

SUPPORTING CHILD WELL-BEING THROUGH PREVENTING

UNDERAGE DRINKING

APR 2020

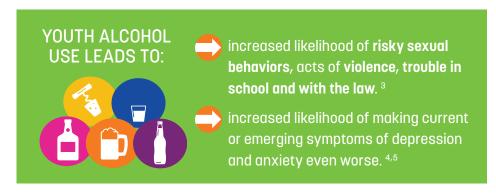
WHY THIS MATTERS

Over the years, youth under the age of 21 in Wisconsin are drinking less, but they are still drinking more than youth in other states.^{1,2}

Factors such as peer pressure, the ease in which youth can obtain alcohol as well as advertising in the community may encourage unhealthy drinking behaviors.

WHAT THE RESEARCH SAYS

Adolescence is a key period of time when youth are growing emotionally, socially, and developmentally. Many negative health outcomes have been associated with drinking during this critical stage of life.



Prevention strategies aimed at children younger than 15 can reduce the likelihood of developing future unhealthy patterns of behavior later in life, including alcohol dependence. 6

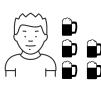
CONSEQUENCES OF BINGE DRINKING

Youth tend to drink less often than adults, but consume much more at one time. In fact, 90% of youth alcohol intake is done in the form of binge drinking. 7 An adolescent's brain develops well into their 20s. When alcohol is consumed, especially in the form of binge drinking, the memory and learning centers of their brain can suffer long-term and irreversible impairment.8

FOR 9 - 17 YEAR OLDS







Depending on gender and age, binge drinking definitions vary, and can mean as little as 3-5 drinks, generally in a two hour period.9,10



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Youth in Wisconsin normalize drinking more than youth in all 49 other states.

In fact, in 2018 only 36% of kids age 12-17 think it's risky to have 5 or more drinks once or twice a week.13

WHAT'S HAPPENING IN WISCONSIN?

The Wisconsin Department of Health Services (DHS) identified several strategies to prevent and reduce underage and excessive alcohol consumption in the State Health Improvement Plan *Healthy Wisconsin*. 11 To complement these current strategies, DHS has also developed a new public awareness campaign called Small Talks.12 This effort takes a preventative approach to reducing future alcohol related health risks by offering guidance to adults for talking with children about underage drinking.

WHAT WE CAN DO

Broad based community involvement is necessary to prevent underage drinking. Prevention strategies include making alcohol less available, attractive, affordable, and acceptable.14



- · Have small, casual conversations with children starting at about age 8 in order to help them make healthier decisions about alcohol.
- **SCHOOLS**
- Review disciplinary policies for alcohol use with a trauma-informed lens.
- · Participate in the Youth Risk Behavior Survey in order to provide a consistent measure of alcohol consumption.
- · Implement or sustain ongoing alcohol awareness programs.



- COMMUNITIES · Request that adults refrain from consuming alcohol while supervising or chaperoning youth events in an effort to promote an alcohol-free environment.
 - · Work with local law enforcement to ensure alcohol is not being sold to youth.
 - · Review how much exposure to alcohol advertising youth have around the community and consider recommending changes where appropriate.

REFERENCES:

- $^{\mathrm{1}}$ U.S. Department of Health and Human Services, Center for Disease Control, Division of Adolescent and School Health, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. Trends in the Prevalence of Alcohol Use. National YRBS: 1991-2017.
- ² Centers for Disease Control and Prevention (CDC). 1991-2017 High School Youth Risk Behavior Survey Data. Available at http://nccd.cdc.gov/youthonline/. Accessed on [2/24/2020].
- 3.4.5 National Institute on Alcohol Abuse and Alcoholism. Retrieved from: https://www.niaaa.nih.gov/ publications/brochures-and-fact-sheets/underage-drinking.
- ⁶ Alcoholism: Clinical & Experimental Research. (2008, September 30). Drinking Alcohol Before 15 Years Of Age Is Risky For Later Alcohol Problems. ScienceDaily. Retrieved March 11, 2020 from www.sciencedaily. com/releases/2008/09/080929163713.htm
- ⁷ Office of Juvenile Justice and Delinquency Prevention. Drinking in America: Myths, Realities, and Prevention Policy. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 2005.
- 8 Risher, M. L., Fleming, R.L., Risher, W.C., Miller, K.M., Klein, R.C., Wills, T., Acheson, S.K., Moore, S.D., Wilson, W.A., Eroglu, C. and Swartzwelder, H.S. (2015), Adolescent Intermittent Alcohol Exposure: Persistence of Structural and Functional Hippocampal Abnormalities into Adulthood. Alcohol Clin Exp Res, 39: 989-997.
- ⁹ Chung, T., Creswell, K. G., Bachrach, R., Clark, D. B., & Martin, C. S. (2018). Adolescent Binge Drinking. Alcohol research: current reviews, 39(1), 5-15.

- ¹⁰ Donovan J. E. (2009). Estimated blood alcohol concentrations for child and adolescent drinking and their implications for screening instruments. Pediatrics, 123(6), e975-e981. https://doi.org/10.1542/peds.2008-0027
- 11 Wisconsin Department of Health Services, Healthy Wisconsin 2020. https://healthy.wisconsin.gov/content/
- ¹² Wisconsin Department of Health Services, Small Talks: How Wisconsin Prevents Underage Drinking. https://www.dhs.wisconsin.gov/aoda/underage-drinking.htm
- ¹³ U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality. (2019). National Survey on Drug Use and Health 2017-2018. Table 15, Model based prevalence estimates by Age Group: Percentages, Annual Averages Based on 2017-2018 NSDUHs. Retrieved from http://www.samhsa.gov/data/report/2017-2018-nsduh-stateprevalence-estimates
- 14 University of Wisconsin-Madison School of Law. Alcohol Policy Project. Retrieved from: https://law.wisc. edu/wapp/improve.html.

