



THE PROMOTION OF PERSONAL RESOURCES FOR THE PREVENTION OF ALCOHOL ABUSE

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This work offers a theoretical reflection upon the specific characteristics of alcohol use in Spanish adolescents and their implications for the design of preventive programmes. Based on the analysis of a sociocultural context that views adolescent use as normal, the influence of advertising strategies for alcoholic beverages that coexist alongside government, regional and school preventive campaigns, and a specific type of drinking that takes place primarily at weekends, with friends, for fun and often as an increasingly deliberate attempt to reach a state of inebriation, we consider several different arguments outlining the need to reorient the design of preventive intervention towards giving a more important role to the resources of adolescents themselves, so as to equip them better to deal with the influence of the various socializing agents.

Key words: Alcohol use, adolescence, prevention.

En este trabajo se presenta una reflexión teórica sobre las características específicas del consumo de alcohol en adolescentes españoles y sus implicaciones para el diseño de programas preventivos. A partir del análisis de un contexto sociocultural que normaliza el consumo adolescente, la influencia de unas estrategias publicitarias de bebidas alcohólicas que coexisten con las campañas gubernamentales, regionales y escolares para prevenir el consumo, y la especificidad de un consumo que se realiza principalmente los fines de semana, con amigos, para divertirse y cada vez más, buscando deliberadamente la intoxicación etílica, se consideran diversos argumentos que ponen de relieve la necesidad de reorientar el diseño de las intervenciones preventivas hacia la potenciación de los recursos del propio adolescente, con el fin de poder afrontar mejor la influencia de los distintos agentes de socialización.

Palabras clave: consumo de alcohol, adolescencia, prevención.

WHAT LIES BENEATH THE FIGURES FOR ALCOHOL USE IN YOUNG PEOPLE? THE CONSEQUENCES OF ALCOHOL USE IN ADOLESCENTS

In the last decade, alcohol has become by far the most widely consumed drug among adolescents in Spain, with a much higher prevalence of use than other drugs, legal or illegal (Gil Villa, 2006; Plan Nacional sobre Drogas, 2005; 2007). The most recent national data available on alcohol use among adolescents still at school (aged 14-18) reveal that 58% have drunk alcohol in the previous month (Table 1), with similar figures for the two sexes, with scarcely any variation over the last 10 years (PNSD, 2007). Moreover, 21.8% drink every weekend, and among those who have drunk alcohol in the previous thirty days, as many as 44.1% have got drunk at least once (PNSD, 2007).

According to the majority of national research, alcohol use among adolescents is currently characterized mainly by the consumption of beverages with high alcoholic

content in a short space of time, at weekends and in the company of friends, with the aim of having fun and, to an increasing extent, with the deliberate goal of inebriation. This type of drinking considerably increases the risks of alcohol and the chances of eventually developing dependence (Downdall & Wechsler, 2002; Comisión Clínica, 2007). This form of alcohol use is not found sporadically; rather, it is present in 53% of Spanish

TABLE 1
EVOLUTION OF THE PREVALENCE OF ALCOHOL USE IN SPANISH STUDENTS (14-18 YEARS) IN THE LAST DECADE

| | 1994 | 1996 | 1998 | 2000 | 2002 | 2004 | 2006 |
|--------------------------------|-------|-------|-------|-------|-------|-------|-------|
| Use at some time in one's life | 84.1% | 84.2% | 86% | 78% | 76.6% | 82% | 79.6% |
| Use in the last year | 82.7% | 82.4% | 83.8% | 77.3% | 75.6% | 81% | 74.9% |
| Use in the previous month | 75.1% | 66.7% | 68.1% | 60.2% | 56% | 65.6% | 58% |

Source: Government Survey on the use of drugs in secondary education (Plan Nacional sobre Drogas, 2005, 2007)

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adolescents that have drunk alcohol in the previous month (PNSD, 2007). According to our own data from the Autonomous Region of Castilla y León, such concentrated consumption is found in 76% of adolescent drinkers aged 14 to 19, even though the figure for weekly behaviour of this type is lower, at 27% of these adolescents (Carpintero, Soriano, Lázaro, del Campo & López, 2005).

There is a general consensus among authors in the field that a change is occurring from a "Mediterranean" pattern, characterized by moderate consumption of fermented beverages for social purposes, to a "Nordic" pattern, characterized by the consumption of beverages with strong alcohol content and with the aim of getting drunk and having fun (Calafat & Amengual, 1999; Junta de Castilla y León, 2005; PNSD, 2000; Pons & Bejarano, 1995). This drinking pattern, which has become rapidly incorporated in Spain in recent years, did not form part of our traditions (Calafat, 2007), and has brought about

substantial changes. For some authors, this divergence from the Mediterranean pattern involves a breaking away from the process of gradual access to controlled and socially adapted consumption of alcohol (Moya, 2007), putting adolescents out of step with the adult model (Fig. 1).

