In Focus: Alcohol

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Alcohol and youth

Overdrinking among young people tends to be episodic. It leads to accidents and violence rather than to cirrhosis or alcoholism. Preventive efforts should focus on the problem as it actually presents.

The title of this article implies the existence of some sort of problem in the conjunction between young people and alcohol. It suggests that “youth” is as specific and identifiable a concept as “alcohol”. A moment’s reflection reminds us that this is not so; young people are as varied as older people. This should make us cautious about seeking generalizations and simple solutions. But generally it doesn’t.

What follows derives mainly from United Kingdom experience since this is what I know best, but contact with colleagues from other countries leads me to believe that some of this experience is common to other countries and that even the features that are peculiarly British may throw light on different patterns in other countries.

A common belief among older adults might be expressed thus: the mixture of young people and drink gives rise to a special problem which is more severe than that among older people; the problem is new and getting worse; and, since young people represent the future and patterns of behaviour are set early in life, something must be done about it. Otherwise the problem will contribute to a general decline in standards among tomorrow’s adults.

The search for evidence to support these beliefs runs into trouble almost immediately. The large amount of research that has been done on this subject has produced conflicting results but it does suggest that the problems young people have with alcohol are in proportion to those experienced by older members of society. The perception that young people are coming to grief through drinking is far from new; the problem may in fact be less severe than it was 100 years ago (1). The occurrence of a drinking problem when young does not necessarily predict a drinking problem in later life (2), although those who drink regularly at the age of 16 have a higher than average probability of becoming heavy drinkers by the age of 23 (3). Youthful heavy drinkers may well have
persisting problems, but these are likely to be of a behavioural and emotional nature and may outlive the heavy drinking habit (4).

So how are we to explain this apparent conflict between what people commonly believe to be true and what science can demonstrate? Part of the answer may lie in differing concepts of what constitutes

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“youth” and what amounts to “an alcohol problem”. It is relatively easy to find agreement at the extremes: most people would be unhappy at the idea of any consumption of alcohol by a 4-year-old child but prepared to accept the idea of a young man of 21 drinking on a regular basis. Between those two ages, the definition of what constitutes acceptable use of alcohol is problematic.

Even having reached agreement on what amounts to an alcohol problem for a defined young person, there are further difficulties ahead. What should be the aim of intervention? Is it sufficient merely to acquaint young people with the facts about drinking and then leave them to make up their own minds how to behave? Or should one go further by attempting to influence drinking behaviour in a particular direction? And, if so, how?

Starting to drink

It may be reasonable to begin the search for understanding of young people’s drinking habits by examining the circumstances under which they first acquire the habit. Why do young people start to drink alcohol, and most of them persist in doing so?

It should come as no surprise to discover that they offer a range of explanations when asked about this. Some start to drink because they are curious about the taste of alcohol or the sensation it induces, although, just as with cigarettes, few seem to enjoy the taste of their first sample (5). Some drink because they feel it is expected of them on certain occasions. A few come to make use of alcohol in a deliberate attempt to deal with problems such as anxiety, shyness, or depression (4). The explanations given for drinking are comparable to those of older drinkers.

One obvious difference from the older drinker is in the novelty and significance of the drinking experience. Drinking alcohol is something that sets adults apart from children, so experimentation is part of trying an adult role, and becoming a drinker is part of adolescent development as a whole. The age at which adolescents have their first proper alcoholic drink reflects this; it varies a little from one country to another but is generally about 13. It seems that today’s young people begin at an earlier age than their grandparents did; British people born before 1930 were often in their twenties before starting to drink alcohol (6). Most youngsters have their first drink at home in the company of their parents, and the experience is therefore under parental control. Those who have their first drink in a bar or pub may be more likely to become heavy drinkers than those who have their first drink at home (7).

In the United Kingdom, the age at which a young person is legally allowed to buy an alcoholic drink is the same as the age at which he or she achieves adult status for most other purposes — 18 years. There is evidence that the purchase of alcohol by
underage young people is widespread, which has led some people to question the effectiveness of setting an age restriction of this sort. In a number of States in the USA, the legal age for the purchase of alcohol was fairly recently raised from 18 to 21, creating a natural experiment on the effect of altering one control on availability. The first indications are that the move has had the effect of slightly reducing alcohol-related harm among young people, principally by reducing the toll of drink-related road accidents. It is clear, however, that such a measure would be unacceptable in some societies, and it is important to acknowledge the need for a reasonable degree of public support for a measure like this to work.

