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Chapter

The First Offer of Alcohol from the Adult Person and Cannabis Use

Alojz Nociar and Stanislava Šaffová

Abstract

This chapter is based on the data from the national survey on tobacco, alcohol, and drugs among primary and secondary school students aged 15–19 implemented in eight regions of Slovakia during Spring 2018. An unexpected shift was observed in the relationship between the age young people were offered alcohol by an adult and the age when they first experienced its effect. In previous surveys, the mean age of the first offer predated the felt effect of alcohol (“tipsiness”) by about 1 year on average. Our data revealed that following the initial offer of alcohol by an adult, approximately $\frac{3}{4}$ of participants felt the effect of alcohol *later* or during the same year (groups 1 and 2); however, in the remaining cases, the effect was felt *before* alcohol was offered by an adult (group 3). Thus, it appears that one-fifth to one-quarter of participants did not go through the usual ritual of initiation by adults. The analysis showed that this group of participants used cannabis more often than the rest of the sample. Furthermore, there were differences observed among the three groups in reported school attendance, legal and illegal drug use, and bullying. Possible implications of these findings are discussed.

Keywords: age of the first offer, tipsiness before or after offer of alcohol, cannabis use, adult persons and drinking initiation

1. Introduction

In research focused on the first exposure to alcohol, the age of the initial contact with this substance is frequently used as a crucial variable potentially associated with future health and psychosocial problems connected to alcohol and drug dependency [1, 2]. However, less is known about the typical situations, contexts, and circumstances in which such first contact and early use of alcohol occur. Alcohol is often offered to young people by an adult in cultures with a permissive approach to this substance (in which it is often legalized and socially accepted). It is interesting that the use of legal drugs in early adolescence is considered as something obvious and even normal even in the countries where legislation does not permit underage drinking and tobacco smoking, and bans are in place for selling these products to minors and adolescents. Since minors do report the use of legal drugs in anonymous surveys, it is likely that alcohol beverages and tobacco products are offered to them by adults, most probably by close family members, relatives, older friends, or siblings. It would therefore seem a common sense to assume that asking about the age of the first offer of alcohol from an adult would be practically the same as asking for the age of the first drink.

Previous research aimed at differentiating between the age of the first contact with any sort of alcohol and the first experience of alcohol-induced changes in mood or psychological state demonstrated that the age of the first drink may be less important as an indicator of the future problems than the age of the first alcohol intoxication [3].

Some studies attempted to explain the use of legal and illegal drugs in early adolescence *via* specific micro-social conditions, adherence to traditions and different drinking cultures in various European countries is based on the geographical location [4], and other authors investigated whether this phenomenon might be caused by significant sociopolitical changes such as those happening in Europe after the fall of the so-called iron curtain, which divided the West from the Eastern European countries after 1989 [5].

Another research trend focused on the investigation of possible connections between legal and illegal drug use and antisocial behaviors at school (e.g., aggression or bullying). The researchers examined and highlighted the associations between bullying and the use of both legal and illegal drugs in those who perpetrated bullying as well as in the victims and bystanders. Other relevant psychological and social variables were included in their investigation [6–8]. Ake to boli napriklad tie variables?

Alcohol tends to be used as a socially tolerated drug throughout human life during special occasions and may be a common part of various cultural traditions. During such special occasions (e.g., name days, birthdays, Christmas, or New Year), the family tends to be the primary environment where children and adolescents may be offered alcohol by an important adult, which may model their future alcohol-related behaviors and attitudes (i.e., the social approval of underage drinking). For example, the studies using natural experiments demonstrated that pre-school children who were asked to pretend to act as adults during a birthday celebration started to pretend to be “drunk,” likely imitating what they had previously seen [9].

We tried to find out more about these types of situations through two of the core questions of the TAD (Tobacco, Alcohol, Drugs) questionnaires. The data showed that the percentages of the children and adolescents to whom alcohol beverages were offered by adults during socially approved events seemed to be high and growing year after year as outlined in **Figures 1** and **2**.

