INTRODUCTION

Alcohol abuse is a serious public health problem around the world. The ways in which alcohol is drunk vary considerably between nations and time periods. Chronic use and alcohol dependence cause serious health consequences. Most individuals experience alcohol for the first time in adolescence, when episodic intake and abuse are frequent. In recent years, alcohol consumption is progressively increasing in young people quickly assuming the connotations of a troubling phenomenon. Early alcohol intake (before 18 years of age) may be associated with an increased risk of alcohol-related problems in adulthood. This risk behavior can lead to the onset of organic, psychic, and social problems, as it interferes with normal cognitive, affective, physical, and emotional conditions of young people. Alcohol intake may be associated with other risk behaviors such as other drugs assumption, bullying, the occurrence of various types of accidents, and non-compliance with laws. Drinking alcoholic beverages may also lead to the deterioration of

SUMMARY. Adolescents are the most vulnerable group for alcohol-related diseases, as starting to drink at a young age is associated with an increased risk of alcohol dependence in adulthood. Young people tend to drink large amounts of alcohol to seek out strong emotions and for reaching fun at all costs through the psychotropic properties of alcohol. The behavioural motivations of this kind of drinking (binge drinking) depend on the lack of awareness of the harmful effects of alcohol, in the rite of social conviviality (a condition for which alcohol is attributed to the function of facilitating the aggregation among young people), in the absence of personal interests, lack of controls and family habits. Actions to be taken to limit or stop harmful alcohol consumption in young people should be based on interventions aimed at delaying the age of first contact with alcoholic beverages through the implementation of educational campaigns aimed at young people, their families and the whole society.

KEY WORDS: alcohol, young people, binge drinking, social aspects.
school abilities, work and relational performances, to the
detriment of social relationship, violence and self-harming
phenomena. Given the high risky status associated with al-
cohol abuse among young people, it is vital to raise aware-
ness among young people, their families and the whole soci-
ety about the harmful consequences associated with alcohol
consumption.

SOCIAL AND CULTURAL ASPECTS

The analyses of the social and cultural context in which
young people live are important for the comprehension of
the role of alcohol in their everyday life. Traditionally, the fol-
lowing factors are recognized: nutrition, pharmacology, ritu-
al and socializing. The study of the type of recruitment and
consumption of alcohol in the various populations allowed
us to define its use and abuse within the various cultures as
follows:

- astonishing cultures: the use of any alcoholic beverage is
prohibited and the use of alcohol is a response to person-
al discomfort;
- ambivalent cultures: the thought of society is contradic-
tory and induces alcohol for transgressing;
- permissive cultures: alcoholic beverages are allowed, but
the attitude towards behavioral overflows is negative;
- very permissive cultures: attitudes towards moderate and
excessive drinking are permissive.

Italy is a typical example of permissive culture in which
the habit of drinking alcohol is part of the diet. In Italy, how-
ever, in recent years, a gradual change in cultural habits is in
progress, ranging from a gradual reduction of wine assump-
tion to the increase in the use of beer and spirits away from
meals. There is also an increase in the number of young peo-
ple who, inside groups, consume significant amounts of alco-
hol on an occasional basis, away from meals, only in order to
reach acute intoxication and experience the psychotropic
functions of alcohol. Indeed, a gradual transition from mediterranean drinking to nordic style drinking is de-
tectable, where drinking is not integrated into eating habits
but only sought for its poisoning and psychotropic functions.
The new drinking culture is predominantly characterized not
by the predominance of new alcoholic models, but rather by
the traditional italian approach to certain aspects of nordic
drinking, where adult men continue to prefer wine at meal-
times, while young people prefer to drink beer and spirits
outside meals, also in large quantities, for socializing reasons.

EPIDEMIOLOGY

At the present time, in Italy adolescents are witnessing a
gradual increase in occasional consumption of alcoholic be-
erages also away from meals. It is estimated that in 2015,
64.5% of Italians aged 11 and over (about 35,064,000 of peo-
ple) had at least one alcoholic drink, mainly men (77.9%)
compared to women (52.0%), with an increase in alcohol
consumption if compared to the previous years. Frequent
alcohol abuse, based on the recommendation of the Italian
Minister of Health, is observable between people over 65
years old (36.2% men and 8.3% women), young people (18-
24 years old – 22.8% men, 12.2% women) and adolescents
(11-17 years old – 22.9% men, 17.9% women). It is estima-
et that between 2005 and 2014 there has been an increase in
the number of occasional consumers (from 38.6% of 2005 to
41% in 2014) and those consuming alcohol away from meals
(from 25.7% in 2005 to 26.9% in 2014) . Drinking alcoholic
beverages is more common between the ages of 18 and 24 in
contexts related to entertainment and socialization . Over
the last few years, there has been a progressive reduction in
those who drink only wine and beer and an increase in those
who mainly drink spirits. An early 1994 research carried out
by Centro Studi Alcologia e Gastroenterologia del Policlini-
cico Umberto I (now CRARL Lazio, Centro Alcolico Re-
gione Lazio) evidenced that the 86.0% of young people, be-
tween 13 and 19 years old consumed alcohol beverages away
from meals. Interestingly, recently (2016) it is estimated that
38.1% of men and 16.5% of women over 11 years of age con-
sumed alcohol away from meals . It is also estimated that
in the age group 18 to 24, the percentage of men drinking
reaches 50.1% and among women 37.4% . Age analysis shows
that the population mostly at-risk for both sexes is between
16 and 17 years of age. This population accounts for about
700,000 minors, so they are not identified early and sensitized
about the harmful consequences of alcohol intake.

