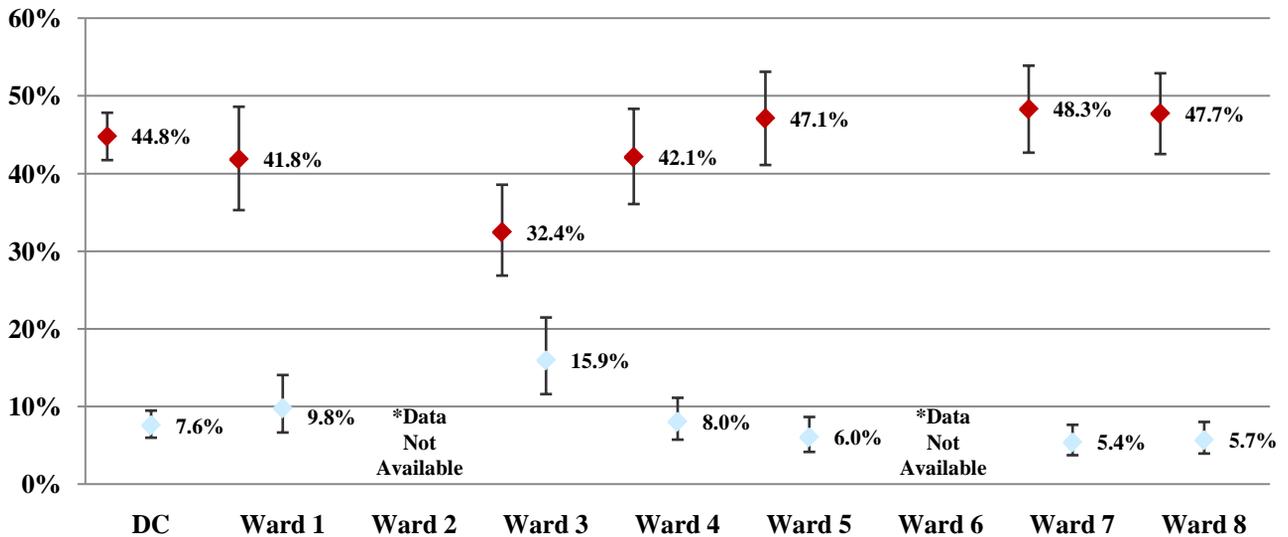


## In Which Wards Were DC Youth More Likely to Binge Drink and Perceive a Great Risk in Weekly Binge Drinking?



### Key

- ◆ = Perceived Great Risk of Weekly Binge Drinking (Ages 12-17)
- ◆ = Past Month Binge Drinking (Ages 12-17)

The 95 percent prediction intervals for each estimate are represented by the line above and below the estimated percentage point. If upper or lower prediction intervals overlap across wards, estimates should not be deemed different from one another. Data from pooled 2006-2008 NSDUH surveys.

- Fewer youth age 12 to 17 in Ward 3 perceived a great risk in binge drinking once or twice a week compared to youth in Wards 5, 7, and 8. Approximately one-third of DC youth age 12 to 17 in Ward 3 perceived weekly binge drinking a great risk, compared to nearly half of youth in Wards 5, 7, and 8.
- There was no difference in youth binge drinking or perception of great risk in weekly binge drinking among youth in Wards 1, 4, 5, 7, and 8 because 95 percent prediction intervals overlapped (data not available for Wards 2 and 6).
- While binge drinking patterns were similar for youth across Wards 1, 4, 5, 7, and 8, youth in Ward 3 had higher rates than those in Wards 4, 5, 7, and 8.
- At the District level, an estimated 44% of DC youth age 12 to 17 perceived a great risk in binge drinking once or twice a week in the 2005-2006 NSDUHs, a rate similar to prior years (data not shown).

### Greater Use, Lower Perceived Risk

In contrast to youth in all other wards where data were available, Ward 3 youth had the lowest perceived risk of weekly binge drinking and the highest rates of past month binge drinking.\*\*

#### Data Notes & Sources:

\*Estimate not reported due to low precision.  
 \*\*This finding supports previous research showing that decreased youth perception of risk of alcohol use is related to increased alcohol use. See CESAR FAX, Vol. 20, Issue 3. Data reported are survey-based estimates and differences between estimates must be interpreted with caution. Estimates are calculated using survey-weighted hierarchical Bayes estimation models, and the 95 percent prediction intervals are generated by Markov Chain Monte Carlo techniques.

Adapted by the Center for Substance Abuse Research (CESAR) from data from the 2006-2008 National Survey on Drug Use and Health (NSDUH), Office of Applied Studies, Substance Abuse and Mental Health Services Administration.