Rethinking Underage Drinking

An overview of current issues

Historical Context

Use of alcohol predates written history by several thousand years. The earliest known writing samples are dated at 3500 B.C. In 2004, a team of researchers discovered wine residue in clay vessels from Northern China dating back to 7000 B.C.

Additional research suggests that both wine and beer were made and bottled as early as 5400 B.C. in what is now western Iran. Distillation was added around 1000 B.C., giving us the familiar categories of beer, wine, and liquor.

American history, like the history of the colonists, is steeped in alcohol. In his historical overview of alcohol use in colonial America, Dr. David Hanson from SUNY Potsdam provides the following facts:

- The Mayflower carried more beer than water on its voyage to the New World.
- There wasn’t a single abstainer among the original signers of the Declaration of Independence.
- George Washington, Benjamin Franklin, and Thomas Jefferson made their own alcohol.
- Thomas Jefferson wrote the first draft of the Declaration of Independence in a Tavern.

In the few hundred years since establishing independence, America has enjoyed a love-hate (mostly love) relationship with alcohol. Despite the growing sense that drunkenness is at an all time high, we actually consume far less alcohol at present than our forefathers.

Since that time, we have also come a long way in our understanding of the health effects of alcohol — some good, some bad.

In the 1970s, data began to accumulate suggesting that drinking during pregnancy could alter the developing brains of unborn children. Those findings triggered important changes in attitudes toward drinking during pregnancy. (It is worth noting that much of that research was done with rats!)

At the time, the assumption among researchers and medical professionals was that the brain wires itself within the first decade after birth, if not earlier, and then becomes relatively fixed. To pediatricians in the 1970s, the suggestion that the brain actually undergoes two unique stages of development after birth — one during childhood and one during adolescence (very roughly corresponding to puberty) — would seem ludicrous. That has changed in the past decade, in large part due to work by Dr. Jay Giedd, Chief of Brain Imaging at the National Institute of Mental Health.

Work by Dr. Giedd and others reveals that, far from being finished by the age of 10, the human brain enters a new, unique stage of change during adolescence.

Ongoing research in other labs, though still preliminary, and much of it with animals, raises the specter that brain development during the adolescent years, like brain development in the womb, could be compromised by repeated exposure to alcohol. How relevant the threshold is to the typical life of the typical teen is yet to be determined, but the percentage of kids affected negatively is probably not zero.

In the 20th century, as research regarding alcohol, the drug, advanced, so advanced the science of marketing. The basic approaches, like sticking a product next to something that people like and hoping they will associate the two, have not really changed. However, the ability of advertisers to reach potential consumers has, opening up new ways to persuade them to consume.

In summary, alcohol is a drug that has been around longer than writing. It continues to be enjoyed by responsible adults — precluding people with abuse histories, etc. For those adults who can and do drink wisely, alcohol can actually prolong life.

For kids, science and common sense suggest that the potential harm outweighs (should outweigh) any potential benefit drinking could provide.

Improved communication with teens about alcohol will prove crucial in reducing underage drinking, as will addressing the marketing tactics of the alcohol industry.

These issues and more will be reviewed inside.

For more information

1 Google "BBC Earliest Writings Found"
2 Google "Patrick McGovern MASCA"
3 Google "Alcohol Problems Solutions"
4 Google "Jay Giedd NIMH"
5 Google "Richard Tedlow Answers.com"
Each year, alcohol use by teens contributes to ruined relationships, pregnancies, spread of STDs, wrecked cars, injuries, and death. The National Institute of Alcoholism and Alcohol Abuse (NIAAA) estimates that alcohol kills 6.5 times more kids under 21 than all other drugs combined.

The National Center on Addiction and Substance Abuse at Columbia University (CASA) estimates that roughly 1/4 of all underage drinkers (relative to 1/10 adults) meet the criteria for abuse or dependence.

CASA also estimates that, in 2005, alcohol abuse and addiction among Americans, young and old, cost taxpayers roughly $220 billion. They contrast this value with the yearly cost of cancer ($196 billion) and obesity ($133 billion).

It is important to keep in mind that the costs of alcohol abuse and dependence are in addition to the money spent on alcohol itself each year, which is something over $120 billion. Researchers at CASA estimate that, each year, upwards of 20% of that money (more than $20 billion) comes from underage drinkers. That’s a lot of money! Far more money than is available for alcohol abuse education and prevention efforts.

