

Making the Link

Alcohol Use and Girls' Health

Girls are beginning to drink at younger ages than ever before.

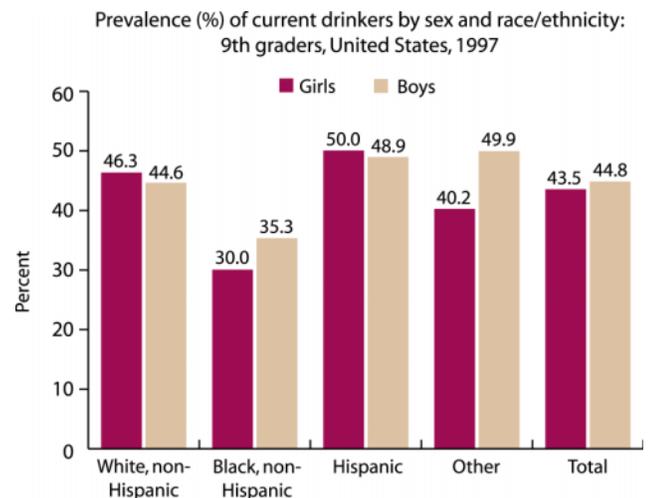
- In the 1960's, seven percent of new female users of alcohol were ages 10 to 14, but by the early 1990's, that figure had risen to 31 percent.¹
- The 1998 National Household Survey indicates that nearly 7 percent of girls ages 12 through 17 reported binge drinking (having five or more drinks in a row at least once in the past month).²

The gap between alcohol use by boys and girls is closing.

- Among ninth graders, girls now consume alcohol and binge drink at rates equal to boys.³
- However, females process alcohol differently than males; smaller amounts of alcohol are more intoxicating to females, regardless of their size.

Drinking alcohol has serious consequences for girls' health.

- Teenage girls who are heavy drinkers are five times more likely to engage in sexual intercourse and a third less likely to use condoms, which can result in pregnancy and sexually transmitted diseases⁴ including HIV/AIDS. Women make up the fastest-growing segment of the population infected with HIV in the United States,⁵ and adolescents and young women are at particularly high risk.⁶
- Twelve- to sixteen-year-old girls who are current drinkers are four times more likely than their nondrinking peers to suffer depression.⁷
- Among 8th grade girls who drink heavily, 37 percent report attempting suicide—compared to 11 percent who do not drink.⁸
- Adolescent females who drink exhibit higher levels of estradiol (an estrogen) and testosterone than nondrinking girls. High levels of estrogen may contribute to increased risk for specific diseases, including breast cancer; high levels of testosterone are associated with an increased risk of substance use.⁹



Source: Youth Risk Behavior Survey 1997. Centers for Disease Control and Prevention.

¹ Substance Abuse and Mental Health Services Administration. National Household Survey on Drug Abuse, Substance Abuse Among Women in the U.S. Rockville, MD: U.S. Department of Health and Human Services, 1996.

² Substance Abuse and Mental Health Services Administration. Summary of Findings from the 1998 National Household Survey on Drug Abuse. Rockville, MD: U.S. Department of Health and Human Services, 1999.

³ Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance — United States, 1999. MMWR: CDC Surveillance Summaries 49(No. SS-5):1-94, 2000.

⁴ The National Center on Addiction and Substance Abuse at Columbia University. Substance Abuse and the American Woman. New York: Columbia University, June 1996.

⁵ Cu-Uvin S, Flanagan TP, Rich J, et al. Human immunodeficiency virus infection and acquired immunodeficiency syndrome among North American women. Am J Med 101(3):316-322, 1996.

⁶ Centers for Disease Control and Prevention. Critical Need to Pay Attention to HIV Prevention for Women: Minority and Young Women Bear Greatest Burden. CDC Update, June 1998.

⁷ Hanna EZ, Hsiao-ye Y, Dufour MC, et al. The relationship of drinking and other substance use alone and in combination to health and behavior problems among youth ages 12-16: Findings from the Third National Health and Nutrition Survey (NHANES III). Poster presented at the 23rd Annual Scientific Meeting of the Research Society on Alcoholism, June 24-29, 2000, Denver, CO.

⁸ Windle M, Miller-Tutzauer C, Domenico D. Alcohol use, suicidal behavior, and risky activities among adolescents. J Res Adolesc 2(4):317-330, 1992.

⁹ Martin CA, Mainous AG, Curry T, et al. Alcohol use in adolescent females: Correlates of estradiol and testosterone. Am J Addict 8(1):9-14, 1999.