

Youth Alcohol, Tobacco, and Other Drug Use

“Alcohol remains the most heavily abused substance by America’s youth. We can no longer ignore what alcohol is doing to our children.” Rear Admiral Kenneth Moritsugu, MD, Acting Surgeon General

Alcohol and other drug (AOD) use among Sonoma County teens is a major public health issue. The dangers of alcohol and drug use are extensive, pervasive and lasting for teens and yet the social pressures for teens to drink and use drugs are enormous. The media makes it seem sexy, TV and magazine advertising promote alcohol and tobacco products and other teens make it seem “cool.” Community factors such as permissive attitudes, adult behaviors, and easy availability from commercial and social sources play a huge role in contributing to underage drinking and drug use.

In a recent survey, Sonoma County youth identified alcohol as *the leading health problem for teens*, with more than 40% noting the widespread availability of alcohol. These teens said that the prevalence of alcohol and drugs made the county an “unhealthy place to live,” and local statistics appear to prove them right:ⁱ Sonoma County teens exhibit higher rates of alcohol risk and high risk behaviors than their state counterparts. Given the high rate of AOD use, Sonoma County faces increasing teen health problems arising from alcohol and other drug abuse unless prevention efforts are aggressively implemented.

Alcohol use causes *immediate problems* for youth. It plays a role in many of the leading causes of death for teens: motor vehicle accidents, injuries, violence and suicide. Other risk-taking activities – such as dangerous driving, other drug use, and sexual activity – happen more often when alcohol is involved. Research shows that teens who have been drinking experience more life-threatening and life-altering injuries.

AOD use can also cause *long-term problems*. Alcohol has profound permanent effects on teens’ developing brains, causing damage to memory and learning; inhibiting decision making and judgment affecting school performance; and intensifying depression, suicidal thoughts and violence. The brain does not finish developing until the early 20s. One of the last regions to mature is intimately involved with the ability to plan and make complex judgments.ⁱⁱ Young people who start drinking before they are 15-years old are five times more likely to have alcohol-related problems later in life.ⁱⁱⁱ

Increasing the percentage of children and youth who reach adulthood without using alcohol, tobacco or other drugs is an important national health goal. Environmental prevention and policy changes are key to reaching that goal. Strengthening the skills needed to reject all substances is a critical component of prevention because these skills and attitudes can carry on into adulthood, long after family constraints and other

influences have lost their effectiveness. Some of the best prevention approaches work on multiple levels, combining interventions that strengthen youth resiliency and influence individual behavior and attitudes with interventions that change environments by controlling the availability of harmful substances. Many communities have enacted ordinances to increase awareness and accountability around sales of alcohol and tobacco and have increased enforcement of these laws. We have the knowledge to make prevention work and a large window of opportunity for improvement on this critical community health and safety issue.

Youth Alcohol, Tobacco and other Drug Abuse Defined

Drug dependence is “a state in which the individual has a need for repeated doses of the drug to feel good or to avoid feeling bad.”^{iv} Drug abuse is defined as “persistent or sporadic excessive drug use inconsistent with or unrelated to acceptable medical practice.”^v Many teens experiment with and use alcohol, cigarettes, household chemicals (inhalants), prescription and nonprescription medications, and illegal drugs (most commonly marijuana).

Alcohol and other drugs tend to loosen inhibitions and alleviate social anxiety, increasing their appeal for shy teenagers. Teens are often risk-takers, and they may take drugs or drink because it seems exciting. Some teens experiment with drugs or alcohol only a few times, but experimentation can become substance abuse and lead to serious problems.

