



Assessment of Factors Contributing to Binge Drinking among 18-34-year-olds in Central Oregon



Wyoming Survey & Analysis Center
UNIVERSITY OF WYOMING

AUTHORS

Emily Grant, Ph.D.
Senior Research Scientist

Carisa Dwyer, M.Ed.
Sunshine Consulting

Rodney Wambeam, Ph.D.
Senior Research Scientist

UNDER CONTRACT TO

Central Oregon Health Council

Contact: MaCayla Arsenault
541.306.3523
macayla.arsenault@cohealthcouncil.org

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Wyoming Survey & Analysis Center
University of Wyoming
1000 E. University Avenue, Department 3925
Laramie, Wyoming 82071
307.766.2189 | wysac@uwyo.edu
www.uwyo.edu/wysac



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Introduction

This project aimed to design and implement an assessment of binge drinking among 18–34-year-olds to guide prevention efforts in Central Oregon.

The Central Oregon Health Council (COHC) created a Regional Health Improvement Plan (RHIP) that prioritized addressing binge drinking among young adults.

Central Oregon includes Crook, Deschutes, Jefferson, and Northern Klamath and borders the Confederated Tribes of Warm Springs. In Central Oregon, over one-third (37%) of adults aged 18 – 34 reported binge drinking on at least one occasion over the past 30 days. Nearly half (45%) of young males (18–34 years old) and approximately 30% of females in Central Oregon reported binge drinking at least once in the past 30 days (2019 Central Oregon Regional Health Assessment, p. 180). Excessive alcohol use increases a person's risk of severe health problems such as brain and liver damage, heart disease, cancer, fetal damage in pregnant women, and early death. In addition, it is a risk factor for injuries, violence, unintended pregnancy, and motor vehicle crashes.

(OHA State Health Assessment, 2018)

In November 2021, COHC contracted with the Wyoming Survey & Analysis Center (WYSAC) to develop and conduct the needs assessment.

This report highlights four elements of the needs assessment:

- Archival Data
- Literature Review
- Qualitative Data
- Recommendations



Project Processes

The first phase of the needs assessment process focused on developing a needs assessment workgroup to help guide the project. This began with identifying each geographic area to be included in the assessment and the engagement of representatives from these communities. As a result, the workgroup known as the Needs Assessment Panel (NAP) was formed with representations from the county and tribal public health and substance abuse prevention, recovery community, Central Oregon Community College students, and the medical field.

The communities to be included in the needs assessment were:

1. Confederated Tribes of Warm Springs
2. Crook County
3. Deschutes County
4. Jefferson County
5. Northern Klamath County

The NAP met monthly for the calendar year 2022. During these meetings, the group was presented with the data collected and analyzed, asked to provide insight and guidance when possible, and actively interpreted the findings. Ultimately, the group reviewed all the results and discussed potential strategic recommendations.

To assess alcohol-related health disparities within the target population, especially regarding binge drinking, data was sought to determine differences based on the following characteristics:

- Age
- Race
- Ethnicity
- Geography
- Employment
- Sexual Orientation

The project began knowing that not all of these demographic indicators would be available for each data source. Hence, WYSAC planned to conduct a literature review and original research to help fill in the gaps in the local data.

Throughout the project, our primary research questions were:

- How big is the problem?
- Where is the problem?
- To whom is it happening?
- Why is it happening?

Central Oregon has the highest rate of binge drinking among 18–34-year-olds in the state.

Behavioral Risk Factor Surveillance Survey, 2019

Archival Data

Methods

The project's second phase involved compiling existing data in three specific areas; consequence, consumption, and causal area. First, consequence data refers to data about the problems associated with binge drinking among 18–34-year-olds. This includes the number of people with alcohol-related addiction and treatment, the number of alcohol-related motor vehicle crashes and alcohol-related crimes, and the number of people experiencing alcohol-related health outcomes. Consumption data refers to binge drinking rates reported by the target population. Surveys like the Behavioral Risk Factor Surveillance System (BRFSS) and other tools gather this data. Finally, causal area data refers to data on the seven leading root causes of substance abuse. Root causes include retail availability, social availability, promotion, price, lack of law enforcement, culture, and individual factors. The project's third phase analyzed the compiled data to identify alcohol-related health disparities within the target population, especially the disproportionate impacts of binge drinking.

Sources

Archival data sources included:

- Behavioral Risk Factor Surveillance Survey (BRFSS)
- Oregon Medicaid Systems
- Uniform Crime Report
- Oregon Vital Statistics
- Oregon Department of Transportation
- Fatal Analysis Reporting System from the National Highway Traffic Safety Administration
- Confederated Tribes of Warm Springs BRFSS
- Confederated Tribes of Warm Springs PFS Assessment (NPC Research)

Findings

The 2019 Central Oregon Health Assessment indicated that roughly one out of three (37%) 18–34-year-olds in Central Oregon binge drank every month and that Central Oregon had higher rates of adult binge drinking than the State of Oregon. In addition, by compiling additional data during the project's second phase, we found that Central Oregon had a higher rate of people arrested for driving under the influence (DUI) and liquor law violations (LLV) arrest rates than the State. Similarly, Central Oregon had higher rates of alcohol-related driving deaths and higher rates of alcohol-related death overall when compared to the State rate.

Binge-drinking rates were highest in Deschutes County and lowest in Crook County. Crook County had the highest DUI and LLV arrest rates, though LLV arrests were so small that they did not provide much information on binge drinking. Likewise, Crook County had the highest rate of alcohol-related driving deaths, though the number of deaths was highest in Deschutes County. Similarly, alcohol treatment rates were highest in Jefferson County, though Deschutes County had the largest number of people receiving alcohol treatment. When comparing towns with different populations, it is essential to look at the number of incidents that occur compared to the population size (the rate).

We analyzed the data collected during phase two to understand if a person's gender played a role in the impact of binge drinking in Central Oregon. Males reported higher rates of both consumption and consequences related to binge drinking than females. Law enforcement arrested males for DUI and LLV at rates roughly double that of women. In addition, males had a higher rate of alcohol-related emergency department visits, and males received alcohol treatment at a higher rate than females.

We used health records that indicated the patient identified as "Heritage Native American" (HNA) and compared them to records recorded as "Non-Heritage Native American" (Non-HNA). We compared records for HNA and Non-HNA 18–34-year-old patients and found differences at a county level, specifically within Jefferson County. Similarly, using CDC data, NPC found that American Indian/Alaska Native people in Jefferson County had an alcohol-related death rate ten times that of White people.

Appendix A showcases all of the data.



Limitations and Gaps in the Data

WYSAC encountered difficulties accessing data on multiple demographic characteristics to fully assess the disproportionate impacts of binge drinking on prioritized populations within the 18–34-year-old age group. We attempted to determine alcohol-related health disparities within the prioritized population by looking at differences between age, race, ethnicity, geography, employment, and sexual orientation. Unfortunately, at the time of the project, the data infrastructure lacked the capacity to allow the needed data analysis, as many of these variables were not collected or collected uniformly. For example, we accessed data for treatment and hospitalization for alcohol paid by Medicaid, but unfortunately, over 40 percent of the patients' records showed "unknown" race and ethnicity. Thus, we could not use that data to gain insight into the role of race and ethnicity.

Additionally, limitations on the data collected from the small populations comprising Central Oregon and the Confederated Tribes of Warm Springs made it difficult to assess the data from individual communities. Data suppression due to low numbers hindered our understanding of the local context. As a result, we could not find binge drinking rates for 18–34-year-olds in every community or rates for females in most counties. In addition, very little data was available specifically for the northern portion of Klamath County.

Literature Review

A literature review was conducted to help us better understand the potential impact of the problem where data was unavailable at a community level. The entire literature review is available in Appendix B.

Disproportionate Impacts of Binge Drinking. Although people of every age, race, and gender participate in binge drinking, the health-related consequences vary between groups. Some examples of the disproportionate impact of binge drinking include cirrhosis death rates being remarkably high among white Americans of Hispanic origin, lower among non-Hispanic blacks, and lower still among non-Hispanic whites; Alcohol-related traffic deaths are many times more frequent among Native Americans or Alaska natives than among other minorities; Hispanics and Blacks have a higher risk for developing alcohol-related liver disease than Whites.

Alcohol-Harm Paradox. Within the literature, there is a phenomenon known as the "Alcohol-harm Paradox." It is the observation that "people of low socioeconomic status (SES) tend to experience greater alcohol-related harm than those of high SES, even when the amount of alcohol consumption is the same or less than for individuals of high SES."

Gender and LGBTQ+. The literature suggests that regardless of race, binge drinking prevalence in men is twice that of women and that among men who reported binge drinking, the frequency

and intensity are higher than in women. In addition, past research has shown that people who identify with the LGBTQ+ community are at greater risk of discrimination and victimization, which can lead to maladaptive coping behaviors such as binge drinking.

College Students. In a publication on Young Adult Drinking from the National Institute on Alcohol Abuse and Alcoholism, they highlight a survey done on college students and non-college peers regarding binge drinking and excessive alcohol consumption. Despite the common stigma surrounding college students and their drinking habits, the survey found that a higher percentage (4.5%) of non-college young adults report daily drinking than college students (3.7%). However, they also concluded that when college students drink, they do so in larger quantities than non-college young adults.

Rural vs. Urban. Residents of Urban communities are more likely to report lifetime alcohol use. However, the risk of lifetime alcohol dependence is similar between the two communities. Past-year heavy episodic drinking rates were also similar between urban and rural communities.



Qualitative Data

Methods

WYSAC collected qualitative data by holding focus groups throughout the region. The information gained provided a multi-dimensional understanding of binge drinking among 18–34-year-olds in Central Oregon and insight into why it was happening.

WYSAC collected original data to learn more about young adult binge drinking in Central Oregon and potential strategies for addressing the issue. Focus groups were held in all parts of the region, and members of the prioritized population were invited to attend. In addition to focus groups, WYSAC modified the data collection tool into a survey that asked the same questions to better suit Warm Springs' needs.

WYSAC worked with the NAP to draft questions and develop a list of participants to invite. In addition, WYSAC worked with Central Oregon Community College to create a summer internship program to allow students to do applied research in partnership with the COHC and WYSAC. WYSAC worked with the interns to schedule focus groups, recruit participants, conduct the focus groups, and analyze the data. As a result, nine focus groups were held during the summer of 2022. The focus groups consisted of five questions designed to understand the group's perspective on binge drinking in their community, community factors that both increase and decrease binge drinking, and potential strategies they believe would work to reduce binge drinking in their community.

The health and wellness committee at the Confederated Tribes of Warm Springs determined that their community would benefit from a streamlined process, so instead of a focus group, the questions were modified to be delivered in a survey format during an already scheduled community event.

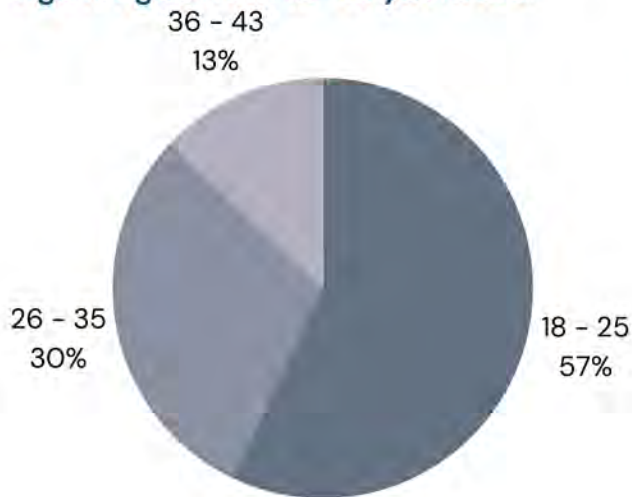
Once the data were collected, WYSAC used the software program QDA Miner Lite to organize, code, and analyze the data. WYSAC used an open-coding reflexive process to allow the themes to emerge organically from the data.

Participants

Thirty-Six people participated in the focus groups, and 23 provided optional demographic information through a QR code presented during the focus group linked to an online survey.

Age

Age ranged from 18–43 years old.



Race & Ethnicity

The majority identified as a race other than White.

- 43% White
- 39% Other
- 8% Native Hawaiian or Pacific Islander
- 4% Asian/White
- 4% American Indian, Alaska Native

57% identified as having Hispanic, Latino, or Spanish origin.

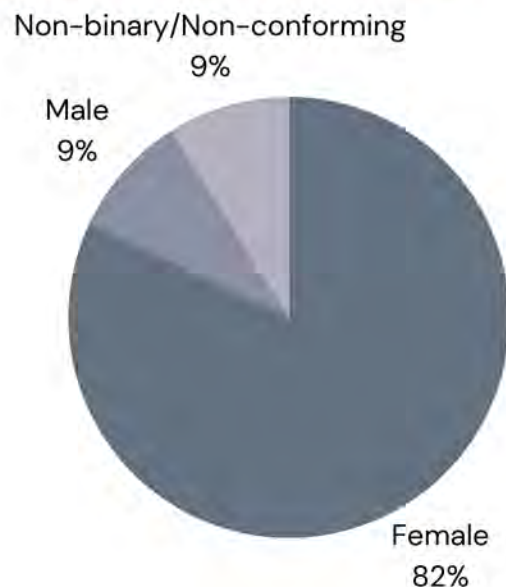
Location

Nineteen participants provided the town they live in.

- Madras (8)
- Culver (4)
- Bend (2)
- Redmond (2)
- Warm Springs
- Prineville
- Pilot Butte

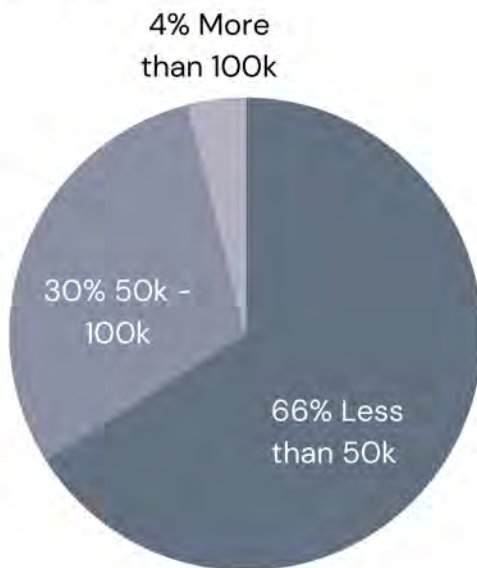
Gender

The majority identified as female.



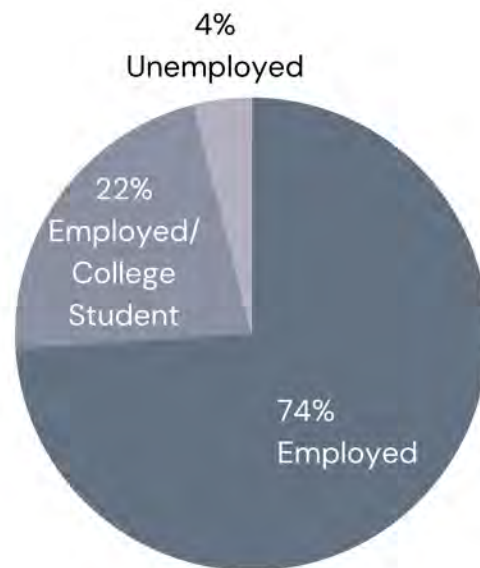
Income

The majority reported annual incomes under \$50,000.



Employment

The majority were employed.



Marital Status

The majority identified as single.



Warm Springs

38 people completed the survey in Warm Springs

Due to tribal sovereignty, specific data from the survey will not be shared separately in this report. The results have been aggregated with the data collected through the focus groups throughout the region.

Parental Status

30% reported raising a child.

Findings

When I say the words "Binge Drinking" what comes to mind?

Frequent, excessive drinking was seen as normal in the participant's communities. They shared that alcohol was available at most social events. The phrase binge drinking often brought to mind blacking out, needing medical care, drinking excessively for multiple days, and an inability to stop drinking.

Some participants recounted a definition of binge drinking similar to the description used in public health (3–5 drinks). Binge drinking was highlighted as a way some people de-stress, forget problems or cope with a fast-paced lifestyle.

"Binge drinking...for me has more of a negative connotation because I've always associated it with like three or more drinks in a sitting but like that's continuous like an everyday thing."

"I feel like when people use the term binge drinking it usually means like 'lets drink to get drunk'."

"Drinking in excess in my mind, I think generally to the point of blackout or lose motor function."

"I was very surprised ... how few drinks constituted binge drinking."

The most common and striking discussion regarding the definition of binge drinking was that the vast majority of young adults do not define binge drinking in the same way as the medical definition of 4 to 5 drinks in one sitting. The more common definitions centered on drinking excessively for multiple days, blacking out, and needing medical attention. Participants offered examples of how "binge" describes other behaviors, like binge-eating or binge-watching television, and that it carries a negative connotation.

When the formal definition for binge drinking was shared, the typical discussion in response was that if that definition is used, most young adults in Central Oregon are binge drinking and have no idea because consuming multiple beverages in one setting is part of nearly every activity across Central Oregon.

