

Underage Drinking and the Justice Community Role by Judge Ronald Bogle (Ret.)*

As the Nation struggles with the problem of underage drinking, stronger enforcement of existing laws is one of the most commonly recommended environmental strategies for prevention. To occur, the greater justice community (judges, prosecutors, and law enforcement) must recognize the problem for what it really is—arguably the Nation's worst

drug problem and a genuine public health threat.

On March 6, 2007, then U.S. Surgeon General, RADM Kenneth Moritsugu, issued a national "Call to Action" to prevent underage drinking. A "Call to Action" is a science driven intervention, intended to mobilize all sectors of society when medical science conclusively identifies a national public health threat. Underage drinking is such a threat.

Even though courts have long dealt with the plethora of problems associated with alcohol abuse, law is lagging behind science in its response to underage drinking.

A national assault on the youth drug of choice, alcohol, is unprecedented in our history. Defining six national goals to reduce underage drinking, four require involvement by the justice community.

No longer reasonably considered some meaningless "rite of passage," alcohol consumption poses a clear and present danger to teen health, safety, and welfare. After all, alcohol, an addictive drug, kills more teens than all other drugs combined.

A multidimensional product, alcohol fuels a wide variety of negative societal consequences. Regarded by many as the greatest problem on our Nation's campuses, alcohol-related poisonings and deaths there are at record levels. Blood alcohol concentrations reported for some collegians (as high as .68) defy rational comprehension, and alcohol blackouts, once considered a sign of advanced alcoholism, are now commonly identified among collegiate drinkers.

Nationally, alcohol-related deaths are the third leading preventable cause of death in the United States. Reaping the fruits of our underage drinking complacency, research now finds the majority of the Nation's alcoholics are youths, from teens to age 26. Most began drinking as teens.

As reported by the National Centers for Disease Control and Prevention, alcohol has long associated with a variety of serious health conditions, including brain damage, cancer, cardiovascular disease, liver disease, pancreatitis, metabolic syndrome increasing the chances of heart disease, stroke, hypertension, diabetes, and other metabolic disorders. Add in psychosis, cirrhosis, fetal alcohol syndrome, alcoholism, sexually transmitted disease, and many others, the list of serious alcohol-related health conditions is long and disturbing.

This does not even include its known relationship to poisoning, drowning, fire death, motor-vehicle crashes, suicide, fall injuries or deaths, aspiration, and hypothermia, to name only a few.

Though illegal, teens consume an estimated 20 percent of all alcohol products, providing enormous financial profit for the alcohol industry. Research finds that 90 percent of alcohol consumed by teens occurs during periods of binge drinking.

For drinking teens, early alcohol exposure creates a lifetime of risk. For those who begin drinking before age 15, nearly half will suffer with issues of alcohol abuse or dependency during their lifetimes. Research finds, on average, a child now consumes his or her first standard drink of alcohol at age 12, and studies report girls aged 12 to 17 are drinking more than boys. Approximately 10 percent of 9- to 10-year-olds have started drinking, and 40 percent of 8- to 10-year-olds have tried alcohol. Moreover, 95 percent of alcohol-dependent adults began drinking as teens.

In short, children are drinking earlier, more often, and for the express purpose of becoming intoxicated. For them, there is no such thing as a safe drink of alcohol, not only because of the risks, but also because of the serious threat to their long-term health, development, and well-being.

The Nation has long focused on the drunk-driving threat. The U.S. Department of Justice reports that alcohol is, also, a catalyst for the majority of violent crimes, including homicides, assaults, domestic violence, child abuse, vandalism, and other property crimes. Further, 90 percent of sexual assaults on collegiate women involve alcohol, the Nation's leading date rape drug.

But law enforcement and court treatment of alcohol-violating teens, at best, is inconsistent. Often more concerned about the effect of a conviction on personal history than personal health, some in the greater justice community have tended to treat youthful alcohol violations casually, or worse, not at all.

I'm not advocating for criminalization of youthful mistakes. To the contrary, I believe that enforcement efforts, as with other drugs and other offenses, can be used as genuine public health interventions. Effectively used, such intervention can provide both shortterm and long-term personal and societal rewards. Otherwise, if the research is correct, the abusive young drinker of today is likely to be the abusive older drinker and long-term problem of tomorrow.

The challenge, though, is uniting the efforts of law enforcement, prosecutors, and judges into a concerted intervention. In this unique system, if one element fails (or chooses not to support enforcement), they all fail. We need each other to succeed.

As the Nation struggles with environmental strategies aimed at reducing underage drinking, the role of our justice community (judges, prosecutors, and law enforcement)

has become more critical than ever. Standing alone, we are not the solution to this problem, but we do have an important role to play, and we must play it more effectively.

Underage drinking is a complicated problem, and for the health, safety, and welfare of young people, the justice community must be a more effective contributor in reversing this destructive national trend.

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