The Consequences of Youth Alcohol, Tobacco and Other Drug Use

“The adolescent brain is a ‘work in progress.’ Alcohol, however, can disrupt the adolescent brain’s ability to learn life skills.” Peter M. Monti, Professor of Medical Sciences and Director of the Center for Alcohol and Addiction Studies, Brown University

Alcohol and other drug use impacts communities. High rates of alcohol use and associated risky behaviors have negative consequences for our communities. The pervasiveness of teenage alcohol misuse is particularly worrisome given the association of teen drinking with injuries due to car crashes, vandalism, property damage, violent behavior, assaults, and emotional problems. These problems create significant trauma for youth and families and drain public resources through increased calls for police service, emergency medical services, health care costs, criminal justice costs, substance abuse treatment, mental health care services and use of other community services.^{vi}

Alcohol and other drug use affect the growing adolescent brain. The brain goes through dynamic change during adolescence, and alcohol and other drug use can seriously damage long- and short-term growth processes. Young brains are built to

acquire new memories and are “built to learn.”^{vii} For teens, given the consequences on their developing brain, there is no such thing as ‘risk free’ experimentation. Adolescents need only drink half as much to suffer the same negative brain effects as adults.^{viii}

Alcohol, tobacco and other drug use among young people impacts health. Substance use is associated with increased risk for chronic disease, unsafe health behaviors such as high-risk sexual practices, unintentional injury, mental health problems, and poor oral health. The earlier teens start drinking and using drugs, the greater the harm and the health risks. Active smoking by young people is associated with health problems during childhood and adolescence and with increased risk factors for health problems in adulthood. Cigarette smoking during adolescence appears to reduce the rate of lung growth, and the level of maximum lung function that can be achieved, with young smokers less likely to be physically fit than young nonsmokers.^{ix}

Alcohol and other drug use impacts the future. For teens, their prospects for future success are diminished with the many problems associated with adolescent substance abuse, including absenteeism from school, academic difficulties, poor peer relationships, impact on self esteem, poor judgment, problems at home, and lasting medical and legal consequences.

Scope of the Problem

“Underage alcohol use is more likely to kill young people than all illegal drugs combined.”

Morbidity and Mortality Weekly Report^{x xi}

The consequences of the use of alcohol, tobacco and other drugs extend far beyond the individual and are not restricted simply to the lives of people who might be labeled alcoholics or addicts. For some youth, alcohol use alone is the primary problem. For others, drinking may be only one of a number of complex high-risk behaviors.

Key Findings on Youth Alcohol, Drug and Tobacco Use in Sonoma County

Alcohol is the leading drug used by Sonoma County youth. According to the 2006 California Healthy Kids Survey, the rate of alcohol use continues to rise and remains higher than the state average. Thirty three percent (33%) of Sonoma County (SC) 9th graders versus 28% of California (CA) students and 50% of SC 11th graders versus 37% of CA students reported using alcohol in the past 30 days.

Table 1. Alcohol and other Drug use		Comprehensive Schools						Alternative Schools	
		County			State			County	State
		7 th	9 th	11 th	7 th	9 th	11 th		
% of students who report using...	Grade								
Alcohol (whole drink) in past 30 days		13%	33%	50%	13%	28%	37%	65%	55%
Marijuana in the past 30 days		4%	16%	29%	4%	12%	16%	57%	42%
Tobacco in the past 30 days		3%	11%	19%	4%	5%	14%	48%	38%
Methamphetamine in the past 30 days		n/a	2%	3%	n/a	2%	2%	10%	10%

Source: 2005-06 California Healthy Kids Survey

More young people reported using marijuana than tobacco in the past 30 days. In Sonoma County in 2005-06, more youth reported they had smoked marijuana than tobacco in the past 30 days.^{xii} Students in alternative schools, often specifically for youth with multiple risk factors and in need of special services, reported higher rates of use (65% report use of alcohol, 57% report use of marijuana and 48% report use of tobacco within the past 30 days).^{xiii}

Tobacco use increases for the first time in six years. Survey results show that Sonoma County students are using tobacco at similar or higher rates than their peers throughout California. Following six years of steadily declining usage rates, Sonoma County high school students now report an increase in regular tobacco use. For example, 9% of eleventh-graders say they are regular smokers, compared to 6% in 2004. Daily tobacco use also increased among ninth-graders and more students at all grade levels say they have used tobacco while on school grounds. Student perception that frequent use of tobacco is harmful dropped slightly among students in grades 7 and above, although they still believe that tobacco is more harmful than marijuana.^{xiv}

Experimentation with tobacco rises sharply as Sonoma County students move through middle and senior high school, almost doubling between the seventh and ninth grades. Among Sonoma County students in alternative education schools, tobacco use in the past 30 days is 10% higher than the state average. These findings indicate that students in alternative school settings may need intensified intervention and support for cessation.

