Influence of Drinking Context and Age of Onset on Alcohol Consumption Patterns and Motivations Among Uruguayan Adults

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ABSTRACT: Objectives: An early age of drinking onset is linked to a greater likelihood of alcohol-related problems. Alcohol use occurs in places featuring characteristic social groups, and different drinking contexts are associated with different levels of alcohol-related outcomes. Drinking context may affect drinking motives, expectations or alcohol-related outcomes in concert with individual-level variables. The study aimed to examine how the preferred drinking context and age of the first drink affects the occurrence and volume of alcohol use, drinking motives and alcohol-related expectations. *Methods*: This cross-sectional study was conducted at Faculty of Veterinary Medicine, University of the Republic, Montevideo, Uruguay, from September 2020 to January 2021. Uruguayan citizens \geq 18 years old were asked about their preferred drinking context, the age of first alcohol use and alcohol consumption frequency. In addition, the Drinking Motives Questionnaire and Alcohol Outcome Expectancies Questionnaire were used. Results: A total of 752 Uruguayan citizens were included. The distribution of alcohol consumption across social contexts was not influenced by the age of first alcohol use. Those who began drinking early and endorsed solitary drinking reported higher frequency of drinking (P < 0.05) and coping motives (P < 0.05) than any other group. Those who drank at parties reported more conformity motives than most of the groups (P < 0.01). An early age of drinking onset was associated with greater enhancement and social motives (P < 0.05) and higher alcohol expectancies for stress reduction and social facilitation (P < 0.005). Conclusion: Solitary drinking as a high-risk drinking context is likely to interact with the age of first alcohol use, suggesting that drinking in specific contexts is associated with specific drinking motivations and expectancies. This study represents progress towards exploring factors that influence alcohol consumption among a broader range of socio-cultural populations.

Keywords: Social Environment; Alcohols; Motivation; Alcohol Drinking; Age; Uruguay.

Advances in Knowledge

- Participants who started drinking at a young age and drank alone tended to drink more often and had stronger coping drinking motives.
- The study participants who usually drank at parties reported more conformity drinking motives.
- Starting to drink early in life was linked to stronger enhancement and social drinking.
- The participants who began to drink early in life reported higher coping motives and higher expectations that alcohol would reduce stress and improve social situations.
- The age at which people first drank did not affect how their drinking was distributed across different social contexts.

Application to Patient Care

- This study, which focused on an underserved population, should be useful to healthcare personnel involved in the attention of patients with a propensity to develop alcohol use disorders.
- The study highlights specific traits of men and women who start drinking at an early age. Those who drink alone tend to drink more frequently and report greater drinking-to-cope motives. Those who drink primarily at parties exhibit more conformity drinking motives. Participants with an early age of first drink exhibit positive expectations about alcohol's effects and endorse greater enhancement and social drinking motives.
- These findings can help healthcare workers identify high-risk patients and address factors such as positive alcohol expectations or context-related motives to reduce problematic drinking.

N EARLY AGE OF DRINKING ONSET INCREASES the likelihood of a substance use disorder diagnosis; research has also shown that early alcohol exposure is associated with an anxiety- and depression-prone phenotype.¹⁻³ Those with depressive symptoms exhibit a greater frequency of solitary drinking, which is associated with exacerbated levels of alcohol-related negative consequences.^{4–7} Furthermore, those who drink alone seem more likely to use alcohol to reduce negative

affect, whereas those who drink in social settings drink to exacerbate positive feelings but not to cope with distress.⁸⁹

The available literature suggests that those who drink in specific contexts exhibit idiosyncratic alcoholdrinking motives. These are precursors of drinking that include using alcohol to (a) intensify positive feelings (enhancement), (b) alleviate ongoing or expected negative affect (coping), (c) facilitate social interactions or events

