

Risk Perception, Awareness and Prevention Measures to Reduce Underage Drinking and the Illegal Purchase of Alcohol in Malta

Duncan Aaron Borg Ellul

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RISK PERCEPTION, AWARENESS
AND PREVENTION MEASURES
TO REDUCE UNDERAGE DRINKING AND
THE ILLEGAL PURCHASE OF ALCOHOL IN MALTA

by

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A dissertation submitted in partial fulfillment of
the requirements for the degree of

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DEDICATION

To my fiancée Marie Claire. I could never have done this without you.
Thanks for your understanding, patience and support and for your never-ending love.

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A project such as this would be incomplete without thanking
all those who helped me make it possible.

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No effort goes in vain and none has.

ABSTRACT

This dissertation examines the social context of underage drinking in terms of crime, mental disorder and social disability. The perception of risk and awareness of Maltese young people plays a significant role in the study. Through this study, it was found out that underage drinking in Malta is a problem and that students have misconception about Laws on alcohol. It was also established that the Law in Malta is neither being supported by the community nor strictly enforced.

The study has reviewed the literature, which documented the importance, nature and extent of underage alcohol use in Malta. During the course of study, it was determined that young people are subjected to excessive pressure from school, parents, peers and/or other social reasons.

The literature review has shown that if a person abuses alcohol, he or she might become an alcoholic. Whilst drinking may be seen as normative and socialised behaviour, binge drinking in young people is linked to risk-taking, sex, fights, accidental injuries, suicide, deaths and crime. The literature also revealed that the younger a person begins to drink, the greater the chance he or she will develop a problem with alcohol later in life.

Based on the study being conducted, suggestions and recommendations are proposed on the wide range of strategies - from stricter enforcement of the Laws, relating to the sale of alcohol to minors; to prevention, treatment, rehabilitation and after-care.

Duncan Aaron Borg Ellul

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Chapter

1

An Introduction

1.1 Introduction

Maltese people are worried about young people taking drugs and many parents are afraid that their children might fall into this risk. As the drug problem in Malta is being addressed, the alcohol problem, which can just do the same damage to one's health is being somewhat ignored. Young people can obtain alcohol in many different ways, as alcohol is legally and readily available for everyone in Malta. They can get it from friends or parents, a selling store, at home, in supermarkets, pubs, clubs, discos, restaurants and at village feasts. In Maltese term, village feasts are known as *festi tar-raħal*.

Bars are the most frequented venues for young people to drink. Hiring a flat in Malta's Mecca of entertainment, Paceville is an apt setting for drinking activities of young males and females. Flats are available to young people who cannot participate in the drinking activities taking place in bars and clubs.

The prospect of young people's parents drinking alcohol are also creating confusion in our children minds, as it is very difficult for our young people to understand why alcohol is dangerous. In this country, underage drinking uncovers serious implications, for the health of youngsters, juvenile justice, criminal justice and education systems.

1.2 Aims and Objectives of the study

Maltese researchers like Bezzina et al., 1997 and Muscat, et al., 2002 have indicated in their studies that underage drinking is a problem and that children in Malta are exposed to alcohol quite early in their lives. This is mainly discussed in Chapters 2 and 4. It appears from the surveys of Bezzina, et al., 1997 and Muscat, et al., 2002, that young people have low level of awareness, as they are increasing in the level of alcohol consumption. The researcher has attempted to gather as much of information with regard to Maltese Literature and Statistics regarding underage purchase, possession and consumption of alcohol and cases of persons in possession of false ID cards. It seems however, that in Malta, such data is limited or not available (Appendix C).

This research study examines the problem of underage alcohol use in Malta. It focuses on attitudes and experiences of alcohol among 13-15 year olds and on the prevention strategies aimed to reduce this problem. The researcher aims to provide knowledge through prevention

and intervention strategies directed at the individual, family, school and the community, to reinforce the message that underage drinking is dangerous. As Gill (1996:16) states, we need ‘...to educate people about the dangers and put them on guard’.

1.3 Rationale for choice of topic

The rationale for the choice of this topic was to explore the experience of alcohol in the context of young people’s lifestyle (13-15 years old). The researcher plans to assess the impact of alcohol use on young people’s productivity and their social behaviour. The perception of risk and awareness of Maltese young people will play a significant role in the study. The issues discussed in this dissertation do relate to the course materials provided by the Department of Criminology, University of Leicester, especially on Social Crime Prevention. Such methods however, will be adapted according to the research being studied.

