HOW ALCOHOL HARMS YOUNG PEOPLE AND WHAT YOU CAN DO ABOUT IT

World Health Organization
Western Pacific Region

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One person dies from alcohol-related harm every minute in the Western Pacific Region. Due to their biological and psychological vulnerability, young people are more at risk of alcohol-related injuries, risky sexual behavior and suicidality.Excessive alcohol consumption can impair relationships and participation in education and employment.

Drinking is occurring more frequently, and beginning at younger ages. One in three current drinkers in the Region aged 15 19 years have engaged in excessive drinking. *(1)*

Effective interventions are available to protect younger generations from alcohol related harm we must act now.

HOW ALCOHOL HARMS

The self

Drinking alcohol negatively affects balance and motor skills. The effects can be especially pronounced in young people*, even at low levels of consumption. *(2)*

With drinking, there is a higher risk of:

- abnormal brain development, leading to memory and learning impairment *(3)*
- academic problems, such as low grades in school (4)
- psychiatric disorders, such as depression and anxiety *(1)*
- drug abuse and tobacco use *(1)*
- noncommunicable diseases, such as cancer of the oral cavity, pharynx, larynx, oesophagus, liver, colorectum and female breast; cardiovascular disease; and liver cirrhosis *(1, 5)*

The real cost of alcohol

3.3 MILLION

Every year, 3.3 million people die because of alcohol consumption in the world. *(1)*

1 MINUTE

In the Western Pacific Region, one person dies every minute from alcohol-related causes. *(1)*

* Definitions of "young people" vary depending on cultural, political and legal contexts. Generally, young people are those aged 10–24 years. For more information see: Young people's health—a challenge for society. Report of a WHO Study Group on Young People and "Health for All by the Year 2000". Geneva, World Health Organization, 1986 (WHO Technical Report Series, No. 731; http://www.who.int/iris/handle/10665/41720)

The self and other individuals

With drinking, there is an increased risk of:

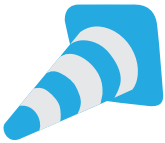
- road traffic injuries
- violence
- risky sexual behaviours (with related risks of unwanted pregnancies and sexually transmitted infections) *(6, 7)*

To society

Harmful drinking entails economic costs, such as increased expenses for health care, law enforcement and other criminal justice services, and repairing property damage and loss. Together, these impacts far outweigh the revenue from alcohol. *(8, 9)*

Economic costs of alcohol consumption also include losses in workplace productivity and efficiency resulting from impaired health and premature death. *(10)*

Drinking involves a wide range of physical and emotional consequences, from a temporary hangover to the lifelong pain of losing a loved one in an alcohol-related road traffic crash.



49%

In New Zealand, in 2011, 49% of at-fault drivers in alcohol- and drug-related road traffic crashes were aged 15–24 years. *(11)*

3.3%

The Republic of Korea lost 3.3% of gross domestic product (GDP) in 2000 in association with alcohol-related harm. *(8)*

$14 TRILLION

The societal costs attributable to alcohol use in Australia in 2010 were estimated to be more than AU$ 14 trillion. *(9)*

THE PROBLEM IS WORSE THAN YOU THINK.

Alcohol use crosses age, cultures and social situations. It may be tempting to dismiss alcohol as a known or innocuous substance, yet many popular beliefs regarding alcohol are misleading.

Myth:

Alcohol isn't very harmful to young people.

Fact:

Alcohol use is the single biggest risk factor for deaths among young people aged 15–29 years. The number of deaths due to alcohol is 30% higher than the number of combined deaths from the next two leading risk factors, occupational risks and illicit drug use. *(12)*

Myth:

Drinking is good for your health.

Fact:

There is no evidence that drinking alcohol has any health benefits for young people. *(13)* Some research has shown a potential protective effect on some heart diseases, but this only applies to middle-aged and older drinkers under certain conditions. *(14, 15)* Regardless of age, exercise and proper diet will contribute much more to a healthy life than any minor potential gains related to drinking alcohol.

Myth:

Young people can't become alcoholics because they haven't been drinking long enough.

Fact:

Anyone at any age can develop alcoholism. Indeed, young people are at greater risk of developing alcoholism due to their brains' particular sensitivity to alcohol as well as the positive social feedback associated with heavy drinking in some peer groups. *(15)*

WHY DO YOUNG PEOPLE DRINK?

Young people drink for a variety of reasons. Complex, interrelated factors influence young people's drinking behaviour and consequences.

It's accessible.

Laws on drinking and purchasing alcohol vary from place to place. While laws in some countries and areas establish a minimum drinking age—deterring underage drinking—others merely provide for a minimum alcohol purchase age. Some countries and areas do not have any laws on a drinking or a purchasing age.

Physical environment factors such as location and business hours of alcohol outlets also affect access to alcohol. Young people living in neighbourhoods where alcohol outlets are concentrated tend to drink more. *(16, 17)* In many countries and areas, home-produced alcohol beverages are available, and commercially produced alcoholic beverages are often sold at affordable prices, which allows more consumption by young people.

It's accepted.

How young people perceive drinking norms has a significant impact on their drinking behaviour. *(18)* For instance, young people who live in a community where binge drinking (episodic heavy drinking with the intention of getting drunk) is seen as daring and tough may try to drink more. Norms are also reflected in the laws of a community pertaining to drinking and how strictly these laws are enforced.

