Feelings of Community Disorganization on the Relationship between Feelings of Anxiety

and Binge Drinking

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Abstract

Greater symptoms of Generalized Anxiety Disorder (GAD) have been associated with increased prevalence of binge drinking as a maladaptive coping mechanism in young adult populations. Previous studies indicate that alcohol abuse and anxiety are commonly co-occurring in individuals suggesting that alcohol may be used as a coping mechanism to mask symptoms of GAD. Living in a disordered or unsafe community may result in a stronger association between anxiety and alcohol use. However, the role of community disorganization in the relationship between anxiety and binge drinking has not been examined, particularly among young adults. Therefore, the purpose of this study was to determine if feelings of community disorganization exacerbate the relationship between anxiety and binge drinking. Data are from a panel of U.S young adult participants aged 18-25 who completed an online survey between January-April 2022. Logistic regression was used to examine the association between community disorganization and the relationship of anxiety and binge drinking. This study found that the relationship between binge drinking, and anxiety was not exacerbated by community disorganization. Additionally, there was a significant association between feelings of anxiety and binge drinking as well as between binge drinking and community disorganization. Further, community disorganization had a stronger association with binge drinking rates compared to feelings of anxiety. Result also showed that individuals who were older, identified as male, identified as Hispanic/LatinX, were full-time students, and those of higher perceived subjective social status had a higher likelihood to binge drink compared to other participants. Future research should continue to explore the effects of these demographics and factors, especially community disorganization, on risk-taking behaviors in young adult populations.

Greater symptoms of Generalized Anxiety Disorder (GAD) stem from stress-related factors that come from the body's release of hormones such as adrenaline and cortisol. This causes the autonomic nervous system to produce a fight-or-flight response, intended to help with personal defense. These responses produce physical symptoms of anxiety such as heart palpitations, chest pain, stomach pain or shortness of breath (Wittchen & Hoyer, 2001). This response also leads to cognitive symptoms such as having difficulty concentrating, irritability, headaches, difficulty controlling feelings of worry, and having sleep problems such as difficulty falling or staying asleep. This leads to a need for the individual to develop coping mechanisms to mask the symptoms of GAD. One choice individuals make to cope with the symptoms of GAD is self-medication with alcohol (Turner et al., 2018).

One external stressor that impacts anxiety heavily is the feeling of community disorganization. Living in the conditions of a community where feelings of unsafety are prominent can lead to an increased stress burden on residents and increased symptoms of anxiety inside and outside of their homes (Casciano & Massey, 2012). Subsequently, this increased stress burden leads to a need for increased coping mechanisms. Disordered communities are also likely to be lower income and have less accessibility to health care. Due to the lack of accessibility, the likelihood of proper treatment of disorders stemming from these feelings of unsafety is lowered (Casciano & Massey, 2012). I hypothesize that this can lead to maladaptive coping styles such as binge drinking.

This study will focus primarily on how community disorganization affects symptoms of GAD and how the increase in symptoms leads to increased rates of binge drinking. While the comorbidity of binge drinking and anxiety have been studied, there is a large knowledge gap on the effects of feelings of community disorganization on anxiety as well as unmoderated alcohol

use. By furthering research on the comorbidity of feelings of community disorganization and increased symptoms of GAD with the use of binge drinking as a coping mechanism, increased awareness may be brought to the effects neighborhood unsafety has on mental health. This would help us to understand groups that may be at extra risk for binge drinking, therefore assessing for anxiety and community disorganization would be important if the hypothesis was accurate as those individuals would be a greater risk for binge drinking. Accuracy of this hypothesis also informs interventions, as interventions to decrease feelings of anxiety as well as combat community disorganization could be beneficial for young adult populations prone to risk-taking behaviors. I hypothesize that increased feelings of community disorganization will elevate symptoms of anxiety, additionally leading to an increased use of unmoderated alcohol consumption in areas where community disorganization is prominent. Considering these facts, it becomes necessary to elaborate on the risk of feelings of GAD as well as the use of alcohol as a maladaptive coping mechanism.

