

# RIASE

REVISTA IBERO-AMERICANA DE SAÚDE E ENVELHECIMENTO  
REVISTA IBERO-AMERICANA DE SALUD Y ENVEJECIMIENTO

## **TEENAGERS ARE REGULAR CONSUMERS OF ALCOHOLIC DRINKS?**

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## ABSTRACT

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**Objective:** Know the pattern of alcohol consumption in students of a public school in Alentejo. **Methods:** Descriptive, exploratory study with a quantitative approach. The population is composed of students from a group of schools in Alentejo attending the 7th grade in 2012 and two years later in the 9th grade. It was used Scale Alcohol Involvement Scale for Adolescents. **Results:** In 2012 the questionnaire was applied to 52 students of the 7th grade, with an average of 12 years old. The most of them do not drink alcohol and those who drank were mainly boys. They drank once or twice a year, most often beer, at night, with their parents and friends. They say that drink doesn't cause any problems and they can control and impose themselves limits. In 2014 on 9th grade, answer 47 students, with an average of 15 years old. The most of them drink alcohol, equivalent boys and girls. Essentially they drink alcohol once or twice per month preferably beer, at night with friends. Teenagers think that alcohol doesn't cause them any problems and they can control and impose themselves limits. **Conclusions:** The study data suggest that consumption of alcohol by teens is a reality because if in 2012 most of them were abstinent; in 2014 there was a considerable increase in usual drinkers smoothly.

**Descriptors:** Alcohol drinking; adolescents; primary health care; school health.

## INTRODUCTION

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Alcohol is culturally and socially accepted and valued in almost every society in the world, whose consumption and production have been present in the most distinct historical and civilizational contexts<sup>(1)</sup>.

Environmental factors, economic development, culture, access to alcoholic beverages and the effectiveness of policies condition alcohol consumption, as well as the family history of disorders for abuse of this substance<sup>(2)</sup>.

Alcohol is one of the main causes of situations of vulnerability in adolescence, and it is one of the most consumed psychoactive substances in the world, representing the drug of choice among children and adolescents. People who start consumption during adolescence are more likely to suffer the consequences excessive consumption of alcohol in adulthood, including the risk of addiction<sup>(3)</sup>. This aspect is relevant since alcohol consumption among young people, especially in the group of 15-19 is worrisome<sup>(2)</sup>.

The consumption of alcoholic beverages may be associated with tobacco consumption and risk factors, influencing situations of vulnerability for adolescents. And it increases the probability of occurrence of diseases, accidents, mental disorders or behavior<sup>(3)</sup>.

Excessive consumption of alcohol is extremely serious; it is more than a health problem, if we take into account that it may be the cause of other phenomena, violence and crime<sup>(4)</sup>. The harmful use of alcohol is an important cause of injuries, with a serious impact on the health and well-being of individuals. In 2012 around 3.3 million deaths worldwide (5.9% of total deaths) were attributed to the consumption of alcohol<sup>(2)</sup>.

Portugal is traditionally one of the countries where most alcoholic beverages are consumed, what results in some indicators that deserve special attention. It is verified that the number of deaths attributable to alcohol have increased over the last 5 years<sup>(5)</sup>.

Faced with such facts, alcohol consumption in adolescence should be viewed as a global problem and concern of some world organization. The passage of childhood to adolescence is where alcohol consumption is commonly initiated<sup>(6)</sup>, and it has been increased, especially among girls, between the ages of 12 and 15<sup>(7)</sup>.

From this concern there is the need to implement prevention strategies and policies of alcohol consumption among adolescents. One of the objectives of the National Child and Youth Health Program is to stimulate the choice of health by promoting behaviors, among which, the prevention of harmful consumption<sup>(8)</sup>. It is also the responsibility of Health School to promote health and health literacy, favoring health promotion projects which contribute in preventing the onset of tobacco and alcohol consumption<sup>(9)</sup>.

Taking into account what the scientific evidence shows, regarding high risk patterns of alcoholic beverages consumption, in adolescents and young adults and, by increasing precocious experimentation of alcohol consumption in children, Decree-Law no. 50/2013 of April 16<sup>(10)</sup> was published, which presents the restrictions on the availability, sale and consumption of alcoholic beverages, as well as the consequences of non-compliance. From July 1st, 2015, in regard to the changes introduced by Decree-Law no. 106/2015 of June 16<sup>(11)</sup>, the sale of alcoholic beverages to minors (person who is under 18 years-old) was prohibited, instead of 16 years-old, according to previous legislation.

