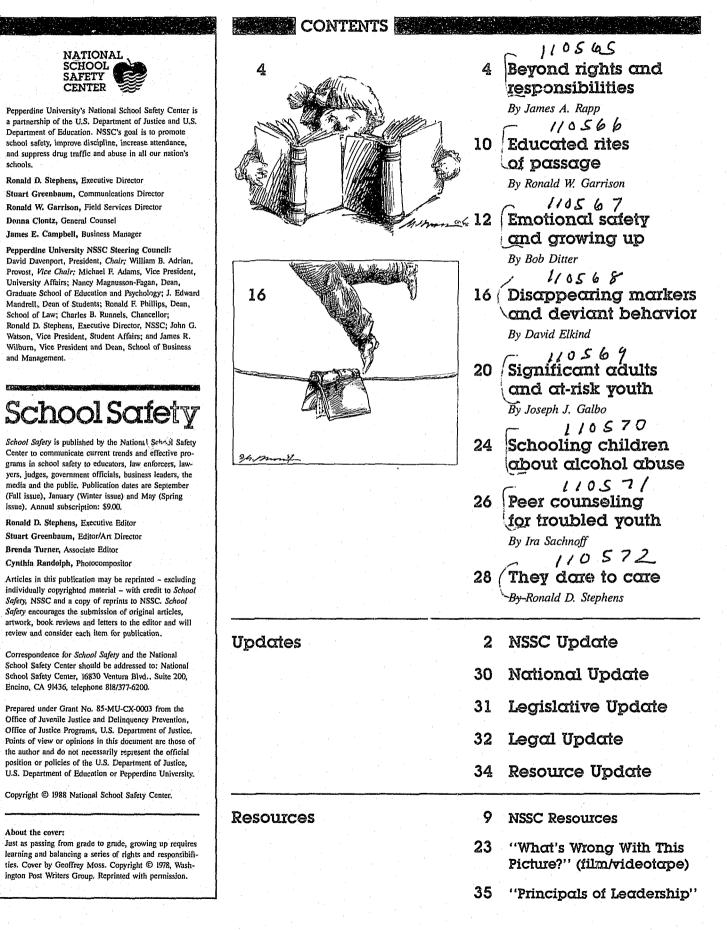


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Schooling children about alcohol abuse

A number of questions about adolescent alcohol use and abuse are commonly asked by parents, educators, law enforcement officials, community members and adolescents themselves.

Contrary to popular opinion, recent studies by the Alcohol, Drug Abuse and Mental Health Administration show that adolescent alcohol use has gradually declined for at least the past five years These studies also revealed that 80 percent of American youths in grades seven through 12 say they have had a drink at least once in their lives, with 50 percent of seventh-graders and more than 90 percent of high school seniors reporting having used alcohol at least once during their lifetime. Although approximately 25 percent of high school students who were surveyed say they abstain from alcohol use, approximately 5 percent of high school students are daily alcohol users.

Adolescent problem drinkers

Estimates on the number of adolescent problem drinkers vary depending on the age span considered and how problem drinking is defined. Statistics range from as low as 2 percent to as high as more than 50 percent of all adolescents being classified as problem drinkers.

One common definition of adolescent problem drinking is when either one of the following criteria are met:

- getting drunk (usually defined as five or more drinks) six or more times in the previous year; or
- having negative consequences two or more times in the past year in at least three problem areas such as trouble with the police because of drinking

or drinking and driving, and alcoholrelated problems with school officials, friends or a date.

Using the above definition, approximately 30 percent of 10th through 12th grade students could be classified as problem drinkers.¹ Another commonly accepted definition of a problem or heavy adolescent drinker is one who consumes five or more drinks at least once a week. About 15 percent of high school students are estimated to meet this criterion, and almost one-third of high school seniors reported this level of drinking during the preceding two weeks, according to research completed last year by the National Institute on Alcohol Abuse and Alcoholism.

No matter what definition of problem drinking is accepted, alcohol intoxication poses great health risks for adolescents. Probably the most dangerous risk for teen-agers is that they often drink in unsupervised settings away from home, frequently in or while driving automobiles. Heavy alcohol use also frequently disrupts the natural nutritional and metabolic cycles critical for an adolescent's growth, and it can retard the development of adequate coping, learning and problem-solving skills necessary for proper life functioning.²

One of the overwhelming reasons why kids drink is because they aspire to be adults. In general, problem drinkers tend to be youths who have less conventionality and conformity to established institutions (especially church and school) and more involvement in delinquent activities such as lying, stealing, aggression and, for many teen-agers, other drug use - especially marijuana.

