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ALCOHOL-RELATED PROBLEMS IN YOUNG PEOPLE

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1. Introduction

This meeting was held at the Chateau de Namur Hotel, Leuven, Belgium. This event was arranged by the Regional Office for Europe of the World Health Organization (WHO) in conjunction with the WHO Collaborating Centre for Health, Psychosocial and Psychological Factors and the Ministry of Public Health, Belgium. The meeting was organized by Professor J. Casselman of the University Psychiatric Centre (Bierbeek) of the Catholic University of Leuven. Participants were welcomed on behalf of the Ministry of Public Health by Professor A. Lafontaine who stressed the importance of youthful alcohol-related problems, such as drunken driving, in Belgium. This is elaborated in Annex I. Professor F. Baro, co-director of the WHO Collaborating Centre, indicated that although this agency accorded a high priority to the problems of youth, its activities also extend to many other issues. Participants were welcomed on behalf of the Regional Director of the European Office of the WHO by Mr J.U. Hannibal, who made reference to the Regional Strategy aimed at Health for All in the Year 2000 and to the demand from Member States for the development of a distinct programme on problems related to alcohol abuse. This programme, which was introduced in 1984 has, as one of its five main objectives, one concerned particularly with the prevention of alcohol-related problems in high risk groups. This meeting was seen as one of the activities designed to implement this objective. A list of participants is contained in Annex I.

The Scope and purpose of the meeting was as follows:

- To review available information related to patterns of alcohol consumption amongst young people.
- To review available information concerning alcohol-related problems amongst young people.
- To review strategies for preventing youthful alcohol misuse.
- To identify adequate methods to facilitate the early detection of youthful alcohol-related problems, to intervene in order to help, counsel and support those with such problems.
- To identify topics for future research and policy options related to youthful alcohol misuse.

It was agreed to review current evidence and to identify future research and policy options in relation to the following four separate topics: alcohol consumption, alcohol-related problems, prevention and, finally early intervention, counselling and support for those with alcohol-related problems. It was acknowledged that acute alcohol-related problems such as accidents are a cause for concern. Even so it was emphasized that alcohol misuse is not the main problem of young people* and that even when it does occur, such misuse may be secondary to other difficulties or crises.

2. Alcohol consumption

There are major variations in both levels and patterns of alcohol consumption in different countries.

As indicated by Table 1 there has been a wide variation in national alcohol consumption trends. Although alcohol consumption in most countries rose during the 1960's and the early 1970's there has been a wide disparity in national trends since then. In some countries alcohol consumption has remained stable. Elsewhere it has either decreased or it has increased.

* For the purpose of this meeting "young people" were defined as those between the ages of 10-25. This broad category encompasses both adolescents and young adults.

Table 1 Per Capita Alcohol Consumption in Eighteen Countries 1970, 1980 and 1983

COUNTRIES	Consumption of litres of 100% Alcohol		
	1970	1980	1983
Austria	11.7	11.0	10.2
Belgium	7.2	10.8	10.8
Denmark	6.8	9.2	10.4
Federal Republic of Germany	12.0	12.7	11.0
Finland	4.3	6.4	6.4
France	17.3	15.8	13.1
Greece	4.7*	6.7	6.8*
Hungary	9.2	11.5	11.7
Iceland	3.0	3.9	4.0
Ireland	5.0**	7.5	6.6
Israel	2.1**	2.0	1.0*
Netherlands	5.6	8.8	8.9
Norway	3.6	4.6	3.8
Poland	5.4	8.7	6.5
Spain	12.1	13.2	12.5
Sweden	5.9	5.7	5.2
Switzerland	10.6	10.5	11.1
United Kingdom	5.2	7.2	6.8

* Wines and spirits only

** 1969/1970

Source (1)

In spite of these differences, it has been evident that alcohol consumption has risen dramatically in most European countries. This rise has been accompanied by a decrease in the age at which people start to drink regularly and an increase in the quantities of alcohol consumed by young people. It was agreed that this increase in alcohol consumption involved both males and females. Even so, males still consume considerably higher quantities of alcohol than do their female counterparts. In addition females are generally more likely than males to be non-drinkers. It was noted that in most countries the proportion of young people who do not drink has been decreasing. The reverse, however, was evident in Finland.

In some countries young people have been noted as particularly likely to consume beverages which are not "traditional". This is exemplified by the youthful consumption of wine and spirits in traditionally beer drinking countries and of the consumption of beer and spirits in traditionally wine-drinking countries.

Young people often indulge in frequent/heavy drinking and are in some countries amongst the heaviest drinkers in the population. In spite of this, it was noted that the young are far more likely to consume large quantities of alcohol in periodic "binges", notably on weekends, than to be chronic heavy drinkers. It was noted that during some periods in some countries there has been a convergence between the levels of alcohol use of males and females. A more detailed review of some of these issues is provided in Annex III.

It was noted that alcohol consumption is widely viewed by adolescents as a hallmark of maturity and sophistication. Young people between the ages of 12 - 14 are influenced in their attitudes to drinking by parents and other adults. Those above this age appear to be far more influenced by their peers.

Heavy drinking is often associated with the use of tobacco, and in some countries with illegal and prescribed drugs. It was noted that in some countries young heavy drinkers were often polydrug users.

Most countries lack detailed information about youthful drinking habits. Most surveys have either not focussed specifically upon the young or have related to specific sub-groups or to individuals in restricted and unrepresentative areas (2).

3. Alcohol-related problems

Popular discussion of youthful alcohol-related problems frequently employs the language of alcohol dependence of "alcoholism". It was agreed that the fully-fledged alcohol dependence syndrome is rare amongst young people. Most young people are moderate drinkers and those who do encounter difficulties do so because of periodic intoxication rather than because of chronic alcohol use. In spite of this it was concluded that in association with the postwar rise in alcohol dependence and liver cirrhosis amongst the young. The overwhelming majority of youthful alcohol-related problems are, however, acute, not chronic. These include accidents on the roads, at work, school and home, drownings, alcohol poisoning, aggression, violence and public order offences (3). In addition alcohol misuse is associated with parasuicides (non-fatal drug overdoses), interpersonal conflicts and truancy from school and occupational problems such as absenteeism and inefficiency. One topic which has roused considerable recent interest is the possibility that maternal drinking during pregnancy causes fetal harm. Available evidence now indicates that the role of alcohol in the latter regard has been exaggerated and is, in fact, far less than once feared (4). In many countries the greatest alcohol-related threat to the lives of the young related to drunken driving: this has become an increasing problem throughout Europe. This is probably attributable more to the increase of youthful vehicle access than to rising alcohol consumption (5).

Youthful drinking habits frequently change. Some evidence suggests that a minority of teenagers who are heavy drinkers are particularly likely to become illegal drug users later in life. Available evidence has failed to establish a direct relationship between young heavy drinking and later dependence. Even so many middle aged alcohol dependents assert that they did begin drinking heavily in their twenties (6). Consistent with their heavier alcohol consumption, males generally experience higher rates of alcohol-related problems than females. In spite of this females appear to experience problems at much lower levels of consumption than do males.

Intoxication and related consequences are commonplace amongst young drinkers. The young themselves are generally unconcerned about such experiences and only rarely concede that they are worried about their drinking. It was agreed that in many countries there is a public concern about youthful alcohol misuse which is exaggerated and which does not give due weight to the alcohol misuse of older people. Very few young people seek the help of agencies which provide support for problem drinkers. The overwhelming majority of the clients of such agencies are middle-aged. Nevertheless, commentators from several countries report that the proportion of young people, including females, amongst those needing such help has been increasing.

3.1 Prevention

One of the general objectives of prevention is to minimise the risk of young people becoming heavy drinkers or from experiencing alcohol-related problems. Two main perspectives were identified. The first of these is education. The second is the use of legal and fiscal measures to restrict the availability of alcohol either to young people or to the overall population.

3.2 Education

It is widely believed that health education is an effective way of preventing alcohol misuse. Sadly, available evidence does not indicate that such education has been effective in changing the drinking habits of the overall population or of young people. Most education campaigns have not been evaluated in an accepted manner. Some have had unclear aims and no specific target group. Of those campaigns and initiatives which have been evaluated most have appeared to be ineffective and some appear to have been counterproductive. Accordingly it was concluded that future alcohol education initiatives need to be carefully designed with regard to their aims, methods, target groups and evaluations. It was noted that education may be beneficial in the long term in relation to public knowledge and attitudes, if not to behaviour (7,8).

Different subgroups require special techniques. In the past school pupils have been the conventional targets for health education. In fact schools vary considerably. Formal health education may conflict with the information imparted by others, such as peers, parents, the police, the drink trade, "alcohol experts" and the mass media. Education needs to be responsible and credible and to be consistent with other, important and persuasive influences. Health education has sometimes appeared to have increased public awareness of alcohol-related issues and in particular has increased the use of alcohol treatment agencies. There is also evidence that young people can be trained to develop social skills which assist them to resist pressure by peers to engage in heavy drinking (9).

