



Rethinking Teen Drinking

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Adolescence is an exciting and important time in development; there are many opportunities, but there are also some risks. One of these risks is alcohol. Drinking alcohol can impact how adolescents develop.

Having a good understanding of what we know about teen drinking can help parents, whānau, and others guide teens successfully. This article looks at the risks of teen drinking, the ways in which drinking in adolescence is different from adult drinking, and the influence parents and whānau have.



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What are the harms of alcohol?

Alcohol related harms can be both short-lived and long-term.¹ Harms include an increased likelihood of:

- being involved in car accidents, assaults and injuries due to intoxication²
- criminal behaviour³
- mental health difficulties, such as depression⁴
- alcohol abuse or dependence in adulthood⁵
- early sexual activity,⁶ unwanted sex,⁷ risky sex, including having multiple partners,⁸ sexual abuse, unplanned pregnancy and sexually transmitted infections⁹
- lower academic performance¹⁰
- deliberate self-harm and suicide.¹¹

Many of the worries parents and other adults have about young people are made more likely by alcohol.

What's different about drinking in adolescence?

Whilst some teens may look like adults, alcohol affects them differently to how it affects adults. Just because they may be towering over their parents in height, doesn't mean they're adults just yet!

Adolescent brains are changing rapidly, which means that their brains are more easily affected by what happens to them. The brain of an adolescent is more open to positive opportunities; it can also be more affected by not-so-good things. This is one of the reasons why drinking in adolescence is different from drinking in adulthood. The effects of alcohol are happening when the brain is busy growing, and alcohol can affect how the brain grows. This is why if an adolescent and an adult drink the same amount, the adolescent is more likely to be harmed by it.¹²

Animal studies suggest that adolescents are less sensitive to some of alcohol's short-term negative

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effects on their movement and sleepiness¹³ but more sensitive to some of its positive effects, such as feeling more social.¹⁴ As a result, adolescents may find it more difficult to recognise signs that they should stop drinking which may contribute to their drinking more than adults.¹⁵

Some studies look at the physical brain structure and find things such as that heavy drinking is linked to some areas of the brain being smaller.¹⁶ Other studies look at how the brain is functioning – the way alcohol can put teens at higher risk of poor decision making and problem-solving, for example.

Drinking in adolescence, especially when it's heavy, can change the brain.¹⁷ Problematic drinking in adolescence can have lasting effects on the brain and how it works, even after a period of non-drinking.¹⁸ Drinking can affect adolescents long after their hang-over wears off.

To find out more about alcohol in adolescence read:

Alcohol Use in Adolescence – What the Research Tells Us (2022)



Is everyone else really drinking?

While teens may feel as though 'everyone else is drinking,' the reality is a large proportion of under-18s are not. Many teens don't drink alcohol at all; however, some are drinking regularly and a lot.¹⁹

A large study of New Zealand secondary school students, aged 13-18 years, showed that most teens had not drunk alcohol, beyond a few sips (45%).²⁰ This figure is important; teens who think that many of their friends and schoolmates are drinking, are more likely to do so themselves.²¹

Parents too are influenced by what they think everyone else is doing. And this influences their children, creating a self-fulfilling prophecy. When parents expect their teens to drink, their teens are likely to drink more.²²

While many teens are not drinking, those who do are often drinking in particularly harmful ways. Of concern is that more than half (62%) of past month drinkers had been binge drinking, that is, five or more drinks in one drinking session.²³

Does the age you start drinking matter?

The age at which individuals first drink alcohol matters. The younger they are when they start to

drink, the greater the chance that they will have problems with alcohol.²⁴

The age at which individuals first drink alcohol matters.



A study found that those who began drinking before they were 14 years old had a 40% chance of alcohol dependence, while those who waited until 20 years or older had a 10% chance.²⁵ Every extra year that young people wait before beginning drinking lessens the chance of later alcohol abuse or dependence.²⁶

More recent studies also found that a younger age at first drink was associated with drinking more later in adolescence.²⁷ Also higher levels of early drinking have been linked to substance use disorders and other mental health challenges into adulthood.²⁸

Children don't have to have a whole drink to be affected; being allowed to sip alcohol at 9-10 years old increases the risk of drinking by 11-12 years of age.²⁹ One study found that children who had sipped alcohol before they were 10 years old, were almost twice as likely to be drinking by 15 years.³⁰

It's because of research findings such as these that guidelines in several countries, including Aotearoa, recommend that those under 18 years delay drinking for as long as possible and those under 15 years not drink any alcohol at all.³¹

What can parents do?

Many factors influence whether young people drink, and if so, how much and how often. Alcohol marketing,³² the number of places to buy alcohol,³³ proximity of alcohol outlets³⁴ and social media³⁵ all have an impact.

But importantly parents' attitudes and behaviour towards alcohol also influence their teens. Whether or not young people drink, and if so, how they drink, is influenced by their parents.