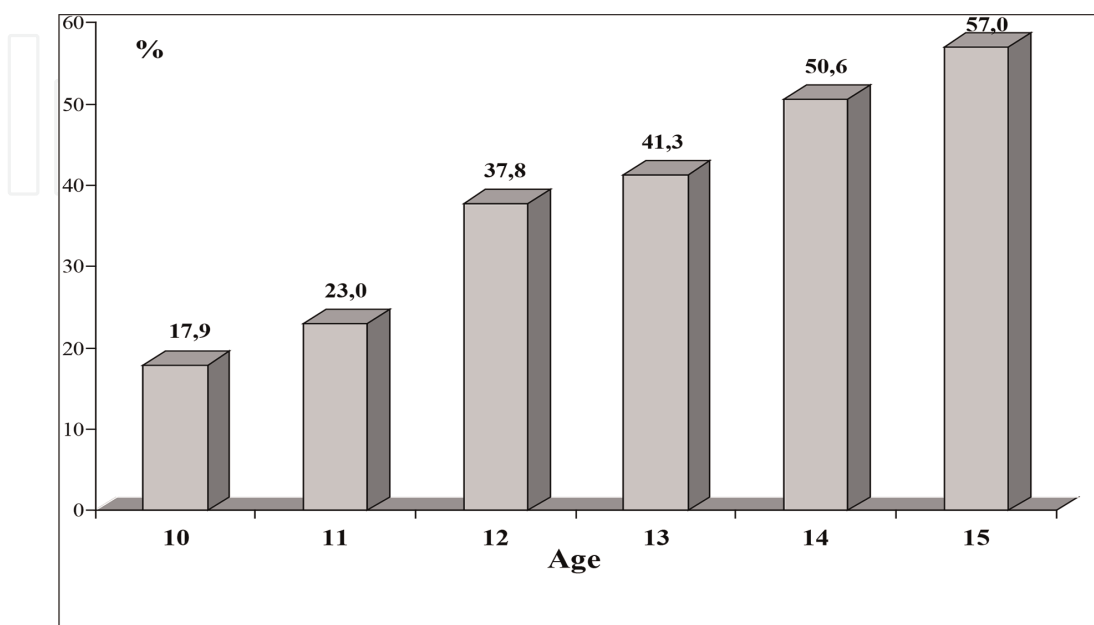


Figure 1. Champagne wine offered by parents to their children as a new Year's toast (percentages in 2018).

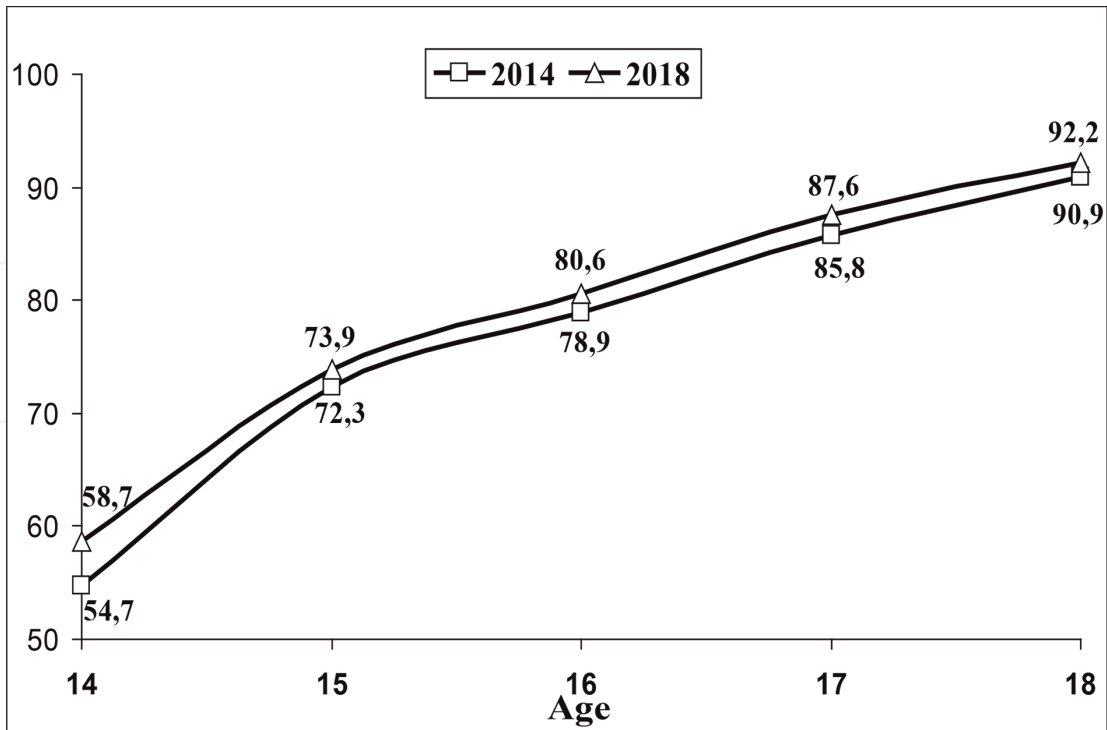


Figure 2.
 Any alcohol offered to teens by adults for the first time (in percentages).

