

Commentary on Mason et al: A Systematic Review of Research on Adolescent Solitary Alcohol and Marijuana Use in the United States. Choosing to consume alone and an increased risk of harm might have a common cause.

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Mason and colleagues (1) examine the existing literature on adolescent solitary alcohol and marijuana consumption in the United States. They find that an estimated 14% of young people consume alcohol alone, a proportion that is considerably higher in adults (2). Clearly, the social contexts in which alcohol and marijuana are consumed; whether this is done alone or with others, is worthy of further consideration.

Looking at alcohol specifically, many people prefer to drink while in the company of others, however drinking alone is not so unusual that it can be considered an anomalous practice, even among young people. Yet we know little about why some people choose to drink alone. Research from Great Britain and Finland indicates that approximately 16 to 17% of drinking occasions in adults occur when the drinker is alone (3, 4). Research from Australia has shown that while a large proportion of adult drinkers consider themselves social drinkers (5), nearly two-thirds of alcohol is consumed in the drinker's own home (6). Even accounting for social events hosted in the drinker's home, this suggests that a lot of alcohol consumption is happening, if not alone, then in potentially less social settings than a licensed premise or someone else's home.

Learning more about solitary consumption is not just important because of its high prevalence but also because, as found by Mason and colleagues for adolescents, it is linked to an increased risk of a range of adverse outcomes such as substance use disorder and poor academic performance. It is because of this that the authors point to previous researchers' suggestion that solitary alcohol use be considered a dimension of problem substance use.

However, we should be cautious about considering solitary consumption as a dimension of substance use disorder as there are other factors that could lead to solitary consumption – notably any kind of stigma or discrimination that could lead to social isolation. This is supported by the finding that solitary consumption is more prevalent in gay, lesbian and bisexual youth (7, 8) and that African Americans were more likely to consume alone than their White/European American counterparts (9, 10). If these adolescents are facing discrimination in their social circles, lone consumption might be a coping strategy. If that is the case, then problematising lone drinking or substance use could simply add to the burden that these adolescents are bearing. Therefore, care needs to be taken that we aren't pathologizing a social practice which is a consequence of experiences of discrimination or stigma, rather than individual deficits.

Mason et al (1) situate adolescent substance use on a continuum, with solitary use prompted by negative coping motives at one end, and use motivated by a desire for social enhancement at the other. Solitary substance use, they find, is more likely to 'reflect coping and negative emotions.

Correspondingly, many young people view drinking alone very negatively (11). Yet it is apparent in other studies that drinking and other substance use can a coping mechanism, and at the same time also an important means of enhancing and enjoying one's life, both when it occurs alone or with others present. Even young people with an abundance of risk factors can experience intense enjoyment (enhancement) from solitary substance use, pleasures that render substance use far more than simply a coping strategy (12). Alongside enjoying the physiological effects of substance use, young people exploit the oppositional power or sense of autonomy they accrue from it, while being aware that using drugs at a young age is stigmatising, particularly when they use alone (13). We need further qualitative studies of the social meanings of solitary substance use among those that engage in it, considering both coping and enhancement as motivations, and whether these are differently configured across age, gender and cultural groups.

While solitary substance use is indeed worthy of further research and attention, it might be worth considering the possibility that it may be, at least in some circumstances, a reflection of disadvantage or stigmatisation, or that enhancement and coping measures are entwined in complex ways. Therefore, consideration of solitary substance use as a dimension of problem substance use should be carefully investigated and exploration of other factors behind solitary use is advised.

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References

1. Mason A, Stevens A, Fleming S. A systematic review of research on adolescent solitary alcohol and marijuana use in the United States. *Addiction*. 2019;TBC:TBC.
2. Bourgault C, Demers A. Solitary drinking: a risk factor for alcohol-related problems. *Addiction*. 1997;92(3):303-12.
3. Ally A, Lovatt M, Meier P, Brennan A, Holmes J. Developing a social practice-based typology of British drinking culture in 2009–2011: implications for alcohol policy analysis. *Addiction*. 2016;111(9):1568-79.
4. Mustonen H, Mäkelä P, Lintonen T. Toward a typology of drinking occasions: Latent classes of an autumn week's drinking occasions. *Addiction Research & Theory*. 2014;22(6):524-34.
5. Callinan S, Pennay A, Livingston M. Decreasing prevalence of social drinkers in Australia. *Addictive Behaviors*. 2017;67(C):20-5.
6. Callinan S, Livingston M, Room R, Dietze P. Drinking Contexts and Alcohol Consumption: How Much Alcohol Is Consumed in Different Australian Locations? *Journal of Studies on Alcohol and Drugs*. 2016;77(4):612-9.

7. Tucker J, Ellickson P, Klein D. Understanding differences in substance use among bisexual and heterosexual young women. *Womens Health Issues*. 2008;18(5):387-98.
8. Russell S, Driscoll A, Truong N. Adolescent same-sex romantic attractions and relationships: IMplications for substance use and abuse. *American Journal of Public Health*. 2002;92(2):198-202.
9. Stewart C, Power T. Ethnic, Social Class, and Gender Differences in Adolescent Drinking: Examining Multiple Aspects of Consumption *Journal of Adolescent Research*. 2003;18(6):575-98.
10. Dauber S, Hogue A, Paulson J, Leiferman J. Typologies of Alcohol Use in White and African American Adolescent Girls. *Substance Use and Misuse*. 2009;44(8):1121-41.
11. Katainen A, Lehto A, Maunu A. Adolescents' sense-making of alcohol-related risks: The role of drinking situations and social settings. *Health: An Interdisciplinary Journal for the Social Study of Health, Illness and Medicine*. 2015;19(5):542-58.
12. MacLean S. "It might be a scummy-arsed drug but it's a sick buzz": chroming and pleasure. *Contemporary Drug Problems*. 2005;32:295-318.
13. MacLean S, Bruun A, Mallett S. 'I've had a pretty tough life but that's not why I do this': narratives of autonomy and control among alcohol and drug service-engaged early teenagers. *Journal of Youth Studies*. 2012.