The Influence of Family and Peer on Adolescent Alcohol Addiction

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Abstract. Substance abuse among adolescents is a significant concern today. Alcohol, as the most accessible addictive substance, is also the most likely to lead to adolescent alcohol consumption and eventually to the development of alcohol addiction. Alcohol addiction in adolescents can have harmful, even long-lasting effects on their psychology and physiology. Previous literatures have examined factors contributing to adolescent alcohol addiction from multiple perspectives. However, there are relatively fewer systematic reviews of family and peer influences on adolescent alcohol abuse. Therefore, this article aims to integrate the findings of previous literatures and address the impact of family and peers on adolescent alcohol consumption and alcohol addiction. Parents' and peers' open attitudes toward alcohol, negative peer and parent-child relationship, unhappy marital status, as well as peers' problematic behaviors could assumably increase the likelihood of adolescent alcohol use. By discussing and analyzing two kinds of intimate relationships of adolescents, family and peers, this paper calls for social institutions to devote more attention to adolescent drinking behavior and their social relationships to prevent adolescent alcohol addiction and the harm caused by alcohol abuse. In addition, previous studies were mostly correlational cross-sectional studies, which had some limitations. Future studies could focus on longitudinal experiments and consider excluding confounding factors to obtain causal results.

Keywords: Adolescence; Alcohol addiction; Parental influence; Peer relationships; Alcohol use disorder.

1. Introduction

Society nowadays is full of temptations, especially addictive substances such as drugs and alcohol, which not only severely impact the user's daily life but also cause harm to their body, from dysfunction to more serious outcomes such as loss of life.

Alcohol addiction is a symptom of Alcohol use disorder; it shows a strong desire to consume alcohol and presents withdrawal symptoms when controlling the intake [1]. According to a Substance Abuse and Mental Health Services Administration 2020 survey [2], 71.4% of the 38.7 million American residents aged 18 and older with substance use disorder (SUD) are addicted to alcohol, ranking first in the number of people with SUD. An additional 15.8% had both an illicit drug use problem and an alcohol addiction [2]. In a longitudinal comparison from 2017 to 2020, despite an overall slight downward trend, approximately 8.2% of underage 12–17-year-olds consumed alcohol, and a massive increase to 51.5% when it came to the 18-25-year-old group [2]. Reasons might be first, there are no longer legal restrictions on adult drinking, or second, young people in the older age group are entering college or society and are thus influenced by their peers around them or experience social factors such as interpersonal relationships, life stress, and academic pressure. In 2020, there were 712k 12–17-year-olds with alcohol use disorder (AUD), 18–25-year-old adolescents with AUD have the highest population at around 5.2 million [2]. Overall, the transition from underage to adulthood showed a significant and dramatic increase in alcohol use. The causes, preventions, and follow-up treatment should be more focused on, such as further studies on preventing AUD due to environmental factors.

Adolescents could be considered a very susceptive group because they are in a developmental stage, and such an unstable state makes them vulnerable to environmental influences. According to Erikson's psychosocial theory [3], adolescents aged 12–18 face the conflict of identity and role confusion. Social relationships in this stage are an important factor for adolescents' self-development.

During this stage, they will build up cognitions about themselves, such as self-esteem and self-confidence, which require interaction with people around them, especially peers [3]. In the interactions, social learning theory proposed that observation and modeling can influence the learning of behaviors [4]. Adolescents can acquire new information and develop new behavior patterns by observing others, including parents and peers. Not only behaviors, adolescents can also learn attitudes and emotional reactions in different contexts from other people [4]. Considering the influence from the external environment, Bronfenbrenner [5] proposed a new perspective, which is the social-ecological theory. Bronfenbrenner divided the social ecology into different systems. From the microsystem which directly contact with adolescents to the most abstract macrosystem, the factors that can influence adolescents include their parents, peers, various social information, and attitudes and ideologies of the culture [5]. Although the above theories have different emphases, the similarity is that they all illustrated the vital impact of social relationships on adolescents during this stage, especially their parents and peers who are the closest to the adolescents.