The Department of Education’s entire FY 2007 budget for substance abuse education — of which education to prevent alcohol abuse is just one facet — would be roughly 10 times less than the amount of money the alcohol industry spends on advertising each year ($166 million relative to something over $1.5 billion)!

The disparity in funding for alcohol (and other drug) prevention initiatives relative to the funds marshaled by the industry each year to promote alcohol clearly stacks the deck against those in the prevention field. (I don’t think the low pay brings any smiles either!)

While 2007 promises to be a particularly difficult year for the prevention community, it is important to note that data from the most recent National Youth Risk Behavior Survey (YRBS), conducted by the Centers for Disease Control (CDC), shows some promising trends (see graphs below). The YRBS is one of our primary sources of data regarding teen drinking and other risky behaviors. The survey is conducted every two years and samples students aged 12-17 from both public and private schools.

Significant changes in drinking levels and patterns were observed in the years leading up to the 2005 survey. Some of those data are summarized below. The full report is available for download from the CDC. (cont’d)
In a nutshell, data from the YRBS suggests that the percentage of students that are actively drinking (one or more drink in the previous month), as well as the percentage engaging in heavy episodic drinking (five or more drinks in a row), has declined over the years. While statistically significant, the magnitude of change is relatively small in some cases. When combined with data from other national surveys, like the one conducted as part of the ongoing Monitoring the Future study run by researchers at the University of Michigan, it appears that the apparent downward trend in risky drinking might be real. The graph at right suggests small declines in rates of “binge” drinking over the years.

For the 2005 report visit www.monitoringthefuture.org.

Parents are the first line of defense in the protection of our kids. Unfortunately, the line does not always hold up so well. In the past century, the pace of change has quickened and adolescence has lengthened, causing a widening of generation gaps and making it more difficult to know how to talk to teens even if parents want to do so.

The Partnership for Drug-Free America (www.drugfree.org) estimates that more than 1/3 or of parents do not talk to their kids about alcohol. They also estimate that kids whose parents do talk to them about alcohol are 42% less likely to drink than other kids.

Organizations from the National Parent Teacher Association to the National Institute on Drug Abuse cite communication between parents and teens as pivotal in preventing negative behaviors and promoting positive behaviors. Many parents are uncertain how to talk with their kids about alcohol and often have inaccurate perceptions about underage drinking and the risks involved. Many parents are unaware that their kids drink, underestimate how much alcohol their kid’s peers drink, and also underestimate the importance of their contribution to preventing alcohol use and other risky behaviors by their kids.

Here are some tips that might make the process easier and more effective:

- Talk to kids as soon as you think they are capable of understanding
- Use TV commercials as an opportunity to bring up the topic and to discuss the tactics of advertisers.
- Establish clear expectations surrounding alcohol use. What is your family policy?
- Discuss teen drinking in the broader context of healthy decision making.
- If you drink, model healthy drinking practices. Kids follow our lead.
- State your willingness to pick them up, no questions asked until the next day if you can do it, if they are uncomfortable getting into a car with someone while they are out.

For more suggestions visit www.TalkWithKids.org.
As can be seen in the graph below, per capita consumption of alcohol among citizens aged 14 or 15+ (the cut-point changed in 1970) has decreased relative to 1970s levels. While such data tell us about overall levels of use, they do not tell us about the rates, and types, of consequences related to that consumption.

Quantifying and tracking levels of alcohol use is important, as it is with any other drug. Unfortunately, looking at those statistics is often where media stories on the topic stop. While Henry Wechlsper from Harvard is usually written about in the context of a binge-drinking article, he has also collected invaluable data on the rates of alcohol-related consequences experienced by students on college campuses.

Let us take a look at some of potential consequences faced by young drinkers. The following yet-to-be-published data were collected from roughly 4539 recent high school graduates during the summer between high school and college. Subjects represent the incoming classes of three universities. Data were collected prior to their participation in an online alcohol education program.

Of those who drank in the two weeks prior to the survey (52%), here is the incidence of various risky behaviors and consequences during that two week period:

- Had a hangover — 36%
- Drove after drinking — 12%
- Experienced a memory blackout — 12%
- Vomited in public — 6%
- Injured in some way — 5%
- One night stand — 6%

The above statistics included both male and female reports. A few additional, gender-specific variables are worth noting:

Drank on an empty stomach to save calories:
- Males — 2.9%
- Females — 12.8%

Drink on an empty stomach to get drunk faster:
- Males — 4.1%
- Females — 8.2%

Please note that these events are not necessarily independent — perhaps both intentions applied during the same night for some students.

