

Factors and motivation for the consumption of alcoholic beverages in adolescence

Fatores e motivação para o consumo de bebidas alcoólicas na adolescência
Factores y motivación para el consumo de bebidas alcohólicas en la adolescencia

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ABSTRACT

Objective: The aim was to identify the factors that influence adolescents to consume alcoholic beverages, their motivations and their knowledge about this practice. **Methods:** Quantitative-qualitative convergent-care research, involving 21 adolescents from the city of Rio de Janeiro, between 12 and 18 years of age. A semistructured interview was held and a form with closed questions was applied. **Results:** The results showed that 18 of them consumed alcoholic beverages, that beer is the main drink consumed and that entertainment, the company of friends and the flight from reality are the main goals of the consumption. They knew the risks for themselves and other people, including the deterioration of social contact. **Conclusion:** The easy access encourages the alcohol consumption and, despite knowing some of the risks, they consume these beverages, generally in groups.

Keywords: Adolescent Behavior; Health Education; Alcohol Drinking; Nursing Care.

RESUMO

Objetivo: Objetivou-se identificar os fatores que influenciam os adolescentes ao consumo de bebidas alcoólicas, suas motivações e seus saberes sobre esta prática. **Métodos:** Pesquisa quali-quantitativa, convergente-assistencial realizada com 21 adolescentes da cidade do Rio de Janeiro, com idade entre 12 e 18 anos. Realizou-se entrevista semiestruturada e aplicação de um formulário com perguntas fechadas. **Resultados:** Os resultados mostraram que 18 deles consumiam bebidas alcoólicas, a cerveja é a principal bebida consumida e a diversão, a companhia de amigos e a fuga da realidade são as principais finalidades para o consumo. Conheciam os riscos para si e para os outros, com deterioração do convívio social. **Conclusão:** A facilidade de acesso incentiva o consumo do álcool e, apesar de conhecerem alguns dos riscos, consomem as bebidas, geralmente, em grupos.

Palavras-chave: Comportamento do Adolescente; Educação em Saúde; Consumo de Bebidas Alcoólicas; Cuidados de Enfermagem.

RESUMEN

Objetivo: Identificar los factores que influyen los adolescentes al consumo de bebidas alcohólicas, sus motivaciones y sus conocimientos sobre esta práctica. **Métodos:** Investigación cualitativa y cuantitativa, convergente-asistencial, realizada con 21 adolescentes de la ciudad de Rio de Janeiro, con edad entre 12 y 18 años. Se realizó la entrevista semiestructurada con aplicación de un formulario con preguntas cerradas. **Resultados:** Del grupo estudiado, 18 de ellos consumían bebidas alcohólicas, siendo la cerveza la principal bebida consumida, y la diversión, la compañía de amigos y la fuga de la realidad, las principales razones para el consumo. Conocían los riesgos para sí y para los demás, con deterioro del convívio social. **Conclusión:** La facilidad de acceso incentiva el consumo de alcohol y, a pesar de conocer algunos de los riesgos, ingieren las bebidas, generalmente en grupos.

Palabras-clave: Conducta del Adolescente; Educación en Salud; Consumo de Bebidas Alcohólicas; Atención de Enfermería.

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INTRODUCTION

Adolescence is a phase of intense transformations and discoveries that affect the physical, hormonal, cognitive, social, cultural and emotional aspects. A turbulent, conflicting and troubled phase, which corresponds to the identity construction period, with influence from the culture and the society the adolescent is part of¹.

Different factors mark the adolescent period, the most important of which is undoubtedly the awareness gaining about a new space in the world, the entry into a new reality that generates a mix-up of concepts and a loss of certain references.

The main conflict that needs to be solved in adolescence is the so-called identity crisis¹. It is exactly this crisis and the consequent identity mix-up that makes the adolescent go on a quest for identifications, attempting to find peers in the world of differences and establishing groups. The need to share one's anguish and standardize one's attitudes and ideas turns the group into a privileged spot, with uniform behaviors, thoughts and habits.

