

extension to licensing hours requires a programme of research, after its introduction, to look at its health consequences – both acute and chronic.

It is indisputable that alcohol misuse among young people is more of a problem today than it was a decade ago, not only in the UK but also elsewhere in the world where alcohol is freely available. The key issues are reviewed in the paper by Sue Bailey and Richard Williams. Two alarming trends are highlighted by them. First, the use of alcohol in excess by children under the age of 18 years is rising substantially – as is their consumption of illicit drugs (the subject of a future issue). In the 10- to 14-year age-group there has been a doubling of alcohol consumption in the past decade, and one in three children report having been drunk at least once by the time they reached 13 years. Second, the misuse of alcohol by young women is rapidly approaching the same prevalence as we observe among young males. This trend can be seen clearly over the past 10 years and raises questions about what changes in societal structure could be fuelling their behaviour.

A different perspective on alcohol misuse among young people is portrayed by Mei-Yu Yeh and her colleagues, who review the attitudes to excessive drinking among two cultures in Taiwan. For the ethnic indigenous population, who are in the minority, alcohol is an important part of their culture. Among

the Han (immigrant Chinese) people this is less the case, and they also have a high prevalence of aldehyde dehydrogenase deficiency, so are less able to metabolise it. Alcohol misuse among young indigenous Taiwanese men is becoming an issue of social concern.

A potentially important but underestimated influence on young people's attitudes to drink is the role played by the media, especially television and the movies. Nowadays, we are far less likely to see romantic leads blowing smoke into one another's faces than was the case 50 years ago (witness *Casablanca*, a classic example of a movie in which such behaviour is commonplace). In contrast, alcohol consumption is not only socially acceptable but also virtually ubiquitous in mainstream American movies. Susannah Stern writes about the potential influence movies have in shaping attitudes among young people to the effects of alcohol excess. Audiences for the movies are getting younger all the time. She points out that little attention has been paid to the way in which indulgence in alcohol by movie characters can have negative effects upon young viewers in shaping their attitudes to such behaviour. Her work deserves to be better known. It is hard to enjoy a cult movie such as *Animal House* knowing that the lead character, John Belushi, died of the very excesses he portrayed in the film. Young children need to be educated that substance misuse is not really very funny, for anybody.

Nowadays, we are far less likely to see romantic leads blowing smoke into one another's faces than was the case 50 years ago (witness *Casablanca...*). In contrast, alcohol consumption is not only socially acceptable but also virtually ubiquitous in mainstream American movies.

THEMATIC PAPER – ALCOHOL MISUSE AMONG YOUNG PEOPLE

Alcohol: younger people's favourite substance

Sue Bailey¹ and Richard Williams²

¹Professor of Child and Adolescent Forensic Mental Health, University of Central Lancashire, UK, and Registrar of the Royal College of Psychiatrists, London, UK, email ntattersall@bstmht.nhs.uk

²Professor of Mental Health Strategy, University of Glamorgan, UK, and Consultant Child and Adolescent Psychiatrist, Gwent Healthcare National Health Service Trust, email rjwwilli@glam.ac.uk

On 10 January 2006, ITV2, a UK television channel, ran a 90-minute programme called *Britain's Youngest Boozers*. It claimed that one in three younger people are binge drinkers and that one in six is dependent on alcohol. The comments in interviews with adolescents and families were stark and worrying. Although the age parameters were not clear at the start of the programme, it focused on those aged up to 25 years and presented enormously serious concerns about the changed patterns of drinking among Britain's younger people.

In the UK there are 3.9 million people aged 10–14 years and 3.8 million aged 15–19 years (Coleman & Schofield, 2005). There is evidence that the mental and physical health of these 7.7 million young people

is strongly affected by the degree to which they engage in risky activities (Viner & Macfarlane, 2005).

