

Underage Drinking



Yesterday

- Since Colonial times, drinking alcohol has been part of American culture and its use by young people has been accepted by many as part of growing up. In fact, during the late 1960s and early 1970s, many States lowered the legal drinking age from 21 to 18.
- Following this change, the number of alcohol-related traffic fatalities among young people increased. In response to these acute consequences, beginning in the early 1980s individual States increased the drinking age to 21. In 1984, Congress passed legislation that would withhold federal highway construction funds from any state that had not adopted a minimum legal drinking age of 21.
- By 1988, all States had adopted age 21 as the minimum legal drinking age. Alcohol-related traffic deaths among young drivers subsequently declined. The prevalence of underage alcohol use, daily alcohol use, and binge drinking also declined since 1982. However, many young people continued to drink and drink heavily.

Today

- Underage alcohol use remains a pervasive and persistent problem with serious health and safety consequences. Deeply embedded in American culture, underage drinking is still viewed by many as a rite of passage into adulthood.
- Today, in addition to the age 21 minimum legal drinking age, all States have passed zero-tolerance laws that make it illegal for people under age 21 to drive after drinking any alcohol.
- In spite of underage drinking laws and prevention programs, available information from national surveys indicates that rates of underage alcohol consumption over the past decade remain at unacceptably high levels.

- Alcohol is the drug of choice among America's adolescents, used by more young people than tobacco or illicit drugs.
- The 2008 National Survey on Drug Use and Health estimates there are 10.1 million underage drinkers in the United States. According to the 2008 Monitoring the Future Study (<http://monitoringthefuture.org/>), 39% of current 8th graders, 58% of 10th graders, 72% of 12th graders, and 85% of college students have tried alcohol.
- Particularly worrisome among adolescents is the high prevalence of binge drinking – the consumption of five or more drinks for males, and 4 or more drinks for females per occasion. Underage drinkers consume, on average, 4 to 5 drinks per occasion about 5 times a month. By comparison, drinkers age 26 and older consume 2 to 3 drinks per occasion, about 9 times a month.
- Underage drinking is a leading contributor to death from injuries, which are the main cause of death for people under age 21. Each year, approximately 5,000 persons under the age of 21 die from causes related to underage drinking. These deaths include about 1,600 homicides and 300 suicides.
- Alcohol also plays a significant role in risky sexual behavior and increases the risk of physical and sexual assault. Among college students under age 21, 50,000 experience alcohol-related date rape, and 43,000 are injured by another student who has been drinking.
- In addition, studies with animals and alcohol dependent adolescents show that alcohol has the potential to impact adolescent brain development. Given recent research which shows that the human brain continues to develop throughout adolescence, we need to better understand the short- and long-term effects of alcohol on the developing brain.
- Underage drinking is also associated with future alcohol dependence. Analyses of data from the National Epidemiologic Survey on Alcohol and Related Conditions show that people who begin drinking

before age 15 are four times more likely to develop alcohol dependence during their lifetime than those who began drinking at age 21 or later. This has even been shown for identical twins who have the same genetics but begin drinking at different ages.

- Further, this holds true for individuals from families where a parent has a history of alcoholism *and* for individuals with no parental history of alcoholism. Therefore, while parental history clearly contributes to the risk for developing alcoholism, likely a reflection of genetic risk factors, early initiation of drinking is also an important predictor of risk for alcoholism.
- Based on the work of the NIH Initiative on Underage Drinking Research (<http://www.niaaa.nih.gov/AboutNIAAA/NIAAASponsoredPrograms/underage.htm>), we now have a better understanding of underage alcohol use in the context of overall development – as a phenomenon intertwined with the maturational processes that occur during adolescence. These biological and psychosocial processes affect everything from the way adolescents use alcohol, their responses to it, the attraction it holds for many of them, and the range of consequences they may experience.
- For example, an adolescent’s decision to use alcohol is influenced by normal maturational changes that all adolescents experience; genetic, psychological, and social factors specific to each adolescent; and the various social and cultural environments that surround adolescents, including their families, schools, and communities.
- Based on compelling information on the degree to which underage drinking is intertwined with growing up in America; the extent of the problem and the range of related consequences; as well as emerging research suggesting alcohol’s potential for adversely affecting developmental processes, the Acting Surgeon General released a U.S. Surgeon General’s Call to Action to Prevent and Reduce Underage Drinking (<http://www.surgeongeneral.gov/topics/underagedrinking/>) in March 2007.

productively move forward to address underage drinking. Developed in collaboration with the NIH and the Substance Abuse and Mental Health Services Administration (SAMHSA), the Call to Action identifies six goals:

1. Foster changes in society that facilitate healthy adolescent development and that help prevent and reduce underage drinking.
 2. Engage parents, schools, communities, all levels of government, all social systems that interface with youth, and youth themselves in a coordinated national effort to prevent and reduce underage drinking and its consequences.
 3. Promote an understanding of underage alcohol consumption in the context of human development and maturation that takes into account individual adolescent characteristics as well as environmental, ethnic, cultural, and gender differences.
 4. Conduct additional research on adolescent alcohol use and its relationship to development.
 5. Work to improve public health surveillance on underage drinking and on population-based risk factors for this behavior.
 6. Work to ensure that policies at all levels are consistent with the national goal of preventing and reducing underage alcohol consumption.
- The NIH will continue to move the research agenda forward to provide a better understanding of how development both influences underage alcohol use and is affected by it. For example, NIH will continue to support research on the impact of alcohol exposure on the developing adolescent brain.

For additional information contact: John Bowersox
jbowersox@niaaa.nih.gov 301-443-2857.

National Institute on Alcohol Abuse and Alcoholism (NIAAA):

<http://www.niaaa.nih.gov>

Tomorrow

- Building on this first-ever Surgeon General’s report on underage drinking, every sector of society can