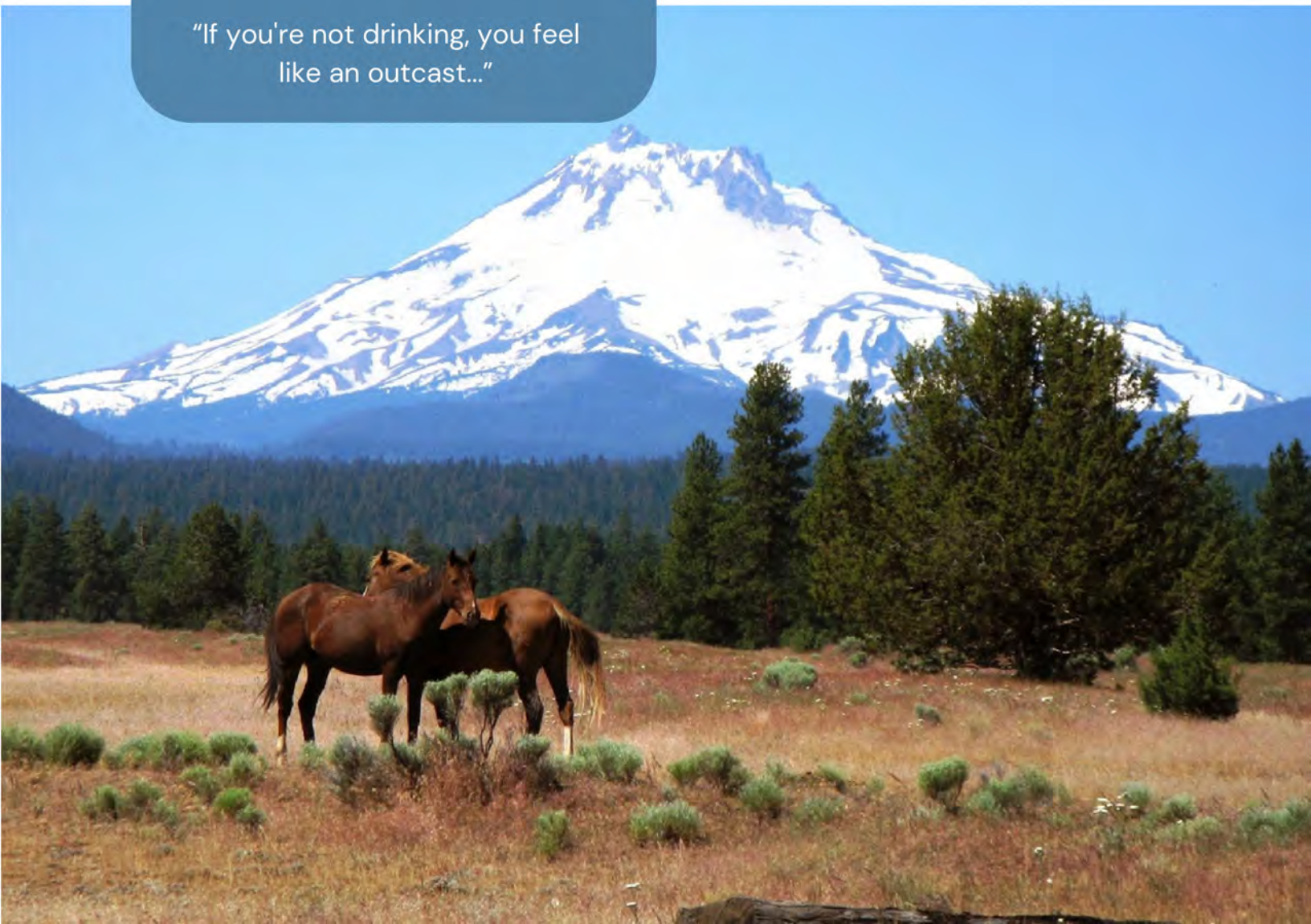
In your opinion, how big is the issue of binge drinking in your community?

The majority of responses indicated binge drinking was a big problem in their community, with more noting that it is a big issue that few seem to care about. Some participants said binge drinking was slowly becoming a bigger problem than it had been in the past. Only a few participants indicated that binge drinking was not an issue they saw in their community.

Factors contributing to the issue were increased access to alcohol over time, more alcohol venues, and alcohol being available in a wider variety of places. In addition, some responses noted social influence regarding alcohol promotion. Other responses included Alcoholics Anonymous not being as helpful or effective as it used to be, alcohol tasting better now, the decrease in restrictions around drinking, and the impact of COVID-19 (isolation, mental health).

"In my community, it's big. It's the way to cope."

"If you're not drinking, you feel like an outcast..."



What are the things in your community that might make someone less likely to binge drink?

"More access to mental health services because I feel like depression was one of the leading causes."

Most participants commented on the personal or individual nature of this question. For instance, having a support system and healthy behaviors (good social circle, family, involvement in school, and extracurricular activities) helps to support healthy habits. Additionally, finding work/life balance, personal beliefs, individual responsibilities, self-care, and cultural and spiritual values would make someone less likely to binge drink. Finally, environmental factors that would decrease binge drinking were current policies like law enforcement being engaged with the public, access to mental health services, availability of alcohol-free events, and prevention.

What are the things in your community that might make someone more likely to binge drink?

Participants regarded the social culture in Central Oregon as being highly influential on binge drinking. Responses pointed to alcohol accessibility, the growing mental and emotional health problems, and how alcohol is used to cope with those problems, particularly stress and depression. Other responses included loss of connection with family, social pressure, historical trauma, poor enforcement at bars, lack of access to mental health services, and living in a small town with nothing else to do. In addition, the impact of the loss of connection with culture and negatively modeled behavior was seen to play a role in binge drinking.

Participants also discussed how the local alcohol industry makes people more likely to binge drink. The dominant perception was that major changes had happened during the past 10 to 15 years. For example, there may have only been one or two breweries when they were growing up, and now there are many breweries where everyone goes to socialize. There are also now many different places you can access alcohol. Examples included the salon or barber shop, the grocery store with regular wine-tasting events, workplace beverage fridges stocked with alcohol, and a store downtown that only offered beer; no non-alcoholic drinks were available. These were all regarded as community factors that make a person more likely to binge drink.

"I feel like Central Oregon is trying so hard to blend family activities with drinking. I think it's weird. Maybe it's because we don't have kids. So maybe I'm being biased. But I think it is so weird to be like load up the kids. Let's go down to a brewery."

What are some of the ways your community could reduce these contributing factors?

Participants suggested many ways they felt the community could reduce the factors contributing to binge drinking. To raise awareness, participants suggested activities like DUI impact crash demonstrations, education about alcohol use and the potential consequences, and leveraging social media to deliver messages.

Accessible healthy activities in the community were seen as necessary. Ideas from participants were more positive evening activities for youth, young adult sports teams, pool halls in rural areas, and coffee shops that are open later hours to provide a safe space for youth to socialize without alcohol. Other suggestions included offering classes and workshops on life skills, arts and crafts classes, compassion exhaustion training that teaches stress management, self-care, and healthy coping habits, and continuing to provide prevention programming to youth under 18.

Several people spoke about the need for greater support for sobriety in the community. Including alternatives like sober bars and 'mocktails,' having community events where alcohol is not permitted, and alternative groups to Alcoholics Anonymous.

Possible policy changes discussed were decreasing access to alcohol, providing non-alcoholic options or food at social events, increasing the price of alcohol, and decreasing the number of places selling alcohol. Similarly, participants talked about enhancing existing structures like training bartenders better (checking ID, over-service, etc.), enforcing existing laws regarding alcohol, increasing affordable and accessible mental health services, and putting more money into the community in general.

Participants felt that promoting healthy individual behaviors would also decrease binge drinking. Examples included positive friends, a healthy lifestyle, a support system, connection to culture, family values, staying close to children, religion, and spirituality.

"I think awareness is really important. And more events that aren't centered around alcohol."

"We're hosting our Latino fest. So that's something that is for all ages, and we're prohibiting the use of alcohol on campus. So that's something that might work."

Strategy Selection

One of the project goals is to point the way toward effective strategies to prevent binge drinking among 18–34-year-olds in Central Oregon. Selecting effective strategies relies on understanding the problem's size and why it is happening, as discussed in the previous sections, and knowing how to choose effective prevention strategies.

Frameworks for Understanding Strategy Selection

Frameworks provide a road map for choosing strategies. WYSAC used the Center for Substance Abuse Prevention (CSAP) categories of prevention strategies, the causal model to guide prevention, and the strategic directions outlined by COHC in their regional health improvement plan (RHIP).

CSAP identifies six overall prevention strategies:

- Information Dissemination
- Education
- Environmental
- Community-Based Processes
- Problem Identification and Referral
- Alternatives

These strategies provide a comprehensive approach to community-wide prevention, though they do not assume an understanding of why people use and misuse substances.

The general causal model identifies seven broad risk factors for substance use:

- Retail Access
- Social Access
- Economic Availability
- Promotion
- Enforcement
- Cultural Norms
- Individual Factors

COHC strategic directions in the RHIP map closely with the CSAP strategies and the causal model.

- Expanding Prevention and Community Education
- Broadening Partnerships and Aligning Efforts
- Diversifying and Expanding Intervention and Treatment
- Accelerating Systems, Policy, and Environmental Change Cultural Norms
- Formalizing Diverse, Welcoming Approaches

Strategy Selection Continued



WYSAC developed a list of potential strategies that could be implemented in Central Oregon to address binge drinking among 18–34-year-olds.

Resources

- Community input via focus groups and surveys
- Brainstorming with the NAP
- Reviewing the literature for successful strategies
- Reviewing recommendations from the CDC
- SAMHSA's Evidence-Based Practices Resource Center
- WYSAC's Environmental Strategies Tool

Process

WYSAC facilitated discussions with the NAP to review nearly 100 ideas for potential strategies. A wide range of possible strategies encompassed all CSAP prevention strategies, addressed the broad risk factors, and fit within the COHC's strategic directions. In addition, the NAP considered all of the archival data, newly collected data, and literature reviews as they answered the four research questions:

- How big is the problem?
- Where is the problem?
- To whom is it happening?
- Why is it happening?

With careful consideration of the final research question, "Why is it happening" WYSAC led the NAP through a strategic prioritization process to determine which strategies would have the most significant impact, be feasible to implement, and were likely to be well-received by the community.

Strategy Selection Continued; Why Young Adults Binge Drink in Central Oregon

The results from the data WYSAC used in this project show a handful of broad causes for young adult binge drinking. However, it must be noted that there is a stark difference between Warm Springs Reservation and other areas in Central Oregon when examining the causes of binge drinking and the potential solutions for addressing it. For example, the need to educate alcohol servers in Bend is not relevant to Warm Springs, a dry reservation.

Strong Culture of Drinking

Central Oregon, outside of Warm Springs, embraces and normalizes the use of alcohol everywhere, from community events to family gatherings. Beyond the presence of alcohol on nearly every occasion, the alcohol industry has become a central tourism component.

Lack of Enforcement

Numerous policies to reduce binge drinking are in place. Most of the CDC's recommendations already exist in Oregon. However, enforcement of these policies varies and thus does their effectiveness.

Education

There is a lack of understanding of the risks and dangers of excessive drinking. This is especially true among young adults who grow up without understanding how many drinks constitute binge drinking and think this behavior is normal and healthy.

Lack of Alternatives

Data also showed that alcohol consumption is ubiquitous at community events, and alternative activities rarely exist. This includes a lack of alternative non-alcoholic drinks. This was very different in Warm Springs, where alcohol is prohibited at activities and community events.

Individual Factors

Data showed that mental health, trauma, and other personal issues lead to binge drinking. This included historical trauma and a lack of connection to family and culture in Warm Springs.

Strategy Selection; Confederated Tribes of Warm Springs

While the consequences of binge drinking may be similar between 18–34-year-olds living in Warm Springs and the rest of Central Oregon, the causes, contributing factors, and solutions are starkly different. Some of the many differences are the unique history and culture of the three tribes living in Warm Springs. Historical and generational trauma, systematic oppression, and institutional racism impact every aspect of life on the reservation. In addition, the alcohol industry and its integration into tourism, community events, outdoor activities, and family events are not a factor in Warm Springs, which is a dry reservation. Therefore, this project's data and NAP discussions regarding limitations on alcohol licenses, sponsorship, and alcohol-centered events are irrelevant. Instead, tribal-specific data, interpretation, and conversations on strategies were had with the Confederated Tribes of Warm Springs to begin to address the issue.

WYSAC met with the Prevention Department and leadership from the Health and Welfare Committee and Health and Human Services to directly ask for their direction as to what strategies will have the most impact on the causes and problems of binge drinking in Warm Springs.

Survey participants prioritized the following strategies:

- Classes/Workshops on Life Skills
- Arts and Crafts Classes
- Young Adult Sports Teams
- Historical Trauma Workshops
- Peer-to-Peer Crisis Line/Mental Health
- Compassion Exhaustion Training (stress management, self-care, healthy coping habits)
- Focus Prevention Efforts on Younger Ages (under 18)

Leadership from the Confederated Tribes of Warm Springs provided the following application of these potential strategies:

- Classes and Workshops on Life Skills
 - Integrate classes into the recreational center with additional funding to support incentives and transportation.
- Arts and Crafts Classes
 - Utilize the new cafeteria to bring together older adults and young adults to learn hunting, cleaning, tanning for drum making, and canning.
- Develop an intergenerational program for young adults to participate and act as coaches and trainers for youth in sports teams and stress management and self-care with additional funding.
- Peer-to-Peer Crisis Line and Mental Health
 - Potentially explore through mental health expansion efforts
- Focus Prevention Efforts on Younger Ages (under 18)
 - Continue this significant focus on behavioral health services

Strategy Recommendations

WYSAC's strategy recommendations, developed with the NAP, used the COCH strategic directions framework to point the way to action. The prevention strategies outlined are meant to impact the overall culture in Central Oregon to address binge drinking, leading to improved outcomes.

Expanding Prevention and Community Education

***Educate the Public *Reduce Risk * Expand Early Detection *Strengthen Prevention in Schools**

- Develop a culturally-relevant media campaign specific to Central Oregon that educates the public and key stakeholders on the dangers of young adult binge drinking. This would be a multi-faceted approach to include social media, podcasts, community forums, films, panels, printed media, and other forms of information dissemination. Messaging would align with all other prevention efforts, like posted signs at community events or education of elected officials.
- Consider a second but related media campaign using "social norming" to counter the normalization of binge drinking culture with facts about the behavior of most young adults in Central Oregon that considers the general versus clinical definition.

Broadening Partnerships and Aligning Efforts

***Partner with the Food and Beverage Industry *Align Efforts * Partner for Data**

- Mobilize new partners in the young adult binge drinking prevention effort. This would include the food and beverage industry, law enforcement, elected officials, medical providers, mental health providers, tourism, the sober and recovery communities, and other partners actively implementing unique approaches that can help to implement recommended strategies.

Strategy Recommendations Continued

Diversifying and Expanding Intervention & Treatment

***Collaborate with the Judicial System *Develop Workforce *Diversify Treatment Options**

- Invest in expanding Screening, Brief Intervention, and Referral to Treatment (SBIRT) services across Central Oregon by empowering medical providers to educate patients. Leverage existing efforts being implemented by local clinics, like the ANTECEDENT project, a nationally-funded project that addresses unhealthy alcohol use in primary care in the Pacific Northwest.
- Expand access to mental health services, promote health and wellness, and de-stigmatize help-seeking across the region using telehealth and other methods identified by consumers.
- Provide trauma-informed care, historical trauma, and cultural humility training at a clinical and organizational level to providers across the region.

Accelerating Systems, Policy, and Environmental Change

***Advocate for Systems and Policy Change *Invest in Social Determinants of Health**

- Establish a Community Action Group to inventory the current policies and enforcement of alcohol at community events, retail outlets, restaurants, and other venues to understand gaps in policy and enforcement.
- Strengthen the enforcement of current laws and regulations.
- Pursue new policies to fill gaps identified in the inventory of current policies, including new approaches like restricting alcohol sponsorships and limitations on licenses at locations that aren't bars or restaurants.

Strategy Recommendations Continued

Formalizing Diverse, Welcoming Approaches

*Develop Welcoming Approaches

- Engage existing providers to develop safe spaces for sober community-building, where alternative events can be held for specific at-risk communities.
- Work with large community events to implement a Community Alcohol Event Toolkit that provides things like wristbands, ID checking, or signage utilizing media campaign materials.
- Incentivize large community events to provide alternatives to alcohol, like "mocktails," free water, and other non-alcoholic drinks and food.
- Engage stakeholders to develop a large and well-publicized alcohol-free event for young adults, offer sports for young adults in rural areas, and other opportunities to connect with family and culture.
- Proactively partner with the Confederated Tribes of Warm Springs by extending regular invitations to collaborate and identify needs and strategic directions before initiating projects impacting the tribes.



Strategy Recommendations Continued

We recommend starting this process in four specific areas.



Develop or modify a culturally responsive media and education campaign (i.e., Rethink the Drink) to help recruit new stakeholders and raise community awareness of young adult binge drinking.



Engage partners in a Community Action Group to inventory current policies and practices across Central Oregon to identify gaps in enforcement and policy.



Develop an alcohol-free event and safe spaces as alternatives to the dominant culture of providing alcohol at community and family gatherings.



Work with regional providers to expand SBIRT (i.e., ANTECEDENT) and trauma-informed care. Improve access to mental health and other services.

