

Retail management in big bazaar

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A PROJECT REPORT ON Youth alcohol usage PREPARED BY:- Albina saifee, roll no 37 TY. BAACADEMICYEAR 2011-12 UNIVERSITY OF MUMBAI ROYAL

COLLEGE OF ART'S, SCIENCE, COMMERCE MIRA ROAD(EAST) Youth alcohol usage preface Alcohol consumption by young people has a profound effect on our nation, our communities, our families, and our children. Alcohol use by teens is related to traffic crashes, crime, teenage pregnancies, sexually transmitted diseases, suicides, drownings, and poor performance in school.

Teenage drinking also has a direct economic effect on our communities; the costs of law enforcement, healthcare, education, treatment, and other services increase as resources are diverted to attend to the painful and often tragic consequences of teenage drinking. What can be done? In recent years many organizations have attempted to identify innovative and effective methods to reduce underage drinking. Some approaches have focused on educating young people about the dangers of drinking and equipping them with the knowledge and skills to make responsible choices.

Other approaches have tried to strengthen the relationships young people have with family, peers, teachers and others. Still others have focused on the array of adult institutions that manufacture, distribute, sell, provide, market, promote, and regulate alcohol. No single approach will entirely solve the problem. But each approach, wisely implemented and used in combination with other promising strategies, may reduce the scope of the problem and limit the damage to America's next generation.

Current research shows that effective and regular compliance checks helps decrease alcohol sales to minors; helps reduce underage drinking; helps reduce traffic crashes, violence, and other health problems associated with

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alcohol; and helps build healthier and safer communities. This manual is designed for public officials, law enforcement officers, and alcohol-regulation agents as a practical guide for developing and implementing a compliance check system for establishments that sell or serve alcohol.

Extensive research in recent years indicates that while many alcohol establishments act responsibly in refusing sales to underage buyers, a significant number of establishments continue to sell to people under the legal drinking age of 21. index 1. Introduction 2. Alcoholism Its Usage And Definition 3. What Is Alcoholism 4. Characteristics 5. Effects 6. Problems 7. Treatment 8. Measures 9. Conclusion Introduction Alcohol has been used for centuries in social, medical, cultural, and religious settings. Most Americans believe alcohol can be used responsibly by adults for social and religious purposes.

However, alcohol can also be used to excess resulting in health, social, legal, and other problems. Students may receive conflicting messages about alcohol from the news media, school, their friends, and their parents. On the one hand, they hear that moderate alcohol use is acceptable, and in some instances may actually be good for your health; on the other hand, they are told that alcohol is a drug that requires abstinence until age 21. In addition, advertisements and media images often present alcohol as a means to success and an enjoyable life.

These conflicting messages, combined with misunderstandings and misinformation, do not help students make responsible decisions about alcohol use. Statistics indicate that many adolescents begin consuming alcohol at an early age. In 1997, 26 percent of eighth graders, 40 percent of <https://assignbuster.com/retail-management-in-big-bazaar/>

10th graders, and 51 percent of 12th graders reported consuming alcohol within the month prior to the survey. 43 In addition, 16 percent of eighth graders reported binge drinking within the two weeks leading up to the survey. The effects of adolescent drinking involve both health- and safety-related problems, including auto crashes, domestic violence, and suicide.

Alcohol abuse among teenagers may also be related to behavioral problems linked to impulsiveness and sensation seeking. 55 Youth alcohol-use data indicate that the earlier an individual begins drinking, the greater his or her risk of developing alcohol-use problems in the future. Individuals who begin drinking before age 15 are four times more likely to develop alcohol dependence during their lifetimes than are those who begin drinking at age “ The earlier an individual begins drinking, the greater his or her risk of developing alcohol-related problems in the future. Dr. Enoch Gordis, former Director of the National Institute on Alcohol Abuse and Alcoholism (NIAAA), has written, “ Although alcohol is sometimes referred to as a ‘ gateway drug’ for youth because its use often precedes the use of other illicit substances, this terminology is counterproductive; youth drinking requires significant attention, not because of what it leads to, but because of the extensive human and economic impact of alcohol use by this vulnerable population. 43 The purpose of this supplement is to present students with the opportunity to learn about the science underlying the effects of alcohol on human biology and behavior through a series of f alcohol on human biology and behavior through a series of inquiry-based classroom lessons. Young people are natural scientists. They have a curiosity about the world around them and about themselves as individuals. Since they have little in the way of life

experiences, many young people tend to view themselves as nearly invincible.

Consequently, when adults caution them against engaging in risky behaviors such as drinking alcohol, some don't listen. They feel that such warnings aren't for them and apply only to those less grown up than themselves. The aim of this supplement is to give students the opportunity to construct their own understanding about alcohol and its attendant risks. In addition, the inquiry-based lessons are designed to help students hone their critical-thinking skills. With enhanced understanding and skills, they will be better prepared to make informed decisions about real-life situations involving alcohol use.

Alcohol Use, Abuse, and Alcoholism: Definitions " Any alcohol use by underage youth is considered to be alcohol abuse. " In any discussion of alcohol use, it is crucial to begin with a clear understanding of terms. For the purposes of this module, we define alcohol use by adults as the consumption of alcohol for social or religious purposes without demonstrating the characteristics of alcohol abuse or alcoholism Alcohol abuse is defined as the continued use of alcohol despite the development of social, legal, or health problems.

It is important to note that any alcohol use by underage youth is considered to be alcohol abuse. What is alcoholism? As defined by the Diagnostic and Statistical Manual of Mental Disorders, alcoholism (alcohol dependence) is a negative pattern of alcohol use leading to a number of problems, which may include needing more alcohol to get intoxicated (tolerance), difficulties that occur when the effects of alcohol wear off (withdrawal), using more alcohol

or for longer time than intended, and other life problems because of the use of alcohol. Five stages of alcohol and drug use have been identified.

