

Alcohol Awareness Month: Opportunities for Advocacy and Action April 2016

Overview

America's teen drug use — including alcohol, tobacco, illicit and prescription drugs—is a continuing problem despite recent evidence of meaningful progress. Years of prevention and education programs along with supportive policies have shown encouraging results in terms of clear trend lines showing diminished initiation and ongoing use of most substances by adolescents.

Clear, consistent and credible messages over time conveying the risk and harm of alcohol and drug use have had an impact. And while most of the public attention in recent years has focused on opioids and the legalization of marijuana, a serious long-term threat to the health and safety of teens — and the nation's future — continues to come from early initiation of alcohol, tobacco and marijuana use.

The goal of prevention is “No use of alcohol, tobacco, marijuana or other drugs by youth for their health, safety and potential for success.” Frequently this goal is disparaged as unrealistic because alcohol and drug use by adolescents is perceived to be a rite of passage for virtually all youth. New evidence over the past four decades from the Monitoring the Future study, the principal data source for reporting youth drug use in the country since 1975, reveals a previously unrecognized strong and steady trend. Increasing numbers of American youth do not use any alcohol, tobacco, marijuana or other drugs. For high school seniors, in 1983 three percent of youth had never in their lives used any alcohol, tobacco, marijuana or other drugs. In the most recent year of the survey report, 25 percent reported that they had never used any of these substances. In the same population of high school seniors the percentage who had not used any alcohol, tobacco, marijuana or other drugs in the past 30 days increased from 16 percent in 1982 to 50 percent in 2014. (See attached chart.)

This goal of no use of alcohol, tobacco, marijuana and other drugs for youth is especially important for adolescents with a family history of addiction because of their greater genetic risk for alcohol or other drug problems, which tend to run in families. The risk of addiction to alcohol and other drugs and its lifelong consequences are entirely eliminated by a single decision not to initiate use. Children who have grown up in a household with a parent who has abused or become dependent on alcohol, tobacco, illicit or prescription drugs often experience years of stressful life disruption and an increased risk of addiction, as well as an array of lifelong health and social problems due to Adverse Childhood Experiences (ACE). The years of silent suffering and daily pressure of living with parental addiction take their toll, often over a lifetime.

Breaking the generational cycle of addiction is key to a healthier America. Yet the current array of policies and programs for prevention, early intervention, treatment and recovery are often insufficient to address this special problem, in part because quality services are not widely available or always as effective as they might be. And public acceptance of youth experimentation with substances results in "mixed messages" to youth, especially those with a family history who so often already suffer disproportionately from parental substance abuse and dependence.

Further, scientific evidence points to certain public policies that would reduce youth initiation of these substances, such as more effective educational approaches, reduced availability and higher prices for legal substances such as alcohol and tobacco, better enforcement of current state policies for marijuana such as underage access, and tighter prescribing practices and improved control for addictive pain relievers.

The dramatic and heart-breaking impact on families translates to enormous social costs in areas such as school failure and juvenile justice. Improved efforts to break the inter-generational transmission of addiction are essential, as we have more than 73 million youth ages zero to 17.

Recent research reveals continuing threats

Recent reports of rising morbidity and mortality in midlife among white Americans casts a shadow over the future, as it is a reversal of long-term progress in recent decades. This backsliding is attributable to drug and alcohol poisoning, suicide, and chronic liver disease and cirrhosis, all relevant to early onset of alcohol use. This "overlooked epidemic" poses a threat to the children of those whose increased problem use affects family stability, including compromised economic and educational opportunities for children as well as trauma such as Adverse Childhood Experiences.

Meanwhile, new research suggests that marijuana use disorder is growing among adults, especially low-income groups, and is associated with other substance use disorders, anxiety and personality problems, and goes largely untreated.

A new study suggests adult marijuana smokers may be significantly more likely to develop an addiction to other drugs and alcohol than people who don't use marijuana. This new finding raises the possibility that the recent rise in adult marijuana use may be contributing to the coincident rise in serious harms related to other drugs of abuse. After three years, two-thirds of people who used marijuana had some additional form of substance use disorder, compared with less than 20 percent of people who did not use marijuana in the previous year. People who used marijuana once or more a month had higher rates of substance use disorders.

