Straight Talk Can Address Alcohol Abuse in Teens

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BY DAMIAN McNAMARA
Miami Bureau

MIAMI BEACH — Lorena M. Siqueira, M.D., has a straightforward way of dealing with teenaged binge drinkers: Ask them their alcohol consumption, present the facts, and don't give lectures.

Nearly 14 million adults, or 1 in 13, in the United States abuse alcohol or are alcohol dependent, according to the National Institute on Alcohol Abuse and Alcoholism. Intervening with teens may make a long-term difference since more than 35% of adults with an alcohol problem say they were binge drinkers before age 19.

A binge can be defined as a self-destructive and unrestrained drinking bout, lasting at least a couple of days, at least once in the preceding 2 weeks. Binge drinking also can be defined as five or more alcoholic drinks in a row for males, or four or more drinks for females on a single occasion.

"We used to think the brain was fully formed by adolescence, but now we know it continues to develop into the early 20s. Exposure of a developing brain to alcohol may have long-lasting effects on intellectual capabilities," said Dr. Siqueira, director of the division of adolescent medicine at Miami Children's Hospital.

Address binge drinking as early as possible, Dr. Siqueira advised. "Some children are already alcohol dependent when you see them. Some start as young as 9 or 10 years old," she said at a pediatric update sponsored by the hospital.

Teenagers who binge drink are more likely to drive drunk, fight, carry a weapon, drop out of school, engage in risky sexual behavior, or use illicit drugs. Teenage binge drinking is "one of the strongest predictors of binge drinking through the college years."

One role of the physician is to identify alcohol abuse. Blackouts, depression, sleep disorders, chronic abdominal pain, liver dysfunction, sexual dysfunction, and sexually transmitted infections (STIs) are common signs. For example, 60% of college women diagnosed with an STI were drunk at the time of acquiring the infection, Dr. Siqueira said.

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Screen all children for use of alcohol, including beer, wine, and distilled spirits. Once a potential problem is identified, evaluate the extent of drinking. Ask questions about how many days they drink alcohol, how many drinks they have on those days, and whether there are times when they are unable to stop drinking once they start.

Almost every state allows minors to consent for care for drugs or alcohol without parental consent. If you do not have time or do not feel comfortable treating alcohol dependence, refer them, she suggested.

"The best way to get [children] to change, rather than lecturing to them, is to present them with as many facts as you can," Dr. Siqueira said. If a patient refuses to admit to having an issue with alcohol, ask the patient to define when it will become a problem. Some will say alcohol would be a problem if their grades dropped, for example.

"Appeal to their vanity," Dr. Siqueira said. "Tell them drinking gives them bad breath and makes them gain weight."

Recommended tools and resources for physicians include the CRAFFT (mnemonic) screen for alcohol use (Arch. Pediatr. Adolesc. Med. 1999;153:591-6), the National Council on Alcoholism and Drug Dependence (www.ncadd.org), and the National Institute on Alcohol Abuse and Alcoholism (www.niaaa.nih.gov).

Resources for patients and parents include Alateen (www.alateen.org), the "Make a Difference: Talk to Your Child About Alcohol" pamphlet (www.niaaa.nih.gov/publications/makediff.htm), and the Join Together initiative (www.jointogether.org). ■