

Alcohol use Among Adolescents in Europe

Environmental Research and Preventive Actions

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Executive Summary

In the contemporary context of globalization, nations can no longer make their alcohol policies in an international vacuum. Several organizations have come to the foreground in handling alcohol policy from a cross-national perspective, of which the most important one is the World Health Organization. Since 2001 also the EU itself has engaged itself in this sphere of public health, and since 2006 the European Commission has distributed a communication that sets out an alcohol strategy to support member states in reducing alcohol related harm. Not only does the EU alcohol strategy explicitly aims to protect young people from alcohol misuse and its harmful consequences, it also sets as one of its five priority themes the development and maintenance of a common evidence base at the EU level. It is in this regard that the current seventh framework programme 'Alcohol use Among Adolescence Prevention Program' (AAA-Prevent) should be framed, that is, as a means to attain these goals for its member states based on the 'knowledge triangle' of research, education, and innovation.

The starting point of this study was the observation that the consumption of alcohol among young people has risen over the past years, and that especially problematic drinking (i.e. underage drinking and heavy episodic drinking) is an issue of growing importance. As drinking patterns only start to develop from adolescence onwards, and strongly determine later drinking habits, tackling these problems necessary asks for a focus on prevention. However, given the unequal allocation of funds in the advantage of treatment and harm reduction programs in most European countries, the impression arises that programs that focus on prevention are much less valued among politicians and policy makers. In this study, we investigate some of the potentials of alcohol prevention by focusing on both person-related and structure-related antecedents of alcohol use as well as on guidelines and examples of good practices in prevention programs.

Alcohol in Europe

To investigate the projects' objectives we made use of the International Self-Report Delinquency study or ISRD-2 (2006), a cross-national dataset of European countries that surveyed also adolescents' alcohol and substance use patterns (aged 12 to 16 years old). The analyses revealed that alcohol use is quite common among European adolescents, although clear differences were observed between the various countries. Overall, 60.4% of the adolescents have been drinking beer, wine and breezers at least once in their lifetime and 34.2% have been drinking spirits. The last month prevalence rates are were nearly half, respectively 28.1% and 13.5%. The prevalence rates for heavy episodic drinking are 28.1% for beer, wine and breezers and 13.5% for spirits. These results are congruent with previous cross-national studies, such as the ESPAD study.

When comparing the different countries, the following conclusions can be made. The highest lifetime prevalence rates of alcohol use for beer, wine, and breezers were found among Eastern European countries, led by Estonia (85.7%), followed by Hungary (84.7%), Czech Republic (84.2%), and Lithuania (81.7%). The lowest prevalence rates for lifetime use was found in Iceland (21.6%), and Bosnia & Herzegovina (30.9%). The country ranking for last month prevalence of beer, wine & breezers differs only minimally with Hungary leading (45.9%), followed by Estonia (44.6%), and Denmark (39.8%). The rates for use during the last four weeks were lowest for Bosnia & Herzegovina (7.5%), followed by Iceland (9.3%). The country rankings were quite similar for spirits.

The analyses indicated high prevalence rates in heavy episodic drinking of beer, wine and breezers in mainly Northern, Western and Anglo-Saxon countries. The highest prevalence rates are observed in Ireland (26.1%), Finland (25.5%), Denmark (22.2%), the Netherlands (19.2%), and Germany (16.7%). Low prevalence rates are observed in Armenia (2.9%), France (3.9%), Iceland (4.4%), Bosnia & Herzegovina (4.9%) and in other countries that border the Mediterranean Sea. The binge drinking prevalence rates for spirits are quite similar. The only exception now is that some countries that border the Baltic Sea (Estonia, 19.9%; Lithuania, 11.4%; and Poland, 11.9%) now complement Ireland (16.7%), and Denmark (15.2%) as the top ranking countries with the highest prevalence rates of heavy episodic drinking. The lowest rates of heavy episodic drinking (spirits) were found in Armenia (1.5%), Bosnia & Herzegovina (1.6%), and Iceland (1.6%).

Risk factors of problematic drinking

A first principal aim of the project is to focus on the multifaceted etiology of alcohol use. In health research, scientists have traditionally focused on what may be called social-cognitive theories, to explain differences in alcohol and substance use. As the umbrella denominator of these theories suggests, these theories pay attention to the question of how cognitive structures (i.e. self-control, self-esteem, attitudes, et cetera) determine adolescents' alcohol and substance use. This tendency to focus on the most proximal risk factors is also illustrated in alcohol prevention practices, where it is observed that most attention is focused at strengthening the individual (i.e. individual prevention), for instance, by working on the development and consolidation of the necessarily skills to manage emotiveness and interpersonal relationships, to resist social pressures, and to prevent and/or delay the use of tobacco, alcohol, and other psychoactive substances.