Adolescents commonly search new experiences and are curious to gain new sensations. This context comes with great concerns associated with this phase of life, which are the risks related to the consumption of alcohol and other drugs. Among all drugs, studies indicate alcohol to be the most used around the world^{1,2}. In Brazil, this habit is part of the culture and, as a social fact, it is not only accepted but frequently also strengthened².

Studies by the Brazilian Information Center on Psychotropic Drugs (CEBRID) at *Universidade Federal de São Paulo* (Federal University of São Paulo), reveal a concerning picture, with a global trend towards increasingly early and heavier initiation in drug abuse^{1,2}. Thus, the adolescents are experimenting earlier and earlier and are regularly consuming alcohol.

Although art. 81³ of the Child and Adolescent Statute prohibits the sale of any alcoholic beverage to youth under 18 years of age, the number of adolescents who have tried out and consume alcohol frequently is noteworthy, even for the Ministry of Health.

Different studies have focused on adolescents' consumption of alcoholic beverage, but research aimed at identifying the influences on that action remains scarce. A search in the databases LILACS, MedLine and BDNF, using the descriptors: [adolescent], [alcohol consumption] and [nursing] in combination with the Boolean operators *and* and *or* resulted in 131 articles, all of which are fully available. Most of the articles found are related to the risks and consumption pattern of alcohol during adolescence, while others propose care strategies. As regards the factors that influence the adolescents to consume alcohol, there were no articles that directly discussed the theme. A study involving Mexican medical students indicated that the factors that made them use alcohol and other drugs were: leisure, feelings like boredom, having friends or having committed anti-social acts⁴.

This study discusses alcohol consumption during adolescence and aims to identify the factors that influence adolescents to consume alcohol, their motivations and knowledge on this practice. Based on the results, possible strategies can be indicated to develop effective interventions for this age group.

METHOD

An empirical and qualitative study was undertaken, based on quantitative data. The convergent care research method is used, which combines the production of research data with care for the clients, to the extent that situations are found that need intervention. Implementing this method always requires the subjects' active participation, aiming to solve or minimize problems in practice or make changes and/or introduce innovations in health practices, which in turn can lead to theoretical constructions⁵. Thus, the particular goal is to encourage changes or improvements in individuals' living habits for the sake of health promotion.

The subjects were identified based on initial contact with three adolescents in the researchers' interpersonal network. Through them, the research participants themselves invited other adolescents, constituting the subject group. This is called the snowball method, in which one subject culturally recommends another with similar competences, repeating this process and reaching a broad social network based on the new subjects included⁶.

Each adolescent received explanations about the research objectives to sensitize them to participate. The inclusion criteria were: male and female adolescents, between 12 and 18 years of age, with intact verbal communication and cognitive skills. In total, 26 adolescents were invited who complied with these criteria, five of whom did not receive their parents' consent to participate. Hence, 21 adolescents between 12 and 18 years of age participated, who lived in the urban region of the city of Rio de Janeiro. Thirteen were girls and eight boys. The predominant age range was between 15 and 18 years old (14 participants).

The data were collected through interviews, when a semi-structured script and a form with closed questions about sex, age and alcohol consumption habits were applied. The interview data were submitted to thematic content analysis and the form data were processed using simple frequency analysis.

This study is linked to an integrated research project that received approval from the Institutional Review Board at Anna Nery School of Nursing (EEAN) and the Teaching Hospital São Francisco de Assis (HESFA), both belong to Federal University of Rio de Janeiro (*Universidade Federal do Rio de Janeiro/UFRJ*), under protocol number 077/07.

The participants' anonymity was preserved using alphanumeric codes, in which the letters A to V indicate the order in which the interviews were held, F and M indicate the sex (Female and Male) and the numbers indicate the adolescents' age.

RESULTS

Characteristics of participants and alcohol consumption

Among the 21 interviewees, 13 were female and eight male. Ages ranged between 12 and 18 years. The mean age was 15 years with five adolescents. Two participants each were 12 and 13 years, and three participants each were 14, 16, 17 and 18 years.