Generalized Anxiety Disorder in Young Adult Populations

Generalized Anxiety Disorder (GAD) is characterized by chronic and persistent worry. This worry is multifocal (e.g., finances, family, future, safety, and health), excessive, difficult to control, and typically is accompanied by other psychological and physical symptoms (Stein & Sareen, 2015). This disorder is comorbid with depression, substance abuse, and physical health problems. Brief validated screening tools such as the Generalized Anxiety Disorder 7 (GAD-7) are used to assess the severity of symptoms and response to treatment (Stein & Sareen, 2015). Prominent treatment methods for diagnosed GAD in young adult populations are cognitive behavioral therapy, pharmacotherapy with a selective serotonin-reuptake inhibitor (SSRI) or a serotonin-norepinephrine reuptake inhibitor (SNRI), or a combination of the methods. GAD

appears to be highly prevalent in the United States, with lifetime prevalence of DSM-IV GAD is estimated to be about 5% and the current prevalence about 2% to 3% (Weisberg, 2009).

Prevalence of Generalized Anxiety Disorder by Race and Sex

With cross-sectional rates among primary care patients being about 8%, GAD is the most prevalent anxiety disorder among primary care and is frequently associated with comorbid depression and other anxiety disorders (Wittchen & Hoyer, 2001). GAD strongly varies racially, ethnically and by sex. The Collaborative Psychiatric Epidemiology Studies data analyzes GAD's prevalence, including samples of approximately 7,000 White Americans, 4,600 African Americans, 3,600 Hispanic Americans and 1,600 Asian Americans. White Americans were most likely to be diagnosed with GAD with a diagnosis rate of approximately 8.5%, followed by Hispanic Americans, with a diagnosis rate of approximately 5%. The group least likely to be diagnosed with GAD were Asian Americans, with a diagnosis rate of nearly 2%. In each racial group, the majority of participants were female (Asnaani, et al., 2010).

Symptoms of Generalized Anxiety Disorder

GAD is characterized in adult populations by symptoms such as excessive worrying, anxiety, hypervigilance, and persistent fear in everyday living. Individuals with GAD experience frequent anxiety for months and/or years at a time (Wittchen & Hoyer, 2001). Symptoms of GAD can be physical or cognitive in nature; common symptoms include headaches, muscle tensions, gastrointestinal pain, insomnia, uncontrollable worry, and irritability (Stein & Sareen, 2015). These symptoms may disrupt everyday life for individuals, so it is essential for people with GAD to develop adaptive coping mechanisms. Unfortunately, many individuals with GAD develop maladaptive coping mechanisms.

Maladaptive Coping Mechanisms

As GAD interferes with the everyday lives of individuals, developing adaptive coping mechanisms for chronic symptoms is necessary. However, not all coping mechanisms are positive as the development of maladaptive coping mechanisms is likely for individuals with GAD. Maladaptive coping mechanisms are linked to sustained levels of anxiety and are behavioral and cognitive in nature (Simpson, et al., 2012). The use of maladaptive strategies is associated with a reduction in anxiety or distress in the short term but are not adequate for overcoming long term anxiety (Simpson, et al., 2012).

Anxious youth are more likely to use more maladaptive coping strategies than adaptive strategies in response to negative life events compared to non-anxious youth. Anxious youth's less adaptive response may be due to exacerbated emotional reactivity to everyday life stressors (Oppenheimer et al., 2016). Use of more maladaptive strategies is associated with higher levels of anxiety and amplification of fears. Cognitive maladaptive strategies commonly used include avoidance, distraction, rumination, self-blame, and catastrophizing. These strategies lead to threat overestimation and prevent individuals from obtaining information that disconfirms a false threat, often leading an increase in the individual's levels of anxiety (Simpson, et al., 2012). Behavioral maladaptive strategies include substance abuse, binge drinking, binge eating, self-harm and risk-taking behavior. While these strategies can lead to comfort in the short-term, they eventually have a negative effect on long-term anxiety. In this study, I will focus on binge-drinking as a maladaptive coping mechanism for GAD among young adult populations. Binge drinking is a common maladaptive coping mechanism generally used to reduce tension or stress in an individual. Increased rates of binge drinking as a coping mechanism for stress is

characterized in a theory known as the Tension Reduction Theory that highlights the reasons why individuals turn to alcohol to cope.

