

Is whole milk healthier for kids than milk with less fat?

BY ALICE CALLAHAN
NYT News Service

President Donald Trump recently signed bipartisan legislation allowing school cafeterias to serve whole milk and 2% milk – another step toward fulfilling the administration’s promise to “end the war” on saturated fats.

The move is the latest chapter in a long debate about whether milk fat is helpful or harmful for children.

Since 2012, any school that participates in the National School Lunch Program, which offers federal funding for meals, has served only nonfat or 1% milk in an effort to reduce children’s risk of obesity and cardiovascular disease.

Recently, Health Secretary Robert F. Kennedy Jr. and members of his “Make America Healthy Again” movement have championed whole milk; new federal dietary guidelines released last week encourage Americans to drink more of it.

Representatives for the dairy industry, who lobbied for the change, and the legislators who voted for it say that there’s no evidence that whole milk is

harmful to children’s health. Some children may prefer higher-fat milk, so allowing it to be served in schools could encourage them to drink more of it – increasing children’s consumption of the nutrients it provides.

But it’s not clear if bringing whole milk back to schools will improve children’s health, nutrition experts said.

There’s no question that milk provides essential nutrients, and for that reason health organizations have recommended that children ages 5 to 8 consume up to 2.5 cups of milk per day, and those ages 9 and older consume up to 3 cups per day.

But health experts and legislators have disagreed about which types to promote.

Since 1990, federal dietary guidelines have suggested that children age 2 and older should consume skim or low-fat milk to limit their consumption of saturated fats. Several health organizations, including the American Academy of Pediatrics and the American Heart Association, have supported that advice.

Megan Lott, a registered dietitian at Duke University and the deputy director for Healthy Eating Research, an organiza-

tion that helped develop guidelines from health organizations on what school-age children should drink, said that lower-fat options contain the same amount of essential nutrients – like protein, calcium, potassium and vitamin D – as higher-fat milks, but with fewer calories and less saturated fat.

Consuming too much saturated fat can raise cholesterol levels and, over time, increase the risk of cardiovascular disease, research suggests. And consuming excess calories could contribute to weight gain in children, Lott said.

One cup of whole milk has 80% more calories than nonfat milk; it contains 4.5 grams of saturated fat, whereas nonfat milk contains only trace amounts.

The new change to the school lunch program stipulates that the saturated fat in milk will not count toward the current limits on the fats served in schools. That “leaves even more room for excess saturated fat,” the Center for Science and the Public Interest, a food and health watchdog group that opposed the amendment, said in a statement. Already, 75% to 85% of U.S. children consume more

than the recommended amount of saturated fat, the organization added.

“We certainly don’t want kids to get an overwhelming amount of saturated fat,” said Dr. Steven Abrams, a professor of pediatrics at the University of Texas at Austin Dell Medical School, who was not involved with the new legislation. But he supports the law, he said, in part because there is not good evidence that drinking whole milk leads to obesity or worsens the health of children with a healthy weight, despite its saturated fat content.

In fact, some studies have found the opposite. In a 2020 review, researchers found that children who consumed whole milk were less likely to be overweight or obese than children who drank lower-fat options. Limited research also suggests that the type of milk children drink appears to have little effect on their blood pressure or blood cholesterol levels.

Most of the research has been observational, meaning it cannot show cause and effect, and many of the studies did not fully account for other aspects of the children’s diets or health. But in two small clinical trials performed

