Alcohol Abuse and Adolescence

Description/Etiology

The overall impact of alcohol abuse on individuals, families, and communities amounts to a global public health problem. Data suggest that alcohol consumption by adolescents is high and that use increases with age. Alcohol can adversely affect adolescent behavior, as well as their psychological and physical well-being; it can affect learning and memory and in extreme cases lead to, or directly cause, death. Early drinking among this group is associated with escalating and continuous alcohol problems throughout life. Teenagers across the globe report living with more stressful circumstances than preadolescents and adults. They drink out of curiosity, to conform with peers, for enjoyment, and for escape. Alcohol is readily available in most countries and lacks the legal consequences of other substances.

For a clinical diagnosis of alcohol abuse using the Diagnostic Statistical Manual of Mental Disorders (DSM), an underage drinker must exhibit a recurrent pattern of use within a 12-month period that adversely impacts his or her functioning. Alcohol dependence is a more severe maladaptive pattern of alcohol use involving physical addiction. Alcoholism lacks a precise definition; however, it is often used when talking about both abuse and dependency. One unit of alcohol, or a standard drink is 1.5oz of liquor, 12oz of beer or 5oz of table wine. At-risk drinking or hazardous drinking is when consumption exceeds 4 standard drinks per day or 14 drinks per week for males and more than 3 per day and 7 per week for females. Problem drinking is when an individual has been intoxicated 6 or more times in the last year. Alcohol consumption in American youth under the age of 21 is often in the form of binge drinking. This occurs when males consume 5 or more drinks or when females consume 4 or more drinks in about 2 hours. The culture of binge drinking associated with young people in the developed world is spreading to developing countries.

At the psychosocial level, adolescent abusers are more likely to fight with friends and family. There is an increased risk of physical assault, and adolescents may suffer injuries from violence and alcohol-related accidents. Having multiple sexual partners is also common, as is unwanted, unplanned, and unprotected sex. Along with the hazards of sexually transmitted diseases (STDs) and unintentional pregnancy comes an increased risk of sexual assault. Overall, risk-taking behavior increases. Peer group affiliation may change, and there may be falling grades, tardiness and truancy, and trouble with law enforcement. The biophysical dangers include the threat of death from accidents and suicide. Acute intoxication can cause blackouts, respiratory failure, coma, and death from alcohol poisoning. There is decreased mentation, impaired judgment, mood alterations, ataxia, and, in some situations, hallucinations. Mental illnesses, including depression, can occur or be exacerbated. The brain regions undergoing change during adolescence are very sensitive to the effects of alcohol, and long term this can affect cognitive function. A small number of genes have been identified as affecting the risk of alcohol problems, but these require an environmental context. Children of alcoholics are 4 to 10 times more likely to develop abuse and dependency symptoms. Many social workers are having treatment success with brief therapies using group work, cognitive behavior therapy (CBT), motivational interviewing techniques, and multidimensional family therapy (MDFT).

Facts and Figures

Alcohol abuse is the fifth leading risk factor for premature death and disability in the world. Five thousand young people under the age of 21 die each year from alcohol-related injuries in the United States. Children who drink under the age of 15 are 5 times more likely to develop alcohol dependence or abuse later in life. In the U.S., gender and social class are not predictors of initiation. Internationally, boys drink heavier than girls. Higher proportions of alcohol and other substances are used by foreign-born Hispanic youth compared with those born in the U.S. Alcohol use among adolescents, particularly young women, has increased in Japan, Brazil, Chile, and Mexico.

Risk Factors

Children of alcoholic parents are 4 to 10 times more likely to abuse alcohol. When alcohol is used by peers, there is a higher risk of initiation, which can lead to persistent use. Permissive parental attitudes toward alcohol can influence adolescent use. Teenagers with tolerant attitudes toward alcohol use are at higher risk. Children with a history of a mood disorder or attention-deficit hyperactivity disorder (ADHD) are at elevated risk. Adolescents with conduct disorder or those who are academically unmotivated and place little value on academic success are at risk.