1.4 Hypotheses

Underage drinking in Malta is a problem for various reasons.

- Young people are subjected to excessive pressure from school, parents, peers and/or other social reasons to an extent that they misuse alcohol and put their health and of others at risk.
- The Law however is being neither supported by the community nor strictly enforced, particularly at venues of entertainment. Young people resort to drinking and retailers ascertain themselves by flaunting the Law.

1.5 Research questions

To test the researcher’s hypotheses, the study therefore sets out to answer the following research questions.

- What is the attitude of young people aged 13-15 towards alcohol drinking?
- From where do young people consume alcoholic beverages most?
- What are the prevention methods used to reduce under age drinking in Malta particularly at venues of entertainment?

Recommendations from this study will be discussed in Chapter 5, for the perusal of the Maltese Government, National and Local Non-Profit Agencies, Professional Associations and for the Public - to increase the low level of awareness with regards to the misuse and abuse of alcohol drinking in Malta.

1.6 Methodology

This section deals with the methods used to investigate the answers to the research questions. A survey in Malta was conducted in State and Non-State schools of boys and girls aged 13-15. The research tools used were the written questionnaire and focus group discussions. The researcher assured the Confidentiality and Anonymity of all participants and was given in writing in the questionnaire. Observational methods were also used in this study, to observe young people's drinking lifestyles at the centre of entertainment – Paceville and at the village *festi*. In the observation methodology, the researcher mainly focused on Paceville and the events of young people in Paceville reported during the Christmas Season.

1.7 Sources of information used for Literature Review

The method used in this research will include a detailed Literature Review conducting using several sources of information such as the University of Malta library, course materials, books and journals. A computerised literature search was also conducted on the Internet. For data collection and data analysis, Microsoft Excel was used, operating in a Windows environment.

1.8 Ethical considerations

Covering letters from Ms. Tracey Dodman, Course Director at the Department of Criminology, University of Leicester were obtained (Appendix A, copy of a sample letter). Permission for conducting research in State schools in Malta was given by Mr. Joseph Magro, Director, Planning & Development at the Education Division and by Dr. Joseph F. Grima, Assistant Director for conducting research in Non-State schools. These approvals were obtained prior the commencement of the research study (Appendix B).

1.9 Course of study

This study is composed of the following:

- An introductory chapter (chapter 1), including a description of the issues being investigated and background information regarding the area of study.
- Chapter 2 - literature review.
- Chapter 3 - the methodology section.
- Chapter 4 - presentation and discussion of the results for the data collected.
- Chapter 5 - the conclusions and recommendations to the study and a set of guidelines.

Literature Review of Related Literature and Research

2.1 Introduction

The literature review in this chapter is devoted to recent empirical research concerning underage drinking and the illegal sale of alcoholic beverages to minors. Alcohol effects on frequent alcohol users with regards behaviour, social adjustment and interpersonal relations, will also be discussed in the study. Problems associated with this phenomenon will also be explored, such as the health risks and the impact of alcohol use on the individual's productivity and criminal offence.

2.2 What is alcohol?

Alcohol is a colourless, volatile, and pungent liquid, having the chemical formula C_2H_5OH . It is presented in fermented beverages such as beer, wine, champagne, and liquors. Arabian alchemists, who named it Al Kohl (Rockerbie, 1999), first discovered the production of alcohol by distillation.

One standard drink of beer (285 ml) or one standard drink of wine (100 ml) contains 10 g of alcohol and approximately 300 kilojoules (70 calories) each depending on the type of drink. New drinks on the market such as alcoholic colas, soda water and lemonade have similar alcohol content to beers and ciders, table wines, fortified wines, liqueurs and distilled drinks (Public Health Service, 1996). Alcohol strengths are easy to understand when expressed as a percentage by volume. Typically advantages are: Ciders (1-8%), beers (3½-10%), 'natural' wines (8-14%), vermouths and aperitif wines (18%), dessert, sweet and postprandial wines (Sherry, Port, Muscatel) (18-22%), cordials made of flavoured spirits (Anisette, Curacao, Maraschino (25-40%), spirits (40-70%) (Hickman, 2003a: 30).