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(social) or (d) conform to social expectations or fit in with a group (conformity).¹⁰ A study conducted with US college students indicated that enhancement and social motives were greater in social versus non-social drinking episodes while coping motives were greater in nonsocial episodes.¹¹ Additionally, it found that symptoms of depression are associated with a higher frequency of solitary drinking but not social drinking, as solitary drinking involves drinking to cope with distress.¹²

Unsurprisingly, the drinking context affects alcoholrelated outcomes. Individuals who drink at parties report greater levels of alcohol drinking than those who drink at home or a restaurant.^{13,14} Drinking context may affect alcohol-related outcomes via individual-level variables. Alcohol expectancies (AEs), which refer to beliefs about the expected effects of alcohol, seem to differ across contexts of alcohol use. For instance, a study found that the association between context-specific AEs and alcohol outcomes differed across 3 drinking contexts.15 Expectancies in convivial and personal-intimate contexts were significantly higher compared to negativecoping contexts, and drinking frequency and quantity significantly differed across the 3 contexts, with the convivial context showing the highest and the negativecoping context showing the lowest values. In addition, AE also affects time at drinking onset.¹⁶

The life stage between ages 18 and 29 years is known as emerging adulthood.¹⁷ In several societies, this is an unstable developmental period, in which the individual faces several challenges such as establishing a career, forming significant relationships and achieving financial independence.

The current study was carried out in Uruguay, which has unique characteristics concerning drug use or regulation. Recreational use of marijuana is legal in Uruguay, and certain high-risk alcohol use behaviours seem more prevalent in Uruguay than in European or North American countries.¹⁸ Very little is known about the association between alcohol outcomes, drinking contexts and individual-level variables in Uruguay. The effects of drinking contexts on alcohol-related outcomes, or their associations with individual or environmental variables, have mostly been analysed in European or North American populations, which highlights the need to expand research to underserved populations in other regions to determine if patterns observed in the USA or Europe apply to regions with significant differences in economic development or drug use practices.

In light of this, the current study aimed to determine whether alcohol outcomes (i.e. frequency and volume of drinking), alcohol-drinking motives and positive AE (i.e. enhancement of social abilities, social facilitation and stress reduction) were significantly different in participants classified as early- or late-onset drinkers who endorsed different contexts of drinking. In addition, this study hypothesised that early drinkers prefer solitary drinking over other drinking contexts.

Methods

This cross-sectional study was conducted at the Faculty of Veterinary Medicine, University of the Republic, Montevideo, Uruguay, from September 2020 to January 2021. This study aimed to recruit approximately 900 participants based on previous studies that assessed the association between drinking contexts and socio-cognitive variables.^{14,15} The invitation to participate was distributed via social networking platforms such as Facebook (Meta Platforms Inc., Cambridge, Massachusetts, USA), X (X Corp., Bastrop, Texas, USA) and Instagram (Meta Platforms Inc.), with a disclaimer emphasising the anonymity of the participation. Individuals who were \geq 18 years old and willing to participate in a study were included.

Preferred drinking context was assessed using the question 'What is the most common context in which you consume alcohol?'. Participants had 7 answer options (1 =in parties, 2 = with friends, 3 = with family members, 4 = with a romantic partner, 5 = solitary drinking at home, 6 = at sporting events and 7 = other).

Participants reported the age of first alcohol use by answering the question 'How old were you the first time you consumed an alcoholic beverage?'. Following Lee *et al.*, those reporting the age of first drink at \leq 14 were classified as early drinkers, while the others were classified as late drinkers.¹⁹

Participants reported last month and last week alcohol use (yes/no). The frequency of habitual alcohol consumption was inquired with the question 'How often do you drink alcoholic beverages?' Participants answered using the following options: a = once a month, b = less thanonce a month, c = once a week, d = 2-3 times a month, e= twice a week, f = thrice a week and g = 4 or more times per week. With this information, a variable illustrative of frequency (days/month) of alcohol use was created. The participants were asked the number of glasses and type of beverage consumed in the last drinking episode. This was used to calculate the grams of alcohol consumed in the last drinking episode using the known quantity of alcohol available in each beverage in the Uruguayan market.