3.3 Control policies

The general level of alcohol-related problems in any single country is related to the prevailing level of per capita alcohol consumption. The latter is open to government control by taxation and price manipulation. This is a politically sensitive issue, but remains the most effective way of exerting an influence on the level of alcohol misuse (10, 11).

Alcohol is a very popular drug. In addition the production, sale and export of alcohol is an important source of government revenue in most European countries. Alcohol production is supported by vested interests in the industry itself and in national treasury departments. These facts combine to minimize the importance of health as an influence upon alcohol policy. It is difficult, if not impossible, to persuade interest groups such as drink manufacturers and temperance movements to agree to a common course of action. Draconian alcohol control policies are widely unpopular or are perceived as "neo-prohibitionist".

Most countries restrict the availability of alcohol for young people. Minimum drinking ages are legally established and it is an offence to serve alcohol to a minor (however defined) in public bars, cafes or hotels.

Two quite distinct, yet not compatible, strategies have been adopted toward alcohol control policies. Firstly, there is the "social integration" approach. This attempts to promote informal social control and to make alcohol use as "normal", "relaxed" and as "civilised" as possible. This follows the belief that, if the young learn about drinking as an orderly part of happy family life, they will become moderate drinkers (12).

The second approach is to control or restrict the availability of alcohol on the assumption that more alcohol leads, inevitably, to more problems. Both perspectives are plausible and have some empirical support.

Some American states have raised the minimum legal drinking age from 18 to 21. This has led, at least in the short-term, to a fall in youthful alcohol problems such as road traffic accidents. Most countries appear to have a preference for the status quo. Even so it was agreed that there was scope for experimenting with control policies, in particular those related to drunken driving and the supply of alcohol to young people in public bars. In relation to the latter it was agreed that action was needed to prevent alcohol being served to young people who were under aged, intoxicated, or who were about to drive vehicles.

4. Early intervention/counselling/support

As noted above few young people have chronic alcohol problems. This fact is not reflected by popular or political perceptions which emphasize the perspective of alcohol dependence. The basic elements of secondary prevention are early identification, intervention/support and treatment/rehabilitation. The latter is of less importance in relation to the young than it is to older people.

The early identification of youthful alcohol problems requires an increased awareness by relevant people, such as teachers, employers, parents, friends, youth leaders and others that alcohol problems in the young are far more likely to be acute than chronic. Very few agencies exist specifically to provide help for young problem drinkers. There are, however, some exceptions such as young Alcoholics Anonymous groups and an experimental British agency, Drink Watchers, which appears to be especially attractive to young people. It is not clear which types of agencies are appropriate for which types of clients. Moreover, a number of basic clinical issues remain unresolved. These include whether or not abstinence or "controlled drinking" is especially good for young problem drinkers, or whether young problem drinkers should be helped in isolation from other people. It was noted that in many countries there are now more agencies for young illegal drug users than for young problem drinkers. Possibly these two groups (often overlapping) could be treated together.

It was acknowledged that there was a risk of "labelling" young alcohol misusers by institutionalizing them. There was, however, no consensus about which agencies or approaches were the least likely to achieve this undesirable effect. The role of telephone counselling, general psychiatric services, therapeutic communities, mental health outpatient clinics for problem drinkers and general counselling agencies for the young were especially commended. Some young people, depending upon their roles, should be treated as young adults, rather than as adolescents.

It was agreed that alcohol misuse is often a secondary indication of other problems. It is important not to over-emphasize alcohol or to assume that alcohol misuse is necessarily the main problem. At present few of those in the "helping professions" receive adequate education about the misuse of alcohol and other psychoactive drugs. This results in a lack of professional expertise, interest, competence and confidence.

5. Some issues related to the conduct and use of research

Existing information about drinking habits and alcohol-related problems should be fully exploited. This includes government statistics as well as data produced by the drink trade, official health statistics and information collected by law enforcement and social work agencies. Such data are sometimes difficult or expensive to acquire. Social policy will be assisted by the repeated conduct of surveys of the youthful use, not only of alcohol, but also of tobacco, illegal and prescribed drugs. More specific studies of local areas or sub-groups of people should also periodically be conducted. Prospective studies are of particular value in enabling researchers to trace the drinking careers of specific individuals. Such studies are needed to identify factors and processes influencing both the development and avoidance of alcohol-related problems as well as those related to other drugs.

Epidemiological and evaluative studies are commended in order to assess both the scale of the problem and the most effective methods of minimizing alcohol-related harm. Public initiatives need to be independently evaluated. Most important, researchers need to become far more adept at communicating their findings and at exerting an influence upon the direction of public policy. Policy makers and researchers should give serious consideration to how policy might better reflect the implications of research. Ideally national policies should give priority to health considerations. This is frequently difficult to achieve due to the conflict between opposing interests and the economic importance of alcohol.

Available evidence supports the conclusion that legal measures should be considered which may either integrate or restrict alcohol use. Such measures include increasing the minimum legal age at which alcohol may be purchased and consumed and providing or withholding licences for specific types of public bar or drinking establishment.

Now assessment approaches are required to examine the vulnerability of young people in relation to alcohol problems. It is emphasized that most young people are not problem drinkers and that even those who encounter problems may do so only very rarely. In consequence such "assessments" are likely to have only a strictly limited value. Accidents or isolated events are very difficult, if not impossible, to predict by assessment procedures.

Alcohol education, on an experimental basis, needs to be directed to enhancing the public awareness of alcohol-related issues. For example, such education could usefully attempt to replace the stereotype or label of the "alcoholic" by the more general and accurate concept of the problem drinker. Alcohol education should be integrated into general health education and policy as well as into social policy and services for young people.

Research has an important role in relation to the evaluation of alcohol policies, preventive and treatment approaches. In future public support in this field should include funding to facilitate independent evaluations.

6. Conclusions and recommendations

It was agreed that youthful alcohol misuse was a cause for concern, but that the level of this concern was frequently exaggerated. No simple solutions were identified and a number of serious constraints upon research and a number of specific recommendations were identified. These related both to research and to the implementing of alcohol policies, preventive and "treatment" approaches:

1. It was emphasized that research into the drinking habits of the young must be placed within the general context of the drinking habits and living conditions of the overall community and of the living conditions of young people in particular.
2. Future research should attempt to identify high and low risk individuals, such as those from unstable family backgrounds or those with early records of truancy and delinquency. Research should also attempt to identify high and low risk drinking situations.
3. Future research should attempt to identify which patterns of alcohol consumption are related to specific types of problems for males, females and for specific sub-groups of young drinkers.
4. Survey data should be augmented by non-random methods. The latter may be especially fruitful in obtaining information about "deviant" or highly mobile young people. These methods include "snowballing", observation studies and the eliciting of information from "key informants" such as parents, social workers, bar tenders, the police and those in the health and social services.
5. More training about the alcohol-related problems of young people is needed for both professionals and other "key" people. These include parents, friends, social workers, teachers, youth leaders and those in the health and social services. This training or information should increase awareness of alcohol misuse and should increase the confidence of people in assisting and supporting young people at times of crisis.
6. Helping agencies and methods of health education are required which are attractive to young people. It is recommended that specialized helping agencies for young people should be established. These should not, however, be solely concerned with alcohol misuse.

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ANNEX I

LIST OF PARTICIPANTS

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* Invited but did not attend.

ANNEX II

ALCOHOL CONSUMPTION AND ALCOHOL-RELATED PROBLEMS IN YOUNG PEOPLE IN BELGIUM

by

Professor Dr J. Casselman

and

Professor Dr I. Pelc

Since the mid-seventies, a more explicit awareness of alcohol-related problems in young people came about in Belgium on the occasion of a rather dramatic mass media information.

Alcohol Consumption

The per capita consumption of pure alcohol of the total population per year in Belgium is situated around 11 litres (1983: 1,77). During the last decades a progressive increase has been observed (1960: 7,31; 1970: 9,64; 1980: 11,41 (1)).

In the course of the last 10 years, 7 surveys in young people have been published (6 in secondary school populations and 1 in a working youth population (2-8)).

The surveys demonstrated that secondary school students come more and more in contact with alcoholic beverages and that they do so at a gradually earlier age.

Their alcohol use is clearly influenced by the drinking habits of their parents and even more of their peers.

The alcohol use pattern of boys and girls becomes more similar, but heavy drinking and alcohol-related problems are still more frequent in boys than in girls.

The beverage preference is obviously beer, followed by wine, aperitif and spirits.