The statistics highlight some of the potential risks inherent in drinking, and also reflect gender differences in drinking behaviors.

That 1/10 students experienced a memory blackout — amnesia for events that took place while drunk—is troubling. Blackouts are far more common among young drinkers than long thought. The amnesia can be partial or relatively complete and can encompass events ranging from bar fights to intercourse. No doubt many sexual assaults and other consequences go unreported due to a lack of clear memory for the event. These facts are not captured by consumption data per se.
During adolescence, brain organization and function enter a unique period of flux (Giedd, 2004). As an individual makes the transition from childhood to adulthood, from dependence to independence, changes in behavior are tumultuous (Dahl, 2004). Not surprisingly, so are the changes in brain function that give rise to these behaviors. Circuits that coordinate our behaviors, help us make good decisions and control our impulses, behave appropriately, govern our eating and sleeping habits, etc., are all being remodeled during the teen years. It is thought that much of this remodeling is influenced by an individual’s interactions with the outside world, a fact that makes perfect sense given the nature of adolescence as a stage of intense personal evolution that prepares one to survive on their own outside of the nuclear family.

In recent years, it has become clear that, during adolescence, as in childhood, the brain is highly plastic and shaped by experience. A substantial number of synapses are eliminated, or pruned, in the cortex during adolescence, and this process is presumably influenced, at least in part, by interactions with the outside world (Spear, 2004). It is tempting to conclude that adolescent brain development must simply be an extension of childhood brain development; that it represents a transition stage between childhood and adulthood in a manner similar to how adolescence itself has long been viewed. In actuality, it appears that many of the changes that take place during the second decade of life are novel and do not simply represent the trailing remnants of childhood plasticity.

Studies with both rats and humans suggest that the changes taking place in the brain during adolescence lead them to respond to alcohol differently, in some way, than adults. Below are a few examples with the species on which the work was based listed in parentheses:
- Brain circuitry involved in memory more vulnerable to alcohol in adolescence (rats)
- More brain damage following a four-day drinking binge in adolescents than adults (rats)
- Alcohol prevents cell birth in the brain more potently in adolescents than adults (rats)
- Alcohol impairs memory more in adolescents and young adults relative to adults (rats and humans)
- Alcohol produces less sedation in adolescents and young adults relative to adults (rats and personal experience!)
- Alcohol impairs balance less in adolescents and young adults relative to adults (rats and some human work)
- Repeated alcohol exposure during adolescence alters the way that people respond to alcohol later in life (rats and humans)

In addition to reacting differently to the acute, or initial, effects of alcohol, it appears that adolescents are also affected differently than adults by repeated, heavy drinking. Many adolescents engage in a pattern of chronic intermittent exposure (CIE) sometimes referred to as binge drinking. Chronic intermittent exposure is a special case of chronic alcohol administration that involves discrete, repeated withdrawals.

There is compelling evidence, from rats, that it is the repeated withdrawals from alcohol that are responsible for many of the CNS effects of chronic alcohol exposure. For example, in laboratory animals, repeated withdrawals from alcohol result in a higher rate of seizures during withdrawal than are observed after continuous exposure of the same duration (Becker and Hale, 1993). The association of repeated withdrawals with withdrawal seizure susceptibility is also indicated in humans. In studies of alcohol detoxification, patients with a history of previous detoxifications were more likely to exhibit seizures during withdrawal (Brown et al., 1988). Although these data from human studies are correlational, the convergence of these findings with those from animal models strongly suggests that discrete, repeated withdrawals from alcohol exposure presents a unique risk for subsequent neurobehavioral impairments.

The available evidence suggests that repeated exposure to alcohol during adolescence could lead to long-lasting deficits in cognitive abilities, including learning and memory, in humans. Much of this work has been pioneered by Drs. Susan Tapert and Sandra Brown, alcohol researchers at the University of California, San Diego (UCSD). Drs. Tapert and Brown have conducted a series of studies examining the impact of alcohol abuse on neuropsychological functioning in adolescents and young adults.