Peers and parents, as the closest and most frequent contacts in adolescents' development, play an important role in influencing adolescents' development. Many researchers have conducted experiments on peers' or parents' impact on adolescent alcohol addiction, but fewer previous articles have systematically reviewed adolescent alcohol abuse from both parental and peer perspectives, so this article will summarize and discuss the parental attitudes toward alcohol, parent-child relationships, and marital status, as well as peer attitudes toward alcohol and peer relationships. This can help us to better understand the current state of research on such issues and to have a more comprehensive and systematic understanding of the influence of peers and families on adolescent alcohol addiction. It is also expected that this review of the existing research findings could provide some support or basis for future related research.

2. Alcohol Addiction in Adolescents

In DSM-5 [1], an alcohol user with 2 or more symptoms over a 12-month period can be diagnosed as Alcohol use disorder (AUD). Patients with AUD are likely to present multiple, heavy, and prolonged recurrent drinking episodes that have negative impacts on their normal life and cause physical harm; they may also have a strong desire to drink alcohol and often fail in their attempts to control alcohol intake; additionally, their alcohol-related behaviors or activities often occupy most time of their daily lives; and patients with AUD may build tolerance to alcohol and develop withdrawal symptoms [1].

Teenagers are facing a great chance of alcohol addiction. The first onset of alcohol intoxication has a high probability of occurring in the mid-teens, and the earlier the onset of the intoxication, the more likely it is that an alcohol use disorder will develop in the future [1]. AUD is defined as problematic consumption of alcohol, which encompasses symptoms of varying degrees of withdrawal, tolerance, and craving that may manifest behaviorally, physically, or cognitively [1]. Drinking alcohol can lead to real-life problems. For teenagers, it can lead to absence in school or life-threatening activities such as drunk driving. It may also lead to impaired physical and mental health and other social problems [1]. In addition, withdrawal from alcohol requires great effort, since the uncomfortable experience caused by the alcohol withdrawal may lead AUD patients to relapse [1].

3. Factors Affecting Adolescents' Alcohol Use

3.1 Family

AUD in adolescents has some genetic influence, with a 40%-60% variance of risk being genetically responsible [1]. Nevertheless, the influence of the family environment as an external condition on the child should not be underestimated.

3.1.1 Parental attitude towards alcohol

In a family, parents' attitudes toward alcohol are linked to the adolescent alcohol consumption. An experiment involving 3785 teenagers and their families in South West England revealed the association of parental monitoring as a mediating role between parental attitudes and adolescent drinking [6]. The parental monitoring indirectly mediated the early alcohol use among teenagers. The large number of samples showed that lower parental monitoring was related to earlier alcohol consumption [6]. In addition to this, parental knowledge as part of parental monitoring can also predict adolescent alcohol use. Parental knowledge refers to parents' awareness of their children's daily lives [7]. The less the parents know their child, the more likely the child is to use alcohol [7]. This may be due to the parent's failure to provide adequate care and support to the child, leading the child to look outward for support and thus be exposed to alcohol. However, this inference needs to be further investigated. Parental openness to alcohol consumption has also been associated with adolescent drinking. In a study, adolescents and their parents were examined to demonstrate that the more open parents were to alcohol, the more the adolescent's frequency of heavy drinking and the intake of alcohol in the past year increased rapidly [8].