Concerning the alcohol consumption, 18 participants indicated they had already consumed the substance. The alleged reasons for not consuming were related to not wanting to (two), finding consumption wrong (two) and not being curious to try.

The age of first contact with alcohol ranged between nine and 17 years. The ages 10, 11 and 15 were found for two adolescent each. Three adolescents were 14 and six others 14 years old when they tried out alcohol.

The main places where the adolescents consumed alcohol for the first time were parties of friends (six), as well as relatives' homes during family feasts (six), at street parties like carnival or balls (three) and at friends' homes (two). One of the interviewees did not remember the place of the first alcohol consumption.

Among the drinks consumed upon their first contact with alcohol, beer ranked first for eight interviewees, followed by sparkling wine for four, as well as ice and wine for three adolescents each.

When investigating the factors that motivated the alcohol consumption, eight adolescents appointed the influence from friends. Other motives mentioned were: curiosity (five); family influence (two); a toast (two) and consumption by mistake through switched glasses (one).

As regards the frequency of alcohol consumption, eight adolescents mentioned having drunk alcohol only once, seven indicated sometimes and three informed drinking alcohol at weekends.

What the goal of alcohol consumption is concerned, six adolescents mentioned drinking to have fun, five to accompany friends, two had consumed alcohol out of curiosity, one because likes to and one indicated consumption only once and without any particular purpose.

When asked whether they had already purchased alcoholic beverages, 14 adolescents affirmed that they had. Concerning how the beverages were bought, 12 adolescents purchased them in bars, 11 at parties, six in supermarkets, three from street vendors and two at minimarkets.

Easy purchase

The ease with which the adolescents buy alcoholic beverages is evidenced. When asked about difficulties to get access to these beverages, only four adolescents informed any, considering that the law prohibits this sale to people under age:

Now, let us say there is difficulty, because it is prohibited and, depending on the place, they ask for identification. (UF12).

I think that, when they see that the person is a minor, they don't let you buy or ask for identification. (MF13).

At some places they ask for identification. (GM17).

Once I had problems, the vendor at a bar asked my identity card and that also happened at the mall. I could not buy the beer. (IF18).

The adolescents' knowledge: Risks of alcohol use/misuse

The open questions produced texts whose content analysis indicated the adolescents' knowledge about the risks of alcohol consumption. This was organized around two central meanings: the risks for themselves and the risks for other people. The first is strongly focused on physical health and the second on the deterioration of social life and on jeopardizing other people's health/physical integrity.

Most adolescents were familiar with the risks of alcohol use/misuse, but six interviewees were unable to discuss them. Among the risks mentioned, two groups were identified: those concerned with physical health and those more focused on social life.

The risks for themselves: health problems

The main risks mentioned were part of the list of damage related to the bodily organs the alcohol damages most, like the stomach and the liver, and the symptoms frequently mentioned by people who exaggerated in their alcohol consumption, such as headache and nausea, widely disseminated in the media and experienced in daily life by abusers. In addition, the adolescents also mentioned chemical addiction, showing that they did not ignore that alcohol has this potential, being a drug.

I only know some risks: cirrhosis, liver and stomach problems. (AF15).

If you drink too much you can get sick, ill and even die, because it's bad. (HF18).

You can get liver problems and even cirrhosis. (PF15).

I know there are several things, like: diseases the drink causes which are liver, stomach and even heart problems. (JM15).

Ah! You can get health, liver damage or stuff like that. (TM17).

I know about cirrhosis, overdose, the headache the next day, nausea and health problems in general. (LF15).

And the person can get chemically addicted too. (DF14).

I only know he can get drunk and, over time, addicted. (OF17).

You can get cancer, several health problems and even die. (MF13).

I don't know all, but I know there's the hangover the next day. If you consume a lot you can get cirrhosis and that's all I know. (QM16).

Liver problems, the addiction can cause that kind of thing. (SF17).

Risks for other people: problems in social life

Alcohol abuse has been widely discussed as, besides personal damage, this action entails risks for the people living with consumers and for society. That is confirmed in several interviewees' statements:

Of addiction, among other things like mixing drinking and driving, causing accidents and so on. (GM17).