The first stage is described as access to alcohol rather than use of alcohol, tobacco, inhalants, or other drugs. In that stage, minimizing the risk factors that make a teenager more vulnerable to using alcohol are an issue. The second stage of alcohol and other drug use ranges from experimentation or occasional use to regular weekly use of alcohol, tobacco, inhalants, or other drugs. The third stage is characterized by youths further increasing the frequency of alcohol use and/or using alcohol and other drugs on a regular basis. This stage may also include the teenager either buying drugs or stealing to get drugs.

In the fourth stage of alcohol and drug use, adolescents have established regular usage, have become preoccupied with getting intoxicated ("high") and have developed problems in their social, educational, vocational, or family life as a result of using the substance. The final and most serious fifth stage of alcohol or other drug use is defined by the youth only feeling normal when they are using. During this stage, risk-taking behaviors like stealing, engaging in physical fights, or driving while intoxicated increase, and they become most vulnerable to having suicidal thoughts

Characteristics of Alcohol | * failing to fulfill major work, school, or home responsibilities | * drinking in situations that are potentially dangerous, such as driving a car or operating heavy machinery * psychiatric disorders such as attention deficit hyperactivity disorder and depression | * family environments with favorable attitudes about drinking and lack of support | * acceptance of drinking by peers | * child abuse and trauma | How much alcohol do teens

use? Alcohol is the most frequently used drug by teenagers in the United States.

About half of junior high and senior high school students drink alcohol on a monthly basis, and 14% of teens have been intoxicated at least once in the past year. Nearly 8% of teens who drink say they drink at least five or more alcoholic drinks in a row (binge drink). dangerous effects of alcohol use on teens. Just a few of the many dangerous effects of alcohol use in teens include the following: * Alcohol decreases teens' ability to pay attention. * Teens who have experienced alcohol withdrawal tend to have difficulties with memory. * In contrast to adults, teens tend to abuse alcohol with other substances, usually marijuana. Male teens who drink heavily tend to complete fewer years of education compared to male teens who do not. * The younger a person is when they begin drinking, the more likely they are to develop a problem with alcohol. * Each year, almost 2, 000 people under the age of 21 years die in car crashes in which underage drinking is involved. Alcohol is involved in nearly half of all violent deaths involving teens. * More than three times the number of eighth-grade girls who drink heavily said they have attempted suicide compared to girls in that grade who do not drink. Intoxication is associated with suicide attempts using more lethal methods, and positive blood alcohol levels are often found in people who complete suicide. * Teens who drink are more likely to engage in sexual activity, have unprotected sex, have sex with a stranger, or be the victim or perpetrator of a sexual assault. * Excess alcohol use can cause or mask other emotional problems, like anxiety or depression. * Drinking in excess can lead

to the use of other drugs, like marijuana, cocaine, or heroin. causes and risk factors of teen alcoholism?

Family risk factors for teenagers developing drinking problems include low levels of parent supervision or communication, family conflicts, inconsistent or severe parental discipline, and a family history of alcohol or drug abuse. Individual risk factors include problems managing impulses, emotional instability, thrill-seeking behaviors, and perceiving the risk of using alcohol to be low. Girls who drink, as well as teens who begin drinking prior to 14 years of age and those whose mothers have drinking problems, are more likely to develop alcoholism.

Teen risk factors for alcoholism differ a bit between the 14- to 16-year-old and 16- to 18-year-old age groups, in that 16- to 18-year-olds tend to be less likely to drink in excess when they have a close relationship with their mothers. Consequences of Adolescent Alcohol Use Drinking and Driving. Of the nearly 8, 000 drivers ages 15-20 involved in fatal crashes in 1995, 20 percent had blood alcohol concentrations above zero (58). For more information about young drivers' increased crash risk and the factors that contribute to this risk, see Alcohol Alert No. 1: Drinking and Driving (59). Sexual Behavior. Surveys of adolescents suggest that alcohol use is associated with risky sexual behavior and increased vulnerability to coercive sexual activity. Among adolescents surveyed in New Zealand, alcohol misuse was significantly associated with unprotected intercourse and sexual activity before age 16 (60). Forty-four percent of sexually active Massachusetts teenagers said they were more likely to have sexual intercourse if they had

been drinking, and 17 percent said they were less likely to use condoms after drinking (61).

Risky Behavior and Victimization. Survey results from a nationally representative sample of 8th and 10th graders indicated that alcohol use was significantly associated with both risky behavior and victimization and that this relationship was strongest among the 8th-grade males, compared with other students (62). **Puberty and Bone Growth.** High doses of alcohol have been found to delay puberty in female (63) and male rats (64), and large quantities of alcohol consumed by young rats can slow bone growth and result in weaker bones (65).

However, the implications of these findings for young people are not clear. **Prevention of Adolescent Alcohol Use** Measures to prevent adolescent alcohol use include policy interventions and community and educational programs. **Alcohol Alert No. 34: Preventing Alcohol Abuse and Related Problems** (66) covers these topics in detail. See the **National Injury and Social Consequences Underage** alcohol use is more likely to kill young people than all illegal drugs combined (5, 6). Some of the most serious and widespread alcohol-related problems among adolescents are discussed below.

Drinking and Driving. Motor vehicle crashes are the leading cause of death among youth ages 15 to 20 (8). Adolescents already are at increased risk through their relative lack of driving experience (9), and drivers younger than 21 are more susceptible than older drivers to the alcohol-induced impairment of driving skills (4, 9). The rate of fatal crashes among alcohol-

involved drivers between 16 and 20 years old is more than twice the rate for alcohol-involved drivers 21 and older (10).