Methamphetamine is a serious problem for some Sonoma County youth.

Methamphetamine is a highly addictive drug and can be a problem even with nominal use. In 2005-06, 2% percent of Sonoma County 9th graders and 3% of 11th graders report having used methamphetamine one or more times. Thirty-six percent (36%) of students in alternative high schools (i.e. court and continuation schools) reported having used methamphetamine one or more times and 10% reported having used methamphetamine in the past 30 days.^{xv}

Sonoma County teens exceed the state average with high risk behaviors. Of particular concern are the high risk behaviors that can occur in association with teen alcohol use. Sonoma County students exceed statewide averages in all areas of high-risk behavior. In 2005-06, for example, over half of all eleventh-graders (54%) and 77% of alternative school students report getting very drunk or sick from alcohol, as compared to 41% of their state peers. Forty six percent (46%) of 11 graders report being high on drugs, 34% report binge drinking in the past 30 days and 18% report binge drinking three or more days in the past month, which suggests a regular pattern of risky drinking.

Table 2. High Risk Behaviors		Comprehensive Schools						Alternative Schools	
		Sonoma County			State			County	State
% of students who report...	Grade	7 th	9 th	11 th	7 th	9 th	11 th		
Being very drunk or sick from drinking		8%	30%	54%	9%	25%	41%	77%	64%
Being high on drugs		7%	25%	46%	8%	20%	31%	76%	66%
Binge drinking in the past 30 days		4%	19%	34%	4%	13%	21%	51%	39%
Binge drinking three or more times in the past 30 days		2%	8%	18%	2%	6%	10%	34%	24%
Drinking and driving (or riding in a car driven by someone who has been drinking)		44%	20%	35%	n/a	22%	30%	62%	48%

Source: 2005-06 California Healthy Kids Survey

Motor vehicle crashes are the leading cause of death among teenagers. Alcohol use is a major contributor. In 2005, 45% of traffic fatalities in Sonoma County were alcohol-related, while 13% of traffic injuries were alcohol-related.^{xvi} In 2005-06, 20% of Sonoma County 9th graders, 35% of 11th graders and 62% of alternative school students reported drinking and driving, or riding in a car driven by someone who had been drinking. Forty four percent (44%) of 7th graders reported being a passenger in a car driven by someone who had been drinking alcohol.^{xvii}

Sonoma County needs more AOD treatment programs for youth. In 2004, a total of 2,613 Sonoma County youth under 18 were arrested on various felony and misdemeanor charges. Over one-fourth of all youth felony and misdemeanor arrests were for alcohol and other drugs. And yet the number of treatment admissions for youth is very small: fewer than 100 youth were admitted for treatment of marijuana, alcohol and methamphetamine use in 2004 (see table below).^{xviii} Alcohol is the second most reported drug problem in terms of Sonoma County youth admitted for AOD treatment, as seen in table below. Not all of these teens require treatment but treatment services are limited relative to the need.

Table 3. Treatment Admissions by Primary Drug of Choice, <18, Sonoma County, 2001-2004				
<i>Year</i>	<i>2001</i>	<i>2002</i>	<i>2003</i>	<i>2004</i>
Marijuana	53	60	59	54
Alcohol	28	24	26	34
Methamphetamine	13	13	12	10

Source: California Department of Alcohol and Drug Programs, CADDIS

The Story Behind the Problem

“Too many Americans consider underage drinking a rite of passage to adulthood,”

Rear Admiral Kenneth Moritsugu, MD, Acting Surgeon General

National research and local data have identified community factors that contribute to underage drinking and illegal drug use: easy availability of alcohol from both commercial and social sources; permissive attitudes, behaviors, and community norms; weak law enforcement and inconsistent merchant compliance with underage drinking laws; and exposure to alcohol advertisements and promotion.

