Facts About Underage Drinking

Alcohol Dependence or Abuse and Age at First Use

- Approximately 10% of 9- to 10-year-olds have started drinking. Nearly one-third of youth begin drinking before age 13.¹
- Persons reporting first use of alcohol before age 15 are more than 5 times as likely to report past-year alcohol dependence or abuse than persons who first used alcohol at age 21 or older (16 vs. 3%).²

Underage Drinking Among College Students

- An estimated 1,700 college students between the ages of 18 and 24 die each year from alcohol-related unintentional injuries, including motor vehicle crashes. Approximately 600,000 students are unintentionally injured while under the influence of alcohol.³
- Approximately 700,000 students are assaulted by other students who have been drinking.³
- About 100,000 students are victims of alcohol-related sexual assault or date rape.³
- Young adults aged 18 to 22 enrolled full-time in college were more likely than their peers not enrolled full-time (i.e., part-time college students and persons not currently enrolled in college) to use alcohol in the past month, binge drink, or drink heavily. Past-month alcohol use was reported by 66.4% of full-time college students compared with 54.1% of persons aged 18 to 22 who were not enrolled full-time. Binge and heavy-use rates for college students were 45.5 and 19.0%, respectively, compared with 38.4 and 13.3%, respectively, for 18- to 22-year-olds not enrolled full time in college.⁴

Binge Drinking Among Underage Youth

- In 2006, about 10.8 million persons aged 12 to 20 (28.3% of this age group) reported drinking alcohol in the past month. Approximately 7.2 million (19.0%) were binge drinkers, and 2.4 million (6.2%) were heavy drinkers. These figures have remained essentially the same since the 2002 survey.⁵
- When youth drink, they tend to drink intensively, often consuming four to five drinks at one time. Monitoring The Future (MTF) data show that 11% of 8th graders, 22% of 10th graders, and 29% of 12th graders had engaged in heavy episodic—or binge—drinking within the past 2 weeks. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking alcohol that brings blood alcohol concentration [BAC] to .08 grams or above. For the typical adult, this pattern corresponds to consuming five or more drinks for men, or four or more drinks for women, in about 2 hours.⁶
- Nationwide, 25.5% of students had had more than 5 drinks of alcohol in a row (i.e., within a couple of hours) on more than 1 of the 30 days preceding the survey (i.e., heavy episodic drinking).⁷

Alcohol Use and Adolescent Development

- Alcohol is the drug of choice among America’s adolescents, used by more young people than tobacco or illicit drugs.⁸
- Children of alcoholics (COAs) are between 4 and 10 times more likely to become alcoholics than children from families with no alcoholic adults. COAs are at elevated risk for earlier onset of drinking and earlier progression into drinking problems.⁹
- Among 8th graders, 30-day prevalence of alcohol use has declined by more than one-third since its peak level in 1996. Among 10th and 12th graders, the proportional declines from recent peaks have been smaller—one-sixth among 10th graders since 2000 and one-seventh among 12th graders since 1997.¹⁰
- In 2006, the prevalence of being drunk at least once in the prior month stands at 6% of 8th graders, 19% of 10th graders, and 30% of 12th graders.¹¹
- Past 30-day prevalence of the use of flavored alcoholic beverages (sometimes called “alcopops” or “malternatives”) was at slightly lower levels in 2006 in all grades than in 2005, having declined by 1.1 percentage points among 8th graders and 3.7 percentage points among 12th graders.¹²