Understanding risk and protective factors that influence youth initiation are essential, including those that are especially powerful in reducing the toxic stress effects of poverty and early brain and childhood development, particularly those that stem from parental substance abuse and dependence on drugs.

While the importance of protecting these higher risk youth from the resulting life consequences of parental alcohol or drug dependence is critical, it is essential that all youth understand the lifetime deleterious impact of the early initiation of alcohol, tobacco and marijuana, especially with the alterations of brain development that can have lifelong consequences.

Recent developments in public opinion and public policy

The 2016 political campaigns have elevated public discussion of drug addiction, especially opioids, with a number of the candidates expressing concern over the lack of accessible interventions and treatment availability. Several candidates have experienced personal family history with drug issues and have acknowledged the rising public concern over deaths from prescription pain-relievers. And in some states, polls have revealed that drug addiction is the number one issue, over jobs, national security, and other traditional concerns.

Recent surveys have revealed rising public support for expanding addiction treatment and making that support a policy priority for the next administration. A majority of Americans (57 percent) say they would support a presidential candidate who favors additional investment for more education, prevention and treatment of drug and alcohol addiction. And most Americans (78 percent) believe we need to treat drug and alcohol addiction more as a health problem and less as a criminal problem.

While recent opinion polls show little public support for legalizing all drugs, there is growing support for decriminalizing or legalizing marijuana use at the state level. This trend is worrisome because research shows that making drugs more available results in greater drug problems, including among youth. Further, tax receipts from state marijuana sales provide a temptation and fiscal rationale for legalizing. For example, Oregon recently reported \$3.5 million in tax receipts from its first month (January 2016) of marijuana sales of \$14 million, far surpassing expectations and exceeding first-month marijuana tax receipts in both Colorado and Washington State.

There has been some Congressional action, most notably passage of the Comprehensive Addiction and Recovery Act of 2016 (CARA) by the US Senate, with strong bipartisan support. Further there has been support for expanded access to opioid addiction treatment.

And the Centers for Disease Control and Prevention has recently issued the first national standards for prescription painkillers, recommending that doctors try pain relievers like ibuprofen or aspirin before prescribing highly addictive pills and that they provide patients only a few days supply, a major change from current practice.

What to Do During Alcohol Awareness Month

Alcohol Awareness Month provides an opportunity to shine a spotlight on policies and programs that will build on the long-term investment in reducing youth alcohol, tobacco and drug initiation and would help protect adolescents from harmful influences of parental and other adult drug and alcohol problems.

During this year's Alcohol Awareness Month, there are actions to be taken to address this continuing threat to America's teens and their long-term future, which is of course the future of America as we address global competition for improved economic and educational opportunities for all, greater personal and national security, and addressing the threats of climate change.

Legislation to support prevention of youth initiation of substance use (e.g. Sober Truth on Preventing Underage Drinking— STOP Act) is vital to reducing the risk to individuals and cost to society. Dependence and addiction, which mostly start during adolescence, cause great harm to individuals, their families and communities, and to the nation through increased costs to society, health and social problems, and reduced global competitiveness.

Policy-makers should recognize — as do so many ordinary Americans — that prevention and treatment for alcohol and drug problems can have a positive impact on family and community experiences, decrease crime, and lower health and social costs. So, too, there is support for shifting from a primary focus on criminal justice and punishment to a public health approach that values prevention, treatment, and recovery. Only 11 percent of persons seeking treatment are able to obtain it, yet the payback on treatment is as much as \$12 for every \$1 expended.