In one such study (Brown et al., 2000), adolescents in an in-patient substance abuse treatment program, at least three weeks sober, were compared to controls from the community on a battery of neuropsychological tests. Ages ranged from 15-16. Frequent drinkers (100 or more total drinking sessions), particularly those that had experienced alcohol withdrawal, performed more poorly than controls on several tests, including tests of learning, memory, and visuospatial functioning.

In a longitudinal study of subjects recruited from treatment programs (ages 13-19), Dr. Tapert and her colleagues observed that a return to drinking after the program led to further decline in cognitive abilities, particularly in tests of attention, over the next four years (Tapert et al., 1999). Once again, withdrawal from alcohol (cont’d)
(cont’d) was a powerful predictor of such impairments. Similarly, Tapert and colleagues (2002) assessed neuropsychological functioning and substance use involvement at seven time points during an eight year period in subjects beginning, on average, at the age of 16 and ending at 24. Many of the subjects were initially assessed while in treatment and then tracked after their stay in the facility ended. Others were recruited from the community and then followed during the eight year period.

Cumulative levels of substance use, including alcohol use, were correlated with impairments in verbal learning and memory during the final assessment. That is, the heavier one was involved in substance use during adolescence, the lower their scores on tests of learning and memory at year eight, when subjects were in their early twenties. Heavier drinking alone was associated with lower scores on tests of attention, and experiencing withdrawal symptoms from alcohol predicted additional deficits in visuospatial abilities. These studies suggest that heavy use of alcohol and other drugs during the teenage years predicts lower scores on test of memory and attention when one is in their early-mid twenties.

Research by Dr. Tapert and her colleagues clearly suggests that alcohol use during the teen years, particularly when such use is heavy enough to result in withdrawal symptoms upon cessation of drinking, negatively impacts memory and attention, abilities necessary for negotiating the tasks of adolescence and successfully making the transition into adulthood.

These impairments presumably stem from changes in brain function, and that is exactly what additional projects by Tapert and Brown suggest. The authors have conducted several studies employing fMRI to investigate changes in brain activity following alcohol abuse during the teen years. While MRI is used to create images of the anatomy of the brain, fMRI is used to measure changes in oxygen levels in the brain over time, like while subjects perform different tasks. The changes in oxygen levels are used to measure, indirectly, changes in brain activity. In one study on this topic (Tapert et al., 2001), alcohol-dependent young women and healthy controls between the ages of 18-25 performed tests of working memory and vigilance (attention) while brain oxygen levels were measured using fMRI. The sample sizes were not quite big enough to detect significant impairments in working memory, though a clear trend toward such impairments was observed. However, alcohol-dependent subjects exhibited significantly less brain activity while performing the working memory task. Weaker activity was observed in several parts of the frontal lobes and in the parietal lobes. Alcohol-dependent subjects performed just fine during the vigilance task, and their brain activation during the task appeared normal. Such data suggest that the trend toward impaired working memory and the week brain activity that went with it can not simply be explained by lack of interest or motivation on the part of the subject.

A subsequent study with alcohol-dependent young women showed that alcohol-related cues (e.g., words associated with drinking) elicited craving and led to greater increases in brain activity in a variety of regions relative to controls (Tapert et al., 2004), thus establishing a link between craving for alcohol and brain function in key areas and indicating that the brains of alcohol-dependent young women function differently than their peers.

In summary, research with human adolescents clearly suggests that alcohol abuse during the teen years can have lasting deleterious effects, though absolute proof is lacking.

(Please see the final page of the document for an overview of this topic.)

HOW RELEVANT IS THE RAT RESEARCH?

Much of the available data on the potential brain damage caused by exposure to alcohol during adolescence comes from studies done with rats. I am frequently asked how relevant such data could possibly be to the human condition. After all, rats and humans are not exactly the same.

The truth is that, most of what we know about how all drugs—prescription and illicit— affect the brain has been gleaned from research with rats. Research on Fetal Alcohol Syndrome serves as a prime example of the sometimes beneficial interplay between human and rat research. We know that women who drink during pregnancy can give birth to children with physical and/or cognitive abnormalities. Yet, there is no proof from the human work that alcohol causes the symptoms seen in Fetal Alcohol Syndrome. However, rat research, in which pregnant rats are given alcohol and their offspring are studied, provides support for the teratogenic effects of alcohol.

It is true that rats are not humans, but our brains are similar enough that insights gleaned from rat research can be used to guide hypothesis-driven research with humans. As time goes by and technology advances, the stack of specifically human research will continue to grow.