As the consumption of psychotropics in the total population in Belgium is very high in comparison with other countries in Europe, the combined use of alcohol and psychotropics is no longer uncommon in young people. Concerning the working youth population, the one and only Belgian study (8) demonstrated that the consumption level is higher in the course of the week and especially during weekends than in secondary school students.

Alcohol-related problems in young people

In Belgium there are only very few data available in the field of alcohol related problems in young people. The above-mentioned surveys (2-8) indicated that the frequency of drunkenness is already impressive in secondary school populations and even more in a working youth population. As in many other countries alcohol-related road accidents in young people, resulting in death or severe injuries, are a big issue. However, systematic research is lacking here.

Generally speaking it seems that the more severe the alcohol-related problems, the bigger also the gap between boys and girls, the boys being overrepresented.

Preventive activities

During the last decade the prevention of alcohol and other drugs in Belgium has been somehow renovated.

General Population

In field of preventive activities in the general population two events are worth mentioning. On the one hand, since the end of the seventies a trend towards a more health education oriented approach is gradually breaking through in preventive programmes concerning alcohol and other drugs. On the other hand, in contrast with many other countries, Belgium introduced in 1984 a new law increasing the availability of spirits. A very limited percentage of the extra state income will, for the first time, be allocated to alcohol research.

Young People

In Belgium, young people have always been considered as a very important target group for alcohol education. They are increasingly approached with more appropriate methods, mainly in schools. The tendency is to start alcohol education at an early age (9-12 y) and to integrate it in a broader health education approach. However, adults in close contact with young people and the work situation are also more frequently chosen as target groups. More than in the past, alcohol education programmes are planned and partly executed in a continuous way.

Treatment and other intervention activities

General Population

A number of specialized residential and non-residential services are in operation for the general population. However, no specific governmental administrative structure is in charge of this. Although police, courts and prison are frequently confronted with alcohol-related problems, only a limited special attention is given to them.

Young People

The average age of people treated in specialized agencies has been obviously going down during the last two decades. A lot more young adults with severe alcohol-related problems, sometimes complicated with the abuse of psychotropics, are admitted to specialized residential and non-residential services.

But, really distinct treatment or other intervention activities - especially for young people with alcohol-related problems - are not available at the moment in Belgium. Young people with alcohol-related problems are treated in specialized facilities for adults or in facilities for drug-related problems in youth.

Evaluation

Although specialized agencies are stressing again and again the importance of a systematic evaluation of prevention, treatment and other intervention activities, it is seldom that adequate evaluation is wholly realized.

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ANNEX III

STUDY OF ALCOHOL-RELATED PROBLEMS IN YOUNG PEOPLE

An Interim Report by

Dr Salme Ahlström

1. WHO Study of alcohol-related problems in young people

1.1 Rationale

Since World War II, the consumption of alcohol of the industrialized countries has increased. It has also grown in most parts of the Third World. Young people's drinking became a cause of public concern in the early 1970's. Country after country began to conduct surveys to either support or report alarming reports of teenage drunkenness.

There are many reports and publications on the subject of young people's drinking yet the data have not been compiled into an international review or otherwise systematically employed. This was one of the reasons why the Study of Alcohol-Related Problems in Young People was initiated.

Finding methods to help prevent young people from injuring their health by excessive drinking depends on knowledge. We need information about how and why youngsters drink, how teenagers behave when drunk, and the nature and extent of the problems associated with youthful drinking. Differences between different countries will allow us to analyze the variables involved.

1.2 Specific goals of research

The study is designed to gather information about how young people drink in different countries and then use the data systematically. The research project has five goals:

- i) to assess the state of knowledge and resources which could serve as a basis for studying youthful drinking in selected countries;
- ii) to assess the bases on which countries collect data on alcohol and young people;
- iii) to lay down guidelines for comparative analyses of national data;
- iv) to identify the psycho-social, cultural and socio-economic factors which govern youthful drinking;
- v) and to identify areas where more information is needed.

1.3 Organization and institutional affiliation

The Finnish Foundation for Alcohol Studies has nominated Salme Ahlström of the Social Research Institute of Alcohol Studies to head the project. FFAS and the National Institute for Alcohol Abuse and Alcoholism (NIAAA) have a bilateral agreement on joint cooperation and collaboration. The partnership was responsible for the International Symposium on the Extent and Nature of Adolescent Alcohol Use which was organized by Salme Ahlström and Tom Harford (NIAAA). The same team will act as coordinators of the present study.

1.4 Participants

The coordinators began by contacting countries who keep records of youthful drinking and teenagers' alcohol-related problems. Letters were also sent to scientists who were known to be interested in youth studies. It was hoped that the participating countries would cover the whole WHO region. The comparative study would benefit if both industrialized and developing societies were involved.

27 countries have so far confirmed their participation (see Appendix I). The coordinators expect further affirmative replies from the Third World; sixteen of the countries which have already agreed to take part lie in Europe.

Appendix II refers to the European participating countries and gives the proportions of the male and female populations which 15-24 year olds account for. In every case, the age group accounted for under one fifth of the overall figures. Relatively speaking, Iceland had the most 15-24 year olds; Sweden had the fewest. Forecasts of the rate of natural increase indicate that the ratio of young age groups to the general population will increase in Israel, Ireland and Poland as well as in Iceland. Owing to the fact that the mean age of women tends to be higher than men's, young girls accounted for a smaller proportion of the overall female population than was the case with young boys and men.

Table 2 gives the European participating countries' per capita alcohol consumption figures in terms of 100 per cent alcohol. The Icelandic, Israeli and Norwegian data show a maximum per capita consumption of 4 litres whilst the Scandinavian and Anglo-Saxon publics consumed between 5 and 7 litres per capita. Seven of the participating countries had figures in excess of 10 litres.

1.5 Future plans

The International Symposium on the Extent and Nature of Adolescent Alcohol Use was held in Washington, D.C. between 29 July and 2 August 1985. Twenty countries took part; the European participants numbered 12. Each country came to the Symposium with a national report of its own.

The Symposium devoted itself to group work in order to facilitate editing the national reports. Detailed guidelines were formulated and the project's schedule requires each country to submit its appropriately edited report by the end of 1985. Tom Harford will write a comprehensive introduction for the final joint report and Salme Ahlström is to compile a comparative analysis. The coordinators are also entitled to further edit the national reports in the interests of uniformity.

1.6 Data sources

The project's underlying idea was that existing studies and data should be made use of. Analyzing this information would furnish knowledge of young people's drinking and associated problems and indicate themes which future research might concentrate on.

Appendix III gives the data on which the national reports were compiled. The earliest survey used was conducted in Austria at the turn of the century; most of the surveys are no more than 15 years old. Hungary was the sole country to begin collecting data for the specific purposes of the present project. All of the other surveys were originally conducted for different reasons.

Most of the available national data have not been systematically collected. Furthermore, the information tends to be of restricted scope, the target population being either geographically delimited or else representing specific categories of young people - usually school pupils. A few countries have attempted to observe the changes which take place in youngsters' drinking habits of conducting comparable studies at fixed intervals (the Federal Republic of Germany, Finland, France, the Netherlands, Norway, Sweden and Iceland).

Each national report was written by a scientist from the particular country in question. This enables any possible shortcomings and suspect data sources to be taken into consideration.

2. The process of becoming a drinker

Acquiring drinking habits is part of the socialization process of young Europeans (1). The chain of events is a dynamic, developmental one and may be divided into five stages: (a) the pre-drinking phase; (b) the first drink stage; (c) experimentation; (d) regular drinking; and e) the excessive drinking phase.

The comparative analysis which follows is largely based on draft versions of the national reports and is consequently preliminary.

2.1 The pre-drinking phase

Children have clear attitudes towards drinking well before they first use alcohol themselves. Studies in Scotland and Finland (2, 3, 4) show that the pre-puberty stage is marked by strong antipathy towards alcohol. As children reach adolescence, however, they begin to regard drinking in a positive light. It seems that the phenomenon may be age-specific, caused by teenagers adopting adult forms of behaviour.

Children's prospective behaviour is affected by prevalent drinking habits and the expectations of the social environment. When 7-8 year old Swiss boys were interviewed, most said that they would probably begin drinking beer at the age of 20, though they mentioned that they found the smell of beer unpleasant (5, 6). While no scientific evidence is yet available, not even for the youngest age group, the Swiss study indicates that alcoholic beverages are almost inevitably identified with the masculine world. Unfortunately, research has yet to be conducted into how children view their future drinking habits in societies where drinking mainly takes place at weekends or during celebrations and is not part of everyday life.

2.2 The first drink stage

Young people, obviously, begin to learn to drink by tasting alcohol. Different societies have very different norms in this regard. The Scandinavian drinking culture has been described as one where drinking and working are kept strictly separate. Alcohol is not generally drunk with meals; the chief normative distinction lies between non-drinking on the one hand and socially accepted drinking - and intoxication - on the other (7). Drinking is rarely integrated within family life.

