AMERICAN ACADEMY OF PEDIATRICS

Committee on Adolescence

Alcohol Use and Abuse: A Pediatric Concern

Since the beginning of recorded history, humans have consumed alcoholic beverages for purposes of religious ceremony, celebration, medicinal therapy, and recreation. Unfortunately, problem drinking also has been recognized and reported for thousands of years.[1] There is continuing debate as to whether alcohol is a beverage or a drug and whether its use is always hazardous or is, at times, beneficial to physical and/or psychologic health. There is even greater debate as to whether youth should be restricted from all use of alcohol or encouraged to develop safe and responsible drinking patterns through progressive controlled exposure.

ALCOHOL USE AMONG YOUTH

Alcohol is the drug most often abused by the largest number of children and adolescents. More than 90% have tried alcohol at least once before graduation from high school. In 1984, two thirds of senior high school students admitted to using alcohol at least once a month. Nearly 50% of male high school seniors and 30% of female seniors reported drinking excessively at least once every 2 weeks. One in 20 high school seniors reported drinking daily. Despite efforts to address this problem, there has been no significant change in these statistics for the past decade according to several national surveys.[2,3] Alcohol use by school drop-outs has not been recorded but is suspected to be even greater.

Exposure to alcohol frequently occurs before or during early adolescence. Of high school students who have used alcohol, 10% had their first drink by grade 6, 30% by grade 8, and 55% by grade 9 according to one national survey.[3] In a Nassau County, New York, school study, drinking to intoxication was reported by 22%, 14%, 8%, and 3% of fifth, fourth, third, and second grade students, respectively.[4]

HAZARDS OF ALCOHOL ABUSE

The leading cause of death among Americans 15 to 24 years of age is alcohol-related motor vehicle accidents. The National Highway Traffic Safety Administration estimates that there are more than 7,000 such fatalities per year, with an additional 40,000 youths injured, many seriously and permanently disabled.[2] These alcohol-related deaths or injuries occur nearly as frequently when the young are passengers as when they are drivers. Alcohol has been implicated in a majority of drownings, fire-related deaths, and fatal falls. Elevated blood alcohol levels have often been reported in those who commit suicides and in victims of homicide. Accidents, suicide, and homicide account for 80% to 90% of deaths in adolescents.[5]

Much longitudinal research suggests that use of legal drugs is a necessary stage between nonuse and use of illegal drugs. Most drug-using adolescents begin by drinking beer or wine and then progress to hard liquor. Some proceed to the use of marijuana; a smaller number progress to the use of other illicit drugs. Rarely does drug use begin with marijuana.[6] Alcohol is often used in combination with other drugs, with risk of potentiation of their side effects. In 1981, there were more than 6,000 emergency room visits by 10- to 17-year old children due to ingestion of alcohol alone or with other drugs.[2]

Alcoholism or addiction to alcohol is uncommon in the young. Alcoholism develops from a complex interaction of inherited biologic factors and familial, cultural, and environmental factors, including exposure to alcohol. Alcoholism should be suspected in youths who demonstrate withdrawal symptoms from chronic alcohol use, tolerance for large quantities of alcohol, "blackouts" due to drinking, indiscriminate drinking behavior, contin-

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ued drinking despite negative consequences, and/or frequent alcohol-related accidents.

Problem drinking by adolescents, as defined by the National Institute for Alcohol Abuse and Alcoholism, is drinking to the point of being drunk six or more times a year and/or having negative consequences from alcohol use two or more times a year.[5] Negative consequences include impaired relationships with family, peers, or teachers; problems with school; problems with police; problems with dates; and/or driving after drinking.[5] Extrapolations from a 1978 national survey estimate that 19% of 14- to 17-year-old children are "problem drinkers." Although only 1% considered themselves to have a drinking problem, 23% had often driven after excessive drinking, 17% reported problems in peer relationships, and 10% had been criticized by a date for drinking. Of recent high school seniors, 20% reported conflicts with their families about their alcohol use.

Female teenagers who use alcohol while pregnant increase the risk of complications associated with teenage pregnancy as well as risking giving birth to an infant with fetal alcohol syndrome.[7] Young teenagers, especially, may be unaware of their pregnant state, may be denying the possibility they are pregnant, or may be so ambivalent that they delay prenatal care while continuing hazardous behavior such as drinking. Teenaged problem drinkers may represent the high risk-taking group that is most likely to engage in early and unprotected intercourse.