The patterns of use described increase the risks already inherent in alcohol consumption – briefly summarized in Figure 2 –, since drinkers much more frequently reach a state of drunkenness (Calafat, 2007; Coleman & Cater, 2005). Moreover, the drinking takes place in contexts in which there is heightened probability of having sexual relations, of using vehicles and of conflicts arising, and which can involve the emergence of problems such as traffic accidents, violence and vandalism, alcohol poisoning requiring medical attention, unwanted pregnancies and sexually-transmitted diseases (Clark, 2005) – to mention just a few examples. This is reflected in the findings of recent nationwide studies, which revealed that 46% of those aged 14 to 18 had at some time had problems related to the use of alcohol, such as rows or arguments (23%), physical fights (11%), conflicts with family (14%) or absence from school or work (5%). A total of 22% reported having travelled in a vehicle whose driver had drunk alcohol, so that it is no surprise that road accidents are the primary cause of death among young people (Junta de Castilla y León, 2002; 2005; PNSD, 2001, 2005).

FIGURE 1
CHARACTERISTICS OF ADOLESCENT ALCOHOL USE IN SPAIN, COMPARED TO ADULT USE

Patterns of use

- ✓ More focused on mixed drinks and spirits.
- ✓ More likely for drinking to revolve around weekend.
- ✓ More likely to involve binge-drinking.
- ✓ More likely to be geared towards getting drunk.
- ✓ Their drinking pattern is in the process of formation and has more possibility of change than that of adults.

Context

- ✓ More associated with fun and with seeking intimate or sexual relationships.
- ✓ More likely to take place at night and until the early hours.
- ✓ More likely to take place in premises or locations frequented almost exclusively by adolescents and young people.

Consequences

- ✓ More likely to be drinking in a risky or harmful fashion, and less likely to have developed dependence, because they have not been drinking for long.
- ✓ More likely that over time they will develop dependence and experience other harmful consequences, since they drink larger quantities and in a shorter space of time.
- ✓ Less likely that they are those around them will realize they have a problem with alcohol.

Accessibility of alcohol

- ✓ In contrast to the case of adults, those under 18 are prohibited access to spirits, and those under 16 to all types of alcoholic beverages; sin embargo, in Spain they do not usually have difficulty obtaining them.
- ✓ They are subject to greater advertising pressure than adults. Drinks advertising is focused mainly on them.

FIGURE 2
ORGANIC PROBLEMS IN ADOLESCENCE LINKED TO ALCOHOL USE

| | |
|---------------------------------|---|
| Central nervous system disorder | <ul style="list-style-type: none"> ✓ Brain damage: alterations of behaviour, learning and memory. ✓ Inhibition of neuronal plasticity |
| Digestive disorders | <ul style="list-style-type: none"> ✓ Alcoholic gastritis: after acute and chronic alcohol ingestion |
| Hepatic disorders | <ul style="list-style-type: none"> ✓ Alterations of hepatic function ✓ Acute alcoholic hepatitis |
| Cardiovascular disorders | <ul style="list-style-type: none"> ✓ Cardiac arrhythmias: auricular fibrillation, ventricular fibrillation and sudden death |
| Cerebrovascular disorders | <ul style="list-style-type: none"> ✓ Cerebral infarction |
| Endocrine disorders | <ul style="list-style-type: none"> ✓ Decrease in growth hormone levels |
| Bone metabolism | <ul style="list-style-type: none"> ✓ Alterations in density |

Source Comisión Clínica, DGPNSB, 2007



Furthermore, though, the way adolescents drink, and the times and places they generally choose, make it less likely that they are aware of the risks involved (Carpintero et al., 2005; Moya, 2007). For example, only 36.8% of male adolescents perceive the problems potentially associated with the use of alcohol at weekends, a percentage that has gradually decreased over the last decade. Although in women the perception of risk is a little higher (45.7%), in both sexes it falls progressively throughout adolescence, being much lower by age 18 (PNSD, 2005). This underestimation of the risks associated with alcohol, characteristic of adolescence, occurs in an adult context in which there is also low perception of the risks of weekend drinking (Comisión Clínica, 2007). We should not forget, as pointed out in some studies, that perceived risk may be a direct indicator of the way a person's alcohol use will develop in the future (PNSD, 2005).