There is also the behavioral damage the drink causes. (NF16).

Damage to his own family whom he negatively affects with that. (SF17).

Drunk guys get really crazy, many lose control and there's risk of confusion, fight, deaths and other things. (EM15).

I think, like: if the person drinks a lot there may be a fight involving people who have nothing to do with it. (GM17).

When the person lives with someone who drinks, she's at risk of aggression, it can influence other people to drink, causes road or traffic accidents, and that puts the family and other people at risk, also because these accidents can cause deaths. (OF17).

There are problems and social risks, physical aggression at home, car accidents and things like that. (TM17).

People living with alcohol addicts can have psychological problems due to the things they go through. The concerns and trouble the people who live with people who drink have. (JM15).

In addition, one adolescent's report is observed who has already experienced a situation of violence motivated by alcohol use:

Once my ex-boyfriend drank and wanted to hit me. (IF18).

DISCUSSION

In fact, adolescence is a phase of life that inspires great concern, mainly in terms of drug consumption. Great efforts and mobilizations to produce knowledge on the phenomenon have happened.

Despite being considered a legal substance for adult consumption, intense alcohol use is closely related with multiple psychoactive drug use. This fact should be added to the list of concerns alcohol abuse causes⁷. These risks have been hardly studied in Brazil, which is why most of the information on the theme comes from studies undertaken abroad⁷.

Based on the results, most of the research participants have had past contact with alcoholic beverages. Studies reveal that alcohol is the drug adolescents consume most. Considering use at least once in the lifetime, one might say that alcohol is the most consumed drug in all age ranges⁹ and, therefore, this prevalence turns the phenomenon into a great Public Health problem.

The initial contact with alcoholic beverages happens in different age ranges. Consumption of the substance starts in adolescents between 14 and 17 years of age. Concerning regular consumption, on average, the adolescents (14-17 years) gained this behavior at the age of 14.6 years. Young people (18-25 years) started around the age of 17.3 years⁹. Thus, most participants had their first experience with alcoholic beverage at the age of 14 years, in line with the research data. It is also highlighted that there is a greater risk of binge drinking when consumption starts at a younger age, compromising the adolescents' health^{10,11}.

Beer is the first drink the adolescents consume, in line with studies developed in Latin America^{11,12}. The responsibility for increased beer consumption is due to the media appeal, large-scale commercial dissemination of the product, increasing day by day, and easy access¹³.

Influence from friends is evidenced in the motivation to consume alcohol, due to the adolescents' need to fit into groups, in which predetermined standards exist to be part. Alcohol consumption is correlated with parties and celebrations, evidencing the social appeal of alcohol consumption¹³.

Young people are very concerned with the search for friends and identification with a group of people. The concept of group integration is noteworthy among them. Alcohol is considered a means to facilitate that interaction, acting as a passport towards socialization¹⁴. Curiosity is also mentioned as an important motivational factor for alcohol consumption, as the interest in knowing the feelings and discovering the effects of alcohol has made many adolescents start consumption increasingly early.

According to most interviewees, the main goals of alcohol consumption are fun, company of friends and escape from reality. The expectations surrounding the effects of alcohol influence the onset and maintenance of alcohol use and the production of

related behaviors^{15,16}. These expectations develop through direct and indirect experiences with alcoholic beverage and exposure to commercials. After all, even before a direct experience, expectations are constituted about alcohol consumption.

In this study, the adolescents mentioned the ease to purchase alcohol as a factor that encourages this practice. Although its sale to minors is prohibited, most of the research participants do not face difficulties to purchase it.

Great concern exists with the risks of alcohol use/abuse. In general, the adolescents themselves demonstrate knowledge about the health damage caused, but also mention attention to the development of addiction and resulting social damage, including: risk of domestic and street violence, besides risks of aggression, putting forward the people who abuse alcohol as victims or perpetrators.