In the United States, there are 7 million children less than 18 years of age who have alcoholic parents. Adult alcohol abuse contributes to 50% of marital violence and 35% to 70% of child abuse. Children of alcohol abusers are at increased risk for delinquent behavior, learning disorders, hyperactivity, psychosomatic complaints, and problem drinking or alcoholism as adults.[8]

FACTORS CONTRIBUTING TO ALCOHOL USE/ABUSE

Family

The single best predictor of adolescent drinking behavior appears to be parental attitudes and behavior regarding alcohol. Problem drinking by adolescents is most likely to occur when both parents are heavy drinkers or strict abstainers.[5] In either case, the parents have not modeled appropriate and controlled use. Problem drinking by the young is also likely when there is conflict between parents or marked discrepancy between parental expressed attitudes and observed behaviors. It has been shown that children as young as 6 years have attitudes about alcohol and knowledge of its use, clearly learned from the family.

The home is the primary source of alcohol for the young adolescent. Drinking customs and patterns differ among ethnic groups, however. In some families, children are introduced to alcohol as a beverage at an early age. Yet, these families disapprove of and do not model drinking to excess, do not tolerate or support intoxication in others, and experience low levels of problem drinking. Other families may accept and encourage drinking to excess, especially among male adults, reinforcing the image of alcohol use as an indicator of maturity and masculinity.

Peers

During adolescence, drinking behavior, begun within the family, is reinforced by peers. It may be that alcohol-using adolescents seek out a peer group with similar attitudes and behaviors. In 1984, 30% of high school seniors reported that most of their friends got drunk at least once a week.[3] Excessive drinking is more likely to occur outside the home and with peers than within the family setting. Like adults, teenagers may use alcohol to reduce social inhibitions and to accompany sexual activity.[9]

Society

Alcohol use permeates Western society. In contrast to cigarettes, which have not been advertised on the broadcast media for a decade, and smoking, which is no longer commonly seen on television, alcohol use occurs frequently in situation comedies, dramas, and soap operas. Drinking is often associated with images of sophistication and is presented as a natural part of life, fun, and without serious consequence. Beer is advertised commonly, many times as a sponsor of athletic events. Beer accounts for 40% of all alcohol consumed by the young. The media message to youth seems to be that alcoholic beverages are essential to social acceptance, of minimal harm to health, and deserved and expected at the end of a normal day's work, for any accomplishment such as a sports victory, or even for any relaxing moment.[10,11]

Adolescence

Drinking by youth is often experimentation with what is perceived as normal adult behavior in a family and a society that accepts social use of alcohol. Teenagers report that they drink for enjoyment, for peer acceptance, to forget problems, and/or to reduce tension in their lives. Not all drinking by adolescents is hazardous. However, adolescents may be at increased risk of harm because their

limited experience with alcohol and/or smaller body size leads to faster intoxication with smaller amounts of alcohol. They may be less able to recognize and compensate for the neuropsychiatric effects due to biologic, cognitive, and psychologic immaturity. Adolescents with poor self-esteem, those who are alienated from peers, or even those who are depressed may use alcohol in an attempt to cope with their psychologic distress.

ROLE OF THE PEDIATRICIAN

In 1975, the AAP issued the statement, "Alcohol Consumption: An Adolescent Problem."[12] This revision expands the concern of pediatricians to alcohol use and abuse by children, adolescents, and families. Pediatricians must remain aware that alcohol is a major preventable risk factor for mortality and serious morbidity.

The Committee on Adolescence addressed the pediatrician's role in detecting alcohol use and problem drinking in teenagers in its 1983 statement.[13] In addition to those guidelines, pediatricians should inquire about parental attitudes and behavior regarding alcohol as part of early child care. Parents should be educated about the possible influence of their own drinking patterns on their children. Parents can be urged to use alcohol safely and in moderation, to model well-controlled drinking, and to restrict children from access to family alcohol supplies. Parents can be cautioned about the common practice of giving alcohol to young children and responding approvingly to the child's reaction. Pediatricians can support parents in refusing to allow in their own homes parties at which teenagers are served alcohol and can support parents in restricting their adolescent children from attending parties where alcohol is served, at least until the adolescents demonstrate sufficient maturity to avoid the hazards of excessive drinking.

In 1984, the Committee on School Health issued a statement on alcohol education in schools (*News and Comment*, 1984). Pediatricians can assist families, churches, and community agencies, as well as school personnel, in developing alcohol education programs for the young. They may teach about the medical complications and physiologic effects of alcohol or share information about the developmental aspects of childhood and adolescence that increase the risk of problem drinking or of adverse consequences from alcohol use.