Availability of alcohol from social and commercial sources. The availability of alcohol and the means by which young people access it are critical factors in determining the extent to which high risk drinking occurs. The majority of Sonoma County high school students (83% of 11th graders), report that it is “very easy” or “fairly easy” to obtain alcohol.^{xix} Private parties are one of the most frequently reported avenues for access to alcohol either provided directly by parents, older siblings, or older friends. Drinking games are reported to be a common feature of private parties, encouraging over-consumption of alcohol.^{xx} The lack of clear standards and policies regarding retail alcohol sales and access to alcohol at public events contribute to higher rates of consumption.

Community norms. The social norms of a community play a significant role in the acceptability of underage and high-risk consumption of alcohol and other drugs. Adolescents respond to adult messages and are more apt to use substances within the context of permissive attitudes and community norms. The wine industry is a major employer and economic force. The industry actively promotes wine consumption by adults. Community sponsored events and activities where alcohol is promoted and readily available contribute to social norms that support broad use across the population and may influence youth behaviors by encouraging experimentation and underage use. Similarly, permissive norms related to marijuana and other drug use create a high-risk environment for Sonoma County teens.

Family influences. Factors such as family history of substance abuse, parental drug use, and favorable attitudes towards underage use contribute to increased risk for alcohol and substance abuse. Teens at great risk for developing serious alcohol or drug problems include those whose family members have problems with substance abuse.

Individual and peer factors. Many factors may influence a person’s initial alcohol use, though numerous studies show that peer influence – both active and passive – is the single greatest contributor to teen drinking.^{xxi} Teens may use alcohol to relax, have fun, to be part of a group, out of curiosity, and to escape. Contributing factors may also include academic failure, school related problem behaviors, peer rejection, favorable attitudes toward drug use, and early initiation of drug use.^{xxii}

Enforcement and compliance issues. Students surveyed in 2005, as part of a community prevention program, appeared to have little trouble buying alcohol. Cotati-Rohnert Park 11th graders report that youth who drink alcohol can also “buy it themselves at a store.” These students report that most of the students in their grade who buy alcohol usually buy it at a convenience store or mini-market (45%), liquor store (23%), or drug store/other retail store (4.5%).^{xxiii} These results are similar to those from students surveyed in West Sonoma County.

Statistics from 2001 to 2006 show that the majority of disciplinary actions filed against stores, bars and restaurants in Sonoma County were related to either selling alcohol to minors, employing a minor or allowing minors on the premises.

Alcohol and tobacco advertising and promotion. Advertising content often glamorizes drinking and reinforces the idea that alcohol is intrinsic to social interaction. Recent studies conclude that exposure to alcohol advertising contributes to an increase in underage drinking;^{xxiv} Seventh graders who viewed more television programs containing alcohol commercials were more likely to drink in the 8th grade;^{xxv} and exposure to and positive attitudes towards alcohol advertisements affect youth decisions about alcohol use.^{xxvi}

The positive imagery of smoking in movies and advertisements also contributes to encouraging tobacco use as well as the perception by some that the problem of smoking has been solved.^{xxvii} The onset of tobacco use occurs primarily in early adolescence. Very few people begin to use tobacco as adults; almost all first use has occurred by the time people graduate from high school. The earlier young people begin using tobacco, the more heavily they are likely to use it as adults, and the longer potential time they have to be users.^{xxviii}

The Costs of Teen Alcohol and Other Drug Use

Underage drinking is estimated to cost the nation about \$62.6 billion each year in deaths, injuries,

property damage and related economic and productivity losses.^{xxix} Nearly half of all teen automobile crashes and more than half of all suicides are linked to underage drinking.^{xxx}

