



Adolescent alcohol problems: whose responsibility is it anyway?

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There is a popular view that excessive alcohol consumption by youth is part of the rite of passage into adulthood.¹ While this is true to a certain extent, current epidemiological data on youth alcohol use indicate widespread patterns of early-onset, regular binge drinking, suggesting an urgent need to revisit this attitude.² A fifth of young people aged 16–24 years drink to intoxication most times that they drink, and 42% of drinkers report memory loss after drinking.² Further, between 20% and 40% of young people report alcohol-related violence, and around 30% report alcohol-related sexual risk taking.^{3,4}

Experimentation with alcohol and other drugs is part of teenage psychosocial development, and it is not surprising that our youth explore substances which are so widely available in our community. Testing limits, both physical and psychosocial, is part of the process of maturation into adulthood. Apart from wanting to try new experiences, young people drink for the same reasons as adults — to relax, to be sociable or to drown sorrows.³

Adolescent development includes not only the physical changes of puberty, but also cognitive and emotional development. While concrete thought processes characterise early adolescence, by middle to late adolescence the ability for abstract thought develops, facilitating the formation of a self-identity and the ability to process implications and consequences of actions. Through trial and error, young people learn acceptable or appropriate limits of behaviour. They learn this partly through sharing their experiences with peers, and partly through interactions with adults, who provide feedback on adolescent behaviour and set boundaries around what is appropriate. Adolescent drinking attitudes are also influenced considerably by adult drinking behaviour.

While these principles of adolescent development are recognised in policy development and public health approaches to the use of alcohol by youth, a comprehensive, consistent and, above all, coordinated approach towards alcohol is still needed. Mixed messages are delivered on a daily basis when drink-driving advertisements brand people over the legal limit of blood alcohol concentration as “bloody idiots” while prominent personalities in sport and entertainment who drink to excess are, in effect, applauded for their entertainment value.⁵ A truly coordinated approach to alcohol in the community requires collaboration and commitment from many sectors in the community, including health, education, media, the alcohol industry, policy makers and government.

As a community, we demonstrate a marked ambivalence towards alcohol, not considering alcohol a “drug” and viewing the “drug problems” of society as primarily involving illicit drugs.⁶ Among parents, setting of boundaries around alcohol consumption is often ambiguous, with parents taking refuge in the attitude that at least alcohol is not as “bad” as illicit drugs.³ Young people frequently report that they have been provided with alcohol by their parents, and that they have consumed excess alcohol when

ABSTRACT

- Experimentation with alcohol is a normal part of teenage psychosocial development.
- Society’s approach to adolescent alcohol consumption is ambiguous and sends young people mixed messages.
- Epidemiological data demonstrate disturbing trends in patterns of alcohol use by young people, including widespread early-onset, regular binge drinking.
- The acute harms of excess adolescent alcohol consumption are well documented, and data on long-term harms are now also emerging.
- As alcohol is an integral part of our culture, we urgently need to manage teenage drinking appropriately and comprehensively, and to guide young people to a “healthy norm” for adolescent alcohol consumption.

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they were under adult supervision.³ This may, in part, relate to the commonly held views that exposing adolescents to “some” alcohol may provide them with experience that will reduce the likelihood of further misuse.

However, where parents have noted the alarming trends and wish to apply appropriate strategies for their adolescent’s alcohol consumption, there are few guidelines for them to follow.³ For instance, is it appropriate to provide no alcohol or some alcohol to adolescents at parties? What other strategies should parents put in place to reduce alcohol-related harm among their adolescents? There are also concerns about the long-term harms of teenage drinking.

What are the long-term harms?

In addition to the intoxication, memory loss, violence and sexual risk taking associated with current patterns of adolescent alcohol use, data on the long-term harms of such alcohol consumption are also emerging. Alcohol and other drug use by young people is making a significant contribution to the burden of disease in this country.⁷ Alcohol use disorders are common, with a prevalence estimated at 10.6% of Australians aged between 18 and 34 years.⁸ Longitudinal data suggest that individuals most at risk of developing alcohol use disorders are those who drink frequently during adolescence. In the Victorian Adolescent Health Cohort Study, frequent teen drinkers were three times more likely to fulfil criteria for alcohol dependence than adolescents who did not drink frequently.⁹ Young adults in this cohort described tolerance to alcohol, withdrawal symptoms and unintentional alcohol consumption.¹⁰ Recurrent drinking resulting in failure to fulfil obligations at work, school or home, and recurrent drinking in situations in which it is physically hazardous were also described.