Prevalence of the problem

One fact is plain: alcohol continues to be the most prevalent substance used and misused by people who are less than 18 years old (Harrington, 2000). We are aware of estimates that 3.4 million of the UK's 16- to 24-year-olds drink more than twice the recommended limit for alcohol (and those recommendations were developed for an adult population). In the past 7 years there has been a 15% rise in the number of young people taken to hospital for drink-related problems (4173 in 1997; 4809 in 2004–05). Thirteen children are admitted

One fact is plain: alcohol continues to be the most prevalent substance used and misused by people who are less than 18 years old.

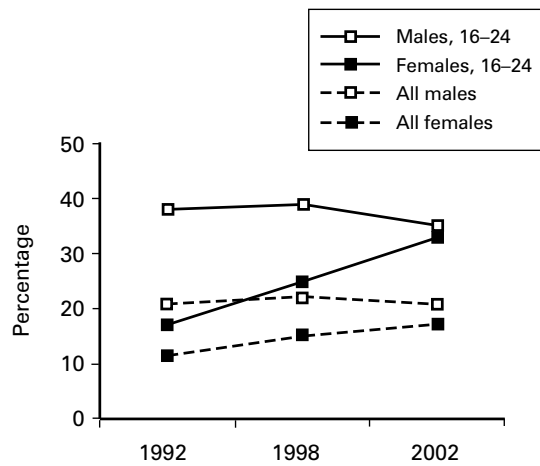


Fig. 1 Proportion of people consuming alcohol above the weekly benchmark for safe drinking. Data from General Household Survey.

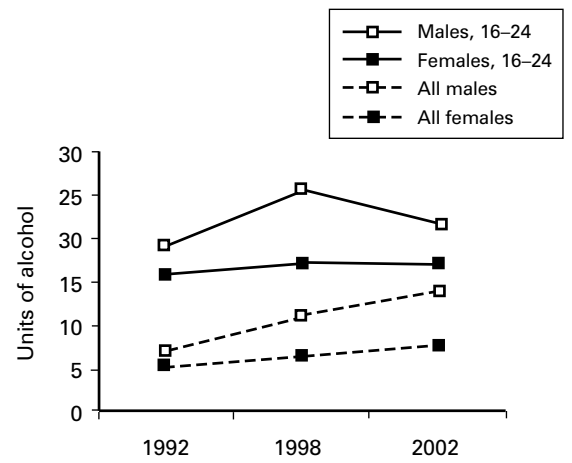


Fig. 2 Mean weekly consumption of alcohol. Data from General Household Survey.

There is now relatively little difference between boys and girls in the prevalence of their use of alcohol. This is a change; previously, more boys than girls were drinking in this younger age range.

Consumption of alcohol tends to be concentrated on a small number of days in the week: younger people are more likely to drink in binges.

to UK hospitals every day suffering from the ill effects of binge drinking. Information from Wales shows that the main substance being used at the time of referral of younger people to services for those who misuse substances is alcohol (53% of referrals; more than twice the rate for heroin).

On 4 January 2006, the UK national press carried an article stating that:

'Hundreds of teenagers across Derbyshire and Staffordshire were admitted to hospital with alcohol related illnesses in the past year, Government figures have revealed. The Public Health Minister revealed that 170 people under 18 in one rural area of England were admitted to hospital for illnesses linked to alcohol abuse – admissions for mental behaviour disorders and the toxic effects of teenagers drinking too much.'

The General Household Survey of 2002, *Living in Britain* (reported by Coleman & Schofield, 2005), revealed, as expected, that adolescents' use of alcohol increases substantially with age (Fuller, 2005). A third of 15-year-olds report having been drunk at age 13 or earlier. Younger teenagers of both genders have doubled their consumption of alcohol in only a 10-year period. The latest in a series of school-based surveys (of 9715 pupils aged 11–15 years in 2004) showed that 23% had drunk in the last week and 'For the first time boys and girls were equally likely to have drunk alcohol in the past week' (Fuller, 2005). There is now relatively little difference between boys and girls in the prevalence of their use of alcohol. This is a change; previously, more boys than girls were drinking in this younger age range. Turning to an older age-group, 16- to 24-year-olds, consumption of alcohol by men has changed relatively little and, since 1992, may have decreased slightly. By contrast, alcohol consumption by women in late adolescence and early adulthood has more than doubled in the same period (see Figs 1 and 2).