Among the reasons that may interfere in adolescents' perception of themselves as risk users, we can highlight once more the actual consumption pattern in this age group: since they do not normally drink during the week, they tend to think that they are not dependent on alcohol. On the other hand, drinking is considered as a way of having fun, of enjoying time with friends, which is done above all in public leisure locations (bars, discotheques) or in the open air (streets and parks), so that there is a tendency to trivialize the quantities consumed. Moreover, their image of an alcoholic is that of an adult who drinks almost every day, alone – an image far removed from that of themselves (Carpintero et al., 2005).

All such data suggest, on the one hand, that the intensive use of alcohol, so common among young people today, can have significant consequences in both the short and the long term, but they also point to a near-indissociability of leisure and drinking in adolescents and a clear normativity in the use of alcohol, perceived as practically innocuous not only by adolescents themselves, but also by adults. Bearing these aspects in mind, we cannot stress too highly the need to reconsider strategies for the prevention of alcohol use in this age group.

SOME FACTORS RELEVANT TO AN UNDERSTANDING OF ADOLESCENT ALCOHOL USE

First of all, we should like to situate alcohol use in the sociocultural context in which it takes place, which is indeed one of the factors considered by professionals working with adolescents to explain the onset of drinking

in this age group (Carpintero et al., 2005). In spite of the incidence of alcohol use and of its consequences, it is a drug that is well considered by society and fully integrated in our culture, and whose risks are socially played down. As Moya (2007) points out, Spain is the world's sixth-ranked country in terms of per capita use of alcohol, which is, moreover, the most widely consumed psychoactive substance in our country. In contrast to other drugs, alcohol is in a privileged position, so that it can be described as the social drug *par excellence*. It forms part of our culture and of our customs. It is legal, and is not generally referred to as a *drug*, which makes its use more likely to be encouraged, both in adults and in young people. Children see it used at home, in the street, in the media. It is cheap and easy to obtain for 71% of adolescents (PNSD, 2005), and its advertising, although involving restrictions which in many cases are not met, is legal. Therefore, it is unsurprising, regardless of its objective effects, that alcohol is considered less dangerous than other drugs, and that parents and educators alike are less concerned about their children and pupils drinking alcohol than taking illegal drugs.

Furthermore, an important factor within this sociocultural influence is the family. Pons and Berjano (1995) highlight how the adolescent's relational framework based on family and peer group is among the potentially most important antecedent of alcohol use, either through their roles as models or through the expectations they may transmit in relation to drinking. Likewise, alcohol use appears to be encouraged by permissive beliefs in the young person's context (Calafat & Amengual, 1999; Carpintero et al., 2005; Baer, 2002). It has also been found that inadequate supervision and lack of support by parents during adolescence is significantly associated with early onset of alcohol use (Calafat & Amengual, 1999; Clark, 2005); this deficiency in parental support is often found, moreover, in parallel with membership of alcohol-using peer groups (Clark, 2005). Thus, it would appear that having peers who drink, who put a positive value on drinking and who tend to frequent places where alcohol is drunk as a leisure pursuit can be a risk factor (Calafat & Amengual, 1999; Coleman & Cater, 2005; Pons & Berjano, 1999; Thompson & Auslander, 2007).

Together with the sociocultural context and the immediate environment, adolescents' leisure time and the different ways in which they enjoy it should be considered in efforts to understand alcohol use in this age group.



Various studies show how the type of leisure activities preferred by the adolescent and by his or her peer group, and the type of activities actually available, are clearly associated with the consumption of alcohol (Pereña, Peinado & Portero, 1993; Pons & Berjano, 1999).

However, research also shows how the adolescent can play an active role in responding to the pressure to drink exercised by the peer group, which can be mitigated by promoting, among other variables, psychosocial maturity and assertiveness in the adolescent him/herself (Adalbjarnadottir, 2002; Donovan, 2004). On the other hand, low self-esteem (Mendoza, Carrasco & Sánchez, 2003; Pons & Berjano, 1999), deficient expectations of self-efficacy (Skuttle, 1999), external locus of control (Mendoza et al., 2003), myths and mistaken beliefs about alcohol use (Calafat & Amengual, 1999), and difficulties with emotional self-control (Moncada, 1997) may be facilitating the onset and maintenance of alcohol use in adolescence, though not all research finds an association between the cited variables and adolescent drinking (García & Carrasco, 2003; Pons & Berjano, 1999).