Alcohol use among college students has been a topic of intense interest in recent years. As is the case with high school students, college students face a litany of potential consequences if their drinking plans go awry. Alcohol increases the odds that college students will commit crimes, including vandalism and physical assault, and non-drinkers routinely suffer the consequences of other students’ irresponsible drinking (Wechsler et al., 2000). The more a student drinks the lower their overall GPA is likely to be (White et al., 2002). More than ⅓ of students in one nationwide survey report having their studying or sleep disrupted by someone else’s alcohol use (Wechsler et al., 1995; Wechsler et al., 2000). In addition, as in the larger population, drinking and driving is a problem on many campuses (Wechsler et al., 2003). Traffic crashes claim more lives than anything else among young adults, and alcohol is involved in a significant proportion of these crashes. While the statistics mentioned above are stark, and clearly indicate that alcohol misuse continues to be a problem on college campuses, it is important to recognize that there is a tremendous amount of misinformation about college drinking floating unchallenged through the media.

Complicating matters, the same TV stations that draw in viewers with stories of alcohol-related tragedies on campuses make money from alcohol advertising. Such factors make it difficult to get to the truth, which is that alcohol use on college campuses is certainly a problem, but hardly the epidemic it is made out to be.

There is no question that some college students drink irresponsibly and do great harm to themselves and/or others. However, while some students push the limits of alcohol consumption and put themselves and those around them at great risk, it is unfair to assume that all college students are drunkards. Indeed, the data tell a much different story.

The majority of college students either do not drink or do so without causing problems. However, based on media reports, it is easy to understand why so many people believe that all college students drink to excess. It is virtually impossible to read the paper or turn on the news these days without hearing ominous statistics about the supposed epidemic of alcohol abuse on college campuses.

Again, alcohol use on college campuses is a big problem—in many ways bigger than the problem of alcohol misuse among their non-college peers—but it is not apocalyptic!

THE TROUBLE WITH BINGE-DRINKING

When it comes to college drinking issues, media reports tend to focus on “binge-drinking”. When used colloquially, the term binge-drinking implies consuming large amounts of alcohol in a relatively short period of time. In studies of college drinking, the term refers to a dichotomous variable defined by meeting or exceeding a threshold, such as four or more drinks (4+) for females and five or more drinks (5+) for males (Wechsler et al., 1994). Research by Henry Wechsler and colleagues (Wechsler et al, 2002) at the Harvard School of Public Health, the main proponents of the 4+/5+ measure of binge-drinking, suggests that roughly 45% of students nationwide meet or exceed this threshold at least once every two weeks.

A panel assembled by the NIAAA recently recommended modifying the Harvard CAS definition of binge-drinking to take blood alcohol concentrations (BAC) into consideration (NIAAA, 2004). The modified definition simply specifies a time-frame—a two-hour period—during which 4+ or 5+ drinks are consumed. Theoretically, this pattern of consumption could lead the average male or female to achieve a peak BAC level of roughly 0.08%, though actual BACs could be much higher or lower.

Though the new definition represents a minor improvement over the Harvard CAS definition, it still suffers from most of the old weaknesses. Like the Harvard CAS definition, the NIAAA definition would still place all drinkers that reach a certain threshold into the same category. A student that barely reaches the legal limit for operating a motor vehicle would be classified the same as a student that dies from an alcohol overdose. The same level of risk is assigned to all students that cross the threshold regardless of how far beyond the threshold they go.

To study drinking levels beyond the standard binge-threshold, White et al. (2006) examined survey data from 10k first-semester college freshmen. Roughly 1/5 males actually consumed 10+ drinks and 1/10 females consumed 8+ drinks, twice the binge-threshold, at least once in the previous two weeks.

Using simple binge thresholds would lead all of the above students to be lumped into the same category. Thus, while extremely useful, binge-drinking measures simply cannot completely characterize the drinking habits of college students.
A poorly understood relationship exists between alcohol and athletics. College athletes drink more heavily than non-athletes (Nelson and Wechsler, 2001) and sports fans drink more than non-fans (Nelson and Wechsler, 2003). The reasons for these relationships are not known. In this section, we will explore some possible explanations for the relationship between alcohol and athletics.