Tension Reduction Theory

The Tension Reduction Theory (TRT) is a behavioral conceptualization of problem drinking that claims alcohol is consumed to achieve tension reduction (Cappell & Herman, 1972). TRT consists of two related hypotheses: (a) alcohol reduces tension and (b) people consume alcohol to benefit from its tension reducing effects (Cappell & Herman, 1972). The TRT predicts that tension reduction is a significant motivator of alcohol consumption, especially among highly anxious people (Kalodner, et al., 1989). TRT has been historically a predominant explanation to the motivation behind alcohol consumption by anxious individuals. According to this theory individuals who suffer from anxiety-based disorders use alcohol consumption as a negative coping mechanism to relieve tension from symptoms of anxiety. Tension and stress can stem from everyday external or internal factors. Studies have demonstrated that stress can be an initiating factor in the consumption of alcohol. Using animal-based models, researchers have found two profound effects alcohol has on the body: (1) stress increases an animal's potential to initiate alcohol consumption and (2) stressful experiences can lead to the reinstatement of alcohol use. For example, in a study where animals, who had been taught the capability to self-administer alcohol, were exposed to acute stress, they were likely to self-administer alcohol consumption no more than 30 minutes after stress was induced (Brady & Sonne, 1999). This revealed that when animals were previously exposed to alcohol, they immediately turn to it to cope following stressful experiences. Therefore, alcohol use as a method of tension reduction may be associated with a subsequent need for alcohol in the future to assist with stress and

tension. In this study, I will be exploring the increased levels of binge drinking as a coping mechanism for specifically young adult populations.

Prevalence of Binge Drinking in Young Adult Populations

Young adults have a higher prevalence of alcohol consumption and binge drinking than any other age group. Rates of alcohol abuse and dependence are disproportionally higher among those who fall between the ages of 18 and 29 compared to all other age groups (Quigley & Marlatt, 1996). In 2019, the National Survey on Drug Use and Health (NSDUH), conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA), found that 35.4% of young adults had reported binge drinking in the past month. Binge drinking was defined as consumption of five or more drinks at least once during the 2-week period preceding the survey). Factors such as sex, race and college-enrollment play a large role in the rates of binge drinking in young adult populations. In 2019 SAMSHA found that 42% of men reported binge drinking in the past month, while women reported 29%. White young adults had the highest reported rates of monthly binge drinking (39%), followed by Hispanic young adults (30%), then Black young adults (23%) (SAMHSA, 2020). Young adults in college also have a higher rate of binge drinking (40%) relative to their noncollege peers. This difference may reflect on easier access to alcohol due to parties among students, as well as non-college young adults having a higher likelihood of adopting adult roles involving work or marriage earlier in life (Quigley & Marlatt, 1996). Increased levels of binge drinking in student populations may also correlate with increased use of alcohol as a coping mechanism for anxiety stemming from academic and social stressors of the college environment. In this study, I will be focusing on how community disorganization can cause anxiety in the lives of individuals and how this may lead to an increased likelihood to turn to alcohol to cope.

Community Disorganization

Community and school violence is a major public health problem among young adults and adolescents. Research has found that perceived community disorganization has prominent effects on the economic, social, mental and physical well-being of individuals (Casciano & Massey, 2012; Milam, et al., 2010). Poor and unsafe communities lack the social interaction process that is crucial for community social control, leading to a higher risk for social disorganization (Casciano & Massey, 2012). Poor and unstable communities have lower rates of "collective efficacy", or shared expectations that neighbors will intervene to control and protect their community. Lower rates of collective efficacy in turn increase the level of violence and feelings of unsafety in communities among residents (Casciano & Massey, 2012). Repeated exposure to disorder and violence in communities also may increase an individual's likelihood of experiencing stressful life events. Physical proximity to drug use, gang presence, and violence directly increases the chance of being a victim of crime and physical assault. Living in close proximity to violence and community disorder also impacts the composition of one's social circle, so residents have increased contact with individuals involved in illegal activities and less contact with role models that can positively affect their lives (Casciano & Massey, 2012).

Living in an environment with consistent community disorder places the body in a perpetual state of heightened physiological arousal, ultimately leading to heightened physiological stress. This prolonged state of heightened stress triggers the fight or flight response and stimulates continuous releases of adrenaline, cortisol, and other stress hormones (Casciano & Massey, 2012). Excessive levels of adrenaline and cortisol heighten individual's aggressiveness and impulsiveness, prompting poor decision making and risky behavior. These traits cause an

individual to be more likely to self-medicate with drugs or alcohol, furthering the heightened allostatic load, causing physical damage to the body (Casciano & Massey, 2012).