In societies where convivial beer drinking is the dominant pattern and alcohol is chiefly used as an intoxicant, the norms for when young people should begin to drink are tied to more general conceptions of adulthood and maturity (8). Adolescents in beer-drinking countries tend to first taste alcohol outside the home in the company of friends.

Young people are usually introduced to alcohol long before they are offered a drink by their parents. This is especially true of Iceland which is the most tradition-bound Scandinavian country in terms of general permissiveness and the normative distance between drinking with peers and using alcohol inside the family (8, 9). Mäkelä's study of four Nordic countries found that Swedish society was the most "modern" (Denmark was not included) and found that young Swedes usually first drank wine in their parents' company. Spirits, however, tended to be first tasted in the company of friends and acquaintances (10). Ireland is another country where youngsters usually first drink in their friends' company, away from their parents and generally without their knowledge (11). The first drinks youngsters taste are mild alcoholic beverages; they do not begin to use spirits until they are older.

In societies where drinks - especially wines - are associated with family life and celebrations, young people tend to take their first glasses in the company of their parents and perhaps other adults as well. Austria, Hungary and Switzerland conform to this description.

Girls usually first taste alcohol one year later than boys. This was the case in all of the European countries for which data are available and the point is an interesting one. As far as attitudes are concerned, Iceland, Norway, Sweden and Finland are equally acquiescent of boys' and girls' drinking (8). Swedish parents tend to be present when their daughters first taste wine or spirits; boys, on the other hand, usually drink with their peers.

There are a few countries where the age at which youngsters take their first drinks has not changed for decades - the Netherlands, for instance. This seems to indicate that some societies have a traditional "first drink" ritual which undergoes no change even though drinking habits alter. Finland and Ireland have no such tradition, and the case there is a very different one. It is now much more common for young Irish people to first taste alcohol in their parents' company than it was 15 years ago, a trend which probably reflects a more open approach to the use of alcohol (11). In 1984, Finnish boys and girls alike were one year older when they took their first drink than their counterparts had been in 1976 (12). Since Finland has no first drink tradition, the age at which youngsters first use alcohol is tied up with current public attitudes to drinking and how easily young people can procure themselves alcoholic beverages.

Not only are there differences between societies, one can also find discrepancies within a given culture. In Hungary, for example, there was a clear link between how old youngsters were when they first drank and their parents' social status and education. Young people with well-educated parents were more likely to take their first drinks in the company of their father or mother (13).

2.3 Experimentation

Once young people have first tasted alcohol, they begin to experiment with drinking. In most countries, this takes place between the ages of 14 and 18 years. Almost every 18 year old has developed some kind of familiarity with alcohol. Young adolescents, however, do not usually drink on a regular basis and only rarely use alcohol at all.

In societies where youngsters drink their first glasses at home the experimentation stage marks the strengthening of externally-oriented patterns controlled by peer groups as young people detach themselves from the parental home. The parents provide the model but the peer group reinforces the imparted drinking behaviour. This is what tends to happen in Austria, Switzerland and Denmark, for example.

Parents are far more important to girls than to boys when experimentation is going on. The reason is that girls try alcohol out at home, within the family, whereas boys have greater freedom of action and take their first drinks with friends. The way girls use alcohol reflects their parents' drinking habits longer and girls then begin to exhibit the behaviour expected of mothers and wives (14).

There are also differences between the sexes in countries where drinking is not an established facet of family life. Whilst Finnish boys, for instance, often first try drinking out at home, their parents are seldom present. Girls tend to take their first drinks in restaurants (15). Youngsters in Iceland experiment with alcohol in friends' homes or at discotheques, neither sex is very likely to have their first drink within the nuclear family (9). The same might also be said to for Poland, though Polish youngsters do not necessarily drink on licensed premises - they often drink in friends' homes, cellars, attics and parks (16). Polish girls who live in the countryside constitute an exception since they almost inevitably experiment with alcohol inside the family. Irish youngsters' drinking, on the other hand, is essentially a peer group activity centred around the public house (11).

2.4 Regular drinking

There are a few countries where one could say that youngsters under the age of 16 years have, in any real sense, drinking habits. It would be a still greater mistake to do so in countries where the statutory age limit for buying and selling alcoholic beverage is 18 years or more. And even in countries such as France, Greece and Italy, societies where alcohol use is an integral facet of family life, drinking is not very prevalent amongst youngsters 17 years old or less (17, 18, 14).

Between the ages of 15 and 17 years, Austrian youngsters begin to drink more frequently and the number of places where they drink goes up. They also begin to drink with more people. Teenagers who have not yet celebrated their 15th birthdays usually drink in the company of parents and relatives. Once they have passed that age, however, boyfriends, girlfriends, and acquaintances from school, work and leisure - even chance friendships forged at the pub - become more important than mother and father (14).

Finland and the Federal Republic of Germany are alike inasmuch as youngsters in both countries begin to drink more regularly between the ages of 18 and 25 years (12, 19). This fact implies that studies of youthful alcohol use in general and in the process which leads to regular drinking in particular should concentrate on the "eighteen plus" age group.

As they begin to drink regularly, youngsters also acquire settled drinking habits. Some will prefer one drink, others a different beverage; some will drink often, others seldom; and some will deliberately set out to become drunk while others will remain more or less sober.

Gender becomes a major factor here. The evidence available indicates that young men and women have very different drinking habits. It would be an error to imagine that women's drinking habits are merely a scaled-down version of men's. When young women use alcohol, it is usually at the weekend, when they have something to celebrate or when they meet their boyfriends. Young men, again, drink during the week and also use alcohol in the absence of the opposite sex. And furthermore, young women drink less potent beverages and are more unlikely to become drunk. There are differences between the drinking habits of young men and young women in every European country.

Youngsters' schooling and occupation clearly play an important part in their drinking habits; this was true in every country for which data were available. Young people who attend vocational and trade schools and colleges generally use alcohol more regularly than their counterparts whose education is designed to prepare them for university. Poland, France, Finland and Hungary all exhibit this tendency strongly and so, though to a lesser degree, do the Netherlands. To some extent, it may be that what is at stake here are parents' socio-economic backgrounds and education. In Hungary and Finland at least, how youngsters fare at school is very closely linked to their parents' school records (13, 12). One may also ask whether the discrepancy might be connected to the lower prestige of apprenticeships and the academic failure of vocational students. Or could it be that the reason has to do with a lack of prospects for the future, poor social integration and/or more intense friendships and the like?

As a rule, young people who are in paid employment are heavier drinkers than university students. It is evident that early acquisition of adult status and involvement in working life go hand in hand with habitual drinking, especially the types of beverage favoured by the working class. This is the case in France, the Federal Republic of Germany, Hungary and Poland. It almost seems that youngsters are forced to pick up adult drinking habits when they begin to work.

Icelandic students usually work during their holidays and their earnings provide them with a measure of financial independence from their parents. Periodically at least, this means that undergraduates are an important consumer category - and, of course, some of the means they have at their disposal may well be spent on alcohol (9).

Why do many young people immediately begin to drink more when they leave school and start work? One obvious reason is that youngsters who have jobs can afford to spend more on drink. In some countries - France, the Federal Republic of Germany, Hungary and Poland, for example - it is common for people to drink at their place of employment and teenagers, naturally, conform. A youngster with a job, moreover, is likely to feel more "grown up" than someone who is still at school and may therefore drink more.

Unemployment is often thought to imply a high risk of alcohol abuse. Studies conducted in the Federal Republic of Germany and Finland, however, indicate that this is not necessarily true. Whilst unemployed youngsters do drink more than their peers who are students they drink less than youngsters who are in work.

2.5 The excessive drinking phase

Just what excessive drinking, alcohol abuse, among young people actually means is a matter of some controversy. How should it be defined? Even though a great many articles on the subject simply apply the diagnostic criteria for pathological adult drinking to children and adolescents, it is debatable whether this is wise (20).

Different cultures have different views of excessive drinking. The Scandinavian drinking culture, for instance, is considered to be relatively uniform but there is still variation within it. In 1983, the Scandinavian Drinking Survey found that Icelanders differed from Finns, Norwegians and Swedes by evaluating "being drunk" more positively than "alcohol" (7). Similarly, a study of Finnish children who had been treated in hospital for acute alcohol poisoning found that more than one half of them had deliberately set out to become well and truly drunk and thus "prove their manhood" according to traditional Finnish precepts (21). And research into how young Poles drank in the early 1970's found that more than one fourth of 17 year old boys from the Warsaw region drank vodka in "the adult way" - by consuming a quarter of a litre a head (16).