Patterns of drinking

The highest levels of consumption are in the 16- to 24-year-old age-group. None the less, only a tiny minority of men or women of this age report that they drink on each day of the week. It therefore appears that their consumption of alcohol tends to be concentrated on a small number of days in the week: younger people are more likely to drink in binges. This has been graphically illustrated by a succession of television documentaries on the habits of young women who drink at weekends.

These findings appear to us to say something extremely important about changes in the social behaviour, leisure activities and attitudes of young women in Britain. This is especially relevant at a time when the UK government has just allowed extended licensed opening of public houses, clubs and other places where alcoholic drinks are sold.

A cross-European comparison of alcohol-related problem behaviour (Currie *et al.*, 2004) underlines just how worrying are the trends in Britain. England, Scotland and Wales now have some of the highest levels of alcohol use by young people in the European Union. They are more likely to get drunk and to report problems associated with drinking than their counterparts in other European countries. These findings illustrate major concerns for parents and carers, health educators and policy-makers.

Furthermore, these trends in alcohol use and misuse are occurring when, for the first time in England and Wales, the health of children and young people has started to receive the attention it deserves. There is now a joint focus on younger people's health needs that crosses several medical Royal Colleges and involves the specialties of psychiatry, paediatrics and primary care. A growing number of publications and policies substantiate this 'heightened equality of concern' (Warner & Furnish, 2002) for the health of our children and young people. They include: *Bridging the*

Gap, a review of adolescent health; the white paper *Choosing Health*; two National Service Frameworks, one for children and young people and the other on maternity services; and the government strategy paper *Alcohol Harm Reduction* (harm reduction refers to policies and practices that aim to assist people to move from harmful to less harmful patterns of substance use rather than solely focusing on abstinence as the goal of intervention).

A review of ethnic and gender differences in adolescents' patterns of drinking, smoking and drug taking reported on an anonymous self-report school-based survey of 15- and 16-year-olds from three counties in middle England (Rodham *et al.*, 2005). It showed that 'There are clear gender and ethnic differences in self-reported substance use'. More young men than young women reported drinking and the men were the heavier drinkers. Trend analysis revealed a significant difference with respect to drunkenness, with young men being more likely to be drunk more times in the previous year than young women. If these findings appear to contrast with the trends we have summarised earlier, review of Figs 1 and 2 shows that the levels of drinking in males in the UK were higher, but the trend is to the gap between the consumption by men and women closing. There are likely to be age-related and regional but also ethnic variations in patterns of drinking. Rodham *et al.* (2005) say:

'Asian, Black and Other boys and Black and Asian girls were less likely to report drinking during a typical week compared to White participants.... [But] at the more extreme end of the options (more than 11 drinks in a typical week), the drinking behaviour of Black and Other ethnic groups of both genders was similar to that of their White counterparts, while Asians of both genders remained less likely to drink than White respondents.'

In addition, it should be remembered that school-based research is at risk of biasing surveys towards lower reporting of substance misuse than is the case for the whole population of young people. This is because truants and young people who have been excluded from school will have been missed by school surveys.