A version of the Drinking Motives Questionnaire (DMQ), validated and adapted to Spanish and analysed psychometrically, was used.^{20–22} It has 20 items measuring coping, conformity, social and enhancement drinking motives. Participants had 5 response options (from 1 = never/close to never to 5 = always) to indicate the frequency of drinking for each particular motive. To obtain the score for each subscale, the corresponding items were summed (no reverse scoring was required). For the coping subscale, items 1, 4, 6, 15 and 17 were summed

(α = 0.84). For the conformity subscale, items 2, 8, 12, 19 and 20 were summed (α = 0.77). For the social subscale, items 3, 5, 11, 14 and 16 were summed (α = 0.86). Then, items 7, 9, 10, 13 and 18 were added together (α = 0.80) for the enhancement subscale. The DMQ exhibits good internal structure and psychometric properties when applied to general populations of Spanish speakers.^{21,23}

AEs were measured by the Alcohol Outcome Expectancies Questionnaire, developed and validated in a clinical sample.24 It assesses positive effects anticipated from alcohol use (e.g. 'drink alcohol makes me feel relaxed'). The instrument has 12 Likert-type items, grouped in 3 dimensions (enhancement of social abilities, social facilitation and stress reduction) that are answered on a 6-point response scale (from 1 = strongly disagree to 6 = strongly agree. To obtain the score for each dimension, the corresponding items were summed. The score for the first dimension, 'enhancement of social abilities', was obtained by summing items 8-11 ($\alpha = 0.87$). The second dimension, 'social facilitation', was calculated by summing items 1-5 ($\alpha = 0.90$). The score for the 'stress reduction' dimension was derived by summing items 6, 7 and 12 (α = 0.86). No items required reverse scoring.

Descriptive analyses were performed on the overall sample on the occurrence (last week or month, number of days per month) and the volume of ingestion of alcohol, as well as a function of sex and age (≤ 29 or ≥ 30 years old). Sex and age differences in these variables were evaluated via Student's t-test for continuous variables, while Chisquared tests were used for categorical variables. A Chi-squared test examined the presence of a significant association between age of drinking onset and preferred drinking context.

Factorial analyses of variance (ANOVAs) were conducted on alcohol use frequency and quantity, each drinking motive and each AE subscale. The between factors were the context of drinking and age of drinking onset. Significant main effects or significant interactions were explored via Newman–Keuls tests. When supported by a priori hypotheses, planned comparisons were conducted between target groups. The alpha level was 0.05, and the effect sizes were reported for each ANOVA.

Preliminary analyses indicated that alcohol use frequency and quantity, among other variables, did not approximate a normal distribution, as evidenced by the Kolmogorov–Smirnov test. However, the analytical design involved distributing the subjects into a complex 2×5 factorial design to assess the main and interactive effects of the context of drinking and age of drinking onset. No nonparametric alternatives could adequately control for type I error in this context. Using a non-parametric alternative would have required disaggregating the factorial design to compute multiple comparisons between 10 independent groups, complicating interaction assessments and significantly increasing the number of analyses, each with a 5% chance of detecting spurious statistically significant differences. Thus, under the present conditions, the analytical capability and type I error control provided by ANOVA appeared to outweigh potential power losses due to unmet assumptions. Furthermore, ANOVA is also generally considered robust, tolerating violations such as variance homogeneity without significantly increasing the risk of type I error.²⁵ The level of statistical significance was set at 0.05.

In the invitation sent to the participants on social media platforms, clicking a hyperlink presented a consent form that explained the confidentiality and characteristics of the study. Upon completing this consent form, the actual survey was presented. The respondents were not compensated for their participation. This study followed the guidelines for human research of the Declaration of Helsinki and due care was taken to follow the recommendations outlined in Chapters 2 and 3 of Decree 158/019, related to research on human beings and emanating from the executive branch of the Uruguayan Government.

