

# Alcohol Fact Sheet

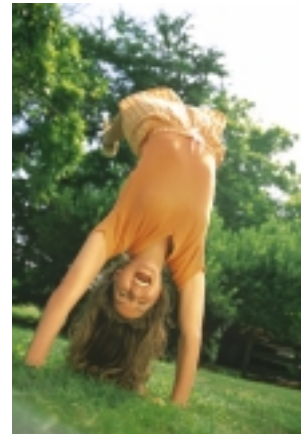


A leader in providing behavioral health services

## Youth and Drinking

Despite a minimum legal drinking age, many young people under the age of 21 in the United States are consuming alcohol. Some abuse alcohol by drinking frequently or by binge drinking—often defined as having five or more drinks in a row. A minority of youth may meet the diagnostic criteria for alcohol dependence.

The progression of drinking from use to dependence is most often associated with complex biological and psychosocial factors. This Fact Sheet examines some of these factors that put youth at risk for drinking and for alcohol-related problems and considers some of the consequences of their drinking.



## Prevalence of Youth Drinking

Children draw conclusions about alcohol use from what they see and hear in their families and communities. Alcohol use is often portrayed as a regular feature of leisure activities, and children see ads and billboards not only reinforcing that concept but often specifically targeting underage drinkers.

Children may also attend local or family-focused events, which are sponsored by alcohol companies or for which drinking alcohol is part of the customary procedures of the event (e.g., weddings and other social gatherings). In these ways, society tells children that alcohol use is accepted, expected, and even essential to having a good time.

Thirteen to fifteen-year-olds are at high risk to begin drinking. According to results of an annual survey of students in 8th, 10th, and 12th grades, 26 percent of 8th graders, 40 percent of 10th graders, and 51 percent of 12th graders reported drinking alcohol within the past month.

Males report higher rates of daily drinking and binge drinking than females, but these differences are diminishing. White students report the highest levels of drinking, blacks report the lowest, and Hispanics fall between the two. Binge drinking, often begins around age 13, and tends to increase during adolescence, peaking in young adulthood, then gradually declining.

**More than half the kids surveyed said that drinking had caused them to feel sick, miss school or work, get arrested, or be involved in a car crash.**

A survey focusing on the alcohol-related problems experienced by 4,390 high school seniors and dropouts found that within the preceding year, approximately 80 percent reported either getting “drunk,” binge drinking, or drinking and driving.

### Inside this issue:

Prevalence of Youth Drinking	1
Risk Factors for Adolescent Use	2
Psychosocial Risk Factors	2-3
Consequences of Alcohol Use	3
The Path to Healing	4

Some adolescents who drink, later abuse alcohol and may develop alcoholism. Studies suggest that separate diagnostic criteria may be needed for youth.

While drinking may be a singular problem behavior for some, for others it may be an expression of general adolescent turmoil that includes other risk behaviors that are linked to unconventionality, impulsiveness, and sensation seeking.

## Risk Factors for Adolescent Use

**Genetic Risk Factors.** Studies of twins and adoptees demonstrate that genetic factors can influence an individual's vulnerability to alcoholism. However, the relative influences of environment and genetics have not been determined and vary among people.

*Children of alcoholics are much more likely than children of non-alcoholics to initiate drinking during adolescence and to develop alcoholism.*

**Childhood Behavior.** Children classified as "undercontrolled" (i.e., impulsive, restless, and distractible) at age 3 were twice as likely as those who were "inhibited" or "well-adjusted" to be diagnosed with alcohol dependence by the age of 21.

Aggressiveness in children as young as ages 5-10 has been found to predict alcohol use in adolescence. Childhood antisocial behavior is associated with alcohol-related problems in adolescence and alcohol abuse or dependence in adulthood.

**Psychiatric Disorders.** Among 12- to 16-year-olds, regular alcohol use has been significantly associated with

conduct disorder. In one study, adolescents who reported higher levels of drinking were more likely to have conduct disorder.

Youngsters with attention deficit hyperactivity disorder (ADHD) who were also found to have weak social relationships had significantly higher rates of alcohol abuse and dependence 4 years later. This compares with ADHD boys without social deficiencies and boys without ADHD.



Whether anxiety and depression lead to or are consequences of alcohol abuse is unresolved. In a

study of college freshmen, a DSM-IV-TR diagnosis of alcohol abuse or dependence was twice as likely among those with an anxiety disorder as those without.

College students diagnosed with alcohol abuse were almost four times as likely as students without alcohol abuse to have a major depressive disorder. In most of these cases, depression preceded alcohol abuse.

In a study of adolescents in residential treatment for alcohol dependence, 25 percent met the DSM-IV-TR criteria for depression, three times the rate reported for kids not in treatment.

**Suicidal Behavior.** In one study, 37 percent of eighth-grade females who drank heavily reported attempting suicide, compared with 11 percent who did not drink. Research does indicate drinking and suicidal behavior are closely correlated.

*Alcohol use among adolescents has been associated with considering, planning, attempting, and completing suicide.*

## Psychosocial Risk Factors

**Parenting, Family Environment, and Peers.** Parents' drinking behavior and favorable attitudes about drinking have been positively associated with adolescents' initiating and continuing drinking.

Early initiation of drinking has been identified as an important risk factor for later alcohol-related problems. Children who were warned about alcohol by their parents and children who reported

being closer to their parents were less likely to start drinking.