Conclusion

Central Oregon includes Crook, Deschutes, Jefferson, and Northern Klamath and borders the Confederated Tribes of Warm Springs. The area saw significant population growth in recent years. Additionally, the alcohol industry expanded and became a central component of economics, tourism, and employment. Considering these factors, it isn't shocking that Central Oregon also boasted the highest rates of binge drinking in the state. Most notable were the rates of binge drinking among 18–34-year-olds.

As a result, the Regional Health Assessment of 2019 prioritized reducing binge drinking among this population from 37% to 25%. The RHIP Substance and Alcohol Workgroup set out to tackle this critical issue and found severe limitations in available data. Therefore, they contracted with WYSAC researchers to determine why, where, and to whom binge drinking affects and to identify potential strategies for moving forward.

After collecting and analyzing available archival data, the NAP, in partnership with WYSAC researchers, determined that while there were slight distinctions between counties in the region, the impact of binge drinking was consistent throughout.

For example, although arrests were small, Crook County had the highest DUI and LLV arrest rates. Likewise, Crook County had the highest rate of alcohol-related driving deaths, though the number of deaths was highest in Deschutes County. Similarly, alcohol treatment rates were highest in Jefferson County, though Deschutes County had the largest number of people receiving alcohol treatment.

In terms of gender, men generally experienced more consequences of binge drinking, but due to small sample sizes in Crook and Jefferson Counties, comparison to women wasn't possible. Similarly, race and ethnicity data were not consistently available. However, the CDC found alcohol-related deaths ten times higher in Jefferson County across the lifespan.

Ultimately, limitations in available data led WYSAC to conduct original research with the target population. Findings highlighted that binge drinking impacted every age range, background, and gender. Participants stressed that alcohol was available everywhere and part of every activity to the extent that it was socially uncomfortable not to drink. They highlighted the need for mental health services, particularly following COVID. It was said that if individuals have health insurance, they face at least a six-month wait.

The NAP reviewed the archival data, literature review findings, and the results of the original research collected across the region. Partners reviewed the strategies offered by the prioritized population, successful strategies identified in other parts of the country, and recommendations from the CDC.

These strategic discussions identified the need to address the ever-expanding presence of alcohol in Crook, Deschutes, and Jefferson Counties by offering non-alcoholic beverages, community events without alcohol, promoting safe, sober spaces, and expanding mental health services. Within the Confederated Tribes of Warm Springs, the local alcohol industry was not the primary factor, as the community is a dry reservation. Instead, the focus was on promoting intergenerational connections that promote culture, relationships, and family. Like the rest of the region, they also needed increased access to and destigmatization of mental health services.

WYSAC aligned the strategy recommendations with the RHIP strategic directions framework. As a result, there are fourteen recommendations outlined within the five areas.

Recognizing that each community had differing levels of capacity, WYSAC provided four primary areas to begin implementing the process for change 1) media and education, 2) policy and enforcement, 3) alternative events, and 4) improved access to services.

Success with implementation will hinge upon intentional engagement with partners and the prioritized population. Tribal sovereignty must be honored. Formal tribal consultation with the Confederated Tribes of Warm Springs is essential before initiating the strategic planning efforts because different causes, approaches, and funding set-aside requirements must be considered. New partnerships need to be created with community organizations that already engage the prioritized population so that efforts are not duplicated but enhanced.

Strategies and approaches must be modified to suit the varied characteristics of the prioritized population. Eighteen-34-year-olds comprise multiple life stages. People may be married or single, with or without children, professionals, college students, and from many racial, ethnic, and cultural backgrounds.





Appendix A

Appendix A includes the data presented to and used by the NAP to answer questions and make decisions. Over the year, WYSAC used several different approaches to present this data.

Central Oregon Health Council, Binge Drinking Among 18-34-year-olds

A Data Compilation

Emily A. Grant, Ph.D.

Carisa Dwyer, M.Ed.

Rodney Wambeam, Ph.D.

ABOUT THIS REPORT

This publication was produced for the Central Oregon Health Council and any other information that is needed in terms of contractual relationships between WYSAC and client.

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How Big is the Problem?

Summary

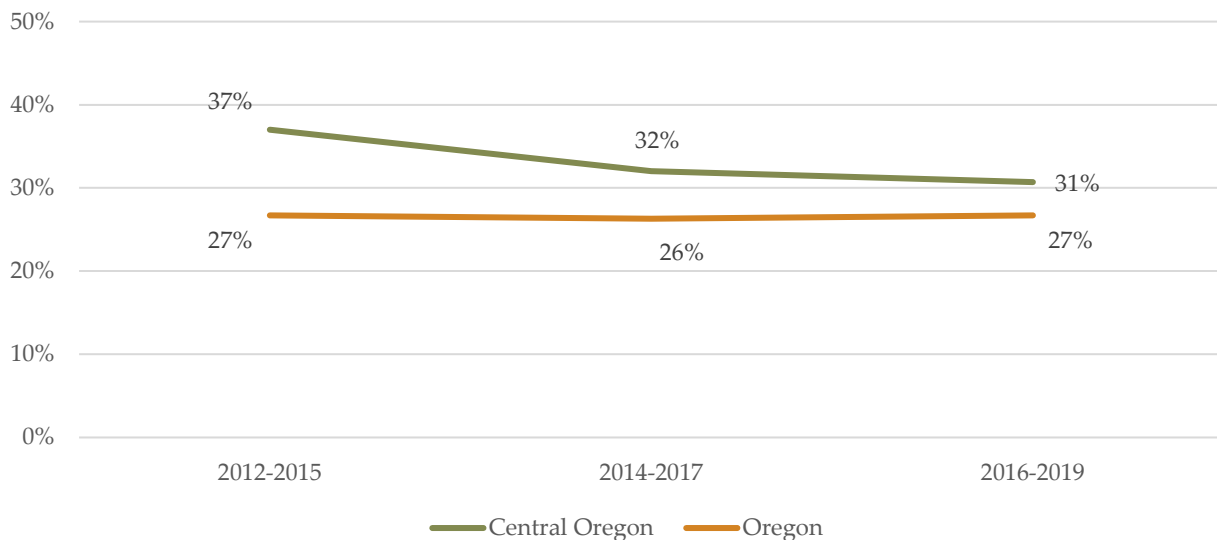
- What we know:
 - Roughly one out of three 18-34 -year-olds in Central Oregon binge drink every month
 - Adult binge drinking and 18-34 -year-old binge drinking is higher in Central Oregon than in the state of Oregon
 - Liquor law violation (LLV) arrests are so small that they do not provide much information on binge drinking or its consequences
- What we don't know:
 - Alcohol-related emergency department visits or treatment beyond Medicaid data

Binge Drinking

Binge drinking has decreased slightly among 18-34-year-olds in Central Oregon, but roughly one-third still binge drink each month. Binge drinking in Central Oregon remains higher than in the rest of the state (see Figure 1).

Figure 1

Past Month Binge Drinking 18-34-Year-Olds

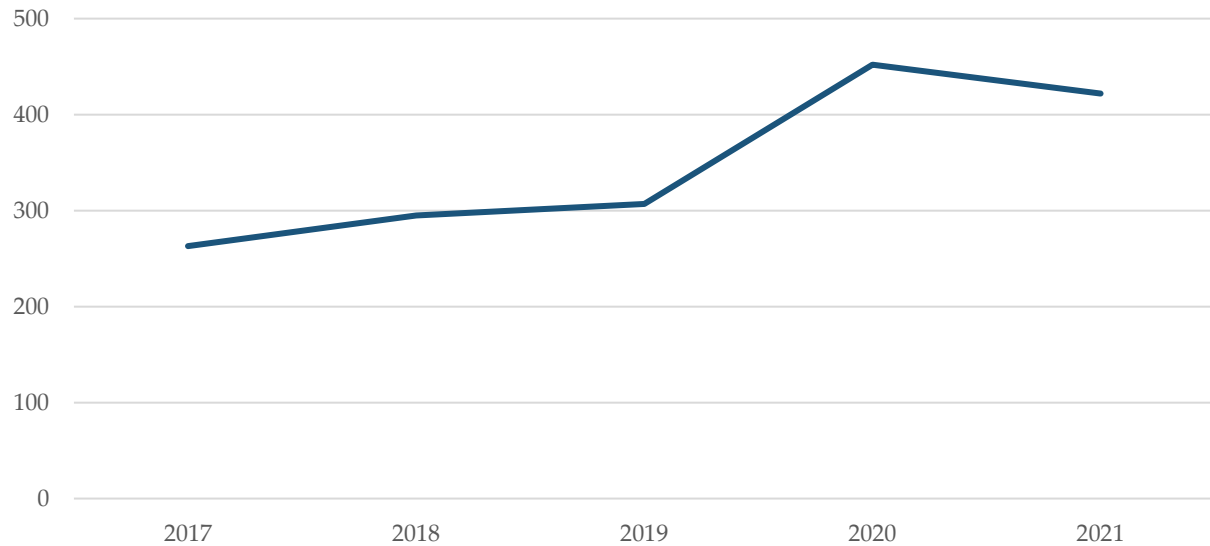


Source: Behavioral Risk Factor Surveillance System, Oregon

Alcohol-Related Substance Use Disorder (ASUD)

Figure 2

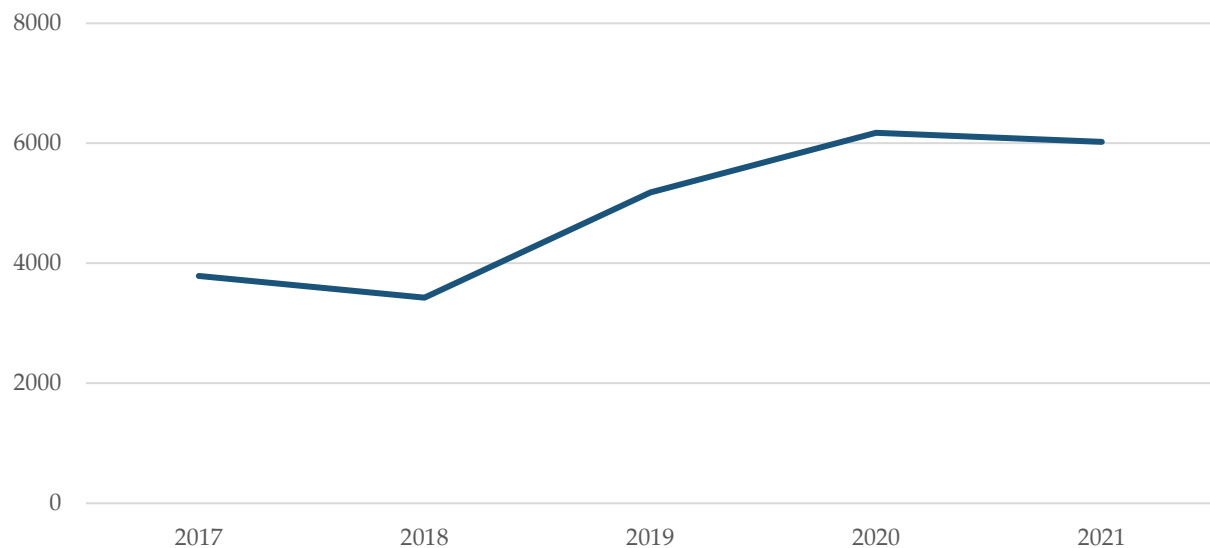
ASUD Claims among 18- 34-Year-Olds in Central Oregon



Source: PacificSource, Behavioral Health Analytics

Figure 3

Behavioral Health Visits with ASUD among 18-34-Year-Olds in Central Oregon



Source: PacificSource, Behavioral Health Analytics

Where is the Problem?

Summary

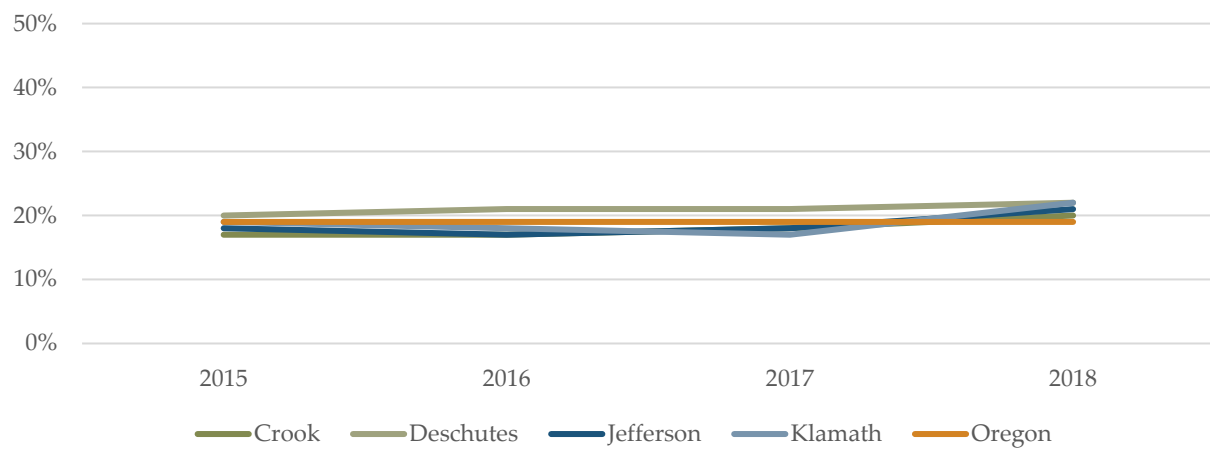
- Adult binge drinking is highest in Deschutes County and lowest in Crook County.
- Crook County has the highest driving under the influence of intoxicants (DUII) and liquor law violation (LLV) arrest rates.
- Central Oregon has slightly higher DUII and LLV arrest rates than the state.
- While Central Oregon has slightly higher alcohol-related death rates than the state, they are very small and likely reflect an older population than 18-34 -year-olds.
- Central Oregon has higher alcohol-related driving deaths than the state. Most are in Deschutes, but rates are highest in Crook.
- Alcohol-related ED visit rates are about the same in each county.
- Jefferson County has high rates of motor vehicle deaths.
- Alcohol treatment rates are highest in Jefferson County, with Deschutes County having by far the largest raw number.
- Crook County has the highest rate of DUII arrests, LLV arrests, and motor vehicle deaths; however, Deschutes has significantly higher raw numbers.
- Increase in both behavioral health visits with ASUD and number of members with alcohol-related ASUD among 18-34-year-olds in Central Oregon within PacificSource.
- What we don't know:
 - The context for alcohol-related arrests in Central Oregon
 - 18-34-year-old binge drinking for every county in Central Oregon
 - Binge drinking and consequences in Warm Springs (but we are working on it)
 - Alcohol-related crashes that cause property, injury, and death by county
 - Why are there higher rates of arrests and crash deaths in Crook County and higher rates of ASUD treatment and crash deaths in Jefferson County

Binge Drinking

While relatively similar, binge drinking for all adults is highest in Deschutes County and lowest in Crook County. Other Central Oregon Counties are on the rise, and binge drinking in Central Oregon is higher than the state's average (see Figure 4).

Figure 4

Past Month Binge Drinking 18 Years and Older, by County



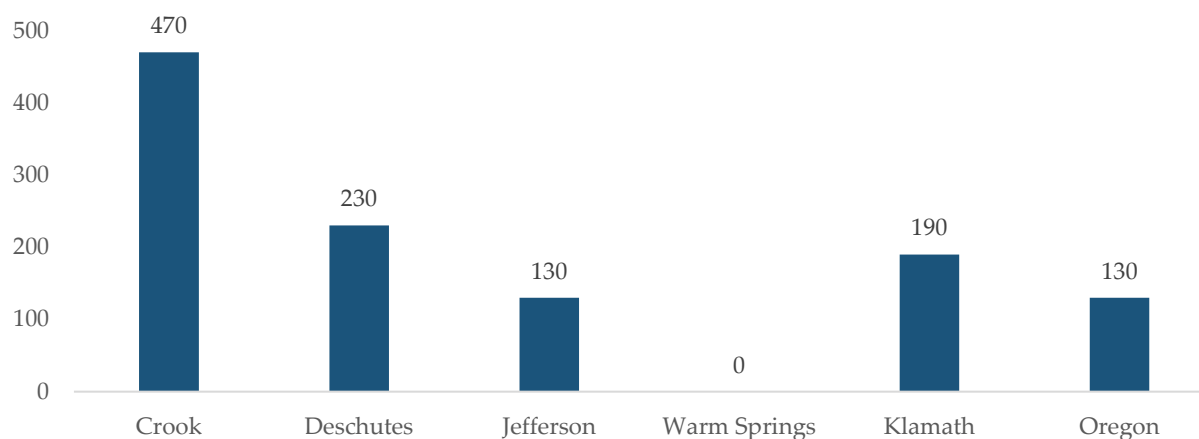
Source: Behavioral Risk Factor Surveillance System (BRFSS)

DUII and LLV Arrests

DUII arrest rates are highest in Crook County and higher, in general, in Central Oregon than in the state (see Figure 5).