Suicide. Alcohol use interacts with conditions such as depression and stress to contribute to suicide, the third leading cause of death among people between the ages of 14 and 25 (11, 12). In one study, 37 percent of eighth grade females who drank heavily reported attempting suicide, compared with 11 percent who did not drink (13). Sexual Assault. Sexual assault, including rape, occurs most commonly among women in late adolescence and early adulthood, usually within the context of a date (14).

In one survey, approximately 10 percent of female high school students reported having been raped (5). Research suggests that alcohol use by the offender, the victim, or both, increases the likelihood of sexual assault by a male acquaintance (15). High-Risk Sex. Research has associated adolescent alcohol use with high-risk sex (for example, having multiple sexual partners and failing to use condoms). The consequences of high-risk sex also are common in this age group, particularly unwanted pregnancy and sexually transmitted diseases, including HIV/AIDS (5).

According to a recent study, the link between high-risk sex and drinking is affected by the quantity of alcohol consumed. The probability of sexual intercourse is increased by drinking amounts of alcohol sufficient to impair judgment, but decreased by drinking heavier amounts that result in feelings of nausea, passing out, or mental confusion (16). Alcohol's Effects on the Brain Adolescence is the transition between childhood and adulthood. During this time, significant changes occur in the body, including rapid hormonal alterations and the formation of new networks in the brain .

Adolescence is also a time of trying new experiences and activities that emphasize socializing with peers, and conforming to peer-group standards . These new activities may place young people at particular risk for initiating and continuing alcohol consumption. Exposing the brain to alcohol during this period may interrupt key processes of brain development, possibly leading to mild cognitive impairment as well as to further escalation of drinking. Subtle alcohol-induced adolescent learning impairments could affect academic and occupational achievement .

In one study, Brown and colleagues evaluated short-term memory skills in alcohol-dependent and nondependent adolescents ages 15 to 16. The alcohol-dependent youth had greater difficulty remembering words and simple geometric designs after a 10-minute interval. In this and similar studies memory problems were most common among adolescents in treatment who had experienced alcohol withdrawal symptoms . The emergence of withdrawal symptoms generally indicates an established pattern of heavy drinking.

Their appearance at a young age underscores the need for early intervention to prevent and treat underage drinking. Although the prevalence of high-risk drinking declines after early adulthood , alcohol-induced brain damage may persist. Memory impairment has been found in adult rats exposed to alcohol during adolescence . In addition, sophisticated imaging techniques revealed structural differences in the brains of 17-year-old adolescents who displayed alcohol-induced intellectual and behavioral impairment.

Specifically, the hippocampus—a part of the brain important for learning and memory—was smaller in alcohol-dependent study participants than it was in

nondependent participants . Adolescents who began drinking at an earlier age had proportionately smaller hippocampal volumes compared with those who began later , suggesting that the differences in size were alcohol induced. Alcohol Alert From NIAAA Despite a minimum legal drinking age of 21, many young people in the United States consume alcohol. Some abuse alcohol by drinking frequently or by binge drinking--often defined as having five or more drinks* in a row.

A minority of youth may meet the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) criteria for alcohol dependence (1, 2). The progression of drinking from use to abuse to dependence is associated with biological and psychosocial factors. This Alcohol Alert examines some of these factors that put youth at risk for drinking and for alcohol-related problems and considers some of the consequences of their drinking. Prevalence of Youth Drinking Thirteen- to fifteen-year-olds are at high risk to begin drinking (3).

According to results of an annual survey of students in 8th, 10th, and 12th grades, 26 percent of 8th graders, 40 percent of 10th graders, and 51 percent of 12th graders reported drinking alcohol within the past month (4). Binge drinking at least once during the 2 weeks before the survey was reported by 16 percent of 8th graders, 25 percent of 10th graders, and 30 percent of 12th graders. Males report higher rates of daily drinking and binge drinking than females, but these differences are diminishing (3).

White students report the highest levels of drinking, blacks report the lowest, and Hispanics fall between the two (3). A survey focusing on the alcohol-related problems experienced by 4,390 high school seniors and dropouts found that

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within the preceding year, approximately 80 percent reported either getting "drunk," binge drinking, or drinking and driving. More than half said that drinking had caused them to feel sick, miss school or work, get arrested, or have a car crash (5). Some adolescents who drink later abuse alcohol and may develop alcoholism.

Although these conditions are defined for adults in the DSM, research suggests that separate diagnostic criteria may be needed for youth (6). **Drinking and Adolescent Development** While drinking may be a singular problem behavior for some, research suggests that for others it may be an expression of general adolescent turmoil that includes other problem behaviors and that these behaviors are linked to unconventionality, impulsiveness, and sensation seeking (7-11). Binge drinking, often beginning around age 13, tends to increase during adolescence, peak in young adulthood (ages 18-22), then gradually decrease.

In a 1994 national survey, binge drinking was reported by 28 percent of high school seniors, 41 percent of 21- to 22-year-olds, but only 25 percent of 31- to 32-year-olds (3, 12). Individuals who increase their binge drinking from age 18 to 24 and those who consistently binge drink at least once a week during this period may have problems attaining the goal typical of the transition from adolescence to young adulthood (e. g. , marriage, educational attainment, employment, and financial independence) (13). **Risk Factors for Adolescent Alcohol Use, Abuse, and Dependence** **Genetic Risk Factors.**

Animal studies (14) and studies of twins and adoptees demonstrate that genetic factors influence an individual's vulnerability to alcoholism (15, 16).

Children of alcoholics are significantly more likely than children of nonalcoholics to initiate drinking during adolescence (17) and to develop alcoholism (18), but the relative influences of environment and genetics have not been determined and vary among people. Biological Markers. Brain waves elicited in response to specific stimuli (e. g. , a light or sound) provide measures of brain activity that predict risk for alcoholism.