In contrast, living in communities where safety is perceived as stable, there is a decreased likelihood of experiencing stressful life events and consequently lowers anxiety symptoms. Research indicates that higher levels of satisfaction with the community environment may cause higher levels of perceived safety. Higher community quality and lowered crime rates are also associated with decreased social and psychological problems among residents (Milam, et al., 2010). Higher income and housing quality also have significant and positive relationships with feelings of safety as well as community satisfaction (Milam, et al., 2010). Overall, there is a strong relationship between feelings of community safety and higher quality of life as well as a lower likelihood of experiencing stressful events, consequently lowering anxiety symptoms of residents.

Conclusions

The current study aims to test the hypothesis that among those with high community disorganization, there is a stronger relationship between anxiety and binge drinking. Individuals with symptoms of Generalized Anxiety Disorder (GAD) must develop either adaptive or maladaptive coping mechanisms to manage everyday life. Maladaptive coping mechanisms are often associated with a reduction of anxiety in the short term, while having a negative effect on long-term anxiety (Simpson, et al., 2012). One coping mechanism that strongly affects young adult populations is binge drinking (Quigley & Marlatt, 1996), and many individuals use alcohol to reduce stress in their lives and cope with anxiety. It is hypothesized by the Tension Reduction Theory (TRT) that tension reduction is a significant component in the motivation of alcohol consumption by adults, especially among highly anxious people. TRT is a behavioral

conceptualization of problem drinking that proposes that alcohol is consumed to achieve tension reduction. TRT expands on why highly anxious young adult populations may be more likely to turn to alcohol as a coping mechanism (Kalodner, et al., 1989). Young adult populations have the highest prevalence of alcohol consumption and binge drinking rates (Quigley & Marlatt, 1996), and many individuals use alcohol to reduce stress in their lives and cope with anxiety. External factors, such as community disorganization, exacerbate symptoms and feelings of anxiety. Living in an environment with consistent community disorganization places the body in a perpetual state of heightened physiological arousal, ultimately leading to heightened physiological stress (Casciano & Massey, 2012). I hypothesize that increased feelings of community disorganization will exacerbate the relationship between anxiety and binge drinking engagement.

Materials and Methods

Study Design Overview

This study investigated if higher levels of feelings of community disorganization among young adults exacerbated the relationship between feelings of anxiety and binge drinking. The independent variable of the study was the binge drinking behavior of the participants, and the dependent variable was participants' feelings of anxiety. Feelings of community disorganization were treated as a moderator variable. I hypothesized that increased feelings of community disorganization would be associated with symptoms of anxiety and increased binge drinking engagement in areas where community disorganization was prominent. Data were from young adults sampled in the Promoting Young Adult Health Survey, conducted in 2022. The study's primary purpose was to examine the correlations of health-related behaviors among young adults. The data were collected through means of the web-based survey software, Qualtrics. Race/ethnicity, sex, age, full-time student status, and perceived socio-economic status (SES) were also included as control variables.

Participants

A total of 1630 people aged 18-25 participated in the cross-sectional Promoting Young Adult Health Survey (PYAH). The PYAH was conducted online using the Qualtrics survey panel between the months of January 2022 and April 2022. African American and Hispanic young adults were intentionally oversampled in the recruitment process to prioritize minority representation. Consent to participate in internet research was provided on the first page of the PYAH survey and participants indicated consent by clicking into the survey after reading the consent page. Attention checks were used twice in the survey. For example, the survey asked "What color is the sky"; if participants did not answer blue, they were removed from the survey.

With full survey completion, participants were compensated by their panel provider. This compensation could come in the form of airline miles, cash equivalent, or other as agreed upon by participant and panel provider.

Survey results yielded a diverse population of White, Hispanic/Latino, African Americans, Asian, and "other". Out of the total participants, 39% of participants identified as White, 30% identified as Hispanic/Latinx, and 24% identified as African American. 7% identified as Asian or identified in the "other" category. Less than 5% identified as either American Indian, Alaska Native, Native Hawaiian, or pacific Islander. 52% of the participants identified as female and 48% of participants identified as male. Also, 28% of the participants identified as full-time students.

Materials and Measures

Promoting Young Adult Health Survey (PYAH). The Promoting Young Adult Health Survey (PYAH) consisted of 122 questions regarding health-related behaviors including substance use, caffeine use, wellness, stress, sleep, and COVID-related question as well as demographics and marketing criteria. Answer choices were written in a variety of formats including number-scales, multiple choice, and questions with an "other" section that provides a fill in the blank area for participants if their preferred answer was not an option. The present study primarily focused on the categories of demographics, wellness (community disorganization), stress (feelings of anxiety), and substance use (binge drinking rates) among participants.