Current Priorities

Here are some specific priorities for advocacy during Alcohol Awareness Month and beyond:

- Support passage and funding for the CARA legislation (authorization) which would provide support for drug prevention and treatment as well as improved control of prescription pain relievers and greater access to Naloxone to reverse overdoses.
- Emphasize the progress to date: teen drinking is down, and overcoming alcohol and drug problems is a real achievement for over 23 million Americans, while 26 million continue to face the struggle of Substance Use Disorders.
- Urge increased appropriations for prevention, intervention, treatment and recovery programs, with emphasis on those that have been proven effective.
- Support prevention and education programs that are non-specific to individual drug types, focusing on the addictive nature of all such products and the risks (health, safety, economic, social, educational) from their use. Research shows that the prevalence of youth substance use increases as the perception of harm from use decreases.
- Consider an equivalent of the very successful STOP Act to address all youth alcohol and drug use, including prescription pain relievers and new formulations such as *kratom* and *flakka*, which would require increased interagency coordination and collaboration.
- Encourage pharmacy chain store owners to halt their tobacco sales (as has CVS) and to provide disposal kiosks for unwanted prescription drugs (as has Walgreens).
- Support “2-generation strategies” that focus on helping children and parents simultaneously, as recommended recently by the American Academy of Pediatrics.
- Urge the Administration to grant FDA authority over e-cigarettes.

- Increase excise taxes on tobacco and alcohol, and earmark proceeds for state prevention and treatment programs.
- Issue standards for design and content of tobacco products, such as menthol cigarettes, which are more dangerous for smoking initiation.
- Ask the presidential candidates (as well as candidates for State and local offices) for concrete plans to combat addiction. National policy platforms could make an important difference in the prevention of adolescent alcohol, tobacco and drug initiation as well as access to intervention and treatment for addiction of family members who influence the life course of their children.

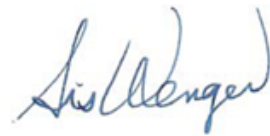
We believe that we must find ways to help our youth and their parents to understand that the first use of alcohol, tobacco, and marijuana by adolescents can begin a path toward adverse brain and life consequences. Because alcoholism and other substance use disorders tend to run in families, this delay in first use can be an especially strong life-saver for youth with a family history of these disorders. However, because of the long-term impact on the brain development of any teen, delaying initiation until the brain is fully adult is critical for all teens.



