

to males, as is lack of health insurance. Males who have left school and are aged 18-34 are 2.6 times more likely to have been hospitalized in the past 12 months; they are 2.5 times more likely to have GI tract problems; they are 2.7 times more likely to be COA/CODA; and 2.5 times more likely to be uninsured than males who are stayers.

Finally, the excess risk of being arrested for drug-related offenses is confined to females in this population subgroup. Group differences related to poverty, tobacco use, and recent alcohol use are shared by both gender groups, while females account for the impact of non-metropolitan residence, mental health problems, Medicaid enrollment, and use of ERs as regular care sources.

Analyses #5 and #6

The relatively low likelihood of school leavers' recent use of alcoholic beverages compared to stayers needs explanation. As noted, the result is consistent with the bivariate analyses. This deficit in risk is observed for both male and female school leavers (and in fact is observed for those adults who are older (35 and up) as well as for those who are young (18-34) and considered here) (data not shown). Is it possible that exposure to college and the drinking culture embedded in college life increases young adults' chances of using and potentially abusing alcohol?

Two analyses were undertaken to examine this issue. First, Tennessee adults ages 18-34 with some college (13+ years of education) were compared with high school leavers, using logistic regression. The objective was to determine whether recent use of alcohol would appear as a positive predictor of college exposure in contrast to its negative relationship to school leaving.

Comparing Tennessee young adults with some college education with school leavers (excluding those high school graduates), the following results obtain (Table 14). Young adults 18-34 with some college education in Tennessee are less likely than school leavers to be poor, male, unemployed, non-metropolitan, living in households with children and youth under 18 years of age. College-educated young adults are less likely to report fair/poor health or disability, less likely to report mental health problems, and less likely to have used ERs in the past year. On the other hand, the college-educated group is more likely to say they are very religious, to have average annual household incomes of \$50,000 or more, to be privately insured, and to use a private MD for regular medical care than school leavers. **Finally, college-educated young adults are 4 times more likely to have recently drunk alcoholic beverages than school leavers. They are also 71% less likely to have used tobacco within the past 12 months.**

Finally, in Table 15, high school graduates are compared to those with some college to determine whether, in contrast to the college-educated group, recent alcohol use is relatively lower among the high school graduates as it was among the high school