Social class affects attitudes towards drinking and drunkenness. By and large, becoming drunk and drinking great amounts at one sitting are more tolerated - accepted even - by the working class. Ireland, Scotland, England, Poland, Finland, the Federal Republic of Germany, Hungary, Austria and France are all cases in point. Different social classes have different drinking patterns, drinking habits, and these are also transmitted to young adults "loud and clear".

A number of cultural explanation of excessive drinking can be advanced. There are psychological reasons, too, of course. In the first place, the relationship between parents and children is important. Youngsters in the Federal Republic of Germany who drink heavily, for example, often feel that neither their mothers nor their fathers care or worry about them much. Young heavy drinkers also tend to keep their problems to themselves and often think that they are misunderstood (19). An earlier, Swiss study found that family reward patterns and parental emotional attitudes to children also have an effect (22).

The facet of a young person's social life which gives rise to the greatest pressure is his or her school. Youngsters who think that their school records are poor feel more anxious and are more likely to begin to drink. This link between school anxiety and academic performance on the one hand (23) and worry on frequency of intoxication on the other has been empirically confirmed in Switzerland (22). Swedish school pupils who enjoy their classes tend to drink far less than the average for youngsters as a whole; truancy, again, is associated with drinking which exceeds the average (10). In Finland, too, pupils who do not fare well at school are far more likely to drink and to become drunk when they do so (12).

Nevertheless, longitudinal research indicates that most youngsters with drinking problems find a way out of their difficulties by the time they reach their middle or late twenties (24, 25, 26, 27). But adolescents who drink very heavily are more likely to use illicit drugs when they become older (28).

Studies showing a connection between problematic drinking and other forms of deviant behaviour have increased our understanding of excessive alcohol use in adolescence and early adulthood. It is increasingly apparent that alcohol abuse is not an isolated pattern of behaviour; rather, it is connected with such phenomena as cigarette smoking, illicit drug use, delinquency and juvenile sexual promiscuity.

3. Trends in young people's drinking habits

As Appendix III shows, comparable data on how young people's drinking habits have changed in the last eighty-odd years are only available for a few European countries. And even when clearly comparable data do exist, they generally cover a relatively brief period only. Studies which were conducted before the 1970's are very few and far between.

3.1 Long-term trends

Austrian and Polish research findings indicate that drinking amongst adolescents - and even children - was far more prevalent in the early years of this century (14, 16). For one thing, alcoholic beverages played an important part in meeting daily nutritional and energy needs. Alcohol was also believed to have a fortifying effect. Besides prescribing beer and wine, physicians administered brandy. It was held to be especially beneficent, almost an alchemist's elixir for stimulating and sharpening boys' spirits. This point was stressed at the 8th International Congress Against Alcoholism, held in Vienna in 1901 (14).

In the early days of this century in Warsaw, a fair-sized proportion of school pupils from poorer homes reported that their parents were in the habit of giving children alcohol. And in the 19th century when Polish drinking was at its most rife, visitors to inns were often confronted by the sight of "... inebriated mother ... breast-feeding their babies and infants and intermittently pouring vodka down the children's throats to assuage their cries" (16).

The findings of research conducted in Austria and Poland demonstrate that youngsters in general and children in particular now use alcohol much less than was the case 70 years ago or so. What exactly prompted parents to keep a closer eye on their children's drinking has, however, yet to be explained.

3.2 Short-term trends

Alcohol consumption figures have risen drastically since World War II in numerous European countries. In the 1970's, the damage wrought by juvenile drinking became a matter of concern. Country after country began to collect data which would either support or refute the alarming reports of young people's drinking which were current in the mass media (see e.g. 2, 29, 10, 30, 31, 32, 22). There was widespread anxiety about the way young people lived; their radical behaviour often seemed far removed from how their parents used to behave.

There is evidence to suggest that juvenile drinking became much more prevalent in the early 1970's in both Poland and Finland. Each country's per capita consumption figures rose with a vengeance. Polish youngsters played a notable part in their country's increase (16). Matters took a somewhat different course in Finland. Young people had always accounted for a mere modicum of all the alcohol the country consumed and they continued to do so. Nevertheless, juvenile drinking became far more widespread and teenager after teenager dispensed with abstinence and began to drink (12).

If one examines the period between 1970 and 1984, one is struck by how different societies evolved in different fashions. Youngsters' drinking became far more prevalent in Iceland in the early 1970's and has kept growing since then. This increase, furthermore, would seem to be accompanied by greater teenage intoxication and excessive drinking (9). A similar tendency was at work in Israel between 1979 and 1984 (33). Switzerland, on the other hand, would appear to be a slight exception in this regard since young people's drinking habits did not change much at all between 1975 and 1981 (34).

There are a virtual host of countries where juvenile drinking reached its peak in the early 1970's. To be more specific, studies conducted in Austria in 1972, Finland in 1973, the Federal Republic of Germany, France and Sweden in 1971, found the highest national figures for young people's drinking ever recorded. It should, however, be noted that the dates given indicate nothing more than the year the research was carried out: it is perfectly possible that the prevalence of teenage drinking was still greater in some other year. For instance, no data on the Netherlands are available for the 1970 - 1975 period; statistics indicate that youngsters drank the most in 1976 but this need not necessarily be the case. Relatively speaking, the number of young Dutch people who drink at least once a week has fallen in the 1980's (35).

To a degree, the paths juvenile drinking habits have followed in the Netherlands and France resemble on another. There was little change in the overall prevalence of drunkenness in France between 1971 and 1978 yet the relative number of youngsters who became intoxicated rose markedly (17). A more hazardous type of drinking has gained ground in the Netherlands over the last few years. The proportion of youngsters who drank four glasses or more on the last occasion they used alcohol has gone up (35).

The Federal Republic of Germany, Finland and Sweden have collected comparable data on young people's alcohol use for longer than other countries. German youngsters now drink less often than they used to - the trend first became apparent in 1973 and is relatively consistent for each beverage type and age group (19). The likelihood of young Finns drinking grew between the early 1970's and the early 1980's, reaching its peak in 1973. Nowadays, however, teenagers do not begin to experiment with alcohol until they are comparatively old and they drink less frequently than was usual a decade or so ago (12).

The number of young Swedish drinkers fell in 1971 and 1972 and then remained more or less stable until 1979. A clear further decline then took place in the early 1980's. The overall drop was some 40 per cent and the category of students who drank the most also came to consume less. From 1973 onwards, moreover, the likelihood of Swedish boys becoming drunk fell almost year by year. Girls' intoxication frequency grew between 1970 and 1977; the next four years saw the rate fall and it has since remained relatively unchanged (10).

This period of general increase in juvenile drinking also marked a growing similarity in the two sexes' drinking habits. Nevertheless, it would still be a mistake to imagine that drinking habits are homogenous irrespective of gender. There is also evidence to suggest that the differences between students and young people who are employed have changed little; similarly, the discrepancy between students undergoing longer and shorter courses have not become less marked. By and large, therefore, it seems that young people's drinking habits are not becoming any more uniform. Instead, new patterns are emerging for beverage types, cycle of studies and gender.

4. Alcohol-related problems

Any discourse on alcohol-related problems must realize that the term "alcohol-related problem" is only invested with meaning when the society in question perceives a form of behaviour as a problem. Different cultures define problems in different ways. There is also discrepancy between how societies record alcohol-related problems and this, of course, has an important bearing on the overall state of knowledge.

European surveys find that most teenage drinkers view alcohol as a positive matter and drink in order to have a good time and celebrate (14, 17, 33). Youngsters drink because they derive pleasure from it. It is now relatively unusual for adolescents to use alcohol because they wish to conform to group or peer norms, and fewer report that they drink because of academic pressure or personal problems. There are indications, however, that drinking motives reflect socially learned behaviour and therefore culturally dependent attitudes rather than profound psychological traits.

Adults are nowadays concerned about the way young people drink and become drunk. But there are differences between countries. If the reports of Dutch children are to be believed, it would seem that most parents in the Netherlands rest easy in their minds (35). In Finland, on the other hand, parents now keep a closer eye on their children's drinking than they used to in the early 1970's. Indeed, fifteen years ago, juvenile drinking was not generally thought of as a problem (37). Most Hungarian youngsters think that adult society views juvenile drinking with disfavour - quite a few, nevertheless, report that their drinking has not been opposed during the past twelve months (13).

It is rare for cases of alcohol-related disease to be found amongst the adolescent population. Similarly, youngsters are seldom plagued by the misery which is often the lot of adult drinkers (38). Now and again, a youngster's drinking will leave a psychological mark. Physical addiction, however, is very rare amongst the young. It consequently makes better sense to focus on the general problems associated with excessive drinking instead of individual problem drinkers.

4.1 Personal problems

Very little is known about how drinking affects school children's mental and physical health. Some writers have found that heavy drinking is a consequence of psychological disturbance rather than a cause.