One of the main criticisms on this strand of research is however that little attention is paid to the social and contextual environment in which these behaviours occur. This project tries to fill this gap by focusing on the more distal risk factors that relate to the structural and cultural environment in which teenagers spent most of their time together (i.e., peers, school, neighbourhood). The analyses conducted in this report showed that investing in these structural environment directly impacts alcohol use, and that the risk and protective factors in different domains are strongly correlated.

First of all, and in line with studies in the psycho-individual sphere, our analyses confirmed that teenagers with low self-control have a much higher prevalence of drinking alcohol. More important from a prevention perspective is however the observation that low self-control is more prevalent in the more vulnerable social groups (i.e. students in disorganized schools and neighbourhoods, and among students living with disrupted families or families characterized by low bonding and weak parental supervision). Given that self-control is a trait that is developed from early childhood onwards, and once formed remains relatively stable over the life course, it is important that parents supervise their children, recognize their deviant behaviour and punish them adequately for it.

One of the most salient findings is that a more peer-oriented lifestyle has the strongest association with alcohol use, and this is true for all analyses and country clusters. This finding makes sense, of course, because for many teenagers adolescence is a phase of experimentation and the most important reference group in this regard are peers. Given that drinking is a largely social phenomenon, and given that adolescents often drink as a way of integrating themselves into groups and gaining status (Crosnoe, Muller, & Frank, 2004), it should not come as a surprise that a more peer-oriented lifestyle is strongly associated with alcohol use.

Apart of the peer domain, the analyses also revealed strong associations with bonding aspects in other domains. For instance, we observed that an intact family structure is a protective factor for alcohol use, and that having a good relation with your parents and parental control decreases the consumption of alcohol. We also found that drinking with the family acted as a protective mechanism for problematic alcohol behaviour, while negative life events (e.g. divorce, death of a parent, et cetera) are considered an important risk factor. Also the neighbourhood where the students' family lives was investigated. Adolescents who experience social cohesion in their neighbourhood or feel connected to their neighbourhood are less likely to drink alcohol. On the other hand, when youngsters describe their neighborhood as disorganized they show higher levels of alcohol use. For the school domain it holds that students who spent a lot of time doing homework, enjoy school, and to a lesser

degree students who perceive their school climate to be positive, have lower prevalence rates on all alcohol outcomes. It is essentially the disaffection from school, as expressed in truancy, which contributes most to alcohol use. In countries where repetition is prevalent as an educational practice (i.e., mainly Western and Southern European countries), it showed significant and sometimes quite strong associations with alcohol use (especially heavy episodic drinking). Finally, the analyses showed that an educational practice such as tracking (or streaming) leads to gradients in adolescents' alcohol use, to the disadvantage of the more vulnerable social groups.

Good practices

This second aim of the project is to draw together a number of good practices that can strengthen the local, national or European policies on alcohol use among adolescents. Given the very few evidence-based prevention programs that exist in Europe, we organized a series of seminars with experts in the field of alcohol prevention in order to get a better view on what works in prevention. From these discussions, several recommendations can be distilled, of which we here briefly summarize the three most important ones.

First, prevention programmes that focus on empowering young people with psychosocial skills (e.g. self-efficacy, coping strategies, assertiveness, handling peer pressure, et cetera) is a powerful tool and currently one of the most popular prevention programmes in Europe. Important in any person-related prevention programme is however to involve the students themselves in this educational process by working interactively and by putting their particular social world to the foreground. By making students actors in prevention instead of passive recipients, and by focusing on positive messages (e.g. it can be cool and healthy to be a non-alcohol drinker) instead of negatives ones (e.g. drinking can kill you) investments in prevention programmes would have stronger and longer-lasting effects. Ideally, this empowerment program is complemented with the provision of accurate and up-to-date information on both alcohol and drugs themselves, as well as on the use of substances by adolescents' peers. This because adolescents tend to overestimate systematically the alcohol and substance use of their age mates. Adjusting these misperceptions through accurate information campaigns has the additional benefit of diminishing possible negative peer influences.

