Let’s start with this: excessive alcohol use is bad for us. And it’s badder for teens (in the baddest sense).

The toll is substantial:
• Binge drinking is associated with lower academic achievement, risky sexual behaviors and death;
• Alcohol is a major contributor to traffic accidents, the number one cause of death among teens. In Oregon during 2007, an estimated 25 traffic fatalities and 300 nonfatal traffic injuries involved an underage drinking driver;
• Early alcohol initiators are also substantially more likely to go on to develop chronic alcohol abuse and dependence (figure 1).† This CD Summary explores the data on early drinking and offers suggestions for addressing the problem.

THE SCOPE
Unfortunately, teen drinking is common. During 2009, 52% of Oregon 8th graders reported ever having drunk alcohol (more than a few sips); that number increased to 74% of 11th graders (table).† These proportions are not declining but have actually increased slightly since 2004. On this problem, girls don’t get a pass: age of initiation is not associated with gender.

In addition, the earlier a youngster begins to drink the higher the level of past 30-day binging he or she will report in the 11th grade; data on consumption are similar (figure 2).

In addition to past 30-day abuse and misuse, the earlier one begins to consume alcohol the greater the likelihood of lifetime alcohol dependency.

EARLY ALCOHOL USE AND THE DEVELOPING BRAIN
Could early use simply be a marker for those predisposed to develop alcohol disorders? Maybe, but early initiation might be causally related. Young adolescents who drink tend to drink larger quantities on each occasion than adults, perhaps because they are less sensitive to some of the unpleasant effects of intoxication. And, whereas they might tolerate more at one sitting, young adolescents appear to be more sensitive to alcohol’s harmful effects on brain development.‡ One group of investigators found that adolescent rats were less facile at learning a task that required spatial memory than adults after exposure to alcohol.¶ Other research suggests that, in adolescents more than adults, alcohol inhibits the process in which, with repeated experience, nerve impulses travel across neurons involved in the task being learned.¶

RISK AND PROTECTIVE FACTORS
Biological, psychological and social processes shape one’s risk for alcohol use and misuse. Self-esteem, coping skills, adverse childhood experiences, parental and peer relationships, academic achievement, neighborhood attributes, media and advertising all contribute to or protect against alcohol use.¶ Medical providers who inquire about family and peer relationships, academic progress, nonacademic activities, acceptance of authority, degree of self-esteem, and ongoing episodes of familial conflict often identify risks and protective factors for current or future alcohol abuse.¶ Providers who establish confidentiality, comfort and trust are most successful at obtaining useful information. Pre-teens and teenagers should be interviewed without their parents/guardians present during at least a portion of each office visit, with the reassurance of confidentiality and a discussion of its limits.

Table. Alcohol consumption by grade level, Oregon, 2009

<table>
<thead>
<tr>
<th>Grade level</th>
<th>Ever drank</th>
<th>Past 30 day drinking*</th>
<th>Past 30 day binging**</th>
</tr>
</thead>
<tbody>
<tr>
<td>8th</td>
<td>52%</td>
<td>21%</td>
<td>10%</td>
</tr>
<tr>
<td>11th</td>
<td>74%</td>
<td>36%</td>
<td>22%</td>
</tr>
</tbody>
</table>

*more than a few sips on at least one day **4 (girls) or 5 (boys) drinks on at least one day
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CRAFFT SCREENING QUESTIONS

1. Have you ever ridden in a Car driven by someone (including yourself) who was ‘high’ or had been using alcohol or drugs?
2. Do you ever use alcohol or drugs to Relax, feel better about yourself, or fit in?
3. Do you ever use alcohol or drugs while you are by yourself, Alone?
4. Do you ever Forget things you did while using alcohol or drugs?
5. Does your Family or Friends ever tell you that you should cut down on your drinking or drug use?
6. Have you ever gotten in Trouble while you were using alcohol or drugs?

Each “yes” response is scored 1 point. A score of 2 or higher is a positive screen result and indicates high risk for an alcohol- or drug-related disorder and should be followed by a more comprehensive history including age at first use; current pattern of use (quantity and frequency); impact on physical and emotional health, school, and family; other negative consequences; co-occurring disorders and parent/sibling alcohol use. More information on the use of the CRAFFT and a physician guide to interviewing youth specifically on alcohol use can be found in the “The Adolescent Preventive Care Visit” by the American Academy of Pediatrics (2010). See the resources section for a link to the guide.

REFERENCES


ERRATA

CD Summary, Vol 60, No. 20. Erratum to [citation]
In the table, “Provisional results of Social Networks Strategy for outreach to HIV testing in six Oregon counties, as of October 2011 The provisional results for County A should read: Number of HIV Tests (111) and New HIV Cases (10). County B results indicated in the Table should read: Recruiters (61), Network Associates (18), Number of HIV Tests (79), New HIV Cases (6), and % New HIV Cases (0). The resulting totals should read: Recruiters (117), Network Associates (139), Number of HIV Tests (194), New HIV Cases (10), and % New HIV Cases (5%). These results are as of October, 2011. The corrected version is now available online.