P300, a wave that occurs about 300 milliseconds after a stimulus, is most frequently used in this research. A low P300 amplitude has been demonstrated in individuals with increased risk for alcoholism, especially sons of alcoholic fathers (19, 20). P300 measures among 36 preadolescent boys were able to predict alcohol and other drug (AOD) use 4 years later, at an average age of 16 (21). Childhood Behavior. Children classified as "undercontrolled" (i. e. , impulsive, restless, and distractible) at age 3 were twice as likely as those who were "inhibited" or "well-adjusted" to be diagnosed with alcohol dependence at age 21 (22).

Aggressiveness in children as young as ages 5-10 has been found to predict AOD use in adolescence (23, 24). Childhood antisocial behavior is associated with alcohol-related problems in adolescence (24-27) and alcohol abuse or dependence in adulthood (28, 29). Psychiatric Disorders. Among 12- to 16-year-olds, regular alcohol use has been significantly associated with conduct disorder; in one study, adolescents who reported higher levels of drinking were more likely to have conduct disorder (30, 31).

Six-year-old to seventeen-year-old boys with attention deficit hyperactivity disorder (ADHD) who were also found to have weak social relationships had significantly higher rates of alcohol abuse and dependence 4 years later,

compared with ADHD boys without social deficiencies and boys without ADHD (32). Whether anxiety and depression lead to or are consequences of alcohol abuse is unresolved. In a study of college freshmen, a DSM-III diagnosis of alcohol abuse or dependence was twice as likely among those with anxiety disorder as those without this disorder .

In another study, college students diagnosed with alcohol abuse were almost four times as likely as students without alcohol abuse to have a major depressive disorder . In most of these cases, depression preceded alcohol abuse. In a study of adolescents in residential treatment for AOD dependence, 25 percent met the DSM-III-R criteria for depression, three times the rate reported for controls. In 43 percent of these cases, the onset of AOD dependence preceded the depression; in 35 percent, the depression occurred first; and in 22 percent, the disorders occurred simultaneously .
Suicidal Behavior.

Alcohol use among adolescents has been associated with considering, planning, attempting, and completing suicide . In one study, 37 percent of eighth-grade females who drank heavily reported attempting suicide, compared with 11 percent who did not drink . Research does not indicate whether drinking causes suicidal behavior, only that the two behaviors are correlated. Psychosocial Risk Factors Parenting, Family Environment, and Peers. Parents' drinking behavior and favorable attitudes about drinking have been positively associated with adolescents' initiating and continuing drinking.

Early initiation of drinking has been identified as an important risk factor for later alcohol-related problems . Children who were warned about alcohol by

their parents and children who reported being closer to their parents were less likely to start drinking . Lack of parental support, monitoring, and communication have been significantly related to frequency of drinking , heavy drinking, and drunkenness among adolescents . Harsh, inconsistent discipline and hostility or rejection toward children have also been found to significantly predict adolescent drinking and alcohol-related problems .

Peer drinking and peer acceptance of drinking have been associated with adolescent drinking . While both peer influences and parental influences are important, their relative impact on adolescent drinking is unclear. Expectancies. Positive alcohol-related expectancies have been identified as risk factors for adolescent drinking. Positive expectancies about alcohol have been found to increase with age (50) and to predict the onset of drinking and problem drinking among adolescents (51-53). Trauma. Child abuse and other traumas have been proposed as risk factors for subsequent alcohol problems.

Adolescents in treatment for alcohol abuse or dependence reported higher rates of physical abuse, sexual abuse, violent victimization, witnessing violence, and other traumas compared with controls (54). The adolescents in treatment were at least 6 times more likely than controls to have ever been abused physically and at least 18 times more likely to have ever been abused sexually. In most cases, the physical or sexual abuse preceded the alcohol use. Thirteen percent of the alcohol dependent adolescents had experienced posttraumatic stress disorder, compared with 10 percent of those who abused alcohol and 1 percent of controls.

Advertising. Research on the effects of alcohol advertising on adolescent alcohol-related beliefs and behaviors has been limited . While earlier studies measured the effects of exposure to advertising , more recent research has assessed the effects of alcohol advertising awareness on intentions to drink. In a study of fifth- and sixth-grade students' awareness, measured by the ability to identify products in commercials with the product name blocked out, awareness had a small but statistically significant relationship to positive expectancies about alcohol and to intention to drink as adults .

This suggests that alcohol advertising may influence adolescents to be more favorably predisposed to drinking . symptoms and signs of alcohol intoxication Signs that indicate a person is intoxicated include the smell of alcohol on their breath or skin, glazed or bloodshot eyes, the person being unusually passive or argumentative, and/or deterioration in the person's appearance or hygiene.

Other symptoms of intoxication include flushed skin and memory loss Some of the most common symptoms of alcohol abuse in teenagers include lying, making excuses, breaking curfew, staying in their room, becoming verbally or physically abusive toward others, having items in their possession that are connected to alcohol use (paraphernalia), the smell of alcohol on their breath or body, mood swings, stealing, and changes in friends. The Link Between Early Alcohol Use and Alcohol Dependence Early alcohol use may have long-lasting consequences.

People who begin drinking before age 15 are four times more likely to develop alcohol dependence at some time in their lives compared with those who have their first drink at age 20 or older . It is not clear whether starting

to drink at an early age actually causes alcoholism or whether it simply indicates an existing vulnerability to alcohol use disorders . For example, both early drinking and alcoholism have been linked to personality characteristics such as strong tendencies to act impulsively and to seek out new experiences and sensations .

Some evidence indicates that genetic factors may contribute to the relationship between early drinking and subsequent alcoholism . Environmental factors may also be involved, especially in alcoholic families, where children may start drinking earlier because of easier access to alcohol in the home, family acceptance of drinking, and lack of parental monitoring .

Prevention and Treatment The immediate and long-term risks associated with adolescent alcohol use underscore the need for effective prevention and treatment programs.