Second, given the strong relationship with structural factors such as liking school, school climate, family bonding, neighbourhood disorganization, et cetera, our analyses suggest that sometimes changes are needed in the structural conditions these adolescents' lives (i.e. structural prevention) and several recommendation in this regard were put forward in this report. While structural prevention has been widely adopted in the domain of regulation (e.g. drink-driving policy, controlling the availability and taxation of alcoholic beverages, et cetera), this is not the case for the different structural and cultural environments students grow up in. Moreover, while alcohol prevention strategies aimed at working on psycho-individual coping mechanisms (i.e. handling peer pressures, assertiveness, et cetera) are a valuable investment, individual prevention can be efficient only if complimented by measures of structural prevention. The latter focus more on long-term measures which address the underlying causes of alcohol and substance use. As such, they have a much broader scope and have the potential to increase the durability of prevention considerably. Structural prevention, and prevention more generally, is most effective at the local level because this is the level where the various sectorial activities can be brought together and tailored to the needs of the local setting. To conclude, in order to have long-standing effects, prevention needs to engage everybody in the field. Parents, schools and local communities are partners herein, but also civil society, consumer organizations, the alcohol industry, and the social and cultural sector. However, because of the strong cultural influences, both at the national and local level, recommendations for preventive programmes and interventions are best negotiated at these corresponding levels. The success of a prevention program depends to a large degree on the way it is tailored to the needs of the setting at hand, and therefore harmonization of legislation and prevention programs is not recommended.

Finally, the full potential of preventive actions is hampered by a lack of scientific evidence that these preventive actions really work. If evaluation is conducted, it is most often the implementation of the intervention (i.e. process evaluation) that is evaluated. Whether the programme also caused demonstrable effects on the target outcomes (i.e. outcome evaluation) remains often an open question. This project was a first endeavour in this direction, and inventoried a list of best practices in the different European countries that can serve as examples for other prevention workers. Ultimately, however, these programmes should undergo a rigorous test of whether the assumed effects can be scientifically validated. In this regard, more investments are welcome in the construction of knowledge centers specialized in evidence-based prevention. This because in most European countries there is an absence of a culture of evaluation

In this report conclusions and recommendations are defined at the end which have the aim to support the European Commission in giving insights on alcohol use patterns in Europe, the risk factors which are associated with it, and the good practices in the field of alcohol prevention. The realization can be optimized when taking into account some of the recommendations that were put forward in this report:

- To empower young people by means of a life skills approach.
- Person-related prevention complemented by structural prevention.
- Investments in evidence-based prevention programmes and policies and in the diffusion of implementation and knowledge on best practices.

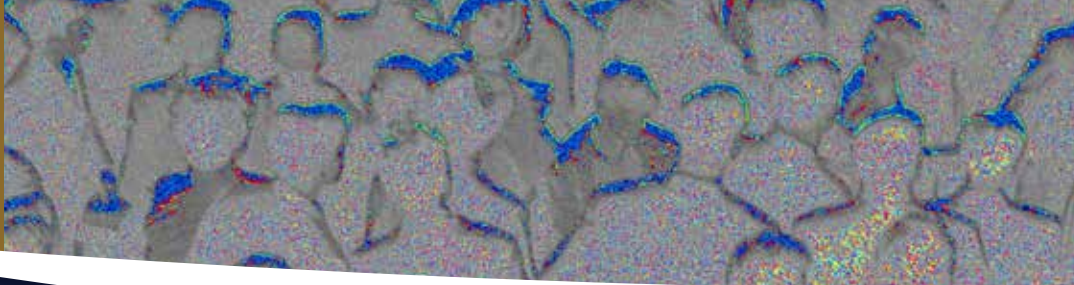
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In the past several years, adolescent alcohol consumption has become a growing problem in a number of European countries. Problematic drinking behaviours, such as binge drinking and the early age at which youths start consuming alcohol and other drugs, have not only raised health concerns, but may also have implications for society as a whole. Against this backdrop, the AAA-Prevent project (Alcohol use Among Adolescents in Europe, Environmental Research and Preventive Actions) conducted a three-year study that examined the extent of adolescent alcohol and drug consumption in 25 European countries from a multilevel perspective.

Many alcohol-related studies stipulate that alcohol consumption merely manifests as the result of individual choice. This report however, recognizes the complexity of the issue at hand, and takes a closer look at the push and pull effects of a variety of risk and protective factors in different social domains and structural levels in 25 European countries. The scope of this study also allowed for an extensive comparison of the influence of the various domains and risk factors on youth substance use, between European regions and countries. At the same time taking into consideration the diversity of national alcohol policies and cultural and socioeconomic indicators. It is in essence the different contexts which played a central role in the analyses.

In addition to this report, with a glimpse towards the future, the AAA-Prevent project also documented and elaborated on the different effective adolescent substance use prevention programs and interventions in Europe. These are presented on the project website: www.aaprevent.eu. The aim of this database is to provide policymakers and practitioners with a pragmatic overview of effective youth alcohol prevention strategies in Europe.