Figure 5

DUII Arrests for those 34 Years and Younger



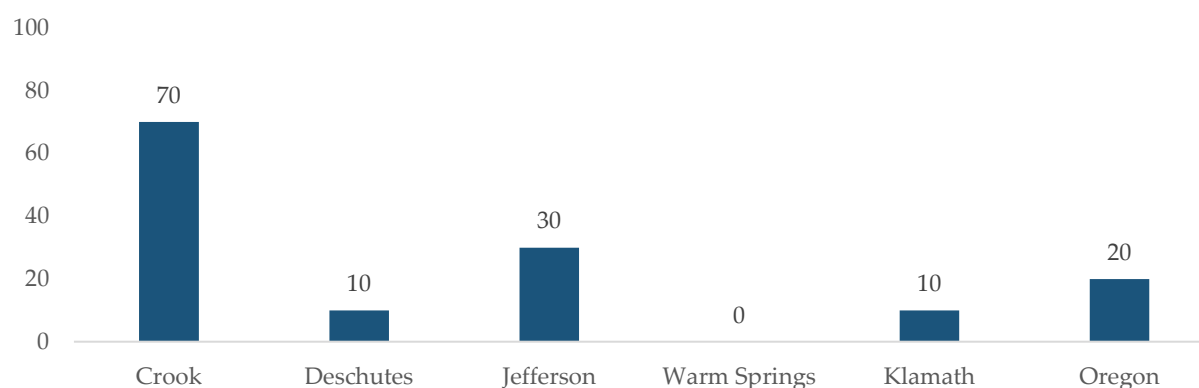
Note: Calculated per 10,000 people 34 years and younger by County

Source: Uniform Crime Reports

LLV arrests are the highest in Crook County. Rates in other counties are similar to state rates. However, LLV arrest numbers are very small and do not fully reflect the consequences of binge drinking.

Figure 6

LLV Arrests for those 34 Years and Younger



Note: Calculated per 10,000 people 34 years and younger by County

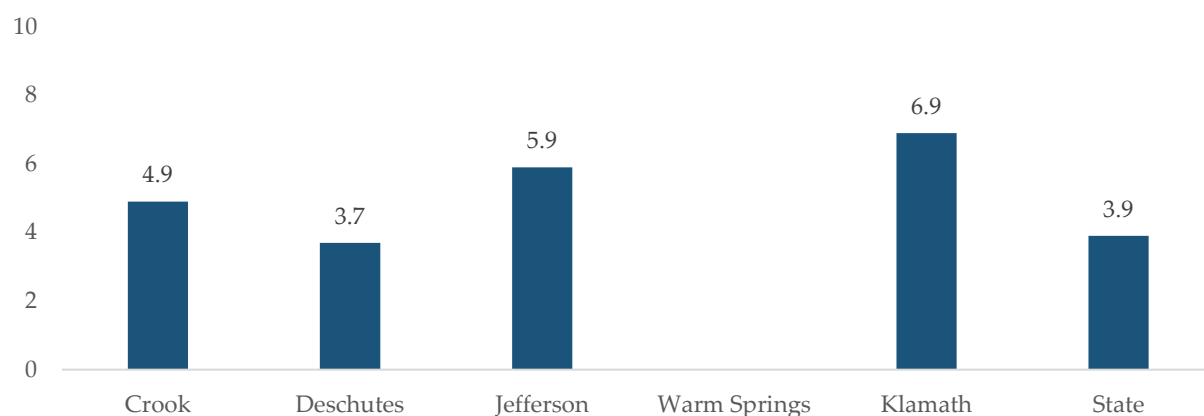
Source: Uniform Crime Reports

Alcohol-Related Deaths

Alcohol-related death rates are very small and reflect an older population than 18- to 34-year-olds. The rate in Central Oregon is higher than in the state.

Figure 7

Alcohol-Related Deaths per 10,000 People, by County: 2014-2017

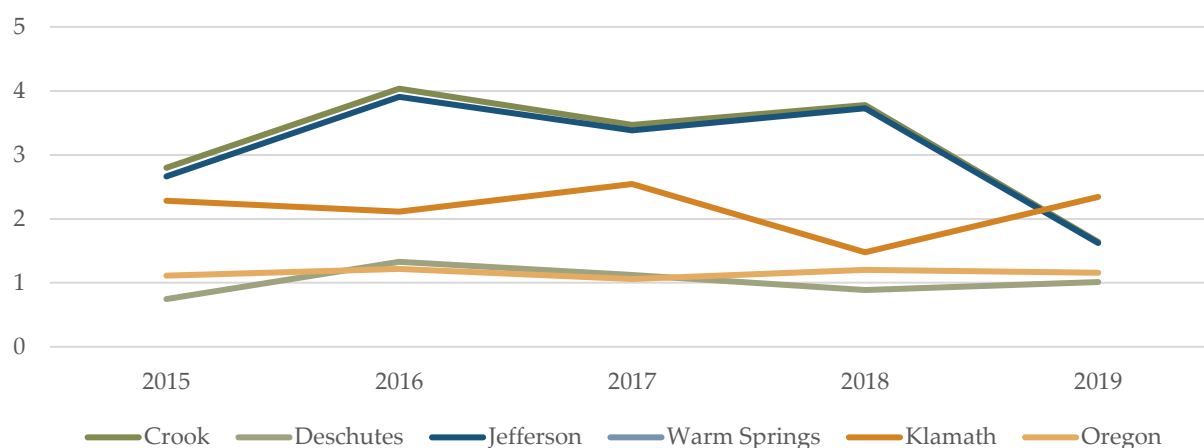


Source: Oregon Vital Statistics

Alcohol-related driving deaths are highest in Crook and Jefferson Counties, and they are much higher in Central Oregon than in the state. Between 2015 and 2019, 43% of Central Oregon alcohol-related driving deaths were in Deschutes County, and 32% were in Klamath County.

Figure 8

Motor Vehicle Crash Deaths

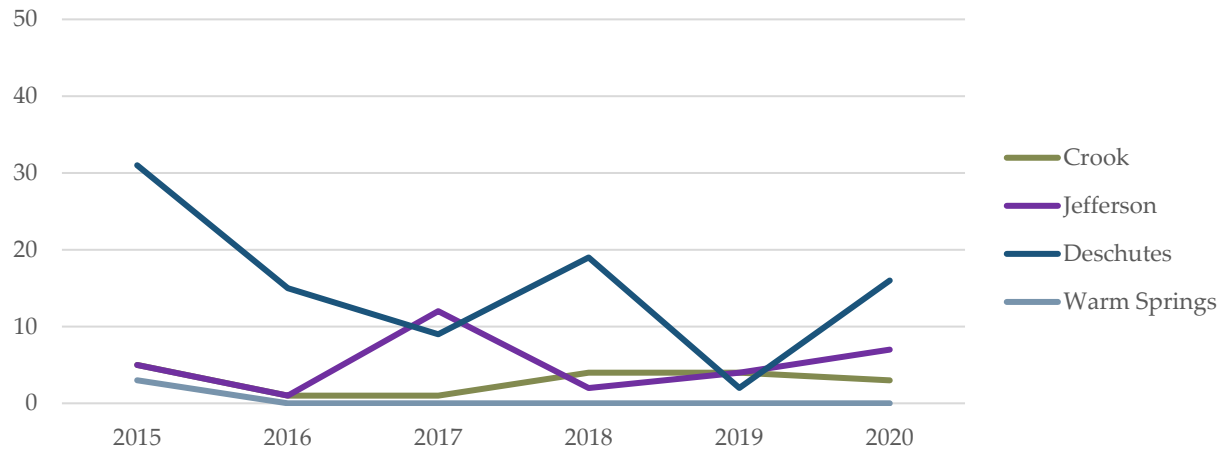


Note: Alcohol-related driving deaths per 10,000 people by county

Source: Fatality Analysis Reporting System (FARS)

Figure 9

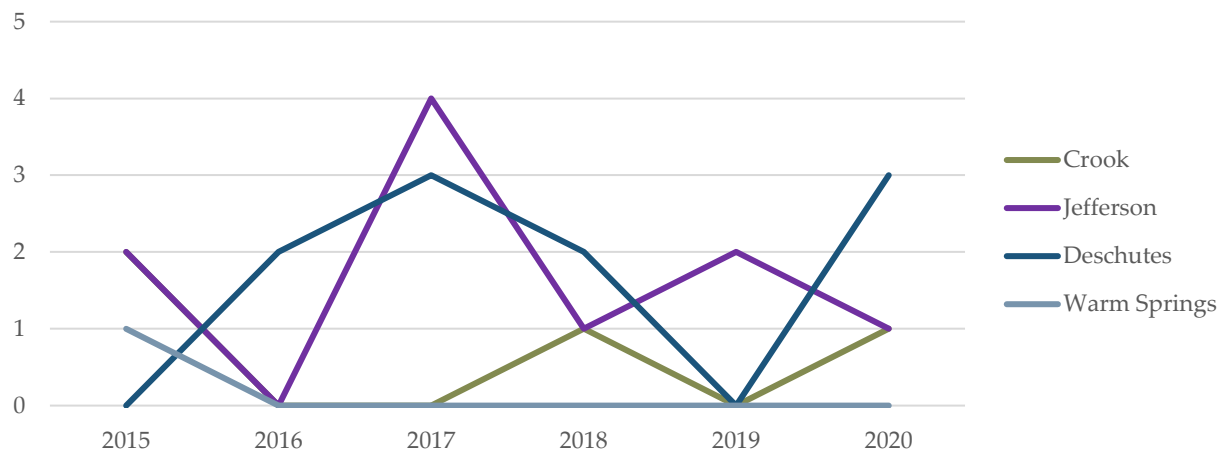
All Crashes Involving Alcohol



Source: Oregon Department of Transportation (ODOT)

Figure 10

Fatal Crashes Involving Alcohol



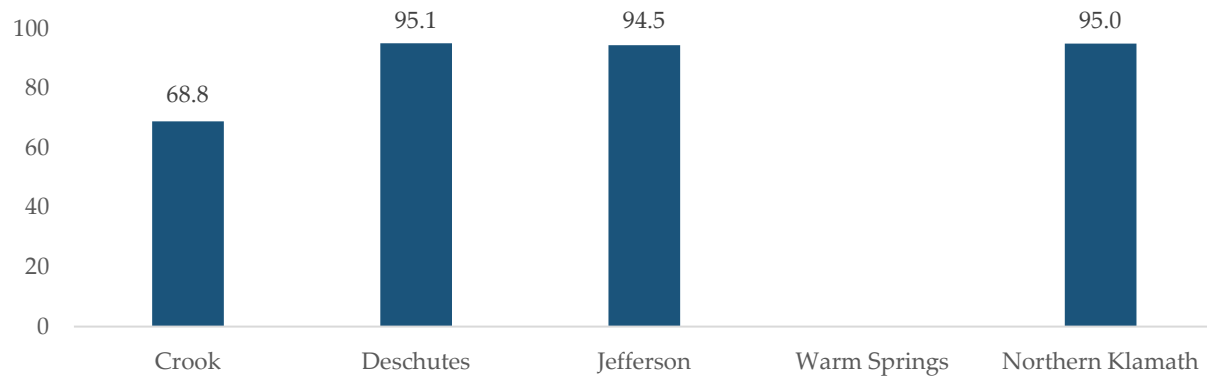
Source: ODOT

Hospital Discharges (ED) by County

For Medicaid data, Crook County has the lowest rate of ED relative to the entire population. Deschutes has the highest raw number of ED at 1,032 people over the five-year span.

Figure 11

Alcohol-Related Emergency Department Visits for 18-34-year-olds per 10,000 People, by County



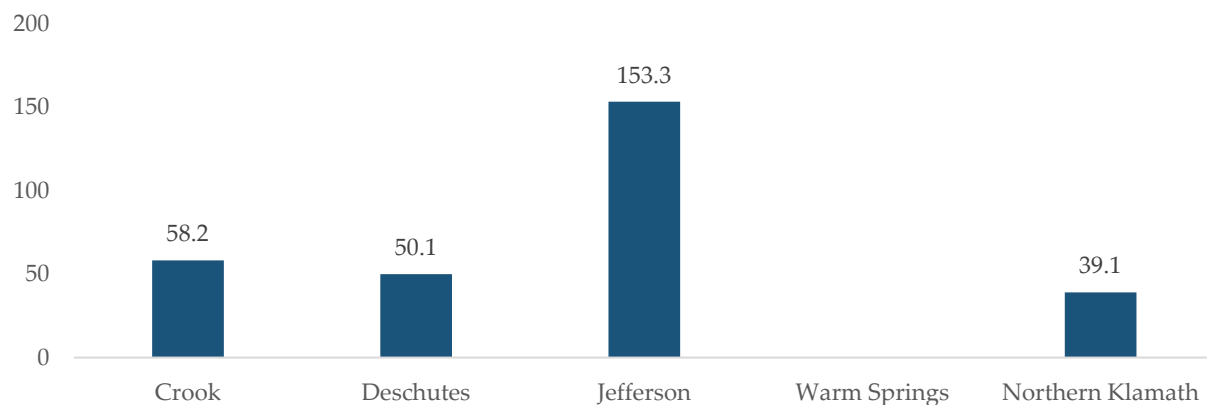
Source: Oregon Medicaid Management Information System (MMIS), 2016-2020

Alcohol-Related Treatment, by County

For Medicaid data, Jefferson County has the highest rate of treatment for alcohol. Deschutes County has the highest raw number of people being treated for alcohol at 990 over the five-year span.

Figure 12

Alcohol Treatment for 18-34-year-olds per 10,000 People, by County



Source: MMIS, 2016-2020

Who is Affected?

Summary

- What we know about...
 - Gender
 - Adult males in Central Oregon binge drink at higher rates than adult females.
 - Males are arrested for DUII and LLV at roughly double the rates of women.
 - Males receive treatment at higher rates than females.
 - Males experience a higher rate of consumption and consequences related to alcohol and binge drinking than females in Central Oregon.
 - Alcohol-related ED visit rates are slightly higher for males than females.
 - Race
 - Native people in Jefferson County had an alcohol-related death rate ten times that of White people.
 - It appears that race and ethnicity rates for hospital and treatment data are similar to demographics for Central Oregon because a large number of unknowns makes generalization difficult. However, when comparing HNA to Non-HNA among 18-34-year-olds, there are differences at a county level, specifically within Jefferson County.
 - Disproportionate figures for alcohol-related ED visits and alcohol treatment for those identifying as Heritage Native American in all counties, but substantially higher in Jefferson County.
- What we don't know:
 - Why there are more consequences for males
 - Binge drinking for females in most counties
 - 18-34-year-old Binge drinking in Central Oregon by specific demographics like race, ethnicity, sexual orientation, gender identity, and smaller age groups
 - Arrests rates in Central Oregon by specific demographics like race, ethnicity, sexual orientation, gender identity, and smaller age groups
 - Accurate and generalizable breakdowns by specific demographics like race, ethnicity, sexual orientation, gender identity, and smaller age groups

“Disproportionate” — What Does it Mean?

Situation or condition in which the percentage of individuals from a specific population group, such as a cultural or ethnic minority, is smaller or larger than the percentage of group members in the total population.

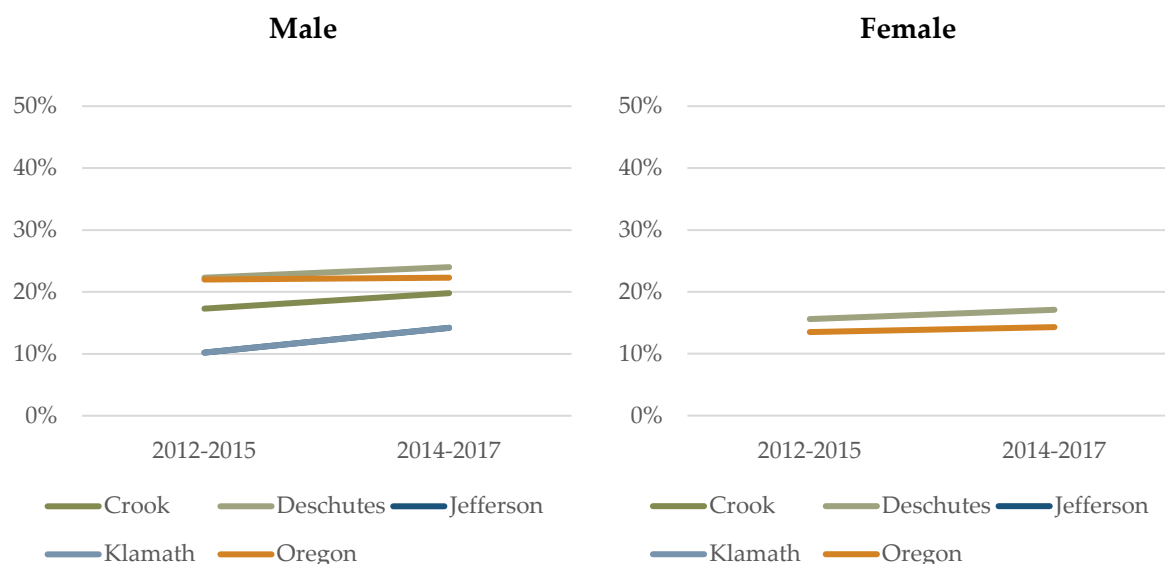
Gender Breakdown

BINGE DRINKING, BY GENDER

Binge drinking among all adults is slightly higher for males than females, and males in Deschutes County binge drink at higher rates (see Figure 13). Overall, adult males in Central Oregon binge drink at higher rates than adult females.

