

Youth and Alcohol

California Youth and Alcohol Use: Strategies for Parents and Schools to Take Action

Alcohol is a drug. It is a substance that changes the way the body or mind functions. Alcohol is also the *number one drug of choice for teens*. Consider these facts:

- Nearly 11 million youth between the ages of 12 and 20 reported using alcohol in the last 30 days.¹
- Eleven percent of California youth surveyed are *binge drinkers*, or those who have had five or more drinks in a row within the last two weeks.²
- Over 65% of youth classified as *heavy drinkers* (those who drink more than five drinks at once on at least five different days in the last month) concurrently used drugs.²
- As youth get older, there is a notable increase in drinking. Eleventh graders are at particular risk for engaging in excessive drinking and experiencing alcohol related problems. Thirty percent of 11th graders were classified as *excessive alcohol users* (ones who regularly use alcohol, have been drunk three or more times, or like to get drunk).²
- Eighty percent of the 11th graders who had used alcohol in the last thirty days had been drunk at school at least once.²
- In the transition between middle and high school there is an increase in risky behaviors such as alcohol use. In 2002, the number of California youth who had consumed alcohol more than tripled between 7th (21%) and 9th (65%) grades.²
- On a national level, prevalence of alcohol use increased from 43.9% in 8th grade to 64.2% in 10th grade.³

How Does Alcohol Impact Youth?

Active use of alcohol contributes to academic, social and health problems in the lives of young students.

Academic Impact

- Alcohol consumption impacts school performance by affecting the area of the brain involved in memory and learning, the hippocampus. This effect contributes to the “worst alcohol-related brain damage in teens.”⁴
- Alcohol and other drug use is linked to *lower grades, lower scores* on the Academic Performance Index

(API) and *poor attendance*. Sixty-six percent of 9th graders and 68% of 11th graders who used alcohol or other drugs received grades of “C” or worse.²

Social Impact

- Youth who use alcohol are more prone to problems with friendships.²
- Excessive alcohol users in 11th grade were more likely to skip class and skip school than non-drinkers.²
- These youth were also three times more likely to damage school property or engage in a fight.⁵

Health Impact

In the short-term, alcohol impairs judgment and leads to impulsive and risky behaviors such as:

- engaging in unprotected or unwanted sex
- driving after drinking, or driving with someone who has been drinking
- failing to follow laws or use safety precautions such as seatbelts
- Long term effects of continuous alcohol abuse include cirrhosis, cancer of the liver, nutritional deficiencies, digestive problems, heart and central nervous system damage, memory loss, sexual problems, and injury or death from overdosing, violent crime, and drunk driving accidents.

How is Adolescent Development Related to Alcohol Prevention?

While each teen is unique, there are behavior patterns which reflect the normal physical, emotional, and cognitive changes adolescents experience during puberty. It is important to differentiate between normal adolescent development and behaviors that indicate youth may be at risk for alcohol-related problems.⁶

In the middle school and early high school years, youth experience these *typical developmental characteristics*:

- Awkwardness and/or poor self-esteem related to the emotional and physical changes inherent during puberty

- Behaviors that may distance themselves from their parents and test the boundaries of their limits
- Moodiness or rudeness, assertion of independence, and less expression of affection toward parents
- Experimentation with sex and drugs.

By the late teen years, youth are better able to “think things through” and to delay gratification. They have an increased capacity for emotional stability and an elevated concern for others.⁶

What Are the Warning Signs of Alcohol Abuse?

While experimentation is a normal response to adolescent development, there are warning signs displayed by youth who have progressed beyond experimentation and may be at risk for alcohol abuse. When several of the symptoms listed below are apparent, parents and school staff can explore further whether the youth has a substance abuse problem.

| Warning signs of teenage alcohol and drug abuse: | |
|--|---|
| Physical | Fatigue, sleep problems, repeated health complaints, red and glazed eyes, low energy, lack of coordination, slurred speech |
| Emotional | Personality change, sudden mood changes, irritability, irresponsible behavior, low self-esteem, poor judgment, depression, withdrawal, defensiveness, and a general lack of interest. |
| Family | Starting arguments, breaking rules, withdrawing from the family, disregarding family rules |
| School | Decreased interest, negative attitude, drop in grades, many absences, disciplinary problems |

Alcohol Use Prevention: What Can Parents Do?

Research shows that adolescents who are strongly connected to their families and schools are less likely to use alcohol or drugs.

The Number One Protective Factor Against Youth Alcohol Abuse Is A Strong Parent-child Relationship⁷

Positive parent-child relationships:

- contribute to youth self-esteem
- strengthen resistance to peer pressure to engage in risk behaviors
- compel teens to meet parental expectations.

Teens who feel connected to their family feel close to their parent or guardian, perceive caring, and feel valued.