The data clearly demonstrated the annual increases in number of young people to whom alcohol beverages were offered by an adult during a socially approved event, while the average age of the first experience with the three main types of alcohol beverages was relatively constant (around an average of 10 years and growing very slowly)—please refer to **Figure 3**.

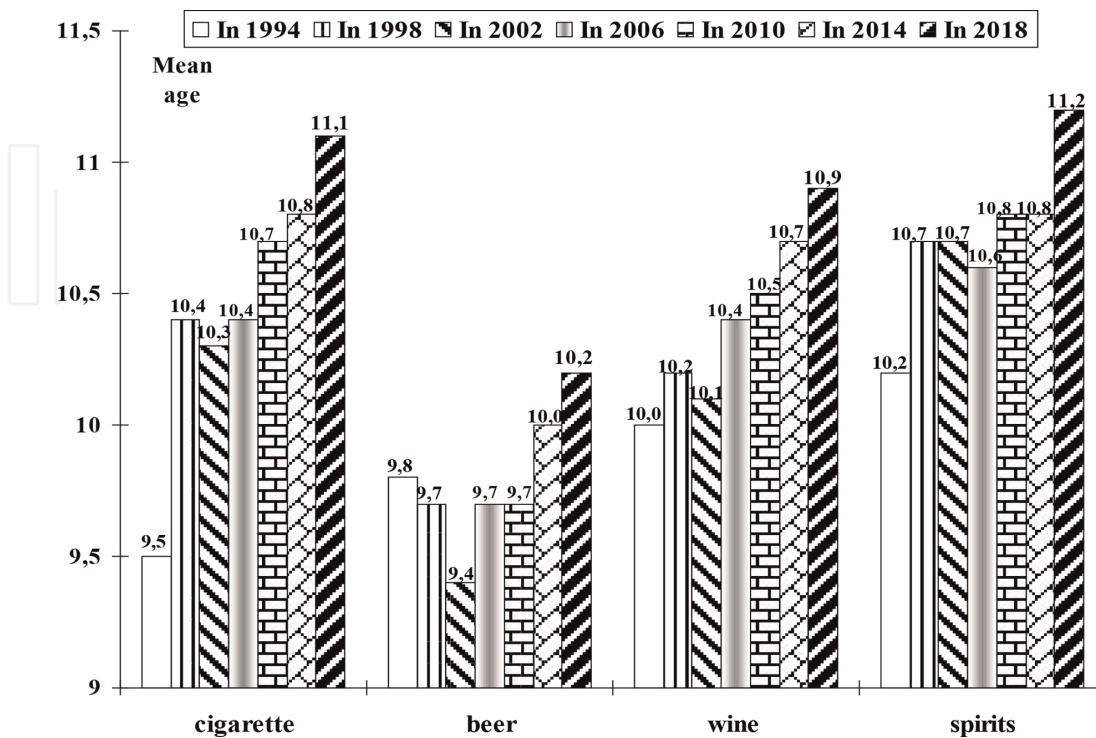


Figure 3.
 Tobacco and alcohol used for the first time: 11–14 year olds.

2. Methods

Three TAD questionnaires were used to monitor the level of tobacco, alcohol, and drug use *via* surveys conducted in regular 4-yearly cycles from 1994 till 2018. The questionnaires were devised to map the impact of the nationwide drug prevention program “School without alcohol, nicotine and drugs” [10]. The questionnaires consisted of [number of questions]. The data from these surveys were processed by statistical package for social sciences (SPSS 20.0).

The surveys were carried out among primary school pupils from grades 5 to 9, aged 10–15 (TAD1). TAD1 questionnaires assessed 30 day, 12 months, and lifetime prevalence of drug use, together with the items on early start of drug use and family environment. The items on aggression and bullying at school were used from 2010 until 2018 [11].

