

“It is possible that relationships with alcohol forged during late adolescence may have cumulative lifetime drinking-related consequences.”¹

Drinking alcohol is a feature of many social occasions in Britain - weddings, funerals, birthdays, barbecues, nights out with mates, or just sitting in front of the TV. Cheaper alcohol, clever marketing and changed attitudes have fostered a culture in which regular drinking and drinking to excess are seen as the norm.



Growing up in such a pro-alcohol environment, it's not surprising that young people under 18 drink. It sometimes seems to be expected. Experimenting with alcohol in adolescence is widely thought of as a 'rite of passage' and getting drunk a phase that a lot of young people will go through.

Concern is expressed about young people's drinking, but there is a tendency to focus on the anti-social aspects of heavy drinking. Evidence suggests we should pay more attention to the health risks. Drinking during adolescence can have a range of negative impacts on health and well-being, with potentially serious and long-lasting consequences.

Alcohol is the most widely used addictive substance by young teenagers

Young teenagers in Scotland are much more likely to drink alcohol than smoke cigarettes. Alcohol consumption is also far more prevalent than illegal drug use. Teenagers in the UK report some of the highest rates of alcohol use in Europe.

- A third (32%) of 13-year-olds and two-thirds (70%) of 15 year olds in Scotland have drunk alcohol. This compares to 2% of 13 year olds and 9% of 15 year olds who have tried smoking, and 4% of 13 year olds and 18% of 15 years olds who report having tried an illegal drug.
- 44% of 13 year olds and 70% of 15 year olds who have tried alcohol have been drunk at least once.
- 4% of 13 year olds and 20% of 15 year olds report being drunk more than ten times.²

'Binge drinking' is a common pattern of drinking among young people

Drinking to intoxication at weekends, combined with weekday abstinence is a common drinking pattern in Scotland. Heavy drinking episodes are linked to increased risk of injury, and are a contributory factor in heart disease in later life.

- 83% of 16-24 year olds in Scotland consume alcohol.
- 42% of 16-24 year olds report drinking over recommended daily and weekly limits in 2013.
- Compared to older age groups, 16-24 year olds drink less frequently. But 36% consumed more than the recommended daily limit (of 3/4 units) on their heaviest drinking day in the past week, and 22% consumed double the daily limit or more.³

Regular drinking at a young age increases the risk of problem drinking in later life

The earlier teenagers start drinking regularly and experience drunkenness, the greater the risk of problem drinking in adulthood. Drinking behaviour may be affected by a number of social and behavioural risk factors, which predispose some adolescents to hazardous drinking. However, teenagers can start drinking in early adolescence in the absence of these risk factors, and go on to report risky consumption in later life.

Teenage drinking can have an immediate and long-term impact on health

Alcohol harm experienced by young people is most likely to result from the acute consequences of alcohol consumption. However, heavy drinking in adolescence can cause the development of chronic alcohol diseases at a younger age.

Alcohol conditions, such as liver cirrhosis, used to appear in late middle age. However, as alcohol consumption in Scotland has gone up, increasing numbers of younger people have been diagnosed with chronic alcohol conditions. The consequences of heavy drinking in adolescence are now being seen in young adulthood.

On average, 17 teenagers (15-19 year olds) are admitted to hospital each week in Scotland for an alcohol-related condition.

Most are admitted over a weekend as an emergency and treated for the effects of acute intoxication or the harmful use of alcohol.

In 2013/14, 873 under 18s were taken to hospital by the Scottish Ambulance Service in an alcohol-related incident.

In 2013/14, 126 young people aged 15 to 24 were hospitalised for alcohol dependence, psychoses and alcoholic liver disease, indicative of more severe health damage.⁴

Over the past 30 years, figures show a 200% increase in hospitalisations of 15 to 24 year olds in Scotland for alcohol-related causes, and a 500% rise in the number of 15 to 24 years olds treated for alcohol psychosis (severe mental disorder).