Research on the personal, social, and environmental factors that contribute to the initiation and escalation of drinking is essential for the development of such programs. It should be noted that preventing and identifying alcohol use disorders in youth require different screening, assessment, and treatment approaches than those used for adults. For example, although relapse rates following alcoholism treatment are similar for both adults and adolescents, social factors such as peer pressure play a much larger role in relapse among adolescents .

Personal factors such as childhood behavior problems or a family history of alcohol use disorders can help to identify high-risk youth and may suggest direction for interventions. Evidence suggests that the most reliable predictor of a youth's drinking behavior is the drinking behavior of his or her

friends . Many research-based interventions target the child's relevant behavioral skills, such as his or her ability to react appropriately to peer pressure to drink, as well as his or her knowledge, attitudes, and intentions regarding alcohol use .

Positive beliefs about alcohol's effects and the social acceptability of drinking encourage the adolescent to begin and continue drinking. However, youth often overestimate how much their peers drink and how positive their peers' attitudes are toward drinking. Consequently, most prevention programs include social norms education, which uses survey data to counter students' misperceptions of their peers' drinking practices and attitudes about alcohol .

Family factors, such as parent-child relationships, discipline methods, communication, monitoring and supervision, and parental involvement, also exert a significant influence on youthful alcohol use . Accordingly, family-based prevention programs for youth have been developed—for example, Iowa's Strengthening Families Program, which significantly delayed initiation of alcohol use by improving parenting skills and family bonding . The beneficial effects of this program on student alcohol involvement were still evident 4 years after the intervention . Some school-based programs are aimed at adolescents who have already begun drinking.

Preliminary research also has found promise in high school-based motivational programs that encourage self-change in problem drinkers (30). Policy and Community Strategies Another important factor in underage drinking is availability, that is, the degree of effort required to obtain alcohol, as determined by geographic, economic, and social factors (40, 35).

Consequently, interventions aimed at the individual must be supplemented by policy changes to help reduce youth access to alcohol and decrease the harmful consequences of established drinking (35).

For example, raising the minimum legal drinking age in all States to 21 saved an estimated 20,000 lives between 1975 and 2000 (8). In addition, all States now have zero-tolerance laws, which set the legal blood alcohol limit for drivers younger than age 21 at 0.00 or 0.02 percent (41). This policy has been associated with a 20-percent decline in the proportion of single-vehicle, nighttime fatal crashes among drivers younger than age 21 (42, 43). The drinking and driving laws described above were implemented in the absence of an accompanying increase in existing law enforcement levels.

The effectiveness of such measures is enhanced by integrating them into community-based strategies that involve the cooperation of local government agencies, the law enforcement community, business leaders, and grassroots organizations (35). Communities Mobilizing for Change on Alcohol (CMCA) is an example of a community-wide program that focused on policy changes to reduce youth access to commercial and social sources of alcohol (44, 35). Communities that adopted the program experienced significantly fewer arrests for drinking and driving among youth ages 18 to 20 than did neighboring communities (45).

Comprehensive Interventions. Project Northland is an example of a successful comprehensive intervention that incorporated family, school, and community components to prevent or reduce alcohol use among adolescents. To determine the program's effectiveness, researchers began testing the students in grade six; and, after 3 years, the prevalence of

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alcohol use by eighth graders was lower in intervention communities than in comparison sites, and especially among students who had not yet started drinking when the program began (46).

During the next 2 years, interventions were only minimal, and the differences in the measures of alcohol use between the two groups of students disappeared. However, resumption of Project Northland activities in grades 11 and 12 had a significant positive effect on the students' tendency to avoid alcohol use and binge drinking. Taken together, these results show the effectiveness of continued, age-appropriate prevention activities for delaying or reducing underage drinking (47).

Underage Drinking—A Commentary by NIAAA Director Ting-Kai Li, M. D. The immediate and long-term risks associated with adolescent alcohol use underscore the need for effective prevention and treatment programs. Research toward those ends is a top priority at NIAAA. Studies have revealed genetic, biologic, developmental, and environmental influences on underage drinking. Scientists have found that variability is a crucial aspect of alcohol problems across all age groups and thus is a key consideration in alcohol research.

For example, there is a three- to fourfold between-individual variation in the rate of absorption, distribution, and elimination of alcohol (pharmacokinetics) and a two- to threefold between-individual variation in the sensitivity of the brain to the effects of a given concentration of alcohol (pharmacodynamics). Understanding the underlying causes of this variability, both genetic and nongenetic, should provide insights into underage drinking and binge-drinking patterns.

Through prevention and intervention strategies directed at the individual, family, school, and community, we aim to provide knowledge and change belief systems and social norms to reinforce the message that underage alcohol use is unacceptable. We also aim to enhance young peoples' self-esteem, self-motivation, and identity formation to enable them to take responsibility for their own health by making informed, deliberate, and healthy choices regarding alcohol use.

Various intervention tools have brought about positive behavioral change with regard to underage drinking. Further studies will follow cohorts of young people from childhood through the college years, at different locations and in different settings, to determine whether these interventions are enduring and broadly applicable. Finding lasting solutions to such an entrenched problem will not be easy, but we are confident that diligent research efforts will meet this urgent challenge. Alcohol and the Family * Alcoholism is a disease of the family.

Not only is there a significant genetic component that is passed from generation to generation, but the drinking problems of a single family member affect all other family members. The family environment and genetics can perpetuate a vicious and destructive cycle. * Many marriages break up over a husband's or wife's drinking. Domestic violence typically erupts when one or both spouses have been drinking, and drinking makes domestic violence more dangerous. * Families play a critical role in recovery from alcoholism. They can be instrumental in encouraging a family member with alcoholism to seek treatment.

Strong family support also increases the chances for successful recovery.