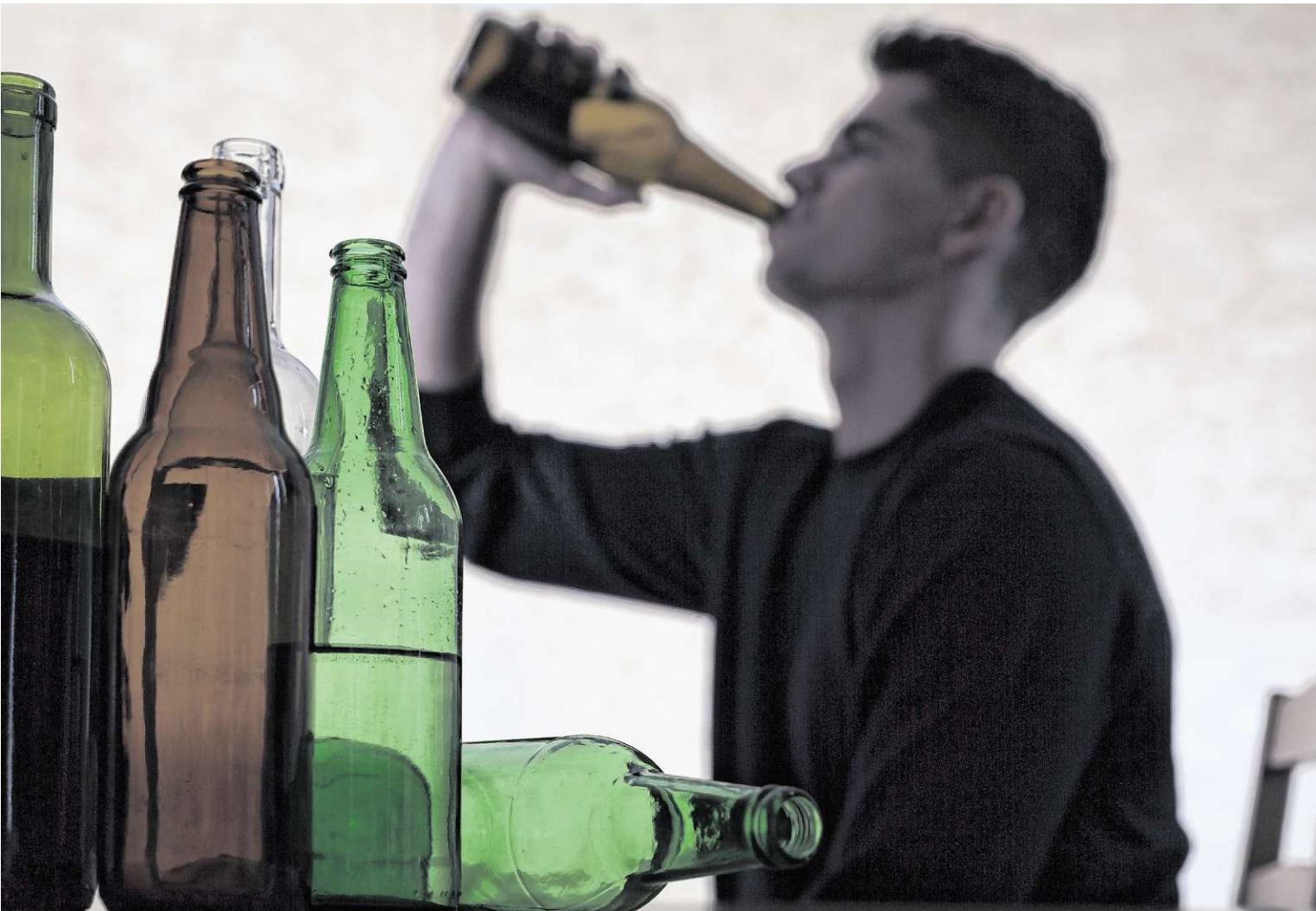
in Australia, researchers found that children who drank whole milk for three months did not gain more weight than children who drank lower-fat milks.

There are several larger and ongoing clinical trials in the United States and Canada comparing the effects of whole milk with lower-fat options on children’s health. Lott said she hoped they would help settle this debate.

The best type of milk for a child depends on his or her health. If your child is older than 2 and is significantly overweight, “then the calories matter,” and nonfat or 1% milk might be a better choice, Abrams said. But for most children, he said, any type of unsweetened, pasteurized milk is fine. (Children should never consume unpasteurized or raw milk, he added, because doing so carries a risk of food-borne illness.)

Higher-fat milk might be better for a child who is underweight, Lott said. A pediatrician or dietitian can offer individualized advice, she added.

Milk consumption among U.S. children has dropped significantly in recent decades, and they have been drinking more soda, sports drinks and other sweetened beverages instead, Abrams said. That’s a concern, he added, because milk is an important source of calcium, vitamin D and protein. If allowing whole milk in schools leads to children drinking more milk, that could improve their health, he said.



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When parents worry about teens drinking alcohol or using drugs, the first instinct is often to tighten the reins. But research and experience show that what teens need most is connection, not control.

How to talk with your teen about drugs and alcohol

BY SCOTT HADLAND, MD
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After years of talking with teens and their parents about substance use, here’s the single most important thing I’ve learned: Connection matters more than control.

I hear it from parents all the time: “I’m scared my teen might be using drugs, but I don’t know how to bring it up.” These fears are valid.

