



Testimony

of

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before the

**New York State Assembly Standing Committee on Alcoholism
and Drug Abuse**

on

Underage Drinking

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Good afternoon Chairman Cymbrowitz and members of the committee. I am Daliah Heller, Assistant Commissioner for the Bureau of Alcohol and Drug Use Prevention, Care and Treatment in the New York City Department of Health and Mental Hygiene. Thank you for holding this hearing today on a critical public health issue. Excessive alcohol consumption, particularly among underage drinkers, is a long-standing and growing problem, and I appreciate this opportunity to testify.

We estimate that alcohol causes 1,500 deaths a year in New York City, making it the third-leading cause of preventable death, behind only smoking and health problems related to obesity. Among New York City's youth, underage drinking causes an estimated 60 deaths each year. Excessive drinking causes liver disease and alcohol has long-term consequences like raising blood pressure and causing cancer. For adolescents, the risk for developing these problems is directly related to the age at which they start drinking. Earlier initiation to underage drinking increases the likelihood of these health and social harms over a lifetime. According to national studies, two out of five adolescents who begin drinking before the age of 15 will become alcohol dependent in their lifetimes. And one in eight youth between the ages of 18 and 20 are already alcohol dependent.

And while adolescent drinkers are at greater risk for these long-term health problems, they are also at least as likely as adult drinkers to experience the immediate dangers of excessive drinking – assaults and violence, motor vehicle accidents, and other accidental, preventable causes of injury and death. In New York City, the problem of dangerous alcohol drinking appears to be getting worse. Recent data show significant increases in alcohol-related emergency department visits in our city for all age groups over the past several years – for underage drinkers, the proportion of alcohol-related visits to the emergency department has nearly doubled since 2003. Excessive drinking is common among underage drinkers in New York City – half of high school students who drink report binge drinking – 5 or more drinks at one occasion -- in the past month.

The New York City Department of Health and Mental Hygiene is taking several steps to address the problems of underage and excessive drinking. This past winter, we conducted a media campaign in the subway system highlighting the dangers of excessive drinking. We are also excited about the expansion of a promising clinical practice we have been promoting in New York City. This approach, called “Screening, brief intervention, referral, and treatment”, or SBIRT, has proven effective when delivered in health care settings for reducing risky or dangerous alcohol and drug use, and we are now testing it in our school-based health centers.

These initiatives, however, will not be sufficient to address underage drinking fully, and we should do more to prevent young people from drinking alcohol. Policy approaches can have a substantial impact on limiting excessive and underage drinking, and I will now discuss some specific issues and strategies we recommend in New York State.

The density of outlets that sell alcohol affects availability. Broader availability to alcohol in turn increases consumption among youth. Retail stores may be more likely to sell to underage drinkers in areas with a high number of alcohol outlets - one in five New York City high school students who drink report purchasing or otherwise obtaining their alcohol from retail stores like delis, grocery stores, or mini-marts.

Young people are highly susceptible to the marketing of alcoholic beverages. The beer and liquor industries have issued voluntary guidelines limiting the placement of billboards advertising their products within 500 feet of schools, and restricting print advertising to publications with relatively low youth readership. However, youth continue to be exposed to considerable alcohol-promoting advertising. For example, in New York City, hundreds of thousands of children are exposed to alcohol advertising every day simply by riding on subways or buses to school

At the intersection of access to and marketing of alcohol with the risk of youth drinking are flavored malt beverages - often referred to as “alcopops”. Alcopops are sweet, carbonated alcoholic beverages, branded with catchy names and packaged in similar ways to sports and soft drinks. The alcohol content in these beverages ranges from 4% to as high as 12%, making the alcohol content in some of these products considerably higher than the alcohol content in beer. Furthermore, although alcopops are often initiated with malt fermentation, as a brew, the alcohol composition of the final product is not the same as beer. The initial malt brew is only a precursor in alcopops-making – it is subsequently filtered, sweetened flavoring is added, and sometimes distilled spirits are added. In the final product, the sugary flavor effectively masks the alcoholic taste. This makes it easier for children to transition from drinking soda to alcohol.

Surveys tell us that alcopops are more popular among adolescent drinkers. Adolescents are more likely than adults to drink alcopops – more than two-thirds of high school students report drinking alcopops in the past year, in comparison with only a quarter of adults. And among adolescent drinkers, girls and younger underage drinkers show the greatest preference for alcopops. Ads for alcopops appear more in youthful media and clearly have kids in mind.

Unfortunately, these ‘bridging’ beverages are readily available to the adolescents to whom they are marketed. Alcopops are sold alongside beer, juice, and soda, in grocery and convenience stores. Children and adolescents already frequent these outlets for food and beverages, increasing their exposure to alcopops.

Assembly Member Ortiz and Senator Klein have introduced legislation to designate alcopops with an alcohol content of 6% or higher as liquor, thus restricting the sale of these drinks to liquor stores and taking them out of the grocery stores and delis where underage drinkers are more likely to purchase them. Passage of this bill would result in 19,000 fewer places – 8,700 in New York City – for kids to buy high-alcohol-content alcopops. However, some of the products that are most popular among underage drinkers have lower alcohol contents, often 5% or 4.5%. They still target children, and

can be just as harmful as drinks with slightly more alcohol. Not including these beverages in the bill means preserving underage access to alcopops in thousands of grocery stores, delis, and convenience stores across the state. For this reason, we recommend that this bill be modified to include all flavored malt beverages, rather than only those with alcohol contents above 6%.

I've mentioned access to alcoholic beverages and the marketing of those products as key factors in youth drinking. Another important contributor to underage drinking is the degree to which we invest in enforcing the various New York State laws that are designed to prevent youth from obtaining alcohol. And enforcement is not only a police and State Liquor Authority issue. Retail outlets, bars and clubs should meet their legal obligations by enforcing the minimum legal drinking age. Further, bar and club owners should require that service staff participate in responsible beverage service training and monitor their staff for adherence to the law.

Thank you again for the opportunity to testify, and for your leadership on reducing underage drinking. I would be glad to answer any questions.