In societies which approve of drunkenness, young people's drinking sometimes causes grave personal problems even when the youngster concerned has no other mental health difficulties. In Finland, for instance, mental problems are associated with no more than approximately 50 per cent of cases of alcohol poisoning (21). In countries where the climate is cold and water is often found, juvenile excessive drinking can lead to freezing, exposure and death by drowning.

The physiological effects of using alcohol, moreover, have only been investigated where adults are concerned. The only age specific finding is that young adults recover more quickly after a bout of heavy drinking.

Young people, obviously, have less experience of drinking than older people and youngsters run the risk of a large variety of minor accidents when intoxicated. The Finnish data show that the youngest age group (15 - 19 year olds) are likely to damage their property and clothing, lose money or valuables, and so on (12). There are indications that young people in Scotland and Ireland are more likely to run into financial straits because of alcohol than Finnish youth (39, 11).

Frequent drinking also lessens the time available to engage in other, ostensibly more fulfilling activities. It may even be that heavy drinking when occurring isolates the youngster and his or her subgroup.

4.2 Relational problems

Problem drinking may be said to be relational when it involves an outside agent such as family, friends, school or work. It is important to appreciate that relational problems are not defined by the drinker but by someone else - authority, say.

Parents react to their children's drinking in different ways in different societies. In Austria, for instance, only a minority of parents pay attention to how their offspring drink - even when their sons and daughters use alcohol every day (14). In Finland, nearly one in three 16 year old drinkers clash with their parents because of alcohol (40). In Hungary, the corresponding proportion is 18 per cent (13); some 8 per cent of young Greek drinkers report troubles at home, school and so on (18).

Nevertheless, the disparity of similarity of different alcohol cultures does not completely explain how likely parents and children are to disagree because of alcohol use. No more than 8 per cent of Swedish 16 year olds clash with their parents because of drink (10); this figure is much lower than its Finnish equivalent. Yet in Poland, even teenagers who drink seldom quarrel with their mother or father because of alcohol (16). In some societies, evidently, it is alcohol use which prompts power struggles between parents and children. Elsewhere - in Sweden, for instance - clashes are likely to centre around the use of illicit drugs. The attitudes of Finnish parents, however, are in all likelihood informed by a sincere concern about the consequences of youthful drinking habits which aim at deliberate intoxication.

The anxiety with which adults - no just parents - view youngsters' drinking is linked to young people's actual behaviour. In Austria, Finland and Hungary alike, the more adolescents drink, the more likely they are to offend their elders (14, 12, 13).

Besides being liable to quarrel with their parents, young drinkers also clash with their peers. In Poland, for example, the majority of the adolescent population do not sanction heavy drinking and youngsters who use alcohol excessively are less popular than others, though they are not necessarily treated as outcasts (16). It seems that boys in Finland and Sweden are more likely to control their girlfriends' drinking than girls are to control boys' alcohol use (12, 10). Boys are more likely than girls to become involved in alcohol-related brawls in Austria, Finland and Sweden. Such violence was most widespread in Finland; it was less common in Sweden (10) and more unusual still in Austria (14).

Few data are available on how many youngsters run into trouble with the official socialization system, school. In Finland, some 4 per cent of boys do so and the corresponding figure for girls is 1 per cent (40). And neither are conflicts between young drinkers and teachers very common in Austria - despite the fact that fully 30 per cent of all youngsters who drink daily use alcohol at school (14).

4.3 Social problems

Juvenile drinking is considered to be a cause of a wide variety of social problems. Drunken driving has given rise to the greatest public concern. Young people lack drinking experience and this can have grave consequences (poisoning, drowning, exposure, frostbite and so on). Since young inexperienced drinkers are also often inexperienced drivers, when they are on the road they can be a menace to both themselves and others.

The prevalence of drunken driving has risen markedly in Austria, Iceland and Scotland. For instance, between 1963 and 1981 the proportion of those in Scotland who were convicted of drunken driving and who were below the age of 21 rose from 4 per cent to 11 per cent (41). A recent Dublin study of speed and traffic accidents found that accidents are most likely to occur on a Friday or Saturday night between the hours of 10 and midnight. Men, furthermore, were three times more likely than women to be involved; 64 per cent of all victims and perpetrators were under 25 years of age (42). On the other hand, there has been no increase in drunken driving in Finland and Iceland in recent years and the under 17 age group has become much less statistically likely to be involved in alcohol-related traffic accidents in Sweden (12, 9, 10).

Young Scots seem to run a higher risk of drinking excessively and injuring themselves than their Finnish counterparts. Almost one in ten 15 - 16 year old Scottish boys do so; the corresponding figure for 15 - 19 year old Finnish boys is no more than one in twenty (39, 43).

The two above age groups are not identical and it would therefore be unwise to draw direct comparisons. Nevertheless, there are indications that it is the youngest drinkers who run the greatest risk. Finnish studies have found that 15 - 19 year old boys who drink or experiment with alcohol are twice more likely to be injured than other age groups. There is some justification for the assertion that juvenile drinking stresses medical services.

In Conclusion

1. Youth might be defined as the period in life when people undergo rapid change. Those who are concerned with effectively combatting alcohol-related problems need to be especially sensitive to this dynamic process. There is also a great need for more knowledge of the natural history of drinking in adolescents. What makes the genders' drinking habits different and what determines individual "drinking trajectories"?
2. There are numerous countries about which information is scant. All too often, moreover, research has focussed on "captive populations" and how young people enter the formal employment sector and acquire or adopt drinking habits has been neglected. This is a gap which should be filled. It would also appear that adults encourage youngsters whom they work with to drink and policy should bear this tendency in mind.
3. Young people's drinking, however, is but one facet of the drinking culture as a whole. It should therefore always be remembered as such. In order to understand juvenile drinking and plan policy, one must keep the generality in mind. And good policies are needed because drinking problems - adult and juvenile alike - are all too common in many societies.
4. Adolescents do not always regard heavy drinking as an admirable trait. Campaigns and policies aimed against excess should give young people knowledge on which to base their decisions and help them keep their own drinking in bounds. Secondly, the mechanisms which young people use to collectively control excessive alcohol use should be buttressed. The goal should be encouraging youngsters to help their friends who drink too much instead of isolating them.
5. The majority of young people finish by acquiring moderate drinking habits. Some drink too much early on but later stop to do so. It would therefore be dangerous to reinforce the image of the young heavy drinker. Just coming into the hands of societal authority once can have a lasting effect on a teenager's life. One way to avoid labelling some youngsters as problem drinkers - and perhaps as problems - would be to establish youth clinics. These could help and generally advise adolescents. They could counsel on mental health, sexual behaviour, contraception, abortion, alcohol, other drugs, nutrition, choosing a job or course of education, and housing and financial matters. Research findings tend to support the establishment of such multi-centres, since a young person who has one kind of problem often has several.

6. Young people's drinking problems are usually acute and short-lived. They are frequently the result of ignorance of alcohol combined with not knowing how to behave. If we, furthermore, remember that youth always wants to take risks and push matters to a point, it is not surprising that young people should injure themselves so often and be involved in traffic accidents. We should strive to prevent the injury toll which results from single bouts of drunkenness. This first implies that both adolescents and adults should be given more information about the risks of excessive drinking. Youngsters should be given vivid accounts of how alcohol affects the mind, coordination, physical prowess and makes one risk-prone. In the second place, we should not judge youngsters' first try-outs with alcohol with misunderstanding. Young people still have to find their limits.
7. If such "education" was launched, it would best find its target if it were given by young people to young people. Policies should be designed on young people's terms. We need different philosophies for different age groups and youngsters with contrasting social backgrounds.

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Appendix I

Participating countries

Austria	Poland
Canada	Sweden
Chile	Switzerland
Costa Rica	United Kingdom
Denmark	U.S.A.
Equador	Zambia
Federal Republic of Germany	
Finland	
France	
Greece	
Hungary	
Iceland	
Ireland	
Israel	
Mexico	
The Netherlands	
New Zealand	
Nigeria	
Norway	
Peru	

Appendix II

Proportions of men/women aged 15-24 (%) and youth
population (ages 15-24), 1985 (millions)

Country	Date	Women	Men	Youth population (ages 15-24), 1985 (millions)
Austria	01.07.1980	15	18	1.3
Denmark	01.01.1982	15	16	0.8
Federal Republic of Germany	30.06.1980	15	17	10.0
Finland	31.12.1981	16	17	0.7
France	01.01.1982	15	16	8.5
Greece	01.07.1979	14	16	1.5
Hungary	01.07.1980	13	14	1.3
Iceland	31.12.1981	19	20	0.04
Ireland	01.04.1979	17	18	0.6
North Ireland	30.06.1978	16	18	
England	30.05.1980	15	16	9.3
Scotland	30.06.1980	16	18	
Israel	31.12.1980	17	18	0.7
The Netherlands	01.01.1980	17	18	2.5
Norway	31.12.1981	15	16	0.7
Poland	30.06.1980	16	18	5.3
Sweden	31.12.1981	13	14	1.2
Switzerland	01.01.1980	15	16	0.9

Sources: Statistical Yearbook of Finland 1983, New series 79th.
Central Statistical Office of Finland, Helsinki 1984.
The World's Youth: A Profile, prepared by The Population
Reference Bureau, Inc. in collaboration with World Assembly
Youth (WAY). Washington, July 1985.