Humans seem to share a universal interest in sports and games (Hopkins and Weber, 1973). Participating in sports, either actively or passively, scratches an itch—particularly for men. Humans are predators with an impressive ability to work together, strategically, to kill prey or destroy an enemy. Perhaps these abilities allowed humans to successfully ascend to the top of the food chain. While the majority of us no longer need to engage in the same types of predatory activities that helped us get here, this certainly does not mean that those drives are no longer present or that they no longer come in handy from time to time. We have simply learned to keep these drives in check and to reveal them only in situations deemed appropriate by the modern culture. The work force represents one context in which our predatory skills are still useful and often necessary. How many times have you heard sayings like, "making a killing", "hunting for a job", "price war", etc?

Sports represent another avenue for acceptable, typically healthy outlets for our predatory urges. As a team player, one is actually part of the battle and is involved in the strategic use of physical prowess, endurance, accuracy of throwing, and other skills to "dominate", "beat", "destroy", "kill", "eliminate", "crush", etc., of the other team. Clearly, sports fans are not involved in the battle on the same level as athletes. However, they are still part of the in-group (a broad alliance) that the athletes represent. They can share in the excitement as their team prepares for battle, spend time on strategy and debating the best plans of attack, hoot and cheer as they watch their team compete, and share in the victory celebrations or lick their wounds when the battle is over.

Nelson and Wechsler (2001) observed that college athletes engage in episodic, or binge, drinking at higher rates than non-athletes. Athletes tend to socialize more than non-athletes, place more importance on parties, have more friends that drink heavily, and watch more sports programming. Like college athletes, fans of collegiate sports tend to drink more heavily than non-fans (Nelson and Wechsler, 2003).

Why might the link between sports and alcohol exist? One can only speculate. For many people, alcohol seems to exert an anxious, or anti-anxiety, effect. This effect seems to make people more comfortable interacting with others socially. In general, intoxicated individuals are less concerned about the potential negative consequences of their actions — such as social rejection or failure. Colloquially, many people refer to the impact of alcohol on concern over the consequences of their actions as reduced inhibitions.

Exposure to alcohol advertising and marketing efforts is often cited as a potential contributor to the higher than normal levels of alcohol use among athletes and sports fans. For instance, Nelson and Wechsler (2001; 2003) note that both athletes and sports fans watch more television than their peers, presumably including more sports related programming, in which alcohol advertisements are common. According to the authors (Nelson and Wechsler, 2001), such ads could "prime viewers for heavy alcohol use". However, as we will see in the next section, the direct impact of advertisements on alcohol use appears to be minimal.

In short, a relationship exists between college athletics and alcohol, though the explanation for why this relationship exists remains elusive. For many people, alcohol reduces anxiety and makes them more comfortable in social situations. These effects might reduce some of the stress and anxiety that go along with rooting for one's favorite team, and might facilitate the bonding of fans in social settings. Some have suggested that exposure to alcohol advertisements during sporting events might also contribute. In the next section, we will examine the relationship between exposure to alcohol ads, alcohol consumption, and the use of ads during collegiate sporting events.
Alcohol advertising is pervasive in college sporting events. According to a report in USA Today (March 15, 2004), "NCAA tournament games led all other sports events in alcohol-related TV advertising in 2002, with 939 ads costing $28 million. That compares with a combined 925 ads aired during the Super Bowl, World Series, college bowl games and the NFL's Monday Night Football."

Until recently, the men's basketball team at California State University, Fresno, entered the court through a silver tunnel provided by a Coor's Light distributor, and students at Northwestern were given magnetic calendars of the school's sports schedules complete with the Miller Brewing Company logo (Hawes, 1998). Coor's even created a special can commemorating the championship football season at the University of Nebraska, Lincoln (Hawes, 1998).

While alcohol ads during sporting events have angered plenty of people, the industry defends their right to advertise. As quoted in ESPN.com (November 12, 2003), Jeff Becker, president of a trade association known as the Beer Institute, stated "The fact is that the vast majority of those persons that watch and attend college sports, as well as the majority of students in college, are of legal drinking age, 21 or older." Further, many simply see advertising during college sporting events as smart marketing, given that many of those in their target market are sports fans.

Jeff Kaestner, vice president of consumer affairs for Anheuser-Busch Companies, summed it up as follows, "I think it's ethical and good business. We want to be where our customers are" (USA Today, March 15, 2004).