What influences young people’s drinking?

It is usually parents who decide how and when a young person is introduced to alcohol and so it is not surprising to find that young people are likely to imitate their parents’ drinking habits. For children whose parents drink moderately and sensibly, this is fine. Children may be more likely to acquire problematic drinking habits from parents who hold extreme views about alcohol, either conspicuously misusing it or totally prohibiting it (8). The later development of drinking habits, however, is increasingly influenced by peer pressure. By the age of 15, adolescents are more likely to be drinking with friends than at home with the family.

By the age of 16, they are already demonstrating the sex-based preferences for particular beverages that characterize adult drinkers (in England men drink beer while women often prefer aperitifs such as vermouth). This finding suggests that the cultural value of drinking for adolescents is very great. Drink is used not merely for pleasure or to create an occasion for conviviality; it confers an adult status that is at once recognizable in a gender-appropriate way. It is commonly held that advertising, on which the alcohol industry spends a huge amount, must have a powerful influence on how much alcohol people drink, especially young people, who are regarded as more impressionable. Evidence to support this is hard to find. It is certainly possible to demonstrate that young people are aware of alcohol advertising and this obviously raises the possibility that advertising may affect attitudes towards drinking. But the limited evidence available indicates that advertising has only a very weak effect on the amount of alcohol consumed (9).

British codes of practice on the advertising of alcohol prohibit advertisers from featuring people who appear to be under the age of 25 and from targeting young people in any other way.

What sort of alcohol problems do young people have?

No particular type of alcohol-related problem is exclusive to young people but there is a discernible pattern of alcohol-related problems experienced by younger drinkers. For young people it is episodic drunkenness, which is most likely to lead to problems such as accidents, violence, and crime. Liver cirrhosis and other consequences of chronic heavy drinking are rarely seen. This has important implications...
for preventive strategies and makes much current information on safe levels of regular consumption less relevant to the younger drinker. The principal immediate risk they face is not of dependence but of physical injury to themselves and others and of disruption of their personal and family lives.

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For younger drinkers, the most important step in reducing problems would be to avoid episodes of intoxication.

**Accidents and injury**

Accidents and violence account for more deaths during adolescence than all other causes. The commonest form of alcohol-related trauma is a road accident. Teenagers make up one of the major groups of victims of road accidents. Drivers under the age of 20 tend to have more accidents than older drivers even at blood alcohol concentrations below the United Kingdom legal limit for driving (0.8 g/l), confirming that inexperience in driving and inexperience in drinking are a bad combination. The figure graphically demonstrates this concept, which is supported by substantial data from the United Kingdom and other countries.

Compared with adults, teenagers are more often involved in fatal crashes at night, particularly weekend nights: about 30% of fatal crashes involving 18-year-old drivers in the USA occur between 8 p.m. and 4 a.m. on Friday and Saturday nights compared to only 18% of similar crashes involving older people. Alcohol use is high at these times.

Alcohol-related road accidents are certainly not confined to the young, but the fact that injury on the roads is a major cause of death for young people suggests that road accidents should be a prime target for preventive measures.

Injury due to violence also shows a strong association with alcohol use. A Scottish study of patients attending for emergency treatment at a hospital found that the majority of young men who had been the victim of an assault were under the influence of alcohol (10).

**Crime**

The relationship between drinking and crime is a complex one. Quite apart from the crimes that are defined by alcohol (drink-driving or public drunkenness, for example), it is easy enough to demonstrate an association between excessive drinking and certain types of crime. It is much more difficult to know how to interpret the association. Could the drinking of alcohol have caused the crime? Would the crime have been committed if no alcohol had been taken? Does alcohol ever prevent violence by, for example, acting as a sedative to soothe an irate individual? To all these questions we can probably answer "yes" because of the tremendous variation in the effects of alcohol on different individuals and under different circumstances. The level of consumption that promotes relaxed wellbeing and animated conversation in the convivial setting of a pleasant meal with friends may act as a trigger to release violent aggression at a football match among supporters of rival teams. Alcohol is the joker in the pack of cards, the agent that increases the unpredictability of a situation.
Where the aim is to decrease the range of possible outcomes in the interest of securing greater control, alcohol is an undesirable complication.