TABLE 2

Per capita consumption of alcoholic beverages
in terms of 100 % alcohol; European participating
countries, 1983

<u>Country</u>	<u>Per capita consumption</u> <u>of alcoholic beverages</u>
Austria	10.2
Denmark	10.4
Federal Republic of Germany	11.0
Finland	6.4
France	13.1
Greece	6.8 ¹
Hungary	11.7
Iceland	4.0
Ireland	6.6
Israel	1.0 ¹
The Netherlands	8.9
Norway	3.8
Poland	6.5
Sweden	5.2
Switzerland	11.1
United Kingdom	6.8

¹ Wines and spirits only.

APPENDIX III

National conclusions

Austria

A historical examination of the drinking habits of Austrian youngsters show that the consumption figures involved have dropped sharply. Frölich's study of 1900, for instance, estimated that 32 per cent of Viennese boys aged between 6 and 14 years were regular beer drinkers. The corresponding figure for girls was still higher, standing at 33 per cent. Some 11 per cent of boys and 12 per cent of girls were regular drinkers of wine; the percentages for spirits were 4 and 3 respectively. Temperance was none too prevalent eighty-odd years ago: no more than 10 per cent of 6 - 14 year old boys reported that they had never tasted alcohol.

Frölich's study was discussed at the 8th International Conference Against Alcoholism and one of the facts which emerged was that physicians were in the habit of prescribing alcohol for children around the turn of the century. As well as giving children beer and wine, doctors also often prescribed brandy. The prevalent medical view was that alcohol did not only nourish, strengthen and cure children, but also stimulated and sharpened their spirits - especially boys', of course.

In recent years, Austrian public opinion has become very concerned about the drinking problems of young people. But if one judges the present against how matters stood some eight years ago, the concern seems to be out of all proportion. What caused youngsters' alcohol consumption to fall so drastically and why is the import of youthful drinking now so different?

Federal Republic of Germany

Different studies of youthful drinking and alcohol problems in the Federal Republic of Germany may arrive at conflicting conclusions. Nevertheless, it remains a fact that youngsters' introduction to alcohol and learning of drinking habits form an integral aspect of socialization. A range of factors influence a young person's drinking habits - family problems, leisure opportunities, being exposed to adult drinking behaviour in a work setting, and so on. It would appear that research findings have little if any prognostic significance: heavy drinking during adolescence may or may not continue into adult life. There is no doubt, however, that frequent drinking precludes other, ostensibly more fulfilling, activities.

Finland

Young people's drinking habits have changed greatly between the ages of 12 and 18 years. Whereas no more than slightly over 10 per cent of 12 year olds had experimented with alcohol in 1983, the corresponding figure for 18 year olds was 90 per cent. The differences between age groups are large and clear-cut. The switch from temperance to using alcohol does not take place at a given age; instead, it is a gradual process which stretches from age group to age group.

There are no real differences between girls and boys insofar as experimenting with alcohol and abstinence is concerned. Once boys pass the initial stage of trying drinking out, however, they tend to drink more often than 18 year old girls. The differences between the sexes are conspicuous when one examines beer drinking. First of all, boys experiment with beer at an earlier age than girls; and secondly, boys drink more frequently than girls at the age of 16 and the discrepancy grows as lads reach their 18th birthdays.

There are close connections between how much spending money young people have and their drinking habits. Youngsters who are relatively hard up are more likely to be abstinent or only drink rarely. Nevertheless, young people who have more money are not necessarily hard drinkers.

The way young people form peer groups and display interest in the opposite sex shows how closely drinking is tied to social relationships. Youngsters begin to form gangs and experiment with alcohol at the same age, and the period when steady dating commences is also the time when young people become accustomed to alcohol. The forms of social behaviour which typify youth, in other words, serve to emphasize the social significance of drinking. Still, belonging to a gang or "going steady" do not automatically mean that a young person drinks.

France

The drinking habits of French youngsters have clearly changed. Teenagers have abandoned the deeply culturally entrenched pattern of habitual consumption in favour of a more addictive type of drinking. France's teenagers nowadays emulate the youthful drinking norms observable in most Western countries and it may be that the types of alcohol pathology French society is accustomed to, will change in the years to come.

Hungary

The Hungarian data relate to 14 - 18 year olds attending three secondary schools with different social intakes. The figures also refer to teenagers at two State homes providing care for the socially handicapped. There is one fact which has to be taken into consideration when evaluating the survey findings: within certain limits, Hungarian society accepts drinking. It is customary to consume alcohol on a variety of social occasions such as family celebrations. Hungarian people also often drink when they want to ease tensions or forget their cares. It was not, therefore, much of a surprise to find that most of the young people questioned had drunk alcohol at a comparatively early age, chiefly in the presence of their parents and other adults.

Grammar school pupils were especially likely to conform to this description. They tend to begin drinking younger than their counterparts elsewhere, more of them drink at home in the company of adults. Yet they were also more restrained in their drinking habits, consuming less at a time and probably remaining sober. A high proportion of the grammar school pupil's parents were intellectuals and the youngsters had the firmest family backgrounds. The grammar school curriculum included mathematics and the humanities; pupils were expected to go on to university. The other two types of school concentrated on teaching trade skills and the like. Grammar school pupils' cultural and behavioural backgrounds, one might almost say, cause them to adopt distinctive drinking habits. Apprentices are characterized by taking their first drinks at a more advanced age, by being more likely to first use alcohol in the company of friends and classmates. They tend to drink more at one time and their incidence of intoxication is higher. The corresponding discrepancy between grammar school pupils and youths at State homes for the socially handicapped is even more pronounced.

The survey found that Hungarian youngsters drink beer, wine and spirits alike. Beer was a popular drink in each respondent category. Wine was somewhat less popular; spirits were chiefly consumed by the vocational school pupils. No more than 12 per cent of those questioned said that they had never tasted alcohol. The most often cited reason for using alcohol was entertainment or celebration. A significant minority, mainly grammar school pupils, reported that they drank in order to escape their cares.

Most of the youngsters drank with some regularity, often in the company of friends and classmates. Nevertheless, most respondents estimated that only a few of their peers used alcohol. As was said earlier, drinking is socially condoned within certain limits. Similarly, whilst most of the youngsters drank at home, 75 per cent of their parents were opposed to juvenile drinking: it would seem that one glass was acceptable but heavier drinking was not.

Each category of school had a high proportion of smokers amongst their pupils. And whilst there is no widespread drug culture in Hungary, the survey found evidence of "sniffing" and the use of narcotics. This trend may have become more pronounced in recent years. The youngsters from the State youth care home constituted a high risk group in this regard: one third of them had at least experimented with illicit drugs and a good number were regular users.

Iceland

Three surveys of adolescents drinking habits were conducted in Iceland between 1970 and 1980. They found that teenage drinking had become more prevalent and that alcohol consumption figures had risen. There was no difference in how likely it was that the two sexes were to become drinkers or abstainers. The first survey had noted that boys were more likely to drink than girls but the gap narrowed over the decade, boys perhaps still retaining a slight lead.

The incidence of intoxication amongst young people is high in Iceland. The majority of young drinkers report that they often or always become inebriated, boys being slightly more likely to do so than girls.

The country has restrictive alcohol legislation and the public's attitudes towards drinking are ambivalent. Youngsters, consequently, tend to be introduced to alcohol by their peers rather than their parents. Young people provide themselves with alcohol and drink it in each other's company. Teenagers seem to drink in order to attain pleasure and to be sociable.

Adolescent Icelanders are in the habit of using legal drugs such as tobacco and alcohol. There is some use of inhalants and cannabis but the practice is not widespread.

Research into the consequences of drinking has chiefly been concerned with the implications for police and therapy work. Relatively speaking - in view of the fact that most teenagers are infrequent drinkers - a surprisingly large number of young drinkers come into contact with the police. The reason for this may be that youngsters do not often have the company of adults when they use alcohol, the absence of grown-up protection perhaps inviting police attention.