FACTORS ASSOCIATED WITH ALCOHOL USE

Literature suggests that many factors are associated with
the use of alcohol among adolescents and young adults.
Among these factors the most important are the social ones.
The low socio-economic condition is associated with the
severity of the alcohol use disorder . Socio-economic condi-
tions include the work of relatives, father’s work, educa-
tional level, and the cultural environment in which adoles-
cents live. Other important factors are parents use of alcohol,
a history of parents’ alcohol dependence, individual psycho-
logical characteristics, psychiatric illnesses and the re-
cent birth of a child. Other factors include sexual activi-
y, lack of social support, work status and family situa-
tion. As for ethnicity and race, white teenagers have a high
prevalence of alcohol use while black teenagers have signifi-
cantly lower levels of alcohol consumption. Another factor
that can affect the use of alcohol in adolescents is the gen-
der . In a survey among the various subgroups of teenagers
in the United States, males and females between 13 and 16
years of age had similar percentages of alcohol use. This is a
worrying factor since the physiology of women, based on the
indications of literature and World Health Organization, is
more sensitive to alcohol damage compared to men. The in-
ternational guide lines on alcohol drinking strongly recom-
dem not drink in young people under 18 years old, while
daily alcohol consumption in an adult and good health
woman should not be more than 1-2 alcoholic units (2-3 for
an adult and good health man) . The difference in alcohol
related effects between men and women depends on the fact
that women possess quite less efficient alcohol metabolic
mechanisms. For these reasons women may become addicted
to alcohol in a shorter time compared to men developing al-
so quickly hepatic, cardiovascular and psychiatric alcohol re-
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University students consuming low amounts of alcohol drink for Conformity (external negative reinforcements) to avoid peer exclusion and for conforming to the habit of other people.

**THE BINGE DRINKING**

The binge drinking is a mode of consumption of alcoholic beverages characteristic of young people who developed some years ago in northern Europe but also present in our society. This term identifies an excessive and episodic consumption of alcoholic beverages of any kind, concentrated in a narrow arc of time and generally outside meals. This kind of behavior can be defined as a consumption of five or more alcoholic units, regardless of sex, in a single occasion. Binge drinking is associated with considerable health expenditure and with important social consequences. Alcohol consumption away from meals is mainly common between the ages of 18 and 24 in occasions and contexts related to socialization and entertainment within groups of persons. In Italy, it is estimated that in 2016 about 11.2% of men and 3.7% of women over the age of 11 have practiced the binge drinking at least once. The percentages of those who adopt this behavior progressively increase in the second decade of life and reach the maximum in the age group comprised between 18 and 24, where males account for 21.8% and females by 11.7%. The number of males is statistically superior to females in each age group. Socioeconomic, demographic and individual factors seem to have a negative effect on binge drinking. This phenomenon is often associated with the use of substances and a family history of alcohol dependence. Peer pressure is one of the strongest factors driving young people to drink and seems to be more important than parental influences. Peer pressure is one of the strongest factors driving young people to drink and seems to be more important than parental influences. Binge drinking also varies according to individual cultures, where northern and central Europe are characterized by a greater number of episodes than southern Europe. From this data it can be hypothesized that binge drinking is assuming the characteristics of a dramatic phenomenon both for the health of individuals and for the well-being of the whole society.

**ACTIONS TO TAKE AGAINST ALCOHOL ABUSE IN YOUNG PEOPLE**

The European Charter on Alcohol37, adopted by the EU Member States in 1995, sets out the guide lines and strategies to take for promoting health and well-being of all citizens. In particular, it supports the protection of young people from drinking pressures and for limiting the damage induced directly or indirectly by the consumption of alcohol.