Alcoholism and Problem Drinking Pervasive in Family Life * More than half of adults have a close family member who has had alcoholism or is still dealing with alcoholism. * Approximately one in four children younger than 18 is exposed to alcoholism or problem drinking in the family. A Factor in Many Serious Family Problems * Separated and divorced men and women are three times as likely to say their spouse was alcoholic or had a drinking problem than men and women who are still married. Some 75 percent of husbands or wives who abuse their spouses have been drinking prior to or at the time of the abuse. * Women who have heavy drinking husbands or partners are at higher risk for developing their own drinking problems. * Each year between 1, 200 and 8, 800 babies are born with the physical signs and intellectual disabilities associated with fetal alcohol syndrome (FAS), and thousands more experience the somewhat lesser disabilities of fetal alcohol effects. FAS is the leading preventable cause of mental retardation in the United States. Children of alcoholics are at high risk for developing problems with alcohol and other drugs; they often do poorly at school, live with pervasive tension and stress, have high levels of anxiety and depression and experience coping problems. Underage Drinking Challenges American Youth * First use of alcohol typically begins around age 13. By their senior year, 64 percent of high school students say they have been drunk at least once; 33 percent say they have been drunk in the past month. Among teenagers between the ages of 12 and 17 who say they drink heavily (five or more drinks on five or more occasions in the past month); 77 percent had at least one serious problem related to drinking in the past year; 63 percent had built

up tolerance to the effects of alcohol; 20 percent reported psychological problems related to their drinking; 12 percent reported health problems related to their drinking. * Teenagers who drink heavily are more likely to cut class or skip school, perform poorly in school, take sexual risks, and commit suicide.

Heavy drinking increases the likelihood of delinquent and violent behavior including running away from home, fighting, vandalizing property, stealing and getting arrested. * Visit the Alcohol Cost Calculator for Kids¹ to find out more about serious alcohol problems among youth. Attitudes in the Home Influence Youth Drinking * Even in families where alcoholism isn't present, permissive attitudes about alcohol can have a profound impact on youth. Though far more kids drink than use illicit rugs, parents are more likely to excuse getting drunk as a "rite of passage." Unless a car is involved, some just don't take it seriously. * Parents who drink and who have favorable attitudes about alcohol encourage children to start drinking and to keep drinking. * Drinking by older siblings can influence the alcohol use of younger siblings, particularly for same-sex siblings. Teens' Serious Alcohol Problems Recent studies agree: most young people experiment with alcohol.

By the time they are seniors in high school, 58 percent report they have been drunk ¹ even though they can't drink legally until they are 21. Their drinking typically accelerates when they go away to college where 40 percent of students say that they binge on alcohol (for young men this means drinking five or more drinks in a row; for young women, four or more drinks in a row). ²Most of the young people who get drunk or binge gradually

outgrow this dangerous behavior as they become adults with jobs and family responsibilities.

If they're lucky, they may simply miss a class or two because of a hangover. Others experience more serious problems that alter their lives in significant ways: premature death, injury, smoking and using illicit drugs, academic failure, arrest, unplanned pregnancy and sexually transmitted disease all are associated with drinking among young people. Some 3 million young Americans will develop a serious alcohol problem that will significantly increase their risk for experiencing one of these life altering problems.

According to the federal government, compared to their peers without an alcohol drug use disorder, young people with drinking problems: * require emergency room medical care 47 percent more often * miss two more weeks of school * are 10 times more likely to be diagnosed with another drug use disorder * are 10 times more likely to drive under the influence of alcohol and/or other drugs * are four times more likely to be arrested or booked for breaking the law * are two and a half times as likely to run away or sleep on the streets Alcohol Interferes With Maturation As serious as these problems are — for the individuals who experience them and for their families and communities — they fail to convey how alcohol problems interfere with young people's bodies and minds, which haven't yet had a chance to fully mature. Serious alcohol problems stunt emotional development by masking the stress and anxiety that can be a normal part of adolescence, robbing young people of the opportunity to develop the coping skills they will need to succeed later in life. In short, even if they escape serious physical harm,

alcohol problems prevent young people from achieving their full potential as adults in ways that aren't easily quantified. Young people with serious alcohol problems — many of whom also have mental health disorders that make their drinking and other drug use much more problematic — are among the most vulnerable in our society. They need treatment. But the vast majority — 83 percent, on average — isn't getting it, and among those who do, only 25 percent get enough. The benefits of treatment for young people, as well as society, are enormous. Recent clinical research proves that effective treatment developed specifically for adolescents can help them get their lives back on track through:

- * considerable reductions in their use of alcohol and marijuana one year after treatment
- * significantly fewer problems associated with their drinking and other drug use
- * less criminal activity
- * improved school performance, including better grades and attendance
- * healthier psychological outcomes, including higher self-esteem, decreased hostility and fewer suicidal thoughts

What Are Serious Alcohol Problems? Alcohol poisoning Alcohol poisoning is the potentially fatal result of drinking excessive amounts of alcohol in a short period of time. It is caused by alcohol slowing down the body's functions (for example, breathing, heart rate, and gag reflex), thereby potentially leading to choking, coma, stopped breathing, stopped heart, and death. Treatment involves getting the person to the hospital immediately so he or she can be closely watched by medical professionals, given oxygen and fluids, and so that other measures can be taken in order to prevent choking, as well as stopped breathing or heartbeat Serious alcohol problems fall into two categories: alcohol

dependence and alcohol abuse. Together, these behaviors are known among experts as alcohol use disorders.

The American Psychiatric Association (APA) publishes standardized criteria for diagnosing each of these conditions according to the presence of certain symptoms. This calculator uses these criteria² to estimate how many young people in the U. S. need treatment. However, the APA developed these criteria for adults, not adolescents, which means they may miss many young people who would benefit from an intervention of some kind. Though serious alcohol problems can develop within a year or two after a young person has begun drinking, 4 alcohol-related medical problems and withdrawal syndrome, which take years to develop, are symptoms that are much more likely to be found among adults.

