

Addressing youth drinking

Adolescence is a critical period in life during which individuals develop the capabilities for realising their full potential and achieving healthy fulfilling lives. Adolescence is also a vulnerable time, one that can be marked by the initiation of harmful health behaviours. Regular alcohol use, binge drinking, and other risk-taking behaviours, such as smoking and substance use, can emerge during adolescence.

Alcohol has been identified as the leading risk factor for death and disability among people aged 15–24 years by the Global Burden of Diseases Study. In the USA, in 2015, the National Survey on Drug Use and Health reported that 20% of people aged 12–20 years consumed alcohol and 13% reported binge drinking in the past 30 days. Early initiation of alcohol use is a powerful predictor of later alcohol use. There is evidence that high alcohol consumption in adolescence continues into adulthood and is associated with alcohol-related harm, including dependence. Young people who start drinking before age 15 years are six times more likely to develop alcohol dependence or excessive use later in life than are those who begin drinking at or after age 21 years. Reducing drinking during adolescence is important for preventing the long-term consequences of alcohol use, as well as for protecting against its immediate harmful consequences.

In several countries, governments have put in place prevention strategies that address factors associated with youth drinking—eg, policies restricting access to alcohol, enforcement of minimum legal drinking age laws, alcohol excise taxes, national media campaigns, and reducing youth exposure to alcohol advertising. But in many settings, parents provide alcohol to their teenagers with the belief that early exposure will reduce the risks of heavy drinking and alcohol-related harms. But are those beliefs founded on reliable evidence?

In this issue of *The Lancet Public Health*, Richard Mattick and colleagues investigate whether supply of alcohol by parents in early adolescence offers protection from alcohol-related harms and disorders in later adolescence. In their longitudinal study, 1927 adolescents and their parents were recruited in Australian schools and were surveyed annually for 6 years to assess the association between supply of alcohol by parents, or from other sources, and binge drinking, alcohol-related harms, and alcohol use disorders. They found that adolescents who

were supplied alcohol by their parents had an increased risk of subsequent binge drinking, alcohol-related harm, and symptoms of alcohol use disorder compared with those reporting no supply of alcohol. The authors showed that parental supply of alcohol not only risks adverse outcomes, but also risks increasing supply from other non-parental sources. Providing alcohol to children is associated with risks of alcohol-related harm, and there is no evidence to support the view that the supply of alcohol by parents protects children from adverse drinking outcomes. This important finding contradicts widely held public views. There is therefore a clear need for effective public health strategies focused on adolescent drinking.

Stressful life events have been associated with alcohol use disorders in adolescence and can be key drivers for risky behaviours. Young people face many stressors, including anxiety about academic performance or securing a job and an income. In that regard, students are also a potentially vulnerable group. Reducing stress at university and building resilience could offer some avenues to improve youth mental wellbeing and reduce unhealthy behaviours such as drinking. The Mindful Student Study, also published in this issue, provides an attempt to improve the mental health and wellbeing of students. Julieta Galante and colleagues recruited 616 students from the University of Cambridge, UK, and assessed whether a mindfulness-based intervention could increase students' resilience to stress (reduction in distress during examinations was used as an indicator of resilience to stress). Compared with students assigned to receive mental health support as usual, students receiving an 8-week mindfulness course adapted for students were less likely to experience psychological distress during the examination period.

The educational system is without doubt a key component of a young person's social environment and is very important for public health interventions that promote and protect adolescent wellbeing. But it is only one of the many components. Tackling this leading risk factor for death and disability will require intersectoral, multi-level, and multi-component actions, and some serious investments. It is surely time to take the health of young people much more seriously. ■ *The Lancet Public Health*

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