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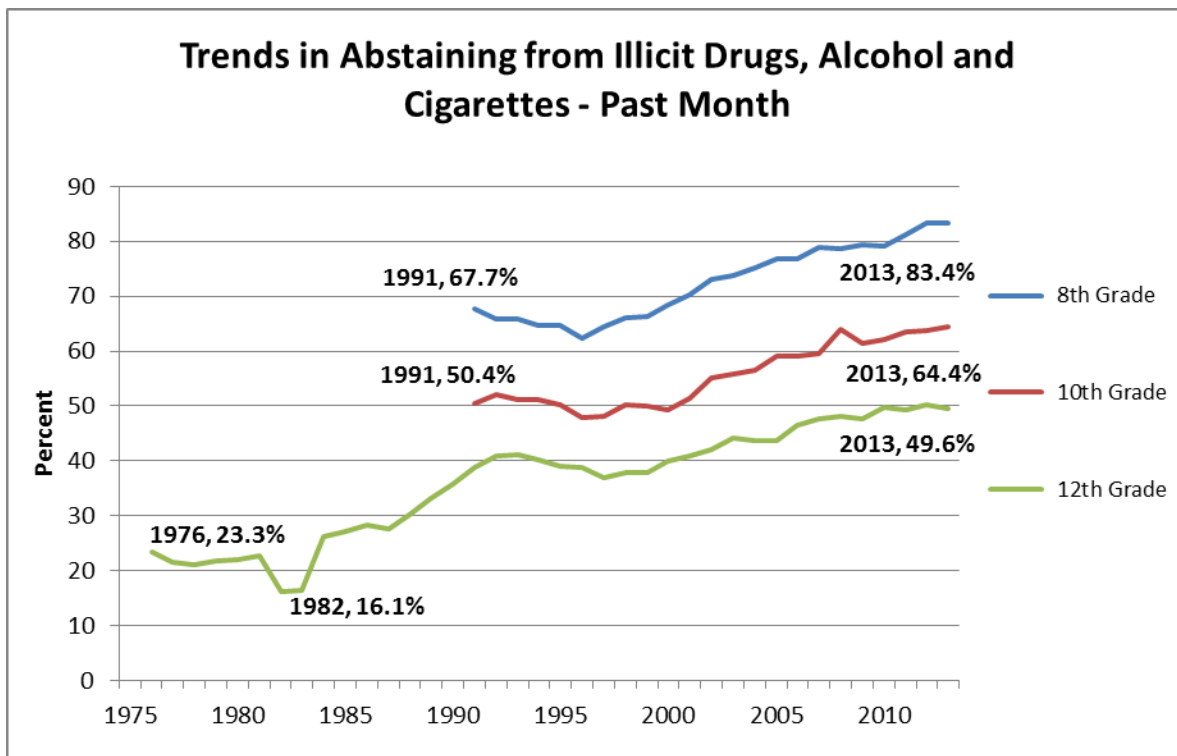
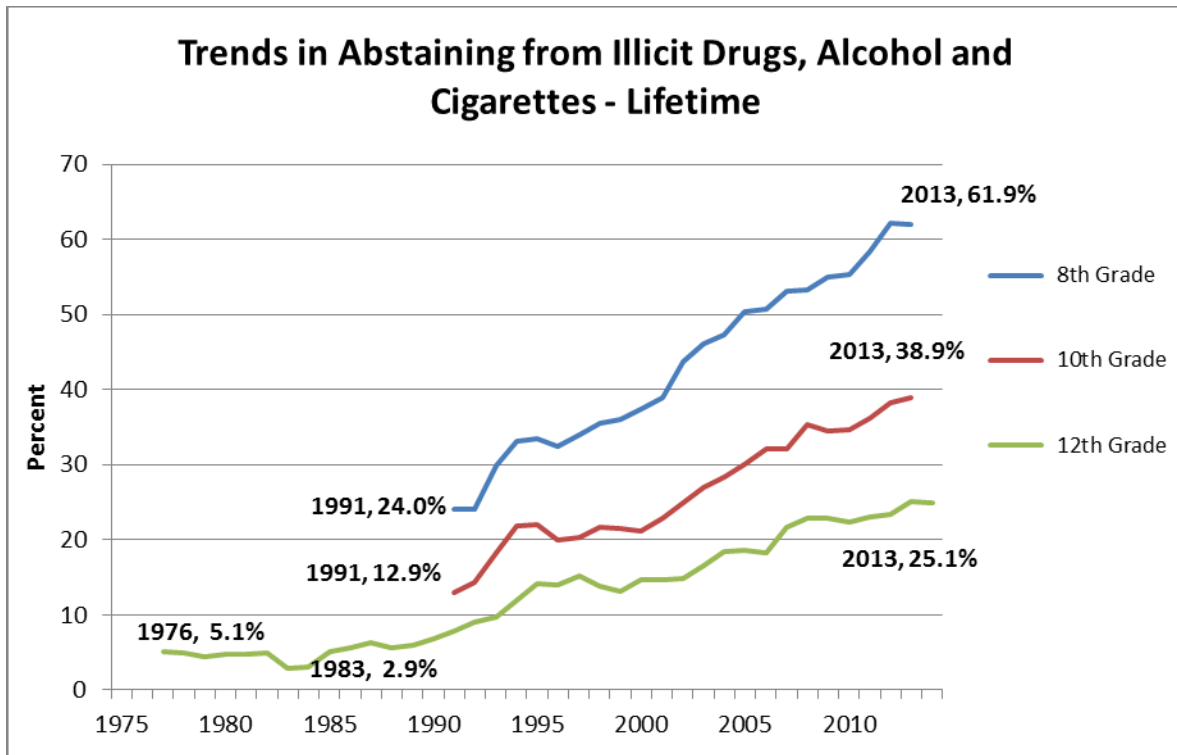
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Monitoring the Future data provided by Lloyd Johnston, Ph.D.



Note: The definition of "any illicit drug" has been held constant across the years. It is comprised of marijuana, hallucinogens, cocaine, heroin and non-prescribed use of amphetamines, sedatives, tranquilizers, or narcotic drugs other than heroin.