Many school officials vehemently disagree. According to University of Miami President, Donna Shalala:

"The time has come to sever the tie between college sports and drinking -- completely, absolutely and forever. Schools must consider voluntary guidelines that say 'No alcohol advertising on the premises of an intercollegiate athletics event, no bringing alcohol to the site of an event, no turning a blind eye to underage drinking at tailgate parties, and on campus, and no alcohol sponsorship of intercollegiate sporting events.'"

Many other officials and school representatives side with those like Donna Shalala. To them, accepting alcohol advertising money is completely inconsistent with the current focus of universities on curbing underage drinking. Andy Gieger, the Athletics Director at Ohio State, recently stated that "It's inconsistent to say you want to discourage underage drinking and turn around and huckster the stuff on your broadcasts."

Some, like Ohio State University, have banned alcohol ads from televised sporting events, despite the potential loss of hundreds of thousands of dollars per year (Cincinnati Post, November 22, 2003). Interestingly, in all of the discussion surrounding alcohol advertising on local sports programming, and that they will work within their athletic conference and within the National Collegiate Athletic Association (NCAA) to eliminate all alcohol advertising from televised college sports.

"IF ASPIRIN WERE THE LEADING CAUSE OF DEATH ON COLLEGE CAMPUSES, DO YOU THINK CHANCELLORS, PRESIDENTS AND TRUSTEES WOULD ALLOW ASPIRIN COMMERCIALS ON BASKETBALL AND FOOTBALL TELECASTS?"

- Coach Dean Smith

Dean Smith, retired basketball coach from the University of North Carolina at Chapel Hill, is also an outspoken critic of combining alcohol with college sports (see the quote from Dean Smith above). Smith recently lent his support to a new initiative by the Center for Science in the Public Interest to get schools to shun alcohol advertising during sporting events. The program, called The Campaign for Alcohol-Free Sports TV, requests schools to sign a pledge indicating that they will prohibit alcohol advertising and college athletics, there has been very little emphasis on whether the ads actually influence college drinking! As we will see in the next section, it appears that such ads actually have little direct impact on alcohol consumption per se.

While local ads promoting cheap drinks and contests do attract drinkers, these are not the types of ads that appear during televised sporting events.
DO ALCOHOL ADS INCREASE CONSUMPTION?

The purpose of most advertisements is to convince us that the quality of our lives will improve if we use a particular product. My personal favorite these days is a Hummer ad that shows a humus eating thirtysomething male “reclaim his manhood” simply by buying a Hummer.

Other ads make us feel uncomfortable with our current lives in order to persuade us to change. Body odor? Maybe? Speed stick can take care of that. More fat than we’d like? A billion different companies promise to solve that problem for us over-night.

Alcohol ads are notorious for their pairings of scantily clad, attractive young women with their products. The message is not hard to decipher here -- we are supposed to believe that average looking males (note that males between 21-35 represent the major target audience for beer ads) will be mobbed by attractive women the moment they crack open a particular brand of beer. This message is not restricted to commercials from the US, by the way.

What exactly do these ads do? Do they actually cause people to drink more? Research has so far failed to reveal a clear-cut relationship between alcohol ads and alcohol use — though there are some troubling data like those suggesting that some alcohol ads are appealing and familiar to children. Recently, researchers at the University of Connecticut reported finding a correlation between the number of alcohol ads viewed by teens and their levels of consumption. A similar correlation was observed between industry advertising expenditures per state and drinking levels in those states. Again, though compelling, the data remain correlational in nature.

Rather than recruiting new users, it makes more financial sense for a beverage manufacturer to use ads in an effort to grab market share. Americans spend more than $120 billion on alcohol every year, between $50-$70 billion of which is spent on beer. A company stands to make far more profit by stealing a few percent of the market away from a competitor than by causing a few abstainers to become drinkers. For instance, gaining just 0.5% of a $50 billion dollar market would generate an extra $250 million dollars for a company.

If alcohol ads do not cause non-drinkers to start drinking alcohol, then what’s the harm? Plenty. The constant stream of ads reinforces the false perception that everyone drinks and that alcohol is so safe that it is not even considered a drug (if it were, the ads would have to include information about side effects — including death!)

In addition, alcohol ads tend to transmit and reinforce social messages that the world could do without. Beer commercials, for instance, tend to promote the expectation that alcohol and sex go together perfectly at a time when schools at all levels are attempting to deal with sexual assault and the spread of sexually transmitted infections.