Therefore, the importance of research that allows the identification of dependency of alcohol in the populations is reiterated, so that the intervention favors the change of the consumption patterns and consequent reduction of health damage<sup>(7)</sup>.

The interest in the subject is highlighted by the prevalence of the occurrence of situations of drunkenness, in which the data, by Regional Health Administration and by cycle of studies (2006 and 2011), indicate that these occur essentially in secondary education and the highest values are in Alentejo, both in 2006 and in 2011, despite the slight decrease in this last year<sup>(5)</sup>.

## METHODS

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This is an exploratory and descriptive study with the objective of knowing the pattern of alcohol consumption of students from a group of schools in Alentejo (District of Évora).

The Alcohol Engagement Scale was used as a data collection instrument for Adolescents (AAIS) developed by Mayer and Filsted in 1979, measured for the Portuguese population by Barrias et al. in 1984 and by Fonte et al. in 1999<sup>(12-13)</sup>.

The AAIS is a self-assessment scale, with multiple choice responses that quantifies the degree of involvement of adolescents with alcohol. It is intended to know the frequency of alcohol consumption, why and how the young people started drinking, what they drink, when, and with whom they drink, when the alcohol consumption started and what the effects and consequences of this consumption<sup>(12-13)</sup>.

The authors<sup>(12-13)</sup> divide the categorization of respondents into 5 groups: 0 abstinent points; 1 to 19 points - irregular drinkers; 20 to 41 points - habitual drinkers without problems; 42 to 57 points - habitual drinkers with problems and 58 to 78 points - *alcoholic like*.

This scale was applied in January 2012 to students of 7th grade from a group of schools of the Alentejo (District of Évora), for a total of 52, and later, two years later, in May 2014, when those same students already attended the 9th grade of schooling (47 students).

Between 2012 and 2014 these students participated in activities developed by nurses of Health Education, in particular, health education sessions (on the effects of alcohol, alcohol-related myths, and responsible alcohol consumption), musical concerts about alcohol and recreational activities (parties with non-alcoholic beverages and simulation of the effects of alcohol). Peer intervention was one of the strategies used.

All ethical procedures were complied (informed consent, confidentiality and anonymity), according to the Helsinki Declaration on Research Ethics involving Human beings. Approval was obtained from the Directing Council of the School Grouping and legal representatives of students.

## RESULTS

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In 2012, the Alcohol Involvement Scale (AAIS) was applied to 52 of the 65 students who were in the 7th year of schooling, 21 girls and 31 boys, with an average age of 12 years-old.

When asked how often they drink alcohol, 30 (16 girls and 14 boys) said they have never consumed. From the 22 teenagers who answered affirmatively, the majority are boys (17). Most did it 1 to 2 times a year (12), although 1 referred every day.

They started drinking because they liked the taste (13). They prefer beer (11) and cocktails of alcoholic beverages (4). They began consumption in the presence of parents (9) or with friends (7).

They prefer drinking in the evening (8) and in the afternoon (4). The first time they drank alcoholic beverages was mostly because of curiosity (12) and because it was offered to them by parents or family (8), one of whom said that the first time he drank it to get drunk and to be "fine".

In regard to quantity, they consumed 1 glass or less (15), 1 answered until he became cheerful or drunk. They usually drank with their parents or family (12).

Regarding the most important effect they have had on the drink, they answered that it was unwind (7), cheerful (5) and drunk (3). When asked what they felt when they drank, 12 reported having no problem and 6 mentioned that they could control themselves and impose limits on themselves.

It should be noted that the 5 girls who reported drinking alcohol they do so less frequently than the boys, all mentioned 1 to 2 times a year, mainly beer and about the quantity, it is 1 glass or less.

The same students, in 2014, now attending the 9th year, after having participated in some activities promoted by the School Health nurses, have responded again to the same questionnaire. Mainly due to the disapproval of some students in the two years only 47 (23 boys and 24 girls) answered the questionnaire with an average age of 15 years-old.