3.1.2 Parent-child relationship

Parent-child relationships are also a significant predictor of alcohol addiction in adolescents. In which, attachment patterns were shown to be associated with substance abuse in a prospective national study in Lebanon [9]. The attachment patterns that children establish with their parents during childhood have a significant impact on future social and emotional development. Attachment patterns can be categorized into secure and insecure attachment styles [9]. Secure attachment usually results from parents' positive and consistent interaction and support, children in this family atmosphere usually have more positive and healthier outcomes. The insecure attachment is at the opposite, children with this type of attachment have a higher likelihood of becoming the victims of problematic behaviors and irregular emotions [9]. The study illustrated that the secure attachment style was linked to lower levels of substance addiction, such as alcohol. Conversely, insecure attachment patterns were associated with higher levels of alcohol addiction [9]. It had been analyzed that this may be because people with insecure attachment styles have lower self-esteem and other negative self-perceptions or emotions and are therefore more likely to develop substance abuse [10]. In addition to attachment patterns, parental response styles in parent-child interactions, particularly parent-child conflict, are also in relation to adolescent alcohol addiction [11]. A lack of support, warmth, and structure in the family during conflict can lead to more negative emotions arising in adolescents, causing high blood pressure and other physiological arousals. Such negative feelings can reduce the closeness between parents and teenagers, making the adolescents less likely to receive parental monitoring and thus are prone to become addicted to alcohol [12].

3.1.3 Marital status

Marital status tends to correlate with adolescent alcohol addiction as well. Parental divorce or separation has a significant impact on hazardous alcohol disorder in adolescents, meaning that those adolescents whose parents are separated or divorced are assumably to have a diagnosis of alcohol use disorder [13]. The reason for this may be that parents focus more on resolving partner conflicts at the expense of their children and lack monitoring, care, and support for their children, thus leaving the traumatized adolescent in need of emotional comfort from substances such as alcohol [13]. As a result, alcohol addiction gradually develops. Notably, the effect of parental divorce or separation on adolescent alcohol consumption is enhanced when a high level of parental drinking is presented [14]. However, if adolescents can still receive social support from family members after parental divorce or separation, then this will help protect them from emotional and affective trauma and reduce their likelihood of alcohol intoxication [15].

3.2 Peers

Peers are also one of the factors in the external environment that has a relationship with adolescent alcohol addiction. According to the above theories, peers, and the interactions with peers play an important role at this stage of adolescence [3–5]. Adolescents are susceptible to peer influences that expose them to new information, new perceptions, or changes in behavioral patterns. Therefore, peers are a factor that cannot be ignored when it comes to the issue of alcohol addiction in adolescents.

3.2.1 Peers' attitudes and problematic behaviors

Peer attitudes regarding substance abuse and their behavioral problems can also have an impact on adolescent alcohol addiction. Studies have shown that adolescents in the same peer network tend to share similar levels of drinking [16]. Peer drinking behavior and attitudes toward alcohol or other substances can also have an impact on adolescents. In addition to independently choose what kind of peers the adolescents want to interact with, their contact with deviant peers is usually the consequence of a lack of parental monitoring and support [6, 7, 17].

Parental attitudes and alcohol use showed clear relation with adolescent drinking behavior when controlling peer influence [7]. However, once peer influence was considered in the impact of parental knowledge, the clear association between parental knowledge and teenager alcohol drinking was greatly diminished. In contrast, when the factor of parental knowledge mediated the peer influence, there was no significant change in the related adolescent drinking behavior. This suggested peer influence as a strong predictor of adolescent drinking [7]. This idea was supported by another study in which peer drinking behavior and drinking offers were associated with substantial increases in adolescent alcohol consumption and binge drinking [17]. Additionally, increased peer drinking behavior and drinking offers were positively related to adolescents' propensity to drink in the future [17]. It is worth noting that in addition to deviant peers within the normal range, some genetically influenced peer relationships, such as antisocial peer affiliation, are associated with increased drinking behavior in adolescents as well [18].

3.2.2 Three pathways in peer relationships

According to Borsari and Carey [19], stability, intimacy, and support are three important factors in adolescent friendships that can be used to measure the quality of adolescent peer relationships. However, the results of existing studies suggest that drinking alcohol is related to both positive and negative peer interactions, thus a consistent result cannot be achieved [19]. Based on social learning theory, Borsari and Carey [19] proposed three pathways in peer relationships and the resulting adolescent drinking behaviors.