Health and Safety Risks of Underage Drinking

- Underage drinking is a risk factor for heavy drinking later in life, and continued heavy use of alcohol leads to increased risk across the lifespan for acute consequences and for medical problems such as cancers of the oral cavity, larynx, pharynx, and esophagus; liver cirrhosis; pancreatitis; and hemorrhagic stroke.¹³
- Underage drinking is a leading contributor to death from injuries, which are the main cause of death for people under age 21. Annually, about 5,000 people under age 21 die from alcohol-related injuries involving underage drinking. About 1,900 (38%) of the 5,000 deaths involve motor vehicle crashes, about 1,600 (32%) result from homicides, and about 300 (6%) result from suicides.¹⁴
- Youth who report drinking before the age of 15 are more likely than those who begin drinking later in life to have other substance abuse problems during adolescence; to engage in risky sexual behavior; and to be involved in car crashes, unintentional injuries, and physical fights after drinking, both during adolescence and in adulthood.¹⁵
- Underage drinking plays a significant role in risky sexual behavior, including unwanted, unintended, and unprotected sexual activity, and sex with multiple partners. Such behavior increases the risk for unplanned pregnancy and for contracting sexually transmitted diseases (STDs), including infection with HIV/AIDS.¹⁶
- Among the 33.9% of currently sexually active students nationwide, 23.3% had drunk alcohol or used drugs before their last incidence of sexual intercourse.¹⁷
Underage alcohol use increases the risk of physical and sexual assault, academic failure, illicit drug use, and tobacco use; and can cause a range of physical consequences, from hangovers to death from alcohol poisoning. It can cause alterations in the structure and function of the developing brain, which continues to mature into the mid- to late-twenties, and may have consequences reaching far beyond adolescence.18

About 45% of people who die in crashes involving a drinking driver under the age of 21 are people other than the driver.19

An estimated 7.9% of 16- or 17-year-olds, 19.7% of 18- to 20-year-olds, and 27.3% of 21- to 25-year-olds reported driving under the influence of alcohol in the past year.20

**Cost of Underage Drinking**

The economic cost of underage drinking is estimated to be nearly $62 billion. Underage drinking accounted for at least 16% of alcohol sales in 2001.21

**Underage Drinking by Gender and Ethnic Origin**

Among persons aged 12 to 20, past-month alcohol-use rates were 18.6% among blacks, 19.7% among Asians, 25.3% among Hispanics, 27.5% among those reporting two or more races, 31.3% among American Indians or Alaska Natives, and 32.3% among whites. The 2006 rate for American Indians or Alaska Natives is higher than the 2005 rate of 21.7%.22

Among youths aged 12 to 17 in 2006, Asians and blacks had the lowest rates of past-month alcohol use. Only 7.6% of Asian youths and 10.5% of black youths were current drinkers, while 15.3% of Hispanic youths, 16.2% of those reporting two or more races, 19.2% of white youths, and 20.5% of American Indian or Alaska Native youths were current drinkers.23

Among persons aged 12 to 20, binge drinking was reported by 23.6% of American Indians or Alaska Natives, 22.7% of whites, 20.7% of persons reporting two or more races, and 16.5% of Hispanics, but only by 11.8% of Asians and 8.6% of blacks. The 2006 rate among Asians is higher than the 2005 rate of 7.4%.24

By age 15, approximately 50% of boys and girls have had a whole drink of alcohol; by age 21, approximately 90% have done so.25

More males than females aged 12 to 20 reported current alcohol use (29.2 vs. 27.4%, respectively), binge drinking (21.3 vs. 16.5%), and heavy drinking (7.9 vs. 4.3%) in 2006.26

**What Is NCADD?**

The National Council on Alcoholism and Drug Dependence, Inc. (NCADD), founded in 1944, is a voluntary health organization. Through our National Network of Affiliates, NCADD provides education, prevention, training, information, referral, intervention, treatment, and recovery support services. NCADD advocates for education, prevention, treatment, research, and the rights of persons and families affected by the disease of alcoholism and drug dependence.

**Sources**


5. Ibid.

6. Ibid.

7. Ibid.


9. Ibid, pp. 13-14


11. Ibid.

12. Ibid.


15. Ibid., p. 12.

16. Ibid., p. 10.


19. Ibid., p. 11


23. Ibid.

24. Ibid.