Nor do these criteria address factors unique to young people, whose bodies and minds continue to undergo profound changes throughout adolescence. As a result, some researchers have suggested that serious alcohol problems should be assessed more broadly among young people to permit earlier and more targeted interventions along a continuum³ facilitated by more widespread use of screening. These assessments would be multidimensional and take a number of other factors into consideration, including: Age Example: A 13-year-old who is binge drinking and smoking marijuana probably signals a more immediate need for intervention than an 18-year-old whose similar behavior, while dangerous and illegal, may be more typical of his age group.

The amount, frequency and context of alcohol and other drug use Example: Any young person who drinks every day before going to school or during the
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school day. The seriousness and nature of the problems being experienced by a young person Example: A young person who fails a grade, runs away from home or comes into contact with the juvenile justice system. The presence of a mental health problem(see following section)A family history of addiction Example: Having a parent with an alcohol use disorder greatly increases the chances that an individual will develop one at some point in their life. Researchers have established that the risk for developing an alcohol use disorder is approximately 50 to 60 percent genetic. Who Is at Risk?

Researchers estimate that people who begin drinking before the age of 15 are four times more likely to develop an serious alcohol problem later in life than those who wait until they are 21. 5 Less well understood, however, is the issue of who will develop an alcohol problem while they are still in adolescence, although scientists have identified several risk factors. Many young people with alcohol problems also have a mental health, or co-occurring, disorder. According to the American Academy of Pediatrics, estimates range from 41 to 65 percent. 6 As a result, these young people are at especially high risk for two of the most serious problems associated with drinking during adolescence: violence and suicide. Children with conduct disorders — also known as antisocial disorders and characterized by rule-breaking behavior and a disregard for the rights of others — are at extremely high risk for developing an serious alcohol problem during adolescence. Thrill-seeking is common among children with conduct disorder and may explain why they begin drinking at an early age. Researchers also believe that alcohol's role in loosening inhibitions may encourage such adolescents

to "act out" and get them in more serious trouble because of their drinking. Other researchers suggest serious alcohol problems and conduct disorders co-occur because of shared risk factors, not because one influences the other. 8 Depression and post-traumatic stress disorder — also known as negative-affect disorders — are also common among adolescents with serious alcohol problems, especially young women.

Researchers believe that both of these conditions often occur as a result of physical or sexual abuse during childhood and that young people who have been (or are being) victimized drink to self-medicate. 9 As with conduct disorders, however, exactly how one influences the other isn't known. Because alcohol is a depressant, its use can contribute to depression. Studies also have shown drinking can increase the likelihood of sexual victimization that, in turn, can lead to a negative-affect disorder. Treatment Young people usually don't get treatment for alcohol and other drug use disorders until their drinking has gotten them in trouble with the law.

In fact, 44 percent of young people in treatment have been referred by the criminal justice system. Other sources of referral include: * School/Community Agency (22%) * Self/Family (17%) * Other Substance Abuse Treatment Agency (5%) * Other Health Care Provider (5%) * Other (16%) The nation's health care system doesn't identify or treat young people with alcohol and other drug use problems any better than it does adults. Because of longstanding relationships with their young patients, pediatricians and family practice physicians are ideally positioned to observe

the changes in behavior and health that occur as a result of drinking and drug use.

But while the American Medical Association recommends that health professionals ask their young patients about their alcohol and drug use on an annual basis, fewer than 50 percent of physicians screen these patients for this purpose. ¹³Unique Treatment Needs Treatment for alcohol and other drug use disorders among young people has advanced considerably in the past several years. Within the next year or two, clinicians will be able to choose among a dozen therapies whose effectiveness and cost benefits have been established by research. ¹⁴This progress has been stimulated in part by necessity: during the 1990s, the number of young people seeking drug treatment rose by 50 percent. ¹⁵Researchers learned that treating young people in programs for adults didn't work. In some cases, it may even have caused their drug use to escalate once they were discharged. ⁶Acknowledging the considerable differences between adolescent and adult drug use disorders was the first step in developing age appropriate treatment: * The patterns of drug use among young people differ: they drink more alcohol and smoke more marijuana than adults. They also are more likely to binge drink or get high whenever an opportunity arises. * Young people have higher rates of mental health disorders and get into trouble more often than adults. They require more careful assessment for mental health disorders which, if present, must be treated appropriately. * Young people are increasingly influenced by their peers and shaped by the pressures encountered in social institutions such as school and the criminal justice and welfare systems. These influences and pressures contribute not

only to the development of serious alcohol problems, but also have a profound impact on treatment. The gains young people make during treatment may be undercut when they are return to an unhealthy atmosphere at home, in their neighborhoods or at school. They do not always have access to age-appropriate support groups. This explains why they have higher relapse rates than adults and typically require three or four treatment episodes before achieving recovery. Problem Drinking Affects School Performance How does problem drinking affect young people's schooling? In some cases the linkage between problem drinking and academic performance is profound. Drinking can affect the biological development of young people as well as their school-related achievement and behavior. Serious alcohol use among youth has significant neurological consequences.

Alcohol damages areas of the brain responsible for learning and memory, verbal skills and visual-spatial cognition. 1, 2 Diagnosticians often find that these skills in adolescents who drink are deficient in comparison to those who aren't drinking. How can parents prevent alcohol use? Clear communication by parents about the negative effects of alcohol, as well as about their expectations regarding drug use, have been found to significantly decrease alcohol use in teens. Adequate parental supervision has also been found to be a deterrent to alcohol use in youth. Alcohol, and other drug use, has been found to occur most often between the hours of 3 p. m. and 6 p. m. immediately after school and prior to parents' arrival at home from work. Teen participation in extracurricular activities has therefore been revealed to be an important measure in preventing use of alcohol in this age group.

