

Teens and Alcohol: A Muddled Brew

More and more teens are drinking, the age at initial use is decreasing, and drinking rates among female teens are approaching those among males. Teen drinking rates should be of great concern, not only because of the dramatic costs of alcohol abuse to society (recently estimated at \$148 billion), but also because alcohol remains the drug of choice for American teens, and continues to be associated with high rates of DUI convictions and fatal auto accidents. These are alarming trends, at a time when teen involvement in other types of substance abuse is decreasing.

As evidenced by results of the 1998 National Household Survey on Drug Abuse, which revealed significant drops in illicit drug use in youth 12-17. Amidst a barrage of anti-cigarette and anti-drug messages aimed at teens, there has been relatively little public focus on teen drinking. And while 180 million dollars have been earmarked for anti-drug advertising and countless millions from the tobacco settlement have been reserved for campaigning against smoking, relatively little is currently being done to counter all of the pro-alcohol advertising that appears in the media.

The lack of attention to teen alcohol issues, with the notable exception of drunk driving, reflects adult uncertainty about how to address questions about drinking because of its special role in our society. The need to delineate the factors that affect teenagers' attitudes and decisions about drinking is imperative so that parents and professionals can address them more effectively.

Why teens drink

Teenagers' decisions about drinking alcohol (whether to, when to, how much to) are based on much more than mastery of basic facts. These decisions are guided by teenagers' beliefs about what effects drinking or refusing to drink will have on their personal lives. They reflect the teen's integration of multiple influences and impulses around highly charged issues. For during the transition from childhood to adolescence, the meaning of the act of drinking changes in ways that are critical in determining the individual's decisions. These changes do not occur in

isolation and are not inherently pathological; they occur within the course of the cognitive, emotional, and social changes that are associated with normal, healthy adolescent development.

Characteristics that place a teen at risk for alcohol use

Over the past decade, alcohol researchers have identified several environmental and personal factors that are associated with early experimentation and alcohol-related problems among teens. The most frequently discussed environmental risk factors are race/ethnicity and family; the most significant personal characteristics are gender and temperament.

One of the most consistent findings in the teen alcohol use literature is that there are racial/ethnic differences in susceptibility to early drinking. Specifically, Anglo teens are at heightened risk for alcohol use, while African American, and to a lesser extent Latino teens are at reduced risk. What is it about Anglo teenagers that places them at greater risk for early and abusive drinking? Or, more importantly, what is it about African American and Latino teenagers that buffers and protects them from such behavior?

The data suggests that there are particular aspects of the structure and dynamics of African American and Latino families that buffer their young people from alcohol use and the development of abusive drinking patterns. One key difference between the experiences of African American and Latino versus Anglo children with regard to alcohol lies in their exposure to models of drinking behavior.

Research has demonstrated that exposure to adult drinking has a significant impact on teenagers' early experimentation with alcohol. Because they so often reside in female-headed families and because of the high rates of abstention and relatively low rates of per capita consumption among African American and Latino women, African American and Latino youth may be exposed less frequently to drinking models and more frequently to models who abstain from using alcohol altogether. Residing in female-headed households means that they are also less likely to be exposed to adult male drinking in the home than their

Anglo counterparts, who more often reside in two-parent households. The influence of African American and Latino teenagers' limited exposure to parental drinking models is heightened by restrictive group drinking norms that carry strong negative sanctions. Perhaps most importantly, in African American and Latino families, restrictive drinking norms are reinforced by the high rates of abstention and low rates of consumption; there is a consistency between parental actions and admonitions. Anglo parents, in contrast, are likely to be in the position of asking their children to do as they say rather than as they do.

This consistency in parental words and actions may prove significant for African American and Latino children in maintaining the initially negative meaning children attach to alcohol. Moreover, because their peers are likely to reside in similar family environments, African American and Latino teenagers may also be exposed to less peer drinking than Anglo teens. In this way, reduced exposure to adult drinking in the home, combined with highly restrictive and strongly enforced drinking norms as well as low levels of peer consumption may buffer African-American and Latino teens from early alcohol consumption.

The influence of exposure to adult drinking models in the home is also implicated in the increased risk of alcohol involvement among children of alcoholics (COAs). While some of COAs' risk status may be associated with a genetic predisposition, their chronic exposure to frequent and heavy use of alcohol also makes them more likely than other children to use alcohol as teens.

