



Prevention of Underage Drinking

The Gateway ImpACT Coalition is a group of individuals and agencies working to reduce youth substance abuse and its harmful effects in Clinton. 18% of 11th grade students at Clinton High School reported current (past-30 day) alcohol useⁱ. Gateway ImpACT Coalition's prevention work is shaped by the following principles:

The possession and consumption of alcohol is illegal for youth under the age of 21 years old.

Alcohol can be harmful and addictive.

The average age of first use of alcohol among Clinton youth is 11-12 years oldⁱ. Youth who begin drinking before age 15 are four times more likely to develop alcohol dependence than those who begin drinking at or after age 21.ⁱⁱ The human brain continues to develop from before birth into the mid-20s and is vulnerable to the effects of addictive substancesⁱⁱⁱ. Frequent alcohol use during adolescence is associated with:

- Overall poorer attention and executive function^{iv}.
- Heightened emotional reactivity and poorer distress tolerance^{iv}.

Alcohol consumption has the potential to affect the adolescents developing brain, which can lead to negative health consequences.

Frequent alcohol use during adolescence is associated with:

- Earlier sexual activity and frequently changing sexual partners. It is also associated with a higher rate of unwanted (teenage) pregnancy, and sexually transmitted diseases^v.
- Increased rates of suicide attempts^v.
- Increased rates of drinking and driving and increased rates of being the passenger of a driver who has been drinking^v.
- involvement in significantly more types of violent behaviors, compared with nondrinkers^{vi}.

Gateway ImpACT Coalition will use the following strategies to reduce youth use:

1. Reduce underage access to alcohol
 - Reduce retail availability through price, density, hours of sales, and retailer training
 - Reduce youth access to alcohol from social sources (i.e. family and friends) through community education and support of the social host ordinance
2. Reduce community norms that promote alcohol to minors
 - Restrict youth friendly products and marketing to youth
3. Build resiliency skills of youth
4. Increase parental capacity to address underage drinking with their children
 - Reduce retail availability through price, density, hours of sales, and retailer training
 - Reduce youth access to alcohol from social sources (i.e. family and friends)
5. Educate youth, parents, schools, and communities on the negative effects of youth alcohol use
 - Ensure that education strategies are effective and culturally relevant

ⁱ 2018, Iowa Youth Survey, Clinton Community School District Results

ⁱⁱ Grant BF, Dawson DA. Age at onset of alcohol use and its association with DSM-IV alcohol abuse and dependence: results from the National Longitudinal Alcohol Epidemiologic Survey. *J Subst Abuse*.1997;9 :103– 110

ⁱⁱⁱ Pujol, J., Vendrell, P., Junqué, C., Martí-Vilalta, J. L., & Capdevila, A. (1993). When does human brain development end? Evidence of corpus callosum growth up to adulthood. *Annals of Neurology*, 34(1), 71-75. doi:10.1002/ana.410340113.

^{iv} Meruelo AD, Castro N, Cota CI, Tapert SF. Cannabis and alcohol use, and the developing brain. *Behav Brain Res*. 2017;325(Pt A):44–50. doi:10.1016/j.bbr.2017.02.025.

^v Stolle, M., Sack, P. M., & Thomasius, R. (2009). Binge Drinking in Childhood and Adolescence: Epidemiology, Consequences, and Interventions. *Dtsch Arztebl Int* 2009; 106:323-8. doi: 10.3238/arztebl.2009.0323

^{vi} Swahn, M. H., Bossarte, R. M., & Sullivent, E. E. (2008). Age of Alcohol Use Initiation, Suicidal Behavior, and Peer and Dating Violence Victimization and Perpetration Among High-Risk, Seventh-Grade Adolescents. *Pediatrics*, 121(2), 297–305. doi: 10.1542/peds.2006-2348