Figure 13

Past Month Binge Drinking 18 Years and Older, by County and Sex



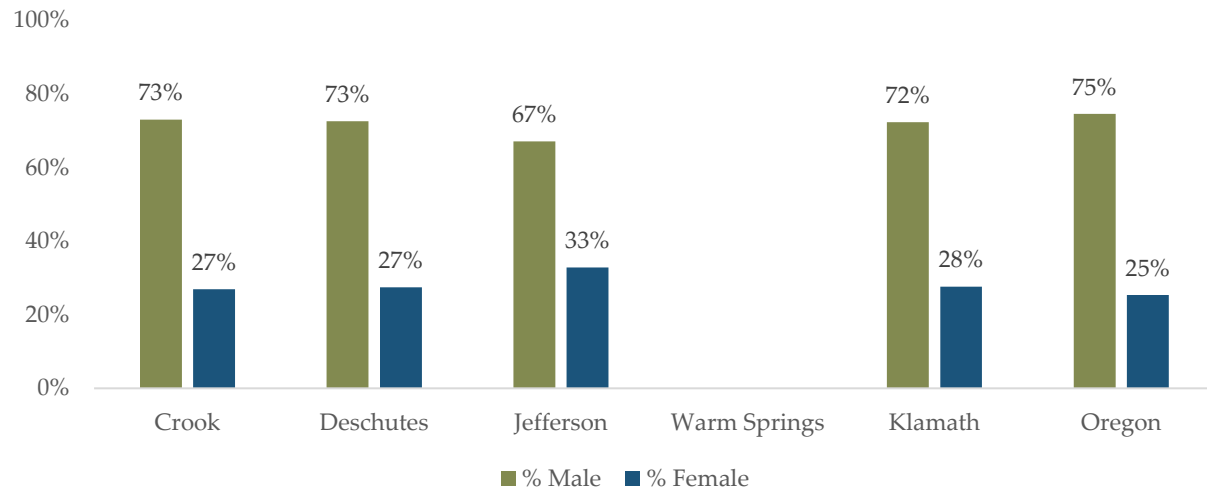
Source: BRFSS

DUI AND LLV ARRESTS BY GENDER

Males are arrested for DUI at double the rates for females in every county and in the state.

Figure 14

Percent of DUI Arrests for those 34 Years and Younger by Gender

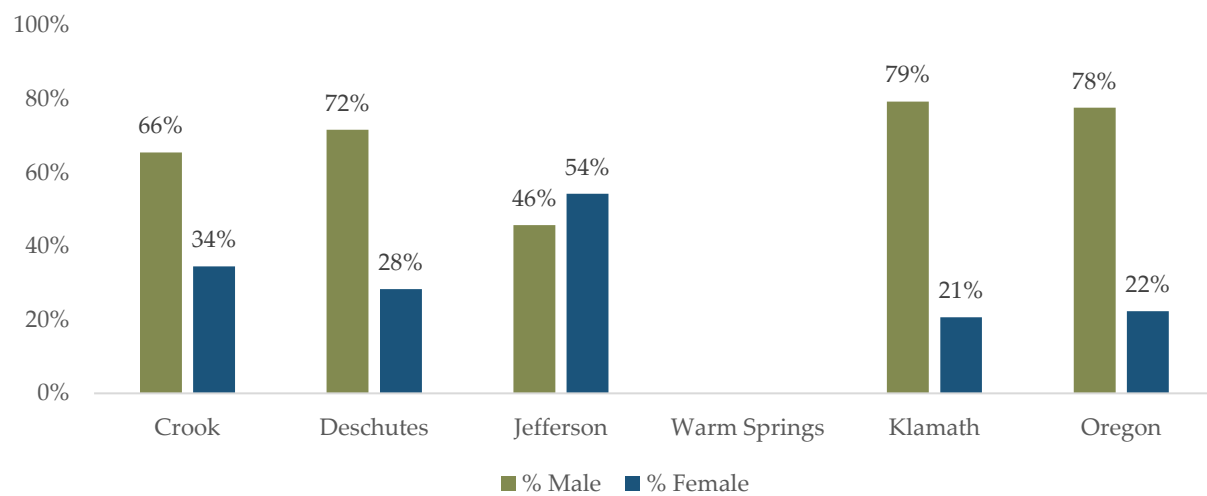


Source: UCR

LLV arrests are higher among males than females. Again, the numbers are very small and do not fully reflect the consequences of binge drinking.

Figure 15

Percent of LLV Arrests for those 34 Years and Younger by Gender



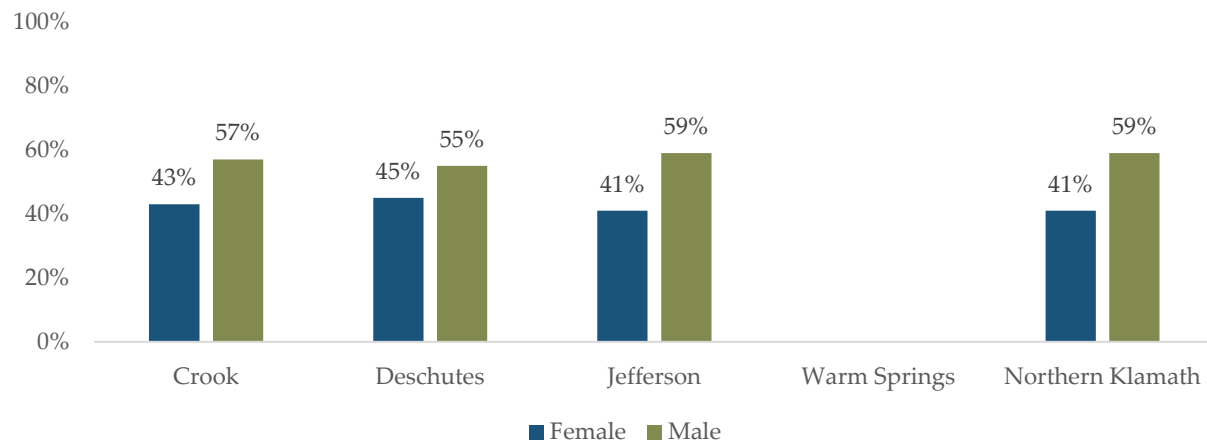
Source: UCR

HOSPITAL DISCHARGES BY GENDER

Males have slightly higher raw numbers of ED based on Medicaid data (see Figure 16), but the difference here is not as big as for crime or binge drinking.

Figure 16

Alcohol-Related Emergency Department Visits for 18-34-Year-Olds, by Gender



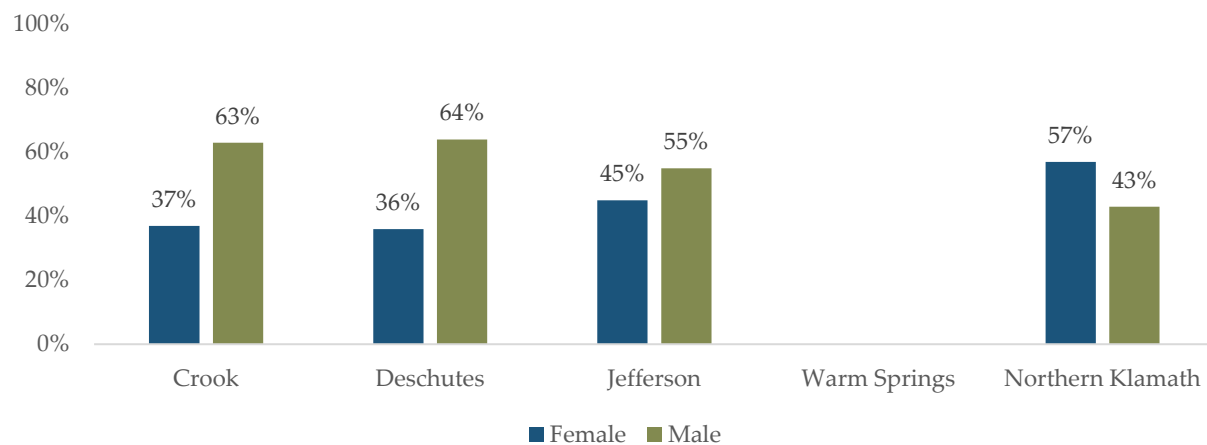
Source: MMIS, 2016-2020

ALCOHOL-RELATED TREATMENT BY GENDER

Males have slightly higher raw numbers of treatment for alcohol based on Medicaid data, and the difference is more pronounced in Deschutes County (see Figure 17).

Figure 17

Alcohol Treatment for 18-34-Year-Olds, by Gender

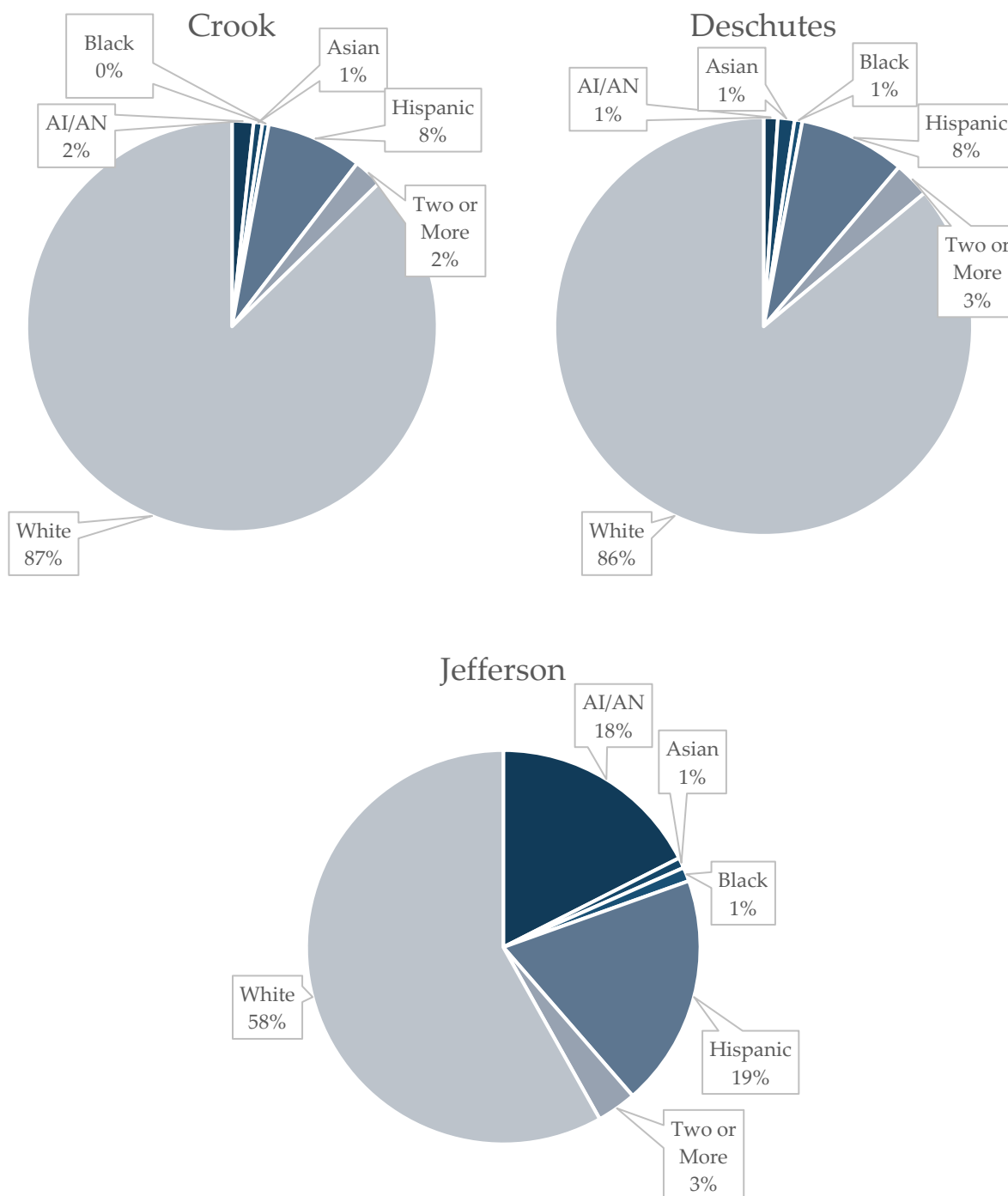


Source: MMIS, 2016-2020

Race and Ethnicity Breakdown

Figure 18

Racial and Ethnic Breakdown by County

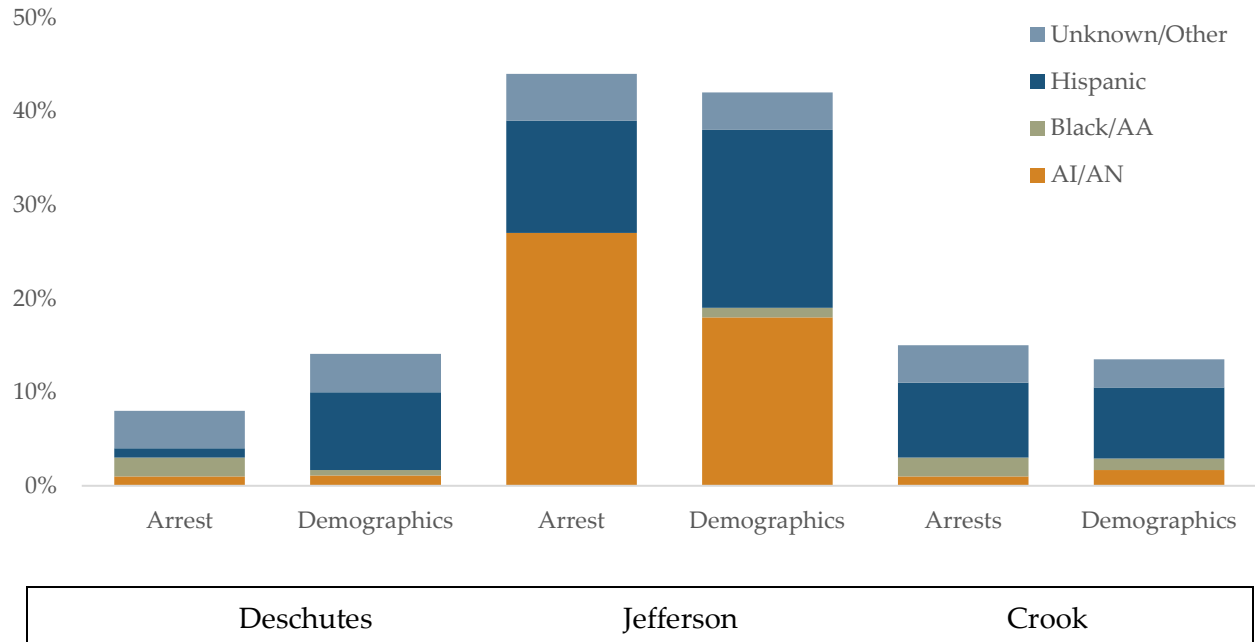


Source: U.S. Census Bureau

DUII AND LLV ARRESTS BY RACE

Figure 19

Racially Disproportionate DUII Arrests



Source: Oregon State Police, Oregon Uniform Crime Data Dashboard, 1/1/2020-1/1/2021

DUII arrests in Oregon are racially disproportionate. About 86% of all people arrested for DUII in Central Oregon are White, 5% are Hispanic, and 4% are American Indian/Native Alaskan.

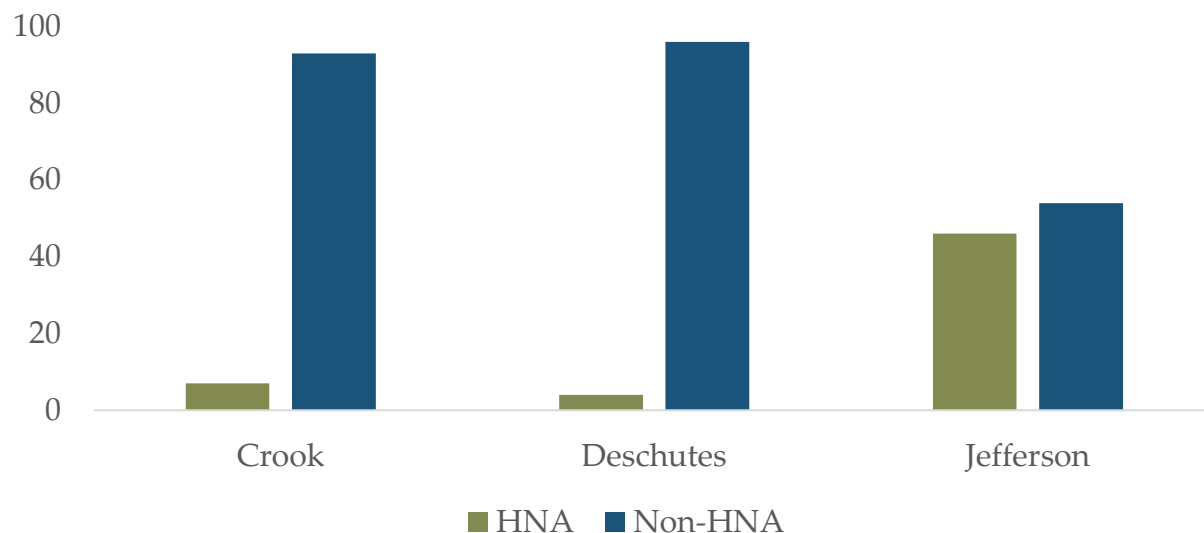
- In Deschutes County, 1% of DUII arrests were Hispanic versus representing 8% of the population; this result is statistically significant ($p < .05$).
- In Jefferson County, 27% of DUII arrests were AI/AN versus representing 18% of the population, and 18% of DUII arrests were Hispanic versus representing 21% of the population (neither of these results are statistically significant at a 5% significance level).