But aside from the family and cultural variables that affect an individual's exposure to drinking models, restrictions, and sanctions, there are personal characteristics that influence the individual teen's likelihood of drinking. The most obvious of these personal characteristics is gender: male teens are at considerably greater risk than females of heavy and abusive alcohol use. Interestingly, however, female teens are almost as likely to drink alcohol as male teens; they simply consume less of it, and consequently are involved in fewer alcohol-related problems. Again, as with the ethnic group findings, it is likely that exposure to abusive models within the family and the peer group explains much of this difference.

Other personal characteristics that contribute to the individual teen's risk

for early drinking are related to temperament. According to developmental psychologists, humans are born with innate tendencies or predispositions to respond to their environments in characteristic ways. Some infants, for example, take a more active approach to their environments, while others are more cautious. Two of these temperamental styles have been linked to teen alcohol involvement: sensation seeking and negative affect.

Studies have found that teens who enjoy high level excitement and seek out high intensity experiences (sensation seekers) are more likely to be involved with alcohol than those with less interest in such experiences. It is possible that alcohol involvement is attractive to sensation seekers because of the dangers (excitement) associated with its use at a period when it is prohibited, and because it frequently occurs in conjunction with other high-risk behaviors such as risky sexual activity.

In addition, teens who frequently experience negative affect or possess a generally pessimistic outlook on the world are also at increased risk for early alcohol use. One possible reason for the co-occurrence of alcohol use and such negative mood states is the widely held belief in our society that alcohol elevates one's mood. It is therefore possible that depressed teens may use alcohol for self-medication purposes, as a way of removing their negative feelings and replacing them with more positive ones. This implies, of course, that the teen believes and expects that drinking will remove the unpleasant state. Along these lines, there is some evidence that girls are more sensitive than boys to alcohol's ability to enhance mood and to remove negative affective states.

In sum, because they are exposed to more frequent use of alcohol by their parents and their friends, Anglo teens are at greater risk for alcohol use than their African American or Latino counterparts. Similarly, male teens, probably because of their exposure to heavier drinking models in fathers and friends, are more likely to engage in heavy drinking than female teens. And finally, teens who are high in sensation seeking or negative affect, temperamental characteristics for which alcohol is known to produce desirable outcomes, are at greater risk than teens who are low in these characteristics.

“At risk” for alcohol use to actual drinking

Although many children and teens are exposed to the risk factors for alcohol use discussed above, not all of them actually engage in early drinking. This point is critical for prevention and intervention efforts, for it means that while it is possible to identify predisposing characteristics, these characteristics in and of themselves do not ensure that the individual will actually initiate drinking or, having experimented, become involved in abusive drinking patterns. One set of variables that closely predict actual drinking behavior are alcohol-related cognitions, intentions, expectancies, and norms. And fortunately, while an individual's family history or temperamental make-up cannot be altered, these alcohol-related cognitions can be modified through education and experience.

Children's alcohol beliefs have been shown to predict their initiation of drinking, as well as their involvement with alcohol-related problems as teens. Research has found that the most accurate predictor of whether or not a child or teen will engage in drinking is the individual's own statement of intention (eg., I think that I will be drinking next month, within the next six months, within a year). Moreover, it is issues like the attractiveness or anticipated effects of different behaviors, rather than factual information, that appear to be most critical to the child's or teen's decisions about drinking. In fact, research has shown very clearly that alcohol-related cognitions are present long before children initiate drinking behaviors, and that these expectancies and intentions are related to many factors including perceived parental and peer practices and media messages.

There is strong evidence that starting at quite an early age, children possess negative beliefs about alcohol effects. However, by sixth grade, children possess sharply differentiated beliefs about the potential positive and negative effects of drinking, in terms of their personal state as well as their social relations. Several researchers have suggested that sixth grade and the transition from elementary school define a significant period in the evolution of beliefs about drinking and the emergence of early drinking behaviors. Indeed, according to a University of Michigan national survey of drug use, by eighth grade 67 percent of students have had at least an initial experience with alcohol; this rate jumps to 81 percent by tenth grade, and 87 percent by twelfth grade.