The first pathway they have suggested is the lack of quality peer relationships or broken peer relationships [19]. It can lead to a lack of intimacy and thus a lack of support from peers, feelings of loneliness and alienation, and the experience of emotional distress that altogether increases adolescent drinking behavior [19]. It is important to note that social reinforcement and modeling do not have a significant influence on the increase in adolescent alcohol consumption due to the absence of peer relationships [19]. Instead, adolescents' social cognitions can play an important role. Adolescents are more likely to increase alcohol use if they believe that drinking can help them alleviate the distress caused by the absence of quality peer relationships [19].

The second pathway is that alcohol is an important substance in adolescent interactions [19]. Alcohol can bring peers together closer and enhance intimacy [19]. Alcohol facilitates the achievement of high-quality peer relationships which provides positive emotional support for adolescents, reinforcing the positive associations of alcohol [19]. Thus, socialization and interaction between adolescents and their peers may lead to increased alcohol use. This is the result of the interaction of three factors: social reinforcement, social cognition, and modeling [19].

The third pathway is the peer attitudes toward drinking and peer drinking behaviors [19]. If peers have negative attitudes toward drinking and are less likely to drink, then adolescents will also reduce their own alcohol consumption [19]. Considered from a social learning theory perspective, this may

be the result of adolescents' desire for quality peer relationships, peer modeling, and behavioral reinforcement that occurs during interactions with peers [19].

4. Limitations and Future Directions

Previous studies have conducted research on alcohol addiction in adolescents from various aspects. However, most of which were cross-sectional studies relying heavily on questionnaires. These studies basically yielded correlational results. This may be due to the complexity of the causes of alcohol addiction, especially the genetic influences, the external environment, and the fact that alcohol use disorders are often accompanied by co-morbidities or other alcohol-induced disorders. In addition, the method of obtaining data from samples may lead to the presence of subjective bias. More experimental studies and longitudinal studies are needed in the future to further explore which aspects of parents and peers have direct or causal effects on adolescents. Another limitation is that perceptions of alcohol consumption are different in cultures, so the generalization of findings and the cultural factors need to be considered in future experiments. Lastly, the gender factor is relatively lack of examined, which may be encouraged to explored separately and more specifically in future studies.

5. Summary

This article reviews literatures on alcohol use and alcohol addiction among adolescents, summarizing and analyzing from both family and peer perspectives. In the family, first, the lack of parental monitoring and concern for adolescent drinking, as well as parents' openness to alcohol can lead to an increase in the frequency of adolescent alcohol use. Second, good parent-child relationships and secure attachment patterns lead to better emotional regulation and more positive perceptions in adolescents when facing negative events such as stress and conflict. Conversely, adolescents with insecure attachment and poor parent-child relationships are unable to obtain support from their families and thus looking outward for alcohol, which can help them relieve their pain, and potentially makes them more prone to alcohol addiction. Lastly, unhealthy marital relationships among parents are also likely to traumatize adolescents. Parents are more likely to ignore adolescents' emotional needs, leading them to have a higher likelihood on developing an alcohol use disorder. Considering from the aspect of peers, peers' attitudes toward alcohol and their deviant behaviors can influence adolescents' alcohol use. The more open peer attitudes toward alcohol, the more likely adolescents are to increase the frequency of alcohol use. In addition, peer relationships are also an important factor. Adolescents' social activities with peers and lack of quality peer relationships may increase adolescents' drinking behavior. This is related to social reinforcement, social cognition, and modeling in adolescents.

In this paper, family and peer influences are systematically and more concretely reviewed in several aspects. The integration and discussion of these aspects provides the reader with a more direct understanding of family and peer influences on adolescent alcohol consumption and the interactions between family and peers. Because of the developmental nature of the stage in which adolescents are placed and the impact it will have on the future, alcohol use problem deserves the attention from governments, welfare agencies, and medical institutions.

In addition, the limitations of the existing experiments are also expected to be improved in the future. Most of the previous studies were cross-sectional through questionnaires and only correlational results were obtained. This is mainly because that there are many factors and interactions that influence alcohol addiction in adolescents, controlling for variables thus becomes difficult. Future studies can be built from a longitudinal perspective to establish more direct and causal results.

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