A similar survey (TAD2) was carried out in secondary schools among 16–19 year olds. Apart from the traditional scheme of epidemiological information on drugs, bullying, and aggression, TAD2 contained items assessing the presence of alcohol dependence symptoms, namely screening CAGE (Cut down, Annoyed, Guilty, Eye-opener) and shortened ADS (Alcohol Dependence Scale—see [12, 13]).

Finally, TAD3 questionnaire was used asking for primary and secondary school teachers’ own use of legal drugs such as tobacco and alcohol, knowledge about illegal drugs, as well as their attitudes toward and willingness to take part in school prevention programs.

All the above surveys were approved by the Ministry of Education of the Slovak republic, and the data collection was implemented by the Ministry of Health’ network of the Slovak Office of Public Health in the whole country under the coordination of the first author.

From 1998, TAD2 questionnaire contained two items to capture at least some information related to the early start of the individual experience with alcohol; the questions remained unchanged in all TAD2 versions until 2018. They were as follows:

Did it happen, that adult person offered you to drink alcohol beverage?

1 No.

2 Yes → *If yes, 1st time it had happened, when I was about:.....years old.*

Have you ever felt, that you were somewhat “tipsy” (or “half drunk”)?

1 No.

2 Yes → *If yes, 1st time it had happened, when I was about:.....years old.*

The last one from the seven anonymous surveys, from which the data for the purpose of this chapter were derived, was conducted in 2018 among 15–19 year olds (n = 4042; 2194 boys and 1848 girls) from ninth grades of the primary schools and from four grades of the secondary schools of all types from grammar and vocational schools in the Slovak republic [14].

2.1 Design and data

All TAD questionnaires were administered anonymously, and respondents received their paper-pencil versions, provided their answers without any personal data, which might be used to identity an individual, class, or school. Only the information about the year of birth and gender was required as obligatory to enable comparisons between boys and girls of certain age. Every respondent had right to refuse to take part in survey.

After completing, respondents returned filled questionnaires in sealed envelopes without any mark, except for the mark written by research assistants to the big

envelope with encrypted code of class and school, assigned by survey coordinator. In the seven research waves, 32,814 primary school pupils, 29,375 secondary school students, and finally, 10,180 teachers from both types of schools participated in the surveys.

All three TAD questionnaires were used across the eight main regions of Slovakia, with their samples being self-weighted for gender, school, class, region, and teaching language, taking into account also minorities as the part of the selection criteria.

The samples were created by a stratified proportional random sampling from ninth grades of primary and first to fourth grades of secondary schools, from five types of schools (primary, secondary grammar schools lasting 4 and 8 years, then secondary specialized schools with and without maturity exams, i.e., those lasting from 4 to 5 years, and the secondary specialized schools lasting 3 years only), selected proportionally from eight main regions of the whole country.

The sampling unit was school, and within each selected secondary school, four classes were randomly selected by research assistants from the first to the fourth grades; and one class from each of the existing ninth grades in selected primary schools, because part of the cohort of 15–16 year olds was still in primary schools, while approximately $\frac{3}{4}$ of them were in the secondary schools, predominantly in the first grade.

The scope of selection was defined according to the requirement for reliability (95%) and preciseness (2%), with respect to the existing numbers of primary school pupils and secondary school students still attending schools in Slovakia and with respect to the age range to be covered, that is, from 15 to 16 to 18–19 year olds.

2.2 Results

At the beginning, we counted overall means of ages for offer and for effect in the same way as before, that is, for the whole sample. But during TAD2 data entries in 2018, we noticed frequent inconsistencies with previous results such as a younger age of the first experience of tipsiness than the age of alcohol offer. **Table 1** outlines the average ages for the first offer and the effect felt after any drinking of alcohol for TAD surveys from 1998 until 2018.

In previous surveys, the mean age at the two points mapped by TAD2 was calculated, as it is indicated in the table above. Averages for the whole dataset showed that the first offer of alcohol came earlier, while “tipsiness” felt subjectively for the first time was observed about 1 year later. However, closer inspection of the data in part of the cases had shown that the “tipsiness” occurred *later* or during the same year, but in

Year of TAD survey	1998 n = 548	2002 n = 3678	2006 n = 4915	2010 n = 3112	2014 n = 2252	2018 n = 1751
Mean age						
Alcohol offered by adult person for the first time	13,37	12,88	13,48	13,68	13,89	14,15
Effect of alcohol felt for the first time (“tipsiness”)	14,21	14,51	14,62	14,52	14,55	15,08

Table 1.
 Mean ages of the first offer of alcohol by an adult person and the age when the effect of alcohol was felt (“tipsiness”).

some smaller, but still in substantial proportion of the cases, this effect of alcohol was reported as felt *before* any alcohol beverage was offered by an adult person.