Ireland

Over the last few years, there has been a good deal of discussion in Ireland about drinking and young people. It is seen as a cause for concern. Yet there is a surprising dearth of hard facts regarding the extent and use of alcohol among the young. With few exceptions, the studies have been descriptive and epidemiological in nature. Most studies have focussed on the relationship between drinking and selected background variables. Relatively little systematic attention has been paid to attitudes and the factors which affect the development of drinking behaviour. There is need of longitudinal research in order to provide a systematic analysis of the evolution of drinking behaviour at different stages of young people's lives. This type of research might help us to answer some of the important questions involved in adolescent drinking habits. Judging from the experiences of other countries, it is clear that there can be no effective health education policies in the absence of detailed knowledge of drinking habits and attitudes towards alcohol.

The Netherlands

Drinking is widespread in the Netherlands and is also generally condoned. Youngsters tend to take their first drink at home but they are prone later to think that the event took place some time after the true date. Between one quarter and one fifth of Dutch children are familiar with the taste of alcohol before they reach their eleventh birthdays.

Youthful drinking becomes prevalent between the ages of thirteen and sixteen; the rate for teenagers is not very different from the adult figures. The number of drinkers has remained comparatively steady over the last fifteen years or so. And whilst there exists some controversy about the frequency of drinking, individual consumption as measured by the number of drinks last downed when alcohol was used has undoubtedly gone up. The nationwide alcohol consumption figures have remained more or less stable since 1980. There are even indications that a slight fall may have occurred: whereas the 1980 per capita alcohol consumption figure for persons aged fifteen years or more was 11.80 litres in terms of 100 per cent ethanol, the corresponding 1984 total was 10.43 litres. It seems, on the other hand, probable that youngsters who have only just begun to drink will push the figure up again.

Little is known about the adverse consequences of drinking on school children's mental and physical health. There is not enough knowledge about how alcohol affects learning, the development of manual skills, social relationships within and outside the family, and so on. Since systematic data are unavailable, it is difficult to either confirm or refute occasional reports of excessive drinking in schools, youth centres and the like. A study of the vending of alcoholic beverages in youth centres is now being carried out. The overall view seems to be that drinking can not be done away with. Schools often rely on the proceeds of alcohol sales to finance extra-curricular activities and the availability of drinks attracts young people to youth centres. Besides, alcohol use does not produce too many visible ill-effects.

The Liquor Act regulates the sale of distilled spirits in the Netherlands. The Maximum System, which tied the number of licences for consumption on the premises an area could have to the size of its population, was abolished in 1967. The number of licensed premises has not increased markedly but it may be that there are now more outlets for light alcohol beverages - in other words, beer, sherry and wine, the very drinks young people favour most.

The statutory age limit for the purchase and consumption of light alcohol beverages in public stands at sixteen years; the limit for spirits is eighteen years. There has been some debate about the role the advertising of alcohol plays. Virtually no one, however, has suggested that the age limits for purchasing and consuming alcoholic beverages should be raised. Indeed, surveys indicate that most people believe young people should be allowed to drink at the age of sixteen.

The last ten to fifteen years have been notable for an impressive body of scientific research into a variety of topics including alcoholism amongst women, the development of drinking habits and the detrimental consequences to health of excessive alcohol use. De Lint, who worked with the Dutch Foundation for the Scientific Study of Alcohol and Drug Use until 1983, has made an especially important contribution to the current state of knowledge. It may be that the information which has been gathered has failed to generate alarm over Dutch drinking habits; nevertheless, there are clear indications that indifference is gradually being replaced by concern. Remembering that individual alcohol consumption has dropped slightly, it is interesting to see that a recent survey found support for such restrictive measures as higher prices, limited opening hours for cafés and bars, more stringent stipulations for alcohol sales, and so on. Similarly, Philipsen, Knibbe and Van Reek maintain that the increase in temperance amongst women which took place between 1958 and 1981 is symptomatic of growing anxiety about alcohol use. The present moment may be a good time for revising the Liquor Act.

Yet will legislation do the trick? Is the law the best instrument for effecting, say, change in teenagers' drinking habits? A 1982 survey asked some 5,000 secondary school pupils whether they themselves felt that adolescent drinking called for action. The majority (57 per cent) answered in the affirmative, 39 per cent indicating that youngsters should be told more about alcohol and drinking. One in six (17 per cent) that the statutory age limit should be raised; fifteen per cent were in favour of banning alcohol advertisement and ten per cent voiced support for the idea of increasing prices. Since respondents were able to say "yes" to more than one alternative, the total adds up to more than 57 per cent.

This view probably concords with Government thinking and the attitudes of nationwide organizations which work with drinking problems. The last few years have seen many campaigns specifically targeted at school pupils come into being and both lectures and audio-visual techniques have been used. The work of the Federation of Institutions for the Care of Alcohol and Drug Patients (FZA), the National Committee Against Alcoholism and Other Addictions (NCA), and the People's League Against Alcohol Abuse (Volksbond tegen Drankmisbruik) should be singled out. There is no doubt that their efforts have met with a measure of success, despite the fact that no systematic research has yet been conducted and that the fruits may not become apparent for years to come.

Instead of focussing on incidental activities and campaigns, recent studies have embodied a more structural approach. One of the issues they address is giving alcohol education a permanent place on the secondary school curriculum. The studies also hold that educational efforts should be primarily directed at teachers and other adults as opposed to teenagers. The new emphasis is strongly tied up with a re-assessment of education and information, the key question being "what makes a message convincing?" Clearly, factual information must be disseminated but this is virtually the sole certitude. Most if perhaps not all information specialists would agree that the "fright appeal" has to be avoided. Yet, in practice, it is difficult to refrain from making normative or moralistic aspersions when discussing drinking habits. One of the leading figures in education and information, Van Amorengen, has made an interesting comment here. Whilst, he says, many social sanctions on leisure have been lifted in the post-war era of anti-authoritarianism - and rightly so - no new set of guidelines for public and private behaviour has yet taken their place. Youngsters must, of necessity, discover their own limits when they begin to drink; for the last twenty-five years, their parents and other adults have provided them with an example of ever-increasing consumption.

Has the tide been stemmed? At the moment, it is difficult to appraise the factors which have been responsible for the small but nevertheless significant change in the public's attitudes towards drinking. The rising cost of living, falls in disposable incomes, smaller allowances for the sick, disabled and unemployed have all played a part in today's tendency to review private and public spending. And if 'healthism' - that is, concern over diet, physical exercise and personal relationships - continues to grow, the overall outcome may be the emergence of a new moral code for drinking.

Poland

At present, unfortunately, the results of a nationwide survey of a representative sample of Poles aged 14 years and over are not available. When complete, the study will examine youngsters' socialization and drinking, initiation to alcohol, teenage drinking patterns, and the beneficial and detrimental consequences of alcohol use.

Sweden

A great part of our knowledge comes from various kinds of survey study. Most of the data are deficient and this causes methodological problems in representation and validation. It would seem, however, reasonable to assume that the shortcomings of a study will not be too different in each of the subgroups it discusses. The implication is that one should concentrate on comparing subgroups rather than on individual figures.

It appears likely that the importance of exclusions in repeated surveys is the same each year. But whether or not each year's survey is equally valid is less certain. One cannot discount the possibility that the validity of responses will be affected by changes in the political climate regarding alcohol and other drugs. Animated public debate and extensive alcohol education campaigns may have brought the public to view restrictive alcohol policies with more favour than they did a few years back. This may lead respondents to report that their consumption is lower than is actually the case.

All in all, however, the downward trend observable in youngsters' alcohol consumption almost certainly involves more than 'mere' fluctuations in validity. On the contrary: a range of indicators imply that most if not all of the reported changes are real.

Switzerland

The Swiss have long regarded juvenile drinking as a problem. As is always the case in societies with permissive attitudes towards alcohol, the way young people behave indicates an anticipation of the adult role. This is especially true where boys are concerned since alcohol is still thought of as "a man's drink". There is one set of age limits for men and another, much lower, set for women's drinking.

Most models which seek to explain teenage drinking have a psychological character. Sociological theory here is largely conspicuous by its absence.

The United Kingdom

Epidemiological data on youthful drinking in the UK are fragmented. But the UK reflects several general trends noted elsewhere in spite of this. These include a steady decline in the proportion of non-drinkers, a greater use of alcohol by women, and the emergence of polydrug use encompassing alcohol, tobacco and illicit drugs. Draconian control policies such as price regulation and advertising bans appear to have little serious support. Most youthful heavy drinking appears to be self-limiting and episodic. Young people seldom approach 'alcohol problem agencies' because they need help for their frequent heavy drinking. It may be noted that in the UK some problem drinkers may be helped to control or moderate their drinking instead of becoming abstainers. An encouraging development is the emergence of a self-help group, Drinkwatchers. The organization has yet to be evaluated but does appear to be more attractive than established agencies to young people whose alcohol misuse is not chronic or severe.

The available evidence suggests that the UK is only notable for an extreme rarity of youthful abstainers. Otherwise, the country's young drinkers are not very different from their counterparts elsewhere.