When discussing alcohol use/abuse during adolescence, great concern exists with school performance⁹, as alcohol abuse leads to an enhanced performance drop in the teaching-learning process. Adolescent abusers lose classes more frequently, losing the pedagogical process as a whole. Those who do manage to attend classes are sleepy, slow and face difficulties to understand what the teacher is saying. Research indicates that alcohol abuse causes brain damage (in the hippocampus), involving learning and memory, as the hippocampus is the location in the brain where memory is constituted and then distributed to other brain areas⁸. In addition, damage to the hippocampus can impair the development of new memories, which influences the learning process⁷.

Therefore, scientific production on the risks of alcohol abuse is fundamental, as well as the implementation of health education through debate groups, proposing that adolescents try to go to parties without consuming alcohol to assess the possibility of fun without consuming these beverages, among other strategies aimed at adolescent health promotion, with a view to producing habit changes and a healthy lifestyle.

Concerning the convergent care research method, during the interview, while orientations were provided, the adolescents formulated different inquiries and discussions on the theme. Thus, the interventions offered satisfactory contributions to the research participants but, to address this theme with them, attention is due to the target public, so as to discover the particularities of adolescence and chemical addiction in this age range.

CONCLUSION

In the light of the results, it can be affirmed that the research reached the proposed objectives, as the factors were identified that influence alcohol consumption, its motivations and knowledge and practices related to alcohol consumption.

Beer was evidenced as the main drink consumed, and fun, company of friends and escape from reality as the main goals of consumption. The easy access encourages the alcohol intake.

In that sense, the need for investments in adolescent health education is emphasized, especially regarding the risks of alcohol use/misuse, as the adolescents are going through a phase of great physical, psychological and social damage. Therefore, investing in health education strategies in this age range can considerably minimize the damage the alcohol use causes.

Health Education focused on adolescents is aimed at stimulating the development of healthy living habits. Thus, based on conversation and discussion about the theme, they can expose their doubts and knowledge, so that a dialogue happens and so that the adolescents are driven towards behaviors and practices aimed at reducing damage to their health.

Concerning the method applied, its important representativeness in this research can be affirmed, favoring the interaction between the participants and the researcher. This permitted the establishment of effective communication, in which dialogued health education favored a better understanding about the purposes of a convergent-care research, which produced research data and, at the same, promoted health through clarifications about the risks of alcohol abuse.

Health education directed at adolescents is elaborated to stimulate the development of a healthy lifestyle. In this case, the prevention of alcohol use and misuse figures on this list, representing a challenge for nursing activities, mainly due to the fact that adolescence is a phase of life marked by intense transformations. In addition, it is highlighted that the convergence with care in this research is in line with recommendations in current public policies regarding alcohol and other drugs, which are focused on prevention and health promotion, with a view to the need to strengthen the protection factors, reducing the risks to use these substances.

Although many adolescents know some risks, further investments in health education are needed, as the lifestyle adopted during adolescence can significantly influence their health in the adult phase. This is justified by the fact that, in many cases, the adolescents demonstrate that they do not understand that these problems are triggered in the long term, and generally do not affect them during adolescence.

Therefore, the discussion of this theme with a focus on adolescence is appropriate and offers important contributions. The results call attention to the importance of establishing adolescent education programs, aiming to raise their awareness and provide the clarifications needed on the harmful effects exaggerated alcohol consumption can cause.

The research limitations include the number of participants, which needs to be expanded to enhance the possible exploration, as well as the need for more significant sampling according to age and sex, with a view to making safer assertions on the research problem and being able to establish the differences, mainly concerning the data among female and male adolescents.

