



Module 6: Substance Use

Part 2: Underage Drinking and Driving

We now turn our attention to the specific issue of underage drinking and driving. The Specific Healthy People objective, SA-1, is to reduce the proportion of adolescents who report that they rode during the past 30 days with a driver who has been drinking alcohol. The definition of underage drinking has been federally identified as less than 21 years. And most states have enacted statutes that prohibit individuals under 21 years to ingest alcohol. All states prohibit possession, purchase, and consumption of alcoholic beverages by persons under 21 years, considered to be minors. And most states prohibit adults from providing alcoholic beverages to minors. However, the laws permitting and restricting alcohol vary from state to state.

Teens are at far greater risk of death in an alcohol-related crash than the overall population despite the fact that they cannot legally purchase or publicly possess alcohol in any states. Recent data reflects that one in five teen drivers involved in fatal crashes has some alcohol in their system in 2010. Eighty-one percent had blood alcohol levels greater than the legal limit for adults.

Data indicate that alcohol is the most commonly used drug among minors. In 2012 an estimated 29 million persons age 12 or older drove under the influence of alcohol at least once in the past year. However, recent data indicate that driving under the influence of alcohol among persons age 16 or older differed by the age group in 2012. An estimated 4.7% of 16 or 17-year-olds and 12.8% of 18 to 20-year-olds reported driving under the influence of alcohol in the past year.

This bar graph shows the trends of underage drinking and driving from the period 2002 to 2011. The percentage of underage drinking and driving has decreased since 2002 at 14.2%. Among persons aged 18 to 25 the rate of driving under the influence has shown a decrease steadily from 2002; however, there was really no change in the rate of incidents of underage drinking and driving from 2010 to 2011.

What are the consequences of underage drinking and driving? The impacts of underage drinking are profound. Young adults who begin drinking before they are 18-years-old are reported to be five times more likely to develop alcohol dependence or abuse later in life than those beginning to drink at a later age. More than four in ten individuals eventually become dependent on alcohol. Those teens with a major depressive episode have shown to be twice as likely to make their first drink or use of drugs as those without major depressive episodes.



Over 60% of early drinkers have shown to try an illicit drug. The risk for these problems are greater for youths who binge drink. Underage drinking is associated with traumatic physical and mental injuries to the driver and others; high risks for harm, illness, and death, as well as negative behavioral problems manifested through antisocial and interactions, violent and other unhealthy behaviors such as abuse of other drugs and unsafe sex.

There are also the legal consequences associated with illegal drinking and driving, harm to others, violent crimes, and property damages. There are also significant societal economic costs associated with underage drinking. In 2011 the estimated costs associated with underage drinking was \$62 billion. This pie chart reflects the breakdown of those costs. Of note the medical costs were lower than the work loss costs, and the costs of pain and suffering.

Underage drinking and driving is a very serious public health problem. Many effective policies have been included, including states adopting minimal legal age drinking laws. However there is a need for the universal minimum legal age to be the same across all states. And accessibility of alcohol despite laws and regulations prohibiting sales to minors through other means leave young adults at risk.

There are many evidence-based strategies which are helping to reduce the incidents of underage drinking and driving. We will now identify evidence-based initiatives demonstrated to reduce the incidence and consequences of underage drinking and driving.

Many of the legal strategies have demonstrated a positive impact. These include advocating for the standardization of a minimum drinking age of 21 across all states, implementing consistent and frequent well publicized monitoring, and the enforcement of laws against sales of alcohol to minors, enacting and enforcing zero tolerance laws for drivers under 21 years. Consistently and frequently conducting sobriety checks for impaired drivers, enacting and enforcing graduated driver licensing laws which exist in many states, but not all; and imposing and monitoring restrictions on alcohol in onsite venues and offsite venues to minors.

At the state and local government levels there are opportunities to strengthen and enforce statutes and ordinances prohibiting the sale of alcohol to minors. Education of merchants and retailers about the laws and increased monitoring and enforcement with penalties for non-compliance will increase compliance.

Zoning has also shown to be an effective strategy for controlling the density and location of businesses that sell or service alcohol. Developing and maintaining support for initiatives that restrict access to alcohol at the community level will also strengthen the impact.



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Along with building community support, there is a need to engage parental support and involvement both at home, with peers, and at teen functions to reinforce information about the risks of alcohol, restrict access to cars where appropriate, and service party controls and a presence in neighborhood businesses in the community and at social functions to support restricted access to alcohol for youth under 21 years.

At the local level there is a need to create the community norm against underage drinking and driving. This can be accomplished in a number of ways. Limit alcohol advertising in the community, prohibit or limit alcohol at community events or in public areas, prohibit sponsorship of public events by alcohol manufacturers, distributors, and retailers; promote community sponsorship of alcohol-free activities, use counter-advertising promotion, distribute educational materials, and engage in advocacy initiatives, and support community-based substance abuse organizations and services. These are some of the strategies that can be used and have demonstrated effectiveness.

Similarly schools play a key role in discouraging the use of alcohol and not driving while drinking. Policies that prohibit and enforce restrictions on school property and events is essential. Presenting age and culturally appropriate education through curricular peer programs and through social media to reinforce the effects, impact, and consequences of drinking and driving while driving or riding with an intoxicated driver.

There are many preventive programs developed for teens by government and advocacy organizations that have demonstrated their efficacy and information is accessible online.

In summary, underage drinking and driving continues to be a significant public health risk. Implementing and enforcing legal strategies to discourage and punish drinking and driving, reducing teen access to alcohol, educating members of the business community and neighborhoods, and building a no-tolerance norm for underage drinking will support the multi-faceted strategies to protect teens and others from short and long-term harm and consequences.