Legal systems have refrained from laying down a Blood Alcohol Count rate (BAC) because an amount of alcohol can affect people differently. Members of the Medical Professions propose rough indications as to how particular BAC rates are likely to affect the normal (Appendix D) human being (Knight, 1997:178).

2.2.1 Alcohol and associated risks

Mason, (1983:263) argues that 'Alcohol is a critical depressant. It is the higher and most recently evolved brain functions that are first affected by depressants. The immediate effect of dose of alcohol is to inhibit those cerebral functions that are associated with orderly community

behaviour and with fine critical judgments; an illusion of cerebral stimulation is thus precipitated’.

One needs to take into consideration the possible severity of alcohol and understand the risks associated with alcohol drinking. Alcohol related problems namely health-related issues, economic issues and crime problems affect all segments of society (U.S. Department of Health and Human Services, 1992), including family and friends.

If alcohol is taken in large quantities or mixed with drugs, it can be harmful to the human body. Symptoms of alcohol poisoning may include vomiting, loss of consciousness, cold and clammy skin and slow or irregular breathing. Drinking excessive alcohol can also make a person dehydrated (a term used to describe the loss of water from the body). Heavy drinking may affect adults as well as young people in terms of violence, disorder, and accidents. ‘There may be symptoms of withdrawal for example such as hangovers, occurring when there is an abrupt fall in the alcohol level and a growing absorption in activities, which involve drinking, such as drinking at home and at leisure places’ (Lintner, 1991:62).

In a publication by the British Medical Association, the long-term effects and risks of alcohol consumption are described as follows:

‘Heavy drinkers risk developing liver diseases, for example, alcoholic hepatitis, liver cancer, cirrhosis, or fatty liver (excess fat deposits that may lead to cirrhosis). High blood pressure and strokes may also result from heavy drinking. Inflammation of the stomach (gastritis) and peptic ulcers are most common in alcoholics (Henry, 1998:441), who also have a higher than average risk of developing dementia (irreversible mental deterioration)’.

Drinking too much alcohol can cause drunkenness. Drunkenness or binge drinking appear later and usually there is a period of two years between the first consumption of alcohol and the first episode of drunkenness (Single and Leino, 1998). Drunkenness can also lead to unplanned and unsafe sex. In April 2002, all-women colleges in the US reported a 150 percent increase in drink-related sexual activity leading to steep rise in sexually transmitted disease (Hickman, 2003b: 158).

Drinking in moderation however, is neither undesirable nor dangerous. It may actually be associated with better health and greater longevity; but, where should one draw the line? The recommended daily amounts for women drinking alcohol are 2-3 units whilst for men 3-4 units a day are enough. According to the Department of Health (DOH), this is considered to be safe drinking (DOH, 1995).

2.2.2 Alcohol, pleasure, and sociability

According to the Home Office, (2004), ‘the drinking of alcohol is widely accepted and associated with socializing, relaxing, and pleasure’. Some fear that endorsing any consumption of alcohol might lead to abuse. Violence, injury to others, fights with the police and sexual abuse may all be consequences of heavy alcohol drinking. Pleasure and sociability are an integral part of the occasional consumption of alcohol and in most cultures, drinking is an integral part of celebration. Particular sub-cultures create their own values (Scarman, 2001a (1): 4-16).

Whilst drinking may be accepted as a normative or a socialising behaviour, intoxication in young people is linked to crime. Associations between alcohol use, criminal activity and antisocial behaviour have been established in few British studies (Newcombe, et al., 1995; Deehan, 1999) and it was discovered that regular young drinkers are much more likely to have a criminal record than those who do not drink or only drink occasionally. The relationship between alcohol use and criminal or antisocial behaviour is illustrated in the Fergusson, Lynskey and Horwood Study (1996a) demonstrating that young people who misused alcohol had significantly higher rates of both violent and property offences.

2.3 Alcohol abuse and misuse

According to the World Book Dictionary (Barnhart, et al., 1992a: 10), abuse means ‘to use wrongly; make bad use of; misuse’ whilst the word misuse is ‘to use for the wrong purpose; use improperly’ (Barnhart, et al., 1992b: 1331). Alcohol abuse is defined by the World Book Medical Encyclopaedia (1995: 22) as ‘the improper use of alcohol, a misapplication that can lead to alcoholism. Alcoholism involves a powerful “craving” or uncontrollable need for alcohol. This craving overrides the ability to stop drinking. Symptoms of alcohol dependence include craving for a drink of alcohol, inability to stop or limit drinking of alcohol and needing

greater amounts of alcohol to feel the same effect' (The World Book Medical Encyclopaedia, 1995: 22).