Adolescent problem drinkers tend to place greater emphasis on personal autonomy. They also perceive a greater emphasis on social approval, support, pressure and opportunity from parents and peers to drink. Teen-age problem drinkers are likely to have more conflicts with their parents, causing them to seek out peers for support. Problem drinking is also typically associated with youths who lack social control and have feelings of alienation and low selfesteem.³

Education and prevention programs In America, we have a strong tradition of turning to the school system to solve our social problems. This also has been true for the problem of adolescent alcohol use and abuse. Alcohol education began in the late 1800s as a product of the temperance movement, and by the early 1900s, virtually all states required instruction in the public schools about alcohol use. These programs assumed that alcohol itself was the problem, and the goal was to teach abstinence for adolescents as well as adults.

Beginning in the 1930s and 1940s, when the temperance movement started to wane, the approach of alcohol education programs became less moralistic and more scientific, factual and healthoriented. By the 1960s, little emphasis was placed on abstinence and instead programs concentrated more on alcoholism and "responsible drinking." The responsible drinking approach acknowledges that most adolescents drink to some degree, therefore, the focus is on helping students make informed decisions about drinking or abstaining.

The first responsible drinking programs emphasized an information-only approach based on the belief that if adolescents knew about the dangers of alcohol abuse, they would develop appropriate attitudes and behaviors to prevent future problems. Evaluation studies that have been done show these programs can be mildly successful at changing knowledge, and, to a lesser extent, attitudes toward alcohol use. But such programs are not generally successful at changing levels of consumption or alcohol-related problem behavior.

An article to be published later this year in the *Journal of Studies on Alcohol* (A. Mauss and R. Hopkins) evaluating the "Here's Looking at You" curriculum, which is probably the best designed and implemented program of its kind, concluded that it had only a modest impact on the psychosocial variables assumed to mediate drinking behavior and had essentially no carryover effect on subsequent drinking behavior.

Recommendations

School-based programs should be integrated into a communitywide prevention and treatment effort that includes:

- Raising the mininum legal drinking age to 21 years of age. Research consistently shows that raising the drinking age does reduce consumption, alcohol-related problems and alcoholrelated traffic collisions.
- Restricting the availability of alcoholic beverages. Evidence suggests that alcohol consumption decreases as price increases, and, to a lesser extent, as availability decreases. Laws prohibiting selling and serving alcohol to minors need to be strictly enforced.
- Examining further how alcohol advertising and the mass media's depiction of alcohol use affects consumption (both positively and negatively), especially for impressionable youths. As yet, the exact nature and magnitude of this relationship has not consistently been determined.
- Enforcing drunk driving laws more strictly. Research consistently shows that increasing the probability of detection and punishment for drinking and driving reduces the number of traffic crashes and resulting injuries and fatalities. This is especially true for young drivers who are a high risk to themselves and others. People should be encouraged to join groups such as Mothers Against Drunk

Drivers (MADD), Students Against Driving Drunk (SADD) and Remove Intoxicated Drivers (RID).

• Involving parents in the prevention, education and treatment of their child's alcohol behavior. Some very promising findings have come from programs teaching "parenting skills" that will help in the prevention of risk factors associated with alcohol and drug abuse and other forms of delinquency. At a minimum, parents need to be taught the warning signs of problem drinking and appropriate

SADD challenges fellow students

Students Against Driving Drunk (SADD) is an organization dedicated to eliminating drinking and driving deaths among teens.

This year SADD has launched a special "Challenge '88 — Celebration of Life" campaign with the goal of reducing the number of teen-age deaths caused by drinking and driving to under 1,000 in 1988. Local SADD chapters will be having several special events during the year to promote the campaign.

Since SADD began, the number of teens age 15-19 who have died from drinking and driving-related accidents on our nation's highways decreased from more than 6,000 in 1981 to slightly more than 2,000 in 1985. SADD is now challenging youths to cut the number of teen-age drunk driving deaths even further — to less than 1,000 by the end of the year.

SADD chapters have been established at more than 3,000 middle schools, 11,000 high schools and 400 colleges, and its current membership numbers more than 3 million worldwide. communication techniques.

- Making community members aware that adolescent alcohol problems concern everyone in the community, not just those directly involved. Keller correctly points out that "the youthand-alcohol problems will be resolved when the adult-and-alcohol problems are resolved. Adolescents will drink and not drink, the way adults drink and not drink."⁴
- Developing realistic, effective, broadbased alcohol education and prevention programs in the schools. The focus should be on alcohol education embedded in an overall emphasis on health and the strengthening of psychosocial skills necessary for adolescent development. Teachers also need to receive appropriate training.
- Having schools develop effective lines of communication with parents and community agencies. Channels need to be clearly defined for identifying youths with alcohol problems early and, by working with parents and teachers, counseling these youths at school or referring them to appropriate community resources. Policies need to be clearly defined concerning what cases should be referred to the criminal justice system.
- Involving adolescents themselves, both those with and without alcohol problems, in the planning and execution of education, prevention and treatment efforts. Programs such as Alcoholics Anonymous (AA) and SADD offer models for such treatment.

Endnotes

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