Lack of parental support, monitoring, and communication have been significantly related to frequency of drinking and drunkenness among adolescents.

Harsh, inconsistent discipline and hostility or rejection toward children have also been found to significantly predict adolescent's alcohol-related problems.

Peer drinking and peer acceptance of drinking have been associated with adolescent drinking. While both peer influences and parental influences are important, their relative impact on adolescent drinking is unclear.

**Expectancies.** Positive alcohol-related expectancies have been identified as risk factors for adolescent drinking. Positive expectancies about alcohol have been

found to increase with age and to predict the onset of drinking and problem drinking among adolescents.

**Trauma.** Child abuse and other traumas have been proposed as risk factors for subsequent alcohol problems. Adolescents in treatment for alcohol abuse or dependence reported higher rates of physical abuse, sexual abuse, violent victimization, witnessing violence, and other traumas compared with controls.

Studies show that adolescents in treatment are at least 6 times more likely than others to have ever been abused physically and at least 18 times more likely to have ever been abused sexually.



In most cases, the physical or sexual abuse preceded the alcohol use. Thirteen percent of the alcohol dependent adolescents had experienced Post-traumatic Stress Disorder, compared with 10 percent of those who abused alcohol.

*Alcohol advertising may well influence adolescents to be more favorably predisposed to drinking.*

**Advertising.** Studies on the effects of alcohol advertising on adolescent alcohol-related beliefs and behaviors has been limited. While earlier studies measured the effects of exposure to advertising, more recent reports have assessed the effects of alcohol advertising awareness on intentions to drink.

## Consequences of Alcohol Use

**Drinking and Driving.** Of the nearly 8,000 drivers ages 15-20 involved in fatal crashes in 1995, 20 percent had blood alcohol concentrations above zero.

**Sexual Behavior.** Surveys of adolescents suggest that alcohol use is associated with risky sexual behavior and increased vulnerability to coercive sexual activity. Among adolescents surveyed in New Zealand, alcohol misuse was significantly associated with unprotected intercourse and sexual activity before age 16.

Forty-four percent of sexually active Massachusetts teenagers said they were more likely to have sexual intercourse if they had been drinking, with 17 percent saying they were less likely to use condoms after drinking.

**Risky Behavior and Victimization.** Survey results from a nationally representative sample of 8th and 10th graders, indicated that alcohol use was significantly associated with both risky behavior and

victimization and that this relationship was strongest among the 8th-grade males, compared with other students.

High doses of alcohol have been found to delay puberty in animal studies and in larger quantities of alcohol consumed, it can slow bone growth and weaken bones. However, the implications of these findings for young people are not clear.

**For some youth, alcohol use alone is the primary problem while, for many others, it is only one of a constellation of high-risk behaviors**

## The Path to Healing

Reaping the benefits of treatment begins by recognizing the signs of alcohol addiction. This step is best facilitated by having a comprehensive assessment by a qualified healthcare professional. Although alcohol addiction can be diagnosed by primary care physicians, most often the physician will refer the patient to a psychiatrist, psychologist, counselor, or other professionals specializing in addictions.

**Treatment is a partnership between the patient and the healthcare provider.** It is important that informed consumers understand their treatment options and discuss all concerns with a treatment provider as they arise.

**A key element of Rimrock's treatment is the active involvement of patients in the management of their own illness.**

Empowerment is developed through the use of patient education, skills training and a strong emphasis on encouraging the individual patient to accept responsibility in managing their own condition. Along with the empowerment of our patients, is the emphasis on a treatment regimen which includes comprehensive clinical assessments and individualized patient treatment plans.

Another important part of Rimrock's program is the emphasis we place on the integration of a broad spectrum of community, health and human services for the benefit of the patient. This includes addressing



patient's physical, psychological, social and economic needs, which improves the likelihood of a successful treatment experience.

Healthcare services should be readily available to those persons needing treatment for addictions, since taking advantage of opportunities when they are ready for treatment is often crucial. Many times, patients can easily be lost in red tape if treatment is not immediately available or is not readily accessible.

Counseling (individual and/or group) and other behavioral therapies are critical components of effective treatment for addiction. In therapy, patients address issues of motivation, build skills to resist drug use, replace drug-using activities with constructive and rewarding non-drug-using activities, and improve problem-solving abilities. Behavioral therapy also facilitates interpersonal relationships and the individual's ability to function in the family and community.

**Successful recovery principles in addiction treatment are characterized by the integration of personal, family, professional and other community resources toward the goal of enhancing the duration and quality of life of those we serve.**

***For further information about treatment for Alcoholism, please call Barbara Hansen, Rimrock Foundation Admissions Supervisor at 1-800-227-3953 or 1-406-248-3175.***

### Rimrock Foundation

1231 North 29th Street  
Billings, Montana 59101

Phone: 406-248-3175  
Fax: 406-248-3821  
Email: [comm@rimrock.org](mailto:comm@rimrock.org)

We're on the Web!  
[www.rimrock.org](http://www.rimrock.org)

**Disclaimer:** This Fact Sheet is designed for educational purposes only. The information contained herein is not intended to substitute for informed medical advice or training. This information should not be used to diagnose or treat a health problem without consulting a qualified healthcare provider.