When asked how often they drank alcohol, 13 responded "never" and 34 answered affirmatively (17 boys and 17 girls). They drink essentially 1 or 2 times a month (15), 1 or 2 times a year (8), every weekend (7) and every day (1). They usually started drinking because they liked the taste (16) or with friends (13). It should be noted that 4 reported that they did so because they felt nervous, tense, bored or in trouble.

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They continue to prefer beer (14) and alcoholic cocktails (7), and some mentioned various types of drinks. They drink mostly at night (27).

They usually drink about 2 glasses (10); nevertheless they emphasize that 7 teenagers drink between 3 to 6 glasses, 8 who drink 6 or more glasses and 6 who drink until they are happy or drunk.

The vast majority drink mainly with friends of the same age (24). The most important effect they had with the drink was to relax (17) and stay moderately (14) and 1 of them mentioned that he drank too much, that he does not remember anything in the following day.

In regard to the question what they feel about what they drink, half said they did not have problems and the other half mentioned that they can control themselves and impose limits on themselves.

When we compared the alcohol intake habits of girls (17) with respect to boys (17) we found that they drink less frequently, 1 to 2 times a month (10), 1 to 2 times per year (6) and every weekend (1). However, it should be noted that consumption of cocktails by the girls has increased and 10 girls mentioned that they consume various types of drinks, rather than the guys who prefer beer.

In 2012, girls increased the amount of alcohol they ingest, they drink 2 glasses (7) but there are to consider the 4 girls who drink 6 or more glasses and 1 who drinks until getting happy or drunk, in spite of everything, amount inferior to what is ingested by the boys.

When calculating the AAIS score it was concluded that in 2012 the majority were abstinent (58%), about 17% were irregular drinkers, 23% were habitual drinkers without problems and 2% were habitual drinkers with problems. In relation to 2014, the abstinent drastically decreased (26%), irregular drinkers dropped to less than half (6%), with an increase in habitual drinkers without problems (64%) and drinkers 4%, according to figures 1 and 2.

AAIS - 7<sup>TH</sup> grade - 2012

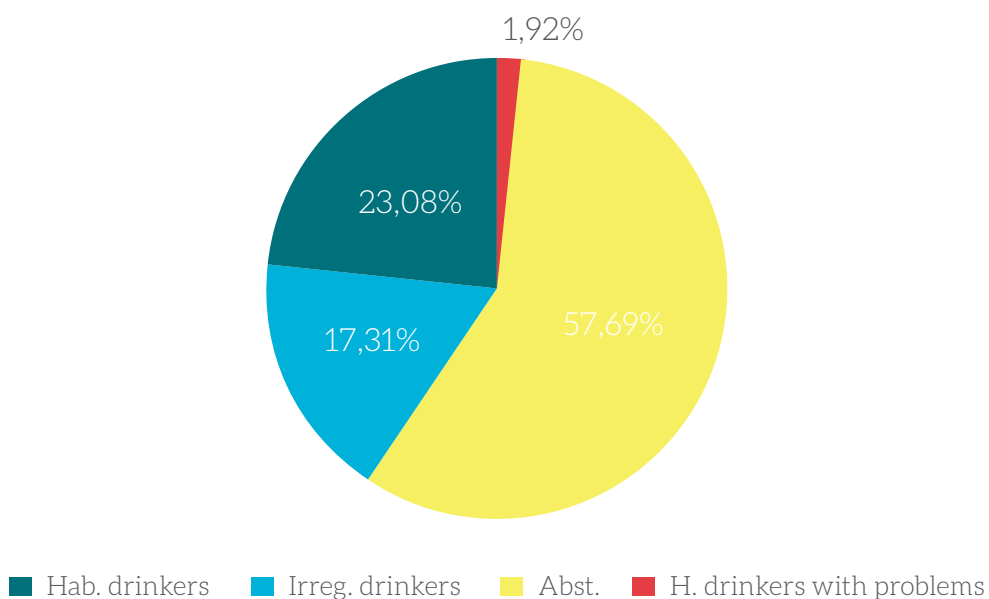


Figure 1 - Categorization of the students of the 7th grade regarding the degree of involvement with alcohol, 2012.