Results

From the 825 responses received, 7 cases were excluded due to inconsistent responses or the respondents being under 18 years old. Data analysis was conducted on those who reported drinking alcohol in the preceding year (with 63 reporting not doing so), after excluding 10 cases that answered 'other' and 1 case that answered 'at sporting events' to the question on the most common context of drinking. Finally, a total of 752 participants were included, divided into 10 groups based on the age of first drink (early or late) and preferred drinking context. Thus, the analytical design resembled a 2 × 5 factorial.

The mean age of the participants was 31.5 ± 11.33 years (34.8 ± 12.75 years for men and 30.1 ± 10.40 years for women). The majority resided in Montevideo (n = 477, 63.4%). Most (n = 484, 64.4%) had a college education; more women (n = 371, 70.0%) had a college education than men (n = 115, 51.8%) [Table 1].

Most of the participants (84–87%) reported consuming alcohol within the previous month, and in the last week, men significantly surpassed women in this indicator. Men also reported significantly greater grams of alcohol consumed per drinking occasion than women (46.24 ± 36.69 versus 37.54 ± 30.25; P < 0.001) and a significantly greater frequency of alcohol consumption (6.78 ± 4.86 versus 4.60 ± 4.04 days/month; P < 0.001). Most men (n = 145, 65.3%) reported consuming alcohol in the last week, which was significantly higher than the number of women (n = 293, 55.3%) who reported the same (P < 0.01). Last month alcohol use was around 85%, being statistically similar (P = 0.271) in men and women.

Table 1: Characteristics of Uruguayan citizens included	l
n this study (N = 752)	

Characteristic	n (%)					
	Total	Male (n = 222)	Female (n = 530)			
Mean age in years ± SD	31.5 ± 11.33	34.8 ± 12.75	30.1 ± 10.40			
Geographic area of residence						
Montevideo	477 (63.4)	144 (64.9)	333 (62.8)			
Rest of the country	275 (36.6)	78 (35.1)	197 (37.2)			
Educational level*						
College	484 (64.4)	115 (51.8)	371 (70.0)			
Non-college	268 (35.6)	107 (48.)	159 (30.0)			

SD = standard deviation

*College = university finished or in progress; non-college = high school or technical careers finished or in progress.

Participants aged ≤ 29 years reported significantly fewer drinking days per month than their older counterparts (4.74 ± 3.88 versus 5.90 ± 4.95; *P* <0.001) but ingested significantly more alcohol on the last drinking occasion (45.32 ± 36.73 versus 33.21 ± 24.27 g, respectively; *P* <0.001). There was no statistically significant difference in the proportion of early and late drinkers endorsing the different contexts (χ^{2} = 3.92; *P* >0.05). The majority of the older and the younger participants reported consuming alcohol in the last week (59.60%, n = 193 and 57.2%, n = 245, respectively) or in the last month (83.3%, n = 270 and 85.7%, n = 367, respectively), with no significant difference observed between these groups (*P* = 0.522 and *P* = 0.362, respectively). AEs were similar in men and women (39.43 ± 9.48) and 38.66 ± 10.08 ; P = 0.333, but significantly greater in older participants compared to younger ones (40.72 ± 9.91) and 36.46 ± 9.39 , respectively; P < 0.001. Drinking motives were not significantly different between men and women. Younger participants exhibited significantly lower conformity, coping, social and enhancement motives than their older counterparts ($P \le 0.001$ each) [Table 2].

The ANOVA on the frequency of drinking revealed significant main effects of age of drinking onset and context of drinking (F1,742 = 11.81, P < 0.001, $\eta^2 P = 0.02$ and F4,742 = 32.58, P < 0.001, $\eta^2 P = 0.15$, respectively). The interaction between age of drinking onset and context of drinking was significant (F4,742 = 2.77, P < 0.05; $\eta^2 P = 0.02$). According to the post-hoc tests, the frequency of drinking across most contexts was similar between early and late drinkers, except for those drinking at home. Early drinkers endorsing solitary drinking reported significantly greater drinking frequency than any other group [Figure 1A].