Although most teens don’t use drugs or alcohol, some do: Adolescence is a time of exploration and risk-taking, and today’s substances – from high-potency cannabis to counterfeit pills laced with fentanyl – are far more dangerous than in previous decades. Despite these fears, a December 2025 University of Michigan study found that drug use among U.S. teens remained low for the fifth year in a row after a sharp decline in 2020/2021.

And here’s the good news: You have more influence than you think. Here, I’ll share what I often tell parents in my clinic.

This is practical advice drawn from research and my experience having real-life conversations to help you keep your teen safe, supported and informed.

When parents worry about substance use, the first instinct is often to tighten the reins: take away a teen’s phone, search their room and threaten punishment. But research and experience show that what teens need most is connection, not control. Instead of jumping right to discipline, start a conversation. It’s best to have these talks early and often, long before you’re worried that your teen has come home after using drugs or alcohol. Conversations are more productive when they happen outside the heat of the moment, when everyone is calm and open.

Ask open-ended questions like, “What have you heard about vaping at school?” or “How do your friends feel about drinking?” When teens feel judged, they shut down. But when they feel heard, they often open up.

Trust is protective. Scare tactics, on the other hand, can backfire. They can damage communication and make teens less likely to

come to you when they’re in trouble. Research shows that when teens feel mistrusted or shamed, they’re more likely to hide their behavior rather than change it. Building a foundation of openness and honesty gives you more influence in the long run.

Substance use looks different now than it did a generation ago. While alcohol is still the most commonly used substance among teens, high-potency cannabis use – especially in the form of vapes or edibles – is increasingly common. Nicotine vaping has also surged in recent years.

One of the biggest concerns today is the risk of counterfeit pills. Some teens experiment with pills that they believe to be Xanax, Percocet or Adderall-when in fact, they may contain fentanyl or other drugs. Even one pill can be fatal because these contaminants are often highly potent and can cause an overdose quickly.

Staying informed about what teens are actually using can help you have more meaningful conversations. When teens sense that you’re up to date on what’s happening in their world, they’re more likely to take you seriously.

It also shows them that you care enough to understand, not just to judge.

Sometimes, it’s hard to tell whether a teen is experimenting or truly struggling. If you notice changes in mood, sleep, appetite, school performance or friendships, bring it up with your pediatrician.

Pediatricians are trained to screen for substance use and mental health concerns. In addition, teens often feel more comfortable talking to a doctor than to a parent. In some cases, your pediatrician may recommend a counselor, therapist or substance-use specialist. For teens who are dealing with true addiction, it’s more common than not that they’re also facing another mental health condition like anxiety, depression, ADHD or trauma. Treating both mental health and substance use problems together is essential – and help is available.

One of the most important goals in adolescence is delaying substance use for as long as possible. The earlier a teen starts using substances, the more likely they are to develop a substance use disorder later in life. For

example, teens who start using cannabis before age 18 are twice as likely to go on to have a problem with substance use disorder than if they start later.

That said, the goal shouldn’t be perfection-it’s protection. Even if your teen has experimented, you can still make a difference. Be curious, and ask questions like, “How might you respond if someone at a party offers you a drink?” Play to a teen’s strengths. For example, if your teen has an independent streak, tap into that. You might say, “You’ve never been someone who follows the crowd – how do you think that could help you make decisions if friends start using drugs or alcohol?”

There is a lot of positive messaging about alcohol and drugs on TV and in social media; sometimes you might be the only voice sharing that you think it’s important not to use substances. Make a clear recommendation that you don’t want your teen to use. You might say, for example, “I care so much about your health and safety. I don’t want you using alcohol or other drugs, especially while your brain is still developing.” Teens may roll their eyes-but research shows they still hear you, and it matters.

One of the most important family rules to establish is about never driving under the influence-or riding with someone who is. Let your teen know they can always call or text you (or another trusted adult) for a ride, no questions asked.

If you’re not available, ride share services like Uber or Lyft can be a good backup option – but only if your teen knows how to use them safely.

It’s also worth talking about naloxone (Narcan), a medication that reverses opioid overdoses. Naloxone is safe, easy to use, and available in most pharmacies without a prescription. Every household – especially those with teens – should have it on hand.

The most powerful prevention tool you have is your ongoing relationship with your teen. Don’t worry about giving one perfect lecture. What matters most is having lots of small conversations over time. Talk during a car ride, while doing dishes, over Sunday family breakfast or at bedtime. Be curious. Be calm. Let them know you’re always there to talk – about anything. Even if your teen has already experimented, it’s never too late to help guide them.

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