The distinction between positive (eg., "makes me feel good") and

negative expectancies (eg., “makes me feel sick”) is critical to understanding early adolescent substance abuse beliefs and behaviors. Recent findings indicate that in adults, it is negative expectancies that differentiate abstainers from drinkers, and that negative expectancies are strongly related to the avoidance of alcohol by non-drinkers. The possibility that negative expectancies serve as deterrents to the initiation of alcohol consumption is particularly significant in light of evidence that as children approach adolescence, there are age-related shifts from generally negative to more positive beliefs. Further, the balance between negative versus positive beliefs differs significantly in children who have engaged in drinking compared to those who have not, with drinkers adhering more strongly to positive expectancies and expressing a more favorable general attitude toward drinking. This suggests that in early adolescence, changes in the balance between negative versus positive beliefs about drinking may be more important than adherence to any particular belief. Additionally, this suggests that racial and ethnic group differences in teen alcohol use may reflect differential shifting of the balance between negative versus positive beliefs, with those groups at lowest risk adhering more consistently to negative beliefs, i.e., resisting the forces that induce the shift to more positive beliefs. Thus, as discussed earlier, in African American and Latino families, the consistency between what parents tell their children to do and what they themselves do may maintain and strengthen children’s adherence to negative alcohol beliefs.

Normative social beliefs

But perhaps the most important alcohol cognitions to be considered in prevention and intervention efforts are normative social beliefs, also known as social reaction expectancies. Normative social beliefs are the individual’s expectancies regarding the anticipated reactions (ranging from strong approval to acceptance to disapproval) of significant others to the individual’s decision to drink or to refuse. These expectancies about the reactions of family and peers develop quite early, and are strongly related to early drinking decisions. There are two critical components to normative social beliefs: first, expectancies about the reactions of others to one’s drinking; and second, expectancies about the amount of drinking being done by one’s peers. Together, these two factors create normative beliefs about the drinking decisions that will have social benefits. As early

as first grade, many children have learned to expect to be rejected should they refuse a drink when offered by a friend. By junior high, children overestimate the amount of drinking occurring among their peers and these normative misperceptions about peer drinking continue through college, with students perceiving their roommates as drinking more heavily than they do. In this way, independent of actual peer practices, normative social beliefs exert pressure on children and teens to engage in drinking behavior.

What do adults know and believe about teen drinking?

In much the same way as teen drinking is influenced by normative beliefs and misperceptions, adult discussions with teenagers about alcohol issues are often shaped by a host of widely held misperceptions about teen drinking. One of the most common misperceptions is that most adults accept that teenagers drink. Concerned about a party that her daughter had been invited to attend, a colleague commented recently, “All of the other parents are letting their kids drink and I’m the only one who objects to it.” In this instance, the parent assumes that most other parents are more lenient. The reality is that most parents do not want their teenagers drinking and just don’t know what to do about it. It is particularly difficult when you assume that most other parents tolerate if not accept such behavior. One way in which counselors can help is to provide opportunities for parents to talk about these issues together, so that these normative misperceptions are reduced, and parents realize that they are not alone in their concerns.

Another common misperception is that it’s enlightened to allow teenagers to drink at home, and that doing so prevents them from drinking in other situations. There is no evidence that teens who drink at home don’t drink with friends or at parties. In fact, the more accepted the behavior is, the more likely it is to occur.

Perhaps the most powerful misperception is one expressed recently by an assistant principal, “It’s just something that teenagers do. They all go through it and it doesn’t matter what we say about it.” It is true that teenagers test limits and engage in risky behavior as part of the process of identity formation. But the fact that many teens drink doesn’t mean that adult response to the behavior is unimportant or irrelevant. By saying

nothing or looking the other way, adults convey the impression that the behavior is acceptable. This happens all too often in the school response, or lack of response, to drinking among high school athletes. They may be “good kids,” but the behavior is not harmless. And ironically, efforts to reduce the harm associated with drinking by eliminating drunk driving may inadvertently encourage drinking. In a discussion about the recent increase in binge drinking among teens, one high schooler commented, “When there’s a designated driver, everyone else gets really loaded.” What messages are we giving children and young teens about alcohol use?

Children are constantly being bombarded by media images and messages that glamorize drinking. What sense do they make of those 30-second public service announcements, interspersed between all the high-intensity, high-arousal sequences of regular programming and advertising? This is of particular concern in light of findings that children who watch television the most tend to be the least skeptical about commercial messages. There’s also evidence that children’s intentions to drink and belief in the social benefits of drinking increase in direct proportion to the amount of time they spend watching television. And for the most part, when children and teens have questions about drinking, they are much more likely to turn to their peers for answers than to parents, counselors or teachers.