Many parents, wanting to support their teens, think that they can teach them to drink safely by giving them alcohol and watching over them.³⁶ Research consistently shows that parent approval of any level of drinking and parents supplying alcohol is linked to worse, not better, outcomes.³⁷

For example, the *Growing Up in Australia* study found that those allowed to drink at home at 16 or 17 years of age were much more likely to ever drink than those who were not allowed to drink at home, and they were also more likely to experience alcohol-related harm.³⁸



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Support, including to delay drinking, is particularly important for young people who have experienced adversity.



When parents provide both support and monitoring their adolescents are likely to drink less.³⁹ In addition, information about the harms of alcohol and clear rules against drinking help young people to drink less.⁴⁰

Who is more at risk for problems with alcohol?

Sadly, those who've experienced maltreatment, including sexual abuse, and seeing family violence are more likely to begin drinking at a younger age and more likely to develop alcohol dependence.⁴¹ Child maltreatment can increase the likelihood of teen drinking by about four times.⁴² Support, including to delay drinking, is particularly important for young people who have experienced adversity.

Both genes and experiences can contribute to alcohol problems.⁴³ A family history of alcohol problems does not make alcohol issues inevitable but

does make them more likely. One study found that a young person's environment had a bigger impact than their family history of drinking on whether they developed alcohol-related problems.⁴⁴ Those with a family history of alcohol issues may benefit even more than others from parents and whānau supporting them to delay drinking.

Studies on the brain are finding that some people who go on to have problems with alcohol had both structural and functional brain differences before they began drinking, which may have made them more prone to developing problems.⁴⁵ Other research found that children with greater difficulty managing their behavior and who are more prone to sensation-seeking are at greater risk of early and problematic alcohol use.⁴⁶

Of course, we can't always tell who those at greater risk might be; it's possible these are the teens who would most benefit from delaying drinking.

Conclusion

Adolescence is a really important time as young people gradually leave childhood behind and move towards becoming adults. What happens during these years affects how well placed they will be to become the adults in their whānau and wider communities. Positive experiences, chances to practice skills and follow their interests, with strong, loving whānau support, will set them up to do well.

Drinking alcohol in the teen years carries many risks; these are greater than for similar levels of drinking in adulthood. As in other areas of young people's lives, parents, whānau, and other adults play an important role. As adults, our behaviour and attitudes towards alcohol, and our expectations of young people, all influence young people's behaviour.

Research clearly indicates that delaying the age at which young people are introduced to alcohol reduces their risk of alcohol-related problems, and parents can help with this.

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Endnotes

1. Ball, Zhu, et al., 2022
2. Fergusson & Boden, 2011; White & Bariola, 2006
3. Fergusson & Boden, 2011
4. Fergusson et al., 2009
5. Rapsey et al., 2019
6. Rothman et al., 2009
7. Clark et al., 2013
8. Windle et al., 2009
9. Fergusson & Boden, 2011, cited by Matua Raki, 2017
10. Hjarana et al., 2023
11. Crossin et al., 2022; Norstrom & Rossow, 2016
12. Spear, 2014
13. Spear & Varlinskaya, 2005, cited by Windle et al., 2009
14. Varlinskaya & Spear, 2006, cited by Spear, 2014
15. Spear, 2014
16. Squeglia et al., 2014
17. Pfefferbaum et al., 2018
18. Brown et al., 2000
19. Ball, Zhu, et al., 2022
20. Ball, Zhu, et al., 2022
21. Gazis et al., 2010, cited by McDonough et al., 2016
22. Madon et al., 2006, cited by Steinberg, 2016
23. Ball, Zhu, et al., 2022
24. Clare et al., 2026; Ministry of Health, 2015
25. Dawson et al., 2008
26. Grant & Dawson, 1997
27. Lee et al., 2024
28. Boden et al., 2020
29. May et al., 2022
30. Donovan & Molina, 2011, cited by Donovan & Molina, 2014
31. Ministry of Health, 2022, cited by Ball, Zhang, et al., 2022; S. M. Ryan et al., 2011
32. Sargent & Babor, 2020, cited by Chambers et al., 2023
33. Rowland et al., 2016
34. Hetrick et al., 2024
35. Lyons et al., 2014
36. Jones et al., 2015
37. Abar et al., 2014; Colder et al., 2018; Jones, 2016; Mattick et al., 2018
38. Quinn, 2021
39. Mills et al., 2021
40. Stephenson et al., 2023, cited by Esposito et al., 2025
41. Newton-Howes & Boden, 2016; Oberleitner et al., 2015; WHO, 2015
42. Rakovski et al., 2024
43. Park et al., 2011
44. Seglem et al., 2016
45. Honarvar et al., 2023; Squeglia & Gray, 2016
46. Choi et al., 2025

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