What are the risk factors for abuse?

Risk factors for adolescent alcohol and other drug misuse include individual factors as well as the social context, such as the young person’s family, school, peers and the wider community.¹¹

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Individual factors that contribute to alcohol misuse include a genetic predisposition to alcohol problems,¹²⁻¹⁴ personality factors such as antisocial personality disorder¹⁵ and sensation seeking trait,¹⁶ early onset of alcohol use,¹¹ and emotional or behavioural problems such as conduct disorder.¹⁷ Familial factors identified as determinants of alcohol problems include ineffective parenting strategies and poor familial relationships.¹⁸

However, the influence of social determinants of alcohol use in the development of harmful drinking patterns in young people is increasingly being recognised.¹⁸ Apart from the widespread availability of alcohol and, at times, inadequate responsibility taken by those who serve alcohol,¹⁹ there are a plethora of social “messages” promoting heavy alcohol consumption in the media. These include:

- sophisticated marketing strategies targeting young people through traditional and newer media (internet sites and links between alcohol and other websites popular among youth);^{5,20}
- labelling of alcohol with tantalising brand names, bright colours and sweet flavours that appeal to young people;
- the association of alcohol with brands of clothing and other goods popular among youth; and
- alcohol company sponsorship and associated labelling of music and other youth festivals.

How can we respond?

Alcohol is an integral part of our history and will continue to remain a significant part of our culture. The onus is therefore on the adult community to effectively educate young people about a healthy level of alcohol consumption.

Messages about moderate alcohol consumption that are credible to youth need to be developed, and strategies implemented that reinforce those messages. The “Good Sports” program, in which sports clubs reduced their promotion of alcohol, is an example of a successful initiative in this regard.^{19,21,22} Less promotion of alcohol in clubs’ social activities resulted, not in decreased revenue (as was the initial concern of clubs’ management), but rather in increased patronage by families with young members.

Realistic and consistent information on adolescent alcohol use must be developed for parents, beyond the basic guidelines of the National Health and Medical Research Council (NHMRC).²³ A consensus must be reached regarding how young is too young for adolescent alcohol consumption. Education campaigns are needed to help parents understand their ethical and legal responsibilities regarding alcohol use by young people under adult supervision.

Responsible serving of alcohol is important in reducing alcohol-related harm and needs to be a mandatory requirement. Most importantly, commitment to responsible serving is needed from licensed premises, their patrons, and the broader community. Responsible alcohol service in the context of private venues is a more difficult issue to address.

Finally, consideration should be given to strategies such as:

- labelling of alcoholic drinks targeted at young people with credible messages about safe consumption;
- developing a strong evidence base on which messages about safer alcohol consumption are sanctioned by young people;
- banning of the promotion of alcohol in inappropriate contexts; and
- a thorough review of the self-regulation of its own marketing by the alcohol industry.

Actions to reduce excessive adolescent alcohol consumption

Community

- Deliver credible and consistent messages about moderate alcohol intake
- Promote responsible serving of alcohol, especially in licensed premises
- Review the self-regulation of alcohol marketing
- Ban promotion of alcohol in inappropriate contexts
- Consider labelling of alcohol drinks with safe levels of consumption

Adolescents and parents

- Develop clear guidelines for adolescents on safe levels of alcohol consumption that align with credible and consistent messages in the community (see first point, above)
- Develop clear guidelines for an appropriate time in adolescence for alcohol consumption to begin
- Seek information on management strategies and ethical and legal responsibilities concerned with alcohol use by young people under adult supervision

These and other strategies for reducing excessive drinking by adolescents are outlined in the Box.

Competing interests

None identified.

