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# Conclusion

Underage alcohol use remains a major public health and safety problem in the United States, creating serious personal, social, and economic consequences for adolescents, their families, communities, and the Nation as a whole. An emerging body of research on the effects of underage alcohol use on human maturation adds new urgency to the decades' long effort by the public and private sectors to prevent and reduce underage drinking.

Pervasive drinking by youth and the emergence of alcohol misuse and dependence in late adolescence are intertwined with developmental processes. Therefore, the prevention and reduction of underage drinking must be addressed within a developmental framework, which takes into account the dynamic processes of human maturation, the influence of social systems within an adolescent's environment, and the role of individual characteristics in the adolescent's decision to drink. Because adolescent development unfolds within many contexts in American society, including family, peers, school, extracurricular and community activities, part-time work, the community itself, and the overall culture, every American has a responsibility to help protect adolescents from the potentially adverse consequences of alcohol use.

As the *Call to Action* makes clear, each of us has an important role to play in the prevention and reduction of underage drinking through our individual and collective efforts, ensuring that the future America offers its youth is neither shortened nor impaired by the consequences of alcohol use. This *Call to Action* is exactly that—a call to every American to join with the Surgeon General in a national effort to address underage drinking early, continuously, and in the context of human development. Underage alcohol use is everybody's problem—and its solution is everybody's responsibility.

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# APPENDIX

## Definition of a Standard Drink

A standard drink is any drink that contains about 14 grams of pure alcohol (about 0.6 fluid ounces or 1.2 tablespoons). Below are standard drink equivalents. These are approximate, as different brands and types of beverages vary in their actual alcohol content.

beer or cooler	malt liquor 8.5 oz. shown in a 12-oz. glass (but if full, would hold about 1 1/3 standard drinks of malt liquor)	table wine	fortified wine (such as sherry or port) 3.5 oz. shown	cordial, liqueur, or aperitif 2.5 oz. shown	brandy (a single shot)	spirits (a single shot of 80-proof gin, vodka, whiskey, etc.) Shown mixed and in a highball glass with ice to slow fire before adding more*
						
~5% alcohol	~7% alcohol	~12% alcohol	~17% alcohol	~24% alcohol	~40% alcohol	~40% alcohol
12 oz.	8.5 oz.	5 oz.	3.5 oz.	2.5 oz.	1.5 oz.	1.5 oz.

Many people do not know what counts as a standard drink, and thus are unaware of how many standard drinks are held in the containers in which these drinks are often sold. Some examples:

- For **beer**, the approximate number of standard drinks in
  - 12 oz. = 1
  - 16 oz. = 1.3
  - 22 oz. = 2
  - 40 oz. = 3.3
- For **malt liquor**, the approximate number of standard drinks in
  - 12 oz. = 1.5
  - 16 oz. = 2
  - 22 oz. = 2.5
  - 40 oz. = 4.5
- For **table wine**, the approximate number of standard drinks in
  - a standard 750 mL (25 oz.) bottle = 5
- For **80-proof spirits**, or “hard liquor,” the approximate number of standard drinks in
  - a mixed drink = 1 or more\*
  - a pint (16 oz.) = 11
  - a fifth (25 oz.) = 17
  - 1.75 L (59 oz.) = 39

\***Note:** It can be difficult to estimate the number of standard drinks served in a single mixed drink made with hard liquor. Depending on factors such as the type of spirits and the recipe, one mixed drink can contain from one to three or more standard drinks.

# APPENDIX B

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## DSM–IV–TR Diagnostic Criteria for Alcohol Abuse and Dependence

### ALCOHOL ABUSE

(A) A maladaptive pattern of drinking, leading to clinically significant impairment or distress, as manifested by at least one of the following occurring within a 12-month period:

- Recurrent use of alcohol resulting in a failure to fulfill major role obligations at work, school, or home (e.g., repeated absences or poor work performance related to alcohol use; alcohol-related absences, suspensions, or expulsions from school; neglect of children or household)
- Recurrent alcohol use in situations in which it is physically hazardous (e.g., driving an automobile or operating a machine when impaired by alcohol use)
- Recurrent alcohol-related legal problems (e.g., arrests for alcohol-related disorderly conduct)
- Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol (e.g., arguments with spouse about consequences of intoxication).

(B) Never met criteria for alcohol dependence.



## ALCOHOL DEPENDENCE

(A) A maladaptive pattern of drinking, leading to clinically significant impairment or distress, as manifested by three or more of the following occurring at any time in the same 12-month period:

- Need for markedly increased amounts of alcohol to achieve intoxication or desired effect; or markedly diminished effect with continued use of the same amount of alcohol
- The characteristic withdrawal syndrome for alcohol; or drinking (or using a closely related substance) to relieve or avoid withdrawal symptoms
- Drinking in larger amounts or over a longer period than intended.
- Persistent desire or one or more unsuccessful efforts to cut down or control drinking
- Important social, occupational, or recreational activities given up or reduced because of drinking
- A great deal of time spent in activities necessary to obtain, to use, or to recover from the effects of drinking
- Continued drinking despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to be caused or exacerbated by drinking.

(B) No duration criterion separately specified, but several dependence criteria must occur repeatedly as specified by duration qualifiers associated with criteria (e.g., “persistent,” “continued”).

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Source: Adapted from American Psychiatric Association (APA). *Diagnostic and Statistical Manual of Mental Disorders, 4th Edition, Text Revision*. Washington, DC: APA, 2000.