American Society of Addiction Medicine

Public Policy Statement on Underage Drinking

Background:

The consumption of alcoholic beverages is a legal activity in all states and territories (except for scattered local ordinances), but alcohol possession or purchasing by individuals under age 21 is legally prohibited, and in most circumstances any consumption of alcoholic beverages is proscribed as well. Despite this, well over half of high school age youth report that they can purchase alcohol. By 8th grade, 53% of American children have tried alcohol; by 10th grade, 70% report they have tried alcoholic beverages, and by 12th grade the figure is 81%. Moreover, American youth who consume alcoholic beverages do not drink in the same manner as do adults. Survey data show that teenagers drink larger quantities in a shorter period of time than adults who drink in legally and socially approved settings. According to reports by the federal Department of Health and Human Services showing that roughly 60% of adults currently drink, and roughly 30% of persons ages 12-20 drink, the 2003 percentage of adult drinkers who binge drink was around 50% (defining binge-drinking as the consumption of five or more drinks on the same occasion for males, four or more for females). But 19% of underage persons are binge drinkers, and among those youth who do drink, the percentage of adolescent drinkers who have consumed in binge-pattern in just the past 30 days has climbed in recent years from 46% to 66%.

The consumption of alcoholic beverages is harmful to youth. Alcohol use is associated with traumatic injuries, including violence from fights, vehicular crashes, and drowning. Underage drinking is a factor in nearly half of all teen automobile crashes, the leading cause of death among teenagers, and alcohol use contributes to youth suicides, homicides and fatal injuries—the leading causes of death among youth after vehicular crashes. Also, alcohol consumption is highly correlated with unplanned sexual activity by teenagers, contributing to sexually transmitted diseases among youth, unplanned pregnancies and potential fetal exposure to alcohol.

Whereas most adolescents have not consumed alcohol in the quantities, and especially in the durations, necessary to produce the traditional organ damage seen in adult heavy drinkers (such as alcohol fatty liver, alcohol peripheral neuropathy, and alcohol cardiomyopathy), there are very specific vulnerabilities that youth face regarding alcohol exposure to their bodies. Research findings at the beginning of the 21st century show that neurological development proceeds even into the mid-twenties. The development of frontal lobe white matter, which is important in planning and making good judgments,
lags behind development of other brain areas. Neuronal pruning proceeds through the third decade of life, contributing to the development of more complexly integrated brain functions. Alcohol exposure to the developing brain carries the risk of impeding neuronal development during these critical periods.

Various strategies can be followed to attempt to prevent underage drinking. These include the adoption and enforcement of laws, regulations regarding alcohol advertising to youth, and environmental interventions involving community coalitions. All of these strategies are salutatory. The prevention of underage drinking has additional benefits, as it has been shown that the earlier the first drink, the more likely a youngster is to develop alcohol problems later on. So an evidence-based prevention strategy for alcoholism in the general population is to eliminate underage drinking as much as possible, and specifically to delay the age of onset of alcohol consumption by youth.

**Recommendations:**

ASAM recommends the following:

1. Laws which prohibit the supplying of alcoholic beverages to underage individuals should be enforced, including laws and regulations addressing retail sales, sales in restaurants and taverns, supplying alcohol to underage individuals in social/party settings, and the giving of alcoholic beverages to minors by those 21 years old and older.

2. Efforts to reduce the legal drinking age for individuals under age 21, for any class of alcoholic beverages, should be opposed.

3. Efforts should be intensified to regulate advertising of alcoholic beverages to underage individuals, including reducing exposure of advertising content in various media to underage audiences.

4. The efforts of community coalitions to prevent underage drinking should be supported, and physicians should be encouraged to participate in local community coalitions which are aimed to eliminate underage drinking.

Adopted by the ASAM Board of Directors April 2005.