In other words, approximately one-fifth to one-quarter of the adolescents did not go through the usual ritual of alcohol drinking initiation by adults; they appeared to try alcohol in their own way, not adhering to any symbolic adult permissions.

Thus, three groups were identified within this whole sample in respect to the age of alcohol beverage offer and the age of the pharmacological effect of alcohol upon mood and/or psychological state, felt for the first time in life:

1. offer and effect occurred *during* the same year;
2. effect occurred one or more years *after* the offer;
3. effect was experienced *before* the offer from an adult person.

The first two groups appeared to have acted in line with unwritten social rules of handling situations where alcohol is offered, that is, group 1 (no difference in the age, i.e., offer and effect in the same year), group 2 (effect delayed), and finally, the third group, where offer of alcohol from an adult was not related to the effect felt (which thus is unlikely to be associated with an adult offer) (**Figure 4**) [14].

These groups were then compared with respect to some of the variables from TAD2 surveys' results to find the possible differences in lifetime prevalence of cannabis. There were no significant differences in numbers of boys and girls in any of these three groups.

As we might see, the third group differed from first and second groups in higher proportion of cannabis lifetime use (**Table 2**), in this case characterized by an almost reverse percentages of cannabis lifetime prevalence. And roughly similar third groups were identified also in the series of previous TAD2 surveys, as well as across the teenage period (**Table 3**).

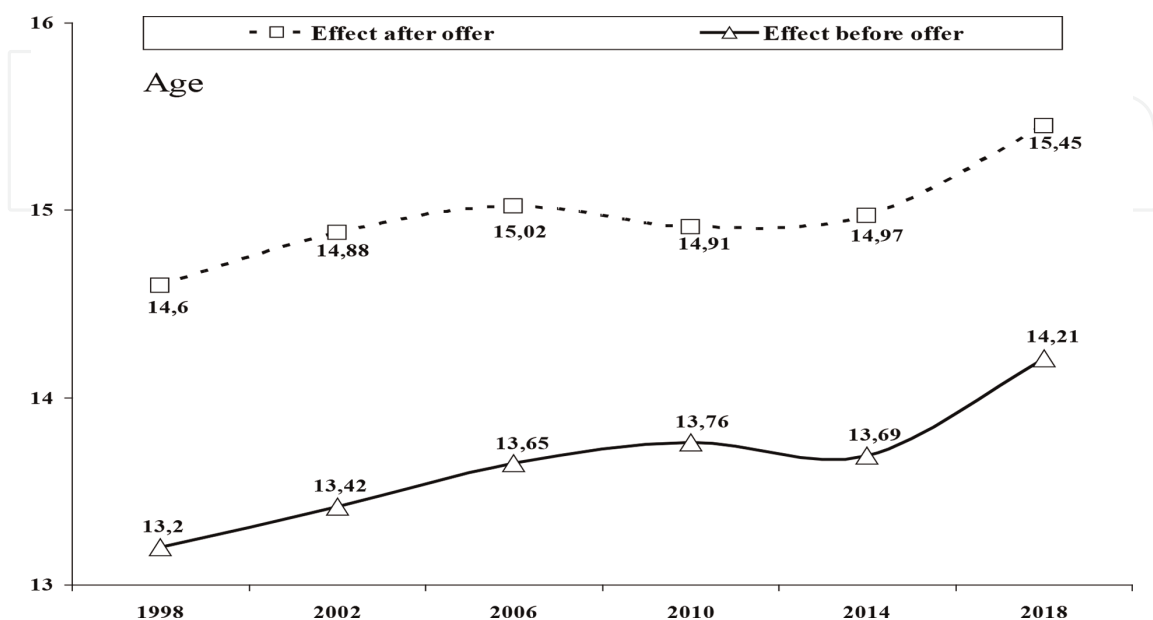


Figure 4. Average ages of the first experience with alcohol effect (“tipsiness”): **After** offer of alcohol; and **before** offer of alcohol by adult person.