About 75% of all people arrested for LLV in Central Oregon are White, 6% are Hispanic, and 9% are American Indian/Native Alaskan.

HOSPITAL DISCHARGES BY RACE

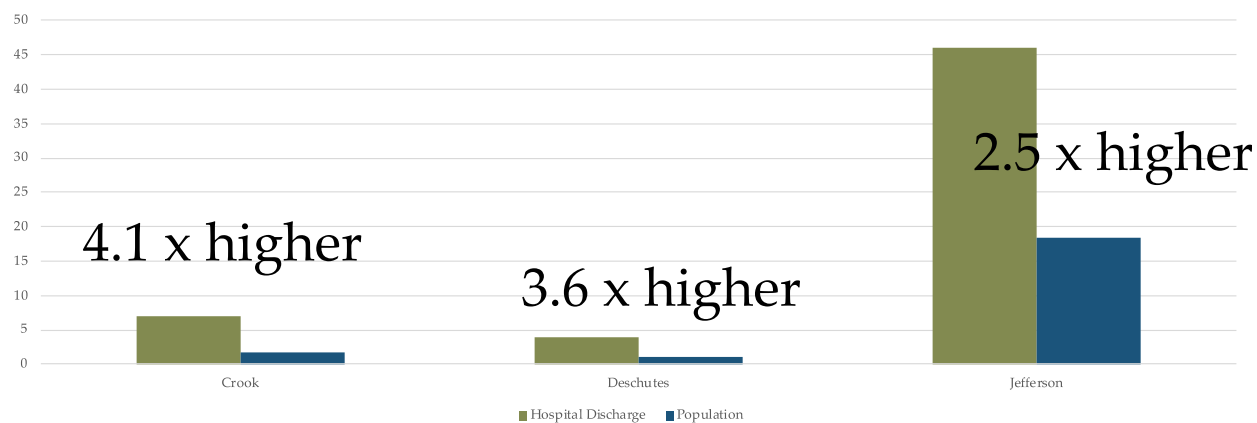
Based on Medicaid data for 2016-2020, about 54% of emergency room discharges were White, 6% were AI/AN, 3% were Hispanic, and about 40% were of unknown race and ethnicity.

Generally, ED data reflects the race and ethnicity of Central Oregon. However, when examining the differences between the “Heritage Native American” (HNA) vs. Non-HNA self-identification, there is a difference at a county level.

Figure 20*Hospital Discharge by HNA vs. Non-HNA*

Note: Percent of 18-34-Year-Old Heritage Native American vs. Non-HNA

HNA have a disproportionate presence in hospitals for alcohol-related issues (see figure 21). This result is statistically significant ($p < .05$) in all three counties.

Figure 21

Source: Oregon Medicaid System, Oregon Health Analytics Team 2016-2020

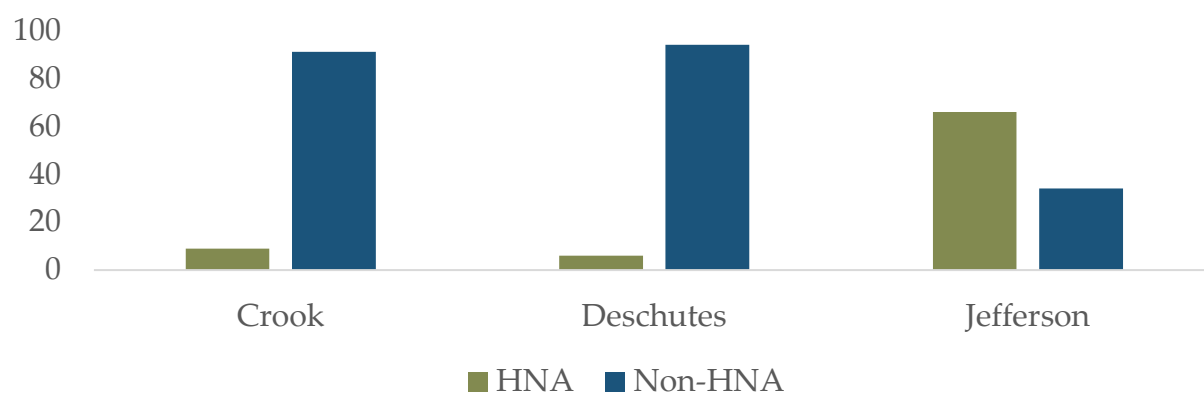
ALCOHOL-RELATED TREATMENT BY RACE

Based on Medicaid data for 2016-2020, 51.4% of those in alcohol treatment were White, and 41.7% were of unknown race and ethnicity. Based on Medicaid data for 2016-2020, 12.7% of those in alcohol treatment were American Indian/Alaskan Native, and 2.2% were Hispanic. Generally, treatment data reflect the race and ethnicity of Central Oregon.

Additionally, HNA have a disproportionate presence treatment for alcohol use (see figures 22 and 23). This result is statistically significant ($p < .05$) in all three counties.

Figure 22

Alcohol-Related Treatment by HNA Identification

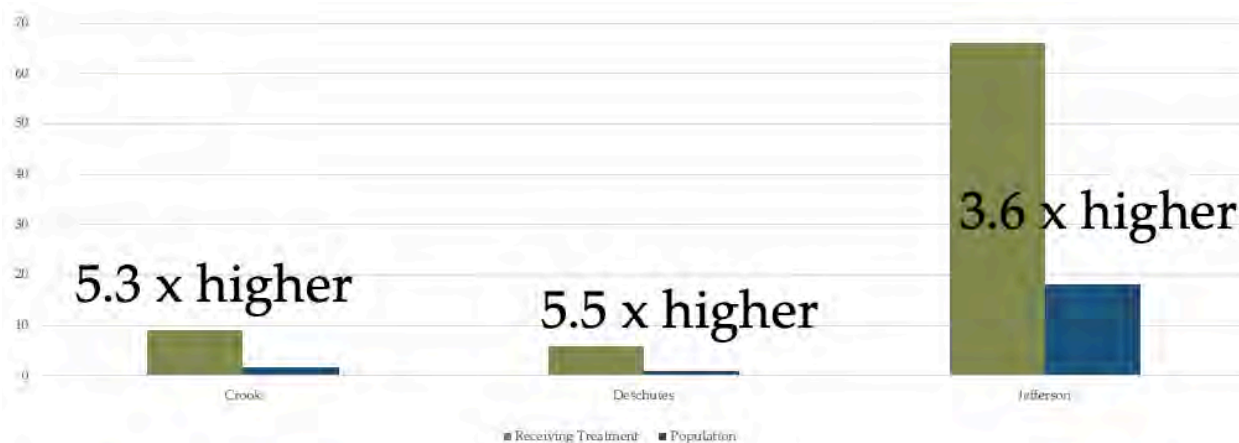


Note: Percent of 18- to 34-Year-Old Heritage Native American vs. Non-HNA

Source: Oregon Medicaid System, Oregon Health Analytics Team 2016-2020

Figure 23

HNA Have Disproportionate Presence of Treatment for Alcohol Use



Source: Oregon Medicaid System, Oregon Health Analytics Team 2016-2020

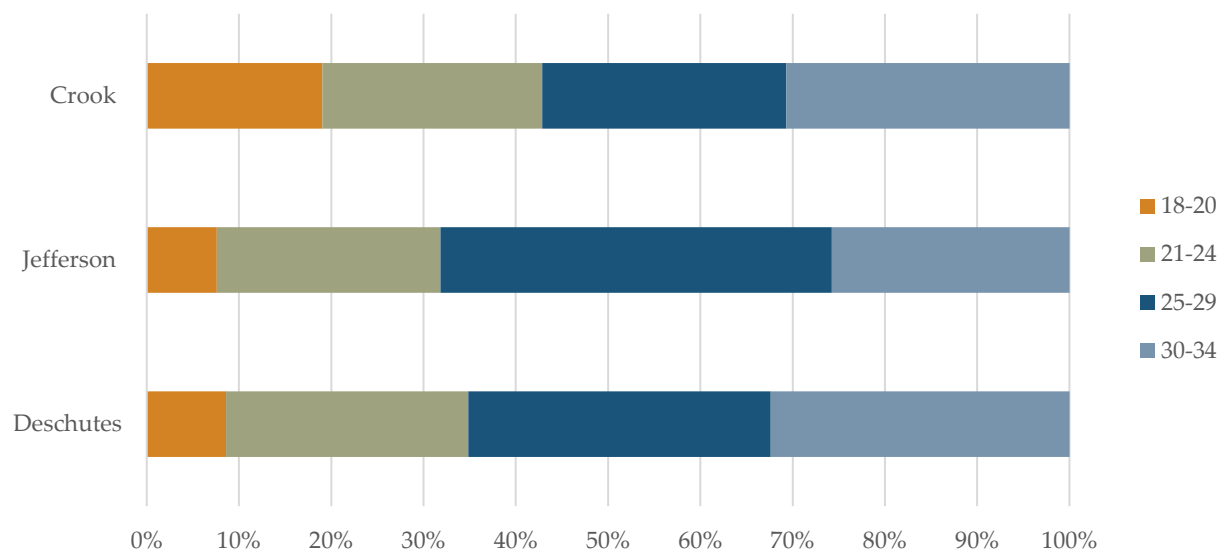
Age Breakdown

DUII ARRESTS BY AGE GROUP

Twenty-five- 29-year-olds are arrested more for DUII in Jefferson and Deschutes counties. Twenty-six-34-year-olds receive more treatment for alcohol and have more alcohol-related ED visits, compared to 18- to 25-year-olds. 18-34-year-olds make up 71% of people receiving treatment for alcohol.

Figure 24

Breakdown of DUII by Age Group

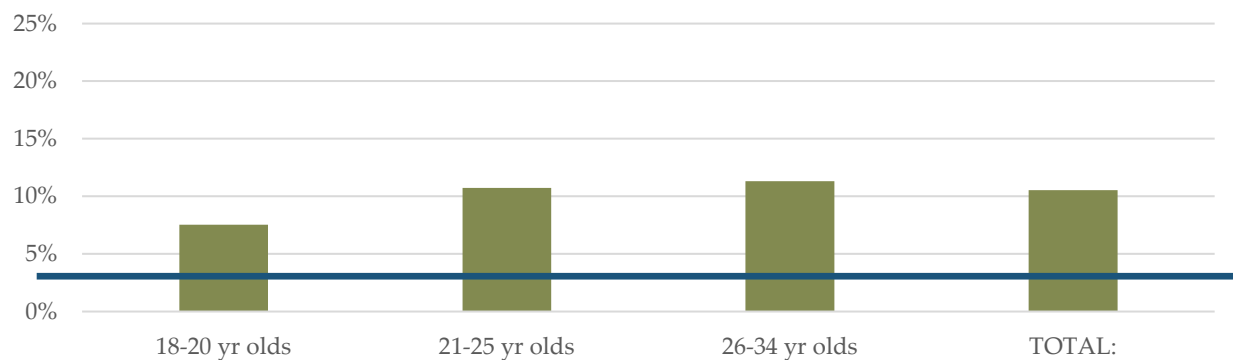


Source: Oregon State Police, Oregon Uniform Crime Data Dashboard, 1/1/2020-1/1/2021

HOSPITAL DISCHARGES BY AGE GROUP

HNA Medicaid Recipients are disproportionately represented in alcohol-ED visits at all age groupings of the prioritized population (see figure 25).

Figure 25



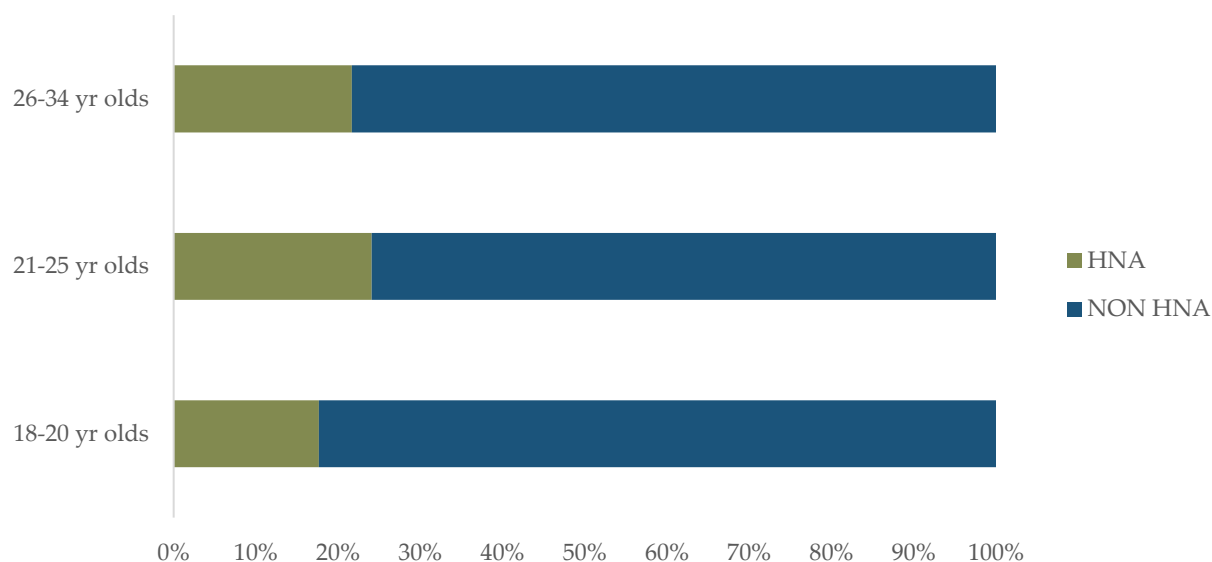
Note: Regional AI/AN population is 2.8% (represented by the blue line).

Source: Oregon Medicaid System, Oregon Health Analytics Team 2016-2020

Additionally, there is no discernable effect of age for HNA receiving treatment of alcohol.

Figure 26

No discernable effect of age for HNA receiving treatment for alcohol



Source: Oregon Medicaid System, Oregon Health Analytics Team 2016-2020

Literature Review

Disproportionate Impacts of Binge Drinking

- Cirrhosis is higher among white Americans of Hispanic origin compared to non-Hispanic Blacks and non-Hispanic Whites.
- Alcohol-related traffic deaths are many times more frequent among AI/AN than among other minorities.
- Alcohol-related violent crime is highest among AI/AN.
- Alcohol-related suicide is higher for AI/AN females than females in all racial/ethnic groups.

Alcohol – Harm Paradox

People of low socioeconomic status (SES) tend to experience greater alcohol-related harm than those of high SES, even when the amount of alcohol consumption is the same or less than for individuals of high SES.

- Job-loss
- Jail time
- Homelessness
- Negative health outcomes

Gender and LGBTQ+

- Cis, white, male is the largest group of binge drinkers.
- Trans-identifying people who were verbally threatened or sexually assaulted in the past year were more likely to have heavy episodic drinking days than their cis peers who did not experience threat or assault.
- Past research has shown that people who identify with the LGBTQ+ community are at greater risk of discrimination and victimization, which can lead to maladaptive coping behaviors such as binge drinking

College Students

- Despite the common stigma surrounding college students and their drinking habits, a higher percentage of non-college young adults report daily drinking than college students.
- When college students drink, they do so in greater quantities than non-college young adults.
- College students ‘mature out’ of harmful alcohol use faster than non-student young adults, “rates of alcohol dependence diagnosis appear lower for college students than for 18-24-year-olds in the general population.
- People in their thirties who did not go to college reported a higher prevalence of heavy drinking than people who did go to college.

Income

- Binge drinking prevalence was highest in people with an annual household income greater than \$50,000.
- However, this group reports a significantly lower average number of binge drinking episodes and a lower average largest number of drinks consumed compared to binge drinkers whose household income is less than \$50,000.

Rural vs. Urban Community

- Rates of past-year heavy episodic drinking were similar between urban and rural communities.
- The risk of lifetime alcohol dependence is similar between the two communities.

Why is it Happening?

Data from Focus Groups

RESEARCH QUESTION 4: WHY IS THE PROBLEM HAPPENING?

Method: Nine 60–90-minute focus groups were held in Deschutes, Crook, and Jefferson Counties from August through October.