Alcohol and Sexual Assault

Alcohol plays a significant role in sexual assaults, which happen far more often than many realize. Indeed, from my perspective, this is one of the real tragedies of alcohol misuse on America’s college campuses. Below is a summary statement from a recent manuscript from Mohler-Kuo and colleagues (2004):

"Roughly one in 20 (4.7%) [college] women reported being raped. Nearly three quarters (72%) of the victims experienced rape while intoxicated.

Women who were under 21, were white, resided in sorority houses, used illicit drugs, drank heavily in high school and attended colleges with high rates of heavy episodic drinking were at higher risk of rape while intoxicated."

NIAAA estimates that — each year — perhaps 70,000 college students are victims of sexual assault or acquaintance rape in which alcohol was involved (Hingson et al., 2002)
SHOULD PARENTS FOLLOW THE “EUROPEAN MODEL”?

Many parents struggle with the issue of whether to let their adolescents drink at home. This is a tricky subject — and one with potential legal ramifications (check your state laws).

For those in the “yes” camp, it often boils down to the perception that European countries, like France, have everything figured out.

The argument goes like this:

- Their teens can drink — ours cannot.
- Their teens exercise moderation — ours drink to get drunk.

Ergo, if we let our teens drink — at least at home — they will learn to drink in moderation like the European kids.

Even if the logic works in a weird way, the basic premise is flawed. The perception that European cultures, in general, have this problem under control is simply inaccurate.

The European Union (EU) recently commissioned a report on alcohol use among its 25 member states. The report was released last month — June, 2006.

Among EU members as a collective, the average age of first drink was 12.5 and the average age of first drunkenness was 14.

In Denmark, 70% of 15 year olds were drunk at least twice in the year before the data were collected.

Our kids look like teetotalers by comparison. In the 2005 Monitoring the Future Study, 34% of 10th graders in America reported being drunk at least once in the previous year.

What about binge drinking? Isn’t it the case that their kids drink more often but our kids are more likely to binge (5+ drinks)? Nope! According to a 2005 report from the U.S. Department of Justice and the Pacific Institute for Research and Evaluation, American teens were less likely to binge in a 30 day period than teens in 34 out of 35 European countries.

Turkey was the only country out of 35 with lower rates of heavy drinking among teens than the U.S.

Ultimately, each parent or guardian must decide whether they will allow their kids to drink at home. Correcting the misperception that the Europeans have figured out how to do things better might help in the decision making process.

1 Google “European Union Alcohol Report”
2 www.monitoringthefuture.org
3 Google “PIRE Europe Binge” Add “USDOJ” if needed

Contrary to popular belief in the United States, American teenagers (15-16 year olds in this case) do NOT binge drink (5+ drinks) more often than kids in Europe. Compared to the 14 countries below, US teens only outpace teens in Turkey.

<table>
<thead>
<tr>
<th>Country</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Turkey</td>
<td>15</td>
</tr>
<tr>
<td>United States</td>
<td>22</td>
</tr>
<tr>
<td>Poland</td>
<td>23</td>
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<tr>
<td>Portugal</td>
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<td>Sweden</td>
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<td>Switzerland</td>
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<td>United Kingdom</td>
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<td>Germany</td>
<td>57</td>
</tr>
<tr>
<td>Ireland</td>
<td>57</td>
</tr>
<tr>
<td>Denmark</td>
<td>60</td>
</tr>
</tbody>
</table>

Sources: 2003 ESPAD and MTF surveys; 2005 publication by the US Dept of Justice and PIRE
Researchers at NIH, led by Ralph Hingson, examined data from 43,000 US adults aged 18 or older. Data were from the 2001-2002 National Epidemiologic Survey of Alcohol and Related Conditions (NESARC).

Overall, current adults that started drinking by the age of 14 were much more likely to meet criteria for alcohol dependence at some point (47%) than those who waited until they were 21 or older (9%).

The study also suggests that earlier drinking is associated with a broader range and greater severity of alcohol-related problems. The prognosis is simply poorer for those that start drinking at an early age.

Such data are commonly used to argue that delaying the onset of drinking among kids is an important component of any strategy aimed at reducing alcohol abuse and dependence.

In summary, there is a relationship between age of onset and the likelihood of becoming dependent. While the nature of the relationship remains unclear, it makes sense that delaying age of onset should be a major focus in our prevention initiatives.

1 Google "NIH Hingson Age Onset"
2 Google "McGue Age Onset Drinking"