		Effect_Before_After variable			Total	
		1st group		2nd group		3rd group
		Offer & effect in the same age		Tipsiness after Adult Offer		Tipsiness before Adult Offer
Did you ever smoked marihuana or used hashish?	YES	n = 260		n = 370	n = 204	n = 834
		41,3%		37,8%	61,6%	43,0%
	NO	n = 370		n = 608	n = 127	n = 1105
		58,7%		62,2%	38,4%	57,0%
Total		n = 630		n = 978	n = 331	n = 1939
		100,0%		100,0%	100,0%	100,0%

Table 2.
 Cannabis use differences between three groups of respondents in TAD2 2018 survey (Chi^2 significant at 0,000).

		Effect_Before_After variable											
		1st group				2nd group				3rd group			
		Offer & effect in the same age				Tipsiness after Adult Offer				Tipsiness before Adult Offer			
Students from 16 to 19 years:		16	17	18	19	16	17	18	19	16	17	18	19
YES		37,0	47,4	46,9	43,8	33,9	37,1	37,9	37,1	47,2	71,6	58,6	67,3
Did you ever smoked cannabis or used hashish?		63,0	52,6	51,3	56,2	66,1	62,9	62,1	62,9	52,8	28,4	41,4	32,7
NO													

Table 3.
 Cannabis lifetime prevalence in three groups differing in the age of alcohol offer and tipsiness effects sorted by age from 16 to 19.

The relationship between cannabis use and the tipsiness experienced before an adult offer of alcohol did not appear to be incidental as it was observable not only in the year of the last implemented TAD2 survey, but also across all surveys from 1998 till 2018. This was an interesting finding, and we wondered whether these differences of the third group from two others might be related to other variables, such as parental control, family status, school attendance, or others.

Therefore, we decided to use the two questions about the offer and the tipsiness in a forthcoming broader survey implemented across Europe, namely the ESPAD project during the Spring 2019 [9]. (See **Table 4**).

The results outlined in **Table 4** appear to confirm the trend revealed by TAD2 survey implemented in 2018: the third group as documented in ESPAD survey carried out 1 year later (n = 9338) was different from the two other groups in lifetime prevalence of cannabis use, even though these results were not fully identical.

As there are likely to be additional variables relevant to this problem, we tried to map some of them within our existing datasets. Even though our surveys, both TAD and ESPAD, were not specifically designed to examine this problem (early experience with alcohol and its subjectively felt pharmacological effect), we decided to map at least some of the variables such as the important persons from the family

		Effect_Before_After variable			Total
		1st group	2nd group	3rd group	
		Offer & effect in the same age	Tipsiness after Adult Offer	Tipsiness before Adult Offer	
Did you ever smoked marihuana or used hashish?	YES	n = 536 41,6%	n = 754 38,2%	n = 594 63,9%	n = 1884 44,9%
	NO	n = 752 58,4%	n = 1221 61,8%	n = 336 36,1%	n = 2309 55,1%
Total		n = 1228 100,0%	n = 1975 100,0%	n = 930 100,0%	n = 4193 100,0%

Table 4. Cannabis use in three groups of respondents in ESPAD 2019 survey differing in the age of alcohol offer and tipsiness (Chi2 significant at 0,000).

environment, peers, older friends, classmates, or other people, as well as relevant events from close social environments of adolescents.

We tried to map the following variables:

1. School attendance
2. Legal and illegal drugs use
3. Alcohol abuse and related problems
4. Cannabis use related problems
5. Bullying and aggression at school

The third group, which appeared to have a tendency to circumvent accepted social norms and conventions about the initiation and/or the entrance into the adult community, was different from the two other groups also in other variables, not only in cannabis use prevalence (and it seems at the same time, that those variables were relatively less socially desirable).

In our preliminary analysis, we examined the variables such as school attendance with three main reasons of missing at school (see **Table 5**).

As for drugs use, the second and the third group were compared by nonparametric tests, and only results indicating significant differences are included in **Table 6**:

As for alcohol and related problems, except of usual core questions on prevalence (lifetime, 12 months, and 30 days), we also used a separate module with 30 items, containing two screening scales—CAGE and ADS [12–14].

Finally, cannabis-related problems were mapped by the items of CAST, used regularly in the ESPAD survey [15, 16]—see **Figure 5**:

Cutoff point, that is, point indicating case finding for CAST (which is 7 points) [17], we have found significantly higher number of the third group members, reporting more cannabis-use-related problems compared to group 1 and 2% (Chi² significant at 0.000).