Signs and Symptoms/Clinical Presentation

Physical signs include fatigue, sleeping problems, repeated health complaints, red and glazed eyes, memory blackouts, and a lasting cough. Personality changes with sudden mood changes, violent outbursts, irritability, lying, and...
irresponsible behavior are behavioral signs of alcohol abuse in adolescents. Low self-esteem, poor judgment, depression, suicidal ideation, and a general lack of interest may be present. Disagreements with family will typically occur or increase. Decreased interest in and a negative attitude toward school may develop, with falling grades, tardiness, truancy, and discipline problems. New friends may emerge and there may be problems with the law. Some of these presentations may be signs of other problems.

**Social Service Assessment**

- **Client History**
  - Explore immediate and extended family's use of alcohol along with familial relationships and personal friendships, and ask about the activities they share
  - Ask about persistent physical complaints such as fatigue and lasting cough
  - Ask about mood fluctuations, irritability, depression, feelings of worthlessness, and suicidal ideation
  - Explore attitudes toward school; ask about academic performance, discipline problems, and legal problems

- **Relevant Diagnostic Assessments and Screening Tools**
  - The Adolescent Alcohol Involvement Scale (AAIS) is a 14-item, self-report questionnaire that examines the type and frequency of alcohol use as well as several behavioral and perceptual aspects of drinking
  - The Adolescent Drinking Index has 24 items that examine adolescent problem drinking by measuring psychological symptoms, physical symptoms, social symptoms, and loss of control
  - The Rutgers Alcohol Problem Index (RAPI) uses a 23-item measure of consequences of alcohol use pertaining to family life, social relations, psychological functioning, delinquency, physical problems, and neuropsychological functioning
  - The Adolescent Obsessive–Compulsive Drinking Scale (A–OCDS) has 14 items that assesses for problem drinking. This instrument contains one scale that measures obsessive thoughts about drinking and a second scale that measures compulsive drinking behaviors

**Social Service Treatment summary**

Group therapy enhances interpersonal learning and facilitates cognitive, affective, and behavioral changes (Alle-Corliss and Alle-Corliss 2009). Groups of small to medium sizes are recommended, which include didactic presentations covering the consequences of alcohol use. CBT addresses skills deficits and assists in the development and rehearsal of new skills (Sampl and Kadden 2001). It examines the situations that lead to alcohol use and suggests alternative ways of behaving. It can be used in one-to-one sessions or within groups. Motivational interviewing is a confrontational yet optimistic approach offering advice while emphasizing personal responsibility for change (Hepworth et al 2010). It uses empathy and challenges clients through their own discrepancies, encouraging them to take control of their lives and bring about change. MDFT focuses on roles, interactions, and other problem areas at the individual, family, and community level (Liddle 2002). With MDFT, the family is immersed in multiple interventions simultaneously. The therapist meets with individuals, organizes family group sessions, meets with the extended family, and makes information gathering visits to schools and neighborhoods. Regular contact with the adolescent is also maintained by phone.

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<tr>
<th>Problem</th>
<th>Goal</th>
<th>Intervention</th>
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<tr>
<td>Feelings of worthlessness, mistrust, ignorance of consequences</td>
<td>Increase self-esteem and knowledge</td>
<td>Group work with not more than 12 peers, involving didactic presentations and exploring consequences</td>
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<tr>
<td>Risk-taking behavior, poor judgment</td>
<td>Develop alternative skills</td>
<td>CBT addressing skill deficits, learning alternatives and practicing them</td>
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<tr>
<td>Denial, risk-taking behavior, poor self-esteem</td>
<td>Increase self-efficacy self-esteem, knowledge</td>
<td>Brief motivational interviewing addressing the consequences and suggesting alternatives</td>
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<td>Family and community dysfunction</td>
<td>Improve family relationships and promote a different lifestyle</td>
<td>Multidimensional family with individual and family sessions, visitations with extended family members and local neighborhood, and regular phone calls to client</td>
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**Applicable Laws and Regulations**

The vast majority of countries set a legal age at which individuals can buy and consume alcohol. The most common is age 18 years, a few are set at 16, and a small number, including the U.S., have the age requirement at 21. Drinking in a small number of countries is forbidden, and about a dozen have no laws limiting alcohol consumption or purchase by age.

**Available Services and Resources**

- U.S. National Institute on Alcohol Abuse and Alcoholism (NIAAA), [http://www.niaaa.nih.gov/Pages/default.aspx](http://www.niaaa.nih.gov/Pages/default.aspx)
- Substance Abuse and Mental Health Services (SAMHSA), [http://www.samhsa.gov](http://www.samhsa.gov)
References