REFLECTIONS ABOUT PREVENTIVE INTERVENTION IN THIS AGE GROUP

Our analysis permits us to highlight certain relevant aspects, some based on the above reflections about the characteristics of adolescent alcohol use and the factors associated with it, and others that we incorporate now, and which will be useful for considering the design of preventive strategies and programmes.

First of all, the majority of adolescents (72.5%) report having received information at school about the effects and problems associated with the use of different substances, in 75.5% of cases in the form of talks and lectures (PNSD, 2005). Although this preventive effort in Spain appears to have contributed to a decrease in drinking (Table 1), the most problematic use has actually increased, and especially the incidence of drunkenness. Data from the last year for which we have information show an increase in drunkenness to the levels of 10 years ago, in spite of the decrease observed during the intervening period (PNSD, 2007). Moreover, alcohol use begins at very early ages, around 13.7 years, according to data from the latest survey by the Spanish National Plan on Drugs (*Plan Nacional sobre Drogas*; PNSD, 2007). Finally, a large proportion of adolescents fail to perceive that drinking at weekends brings with it certain

problems. The expert data suggest, on an initial consideration, that the prevention strategies followed up to now do not appear sufficient for achieving a substantial reduction in the figures, though they do seem to have contributed to keeping them stable over recent years (Table 1). However, nor do these strategies seem effective for changing the most detrimental forms of alcohol use, such as “binge drinking”, whose consequences were described above. Such a situation leads us to reflect upon the prevention strategies that have been used in the last decade, with a view to adjusting them to the alcohol use characteristics of this population sector, in spite of the difficulties involved (Calafat, 2002).

Thus, there would seem to be no doubt at present that information on the consequences of alcohol use is insufficient (Larimer & Cronce, 2007). Around 89% of adolescents consider themselves sufficiently well or perfectly informed about the subject; indeed, as many as 72% believe the information to be useful to them (PNSD, 2005), and even so, they continue drinking. An important point to bear in mind is that the information provided to adolescents – generally in the school context or through occasional national or regional campaigns in the media – coexists with commercial advertising campaigns for alcoholic beverages. Such coexistence is found, moreover, in a sociocultural context that not only is permissive about adolescent alcohol use – despite restrictions that have progressively been imposed on access to premises or the purchase of alcohol by 16 to 18-year-olds – but also ignores or trivializes the possible risks, which are seen as part of the socialization process. Our society’s relationship with alcohol, involving a perception of the risk associated with drinking that continues to be very low (Comisión Clínica, 2007), suggests that in the design of preventive strategies for reducing drinking and its risks, the analysis of adolescent alcohol use should consider the habit not merely within the framework of adolescence itself, but also within that of a wider sociocultural context which accepts and legitimates alcohol consumption in a large part of the population.

The coexistence referred to above may indeed be contributing to some extent to neutralizing preventive efforts, though this cannot be strongly asserted, since such intervention tends not to be assessed (Calafat, 2002). Even so, we can consider as likely that the influence of advertising and of a permissive sociocultural context is



counteracting, at least partly, the information campaigns aimed at the prevention of adolescent drinking. Therefore, we believe their design should incorporate active strategies for developing in adolescents themselves the necessary resources that permit them to deal more effectively with the influence of the various socializing agents – for example, by neutralizing the negative pressure of advertising, though this does not mean we should neglect direct intervention in the contexts of leisure time, the media and the general population.

Finally, it is the adolescent who, in a permissive context with regard to alcohol use, must make the decision whether or not to drink, and to what extent, so that he or she must be equipped with enough resources to refrain from drinking, or at least to drink in a non-abusive fashion. In this regard, we believe that prevention programmes would be more effective if they were designed to raise adolescents' awareness about both the risks of drinking alcohol and the importance of avoiding the most harmful forms of drinking (Oliva, Parra & Sánchez-Queija, 2008), as well as to trying and hold back the age of onset of alcohol use, as endorsed already by some nationwide programmes, such as that of Espada and Méndez (2003). Encouraging the development of resources and personal skills in adolescents which not only enable them to deal with situations of risk but which also improve their psychosocial wellbeing can work in favour of such beneficial processes, especially if intervention begins in the early school years (Coggans, 2006; Tebes et al., 2007). Alcohol use is not a behaviour that occurs in isolation, so that tackling it without taking into account its overlap with other health-related behaviours or its psychosocial context does not seem to be the best way forward (Carrasco, 2004).