		Effect_Before_After variable			Chi ²
		1st group	2nd group	3rd group	
		Offer & effect in the same age	Tipsiness after Adult Offer	Tipsiness before Adult Offer	
<i>Missing at school because of:</i>	<i>Illness</i>	58,9%	60,4%	56,9%	,056
	<i>Truancy</i>	34,2%	33,1%	42,1%	0,001
	<i>Something else</i>	60,8%	62,2%	62,8%	,229

Table 5.
 School attendance in three groups differing in the age of the first offer of alcohol and in the age of the first tipsiness felt in the ESPAD2019 survey.

Question in TAD2(*), or questions in ESPAD (**)	Effect_after_offer	Effect_before_offer	Chi ²
Smoking cigarette at least once during lifetime*	65,2	86,9	0,000
Occasional smoking (1–2 cigarettes per month)*	36,8	61,7	0,000
Regular smoking (1–3 and more cigarettes per day)*	22,9	41,2	0,000
Hard drunkenness with the occurrence of palimpsests*	49,1	68,1	0,000
Lifetime use of ecstasy*	6,8	12,1	0,001
Lifetime use of LSD or hallucinogens*	3,4	7,9	0,000
C A G E**	0,83	0,92	0,40
A D S**	7,70	8,65	0,010

Table 6.
 Legal and illegal drugs and related problems.

Only one from the items mapping aggression and bullying at school had shown significant difference in comparison of three groups:

He/she took part when group of his/her friends attacked other group.
 Offer before Effect: (Chi² significant at 0.05);

As for items mapping group differences in perceived risk of drug use:

Five or more drinks every weekend—great perceived risk.
 Offer before Effect: 54.3%; Effect before Offer: 47.3% (Chi² significant at 0,000).
 Regular smoking of marihuana—great perceived risk.

Offer before Effect: 49.0%; Effect before Offer: 40.2% (Chi² significant at 0,000).

As for items mapping risky or hazardous behavior, like gambling:

He/she played for money—once monthly to 2–3 times weekly.
 Offer before Effect: 15.3%; Effect before Offer: 21.0% (Chi² significant at 0,000).

He/she played for money on slot-machines—once monthly to 2–3 times weekly.
 Offer before Effect: 5.1%; Effect before Offer: 9.9% (Chi² significant at 0,000).

Finally, the last items estimated a level of parental control:

His/her parents are setting rules on what I can do outside—almost never.
 Offer before Effect: 36.4%; Effect before Offer: 44.2% (Chi² significant at 0,000).

His/her parents do know where he/she is at Saturday evenings—usually they do not.
 Offer before Effect: 4.6%; Effect before Offer: 5.4% (Chi² significant at 0.023).

