

Teenagers and Alcohol

An important decision facing many young people is whether and how to use alcoholic beverages.

Most teenagers have tried some alcoholic beverage by the time that they graduate from high school. Studies have shown that, as many of these youngsters approach early adulthood and become more independent of their families, their drinking increases both in frequency and in quantity.

Although alcohol dependence is not common among teenagers, experimenting with alcohol can result in many other serious consequences. Survey findings indicate that approximately 3 million 14- to 17-year olds have problems with the use of alcohol. More than 3 million, or 27 percent, of all 10th to 12th graders drink at least once a week; more than half of these youths drink heavily at least once a week. Six percent of 12th graders report that they drink daily.

Large numbers of fatal automobile accidents are tragic consequences of youthful alcohol abuse. More people between 15 and 24 years die from this cause than from any other. Countless others are also killed or injured in accidents involving teens who made the mistake of drinking and then driving.

In October 1982, Richard Schweiker, Secretary of the Department of Health and Human Services, declared that alcohol abuse by young Americans and its resulting tragedies are a "challenge to our national conscience," and initiated a major offensive to mobilize public and private action against the problem.

The Secretary's initiative includes

- Conferences in 10 metropolitan areas to help teachers, school principals, PTA members, and others in the educational and health systems expand programs in alcohol abuse prevention,
- Another series of meetings to train persons to assess the need for and develop community-based treatment services for youth, and
- Secretarial conference in Washington, D.C., in spring 1983 to draw national attention to the work of students against drinking and driving. One youth movement, Students Against Driving Drunk, has spread rapidly from its inception in a small Massa-

chusetts community, and there are similar efforts around the country.

"We cannot bring back those who have died, but we can spare others," Secretary Schweiker said in launching his drive against teenage alcohol abuse.

Teenage drinking causes problems other than highway deaths and injuries. It can interfere with day-to-day relationships with friends and family members or with school work. Drinking alcoholic beverages is often a contributing factor when teenagers get in trouble with school authorities or with law enforcement agencies.

As a physician, I have seen many cases of alcoholism that started with alcohol abuse in adolescence. For me, it is therefore especially troubling to see disruptions in family and peer relations caused by teenage alcohol abuse. In addition to the short-term problems, alcohol abuse has a way of creating long-term problems.

Preventing the problems caused by teenage drinking is a challenge facing our entire society. They must be solved by the combined efforts of many. Parents are the earliest role models for teenagers. If a teenager sees his mother or father refuse to drink if she or he is going to drive or practice moderation by refusing unwanted alcoholic beverages when there is social pressure to drink, the youngster is more likely to adopt healthy drinking attitudes and habits.

Educators, health professionals, and the staffs of community agencies can also contribute to the prevention of alcoholism by conducting educational programs. In fact, the programs proven to be most effective have extended from schools into comprehensive campaigns aimed at educating the entire community, enlisting the collaboration of parents and community organizations and institutions. Some approaches have been to offer alternative activities, to influence attitudes through the communications media, and to promote community involvement.

For information about current activities in your State, contact the State office for alcohol abuse and alcoholism or write to the National Institute on Alcohol Abuse and Alcoholism, Division of Prevention and Research Dissemination, Rm 16C-10, 5600 Fishers Lane, Rockville, Md 20857.

I call upon you to join the campaign against the tragedy of teenage alcohol abuse.

C. Everett Koop, MD, ScD
Surgeon General

New Ventures for 1983

Our new cover is symbolic of the innovations planned for *Public Health Reports* in 1983. In this issue is the first case study in a series on decision making by the Public Health Service (PHS). In "The Evaluation of Standards for Naturally Occurring Fluorides: an Example of Scientific Due Process," Norman Clark and Stephen Corbin describe the most recent reconsideration by the PHS of water standards for naturally occurring fluorides. The purpose of the case studies is to review the accumulation and interpretation of data, the analysis of information, and the formulation of recommendations that result in PHS policy.

In 1983, a portion of each issue will be devoted to papers and short reports on prevention topics. To supplement these we will publish prevention posters and other health education materials on the inside back cover.

We invite readers to participate in another change—an expanded "Letters to the Editor" section. Responsible comments on the journal's contents and on current concerns in public health are welcome. We ask that comments be limited to 500 words, however. We look forward to hearing from you.

Marian Priest Tebben
Editor

LETTER TO THE EDITOR

ASHTO Endorsement of Nutrition Report Published in this Issue

At its meeting September 8–10, 1982, the Executive Committee of the Association of State and Territorial Health Officials reviewed the policy document entitled "Nutrition Services in State and Local Public Health Agencies." The Executive Committee wholeheartedly endorsed this document. It was the consensus that the work of the Nutrition Project Committee was outstanding and that the resulting document should be widely distributed and publicized within the public health community.

We appreciated the opportunity to cooperate with the Committee in this report.

George K. Degnon, CAE
Executive Director
Association of State and Territorial Health Officials
McLean, Va.