Alcohol Use among Nebraska's Youth

Alcohol use among youth is a major public health problem. According to the CDC it is the most commonly used and abused drug among youth in the United States, more than tobacco and illicit drugs, and is responsible for more than 4,300 annual deaths among persons under 21 years of age[1]. According to the 2013 Nebraska Youth Risk Behavior Survey (YRBS), more than 1 in 5 Nebraska high school students (22%) reported drinking alcohol during the past month while about 1 in 7 (14%) reported binge drinking (i.e., five for more drinks within a couple of hours) during the past month. Alcohol use places youth at increased risk of physical and psychological harm and is linked to an increased risk of alcohol-related motor vehicle crashes and other unintentional injury and death, suicide, homicide, sexual activity, sexual assault, changes in proper brain development, and school and social problems, among others[1]. Furthermore, youth who start drinking before age 15 are five times more likely to develop alcohol dependence or abuse later in life than those who begin drinking at or after age 21 years[1]. Among all persons, alcohol abuse is the third leading cause of preventable death in the United States[2].

Criterion 1: *The Problem is Worse than the Benchmark or Increasing*

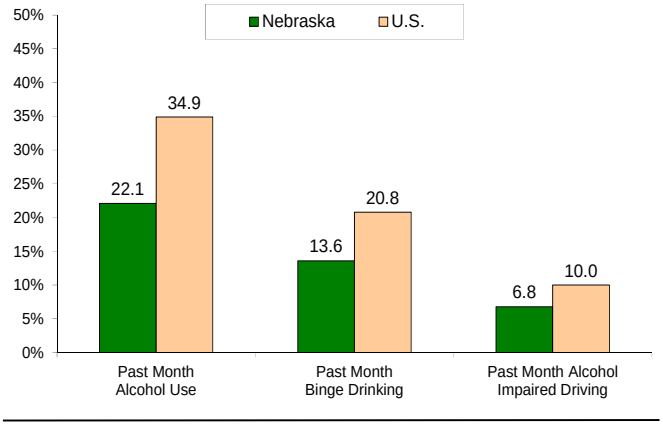
Past month alcohol use among Nebraska high school students has declined from 47% in 2003 to 22% in 2013.

Past month binge drinking among Nebraska high school students has declined from 32% in 2003 to 30% in 2005 to 16% in 2011 to 14% in 2013.

Past month alcohol-impaired driving among Nebraska high school students has declined from 21% in 2003 to 7% in 2011. While not directly comparable to previous data due to changes in question wording, the 2013 percentage was also 7%.

Compared to the nation, Nebraska high school students had significantly lower percentages for past month alcohol use (22.1% vs. 34.9%) and past month binge drinking (13.6% vs. 20.8%). The Nebraska percentage for past month alcohol-impaired driving (20.3%) was not significantly lower than the U.S. value (21.9%) but was lower than the national HP2020 objective (25.5%).

Alcohol Use and Impaired Driving among High School Students, Nebraska and U.S.



Source: Youth Risk Behavior Survey (YRBS), 2013

Criterion 2: *Disparities Exist Related to Health Outcomes*

Due to limited sample sizes, Nebraska YRBS data are of limited us in showing racial/ethnic disparities in alcohol and tobacco use. Data for White and Hispanic high school students reported similar percentages for past month alcohol use and binge drinking.

However, according to national YRBS data in 2013, White and Hispanic students were more likely than African American and Asian students to report past month alcohol use and binge drinking. Native American students had slightly but not significantly

lower percentages compared to Whites and Hispanics.

Furthermore, according to the National Institute for Alcohol Abuse and Alcoholism (NIAAA), Hispanics and African Americans tend to have a higher percentage who abstain from alcohol use compared to non-Hispanic Whites; however, those who drink tend to consume more alcohol which can lead to numerous consequences[3].

Male and female high school students in Nebraska reported similar percentages for alcohol use and binge drinking in 2013.

As grade level increased among high school students in 2013, alcohol use increased from 9th to 11th grade before leveling off in 12th grade.

Criterion 3: *Strategies Exist to Address the Problem/An Effective Intervention is Available*

Strong evidence shows preventive strategies to be effective for the youth population, including both environmental and individual strategies.

Numerous strategies exist and are well documented and supported in sources such as The Community Guide and by organizations and agencies including but not limited to the Institute of Medicine, SAMHSA, the CDC, the National Institute for Alcohol Abuse and Alcoholism, and the U.S. Department of Justice.

Environmental strategies exist for changing policies, community norms, limiting alcohol access, and enhancing enforcement of alcohol laws.

Individual strategies exist to help youth gain life stills, resist peer pressure, gain motivation, and to enhance knowledge and skills among parents.

Strategies are also available for multiple domains, including community, school, college and university, worksite, and family/home environment.

Criterion 4: *Societal Capacity to Address the Problem*

Capacity and support are strong with potential for more development.

Nebraska has built a strong network of public and private stakeholders at the state and local levels. These stakeholders are working to address alcohol through policy and environmental interventions targeted at different domains.

The Nebraska Department of Health and Human Services has completed the implementation of two SAMHSA funded state level initiatives targeting underage drinking and are currently implementing a third SAMHSA funded initiative.

The two completed initiatives include (1) the State Incentive Cooperation Agreement (SICA) which began in 2001 and addressed substance abuse among youth ages 12-17 and (2) the Strategic Prevention Framework State Incentive Grant (SPF SIG) which began in 2006 and addressed underage drinking, binge drinking among young adults, and drinking and driving among all ages.

NDHHS is now implementing a new statewide initiative entitled Partnership for Success, which is targeting underage drinking and prescription drug abuse among youth and young adults.

Criterion 5: *Severity of Consequences*

Alcohol use and misuse places a large burden on the individual and society and is the third leading cause of preventable death in the United States[2]. As noted in the problem statement, alcohol use places youth at increased risk of physical and psychological harm and is linked to an increased risk of alcohol-related motor vehicle crashes and other unintentional injury and death, suicide, homicide, sexual activity, sexual assault, changes in proper brain development, and school and social problems, among others[1]. Furthermore, alcohol places a large burden on society, including decreased productivity, and increased strain on the criminal justice and health care systems.

References

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3. Minority Health and Health Disparities. 26 Feb 2015. National Institute for Alcohol Abuse and Alcoholism. <http://www.niaaa.nih.gov/alcohol-health/special-populations-co-occurring-disorders/diversity-health-disparities >.