Demographics. Demographic information collected included the race/ethnicity, gender, age, full-time student status, and SES of participants. Perceived SES was conceptualized by the MacArthur Scale of Subjective Social Status (SSS), a reliable measure of SSS which asked, "Think of this ladder as representing where people stand in the United States. At the top of the

ladder are the people who are the best off – those who have the most money, the most education, and the most respected jobs. At the bottom are the people who are the worst off – those who have the least money, least education, the least respected jobs, or no job. The higher up you are on this ladder, the closer you are to the people at the very top; the lower you are, the closer you are to the people at the very bottom. Where would you place yourself on this ladder?" Each rung in the ladder was numbered from 1 (bottom) being the lowest compared to others to 10 (top) being the highest compared to others in the United States (Adler et al., 2000). See Table 1 for full list of demographic questions.

Feelings of Community Disorganization Measure. A six-item measure for participant's neighborhood conditions (Arthur et al., 2002; Glaser et al., 2005) was used to assess feelings of community disorganization.. The prompt stated "How much do each of the following describe your neighborhood, followed by the items: "I feel safe in my neighborhood", "Crime and/or drug selling", "Fights", "Lots of empty or abandoned buildings", "lots of graffiti", and "racial insults or attacks". Each item was answered using a scale of 1 to 4, with 1 indicating a strong disagreement, 2 indicating disagreement, 3 indicating agreement and 4 indicating strong agreement.

Binge Drinking Measure. The binge drinking criterion of five or more drinks at least once during the 2-week period preceding the survey was used (Quigley & Marlatt, 1996). Binge drinking was assessed by asking "during the past 14 days, on how many days did you have 5 or more drinks of alcohol in a row", which participants answered using a five-point scale to answer this with 1 indicating "0 days" and 5 indicating "10-14 days".

Feelings of Anxiety Measure. A seven-item measure of feelings of anxiety taken from the GAD-7 was used as the dependent variable. The Generalized Anxiety Disorder-7 (GAD-7), was

developed to identify probable cases of generalized anxiety disorder and to assess symptom severity (Spitzer et al., 2006). The survey contained 7 questions surveying anxiety symptoms and severity. Statements regarding anxiety symptoms using this scale included questions ranging from "In the last month, how often have you felt nervous or 'stressed'", and "In the last month, how often have you been able to control irritations in your life?". Participants used a five-point agreement scale for certain statements indicating their level of agreement from 1 (*never*) to 5 (*very often*). Other questions used a four-point scale, with statements such as "In the past week, I felt nervous and anxious" and "In the past week, I had trouble keeping my mind on what I was doing". The numbers on the four-point scale indicated frequency of symptoms over a period ranging from 1 (*Rarely [less than 1 day]*) to 4 (*Most of the time [5-7 days]*). Answers to each item will be summed and then analyzed to determine participant's anxiety severity. A score of 0-4 indicated minimal anxiety, 5-9 indicated mild anxiety, 10-14 indicated moderate anxiety, and 15-21 indicated severe anxiety. Levels of anxiety were then categorized from a scale of 1-4, minimal anxiety categorized as 1, mild anxiety as 2, moderate anxiety as 3, and severe anxiety as 4. This anxiety score was then used as the variable for each participant's levels of feelings of anxiety.

Procedures

Participants could proceed with the questionnaire after consent was given at the beginning of the survey. They filled out a survey of 122 questions including and in the order of general demographic information, living conditions, general wellness, substance use, and anxiety symptoms.

Results

The average age of participants was 21.8 years. The sample was approximately half female (51.8%) and 39.3% of the participants identified as non-Hispanic white, 29.6% as Hispanic/Latinx, 24.4% as non-Hispanic Black, and 6.8% as another race/ethnicity. Average perceived SSS was a 5.9 on the ladder (on a scale from 1 to 10). Majority of participants (71.6%) identified as full-time students.

Descriptive statistics for each of the variable are shown in Table 1. Levels of anxiety among participants varied greatly as 20.4% of participants reported minimal levels of anxiety, 25.9% reported mild levels of anxiety, 36.5% reported moderate levels of anxiety, and 17.2% of participants reported severe levels of anxiety. A slight majority (51.7%) of participants reported binge drinking in the past two weeks. The average score among participants on the Hawkin's community disorganization survey was a 12.12.