AAIS - 9<sup>TH</sup> grade - 2014

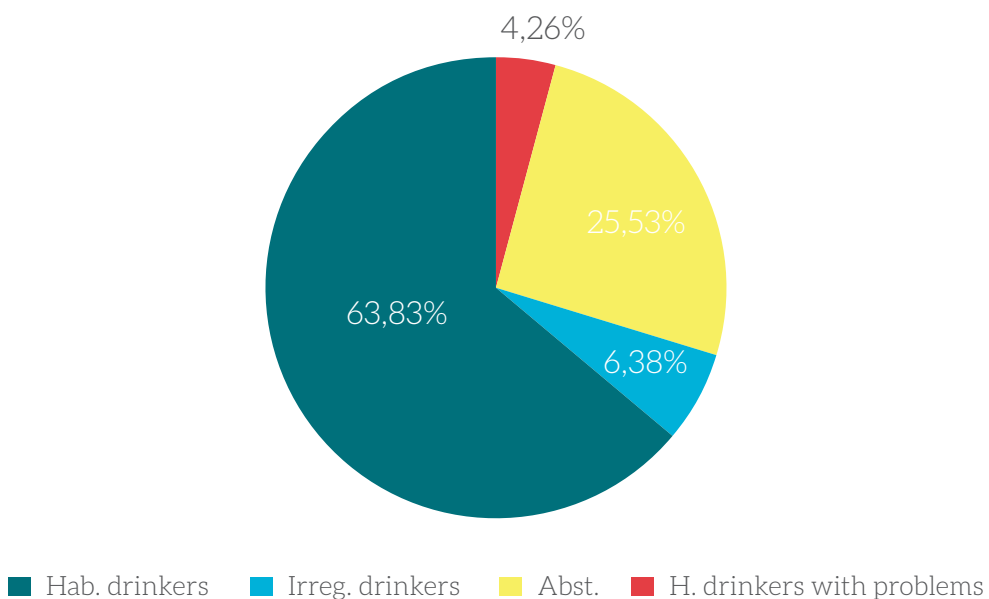


Figure 2 - Categorization of the students of the 9th grade regarding the degree of involvement with alcohol, 2014.

## DISCUSSION

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The consumption of the first alcoholic beverage occurs earlier and earlier, and the consequences after drinking are many and can range from social, moral, school damage, to damages to physical integrity<sup>(1)</sup>. Also in the study carried out, it was verified that almost half of the students from the 7th grade (mean age 12 years old) had already ingested alcoholic beverages. This one almost doubled when they reached the 9th grade (mean age 15 years-old). Other study<sup>(14)</sup> on the consumption of alcohol, tobacco and drugs reports that between 2007 and 2011 it was observed an increase in the prevalence of intoxication in the last 12 months in all ages, including 13 and 18 years-old.

In regard to two Portuguese epidemiological studies<sup>(5)</sup>, HBSC-2010 (Health Behavior School-aged Children) and INME-2011 (National Survey on School), the HBSC indicates that alcohol testing by adolescents, by age and sex, in Portugal (2010) occurs both in boys and girls, mainly around 12-13 years-old. On the other hand, the highest percentage of cases in which alcohol has resulted in drunkenness, it is up to teenagers (boys and girls) who are 14 and older, being higher in girls. Regarding the frequency of alcohol consumption in the last 30 days, in Portugal (2010), it is verified that boys drink alcohol more frequently and this consumption occurs essentially in the 8th and 10th grades<sup>(5)</sup>.

The data found in the study also seem to indicate that with the advancing age, the frequency with which they consume alcoholic beverages increases.

A Portuguese paper<sup>(15)</sup> reports that at age 13, 37% of adolescents who are 13 years-old have already consumed alcoholic beverages, with a preference for beer (40%). It was also found in the study presented, in which both at younger ages as well as later, that beer remains the beverage of choice.

This early consumption is also referenced in studies of other countries, about three-quarters of adolescents aged 13 to 15 have tried alcohol regularly during the last 30 days<sup>(16)</sup>, as well as in another study<sup>(1)</sup> which reported that between 10 and 14 years old, 45% of adolescents have already drunk alcohol.

Data from the INME surveys<sup>(5)</sup> indicate that lifetime prevalence (experience of 2001, 2006 and 2011) decreased from 2001 to 2006, cycle and secondary levels, rising again in 2011, close to 2001. In 2001, the beer and distilled beverages occupied prominent places, highlighting in 2011 the impact of "new beverages", especially in the secondary. They have concluded that the secondary students increased consumption, for all types of beverages, especially those of higher risk<sup>(5)</sup>.