Grams of alcohol consumed on the last drinking occasion were significantly affected by the context of drinking (F4,742 = 7.02, P < 0.001, $\eta^2 P = 0.04$), with the post-hoc tests indicating that those drinking with friends exhibited significantly more quantity of drinking than those drinking in family contexts or with a romantic partner. Those drinking with the family reported significantly fewer grams of alcohol consumed than those drinking alone [Figure 1B].

The ANOVA for coping motives scores revealed significant main effects of the age of drinking onset (F1,742 = 9.10; *P* <0.005) and context of drinking (F4,742 = 2.39; *P* <0.05). Those reporting an early age of drinking

Table 2: Frequency, occurrence and volume of alcohol consumption, motives of consumption and alcoholexpectancies in the participants (N = 752)

Variable	Mean ± SD		P value*	Mean ± SD		<i>P</i> value*		
	Sex		Sex			Age in	years	
	Female (n = 530)	Male (n = 222)		≥30 (n = 324)	≤29 (n = 428)			
Grams of alcohol consumed on the last occasion	37.54 ± 30.25	46.24 ± 36.69	< 0.001	33.21 ± 24.27	45.32 ± 36.73	<0.001		
Frequency of alcohol consumption in days per month	4.60 ± 4.04	6.78 ± 4.86	< 0.001	5.90 ± 4.95	4.74 ± 3.88	<0.001		
Number of prevalence of alcohol use during the last week (%)	293 (55.3)	145 (65.3)	0.010	193 (59.6)	245 (57.2)	0.522		
Number of prevalence of alcohol use during the last month (%)	444 (83.8)	193 (86.9)	0.271	270 (83.3)	367 (85.7)	0.362		
Alcohol expectations	38.66 ± 10.08	39.43 ± 9.48	0.333	36.46 ± 9.39	40.72 ± 9.91	< 0.001		
Conformity motives	5.68 ± 1.65	5.51 ± 1.23	0.155	5.42 ± 1.25	5.79 ± 1.71	0.001		
Coping motives	7.71 ± 3.28	7.60 ± 3.31	0.666	6.97 ± 2.86	8.22 ± 3.49	< 0.001		
Social motives	11.91 ± 4.38	12.07 ± 4.60	0.652	10.60 ± 4.12	12.98 ± 4.42	< 0.001		
Enhancement motives	10.56 ± 4.25	10.72 ± 4.02	0.616	9.55 ± 3.59	11.40 ± 4.42	< 0.001		
SD = standard deviation *Using Student's t-test or the Chi-squared test.								



Figure 1: Panels showing (A) frequency in days per month and (B) volume in grams of alcohol consumed during the last drinking occasion of drinking, as a function of the context of drinking (parties, with friends, with family, with a romantic partner or solitary drinking at home) and early (first alcohol use at age ≤ 14) or late onset of alcohol use. *P < 0.005 (A), *P < 0.001 (B). *Brackets with solid or dotted lines connecting the bars indicate significant differences.*

onset had greater scores than those reporting a late age of drinking, and those drinking alone at home endorsed significantly greater coping motives than any of the other groups. The early solitary drinking group had greater coping motives than any of the early drinker groups (P <0.05). Furthermore, coping motives in the late solitary drinkers were similar to those of the remaining late drinker groups [Figure 2A].

Conformity motives were affected by the context of drinking (F4,742 = 3.42; P < 0.01). The post-hoc tests indicated that those drinking at parties had greater conformity motives than those endorsing other drinking contexts, except for drinking with friends. The ANOVA for social motives revealed significant main effects of the age of drinking onset (F1,742 = 18.73; P < 0.005) and context (F4,742 = 8.16; P < 0.05). Moreover, those reporting an early age of first drink had significantly greater scores than those reporting a late age of first drink, whereas those drinking at parties or with friends endorsed significantly greater social motives than those drinking with family members. Additionally, those who drank with a romantic partner exhibited significantly fewer social motives than those who drank with friends [Figure 2B and 2C].