Clearly, parents can play a vital and proactive role in addressing substance abuse. Youth who talk to their parents about the negative consequences of alcohol and other substance use report lower rates of past and current alcohol use.¹ Parents can learn the signs of alcohol and other drug abuse, take action to help their children if they have a problem, and teach them that it is okay to get help if they have a problem. Parents can also use some of the following strategies to foster a strong (and protective!) parent-child relationship.

| Strategy | |
|---|--|
| Be a role model | ✓ Refrain from using illicit drugs, and drink alcohol responsibly and in moderation, if at all |
| Get involved in their child's life | ✓ Help them with homework ✓ Learn about their favorite activities |
| Encourage participation in meaningful social activities | ✓ Identify their child's interests and help them find related activities |
| Listen without interjecting | ✓ Let their child talk without interrupting with personal opinions |

| Strategy | |
|--|---|
| Cultivate trust | <ul style="list-style-type: none"> ✓ Follow through on promises and/or consequences for breaking rules |
| Let their child know that they care | <ul style="list-style-type: none"> ✓ Initiate conversations in general ✓ Begin conversations about alcohol use: Use open-ended questions such as, “What do you think about alcohol?” “Why do you think kids drink?” Emphasize consequences of use as the child may not be thinking in terms of future consequences ✓ Know one’s family’s history of alcohol and drug abuse and talk to children about it |
| Help their child to feel good about themselves | <ul style="list-style-type: none"> ✓ Recognize and point out their successes ² |

Alcohol Use Prevention: What Can Schools and Communities Do?

Student-School Connection

School connectedness is the student’s sense of affiliation with his or her school. School connectedness is a key factor that protects youth from involvement in unhealthy behaviors such as substance use and violence. School connectedness is fostered by a student’s perception that teachers care about him and are fair, and that he feels a sense of belonging at school.

Research also shows the school’s *environmental assets* (that is, caring relationships, high expectations of the student, and the student’s involvement in meaningful activities) are related to stronger school connectedness, better grades, and low involvement in alcohol consumption.²

Parents and Communities Working Together

If a child is having problems at school, parents can contact their child’s teachers, counselors, social workers, school psychologists, principals or parent advocates

to address concerns about their child and seek help. School officials can make referrals to community-based prevention and or treatment programs. Other community members such as doctors, sports coaches, and clergy members can collaborate with parents and school officials by helping to recognize and get help for teens who are using alcohol and other drugs.

School Prevention Programs for Alcohol and Other Drug Use

Prevention of alcohol use and abuse requires more than positive and meaningful relationships with youth. The table below displays effective school-based strategies for alcohol prevention.

| School-based Strategies for Alcohol Prevention |
|--|
| Coordinated school health programs |
| Comprehensive integrated services (e.g., Healthy Start) |
| Service learning |
| Environmental strategies to reduce availability of alcohol |
| Home/school/family partnerships |
| Early intervention (e.g., student assistance programs) |
| Positive alternative activities(after-school programs, sober dances) |
| Approaches built on social influences model |
| Sustained mentoring relationships |

Only prevention curricula that are based on research and evaluated to be effective should be used; see the Resources section for a link to these “model” programs. Strategies not deemed effective by research include: information-only programs about the negative effects of drugs; affective-only programs focusing on self-esteem; scare tactics; testimonies of ex-addicts; holding students back a grade; and one-shot programs (e.g., an assembly).⁸

Resources for Alcohol Prevention

California Department of Education, Getting Results Project

www.gettingresults.org

Research-based information about alcohol, tobacco, other drug, and violence prevention.

California Department of Education, California Healthy Kids Resource Center

www.californiahealthykids.org

Research-validated curricula and other resources are available for loan at no charge to California teachers, administrators, other professionals, parents and community personnel.

California Department of Education, California Healthy Kids Survey (CHKS)

www.wested.org/hks

WestEd administers the CHKS and offers publications on student health risks, resilience assets, and academic performance.

Medline Plus

www.nlm.nih.gov/medlineplus/teendevelopment.html

Information on teen development, sponsored by the U.S. National Library of Medicine and the National Institutes of Health.

National Institute on Alcohol Abuse and Alcoholism (NIAAA)

www.niaaa.nih.gov

Free informational materials on many aspects of alcohol use, alcohol abuse, and alcoholism.

Search Institute

www.search-institute.org

A nonprofit organization that publishes research on protective developmental assets.

Substance Abuse and Mental Health Services Administration (SAMHSA)

www.samhsa.gov

<http://modelprograms.samhsa.gov>

The SAMHSA Model Programs website lists effective prevention programs; many involve parents and communities with schools.

References

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- 2 Austin, G.A. and Skager, R.S., (2004). *10th Biennial California Student Survey: Drug, Alcohol, and Tobacco Use*. Sacramento, CA: California Attorney General's Office.
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- 4 American Medical Association. (2004, October). *Harmful Consequences of Alcohol Use on the Brains of Children, Adolescents, and College Students*. [On-line]. Available: <http://www.ama-assn.org/ama/pub/category/9416.html>.
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- 6 American Academy of Child and Adolescent Psychiatry. (2005, February) *Normal Adolescent Development: Late High School Years and Beyond*. [On-line]. Available: <http://www.aacap.org/publications/factsfam/develop2.html>.
- 7 National Institute on Alcohol Abuse and Alcoholism. (2004). *Make a Difference: Talk to Your Child About Alcohol*, NIH Publication No. 00-4314. Rockville, MD.
- 8 California Department of Education. (1998). *Getting Results: California Action Guide to Creating Safe and Drug-Free Schools and Communities*. Sacramento: California Department of Education.

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