CD Summary

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Telephone 503/731-4024
Emergencies 503/731-4030
Fax 503/731-4798
cd.summary@state.or.us
www.dhs.state.or.us/publichealth/cdsummary/

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THE SOBERING FACTS ON KIDS AND DRINKING

ALCOHOL IS the most common drug used and abused by kids in America. Youth alcohol use is frequently viewed as merely a rite of passage, and many adults aren't aware of the scope of the problem or the risks associated with kids drinking. The potential dangers of drinking have been recently highlighted in the media with the death of an MIT student from acute alcohol poisoning, and closer to home, the death last year of an OSU student who had been drinking and fell from a dormitory fire escape. In this *CD Summary*, we provide data on the prevalence of drinking and alcohol related deaths in young adults, and discuss steps that health care providers can take to address the issue in their patients.

Nationally, alcohol use is associated with the three leading causes of death for persons aged 15–24 years: unintentional injuries (including motor vehicle crashes), suicide and homicide.[1] In Oregon, these three causes accounted for 78% of all deaths among 15–19 year olds in 2000 (n=163), with motor vehicle crashes accounting for 40% (n=65), and suicide comprising 20% (n=32).[2] Among 15–19 year old Oregon drivers involved in *fatal* crashes, 23% had been drinking.[3] In 1992, half of American youth homicide victims had elevated blood alcohol levels at autopsy; and in 65%, the perpetrators, victims, or both had been drinking.[4] An estimated 19.7% of all alcohol consumption in 1999 was by underage drinkers.[5]

Drinking in kids may herald lifetime problems with alcohol use. Over 40 percent of Americans who began drinking before age 15 become dependent on alcohol, compared to 10 percent of those who begin drinking at age 21.[6] Nationally, societal costs of alcohol abuse (including disease and injury, premature death, lost productivity, violence, and criminal justice factors) added up to $166.5 billion dollars in 1995—a little more than 2% of the nation's annual income.[7] In Oregon, overall estimates show that for every dollar spent on alcohol and drug abuse treatment, $5.60 could be saved due to lowered crime rates and less use of social, medical and surgical services.[8]

FACTS ON YOUTH ALCOHOL USE IN OREGON

- Youth drinking is widespread. Almost half of Oregon's 11th graders (45%) report current drinking (one or more occasions in the month prior to the survey), and one in four (25%) report having one or more drinks in the past week.[9]
- Binge drinking is also common. In Oregon, one in four (25%) 11th graders reported binge drinking at least once in the past 30 days, and 10% binge drank ⩾3 times in the past 30 days. Binge drinking is the type of drinking most associated with deaths in young people, and more than half of college binge drinkers first binged in high school or earlier.[10]
- Oregon 11th graders are more likely to binge drink (25%) than to smoke tobacco (21%) even once in the past 30 days (24% reported smoking marijuana in the past 30 days).
- Alcohol use starts early: 47% of Oregon 11th graders tried alcohol, and 24% got drunk, before age 15. Even among 8th graders, drinking is common: 24% report current drinking, and 9% reported at least one episode of binge drinking in the past month.
- The most common source of alcohol* was friends (51% of 11th graders got alcohol from underage friends; 43% from friends age ⩾21). But many kids got their alcohol closer to home: 30% reported getting alcohol from parents, 23% from siblings, and 26% reported taking alcohol from home without permission. Among 8th graders, 37% reported getting alcohol from parents, 30% from siblings, and 43% took it from home without permission.
- Peer activity and perception of societal norms may lead a lot of kids to drink. Among Oregon's 11th graders, 83% of current drinkers and 21% of current *non-drinkers* reported that they would drink if a friend offered alcohol at a party.

MIXED MESSAGES

Given conflicting reports about the benefits (and risks) of moderate alcohol use (for adults), both parents and kids may need some additional background about risks for the growing body—and brain. Misperceptions about short and long-term risks, as well as mixed messages regarding acceptability of alcohol use, seem to be common among youth.

Kids believe that their parents are more likely to discipline them for using tobacco than for using alcohol. In 2002, 63% of 11th graders reported that their parents would likely discipline them for using tobacco compared to 57% for using alcohol. Among 8th graders, 81% reported likely discipline for tobacco

DEFINITIONS

- Drink: 1 glass of beer or wine, or 1 shot of hard liquor.
- Current drinking: one or more occasions of drinking in the past 30 days.
- Binge drinking: 5 or more drinks of alcohol in a row, within a couple of hours, in the past 30 days.

* When asked about where they got their alcohol, students were told to mark all the answers that applied to them. The listed percents show the proportion of total students who got alcohol from a given source in the past 30 days.

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use, while 73% reported this for alcohol use. Although this doesn't tell us what messages parents intended to give their children, it does indicate that kids aren't hearing the same messages about tobacco and alcohol use.

Perception of risk differs between drinking and non-drinking youth; current drinkers were less likely to perceive risks. When asked about how wrong they felt it would be for *someone their age* to drink regularly, Oregon 11th grade current drinkers were 7 times more likely than non-drinkers (30% vs. 4%) to report that drinking regularly was not wrong at all. Oregon 8th grade drinkers were 8 times more likely than non-drinkers to report this (25% vs. 3%).

WHAT'S A HEALTH PROVIDER TO DO?

Changing behavior and societal norms is not easy and will require a multi-pronged approach. Health providers can be a good resource to parents in reinforcing the message that alcohol use is not healthy for teens. Studies have shown that parents can have a tremendous influence on youth behavior regarding drinking, and health care providers can help parents understand the scope of the problem.

The AMA recommends that health care providers—and more to the point, health care systems—adopt a comprehensive approach to adolescent preventive care, which includes providing parents with guidance and information about normal adolescent development and health risk behaviors, as well as screening adolescents about their use of alcohol (and other drugs) during annual preventive health visits. Health screening about alcohol use needs to start by age 11 and continue throughout the teen years.[11] Health care systems should aim to make questions about risk-related behaviors part of the course of routine exams. Together, recommended screening for alcohol use and counseling of parents and adolescents play an important role in augmenting community programs and family efforts focusing on helping youth develop social skills to resist substance use.[12] A neutral and credible third party, such as a heath care provider, can support the parental message about alcohol, helping youth understand the risks and strengthening their ability to resist the pressure to drink.

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RESOURCES

Screening and counseling materials for healthcare providers:

- AMA Adolescent and Parent Questionnaires for screening health risk behaviors. At: *http://www.ama-assn.org/ama/pub/category/1981.html*
- AMA Parent Package: Points for doctors to share with parents about 15 adolescent health topics. At: *http://www.ama-assn.org/ama/upload/mm/39/parentinfo.pdf*
- AMA publication**:** Healthy Youth 2010: Supporting the 21 Critical Adolescent Objectives. At: *http://www.ama-assn.org/ama/upload/mm/39/healthyouth.pdf*