

# Early drunkenness may be riskier than an early age at first drink for problem behaviors

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Many studies have reported that the earlier the age at first drink (AFD) the higher the chances of that person developing later drinking-related problems. However, it is unclear why consuming small quantities at an early age should lead to later problems. A new study of linkages between AFD and problem behaviors – smoking, marijuana use, injuries, fights, and low academic performance – among 15-year-olds has found that early drunkenness was a risk factor rather than an early AFD.

Results will be published in the March 2013 issue of *Alcoholism: Clinical & Experimental Research* and are currently available at Early View.

"The problem is that people tend to think of early drinking onset in terms of toxicity exposure," explained Emmanuel Kuntsche, a senior scientist at Addiction Switzerland as well as corresponding author for the study. "That is, the longer any creature is exposed to a toxic circumstance, the worse. Or, the earlier the toxic circumstance was in place, the worse today's outcome. However, this thinking neglects two principal issues when it comes to [alcohol](#) use: one, consumption of small amounts of alcohol such as a sip are not toxic, and two, the majority of the population is not constantly exposed to toxic amounts of alcohol. Adolescent drinking patterns in particular are characterized by large variations from day to day with longer periods of abstinence."

"This is a remarkable study, shedding light on an area too often considered obvious," added Allaman Allamani, former co-ordinator of the Florence Health Agency Alcohol Centre, and presently with the

Tuscany Regional Health Agency. "The great majority of studies, in fact, simply imply a causal relationship between early AFD and later drinking problems. This was probably due to the fact that in some drinking cultures, where most of these studies were conducted, and for many adolescents there, the first drink may be a [drunkenness](#) experience."

"First, we argue that an early AFD can be a marker of other problems such as conduct disorder, being a child of alcoholic parents, or having experienced childhood trauma," said Kuntsche. "But an early AFD does not have to be a marker of problems. For example, I drank the foam from my father's beer in a pub when he was not watching. I was five years old and became quite inebriated. Still, I think I've done quite well in life. Second, we argue that early drunkenness is the main risk factor, not an early AFD."

Kuntsche and his colleagues analyzed data gathered through the 2005/2006 edition of the Health Behaviour in School-aged Children (HBSC) cross-national survey, which has been conducted every four years since 1983 among 11-, 13-, and 15-year-olds in collaboration with the World Health Organization. For this study, the sample for analysis was comprised of 44,801 alcohol-experienced 15-year olds (23,322 girls, 21,479 boys) from 38 North American and European countries and regions.

"We found that early drunkenness was a risk factor for various adolescent [problem behaviors](#) at 15 years of age rather than an early AFD," said Kuntsche. "We believe that future research should focus on the problems behind early drunkenness rather than on the AFD per se. Prevention efforts need to focus on impeding early drunkenness in order to prevent subsequent harm during adolescence and beyond."

"It is also important to consider that early drunkenness is not the only risk factor for later problems," said Allamani. "Indeed, even if it is

usually true that you cannot be drunk if you are not drinking, the study shows that early drinking is not sufficient for an adolescent to get drunk. Therefore other factors should be considered to explain this comportment at the moment that drunkenness appears. The authors suggest negative life events, behavioural problems, and parents' alcoholism as possible underlying problems."

"I think these findings have important implications for parents," said Kuntsche. "People/parents should not panic when they become aware that a child/young adolescent has taken one sip or glass of any alcoholic beverage. They should simply explain to the underage person that this is an inappropriate behavior because, for example, alcohol consumption is problematic for the developing brain. In addition, parents should set clear restrictive rules to impede underage drinking, as well as sanctions for transgression of the rules. At the same time they should foster closeness with their kids, for example, by instigating joint family activities."

Allamani agreed. "The study findings imply the relevance of the family context, where the first moderate drink may be experienced," he said. Drinking is not an individual behavior, but an interactional one. Through their own behavior, family adult members transmit both values and behaviors to their children. They may be oriented towards moderation, but also to risk or to abuse. As adults, we should be aware of our decisive role in front of our kids."

Provided by Alcoholism: Clinical & Experimental Research

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