Policy considerations

On 3 January 2006, the *Daily Mail*, a national newspaper in the UK, reported a study in the USA of a random sample of 4000 18- to 26-year-olds which found that younger people who reported that they had seen more drinking advertisements also consumed more alcohol. The *Daily Mail* reported that Alcohol Concern, a voluntary organisation in the UK, had urged the alcohol industry not to advertise on television before 9 p.m. (known in the UK as the 'watershed' time) because of young people's claimed susceptibility to alcohol marketing. A speaker

for Alcohol Concern was reported as complaining about the UK government not investing sufficiently in educating young people about the dangers of drinking. Greene *et al.* (2000) note that in the USA 'Tremendous resources are spent each year developing programmes and messages targeting adolescent risk behaviour', but, despite reasonable education about methods for reducing the risks they run, 'they fail to act accordingly'. Greene *et al.* explored adolescents' exaggerated sense of invulnerability. Their study indicated that risk-seeking and delinquent behaviours may be other latent factors. Perhaps these matters explain the findings of Babor *et al.* (2003), who highlight the poor track record of school-based education and health promotion programmes.

We conclude that young people should be provided with ready access to accurate, high-quality information by their families, by their schools and by other community services. Recent research in Wales shows that this and, highly importantly, opportunities for open discussion are what young people want (Williams *et al.*, 2005).

We think that the effectiveness of media-based education and prevention campaigns would be enhanced by ensuring that differences in drinking patterns and risk that are associated with gender, ethnicity and area of residence are recognised. This, tempered by awareness of theories about why adolescents' knowledge of risk may not be accompanied by actions to avoid harm, should influence how education and prevention programmes are designed and how services that deliver universal education, targeted prevention and intervention programmes are commissioned and delivered. The intention must be that these services reach the more vulnerable groups. The approaches taken should provide education about ordinary behaviour and address adolescents' tendencies to overestimate the number of their peers who engage in substance misuse. They are more likely to have an impact if they supplement the more traditional approaches to providing information and skill-enhancement training (Hansen, 1992).

Families, clinicians and policy-makers face a major challenge to help young people to understand and avoid the harm that can, all too easily, be associated with alcohol use and misuse. Hopefully, this important aspect of public health can be addressed through all health initiatives. We are keen to see substance misuse raised as a key topic in responses to the consultation on the European Union's contemporary paper on mental health policy. The aim should be to emphasise the importance of integrated and networked responses to improving adolescents' mental and physical health and to providing effective education and prevention programmes, as well as evidence-informed responses to younger people's misuse of substances that are sensitive to the circumstances of each young person. Above all, we must all be aware that, in the UK, alcohol is, increasingly, adolescents' favourite substance.

The approaches taken should provide education about ordinary behaviour and address adolescents' tendencies to overestimate the number of their peers who engage in substance misuse.

We are keen to see substance misuse raised as a key topic in responses to the consultation on the European Union's contemporary paper on mental health policy.

References

- Babor, T., Caetano, R., Casswell, S., et al (2003) *Alcohol: No Ordinary Commodity*. Oxford: Oxford University Press.
- Coleman, J. & Schofield, J. (2005) *Key Data on Adolescence* (5th edn). Brighton: Trust for the Study of Adolescence.
- Currie, C., Roberts, C., Morgan, A., et al (eds) (2004) *Young People's Health in Context. Health Behaviour in School Age Children*. Copenhagen: World Health Organization.
- Fuller, E. (ed.) (2005) *Smoking, Drinking and Drug Use Among Young People in England 2004*. London: Office for National Statistics and NHS Health and Social Care Information Centre. Available at <http://www.dh.gov.uk/assetRoot/04/12/34/32/04123432.pdf>
- Greene, K., Kremer, M., Walters, L. H., et al (2000) Targeting adolescent risk-taking behaviours: the contributions of ego-centrism and sensation seeking. *Journal of Adolescence*, **23**, 439–461.
- Hansen, D. J. (1992) School-based substance abuse prevention: a review of the state of the art in curriculum 1980–1990. *Health Education Research*, **7**, 403–430.
- Harrington, V. (2000) *Underage Drinking: Findings from the 1998–99 Youth Lifestyles Survey. Research Findings No. 125*. London: Home Office Research, Development and Statistics Directorate.
- Rodham, K., Hawton, K., Evans, E., et al (2005) Ethnic and gender differences in drinking, smoking and drug taking among adolescents in England: a self-report school-based survey of 15 and 16 year olds. *Journal of Adolescence*, **28**, 63–73.
- Viner, R. & Macfarlane, A. (2005) Health promotion. *BMJ*, **330**, 527–529.
- Warner, M. & Furnish, S. (2002) Towards coherent policy and practice in Alzheimer's disease across the EU. In *Alzheimer's Disease: Policy and Practice Across Europe* (eds M. Warner, S. Furnish, M. Longley & B. Lawler), ch. 9. Oxford: Radcliffe Medical Press.
- Williams, R. (ed.), Byrne, P., Jones, S., et al (2005) *A Needs Assessment Relating to Substance Use and Misuse by Young People in Gwent*. Gwent: Welsh Institute for Health and Social Care and the Programme for Community Regeneration, University of Glamorgan.