Questions:

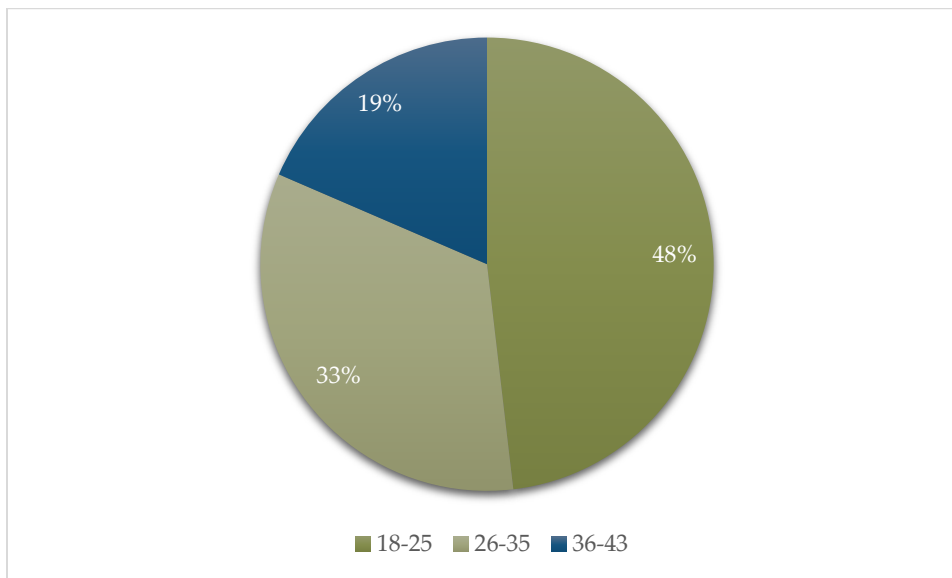
- What comes to mind when you hear “binge drinking”?
- How big is the issue in your community?
- What community factors make someone less likely to binge drink?
- What community factors make someone more likely to binge drink?
- What strategies could your community use to reduce binge drinking?

Participants:

Forty-six people participated in the focus groups, 27 of whom provided optional demographic information through a QR code.

Age: Ages ranged from 18-43 years old.

Figure 27



Location: Twenty-three participants provided the town they lived in:

- Warm Springs (1)
- Redmond (3)
- Prineville (1)
- Madras (8)
- Culver (4)
- Bend (5)
- Pilot Butte (1)

Gender:

- 2 Male
- 2 Non-binary/Non-conforming
- 22 Woman
- 1 Transgender Woman

Sexual Orientation:

- 37% (10) Identified as part of the LGBTQIA community

Ethnicity:

- 57% (13) were of Hispanic, Latino, or Spanish origin

Race:

- 4% American Indian, Alaska Native
- 4% Asian/White
- 7% Native Hawaiian or Pacific Islander (2)
- 33% Other (9)
- 52% White (14)

Parental Status:

- 30% (8) were raising a child

Marital Status:

- 82% (22) were single
- 18% (5) were married or in a domestic partnership

Employment Status:

- 74% Employed (20)
- 19% Employed/College Student (5)
- 7% Unemployed (2)

Income:

- 63% Less than 50k (17)
- 33% 50-100k (9)
- 4% More than 100K (1)

Findings Summary

When I say the words *binge drinking*, what comes to mind?

- Frequent, excessive drinking is normal in their communities, with alcohol being involved in most social events
- The phrase binge drinking often brought to mind blacking out, needing medical care, drinking excessively for multiple days, an inability to stop drinking, or minimum of 6 tall boys
- Some gave a form of a definition for binge drinking (3-5 drinks)
- Highlighted a person's desire to 'de-stress, forget problems, or cope with a fast-paced lifestyle'
- Within the LGBTQ community growing up in Central Oregon, drinking was often the only setting in which they felt accepted
- Men commented that women binge drink more, and women noted that men binge drink more
 - Differences in the reasons behind drinking for the genders were also noted
 - Men drink to be confident and relaxed in social settings and because they "can't express their feelings and struggles"
 - Women drink to "get attention and have fun"

In your opinion, how big is the issue of binge drinking in your community?

- The majority of responses indicated binge drinking was a big problem in their community, with one response indicating it's the biggest issue facing Central Oregon
- Some said binge drinking was slowly becoming a bigger problem than it has been in the past
- A few of the responses noted that binge drinking is not an issue

Change over time:

- Many responses mentioned increased access to alcohol over time
- Some responses noted social influence regarding alcohol changing, including the change in the presence of alcohol now in the media and TV
- Other responses included Alcoholics Anonymous not being as helpful or effective as it used to be, Alcohol tasting better now, the decrease in restrictions around drinking, the impact of COVID-19, and a way to get people out particularly in the LGBTQ community

What are the things in your community that might make someone LESS likely to binge drink?

- A large majority (76.7%) of responses commented on the personal nature of this question
 - Having a good social circle, being involved in school and other extracurricular activities, and finding a balance between work, life, and self-care were big themes (including self-love and acceptance)
- Some responses mentioned current policies like law enforcement being engaged with the public and access to mental health services
- Alcohol-free events were also mentioned several times

What are the things in your community that might make someone MORE likely to binge drink?

- The majority of responses noted the social culture in Central Oregon being highly influential regarding drinking, particularly that it's now a way to draw people to the community
- Responses mention how accessible alcohol is (available pretty much anywhere you go; grocery stores, barber shops, gyms, and included in every outdoor activity)
- Responses commented on the growing issue of mental/emotional health and how people turn to drinking to cope with those problems
- Other responses included individual factors (starting to drink at a young age, not knowing personal limits), poor enforcement at bars (checking IDs), lack of access to mental health services, living in a small town where there isn't anything else to do, and no negative social stigma surrounding binge drinking

What are some of the ways your community could reduce the causes of binge drinking?

- Responses suggested activities like DUI impact crash demonstrations for youth and the public to attend, education on drinking/alcohol use, and alternative activities or workshops to attend.
 - Giving youth more evening activities was also mentioned
- Responses commented on possible policy changes like decreasing access to alcohol, providing non-alcoholic options or food at social events, increasing the price of alcohol, and decreasing the number of places allowed to sell alcohol
 - Other responses included training bartenders better, enforcing existing laws regarding alcohol, utilizing other enforcement (sobriety checkpoints, red stripes on licenses for alcohol offenses), putting more money into the community, and more funding for recovery programs

- Responses discussed potential alternatives like sober bars and ‘mocktails,’ having community events where alcohol is not permitted, and alternative groups to Alcoholics Anonymous
 - Several people commented on the need for greater support for sobriety in the community, including the LGBTQ community
- Responses noted the individual nature of this question (better friends, support system, family values, religion, etc.)
 - The need for affordable and accessible mental health services was mentioned in many responses, as well as access to stable housing and livable wages
- Some responses included focusing on advertising, connecting with speakers and social clubs to promote responsible advertisements, and awareness of health, social, and financial consequences.
 - Education for high school and college students and the use of TikTok and other social media to increase awareness of liver damage which impacts any walk of life
- Other responses included law enforcement being more engaged with the public, establishing workforce penalties for alcohol use, using social media to advertise the danger of drinking (including the use of shame to self and others), potentially using medication to help with addiction, and not promoting places that sell alcohol

Student Focus Groups Summary

Central Oregon Binge Drinking, 18-34-year-olds Needs Assessment Panel Meeting (August 24, 2022)

PURPOSE OF THE STUDY

“The purpose of the research is to talk with 18-34-year-old and key stakeholders who live in Central Oregon to learn about factors in the community that they believe contribute to 18-34-year-olds binge drinking alcohol. We will ask them about ideas they have to address those factors.”

RECRUITMENT STRATEGIES

Special Concerns for Focus Groups in Central Oregon

- Be aware of small communities and their sensitivity to privacy
- Be inclusive and equitable
- Make participants comfortable during the recruitment
- Be mindful about wording: “binge” made people uneasy and defensive

Recruiting Efforts

- Recruited among personal and professional networks
- Asked high-level public health officials for assistance
- Distributed flyers in public gathering places
- Completed face-to-face recruiting in public

COCC FOCUS GROUP FLYERS



FOCUS GROUPS

COCC-Led Focus Groups

1. August 1st at 6:30 pm, Bend Library
2. August 2nd at 3 pm, McMenamin's Bend
3. August 2nd at 6 pm, Bend Library
4. August 3rd at 5:30 pm, Redmond Library

COCC-Assisted Focus Groups

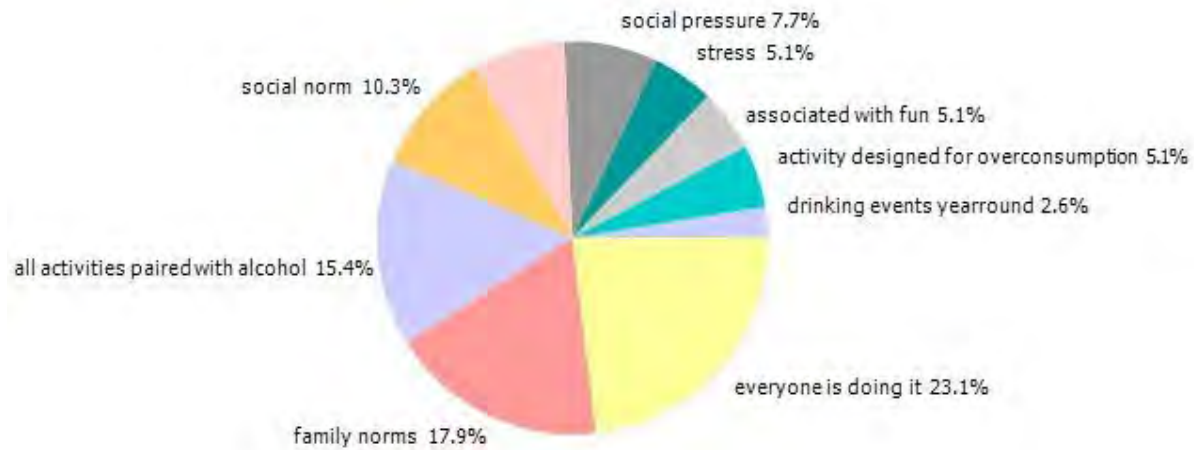
5. August 4th at 5:30 pm, Crook County Library
6. August 5th at 11 am, Bend Library
7. August 8th at 3:30 pm, Jefferson Public Health

FOCUS GROUP QUESTIONS

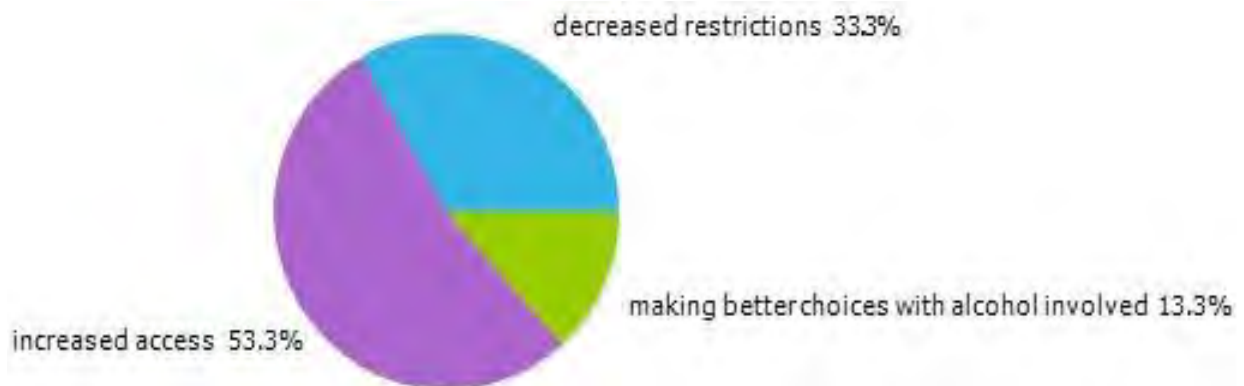
1. When I say the words "binge drinking," what comes to mind?
2. In your opinion, how big is the issue of binge drinking in your community?
3. What are the things in your community that might make someone less likely to binge drink?
4. What are the things in your community that might make someone more likely to binge drink?
5. What are some of the ways that your community could reduce these contributing factors?
6. Is there anything else you would like to say about factors contributing to binge drinking among 18-34-year-olds in Central Oregon?

FOCUS GROUP FINDINGS

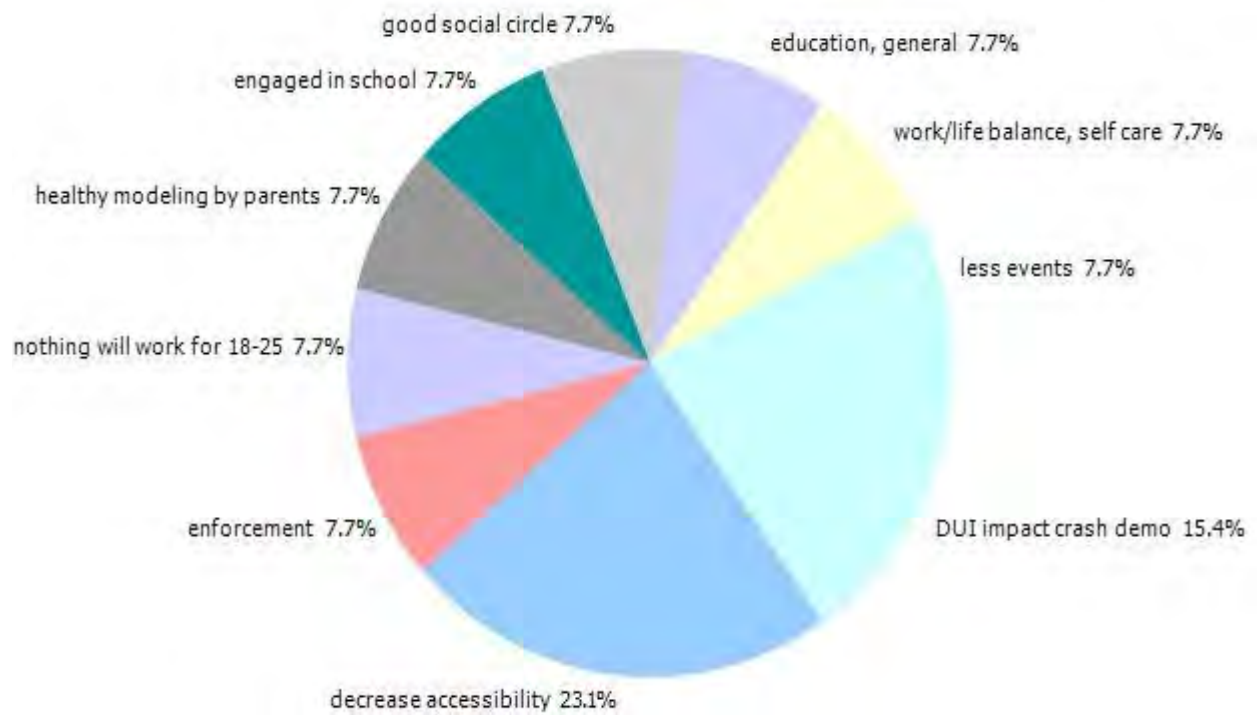
Factors That Increase Binge Drinking



Change in Alcohol Consumption Over Time



Ideas for Decreasing Binge Drinking



OBSERVATIONS/THEMES

- Drinking culture in Central Oregon is pervasive and normalized.
 - “It’s a culture that’s developed here over the last 10 to 15 years”
 - It is not considered abnormal to be drinking during the day, drinking frequently, or drinking to excess; “Go day drink that nobody will look at you weird
Prineville, Redmond, or Bend”
 - Alternatives to alcohol are not typically offered; at First Fridays or bars and breweries, nothing offered for designated drivers
- Excess or binge drinking among young adults in Central Oregon is not considered wrong or bad.
 - “[I]f you saw a 40-year-old at noon, and like face down in his front yard, you’re like that guy’s got a problem. If you saw a 21-year-old, you’re just like they went hard today and they probably don’t have to work tomorrow”
 - Breweries welcome families: offer children toys, play areas, and space for children’s birthday parties
 - Some use excess or binge drinking to celebrate, while others to relax or numb
 - Not drinking might be seen as atypical, and peer pressure can occur for non-drinkers
- What will it take to get 18-34-year-olds in Central Oregon to reduce excess or binge drinking?
 - Young adults are not likely to pay attention; “You could do ad campaigns, and you could do like education through your primary care or in schools like when they used to do DARE, but I don’t see it making it honestly a huge impact”
 - Young adults have conversations about how to avoid the consequences of excess or binge drinking, but not about excess or binge drinking itself
 - Extreme examples, like ride-alongs or car crashes; one participant stopped drinking after he saw multiple DUIs on a 3-4 hour ride-along
 - Reinforcing existing laws about drinking; “In my opinion, I don’t think any policies or any new laws, so to speak, would work. I think enforcing some very basic ones that are already on the book, enforce would have an impact. In fact, I could give a couple of examples. If you saw people getting DUIs every single Friday night and they posted those numbers every single Friday night. Instead of doing a blitz twice a year”
 - Providing activities or groups that provide alternatives to drinking; “If you have a healthy social circle that centers around activities that don’t involve constantly going out.

DISCUSSION

Based on Literature Review - Expected

- According to Weerakoon et. al (2021), binge drinkers drank even more during the pandemic, and with every week increase of time spent at home, there were greater odds of binge drinking.
- According to Terry-McElrath and Patrick (2016), alcohol use is highly normative among people in their 20's, along with high-risk behavior. This age group is exploring coping, relationships, career, and jobs, as well as trying to find some source of stability.
- Roughly one-half of adults aged 25-26 in this study reported binge drinking every two weeks, and one-third reported high intensity drinking.
- One in five employed US adults binge drinks, according to a study about drinking by occupation by Shocky and Esser (2020). Binge drinking frequency was highest among installation, maintenance, and repair jobs, followed by construction and extraction jobs. Binge drinking intensity was highest in farming, fishing, forestry, and construction - predominantly male professions.