Parents can also help educate teens about appropriate coping and stress-management strategies. For example, 15- to 16-year-olds who use religion to cope with stress tend to use drugs significantly less often and have less problems as a result of drinking than their peers who do not use religion to cope. What is the treatment for alcohol intoxication Replacing fluids that are lost as a result of the increased urination associated with drinking is often used to treat alcohol intoxication.

Doctors frequently use fluids that contain sugars for that purpose. There are few medications that are considered effective in treating alcoholism. Zofran (ondansetron) has been found to be effective in treating alcoholism in people whose problem drinking began before they were 25 years old. Naltrexone (Trexan, ReVia, or Vivitrol) has also been found effective in managing alcoholism. Naltrexone is the most frequently used medication in treating alcoholism. It decreases the alcoholic's cravings for alcohol by blocking the body's euphoric ("high") response to it. Naltrexone is either taken by mouth on a daily basis or through monthly injections.

Disulfiram (Antabuse) is prescribed for about 9% of alcoholics. It decreases the alcoholic's craving for the substance by producing a negative reaction to drinking. Acamprosate (Campral) works by decreasing cravings for alcohol in those who have stopped drinking. However, none of these medications have been specifically approved to treat alcoholism in people less than 18 years of age. Some research indicates that psychiatric medications like lithium and sertraline (Zoloft) may be useful in decreasing alcohol use in teens who have another mental-health disorder in addition to alcohol abuse. There are numerous individual treatments for alcoholism in teens.

Relapse prevention uses methods for recognizing and amending problem behaviors. Individualized drug counseling specifically emphasizes short-term behavioral goals in an attempt to help the individual reduce or stop the use of alcohol altogether. Cognitive therapy techniques, like helping the teen recognize what tends to precede and follow their episodes of alcohol use, are often used to address alcohol abuse in teens. Some treatment programs include drug testing. Twelve-step programs like Alcoholics Anonymous are individualized drug-counseling methods. Motivational enhancement therapy encourages the teen to increase their desire to participate in therapy.

Stimulus control refers to a treatment method that teaches the person to stay away from situations that are associated with alcohol use and to replace those situations with activities that are contrary to using drugs. Urge control is an approach to changing patterns that lead to drug use. Social control involves family members and other significant others of the alcoholic in treatment. While group therapy can be helpful in decreasing alcohol use in teens, groups that include a number of teens who also engage in disordered behaviors can actually tend to increase alcohol use in this age group. Family interventions for alcoholism that tend to be effective for teens include multidimensional family therapy (MDFT), group therapy, and multifamily educational intervention (MFE). MDFT has been found to be quite effective.

Longer-term residential treatment of three to five months that addresses peer relationships, educational problems, and family issues is often used in treating alcoholism in teens. For youth in the first stage of alcohol use (having access, but not having yet used alcohol), preventive measures are used. Therefore, limiting access to alcohol or other drugs, addressing any

risk factors of the youth or family, as well as optimal parental supervision and expression regarding expectations are often recommended. The approach to those who have experimented with alcohol should not be minimized by mental-health professionals, since infrequent use can progress to the more serious stages of alcohol use if not addressed.

Therefore, professionals recommend that the youth be thoroughly educated about the effects and risks of alcohol, that fair but firm limits be set on the use of alcohol, and that the user be referred for brief counseling, a self-help group, and/or family support group. Teens who have progressed to the more advanced stages of alcoholism are typically treated intensively, using a combination of the medical, individual, and familial interventions already described. Greenblatt, J.C. , " Patterns of Alcohol Use Among Adolescents and Associations with Emotional and Behavioral Problems," U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, March 2000.

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risk of alcohol poisoning, coma, and even death. * Raising public awareness through public service campaigns and other initiatives. There are already some public services campaigns, but more are needed. In addition, the “ just say no” and similar initiatives are not really effective. Campaigns based on research would be better. * Restaurant and bar server training and compliance checks. This should also include the training of all store clerks where alcohol is sold.

In one study, more than 90% of high school seniors said it was easy for them to obtain alcohol when they wanted it. When alcohol is so easy to get, teens will continue to use it. * Deterring adults from purchasing alcohol for minors or providing alcohol to minors. It is illegal to provide minors with alcohol, but laws need to be consistently enforced. Giving alcohol to teens not only encourages them to drink, it sends the message that underage drinking is OK. * Enforcing penalties for the DWI (driving while intoxicated, use of false IDs, and violating zero-tolerance laws. One law that has proven useful is suspending or revoking the driver’s license of anyone underage caught drinking. It’s powerful deterrent for teens.

Individual Measures to Reduce or Prevent Teenage Alcoholism These youth alcoholism prevention initiatives help educate and prepare youth to resist the urge to experiment with alcohol and drink in spite of influences and opportunities to which they are exposed. Education that focuses on addressing attitudes and motivational factors, as well as providing youth with skills that enable them to “ say no” and wait until they are of legal drinking age, has been proven most helpful. Individual-focused teenage alcoholism interventions include: * School-based prevention programs that

include addressing peer pressure to drink and teaching teens how to resist those pressures in addition to providing information about the dangers of drinking.

These programs also offer interactive and developmentally appropriate information, include peer-led components, and provide teacher training. * Family-oriented prevention initiatives where parents' ability to influence their children's behavior and attitudes play a critical role. Setting and enforcing rules against underage drinking and monitoring the child's behavior have proven to help reduce the propensity of underage drinking and onset of youth alcoholism. For family-based teenage alcoholism interventions to be effective, parents need to be informed about the risks of teenage alcoholism and know how to talk to their child about alcohol use.

Public campaigns can address these issues and so can school-based programs. | | | Conclusion Alcohol is not an ordinary commodity. While it carries connotations of pleasure and sociability in the minds of many, harmful consequences of its use are diverse and widespread. From a global perspective, in order to reduce the harm caused by alcohol, policies need