The magnitude of the costs is exemplified in a 2001 study by the National Center on Addiction and Substance Abuse at Columbia University estimating that in 1998, California spent \$10.4 billion addressing AOD problems (for both adults and teens). This represented 15.2% of the entire State budget— a tax burden of \$310 for each Californian. Of that amount, only \$12 was directed toward AOD prevention and treatment, the remainder paid for AOD impacts in health, law enforcement, and impacts in prisons, schools, and business.^{xxxi}

“In addition to taxes, California residents pay for these costs through higher insurance premiums and higher costs for goods and services. A less tangible price is paid in terms of fear, violence and social disorder. The users and their families pay the highest price of all.” George Isham, MD, Medical Director and Chief Health Officer, HealthPartners, Minnesota

What Our Service System Offers and Where the Gaps Are

As the field of AOD prevention evolves, efforts to combat the problem are increasingly focused on shifting policies and community and social norms as an effective way to reduce youth AOD use. Environmental prevention strategies recognize and work to address the powerful influence that ready access to alcohol and permissive attitudes toward AOD have on youth. There is a plethora of diverse local efforts currently underway in specific Sonoma County communities doing very good work. The challenge of addressing youth AOD use as a countywide problem is to maintain these effective local efforts while building a more systematic county-wide approach to youth AOD use.

Resources

The Drug Abuse Alternative Center (DAAC). DAAC is the largest provider of youth substance abuse prevention and treatment in Sonoma County. DAAC provides teen services including outpatient drug-free treatment and school-based services, outreach, education and prevention efforts, assessment, individual, and family, and group counseling. DAAC can provide no-cost services through Minor Consent Medi-Cal. Yet in the current system, those services often go unused because there is no reliable identification and referral system in place.

R House. The only certified residential alcohol and other drug treatment facility for youth (boys and girls ages 14-18) in Sonoma County. The Adolescent Treatment Program provides 90 days of residential services for approximately 6 to 8 clients. Services are provided within a therapeutic model and include individual counseling,

development of a positive support system and planning for the transition to outpatient treatment and the community.

Clean and Sober School Program. The Sonoma County Office of Education (SCOE) operates Clean and Sober School programs in Petaluma and Santa Rosa. The program provides safe and supportive environments for students in grades 9-12 who are struggling with recovery from drug and alcohol abuse. The program recognizes that students who have started rehabilitation often need to change their environment to be successful in overcoming substance abuse and that they benefit from an educational environment where all students are committed to being alcohol and drug free. The county's drug treatment court, school districts, probation department, and parents make referrals to the program. This voluntary program serves approximately 50 students each year.

Countywide Planning. The Department of Health Services Division completed a yearlong community planning process to assess alcohol and other drug (AOD)-related prevention needs and resources in Sonoma County. DHS facilitated this planning process by assessing Sonoma County's AOD-related problems and enlisting community participation in identifying factors that contribute to these problems. The recent assessment, *Planning for Community-Based Prevention of Alcohol and Other Drug-Related Problems in Sonoma County*, identified strategies to change community conditions that contribute to AOD related problems.

Environmental Prevention and Planning Coalitions. Coalitions throughout Sonoma County are working to identify local priority problems related to high-risk drinking and to plan for evidenced-based environmental strategies to address these problems. In south county, efforts include collaboration with Sonoma State University and in Rohnert Park, Cotati, and Petaluma to identify priority issues related to high-risk drinking. In west county, the coalition is addressing ways to reduce the availability and consumption of alcoholic beverages by youth in rural communities. Environmental prevention opportunities have recently expanded to Healdsburg, Santa Rosa, and Sonoma Valley to further investigate AOD problems at the local level.

AOD Prevention Curriculum. A growing number of Sonoma County school districts are implementing AOD prevention curriculum as a part of their ongoing classroom education for students. For instance, eighteen school districts in Sonoma County have adopted Project Alert, an evidence-based AOD prevention curriculum for middle school students.