Hospitalisations for alcoholic liver disease in 25-34 year olds have increased by over 300% over the past 30 years.⁵

Among 13 and 15 year old school pupils, those who have never had an alcoholic drink are more likely to perceive their health as 'very good' than those who have drunk alcohol in the last week.

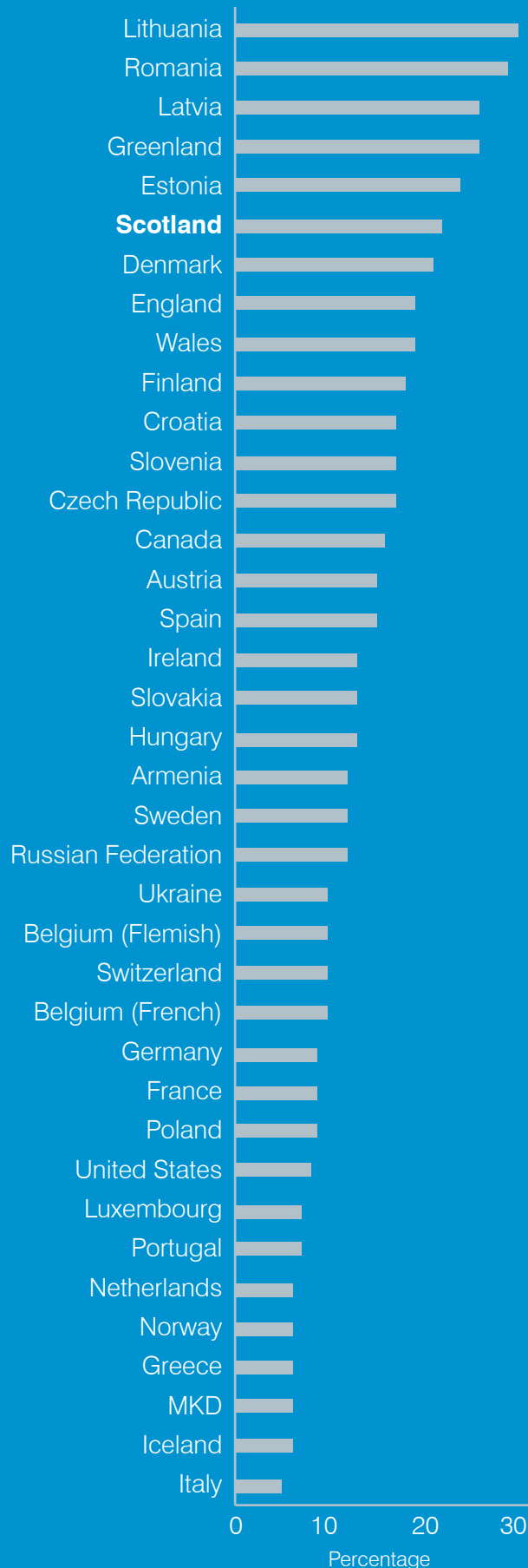
Alcohol's physical and psychological effects

Alcohol is a psychoactive substance with intoxicating effects. It can alter a users' mental state, increasing impulsivity, impairing judgement, and affecting balance and movement.

Repeated exposure to alcohol is toxic to human cells and tissue. Alcohol has the potential to adversely affect nearly every organ and system of the body. Alcohol's acute toxic effects include poisoning. Chronic effects include cancer and liver cirrhosis.

Alcohol is a drug of dependence. Symptoms of dependence include difficulty in controlling drinking behaviour and continuing to drink despite clear signs of harmful consumption.