This document is based on some principles, among which we recall:

- all children and young people have the right to a family, social and professional life sheltering themselves from accidents, acts of violence and other harmful consequences arising from alcohol consumption;
- everyone has the right to receive information and education, from the earliest childhood, on the effects that alcoholic beverages have on health, the family, and society;

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**ALCOHOL AND YOUNG PEOPLE**

Adolescents are the most vulnerable age group for alcohol-related diseases, as starting to drink at a young age (14 years ago) may be associated with an increased risk of alcohol and drug addiction, with episodes of acute alcohol intoxication, with episodes of acute alcoholic hepatitis, with injuries to the neighbor and with road accidents. The World Health Organization shows that alcohol abuse determines 3.3 millions of deaths every years all over the world, namely the 5.9% of all deaths. About the 25% of deaths in young people (20-39 years old) are attributable to alcohol. Furthermore, the 5.1% of the total human diseases and accidents are attributable to alcohol measured as DALYs (Disability-Adjusted Life Years), a measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death.

In Italy, the first cause of death among young people is related to road accidents caused by drunk drivers. Alcohol dangerously affects the risk perception and undermines the individual’s ability to react to visual and sound stimuli. Up to 21 years the body has not completed the development and is unable to totally metabolize alcohol. Therefore any amount of alcohol taken by young people exposes them to higher risks than adults. Adolescents tend to drink large amounts of alcohol in a short time, more on Saturday in people groups, at parties, at nightclubs and pubs, in order to seek strong emotions, to socialize with the other sex and trying to get fun at all costs. The causes that induce young people to take these behaviors are many as the lack of knowledge of the harmful effects of alcohol, in the rite of social conviviality (an event that if you do not take alcohol you can’t have a social life, thus ruling alcohol as facilitator of dialogues and social aggregation), in the lack of personal interests, in the lack of controls and in non-compliance with laws. In a recent study carried out on 1928 university students it has been shown that the reasons of alcohol drinking are:

- **enhancement** (internal positive reinforcements): alcohol drinking for searching strong emotions, to facilitate the pleasure and to reach aims;
- **coping** (internal negative reinforcements): alcohol drinking to manage own emotions and personal mood;
- **social** (external positive reinforcements): alcohol drinking to feel strong peer membership and to have fun with other people.

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• all children and adolescents have the right to grow in an environment protected by the adverse effects that may result from alcohol consumption and advertising on alcoholic beverages.

To fulfill these principles, it is necessary:

• to protect young people from related alcohol-related harm by carrying out interventions aimed at delaying the age of the first contact with alcoholic beverages, in order to reduce the level of juvenile consumption and risk behaviors such as binge drinking;
• to carry out educational campaigns aimed at adults by raising awareness of the risks associated with alcohol to young people;
• to develop educational interventions in schools to encourage the development in children and adolescents of the skills necessary to protect health and to withstand drinking pressures.

CONCLUSIONS

The abuse of alcoholic drinking is increasing among young people as it is assuming the characteristics of a devastating phenomenon, both for the health of individuals and for the safety of the whole society. Data show a direct relationship between alcohol abuse and health problems leading to quite relevant social and economical losses. The main reason is due to the lack of knowledge, among young people, of the harmful effects of alcohol. Other reasons may be attributed to the false belief, which is very widespread, that alcohol facilitates social relationships. It can be caused also by lack of personal interests, lack of control, family habits, failure to respect laws and the rules of a proper social life. Alcohol consumption affects risk perception and promotes uncontrolled behaviors, contributing devastatingly to this phenomenon. According to the current knowledge, it is not possible to suggest recommended levels of alcohol intake in young people over the age of 18. We cannot quantify non-prejudicial levels of consumption for individual health and public safety. As for young people under the age of 18, full withdrawal of alcohol intake should be encouraged. Adverse health effects can also occur after a single episode of binge drinking leading to irreversible damage. For this reason, it is important to undertake all possible actions to protect young people from drinking pressures to limit the damage they may suffer directly or indirectly because of alcohol abuse. Alcohol use disorder is a complex condition that can affect young people. Alcohol use disorder prevents the existence of medical, social and pathological elements. It is crucial to know and analyze every single element that characterizes this disease for promoting appropriate cures. Therefore, it is of fundamental importance to consider the social consequences of the harmful use of alcohol as an integral part of the disease and their resolution as an integral part of its treatment. The purely medical intervention model is now overcome by biopsychosocial intervention models aimed at understanding and resolving each of the three components characterizing the alcohol use disorder: biological, psychological and social. Therefore the construction of a therapeutic project for the prevention and treatment of alcohol-related disorders in young people can not deviate from considering all the social implications affecting the individual, his family, the community of belonging and the whole social sphere. In conclusion, the resolution of unresolved personal social issues is a crucial step for understanding and preventing the risk that young people run every time abuse of alcohol.

Conflict of interests: the authors have no conflict of interests to declare.

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