Santa Rosa has dedicated significant Measure O gang activity prevention funds toward AOD prevention and early intervention programs. Other Sonoma County cities offer a range of educational and counseling programs through their recreation and police

departments, including School Resource Officers, counseling, and participation in educational programs such as “Every 15 Minutes” and “Alive at 25.”^{xxxii}

Gaps

Need for a coordinated, comprehensive and systemic approach to addressing youth alcohol and other drug abuse. Currently, AOD using youth in Sonoma County, may or may not find their way to the treatment programs that can help them improve their chances for a future free of addiction. County early intervention and support services are described as “fragmented and under-funded.” While DAAC has the ability to provide services through Minor Consent Medi-Cal, these services are under-utilized because there is not a reliable identification and referral system in place. Exacerbating the lack of a referral system, the availability of treatment slots for youth in Sonoma County is limited. The public community schools (alternative schools) no longer offer a certified drug treatment program. R House and DAAC are the only treatment programs certified or licensed to treat youth. Further, teens without private resources have limited access to local residential treatment. Youth with private insurance have some options, but there are very few residential treatment beds available within the county. These conditions result in the current situation – where many youth continue to use AOD for years and simply fall through the cracks, never reaching a program that can offer them services.

Given the relatively small population of Sonoma County, creating a comprehensive program that seeks out AOD using youth and refers them to appropriate services would be the most effective means to have an impact on reducing youth AOD use. Such a program should bring together the various local efforts, treatment programs and the schools and integrate them into a coordinated system for identification, referral and treatment of youth AOD users.

Expand and sustain the capacity of parents and communities to promote healthy development of youth. Efforts to address underage drinking, tobacco and substance use must include a focus on adults and the community at large. Most adults express concern about youth drinking and drug use and support public policy actions to reduce youth access to alcohol. Nonetheless, youth obtain alcohol from adults. Parents tend to dramatically underestimate underage drinking generally and their own children’s drinking in particular.^{xxxiii} Parents must be collaborative partners in prevention efforts and in developing prevention messages.

Examples of Innovation

The Petaluma Coalition to Prevent Underage and High-Risk Drinking

The Petaluma Coalition to Prevent Underage and High-Risk Drinking is a local community group working to prevent underage drinking and reduce problems associated with heavy drinking among young people 12 – 25 years of age. The Coalition is responding to this problem by implementing a Parent/Community Pledge (English or Spanish), facilitating passage of a Social Host Ordinance, and collaborating with local businesses and city government to pass an Alcohol Beverage Sales (ABS) Ordinance.

The Parent/Community Pledge is part of a bigger picture to create a community-wide change in the way people think about teen drinking. Making the Pledge will reduce the likelihood of teens having access to alcohol in Petaluma homes. As increasing numbers of community members join the Pledge campaign, youth binge drinking rates and the corresponding impact on teen health and social problems will decrease.

The Pledge is also linked to a broader policy strategy that includes a Social Host Ordinance (became law in Petaluma in 2007). This ordinance holds the adult host(s) of teen parties accountable for nuisance behavior resulting from underage drinking parties occurring on their property. The ordinance levies fines or jail time for adults who condone or allow underage drinking in their homes. The measure is expected to help combat the unusually high rate of underage drinking in Petaluma. It has the potential to significantly boost prevention efforts in Petaluma and reduce alcohol-related problems.^{xxxiv}

The Alcohol Reduction Initiative

A collaborative effort toward prevention and intervention

The Sonoma County Office of Education (SCOE) in partnership with the Petaluma Joint Union High School District, West Sonoma County Union High School District, Petaluma People's Services, West County Community Services, and Sonoma County Department of Health Services will address the serious problem of alcohol abuse by high school youth in Sonoma County through the Alcohol Reduction Initiative (ARI).

A major aim of the Alcohol Reduction Initiative is to reduce alcohol use and abuse, and influence attitudes about heavy use of alcohol among high school youth by using strategies that are appropriate to each district and school. ARI will address two important gaps in the community: the lack of a coordinated, comprehensive and systemic approach to addressing youth alcohol abuse; and the low rate of referrals by schools and general counseling agencies to treatment services. These positive systems changes are expected to result in significant reduction of alcohol consumption by youth in Sonoma County.