An alcohol abuser is one who drinks beyond sobriety or who mixes alcohol with other chemical substances, but who does not yet have a chemical dependency on alcohol (The World Book Medical Encyclopaedia, 1995: 22). The consumption of alcohol is a normative experience among young people with considerable potential for abuse. Alcohol misuse is a risk factor, which gives rise to physical, psychological and social harm and is associated with anti-social behavior and public disorder. Studies report that young people's drinking experience starts either during the pre-adolescent or adolescent period is associated with an increased likelihood of developing alcohol abuse or dependence later in life (NIAAA, 2003a).

2.3.1 Alcohol misuse and stress

Stress is strongly associated with alcohol misuse as a self-medication 'therapy' for life stressors (Stress Management, 2004). Problem drinkers are characterised by having numerous personal and family problems. Indeed, individuals with a family history of alcohol show greater alcohol-induced stress dampening (NIAAA, 2003b). The results of several studies have shown that children from alcoholic families report higher levels of depression and anxiety and exhibit more symptoms of generalized stress (i.e., low self-esteem) than do children from non-alcoholic families (Anderson, et al., 1983: (3) 174-187).

Another important stress factor associated with young people is the examinations period. In Malta, students undergo one of the most stressful periods of their lives - the 'GCSE' level examinations. With institutes, university places and potential careers to be decided, students often find that the few weeks of examination time are the most pressurising on their young lives. Some students might resort to drink alcohol to relax when their study day is over, or after they have completed an exam. Alcohol drinking may lead to irritability, which will increase stress and thus reduce the short-term memory.

2.3.2 Alcohol abuse and binge drinking

A number of terms are used to describe these states; chronic drinking, alcohol misuse, heavy drinking, binge drinking, regular drinking and hazardous drinking. Binge drinking is defined as having five or more drinks in a row (Primedia Company, 2004). The current plethora of terms used does not advance our understanding of alcohol use and consumption across the population

in general, or among adolescents or young people in particular. Wechsler (1995: 982-985) found a link between binge drinking (5/4 or more drinks in a row) and students who experienced problems such as committing vandalism and being involved with the police as well as personal injury.

The extent of the phenomenon of binge drinking can vary considerably from region to region. Studies indicate that in the United Kingdom, less than one in ten 13 year olds have not tried alcohol and half of those aged 13 to 16 binge. The young in Britain, including young women, are the biggest young drinkers in Europe and Spain. Italy and Greece complain that the British have through exported football and hooliganism to Europe. This is often the result of binge drinking (Hickman, 2003c: 183).

Adolescents with friends who drink are more likely to drink as well and the influence of peers on adolescent alcohol consumption is predictive of binge drinking. Peer group pressure, parental alcoholism, divorce and stress are all factors which place young people at particular risk for initiating and fall to binge drinking. Much of the research evidence suggests that the 'binge' drinking culture, mainly associated with young adults, is particularly linked with crime and disorder (Fergusson Horwood and Lynskey, 1995: 90: 935-46).

The European School Survey Project on Alcohol and other Drugs (ESPAD) study (1999), Sedqa's main research tool, has shown that Maltese-15 year olds are in the same category as the Scandinavian-15 year olds when it comes to binge drinking (The Malta Independent on Sunday, January 16, 2005:23). Sedqa, the agency in Malta against drug and alcohol abuse has been co-coordinating locally since 1995. According to the ESPAD 2003 statistics released in December 2004, Malta has a high rate of binge drinking – 25% – when compared to other countries. In fact, Malta rates fifth after Ireland (32%), the Netherlands (28%), Isle of Man (27%) and United Kingdom (27%) (The Malta Independent on Sunday, January 16, 2005:23).

In general, schools with high bingeing rates, 34% of non-binge drinkers reported being insulted or humiliated by binge drinkers, 13% reported being pushed, hit or assaulted, 54% reported having to take care of a drunk student, 68% were interrupted while studying and 26% of women experienced an unwanted sexual advance (The Malta Independent on Sunday, January 16, 2005:23). This data however is not relative to the Malta situation.