
Students are still drinking too much

EDITORIAL

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High alcohol consumption in students can increase the risk of alcohol dependence later in life.

Harmful alcohol use represents a global public health problem. Worldwide, one in twenty deaths are related to alcohol, and alcohol use is the primary risk factor for mortality for the age group 15–49 years [\(1\)](#).

In the short term, high alcohol consumption increases the likelihood of risky behaviour related to accidents, violence and unsafe sexual behaviour [\(1\)](#), as well as poorer academic performance [\(2\)](#). In the longer term, excessive overconsumption of alcohol entails a higher health risk [\(3\)](#), and increased risk of occupational outcomes such as sickness absence [\(4\)](#) and presenteeism (reduced capacity while at work) [\(5\)](#). A number of studies have shown that alcohol use, and particularly binge drinking (defined as the consumption of at least 5–6 units of alcohol on the same occasion), is particularly widespread among students. Research has also shown that high alcohol use as a student can lead to an increased risk of alcohol dependency in adulthood [\(6\)](#).

Hernholm et al. have now published a study in the Journal of the Norwegian Medical Association in which they examine alcohol use among students at the Norwegian University of Science and Technology (NTNU) in a twelve-year perspective. The data show that more students were teetotal in 2019 compared to 2007, fewer engaged in binge drinking on a typical drinking day, and fewer reported generally risky alcohol use. Risky alcohol use means a drinking pattern that increases the likelihood of health and social consequences over time. Even though the study indicates a moderate reduction in alcohol use, the

data from 2019 show that around seven out of ten students engaged in binge drinking on a typical drinking day, and that around six out of ten had risky alcohol use.

From a public health perspective, the study by Hernholm et al. is more encouraging than other studies of adults and students in Norway. While they find a moderate reduction, other studies have shown that the trends in drinking frequency, binge drinking and risky alcohol use remained relatively stable in the period 2010–22 (7, 8). However, it is worth noting that the reductions shown in the study by Hernholm et al. actually 'arrive at' a level of consumption that is considerably higher than that found in comparable studies of students in Norway (8).

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Binge drinking and general high alcohol use have been identified as a major predictor of narcotic drug use (9). However, studies of students in Norway suggest that the use of substances such as cannabis and cocaine is moving in the opposite direction to alcohol use. One-third of the students in the student health and satisfaction survey reported using illegal substances in 2022, and their use increased in the period from 2010 (23 %) to 2022 (30 %) (8).

These trends may indicate that the relationship between use of alcohol and other substances is more complicated than was previously assumed.

Understanding alcohol use requires a biopsychosocial approach. Where students are concerned, research has particularly highlighted the importance of sociocultural factors in the student community. Alcohol plays a key role in new students' first encounter with their educational institution and student life. Events held in buddy week are marked by considerable exposure to alcohol, to the extent that the week has been described as an extension of the celebrations to mark the end of upper secondary school (10). Beyond buddy week, alcohol remains a central feature of student life. Research has shown that around half of students believe there is too much drinking, six out of ten call for more alcohol-free options, and two out of ten report refraining from attending student events because of the excessive alcohol consumption (8).

The study by Hernholm et al. is an important and noteworthy contribution to a field of research that deserves more attention. It is distinguished by its impressive response rates (96.5 and 95.7 %), use of two measurement points, and use of the recognised screening tool, the Alcohol Use Disorders Identification Test (AUDIT). It is difficult to draw clear conclusions about trends over time based on only two measurement points. However, it is interesting that the authors have identified a moderate reduction in alcohol use when the consumption level remains high at both points in time. In other words: a moderate reduction to a level that is still high.

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