Screening, Brief Intervention, Referral and Treatment (SBIRT)

SAMHSA's^{xxxv} Center for Substance Abuse Treatment (CSAT)^{xxxvi} has developed a brief

intervention and referral tool to use with individuals who consume more than medically accepted limits of alcohol and other substances but are not yet dependent. Known as Screening, Brief Intervention, Referral, and Treatment (SBIRT), this intervention rejects the notion that only people with serious levels of abuse or dependency need targeted interventions. SBIRT assumes that everyone, regardless of current level of alcohol or drug consumption, can benefit from learning the facts about safe consumption and knowing how their own usage compares to accepted limits.

California is testing the model by integrating uniform alcohol and drug abuse screening services into 16 emergency rooms, trauma centers, and health clinics in San Diego County. CASBIRT staff conducts a private interview with every patient who arrives at these facilities provides each person with an individualized intervention appropriate to the level of risk for abuse. Positive results are suggesting that the medical encounter offers an important opportunity to deliver a prevention message.

Key Indicators to Track – How We Might Measure Progress

<i>What Is an Indicator in the Context of Teen AOD Use?</i>
<p>The foundation for meaningful action to address any public health problem is information. However, AOD abuse and dependence are not directly observable and are difficult to quantify in their entirety. Stigma, shame, denial and illegality work together to conceal AOD use and dependence.</p> <p>While difficult to observe directly, the use of AOD creates ripples throughout society and its institutions. Indicators are the measurements of these ripple effects. Not every alcoholic is arrested for DUI. Not every heroin addict overdoses. Until individuals show up on the ‘radar screen’ of law enforcement, the health system, a treatment program, or in some other institutional setting, they are statistically invisible even though they have long made their impact felt in other ways.</p>

Alcohol and Drug Use

<i>Health Indicators</i>
The percentage of youth alcohol use in past 30 days.
The percentage of adolescents (age 12-17) who engaged in binge drinking in the past 30 days.
The percentage of adolescents who report that they rode, during the previous 30 days, with a driver who had been drinking alcohol.
The percentage of adolescents who remain alcohol and drug free.
The percentage of adolescents who perceive great risk associated with substance abuse.

What would it take to reduce youth alcohol, tobacco, and drug use?

Everyone in the community has a role to play in preventing the harm that results from Alcohol Tobacco and Other Drugs (ATOD) misuse and abuse. Intervention approaches may fall into two distinct categories: (1) environmental-level interventions, which seek to reduce opportunities for underage drinking, and reduce community tolerance for alcohol, tobacco and other drug use by youth; and (2) individual-level interventions, which seek to change knowledge, attitudes, and skills so that youth are better able to resist the pro drinking and other drug influences and opportunities that surround them.

Spectrum of Prevention

<i>Strategies</i>	<i>Activities</i>
Influencing policy and legislation	<ul style="list-style-type: none"> • Advocate for and support policies – including municipal ordinances – that restrict the availability, accessibility, affordability, placement, and promotion of alcohol.
Mobilizing neighborhoods and communities	<ul style="list-style-type: none"> • Convene community conversations that engage youth, parents, schools, communities, all levels of government and all social systems that interface with youth, in a coordinated effort to promote healthy development of youth and prevent and reduce drinking and drug use and its consequences.
Changing organizational practices	<ul style="list-style-type: none"> • Implement responsible beverage sales and service practices for events and establishments that sell or serve alcohol, including fairs and festivals, bars, restaurants, and retail outlets.
Fostering coalitions and networks	<ul style="list-style-type: none"> • Engage the community and other stakeholders in identifying key community alcohol, tobacco and other drug issues and developing solutions.
Educating providers	<ul style="list-style-type: none"> • Offer training and technical assistance to providers for preventing ATOD problems and making appropriate referrals.
Promoting community education	<ul style="list-style-type: none"> • Increase public awareness of the harmful effects of ATOD use and abuse. • Promote and support media campaigns that are effective in educating the community about how to reduce ATOD use and adult behaviors that encourage such use.
Strengthening individual knowledge and skills	<ul style="list-style-type: none"> • Increase the ability of youth to make informed decisions about substance use by increasing knowledge and understanding of the physical changes substances cause and