Relationship between Anxiety, Community Disorganization, and Binge Drinking

Results from running logistic regression analyses are shown in Table 2. After running the analyses, it was revealed the relationship between binge drinking and anxiety was not exacerbated by community disorganization. For each additional unit increase in feelings of anxiety, the likelihood of binge drinking increased by 6.2% (OR=1.062, 95% CI=[1.041,1.084]). There was also a significant relationship between community disorganization and binge drinking, as for each additional unit of increased feelings of community disorganization, the likelihood of binge drinking increased by 10.9% (OR=1.109, 95% CI=[1.077, 1.141]).

Being female was associated with a 32.5% lower odds of binge drinking compared to males (OR=0.676, 95% CI [0.543, 0.842]). Results revealed that those who identified as Hispanic/Latinx were 1.570 (OR=1.570, 95% CI [1.208, 2.040]) times more likely to engage in

binge drinking in comparison to those who identified as white. There was no significant association for any of the other racial/ethnic identities.

Results from analysis also revealed that as age increased in the range of 18-25, there was a 12.7% (OR=1.127, 95% CI [1.071, 1.185]) increase in odds of binge drinking. Individuals being enrolled in school also had a large impact on drinking rates. Individuals enrolled in school were 1.41 (OR=1.406, 95% CI [1.096, 1.803]) times more likely to binge drink compared to those not enrolled in school. Results also revealed for those who perceive themselves in a higher social class relative to others were 1.23 times (OR=1.232, 95% CI=[1.172, 1.295]) more likely to engage in binge drinking compared to those who perceived their social class as lower.

Table 1

Descriptive Statistics for Sociodemographic Factors among

Young Adults aged 18-25 (n=1620)

Factors	Results
Age, M (SD)	21.75 (2.22)
Sex (%)	
Male	48.22
Female	51.78
Race/Ethnicity (%)	
Non-Hispanic White	39.33
Non-Hispanic Black	24.36
Hispanic	29.57
Other	6.75
Full-time student status (%)	
Full-time student	28.40
Other	71.60
Perceived SSS, M (SD)	5.86 (2.30)
Anxiety, M (SD)	9.60 (5.65)
Binge Drinking (%)	
Yes	51.72
No	48.48
Community Disorganization, mean (SD)	12.12 (4.06)

% Indicates percentage of responses from participants in PYAH.

Table 2

Logistic Regression Models Examining the Association Between Anxiety and Binge Drinking as Moderated by Community Disorganization (n=1,620)

	Model 1	*Model 2*	*Model 3*	*Model 4*
Anxiety	1.06**	1.04**	1.06**	1.08**
Community Disorganization		1.11**	1.11**	1.13**
Sex			0.68**	0.68**
Full-time student status			1.41**	1.41*
Age			1.13**	1.13**
Perceived SSS			1.23**	1.23**
Race/Ethnicity				
Hispanic/LatinX			1.57**	1.57**
Non-Hispanic Black			1.32	1.31
Other			1.02	1.01
Anxiety x Community Disorg.				1.00

$*p < 0.05$

$**p < 0.001$

Discussion

The present study aimed to examine if community disorganization exacerbated the relationship between anxiety and binge drinking. The findings revealed important insights into these relationships, while shedding light on the interplay of multiple variables on the binge drinking rates in young adult populations.

Findings from this study did not support the hypothesis that the relationship between anxiety and binge drinking would be exacerbated by community disorganization. Community disorganization was not found to be the moderator in the association between binge drinking and feelings of anxiety. Community disorganization impact on binge drinking and anxiety levels may vary due to individuals' resilience levels and pre-developed coping strategies (Simpson, et al., 2012). Findings revealed that community disorganization had a stronger association with binge drinking than anxiety. While previous research has revealed that community disorganization and binge drinking are correlated, this is the first study to demonstrate that community disorganization had a stronger association with binge drinking as compared to anxiety in young adult populations. To grasp the nature of the unique relationships between these variables, future research could consider administering a similar study with more detailed questions surveying community and neighborhood conditions to create a more comprehensive variable for community disorganization.