THEMATIC PAPER – ALCOHOL MISUSE AMONG YOUNG PEOPLE

Alcohol use and problem drinking in Taiwanese adolescents: comparison of the Han and indigenous populations

Mei-Yu Yeh, RN MSN EdD¹, I-Chyun Chiang, PhD² and Song-Yuan Huang, PhD³

¹Department of Nursing, Chang Gung Institute of Technology, A1010, 261 Wen-Hwa 1st Road, Kwei-Shan, Tao-Yuan 333, Taiwan, Republic of China, email yehdiana@mail.cgit.edu.tw

²Department of Health Education, National Taiwan Normal University

³Department of Health Education, National Taiwan Normal University

In the 1960s drinking was largely an act of harvest celebration but nowadays it is a problematic behaviour.

Although the selling of liquor to those under 18 years of age is prohibited in Taiwan, the prevalence rates of alcohol use for adolescents aged 12 and 17 years were found to be 11.3% and 31.4% respectively.

The population of Taiwan is 98% Han and 2% indigenous. Taiwanese Hans are, ethnically, an immigrant Chinese population. Traditionally, indigenous families make wine and, just like tea to the Hans or coffee in Western social settings, wine is served to entertain the guests in the indigenous culture. Alcohol drinking is a way of delivering a message of their conviviality. It also has a central role in traditional harvest festivals, ancestor worship and wedding ceremonies (Historical Research Commission of Taiwan Province, 1996).

Studies have ascertained, however, that alcohol drinking in indigenous society has changed over the past few decades (Chen, 1999). For example, in the 1960s drinking was largely an act of harvest celebration but nowadays it is a problematic behaviour. An epidemiological study found that the prevalence of alcohol misuse and alcohol dependence according to ICD-10 and DSM-III-R criteria was between 42.2% and 54.7% in the Taiwanese indigenous population, which is much higher than has been reported for the Taiwanese general population or for the United States. About 40% of alcoholics had become addicted to alcohol in their adolescence (Cheng & Chen, 1995).

Liou & Chou (2001) conducted an epidemiological study in Taiwan from 1991 to 1996; the results

suggested that the prevalence rate of alcohol use among adolescents was substantially greater than that of smoking. The prevalence rate of alcohol use for Taiwanese adolescents (drinking at least once a month) was 16.7%. In an examination of the different ethnic groups, Taiwanese indigenous adolescents showed a higher prevalence rate of alcohol use than Han adolescents (30.2% v. 16.7%). Although the selling of liquor to those under 18 years of age is prohibited in Taiwan, the prevalence rates of alcohol use for adolescents aged 12 and 17 years were found to be 11.3% and 31.4% respectively. The trends in adolescent use of alcohol in Taiwan, the United States and European countries, also from 1991 to 1996, were similar. Therefore, the study concluded that Taiwanese adolescents are at as great a risk of developing alcohol-related problems (Chou et al, 1999).

A study of adolescent alcohol use in Taiwan

In a study by Yeh (2006), alcohol use was defined as drinking once a month. The results indicated that there were significant gender differences in alcohol use among Taiwanese adolescents – alcohol use by