15 year olds who report first drunkenness at age 13 or younger



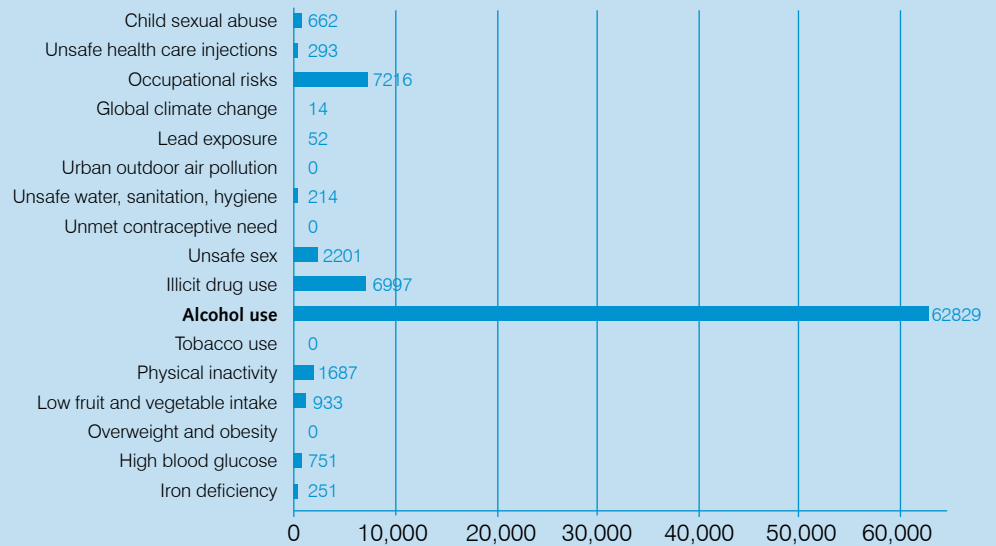
Graph: Health behaviour in school-aged children (HBSC) study: international report from the 2009/2010 survey.

Drinking alcohol is a leading risk factor for death and disability in young people

Unlike smoking and other major risk factors, alcohol impacts on health early in life. In Scotland, 15% of all deaths in young people aged 16-24 are linked to alcohol. The leading causes of death in 16 to 24 year olds attributable to alcohol use are road traffic accidents, intentional self-harm, epilepsy and assault.

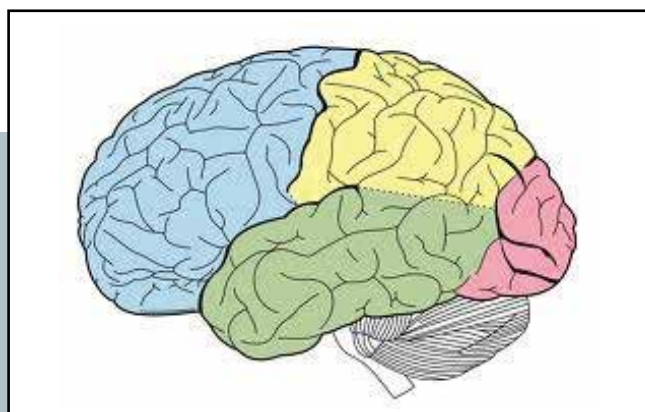
Number of deaths attributable to leading risk factors, males 15-29 year olds.

WHO European Region.



Exposure to alcohol in adolescence may affect cancer risk later in life

Drinking alcohol is linked to the development of cancers of the mouth, pharynx, larynx, oesophagus, liver, bowel and breast. Increased cancer risk arises from current and past alcohol consumption. The effect of alcohol consumption on cancer can only be seen after many years, and as long as two decades. The amount of alcohol consumed in adolescence and early adulthood may therefore impact on cancer incidence in later life. Cancer risk increases most when drinking above recommended limits, but for some cancers, such as breast cancer, there is a significant increase in risk with light drinking. In Scotland, it is estimated that at least 700 cases of breast cancer each year may be attributable to drinking alcohol.⁶



Drinking in adolescence may disrupt normal brain development

There is an established link between long-term, heavy alcohol use and abnormalities in brain processes in adults, leading to physical and psychological disability. However, emerging evidence suggests that alcohol consumption earlier in life - at the onset of regular drinking in adolescence - may have detrimental effects on brain functioning.