Adult uncertainty

The difficulty is compounded by adult uncertainty about what to say about alcohol. While we all recognize the dangers associated with the use of most illicit substances, for many adults the use of alcohol is normal behavior and its use by those under 21 is a societal rite of passage. For the generation of baby-boomer parents, who have difficulty setting limits, alcohol, like marijuana, may be a particularly touchy subject. Accordingly, many parents have considerable difficulty confronting alcohol use in their teenage children or even in discussing this behavior before it is initiated. Counselors need to work with parents to develop more effective home-school collaborative approaches to teen drinking. It is also important to look more closely at the way these issues are being presented in prevention and intervention programs.

Indeed, some of the most frequent anti-alcohol statements include an implicit secondary message that may actually undermine the preventative intent. In the material on “responsible drinking” distributed by alcohol manufacturers, parents are urged to explain to children that although they cannot drink as children because it is illegal, as adults they can benefit from drinking responsibly. But telling children that behaviors will be acceptable when they are older may unwittingly make the behaviors more attractive, as indicators of maturity.

Similarly, the statement, “Once you start, you won’t be able to stop may actually encourage drinking by serving as a “dare” to try (drinking). While such stern warnings may scare off some students, they may have the opposite effect on others, who are high in sensation seeking, risk-takers. To them, “Anything that sounds really bad must be good”. These warnings can backfire in another way as well. If students engage in the behavior with no negative effects, adult credibility as a source of information is undermined at the same time as the adolescent’s own sense of invulnerability is heightened. Such statements can also become a self-fulfilling prophecy by suggesting that the individual who experiments once will immediately become a habitual drinker. Counselors and parents must be clear about the fact that although they do not condone experimentation, they also recognize that experimentation does not have to lead to the development of abusive habits. It is important to avoid conveying to students the idea that if they do experiment, they are doomed. This point is particularly critical, because most adolescents do experiment with some high-risk behaviors. Indeed, experimentation is part of the healthy adolescent’s process of separating and forming an adult identity. If adolescents believe that experimentation must lead to promiscuity, addiction, etc., they may fail to exercise their power to choose in other situations. They need to know that making one mistake does not mean that one must simply succumb to a series of poor choices. Children and adolescents need to understand that everyone makes mistakes, and that mistakes have consequences, but that very few mistakes are irrevocable. Children need to know that part of taking responsibility for one’s decisions is evaluating their consequences, so that choosing becomes an ongoing process of constructing increasingly positive choices.

Address teen drinking issues more effectively

For teens as well as adults, the issues around risky behavior, including drinking, are complex and tend to be emotionally charged. Often, discussions about drinking degenerate rapidly into shouting matches or hostile standoffs. Counselors and parents need to keep several points in mind in order to make these interactions more constructive.

- * Avoid negative statements. Often, negative statements lead to a series of accusations and rebuttals and fail to lead to genuine listening by either side. Emphasizing options and alternatives allows the teen to exercise choice in a positive direction.

- * Try to maintain an affectively calm or neutral approach. The issues are highly charged, and it is difficult for the teen to sort through the intensity she or he is experiencing. Talking calmly and quietly will make it easier for the teen to hear what you are saying.

- * Demonstrate respect for the teen's feelings and concerns. The teen is struggling with serious issues around independence and identity. Acknowledging these will support the teen's ability to exercise choice responsibly.

- * Be as specific as possible. For the teen, these issues are surrounded with emotional intensity. Dealing with discrete events and choices rather than broad general statements of principle will help the teen focus.

- * Emphasize that your behavior is motivated by your concern for the teen's well-being. Often, discussions about drinking degenerate into arguments over control. "Because I say so" is not an effective rationale for setting limits with teenagers; it challenges the teen's efforts to establish autonomy. The teen needs to know that alcohol issues are about safety, not power.

Ultimately, the most powerful message to convey to teens is that the adults in their lives genuinely care about them. A colleague recounted

how, during a heated exchange with her 17-year-old son, she beseeched him to listen to what she was saying because she didn't want anything bad to happen to him. "That's different," he replied, "I didn't know it was because you cared." To address the problem of teen drinking, counselors, teachers and parents must let teens know that they care.

Research has revealed the folly of single factor explanations of teenage drinking. Students who engage in drinking early, differ from their peers in sensation seeking, negative affect, parental attitudes and behaviors, peer attitudes and behaviors, as well as their own expectancies about the effects of smoking and drinking. By moving away from the typical "one size fits all" approach and tailoring the message to the characteristics and experiences of the audience, counselors, teachers and parents can more effectively help teenagers make healthy choices.

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