Based on Our Findings - Unexpected

- From the Central Oregon COCC-led focus groups in Deschutes County, participants reported men and women binge or excess drink in equal measure
- Excess or binge alcohol consumption is normalized and even encouraged in all age groups in Central Oregon

RECOMMENDATIONS

- Increase access to Mental Health Services
 - "Access to mental health services in Central Oregon and the affordability is hard because professionals are having a hard time coming in – seeking resources you need, but you can't f---ing get them."
 - "I can't afford a therapist, but I can afford a six-pack."
- Enforcing laws and regulations
 - "Bartenders don't check IDs they go by what you look like – there needs to be accountability."
 - "Can the city limit which places need to serve alcohol? Like, does the laundry mats really need to serve beer?"
- Events that don't promote alcohol
 - "Give people options who still want that social interaction but are sober."
 - "Have more mocktails for people."

- “Our community is so alcohol based – all the breweries at all the events, like Brewfest. We celebrate it so much because it’s a part of our community – it’s normalized to us.”
 - “This town is like a bunch of functioning alcoholics.”
- Early education and awareness - advertise alcohol like cigarettes
 - “I wish I knew at a younger age the effects of alcohol on my brain and body.”
 - “Our youth is growing up thinking this is normal.”

Possible Strategies

Addressing Binge Drinking

What are other places doing to address binge drinking among those who are legal to drink?

Community Preventive Services Task Force recommends the following interventions to prevent binge drinking:

- Using pricing strategies, including increasing alcohol taxes (this is one of the interventions most associated with reduced alcohol consumption and alcohol-related harm)
- Limiting the number of retail alcohol outlets in each area (previous studies have found a significant association between high density of alcohol outlets and drinking outcomes among US college students – high risk drinking, average number of drinks per party, and the number of drinking occasions in the past 30 days)
- Holding alcohol retailers responsible for the harms caused by illegal alcohol sales to minor or intoxicated patrons
- Restricting access to alcohol by maintaining limits on the days and hours of alcohol retail sales
- Consistently enforcing laws against underage drinking and alcohol-impaired driving
- Maintaining government controls on alcohol sales
- <https://www.thecommunityguide.org/topic/excessive-alcohol-consumption>

The U.S. Preventive Service Task Force also recommends screening and counseling for alcohol misuse in primary care settings.

- <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/unhealthy-alcohol-use-in-adolescents-and-adults-screening-and-behavioral-counseling-interventions>

Most of the work and research done in regard to binge drinking prevention has been aimed at adolescents and young adult drinkers. Not much has been done for legal drinkers.

Looking to the Literature...

It varies from state to state due to the presence or lack of policies in place regarding alcohol use in public events. It seems like in states where there are no policies in place; it is up to the event organizer. One website listed these as potential deterrents for excessive alcohol use:

- Prohibiting free alcohol samples
- Requiring event organizers to obtain approval in advance for all alcohol advertising
- Designating restricted drinking sections
- Requiring posted signs throughout the event area regarding alcohol policy (signs clearly posted in areas where drinking is prohibited)
- Banning attendants and participants from bringing their own alcohol
- Stopping the serving of alcohol at least one hour before the end of the event
- Establishing policies for alcohol sales. Policies should include price, ID checking requirements and procedures, drink limits, and sales area to minimize inappropriate and excessive alcohol consumption.
- Including food and non-alcoholic drink sales and providing free water.
- Establishing procedures for handling policy violations and handling intoxicated drinkers. These procedures should be standardized and in place prior to an event.
- Requiring onsite event security personnel who are trained to handle policy violations and intoxicated drinkers.

A few examples of this include a beer ban policy at a university football stadium has been linked to reductions in arrests, assaults, ejections from the stadium, and student referrals to the judicial affairs office (Bormann & Stone, 2001), and community festivals with a greater number of alcohol control policies have reduced alcohol sales to pseudo-underage customers than community festivals with no or few policies (Toomey, Erickson, Patrek, Fletcher, & Wagenaar, 2005).

<https://preventionsolutions.edc.org/services/resources/alcohol-restrictions-community-events>

Ideas from Focus Groups

What are some of the ways your community could reduce the causes of binge drinking?

- Responses suggested activities like DUI impact crash demonstrations for youth and the public to attend, education on drinking/alcohol use, and alternative activities or workshops to attend.
 - Giving youth more evening activities was also mentioned
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- Responses noted the individual nature of this question (better friends, support system, family values, religion, etc.)
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- Some responses included focusing on advertising, connecting with speakers and social clubs to promote responsible advertisements, awareness of health, social, and financial consequences.
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- Other responses included law enforcement being more engaged with the public, establishing workforce penalties for alcohol use, using social media to advertise the danger of drinking (including use of shame to self and others), potentially using medication to help with addiction, and not promoting places that sell alcohol

Recommendations from Student Summary

- Events that don't promote alcohol
 - "Give people options who still want that social interaction but are sober."
 - "Have more mocktails for people."
 - "Our community is so alcohol based – all the breweries at all the events, like Brewfest. We celebrate it so much because it's a part of our community – it's normalized to us."
 - "This town is like a bunch of functioning alcoholics."
- Early education and awareness - advertise alcohol like cigarettes
 - "I wish I knew at a younger age the effects of alcohol on my brain and body."
 - "Our youth is growing up thinking this is normal."

Ideas from Warms Springs

What are some of the ways your community could reduce these contributing factors?

Response	Number	Percent
Classes/workshops on life skills	23	60%
Young adult sports teams (softball, basketball, soccer)	21	55%
Arts and Crafts classes	18	47%
Compassion Exhaustion Training (stress management, self-care, healthy coping habits)	15	39%
Focus prevention efforts on younger ages (under 18)	14	37%
Peer to Peer Crisis Line/mental health services	12	32%
Historical trauma workshops (GONA)	12	32%
Other	1	>1%

The top two most common responses were classes/workshops on life skills and young adult sports teams, followed closely by arts/crafts classes.

Note: Other listed as "Try and keep kids busy."

Appendix B

Literature Review

Binge Drinking among 18-34-Year-olds

Binge drinking is a common issue in America and throughout the world, with a 2019 estimate that 25.8% of Americans 18 years and older engage in binge drinking.ⁱ Like other forms of alcohol and drug usage, binge drinking comes with an array of health disparities and potentially life-threatening diseases and disorders. These disparities disproportionately affect diverse groups of people based on age, gender, race, income level, and sexual orientation. Although all age groups engage in binge drinking, people aged 18 to 34 are at the most risk.

In a 2011 report published by the Centers for Disease Control regarding binge drinking in the United States, a decreasing trend was observed in both the prevalence of binge drinking and the number of drinks consumed by binge drinkers with increasing age.ⁱⁱ In 18 – 24 year-olds, binge drinking prevalence was 25.6%, with 9.1 drinks consumed on average. In 25 – 34 year-olds, the prevalence was 22.5%, with 8.0 drinks consumed on average. This decreasing trend continues through older age groups as well.

General Health Disparities from Binge Drinking

Binge drinking has been tied to Alcohol Use Disorder, alcohol-associated liver disease, heart disease and stroke, unspecified liver cirrhosis, liver cancer, breast cancer, hypertension, suicide, STDs, fetal alcohol syndrome, SIDS, and many more.^{iii,iv}

Disproportionate Impacts of Binge Drinking

Although people of every age, race, and gender participate in binge drinking, the health-related consequences vary between groups. Some examples of the disproportionate impact of binge drinking include cirrhosis death rates being remarkably high among white Americans of Hispanic origin, lower among non-Hispanic blacks, and lower still among non-Hispanic whites; Alcohol-related traffic deaths are many times more frequent among Native Americans or Alaska natives than among other minorities; Hispanics and Blacks have a higher risk for developing alcohol-related liver disease than Whites.

Groups at a Higher Risk of Impacts from Binge Drinking

Within the literature, there is a phenomenon known as the “Alcohol-harm Paradox.” It is the observation that “people of low socioeconomic status (SES) tend to experience greater alcohol-related harm than those of high SES, even when the amount of alcohol consumption is the same or less than for individuals of high SES.”^v Racial and ethnic minorities in the United States (African Americans, Latinos, and American Indians) are more likely than Whites or Asians to fall into the low SES group.^{vi} Regarding health disparities tied to SES, Jones et al. found that low SES was associated with an increased risk of head and neck cancer and stroke, and the risk of female breast cancer was associated with higher SES.^{vii}

In a publication on Young Adult Drinking from the National Institute on Alcohol Abuse and Alcoholism, they highlight a survey done on college students and non-college peers regarding binge drinking and excessive alcohol consumption. Despite the common stigma surrounding college students and their drinking habits, the survey found that a higher percentage (4.5%) of non-college young adults report daily drinking than college students (3.7%).^{viii} However, they also concluded that when college students drink, they do so in greater quantities than non-college young adults.^{ix} Finally, this survey reported that college students

‘mature out’ of harmful alcohol use faster than non-student young adults, specifying that “rates of alcohol dependence diagnosis appear lower for college students than for 18- to 24-year-olds in the general population. And people in their thirties who did not go to college reported a higher prevalence of heavy drinking than those who did.”^x

RACE

Assorted studies, publications, and articles confirm differences in the prevalence and intensity of binge drinking within racial and ethnic populations. For example, one article noted that overall alcohol consumption was highest in Whites (63.5%), followed by Hispanics (60.3%), and then Blacks (52.5%).^{xi} When analyzing weekly drinking, however, Hispanics had the highest (14.1%) rate, followed by Whites (13.6%), then Blacks (11.4%). Alcohol consumption has been associated with violent crimes, and one study determined a substantial difference among racial/ethnic groups where someone under the influence of alcohol committed a violent crime. These were most common among Native Americans (62%), followed by Whites (43%), Blacks (35%), and then Asians (33%).

GENDER

The literature suggests that regardless of race, binge drinking prevalence in men is twice that of women and that among men who reported binge drinking, the frequency, and intensity are higher than in women (5 episodes per month and nine drinks on occasion vs. 3.2 episodes per month and 5.9 drinks on occasion).^{xii} Delker et al., in their article about alcohol consumption in demographic subpopulations, concluded that mortality associated with alcohol use disorder is higher among men and further that mortality rates from alcohol-related liver disease were twice as high in men compared to women.^{xiii} In the same article, the gender differences were further pushed when Delker states, “Moreover, male gender was a significant risk factor for alcohol-related suicide in all racial/ethnic groups except Native Americans....”^{xiv}

SEXUAL ORIENTATION

Past research has shown that people who identify with the LGBTQ+ community are at greater risk of discrimination and victimization, which can lead to maladaptive coping

behaviors such as binge drinking.^{xv} One study looked at the differences in binge drinking between transgender-identified (trans) people, non-transgender (cis) males, and non-transgender (cis) females. They came to the following conclusions: trans-identifying people have the highest rate of lifetime alcohol use (79.9%); cis males reported the highest rate of past-month drinking (63.1%) and the highest rate of heavy episodic drinking (40.9%); cis females were the least likely to participate in heavy episodic drinking compared to cis males and trans-identifying individuals.^{xvi} This study also found that trans-identifying people who were verbally threatened or sexually assaulted in the past year were likelier to have heavy episodic drinking days than their cis peers who did not experience threat or assault.^{xvii}

INCOME LEVEL

In their article “Binge Drinking – United States, 2009,” Kanny et al. reported that binge drinking prevalence was highest in people with an annual household income greater than \$50,000. However, this group reports a significantly lower average number of binge drinking episodes and a lower average largest number of drinks consumed compared to binge drinkers whose household income is less than \$50,000.^{xviii}

RURAL VS. URBAN COMMUNITY

Residents of Urban communities are more likely to report lifetime alcohol use. However, the risk of lifetime alcohol dependence is similar between the two communities.^{xix} Past-year heavy episodic drinking rates were also similar between urban and rural communities.^{xx}

Binge Drinking in Oregon

A national survey from 2012 to 2014 gathered regional and state-specific data regarding binge drinking in underage youth and everyone over 12 years old.^{xxi} Oregon had an estimated 21.27% of the population participating in binge drinking in the past month. Central Oregon’s estimate was 20.72%.^{xxii} A binge-drinking fact sheet published by the Oregon Public Health Division noted that binge drinking rates and intensity were similar between males and females aged 18 – 24, but that binge drinking becomes more common in men in people aged 25 – 34 and

continues to be more common among men in older age groups.^{xxiii} This is consistent with national data and literature.

ⁱ SAMHSA, Center for Behavioral Health Statistics and Quality. 2019 National Survey on Drug Use and Health. Table 2.20B – Binge Alcohol Use in Past Month among Persons Aged 12 or Older, by Age Group and Demographic Characteristics: Percentages, 2018 and 2019. <https://www.samhsa.gov/data/sites/default/files/reports/rpt29394/NSDUHDetailedTabs2019/NSDUHDetTabsSect2pe2019.htm#tab2-20b>. Accessed March 23, 2022.

ⁱⁱ Kanny, D., Liu, Y., & Brewer, R. D. (2011, January 14). "Binge Drinking – United States, 2009". *Morbidity and mortality weekly report (MMWR)*. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a22.htm>.

ⁱⁱⁱ U.S. Department of Health and Human Services. (n.d.). Alcohol Facts and Statistics. National Institute on Alcohol Abuse and Alcoholism. Retrieved March 23, 2022, from <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/alcohol-facts-and-statistics#:~:text=Prevalence%20of%20Binge%20Drinking%20and,this%20age%20group%20and%204.5>.

^{iv} Kanny, D., Liu, Y., & Brewer, R. D. (2011, January 14). "Binge Drinking – United States, 2009". *Morbidity and mortality weekly report (MMWR)*. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a22.htm>.

^v Bloomfield, K. (2020). Understanding the alcohol-harm paradox: What next? *The Lancet Public Health*, 5(6), 300–301. [https://doi.org/10.1016/s2468-2667\(20\)30119-5](https://doi.org/10.1016/s2468-2667(20)30119-5).

^{vi} American Psychological Association. (2017, July). *Ethnic and racial minorities & socioeconomic status*. American Psychological Association. Retrieved March 24, 2022, from <https://www.apa.org/pi/ses/resources/publications/minorities#>.

^{vii} Jones, L., Bates, G., McCoy, E. *et al.* Relationship between alcohol-attributable disease and socioeconomic status, and the role of alcohol consumption in this relationship: a systematic review and meta-analysis. *BMC Public Health* **15**, 400 (2015). <https://doi.org/10.1186/s12889-015-1720-7>.

^{viii} U.S. Department of Health and Human Services. (2006, April). *Young Adult Drinking*. National Institute on Alcohol Abuse and Alcoholism. Retrieved March 24, 2022, from <https://pubs.niaaa.nih.gov/publications/aa68/aa68.htm>.

^{ix} Ibid.

^x Ibid.

^{xi} Delker E, Brown Q, Hasin DS. Alcohol Consumption in Demographic Subpopulations: An Epidemiologic Overview. *Alcohol Res.* 2016;38(1):7-15. PMID: 27159807; PMCID: PMC4872616.

^{xii} Kanny, D., Liu, Y., & Brewer, R. D. (2012, January 10). "Vital Signs: Binge Drinking Prevalence, Frequency, and Intensity Among Adults — United States, 2010". *Morbidity and mortality weekly report (MMWR)*. Centers for Disease Control and Prevention. Retrieved from https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6101a4.htm?s_cid=mm6101a4_w.

^{xiii} Delker E, Brown Q, Hasin DS. Alcohol Consumption in Demographic Subpopulations: An Epidemiologic Overview. *Alcohol Res.* 2016;38(1):7-15. PMID: 27159807; PMCID: PMC4872616.

xiv Ibid.

xv Coulter, R. W., Blosnich, J. R., Bukowski, L. A., Herrick, A. L., Siconolfi, D. E., & Stall, R. D. (2015). Differences in alcohol use and alcohol-related problems between transgender- and nontransgender-identified young adults. *Drug and alcohol dependence*, 154, 251–259. <https://doi.org/10.1016/j.drugalcdep.2015.07.006>

xvi Ibid.

xvii Ibid.

xviii Kanny, D., Liu, Y., & Brewer, R. D. (2011, January 14). "Binge Drinking – United States, 2009". *Morbidity and mortality weekly report (MMWR)*. Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a22.htm>.

xix Dixon, M. A., & Chartier, K. G. (2016). Alcohol Use Patterns Among Urban and Rural Residents: Demographic and Social Influences. *Alcohol research : current reviews*, 38(1), 69–77.

xx Ibid.

xxi SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2012 to 2014.

xxii [https://www.samhsa.gov/data/sites/default/files/NSDUHsubstateStateTabs2014/NSDUHsubstateOregon 2014.pdf](https://www.samhsa.gov/data/sites/default/files/NSDUHsubstateStateTabs2014/NSDUHsubstateOregon%202014.pdf).

xxiii Oregon Public Health Division. (2019, August 5). Binge Drinking. Prevention and health promotion - Oregon. Retrieved March 25, 2022, from <https://www.oregon.gov/oha/PH/ABOUT/Documents/indicators/bingedrinking.pdf>