*Sex and HIV infection*

The use of alcohol and other psychoactive drugs has long been linked with sexual behaviour and disinhibition. The spectre of unwanted pregnancy resulting from sexual encounters under the influence of alcohol has been only partially banished by the wider availability of contraception, because methods that require foresight and skill (e.g., condom, diaphragm) are likely to be forgotten or misused in these circumstances. A recent study of young people in Scotland showed that about half of both males and females had consumed alcohol before their first experience of sexual intercourse, and those who had taken a drink were much less likely to have used condoms or any other form of contraception than those who had not (11). The use of alcohol and other drugs should therefore be regarded as risk factors in relation to the spread of AIDS and other sexually transmitted diseases. In addition to its role in promoting unsafe sexual behaviour, alcohol may have a direct effect on the immune system itself (12).

*Prevention*

For young people who drink alcohol, the problem lies not so much in the average amount of alcohol consumed in the course of a week as in the harm done by episodic
overindulgence leading to drunkenness. Therefore the focus should be on the events that cause overindulgence and the environment in which it occurs rather than on the drinking itself. School-based alcohol education programmes are at first sight an attractive option since they slot neatly into existing systems of education. However, evidence suggests that while such programmes can increase knowledge about alcohol they are unlikely to influence attitudes and most unlikely to lead to any change in drinking behaviour. Moreover, it is possible that such education could do harm since a few studies have found evidence suggesting that such programmes increase experimentation with alcohol (13). One parent, asked what he wanted the school to teach his children about alcohol, replied that there were just four things:

- how to make a drink last for a long time;
- how to get rid of a drink you don’t like;
- how to avoid being driven home by someone you suspect is intoxicated; and
- how to avoid paying for a round!

These common sense suggestions find at least partial support from research. A survey of 14-16-year-old schoolchildren in England revealed that 21% recalled being in a car driven by someone who was visibly under the influence of alcohol (5). Buying drinks in rounds, particularly in large groups, is associated with higher levels of consumption than if each individual buys his own.

If it is indeed the case that the best predictor of adolescent drinking behaviour is the attitude and behaviour of parents, then an effective way of influencing young people should be to influence the attitudes and drinking behaviour of their parents. Young people who develop drinking problems are more likely to have parents who drink excessively or who are totally prohibitive about drinking. Drinking (as with other forms of drug use) may be chosen by rebellious young people as an expression of defiance and independence. Parents who attempt completely to prevent their children from sampling alcoholic drinks run the risk that their efforts will be not only ineffectual but counterproductive because they will have added to alcohol the appeal of forbidden fruit (8).

Conclusions

It can be argued that there are two forms of “alcoholism”: one refers to the traditional clinical, diagnostic, and treatment nomenclature and the other to the transitory social and behavioural consequences of the episodic consumption of relatively large amounts of alcohol at a single sitting. Problems related to the first type cluster in middle age and later, but problems related to the second type are most commonly found among young adults between the ages of 18 and 24, especially males. Public health policies and programmes for the reduction of alcohol-related problems have tended to focus more on the problems of the middle-aged drinker than on those of young adults. Some of the apparent lack of success in educating young people about alcohol may be a consequence of a failure to select information relevant to the drinking experience that young people are likely to have. The use of young people themselves to put across educational messages to their peers seems a promising approach.
It is always tempting to localize drinking problems to particular groups — alcoholics, young people, the unemployed, the underemployed-overpaid, etc. But the evidence suggests that drinkers influence one another's drinking habits. The drinking habits of alcoholics are influenced by the patterns of the moderate drinkers around them, and the drinking habits of the young are affected by those of older members of society (14). If we hope to influence the drinking behaviour of young people, we must be prepared to examine our own drinking habits, remembering that "Don't do as I do, do as I say" has never been a particularly convincing message.

References