Adolescence is a critical time in neurocognitive development as the brain matures. Research indicates that alcohol use during adolescence is associated with reduced white matter integrity, with greater damage linked to heavier alcohol use. White matter is involved in the development of normal cognitive functioning, including information-processing and long-term memory.

Damage to white matter during adolescence may interrupt the process of brain development, with potentially long-lasting consequences.⁷

The human brain reaches approximately 90% of adult volume by age 6, but continues a process of structural change until the early 20s. The prefrontal cortex, the part of the brain responsible for decision-making and impulse control, is one of the last areas to fully mature. Evidence suggests the adolescent brain is particularly susceptible to the effects of alcohol.

Alcohol use in adolescence is a risk factor for poor mental health

A large proportion of all adult mental health disorders start in adolescence. Risky and heavy episodic drinking is associated with a range of psychiatric symptoms, including conduct and behaviour problems, anxiety and depression.

Alcohol use has been identified as a risk factor for self-harming during the transition from late adolescence to adulthood. And adolescents who drink whilst feeling sad or depressed have an increased risk of attempting suicide.⁸

Evidence suggests a reciprocal relationship between alcohol use and mental health. Alcohol may be used to cope with negative feelings, and heavy alcohol use may precipitate psychiatric distress.

As drinking often starts in adolescence, a time of significant emotional and biological change, alcohol use in adolescence may have a critical impact on mental well-being.

In Scotland, school pupils who have never had an alcoholic drink are more likely to report better mental wellbeing than those who drank in the last week.

Pupils who drink are more likely to report difficulties in terms of emotion, conduct and attention than their non-drinking peers.

Pupils who drink are more likely to report truanting and being excluded from school than those who do not drink.

Drinking alcohol in adolescence is a risk factor for involvement in offending behaviour

Two thirds (68%) of young offenders in Scotland, average age 19, reported being drunk at the time of their offence. The proportion of young male offenders reporting that they got drunk daily before being imprisoned rose from 7% in 1979, to 22% in 1996, to 40% in 2007.⁹

Alcohol use is linked to risky sexual behaviour

Evidence suggests that alcohol consumption is associated with several types of risky sexual behaviour, including an increased likelihood of having sex and at a younger age; unprotected sex and not using a condom during a young person's first sexual encounter; teenage pregnancy; and the likelihood of contracting sexually transmitted diseases.¹⁰



The need to protect adolescents from alcohol harm

Risky behaviours - drinking, smoking, unhealthy eating patterns, and a lack of physical exercise - are major contributory causes of death and disease in society. Often these behaviours are first adopted in adolescence.

The damage caused by some risky behaviours - smoking or a lack of exercise - may not be evident until later adulthood. However, alcohol consumption can have an immediate detrimental impact on health.

Reducing adolescents' exposure to alcohol protects against the risks of immediate harm and may be important for preventing long-term adverse health consequences.

References

1. McCambridge J et al Adult Consequences of Late Adolescent Consumption: A Systematic Review of Cohort Studies, PLOS 2011, DOI: 10.1371/journal.pmed.1000413
2. SALSUS report 2014
3. Scottish Health Survey 2014
4. ISD Alcohol-related hospital statistics Scotland 2014
5. Monitoring and evaluation of Scotland's alcohol strategy, annual report 2014
6. Alcohol and cancer risks, SHAAP, updated 2014
7. Eloffson J et al Alcohol use and cerebral white matter compromise in adolescence, Addict Behav. 2013 Jul;38(7):2295-305
8. Schilling E et al (2008) Adolescent alcohol use and suicide, Journal of Adolescent Health.
9. Prisoner Survey 2013, Scottish Prison Service
10. Newbury-Birch D et al Impact of alcohol consumption on young people: review

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