

Teen drinking countered by laws that curb adult binge drinking

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A new study by Boston University and Boston Medical Center (BMC) researchers reveals that U.S. states with stronger alcohol policies have lower rates of youth overall drinking and binge drinking. The study's results, published in the journal *Pediatrics*, further suggest that the link is largely a result of policies intended mostly for adults and their effects on reducing adult binge drinking.

The first-of-its kind study, led by a multi-disciplinary research team at BMC and the BU School of Public Health (BUSPH), reviewed data on 29 youth-specific and adult policies on [drinking](#) to establish scores characterizing each state's alcohol [policy](#) "environment." Higher scores were given to states with more effective and better-implemented policies. The research team then related those policy scores to youth drinking data from states' Youth Risk Behavior Surveys from 1999 to 2011.

The study found that each 10 percentage point increase in the strength of a state's policy environment was related to an 8 percent reduction in the likelihood of youth drinking any alcohol, and a 7 percent reduction in the likelihood of [binge drinking](#), defined as drinking past the point of intoxication.

"Our results strongly support other evidence about the power of public policies to reduce excessive drinking and related medical and social problems," said Timothy Naimi, MD, MPH, a pediatrician at BMC and associate professor of public health and medicine at BUSPH, who was

the study's lead investigator.

By subcategorizing policies into youth-specific and adult laws, researchers were able to explore the associations of youth drinking with adult alcohol policies, independent of the association between youth drinking and youth-targeted policies. Examples of adult alcohol policies include higher alcohol taxes, having fewer outlets licensed to sell alcohol, bans on happy hours, restricted hours of alcohol sales, and laws prohibiting service to intoxicated adults.

"Overall, these findings lend support to the Institute of Medicine's judgment that parents and adults must be a key target of strategies to reduce and prevent [underage drinking](#)," the authors concluded.

Naimi said the study does not "discount" the value of youth-specific laws.

"Raising the minimum [legal drinking age](#) to 21, for example, has saved thousands of lives," Naimi said. However, he added, "adults matter, and when it comes to influencing kids, how adults drink is more important than what they might say about underage drinking."

Ziming Xuan, ScD, SM, MA, assistant professor of community health sciences at BUSPH and the study's first author, said the aggregation and categorizing of state policies was, in itself, an innovation in alcohol policy evaluation.

"By investigating how these relationships with [youth drinking](#) interplay with the adult drinking environment, we were able to take our analyses much further," Xuan said. "Adult-oriented [alcohol](#) policies likely influence youth via parallel pathways: Some of the effect is directly on youth, and some is indirect through its effects on adults."

Naimi said, "When it comes to saving young people's lives, the bottom line is that state legislators can make improvements by adopting and strengthening policies that curb [excessive drinking](#) among the entire population. Youth drinking is too often treated as an age-specific problem, and focusing solely on youth-specific interventions, while ignoring adult drinking behavior, is a bit like putting a screen door on a submarine."

Provided by Boston University Medical Center

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