The ANOVA on enhancement motives indicated that those reporting an early age of drinking had greater scores than late drinkers (F1,742 = 17.12; P < 0.05), and those who consumed alcohol with friends had higher scores than those who consumed alcohol with the family (F4,742 = 3.16; P < 0.05) [Figure 2D].

AEs for stress reduction and social facilitation were significantly greater in early drinkers than late drinkers (F1,742 = 9.20; P <0.005 and F1,742 = 4.28; P <0.005, respectively). Furthermore, solitary drinkers exhibited greater AEs for stress reduction than those who consumed alcohol at parties, while AEs for social facilitation were



Figure 2: Panels showing (A) coping, (B) conformity, (C) social and (D) enhancement drinking motives as a function of the context of drinking and early (first alcohol use at age \leq 14) or late onset of alcohol use. **P*<0.005 (A), **P*<0.01 (B), **P*<0.001 (C, D); #*P*<0.05 (A, C, D).

Brackets with solid or dotted lines connecting the bars indicate significant differences.



Figure 3: Panels showing (A) alcohol expectancies for enhancement of social abilities, (B) stress reduction and (C) social facilitation as a function of the context of drinking and early (first alcohol use at age ≤ 14) or late onset of alcohol use. **P* <0.005 (B), **P* <0.05 (C); #*P* <0.005 (B), #*P* <0.005 (C).

Brackets with solid or dotted lines connecting the bars indicate significant differences.

significantly greater in those drinking at parties than those drinking with family members (significant main effects of the context of drinking: F4,742 = 2.66; P < 0.05 and F4,742 = 3.34; P < 0.05). The ANOVA on AE for the enhancement of social abilities did not yield significant effects [Figure 3].

Discussion

The current study cohort exhibited heavy patterns of alcohol use, with men reporting approximately 8 drinking days per month, and both men and women nearing the threshold for binge drinking in the last drinking episode. The hypothesis that early drinkers prefer solitary drinking over other contexts was not corroborated, as both early and late drinkers endorsed various drinking contexts equally. A novel finding was the synergistic effect between age of drinking onset and solitary drinking on drinking frequency. Early drinkers who endorsed solitary drinking exhibited significantly greater drinking frequency (nearly 11 drinking days per month) than any other group, which is approximately a 5-fold increase compared to those who mainly drank at parties. Those drinking with friends also reported higher alcohol quantities, similar to solitary drinkers. Specific associations were found between drinking motives and solitary drinking, drinking at parties or drinking with friends.

The findings pinpoint solitary drinking at home as a relatively high-risk context of drinking, particularly in individuals featuring an early age of first drink. Although an atypical behaviour, solitary drinking significantly predicts severe alcohol problems in both youths and adults. Meta-analyses of studies involving adolescents and emerging adults have identified significant positive associations between solitary drinking and both alcohol use and alcohol problems.^{7,26,27} The current study, which was conducted in Uruguay with participants whose mean age was 30 years, suggests that efforts should be made to curtail solitary drinking, particularly among early-onset drinkers.

Clinical research suggests that early drinkers may exhibit greater sensitivity to stress-induced drinking.²⁸ Moreover, a study conducted in Uruguay revealed that participants who began drinking at ages ≤ 14 had significantly greater psychological distress than those who began at ages ≥ 15 .²⁹ Psychological distress levels predicted the frequency of alcohol-related negative consequences. Based on this and the present results, individuals who begin drinking at an early age may experience exacerbated negative effects, which indirectly affect their frequency of drinking in solitary contexts via drinking-to-cope motives.