The Academy supports a ban on the advertising of alcohol similar to that of cigarettes or, as an alternative, equal time from the networks for counteradvertising. Pediatricians should work with other professionals and concerned parents to persuade the broadcast media to eliminate or at least modify the portrayal of alcohol use as a safe and normal part of every adult's life, both in regular programming and in commercials. Pediatricians can encourage adults to provide responsible modeling of controlled alcohol use, including the option of nonuse, in social settings, especially where children are present.[14]

The issue of legal age for alcohol purchase should be resolved by federal and state actions to establish a uniform age of 21 years, a concept endorsed by the AAP. Some experts in substance abuse advocate that society prohibit any drinking of alcohol by anyone younger than the legal age.[15–17] Others express concern that problem drinking will be more likely in adults who never "learned" how to drink and have their first experiences with alcohol away from family control.

Pediatricians should assess the benefits and risks for each individual young person and advise families accordingly. In the presence of strong risk factors for problem drinking or even alcoholism, it may be appropriate to recommend that parents prohibit and that adolescents avoid alcohol use. Unfortunately, high-risk families and adolescents are least likely to follow such recommendations. When problem drinking is discovered, either in a young person or in a parent, the pediatrician must be prepared to counsel the family about the consequences and to make referrals for appropriate treatment.[18,19]

Pediatricians should advise families and the community that problems related to alcohol use are least likely to occur in environments where (1) from an early age, children observe alcohol use within the family in small quantities, in diluted form, as a food or beverage, unassociated with moral importance, virility, or adulthood; (2) abstinence is socially acceptable and excessive drinking is not tolerated; and (3) group members agree on "the ground rules of drinking."[20]

Editor's Note: The Task Force on Substance Abuse of the American Academy of Pediatrics is preparing a professional Educational Series on Substance Abuse which will be available in 1987.

REFERENCES

1. Milgram GG: Youthful drinking: Past and present. *J Drug Educ* 1982;12:289–308
2. Foster C, Jacobs N, Siegel MA: *Illegal Drugs and Alcohol: An Injury to America?* Plano, TX, Instructional Aides, 1983
3. Johnston LD, O'Malley PM, Bachman JG: *Highlights from Drugs and American High School Students 1975–1984.* Rockville, MD, National Institute of Drug Abuse, 1985
4. Rice MM: Alcohol use and abuse in children, in Pattison EM, Kaufman E (eds): *Encyclopedic Handbook of Alcoholism.* New York, Gardner Press, 1982, pp 759–768
5. *Facts for Planning: Alcohol and Youth*, No. 1–7. Rockville, MD, National Institute on Alcohol Abuse and Alcoholism, 1981–1982
6. Kandel DB: Epidemiological and psychosocial perspective on adolescent drug use. *J Am Acad Child Psychol* 1982;21:328–347
7. Barrison IG, Waterson EJ, Murray-Lyon IM: Adverse effects of alcohol in pregnancy. *Br J Addict* 1985;80:11–22
8. Russell M, Henderson C, Blume SB: *Children of Alcoholics: A Review of the Literature.* New York, Children of Alcoholics Foundation, 1985
9. Hawkins RO Jr: Adolescent alcohol abuse: A review. *J Dev Behav Pediatr* 1982;3:83–87
10. Jacobson M, Hacker G, Atkins R: *The Booze Merchants. The Inebriating of America.* Washington, DC, Center for Science in the Public Interest, 1983
11. Singer DG: Alcohol, television, and teenagers. *Pediatrics* 1985;76(suppl):668–674
12. Committee on Youth, American Academy of Pediatrics, and Committee on Adolescent Medicine, Canadian Paediatric Society: Alcohol consumption: An adolescent problem. *Pediatrics* 1975;55:557–559
13. Committee on Adolescence, American Academy of Pediatrics: The role of the pediatrician in substance abuse counseling. *Pediatrics* 1983;72:251–252
14. Committee on Adolescence, American Academy of Pediatrics: Sexuality, contraception, and the media. *Pediatrics* 1986;78:535–536
15. Gerstein DR: *Toward The Prevention of Alcohol Problems. Government, Business, and Community Action.* Washington, DC, National Academy Press, 1984
16. Macdonald DI: *Drugs, Drinking, and Adolescents.* Chicago, Year Book, 1984
17. DuPont RL: *Getting Tough on Gateway Drugs. A Guide for the Family.* Washington, DC, American Psychiatric Press, 1984
18. Bean M: Identifying and managing alcohol problems of adolescents. *Psychosomatics* 1982;23:389–396
19. National Institute on Alcohol Abuse and Alcoholism: Treatment services for youth. *Alcohol Health Res World* 1983;7(4):1–76
20. Gordon NP, McAlister AL: Adolescent drinking: Issues and research, in Coates TJ, Petersen AC, Perry C (eds): *Promoting Adolescent Health. A Dialog on Research and Practice.* New York, Academic Press, 1982, pp 201–223

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