Considering the results of different previous studies, we believe that preventive intervention aimed at adolescents themselves could be structured around the promotion of four basic aspects that have emerged as effective in the prevention of other risk behaviours in adolescence (López & cols, 2006; Carpintero et al., 2007), and whose deficiencies have been associated with alcohol abuse (Carpintero et al., 2005; Mendoza, Carrasco & Sánchez; 2003; Moncada, 1997; Pons & Berjano, 1999; Skuttle, 1999). The aspects in question, and on which intervention should seek to focus, are personality, cognitive, affective and instrumental mediators, whose strengthening may not only favour the development of central wellbeing

components that act as protective factors in adolescence, but also contribute to breaking the well-established link between "leisure time" and "alcohol use". As regards personality variables, it would appear that improved self-esteem, greater self-efficacy for coping with alcohol-related risk situations, and an internal locus of control all work in favour of a less harmful approach to alcohol. Among resources of a cognitive nature, work on false beliefs associated with alcohol use and on the encouragement of less permissive and favourable attitudes towards drinking would seem to be pointing in the same direction, as well as the promotion of emotional self-control and empathy as affective mediators and decision-making skills as an instrumental mediator (Carpintero et al., 2005; Walters, Bennett & Noto, 2000). This wide range of factors whose deficit has been associated with alcohol use, as shown by previous research, permits us to consider their promotion as the basis of a comprehensive intervention strategy that boosts the resources and skills of adolescents themselves for dealing with alcohol-related situations effectively, controlling, at the very least, the abusive consumption of alcohol.

This type of intervention has numerous advantages, since, as frequently shown, although there are specific risk factors related to the development of different problems – which should not be overlooked in preventive work –, a range of theories highlight the fact that at the root of adolescent risk behaviours we always find the same type of personal difficulties, related to deficits in self-esteem, in social skills and in problem-solving abilities (Carrasco, 2004; Jessor, 1992; McWhirter et al., 2006). Likewise, in order to promote the development of health and prevent the different psychosocial problems we find in adolescence, all programmes need to encourage the acquisition by the adolescent of the same basic competencies (Wagner, Tubman & Gil, 2004), which will permit them to maintain appropriate social and affective relations with peers, with the family and in the different contexts in which they move. The nucleus of all these programmes is the acquisition of a healthy lifestyle, which implies not just the avoidance of risk behaviours, but also the promotion of psychosocial wellbeing (Costa & López, 1996; López et al., 2006; Tebes et al., 2007).

Our principal challenge right now is to translate this theoretical approach into effective preventive programmes. This will involve basing their design on the



results of previous research, and not only on data from the study of risk factors for adolescent drinking, but also, and especially, on the few studies to date dealing with protective factors against alcohol use in this age group. Such an approach connects directly with the perspective of "Positive Youth Development", an emerging area of research and practice in which the emphasis is placed on a preventive approach based on the promotion of the adolescent's strengths for favouring positive development (Tebes et al., 2007)

The design and implementation of intervention programmes for adolescents targeting in a parallel fashion the cognitive, affective, instrumental and personal mediators referred to above, may constitute one of the most fruitful approaches to making it possible for adolescents to learn to deal and cope with a substance that is strongly present in the leisure context and which they will probably come across during this phase of experimentation. These types of programme, which can be easily applied in the school context from an early age, would probably improve their effectiveness if they were framed within a wider strategy aimed at the different socialization contexts of the adolescent, controlling advertising, for example, or making access to alcohol more difficult for those in this age group (Becoña, 2007), as restrictive measures; or encouraging young people to seek alcohol-free leisure alternatives (Calafat, 2002). Indeed, the well-established relationship between leisure and drinking, internalized in a large proportion of adolescents (Carpintero et al., 2005), is in need of a process of deconstruction, and this should certainly not be overlooked in the design of programmes and strategies for the prevention of abusive alcohol consumption.

By way of conclusion, we consider that the reinforcement of personal resources and skills in the adolescent, as set out above, can form the basis of interventions for preventing adolescent alcohol use, a problem whose particular characteristics – especially those involving the links between drinking and fun, leisure time and peer relationships – make other types of intervention quite difficult. We should not overlook the fact that the social image among young people of a person with alcohol problems is that of someone who drinks every day and alone, an image far removed from the typical drinking pattern of the adolescent. Finally, the promotion of the factors mentioned can be useful not only in the prevention of alcohol use – delaying the onset of drinking or reducing

it to levels that do not imply excessive risk to the adolescents or those around them – but also in the prevention of other common risks for this age group often associated with alcohol use, such as violent behaviour or sexual relations without protection, at the same time as improving the personal and social wellbeing of the adolescent (Carpintero et al., 2007).

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