Consistent with this possibility, it was found that early-onset drinkers drinking alcohol alone at home reported significantly greater coping motives.³⁰ Earlyonset drinkers also exhibited greater AEs for stress reduction than late-onset drinkers. Previous research conducted with a US college sample reported a positive association between positive AE and coping motives.³¹ Moreover, the association between drinking in solitary and increased coping motives is in line with findings from the meta-analysis covering youth and adult data that reported positive associations between solitary drinking and negative reinforcement reasons.^{26,27}

A surprising finding was the relatively low frequency of drinking and moderate volume of alcohol use among those reporting drinking at parties as the preferred drinking context. Drinking at parties has been associated with an increased risk of high-intensity drinking and less use of protective behavioural strategies in some, but not all, studies.^{14,32,33} In the current study, those endorsing drinking at parties reported drinking for conformity motives more so than the rest of the groups. Moreover, those drinking at parties exhibited a relatively high level of social motives and AEs for social facilitation, particularly when compared to those drinking with family. Yet the unique motive signature of participants drinking at parties was enhanced endorsement of conformity motives. A study reported that conformity motives played a stronger role in contexts with a large number of peers, who were perceived to have consumed greater amounts of alcohol.³⁴ Thus, it could be postulated that, in the current study, drinking at parties was motivated by social conformity which, in turn, was regulated by social norms.

An important limitation of the study is the use of a cross-sectional design, which makes drawing casual inferences speculative. Another limitation is the restricted measurement of the volume of alcohol use, which asked for the last drinking episode. This reduced telescopic bias but made the measurement sensitive to occasional drinking events. Other limitations of this study are the lack of control for response bias, which may have reduced the frequency of answers perceived as socially undesirable or shameful (such as admitting solitary drinking) and the predominance of female participants. In addition, the sampling method, which relied on voluntary participation, is known to overrepresent certain groups. The greater portion of women in the sample, however, aligns with previous research indicating that women tend to participate more frequently in health-related studies compared to men.35

Conclusion

This study underscores the impact of drinking contexts and age of drinking onset on alcohol consumption patterns and related outcomes in Uruguay. Early drinkers did not exhibit a marked preference for solitary drinking over other contexts. However, those early onset drinkers who consumed alcohol alone reported significantly higher drinking frequency, highlighting a dangerous synergy between early drinking and solitary consumption. The results also revealed distinct drinking motives associated with different contexts, such as coping motives for solitary drinkers and conformity motives for those drinking at parties. These insights align with research suggesting that solitary drinking is closely linked to negative reinforcement motives. The present study highlights specific characteristics of emerging adults that exhibit an early age of drinking onset in an underserved population. These individuals, when engaging in solitary drinking, are more likely to display a heightened frequency of alcohol consumption, which may be related to drinking-to-cope

motives. However, these motives are less prevalent in early drinkers who report drinking in social contexts. The study should help healthcare workers identify highrisk patients for problematic alcohol use and address variables that, if treated, can reduce such behaviour, such as positive expectations about alcohol or context-related drinking motives.

AUTHOR CONTRIBUTION

PR conceived the original scientific idea for this project. He developed, managed and maintained the online survey and was responsible for recruiting the study sample. PR also participated in data analysis and provided oversight for both the initial draft and subsequent revisions of the manuscript. AB prepared and cleaned the database, conducted data analyses and created visual representations of the data. Moreover, she played a role in preparing and revising the original and subsequent drafts of the manuscript. AP was involved in data analysis, provided feedback on how to structure the analyses and supervised the drafting and revision of the manuscript and the responses to address the reviewers' comments and revision requests. RMP contributed to refining the original scientific concept of the project and assisted in disseminating recruitment advertisements. He was also involved in database preparation, data cleaning, data analyses and creating graphs and tables. RMP was responsible for drafting the manuscript, writing the final version and addressing the reviewers' comments and revision requests. All authors approved the final version of the manuscript.

CONFLICTS OF INTEREST

The authors declare no conflict of interest.

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