As for the sex variable there seems to be a progressive increase in alcohol consumption between these changes as their role in society makes it similar to that of men<sup>(7)</sup>. There are also studies in which there is a distribution between the sexes, regarding alcohol intake<sup>(1,17-18)</sup> and indicate that abusive consumption of alcohol begins in adolescence, and is increasing especially in the ages of 12 and 15<sup>(7)</sup>.

The data allow us to observe that in younger people the difference between the number of boys and girls who consumed alcohol is visible, and at the most advanced ages these values are similar.

Evidence indicates that teenagers and young adults with patterns of harmful consumption in the last decade, when 20.7% of the Portuguese between 15-64 years-old have never drunk; 34.6% of young people aged 15-19 years-old became intoxicated at least once, and 1.2% of these young people did it 10 or more times<sup>(19)</sup>. Also in other countries, students from elementary and high school, alcohol is the most commonly used drug in which 80.5% have used it at least once and 18.6% frequently<sup>(6)</sup>.

From the analysis of the data it is verified that in 2014, only 26% have never drunk and those who drank more than 6 glasses or until they are drunk represent 35,3% of the young people interviewed. It was also possible to observe that in most cases when referring to the effects of ingestion of alcohol they reported to be relaxed and cheerful and this is not a problem, and that they can control themselves and impose limits on themselves. Identical data have been found in other studies, where more than half of young people report that nothing has happened to them<sup>(1)</sup>.

Faced with the facts, the importance of research should be reinforced in order to plan activities to promote health<sup>(20)</sup> and intervene to change patterns of consumption and reduce health damage<sup>(7)</sup>. To emphasize the importance of involving the family in the actions since consumption often begins at home with parents or with the family<sup>(18)</sup> and friends<sup>(1)</sup>, increasing this intake when there is a family history of alcohol consumption<sup>(21)</sup>. It is verified by the analysis of the data that in the lower ages the greater part of people began to drink in the presence of the parents, sometimes being the parents or family who offer the drink, when older people mainly drink with their peers.

Alcohol use in adolescence is therefore a problem worldwide. It is a major concern and a problem that needs intervention of health professionals in schools, promoting activities conducive to reflection that result in a change of behavior, since it is in this space that young people start to most of their time<sup>(6)</sup>.

Alcohol appears to be very popular among young people because, as there is a substantial increase in regular drinkers (no problems) between 2012 and 2014.

## CONCLUSIONS

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Alcohol consumption is currently a concern for world as for their immediate and future consequences, for countries such as Portugal. The beginning of alcoholic beverages consumption has been more precocious and if earlier it was a problem of the boys, at the moment it does not seem to exist great differences between boys and girls.

On the other hand, this onset often occurs in the presence of parents and family members. The older adolescents consume alcohol essentially with the group of friends. Consumption increases with age and, among their favorite beverages the beer is emphasized. Young people consider that nothing happens to them because they drink alcohol, which is according to the AAIS Score, regarding the degree of involvement with alcohol, in which this indicates that they are mostly regular consumers without problems.

In view of the fact that this is a public health problem, with very high costs for the community, effective intervention is indispensable. The school, where the young people have been part of their day, should have a major investment in healthy behaviors and prevention of harmful consumption. The General Direction of Health recommends that health professionals invest in prevention, particularly in young people, in early ages, given the age range in which consumption patterns emerge which may develop into situations of dependency.

In addition, the great changes occurring in adolescence, whether psychic, physical, social and emotional ones, making young people to be more vulnerable to situations of risk. Due to this complexity, actions must take place in an interinstitutional partnership to involve the community and, in a global and concerted way, to carry out interventions with a view to preventing the abuse of alcohol and the risks associated with it, particularly those of a sexual nature, road accidents, violence, among others.

Peer intervention can be an appropriate strategy as it allows adolescents are key actors in their learning process of healthy behaviors, becoming active partners of health and education professionals and in agents of change, also by the proximity to the population with which they interact.

The family institution cannot be left out; it is usually because of them that consumption starts and can later evolve into abusive patterns, with serious impacts on the health and well-being of individuals and communities.

Much remains to be done, it cannot be expected that deterrence will be achieved only by punishment, but essentially because of the conviction that this is a problem that has serious consequences and concerns everyone.

The interventions will only have positive effects if they result from an informed and reflected change of behavior and, if the family and the community as a whole play an active role.

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