkers “are at the highest risk for illicit drug use” as well as the use of a greater variety of substances. This in turn, puts users more at risk for behaviors such as drinking and driving and engaging in unprotected sex.

An alcohol overdose (alcohol poisoning), with early symptoms of nausea and vomiting, is one of the most harmful – and potentially deadly – consequences of excessive drinking. Understanding how the body reacts to alcohol consumption and binge drinking patterns, and how to respond to someone showing the serious effects of over-drinking, is extremely important for adults and youth alike.

See: Teens, Partying and Alcohol Poisoning, an information resource from Parent Action on Drugs.

Is there a ‘low-risk drinking” level for youth?

As we have seen, there are multiple, serious potential consequences associated with the way teens drink. Thompson, Stockwell and Macdonald examine whether injuries and other harms associated with drinking are dose-related, i.e. does the risk increases with every drink taken? They do this in order to “quantify the degree of risk associated with lower levels of consumption for people under 25 years of age” and provide information for a background study (5) informing the development of Canada’s Low-Risk Alcohol Drinking Guidelines.

While they found evidence that harms decrease at lower dosage and frequency, evidence of harm was still there compared to abstainers. They suggest that there is a threshold of alcohol consumption, above which the risks for harmful outcomes begin to accrue. Frequency and speed of consumption are also pressure points for increased harm and are also typical of late teen and early adult patterns of drinking. A final issue is the age at which drinking begins: the earlier the age of initiation, the greater the risk for problems to develop with drinking in later years.

For these reasons, Canada’s Low-Risk Alcohol Drinking Guidelines have addressed underage drinkers, recommending delay in initial drinking and set a limit on dose and frequency of drinking: i.e. a limit of two drinks at one sitting and never more than 1-2 times a week. The Guidelines also provide adult drinkers with recommended limits for alcohol consumption on a single occasion and for total drinks in a one week period.

See: Canada’s Low Risk Drinking Guidelines.
References

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Source: CAMH Research Document Series No. 32 (2011)
Link: Survey

2. Alcohol Alert Number 62
Authors: National Institutes of Health and National Institute on Alcohol Abuse and Alcoholism
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Author: Murray, K.D.
Source: University of Victoria (2009)
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4. Is there a ‘low-risk’ drinking level for youth? The risk of acute harm as a function of quantity and frequency of drinking.
Authors: Thompson, K.D., Stockwell, T., & Macdonald, S.
Source: Drug and Alcohol Review (2011)
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5. Alcohol and health in Canada: A summary of evidence and guidelines for low risk drinking
Authors: Butt, P., Beirness, D., Gliksman, L., Paradis, C., & Stockwell, T.
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