REFERENCES

1. Lepre RM, Martins RA. Adolescente e a construção da identidade. Paidéia, Ribeirão Preto [on line]. 2008 [citado em 2012 mar 12]; 19: [aprox 06 telas]. Disponível: <http://www.slowmind.net/adolescenza/lepre1.pdf>
2. Ministério da Saúde (BR). Secretaria de Programas e Projetos, Divisão de Saúde Materno-Infantil. PROSAD - Bases Programáticas. 2ª ed. Brasília (DF): Ministério da Saúde; 1996.
3. Lei nº 8.069 de 13 de Julho de 1990 (BR). Dispõe sobre o Estatuto da Criança e do Adolescente e dá outras providências. Disponível em: http://www.planalto.gov.br/ccivil_03/LEIS/L8069.htm. Acesso em: 07 mar. 2009.
4. Puig-Nolasco A, Corteza-Ramirez L, Pillon SC. Consumo de álcool entre estudantes mexicanos de medicina. Rev. Latino-Am. Enfermagem. 2011 maio/jun;19(especial):714-21
5. Trentini M, Paim L. Pesquisa Convergente Assistencial: um desenho que une o fazer e o pensar na prática assistencial em saúde-enfermagem. 2ª ed. Florianópolis (SC): Insular; 2004.
6. Ferreira, MA, Alvim NAT, Teixeira MLO, Veloso RC. Saberes de adolescentes: estilo de vida e cuidado à saúde. Texto & contexto enferm. 2007 abr/jun;16(2):217-24.
7. Kerr DCR, Capaldi DM, Pears KC, Owen LD. Intergenerational influences on early alcohol use: Independence from the problem behavior pathway. *Development and Psychopathology*. 2012 aug;24(3):889-906. Disponível: doi:10.1017/S0954579412000430.
8. Lepre RM, Martins RA. Raciocínio moral e uso abusivo de bebidas alcoólicas por adolescentes. Paidéia, Ribeirão Preto. 2009 abr [citado 2012 mar 12];19(42):[aprox. 06 telas]. Disponível: <http://dx.doi.org/10.1590/S0103-863X2009000100006>.
9. Ministério da Saúde (BR), Secretaria de Atenção em Saúde. Departamento de Ações Programáticas Estratégicas. Diretrizes nacionais para a atenção integral à saúde de adolescentes e jovens na promoção, proteção e recuperação da saúde. Área Técnica de Saúde do Adolescente e do Jovem. Brasília: Ministério da Saúde, 2010.
10. Stolle M, Sack PM, Thomasius R. Binge Drinking in Childhood and Adolescence. *Epidemiology, Consequences and Interventions*. *Dtsch Arztebl Int*. 2009; 106(9):323-8.
11. Acosta LD, Fernández AR, Pillon SC. Social risk factors for alcohol use among adolescents and youth. *Rev. Latino-Am. Enfermagem*. 2011; 19(Spec):771-81.
12. Observatorio Argentino de Drogas (AR), Secretaria de Programación para la Prevención de la Drogadicción y la Lucha contra el Narcotráfico. Estudio Nacional en Población de 12 a 65 años sobre Consumo de sustancias Psicoactivas. Argentina: Observatorio Antidrogras; 2006 [citado 2012 mar 30]. Disponível: http://www.observatorio.gov.ar/investigaciones/Encuesta_en_Poblacion_General_2006.pdf
13. Vieira DL, Ribeiro M, Romano M, Laranjeira RR. Álcool e adolescentes: estudo para implementar políticas municipais. *Rev. Saude Publica*. 2007 jun [citado 2012 mar 30]; 41(3): [aprox. 06 telas]. Disponível: <http://www.revistas.usp.br/rsp/article/view/32243/34371>
14. Mendes LR, Teixeira MLO, Ferreira MA. Bebida alcohólica en la adolescencia: el cuidado educación como estrategia de acción de la enfermería. *Esc Anna Nery*. 2010 jan/mar; 14(1):158-64.
15. Fachini A, Erikson FF. Gender differences in alcohol expectancies. *Arch. Clin. Psychiatry*. 2012; 39(2): 68-73.
16. Martins RA, Parreira GV, Cruz LAN, Silva IA. Expectativas sobre os efeitos do uso de álcool e padrão de beber em alunos de ensino médio. *SMAD, Revista eletrônica saúde mental álcool e drogas*. 2010 [citado 2014 jul 16]. 6(1):1-13. Disponível: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1806-69762010000100009&lng=pt&lng=