<i>Strategies</i>	<i>Activities</i>
	<p>how these changes can affect their health and behavior.</p> <ul style="list-style-type: none"> • Promote youth involvement in addressing their own health needs and creating appropriate intervention strategies and services. • Promote media literacy education to counter the impacts of marketing to teens of alcohol, tobacco, and other drugs. • Promote discussions and support for social ordinances and parent pledges for reducing the availability of alcohol, tobacco and other drugs to youth.

ⁱ Sonoma County SB 697 Needs Assessment, 2005, p. 43.

ⁱⁱ Giedd, Jay N. et al., *Brain development during childhood and adolescence: a longitudinal MRI study*, Nature Neuroscience, Vol. 2, No. 10, October 1999.

ⁱⁱⁱ Acting Surgeon General Kenneth Moritsugu, M.D.

^{iv} http://www.who.int/substance_abuse/terminology/who_lexicon/en/index.html. World Health Organization, *Lexicon of alcohol and drug terms published by the World Health Organization*, 1994.

^v Ibid.

^{vi} Yi, H.Y., Williams, G.D., and Dufour, M.C., *Trends in Alcohol-Related Fatal Crashes, United States, 1979-99*, Surveillance Report No. 56. Bethesda, MD: NIAAA, 2001.

^{vii} Scott, C. et al., *Buzzed: The Straight Facts about the Most Used and Abused Drugs from Alcohol to Ecstasy, Fully Revised and Updated Second Edition*, WW Norton, 2003.

^{viii} <http://www.ama-assn.org/ama/pub/category/9416.html>. *Harmful Consequences of Alcohol Use on the Brains of Children, Adolescents, and College Students*. AMA report on alcohol's adverse effects on the brains of children, adolescents and college students.

^{ix} *Preventing Tobacco Use Among Young People, Executive Summary, A Report of the Surgeon General, 1994, Chapter 1*.

^x Grunbaum, J.A., Kann, L., Kinchen, S.A., et al, *Youth risk behavior surveillance: United States, 2001*, MMWR: Morbidity and Mortality Weekly Report 51(SS0 4), 2002, p. 1-62.

^{xi} Young, S.E., Corley, R.P., Stallings, M.C., et al, *Substance use, abuse and dependence in adolescence: Prevalence, symptom profiles and correlates*, Drug and Alcohol Dependence, Volume 68, No. 3, 2002, p. 309-322.

^{xii} California Healthy Kids Survey, Sonoma County Technical Report, 2004-2006.

^{xiii} Ibid.

^{xiv} California Healthy Kids Survey, Summary of Findings for Sonoma County, 2005-2006.

^{xv} California Healthy Kids Survey, Sonoma County Technical Report, 2004-2006.

^{xvi} <http://www.chp.ca.gov/switrs/pdf/2005-sec8.pdf>. *Alcohol involved traffic crashes, by region/city*, Sonoma County, 2005.

^{xvii} California Healthy Kids Survey, Sonoma County Technical Report 2004 - 2006.

^{xviii} *Strategic Prevention Framework: Planning for Community Based Prevention of AOD in Sonoma County*, December 2006. Sonoma County Department of Health Services Step 1: Assessment, p. 4.

^{xix} Ibid, p. 6.

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- xx *Ibid*, p. 6.
- xxi http://www.healthallianceonalcohol.com/downloads/haa_talking_to_teens_peer_pressure.pdf. *Facts & Conversations: Peer Pressure*. Health Alliance on Alcohol, p. 4.
- xxii California Department of Alcohol and Drug Programs. Community Indicators of Alcohol and Drug Abuse Risk, Sonoma County, 2004, p. 2.
- xxiii *Strategic Prevention Framework: Planning for Community Based Prevention of AOD in Sonoma County*, Sonoma County Department of Health Services Step 1: Assessment, December 2006, p. 6.
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