

First drink to first drunk

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Although starting to drink at an early age is one of the most frequently studied risk factors for subsequent heavy drinking and related negative outcomes, findings have been inconsistent. An alternative indicator of risk may be quickly progressing from initial alcohol use to drinking to the point of intoxication. This study evaluated the risk associated with age of onset (AO) of drinking and delay to first intoxication in a high-school sample, finding that both an early AO and a quick progression to drinking to intoxication were associated with high-school student alcohol use and binge drinking.

Results will be published in the October 2014 online-only issue of *Alcoholism: Clinical & Experimental Research* and are currently available at Early View.

"My colleagues and I first identified a quick progression to drinking to [intoxication](#) as a risk factor in a sample of college students in 2012," said Meghan E. Morean, assistant professor of psychology at Oberlin College, Ohio and adjunct assistant professor of psychiatry at Yale School of Medicine. "The current study extends this research in two important ways. First, this work demonstrates that starting to use alcohol at an early [age](#) and quickly progressing to drinking to intoxication jointly are related to underage alcohol use and binge drinking. Second, this research focused on high school students." Morean is also the corresponding author for the study.

"Efforts to distinguish between age of first alcohol use and progression to first heavy use as risk factors for [heavy drinking](#) have important

implications for prevention efforts," added William R. Corbin, associate professor and director of clinical training in the department of psychology at Arizona State University. "If age of any use is the primary risk factor, our efforts should be primarily focused on preventing initiation of any use. If, however, age of first intoxication – or delay from first use to first intoxication – is a unique risk factor above and beyond age of first use, prevention efforts should also target those who have already begun drinking in an effort to prevent the transition to heavy drinking."

Morean and her colleagues asked 295 adolescent drinkers (163 females, 132 males) who were predominantly Caucasian with an average age of 16 years to complete an anonymous survey about their substance use in February of 2010. These self-report questions assessed AO and age at first intoxication – for example, "How old were you the first time you tried alcohol/got drunk?" – as well as the previous month's consumption of alcohol, including an assessment of the frequency of engaging in binge drinking (defined as > 5 drinks).

"Our research suggests that teenagers who have their first drink at an early age drink more heavily, on average, than those who start drinking later on," said Morean. "Our work also suggests that how quickly teenagers move from having their first drink to getting drunk for the first time is an important piece of the puzzle. In total, having your first drink at a young age and quickly moving to drinking to the point of getting drunk are associated with underage alcohol use and [binge drinking](#), which we defined as five or more drinks on an occasion in this study. To summarize, we would expect a teenager who had his first drink at age 14, and who got drunk at 15, to be a heavier drinker than a teenager who had his first drink at age 14, and waited to get drunk until age 18."

"The key finding here is that both age of first use and delay from first

use to first intoxication serve as risk factors for heavy drinking in adolescence," said Corbin. "Although this has already been demonstrated in college students, extending the findings to adolescents is critical as universal prevention efforts primarily target this age group. Replicating this finding in adolescents is also important because participants were reporting on AO and intoxication closer in time to the occurrence of these behaviors. The current study also demonstrates that the effects of age of first use and delay to first intoxication do not differ by year in school, gender, or ethnicity. Thus, these appear to be relatively universal risk factors rather than unique risk factors for specific subgroups of the population."

Morean agreed. "Essentially, this means that AO and delay appeared to serve as 'equal opportunity' risk factors across these demographic categories in our sample," she said. "However, we only were able to compare Caucasian students to non-Caucasian students, broadly speaking. Research examining AO, delay, and race in a larger, more diverse sample is needed to evaluate the extent to which the current pattern of findings can be replicated."

"AO and progression to first intoxication seem to be distinct [risk factors](#)," noted Corbin. "Although the magnitude of the effect for AO was larger, the independent effect of delay to first intoxication was substantial. Thus, although it is important to continue efforts focused on preventing initiation of any alcohol use, it is also important to consider ways to delay first intoxication among those who have begun drinking. Such approaches should not be ignored given that roughly 80 percent of adolescents have initiated alcohol use by their senior year in high school, and would be similar to efforts to prevent sexual-risk behaviors. Although efforts to delay initiation of sexual behavior in adolescents are worthwhile, it is also necessary to make sure that those who are sexually active are engaging in behaviors that protect them against pregnancy and sexually transmitted infections. A similar, two-part strategy seems

warranted in alcohol-prevention efforts targeting adolescents."

Both Morean and Corbin recommended parental involvement.

"We would recommend that parents attempt to delay their children's use of alcohol as long as possible," said Morean. "However, even among adolescents who have had their first drink, a significant percentage has yet to drink to intoxication. Therefore, parents' efforts to delay drinking to intoxication may be helpful in reducing their child's long-term risk for negative outcomes associated with early drinking. We encourage parents to speak to their children openly about the dangers of heavy drinking. By providing correct information about alcohol use and associated risk, children and adolescents may be better suited to make informed decisions regarding their alcohol use."

"Parental monitoring plays a substantial role in preventing onset of use, as children of parents who know where they are and who they are with are at substantially lower risk for heavy drinking," added Corbin. "These results highlight the importance of parents taking prompt action when they learn about alcohol use by their adolescent son or daughter. Acting quickly and decisively in this situation may help delay progression to heavy use, potentially altering the long-term trajectory of alcohol use for these adolescents."

"In addition, this study highlights the fact that heavy drinking is quite prevalent among high school students," said Morean. "To help address the prevalence of heavy drinking during high school, we would suggest that new [alcohol](#) prevention and intervention efforts targeting [high school](#) students be developed with the goal of delaying drinking onset and onset of heavy drinking among those at increased risk."

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