This is one of the first studies to examine factors associated with young adult binge drinking rates in regard to community disorganization. While studies have investigated initiation of alcohol consumption in young adult populations regarding community disorganization (also referred to as neighborhood unsafety) (Tucker et al., 2013), very few studies have looked at the relationship between binge drinking and community disorganization for those ages 18-25. This

research can improve the study of young adults who experience community disorganization by emphasizing the role of community disorganization as a significant factor related to binge drinking behavior. Understanding the prominent effects of community disorganization on alcohol consumption and binge drinking can inform targeted interventions to address the impact of community conditions on young adult populations. These improved community conditions ultimately lead to more productive strategies for improving young adult well-being and promoting healthier behaviors.

This study's examination on the correlation between binge drinking and anxiety in young adult populations is consistent with past research on the topic. Past research has shown that those with higher rates of feelings of anxiety have a higher likelihood binge drinking (Kalodner, et al., 1989); however, this is one of the first studies to look at the relationship between binge drinking and anxiety within young adults' populations using a diverse, national sample in recent years. The findings of this study may be explained by the idea that anxious youth are more likely to use maladaptive coping mechanisms such as binge drinking to cope with negative life events compared to non-anxious youth. Binge drinking and other maladaptive strategies can lead to comfort in the short-term, but eventually have a negative effect on long-term anxiety (Oppenheimer et al., 2016). Therefore, this heightened likelihood of binge drinking is potentially due to the worsening of anxiety when using it as a temporary solution, therefore leading to a greater risk of binge drinking in the future.

This study also examined the relationship between binge drinking and multiple other variables among young adult populations. Interestingly, findings revealed that those who perceived themselves of higher subjective social status were more likely to binge drink. These results are consistent with previous work on the associations between higher socioeconomic

factor and alcohol consumption. While findings have indicated that people with higher SES may consume similar or higher amounts of alcohol compared to people with lower SES, the latter group is continuously disproportionately burdened with the negative alcohol-related consequences (Collins, 2016).

Logistic regression analysis revealed that individuals enrolled in school full-time were 1.41 times more likely to binge drink than those who were not. The pattern of this result is consistent with the previous literature conducted by Quigley and Marlatt (1996), as binge drinking rates on college campuses are much higher than in non-student young adult populations. This is possibly influenced by the higher rates of binge drinking and the drinking culture on college campuses. Also, young adults at this age who are not enrolled in school are more likely to have taken on more financial and familial responsibilities, thus allowing less time and funds for alcohol consumption.

Young adults who identified as Hispanic/LatinX were 1.57 times more likely to binge drink compared to non-Hispanic whites. While this result was not consistent with previous research conducted by SAMSHA (2020), oversampling for racially/ethnically minoritized young adults may have influenced this result. Additionally, it is important to note that while research has been done on binge drinking rates and race in recent years, little research has been conducted on young adult populations using nationally representative data. This result provides researchers with a clearer insight into how binge drinking rates in young adult populations are influenced when race is considered as a moderating factor. Results regarding binge drinking rates among African Americans and other races had p-values above .05, so results were not statistically significant.

Individuals who identified as female were associated with 32% lower odds of binge drinking compared to males. This is consistent with past research, as men in young adult populations are more likely to participate in binge drinking compared to women (SAMHSA, 2020). Higher binge drinking rates of men could have been due to men having lower perceptions of risk, as research shows males perceive substance use as less dangerous compared to females (Doherty and Szalay, 1996).

There are two key findings of the present research. First, community disorganization and had a stronger correlation with binge drinking than symptoms of anxiety. These results imply that community disorganization has a stronger effect on the binge drinking rates of young adults compared to anxiety. Comprehending the significant influence of community disorganization on alcohol consumption and binge drinking can guide the development of more productive intervention methods for young adults. Therefore, the present research contributes to the growing body of evidence suggesting that community disorganization levels need to be surveyed more often in young adult populations when screening for risk behaviors.

Secondly, this study had results consistent with previous research conducted on the influence of race, gender, and full-time student status, age, and SSS on binge drinking. However, these results represent the developing research efforts investigating the impact of these factors on binge drinking among young adult populations, while using a national diverse sample in the process. Considering the multifaceted nature of these associations, these findings can inform future efforts to develop targeted interventions and policies to reduce binge drinking and promote healthier behaviors among young adults. Overall, the findings from this study provide valuable insights into the complex variety of factors influencing young adult binge drinking rates, while highlighting the critical role of community disorganization. Deeper understanding of

these factors should be utilized in future research on promoting healthier behaviors in young

adults, while emphasizing the importance of the effect of community disorganization on risk

behaviors in young adult populations.

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