References

- 1 Shanahan P, Wilkins M, Hurt N. A study of attitudes and behaviours of drinkers at risk. Research report. Canberra: Commonwealth Department of Health and Ageing, 2002.
- 2 The Victorian drug statistics handbook 2004: patterns of drug use and related harm in Victoria. Melbourne: Drugs Policy and Services Branch, Rural & Regional Health & Aged Care Services Division, Department of Human Services, State Government of Victoria, 2004.
- 3 Shanahan P, Hewitt N, for the Commonwealth Department of Health and Aged Care. Developmental research for a National Alcohol Campaign. Canberra: AusInfo, 1999.
- 4 Bonomo Y, Coffey C, Wolfe R, et al. Adverse outcomes of alcohol use in adolescents. *Addiction* 2001; 96: 1485-1496.
- 5 Community Alcohol Action Network website. Available at: <http://www.caan.adf.org.au> (accessed Sep 2005).
- 6 Hamilton M, King T, Ritter A. Drug use in Australia. Preventing harm. 2nd ed. Melbourne: Oxford University Press, 2004.
- 7 Victorian Government Department of Human Services. Victorian burden of diseases study — mortality and morbidity. Melbourne: Public Health and Development Division, Department of Human Services, 1999. Available at: <http://www.health.vic.gov.au/healthstatus/bod/mortality.htm> (accessed Sep 2005).
- 8 Hall W, Teesson M, Lynskey M, Degenhardt L. The prevalence in the past year of substance use and ICD-10 substance use disorders in Australian adults: findings from the National Survey of Mental Health and Well-Being. Sydney: National Drug and Alcohol Research Centre, 1998. (Report No. 63.)
- 9 Bonomo Y, Bowes G, Coffey C, et al. Teenage drinking and the onset of alcohol dependence: a cohort study over seven years. *Addiction* 2004; 99: 1520-1528.
- 10 Coffey C, Carlin J, Degenhardt L, et al. Cannabis dependence in young adults: an Australian population study. *Addiction* 2002; 97: 187-194.
- 11 Hawkins JD, Catalano RF, Miller JY. Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: implications for substance abuse prevention. *Psychol Bull* 1992; 112: 64-105.
- 12 Kaij L, Dock J. Grandsons of alcoholics. *Arch Gen Psychiatry* 1975; 32: 1379-1381.



- 13 Pickens RW, Svikis DS, McGue M, et al. Heterogeneity in the inheritance of alcoholism. *Arch Gen Psychiatry* 1991; 48: 19-28.
- 14 McGue M, Pickens RW, Svikis DS. Sex and age effects on the inheritance of alcohol problems: a twin study. *J Abnorm Psychol* 1992; 101: 3-17.
- 15 Helzer JE, Burnam A, McEvoy LT. Alcohol abuse and dependence. In: Robins LN, Regier DA, editors. *Psychiatric disorders in America: the Epidemiologic Catchment Area Study*. 1st ed. New York: The Free Press, 1991: 81-115.
- 16 Pedersen W. Mental health, sensation seeking and drug use patterns: a longitudinal study. *Br J Addict* 1991; 86: 195-204. Erratum in: *Br J Addict* 1991; 86: 1037.
- 17 Lynskey ML, Fergusson DM. Childhood conduct problems, attention deficit behaviours, and adolescent alcohol, tobacco, and illicit drug use. *J Abnorm Child Psychol* 1995; 23: 281-302.
- 18 Spooner C, Hall W, Lynskey M. *Structural determinants of youth drug use*. Canberra: National Drug and Alcohol Research Centre, 2001.
- 19 Munro G. Challenging the culture of sport and alcohol. *Int J Drug Policy* 2000; 11: 199-202.
- 20 Casswell S, Zhang JF. Impact of liking for advertising and brand allegiance on drinking and alcohol-related aggression: a longitudinal study. *Addiction* 1998; 93: 1209-1217.
- 21 Snow PC, Munro G. Alcohol consumption in amateur Australian football clubs: evidence from a rural region. *Health Promot J Austr* 2001; 10: 237-243.
- 22 Australian Drug Foundation. *Good Sports — managing alcohol in sport*. Available at: <http://www.good-sports.com.au> (accessed Sep 2005).
- 23 National Health and Medical Research Council. *Australian alcohol guidelines: health risks and benefits*. Canberra: NHMRC, 2001.

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