

BSAAS Priority: Reduce Underage Drinking.

Overview

According to *The Surgeon General's Call to Action to Prevent and Reduce Underage Drinking*, issued in 2007, "alcohol is the most widely used substance among youth in America." The public health consequences of underage alcohol use include medical problems ending in death by poisoning, risky sexual behavior, car crashes (often leading to serious injury and death), and suicide. Within the same publication, the Surgeon General speaks to disturbing research that indicates how alcohol affects the adolescent brain, causing impaired judgment that leads to at-risk behavior.

Research has shown that there is often a relationship between alcohol use and sexual risk-taking (unprotected intercourse) by adolescents. This high risk behavior, caused by alcohol use, increases the risk of contracting AIDS and other STDs. Alcohol can also have a number of harmful effects on the unborn babies of women who consume large amounts of alcohol during pregnancy, increasing the risk of infants born mentally disabled or with life-long learning and behavioral problems.

Consistent with the Surgeon General's report, and in response to the potential consequences of underage drinking, Bureau of Substance Abuse & Addiction Services (BSAAS) will develop and implement a statewide plan to reduce the incidence and prevalence of childhood and underage drinking.

Rationale

The 2006 National Study on Drug Use and Health (NSDUH) and other research shows that underage drinkers tend to consume more alcohol per occasion than those over the legal minimum drinking age of 21. Studies have also linked early drinking to heavy alcohol consumption and alcohol related problems in adulthood. For example, in 2006, 16.3% of adults aged 21 or older who had first used alcohol before age 15 met the criteria for alcohol dependence or abuse in the past year, compared to 2.4% of adults who first used alcohol at age 21 or older.

The 2005-2006 NSDUH data indicated that 20.21% of persons aged 12 to 20 residing in Michigan reported binge drinking in the past month, compared to the national average of 18.87%.

According to the 2009 Michigan Youth Risk Behavior Survey (YRBS):

- 19% of middle and high school students had their first drink of alcohol before age 13.
- 37% of middle and high school students had at least one drink of alcohol on one or more of the past 30 days.
- 23% of middle and high school students had five or more drinks of alcohol in a row, within a couple of hours, on one or more of the past 30 days.

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH, MENTAL HEALTH & SUBSTANCE ABUSE ADMINISTRATION
BUREAU OF SUBSTANCE ABUSE & ADDICTION SERVICES
2009-2012 STRATEGIC PLAN PRIORITY DESCRIPTION

- Among those Michigan high school students who report being currently sexually active (defined as having had sexual intercourse in the three months prior to the survey), 25% (21% of females and 29% of males) report using alcohol or drugs the last time they had sexual intercourse.

The Michigan State Police, Office of Highway Safety and Planning Division reported the following data related to Michigan traffic crash deaths and injuries:

- In 2007, 47 persons were killed in crashes that involved a driver under age 21 who had consumed alcohol, and 241 persons of all ages were killed or seriously injured in alcohol-related traffic crashes.
- In 2008, 42 persons were killed in crashes that involved a driver under age 21 who had consumed alcohol, and 191 persons of all ages were killed or seriously injured in alcohol-related traffic crashes.

In Michigan, it is estimated that underage alcohol use costs Michigan taxpayers \$2 billion per year, including costs of youth violence, treatment, traffic crashes, property crimes, and medical costs.

Key Steps and Timeline

1. Update profile of alcohol related health consequences including an illustration of the magnitude, severity, incidence, and prevalence of underage drinking – Summer 2009.
2. Update logic model including a profile of intervening variables and causal factors promoting and discouraging underage drinking – Spring 2010.
3. Update profile of evidence-based strategies and interventions that are effective in reducing underage drinking – Spring 2010.
4. Assess state-level capacity and resources to implement a state plan – Spring 2010.
5. Assess training and technical assistance needed to implement a state plan – Spring 2010.
6. Develop and implement an evaluation construct – Spring 2010.
7. Develop a state plan of action – Summer 2010.
8. Assess training and technical assistance needed to maintain a state plan – ongoing.
9. Implement the state plan of action – Winter 2010/11.