Alcohol and Sleep: Is there a relationship?

Getting a good night’s sleep can be a real struggle for some people. According to recent news reports, Americans are at risk for a variety of sleep-related health problems.

Alcohol use is one factor that affects sleep in a number of ways and can exacerbate these health problems. Because alcohol use is widespread, it is important to understand how this use affects sleep. For example, it is popularly believed that drinking alcohol before bedtime can aid falling asleep. However, alcohol also can disrupt normal sleep patterns, resulting in increased fatigue and physical stress on the body. Alcohol use can also aggravate sleeping disorders, such as sleep apnea.

Alcohol consumption can induce sleep disorders by disrupting the sequence and duration of sleep states, altering total sleep time, and changing the time required to fall asleep. For some people, alcohol consumed at bedtime may decrease the time they need to fall asleep. Because of alcohol’s sedating effect, many people with insomnia consume alcohol to promote sleep. However, alcohol consumed within an hour of bedtime appears to disrupt the second half of the sleep period. In other words, they fall asleep, but sleep very poorly during the second half of sleep, awakening from dreams and returning to sleep with difficulty. With continued consumption just before bedtime, alcohol’s sleep-inducing effect may decrease, while its disruptive effects continue or increase.

Such sleep disruption may lead to daytime fatigue and sleepiness. Studies show that a moderate dose of alcohol consumed as much as 6 hours before bedtime can increase wakefulness during the second half of sleep. Research also indicates that alcohol significantly decreases REM (rapid eye movement) sleep.

The adverse effects of sleep deprivation are increased following alcohol consumption. In driving simulation studies, subjects who were administered low doses of alcohol following a night of reduced sleep perform poorly, even with no alcohol left in the body.


Tips for better sleeping:
1. Watch out for stimulants and avoid alcohol.
2. Exercise during the day.
3. Make sure your bed is right for you.
4. Buy a white-noise generator.
5. Practice relaxation techniques.
6. Take a hot bath.
7. Eat something high in starch content before bedtime, but avoid overeating.
8. Turn your clock face away from the bed.
9. Use your bed only for sleeping.
10. Limit your time awake in bed; get up after laying awake for 30 minutes or more.
12. See your doctor or a sleep specialist if the problem persists.

Funding in part provided by the City of Manhattan
1997 KSU Student Survey Alcohol/Drug Facts* 

18% Of KSU students do not drink alcohol. 

37% Of students who drink average 3 or less drinks per drinking experience. 

48% Of students who drink average 4 to 6 drinks per drinking experience. 

63% Of students do not drink and drive. 

85% Of students who drink average 6 drinks or less per drinking experience. 

91% Of students do not damage property when drinking. 

93% Of students do not get into trouble with the police when drinking. 

76% Of students have not smoked cigarettes within the past month. 

88% Of students use protection when having sex. 

92% Of students have not done any illicit drug within the past month. 

93% Of students have not smoked marijuana within the past month. 

* These statistics are from 1997 surveys conducted on the KSU campus by the KSU AODES office and the Harvard School of Public Health.

Negative consequences of alcohol and other drug use on college campuses within the past year

Had a hangover 56%  
Became nauseated or vomited 44%  
Drove while intoxicated 34%  
Later regretted actions 33%  
Got into an argument or fight 31%  
Criticized for drinking habits 26%  
Performed poorly on a test 24%  
Missed a class 23%  
Experienced memory loss 22%  
Had a hangover 6 or more times 17%  

College Students and Drug Use

Students entering college in the U.S. can expect to pay $50,000 or more for a bachelor's degree. This cost can be seen as an investment in the future because it opens the door to new experiences, increases job opportunities, knowledge, and creates new friendships.

The greatest risk for this investment is alcohol use. Drinking relates directly to lower academic performance, to dropping out of college, to high-risk sexual activity, to sexual assault, and to death or injury from alcohol-related car crashes. The graph below illustrates the association between alcohol and grade point averages.

![Academic Achievement & Alcohol Use](image)


What is happening at K-State?

Each fall semester from 1993-1998, KSU Alcohol and Other Drug Education Service goes to classrooms on campus and administers an anonymous and voluntary survey. Several questions produced interesting data.

* The percentage of students who reported being arrested for D.U.I decreased within the last year. In 1996, the numbers were at their highest at 7.6% and at their lowest in 1998 at 1.3%.
* The percentage of students who reported smoking cigarettes remained almost unchanged for the previous three years (approximately 25%).
* The percentage of students who reported smoking marijuana in the last month has decreased during the previous four years; in 1998, it was 8.7%; in 1997, it was at its highest at 12.1%.

Announcement

The KSU Alcohol and Other Drug Education Service is pleased to announce it has been awarded a four and a half year grant from the Kansas Health Foundation (Wichita) of $450,000 for a program that focuses on reducing harm related to heavy drinking by students.
Student-Athletes and Substance Use

In the past 14 years the NCAA conducted four studies to measure the substance-use patterns of NCAA college student-athletes. The initial results were released in 1985 and subsequent results have been presented in 1989, 1993, and 1997. The results of those four studies provided NCAA policy makers with data related to the current level of drug and alcohol use by student-athletes and an indication of how those levels have changed over time. Below are some of the findings of the most recent study:

What do student-athletes feel about drug-use by their peers?
* Most student-athletes feel they are under more stress than other college students.
* A large majority of student-athletes believe they do not need to take drugs to keep up with their competition.
* Student-athletes are divided as to whether they believe that there is a problem of illegal drug use by college athletes. But they agree that college athletes use fewer drugs than other college students.

Why do student-athletes choose not to use alcohol and other drugs?
* A much higher proportion of student-athletes who choose not to use specific drugs reported they do so based on their own beliefs/values/ethics.
* Student-athletes reported health concerns play a vital role in their choice not to use drugs.
* Many student-athletes reported they had no desire to experience the effect provided by other drugs.

What is the frequency and when was the initial use of alcohol and other drug use?
* More than half of student-athletes who used alcohol in the last year, did so on an average of one or fewer times per week.
* Of those who have ever used any drug, more than half of all cocaine users reported they first tried coke in college; marijuana was first used in junior high or before; and more than half of the users of alcohol, marijuana, or smokeless tobacco said they first used drugs in high school or before.


CAMPUS RESOURCES

University Counseling Services
Lafene Health Center - 2nd Floor
(Sherry Benton) Phone: 532-6927

Alcohol & Other Drug Education Service
Director: Bill Arck
214 Lafene Health Center
Phone: 532-6927

Alcoholics Anonymous
Open Noon Meeting (Mon.-Fri.)
Ecumenical Campus Ministry
1021 Denison
Phone: 537-9542
776-8306

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The intent of Higher Education is to provide accurate, timely information representing the current state of alcohol/drug knowledge. Keep in mind that research on these matters continues daily and is subject to change. It is our intention to keep you informed, not to diagnose or treat illness. For personal alcohol and other drug problems, please consult your physician or counselor.