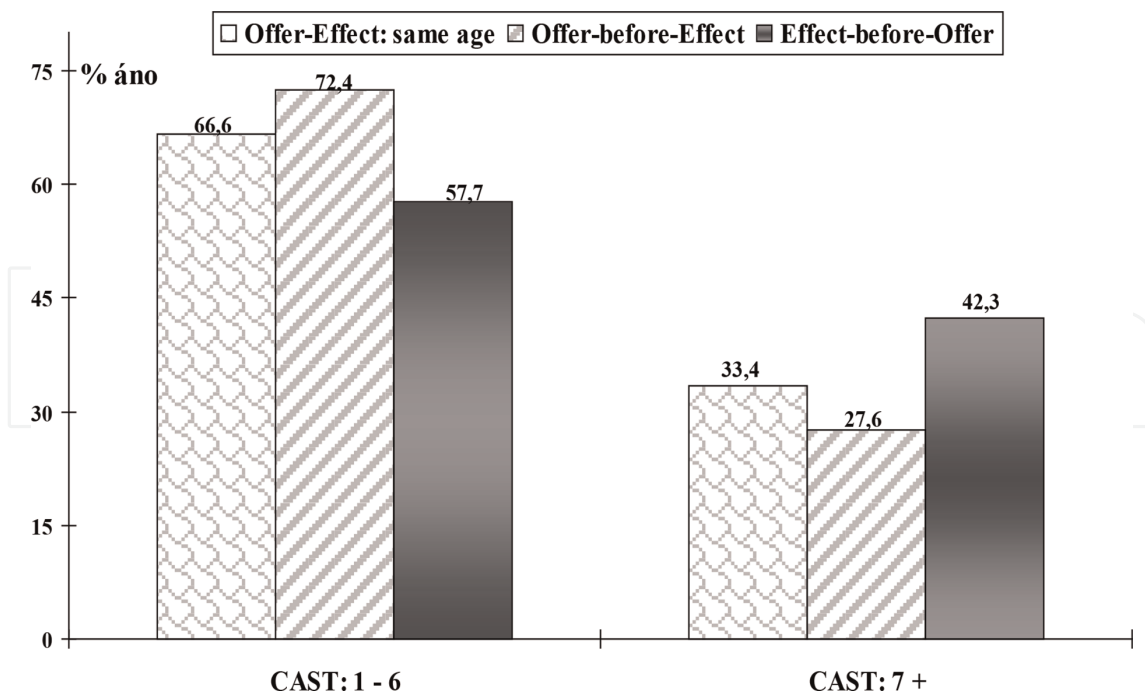


Figure 5.
The results of the CAST screening – Problems with cannabis use.

3. Conclusions

In previous surveys, the mean age at two points was calculated for the whole sample, and the first offer of alcohol came earlier on average, while the effect of alcohol (i.e. being “tipsy” or “half drunk”) felt subjectively for the first time was observed around 1 year later. However, closer inspection of the data from 2018 survey revealed that in circa $\frac{3}{4}$ of the cases the effect occurred either *later* (mean age = 15.45) or during the same year (mean age = 14.94), but in the rest of the cases, this effect was felt *before* alcohol was offered by an adult person (mean age = 14.21).

Thus, around one-fifth to one-quarter of teens circumvented common ritual of alcohol drinking initiation by adults, and they have tried to do it their own way, not adhering to any symbolic adult permissions. Subsequent analysis had shown that this group not only has used cannabis more often than the rest of our sample, but there were also differences in other variables, such as school attendance, parental control, group aggression, and legal and illegal drug use.

These findings are consistent with several studies, where regular or even daily use of tobacco and alcohol was connected to the presence of risk behaviors correlated with early start of cannabis use by 15-year-olds or less, and this was even more intensive when such an early initiation had happened even earlier—in the age of 13 or less [18].

Perhaps some conclusions and recommendations might be eventually formulated. But at the moment, it would be not possible to define clear and rigorous facts with relevant explanatory power—our study was only mapping one part of a broad problem—how teens do start to form their drinking, smoking, and later on sometimes also drug taking habits. Together with other sorts of behaviors, which are, so to say, not very socially desirable—such as truancy, aggression, breaking accepted rules. All that taking place in social environment is now more than ever changing very rapidly with many unexpected and global changes and challenges.

If there would be some interest to investigate this problem in the future more deeply, planning of data gathering and introducing of relevant variables should take into account quite concrete matters—like how to ask appropriate questions about important others from family narrow environment, but maybe also broader environment such as districts or communities, social occasions where such an offer of alcohol from adult persons might come, and then types of such persons, such as peers of perhaps older siblings, etc.

Small preliminary attempts were already made also at our school *via* several bachelor theses [19], with some results indicating that the offer of alcohol by adult person occurred typically during family events, where mostly father, less frequently grandfather, or uncle has played active role in these processes, while females were involved also, but very rarely, in comparison with males. On the other hand, there were also indications of more frequent offers during less formal social events than social events within the family used to be—with offer of alcohol from older friends, peers, or sometimes from siblings.

So the main findings of this study on the distribution of the sample according to the age on an offer and effect of alcohol might be summarized as follows:

1. First two groups differed clearly from the third group in the lower occurrence of cannabis use.
2. This third group has had also higher use of tobacco.
3. The same is true for alcohol—also in simultaneously used CAGE screening and ADS scale.
4. This third group was also higher in illegal drug use—also in CAST screening targeted at problems connected with cannabis use.
5. This third group was different also in socially less desirable behaviors, such as truancy or group aggression.
6. This third group was trying to stay more or less out of parental control.
7. Perceived risk of drug taking was much lower in this third group, which has displayed a tendency to engage in gaming and gambling.
8. And finally, in spite of delineation of some personality traits in this group, we cannot say anything conclusive—also because of the fact that in this case, quantitative study with its rules and requirements, like those of anonymity, is reaching its limits and needs to be complemented perhaps by complementary qualitative studies.

Conflict of interest

The authors declare no conflict of interest.

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