Home and peer circles are also significant factors in the drinking patterns of young people. *(19, 20)* Parents who drink more and have a higher tolerance for drinking tend to

have children who drink more as well. *(21)* In addition, parents and peers can be sources of alcohol when young people themselves have difficulty purchasing it.

It's made attractive.

Alcohol marketing, depicting drinking as cool, done by beautiful people and in marvellous situations, has been an effective method of affecting alcohol-related attitudes and perceptions among young people. *(22, 23)* Many of these methods are similar to those used for tobacco marketing. *(24)*

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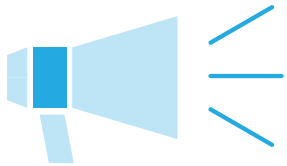
While traditional marketing methods, such as advertisements and point-of-sale promotions, are critical elements for alcohol marketing, indirect marketing and use of new technologies are also becoming increasingly popular.

Here are some examples of indirect marketing methods.

- **Product placement** in movies and on television gives audiences a clear image of the product by showing the situation in which the product is being used (how, by whom, when and where), thereby reinforcing the perceived social norm that drinking is an accepted social behaviour. Alcohol brand appearances in American movies increased by 80% between 1996 and 2009. *(25)*
- **Brand extension** can relate alcohol brands to nonalcoholic products and services, thus familiarizing young people with alcohol. Brand extension commonly seen in the Region includes chocolates and clothing, marketed under well-known liquor brands.
- **Sponsorship** of events, especially sports and music events popular among young people, increases the exposure of alcohol brands significantly. A survey in Thailand reported that, following afootball event sponsored by an alcohol company, most young people "wished to repay the sponsor" by purchasing and consuming the company's alcohol product. *(26)*
- **Celebrity endorsement** is also a popular alcohol-marketing technique. Pop stars, actors and even cartoon characters are often used to market alcoholic beverages.
- **Digital marketing**, using websites, email and apps, enables interaction with a mass of young people who account for a significant proportion of users of social media sites and mobile phones.



£370 Million

A British transnational alcohol company, in 2013, spent £370 million on marketing just in Asia and the Pacific—a 50% increase since 2010. *(27)*

- **Pro-health messaging**, which may initially appear to advise against the harmful consumption of alcohol, may instead advance alcohol sales and public relations interests, as well as shift responsibility to the consumer. *(26)*

WHAT CAN BE DONE TO REDUCE ALCOHOL-RELATED HARM AMONG YOUNG PEOPLE?

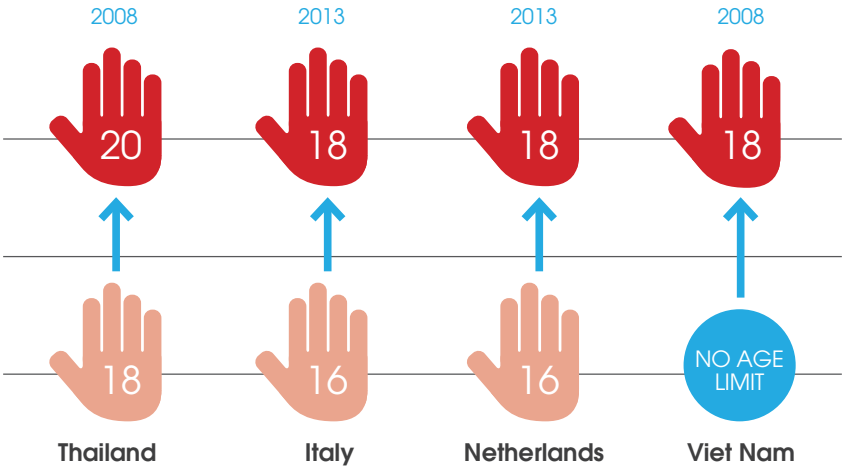
While drinking may seem pervasive and firmly entrenched, there are measures that can effectively reduce alcohol-related harm among young people.

Enact drinking or purchasing age limits.

Setting and enforcing a minimum drinking and/or purchasing age will help reduce the harmful consequences of drinking by young people. *(28)* Many countries have laws setting a minimum age for the purchase and/or consumption of alcohol; this minimum age ranges from 18 to 21 years. *(1)*

On the other hand, lowering the age limit increases alcohol-related harm. Alcohol-related road traffic crashes increased by 21% among those aged 18–19 years after lowering the legal alcohol purchasing age from 20 to 18 years in New Zealand in 1999. *(13)*

Figure 1. Example of countries that increased the age limit for purchasing alcohol



Thailand increased the purchasing age limit from age 18 to 20 years (2008), Italy from age 16 to 18 years (2013), the Netherlands from age 16 to 18 years (2013) and Viet Nam from no age limit to 18 years (2008).

Restrict availability.

Alcohol availability has a direct impact on the prevalence of alcohol-related problems. One way to limit the availability is through the licensing of alcohol outlets. Licensing allows national or local governments to limit the number of outlets and to set licensing conditions such as maximum trading hours. *(13)*

Another way to restrict availability of alcohol is to inhibit its sale or consumption during specific events or locations (such as youth events, sporting events, music festivals and on school or university campuses).

Restrict marketing.

From a public health perspective, a comprehensive legislative ban on alcohol marketing is ideal. While each jurisdiction must determine for itself the extent of such legislation, the more extensive the marketing restrictions, the less likely it is for young people to be involved in alcohol-related harm. A study in the United States of America estimated that a complete marketing ban could prevent four times as many alcohol-related deaths as a partial ban. *(29)*

Marketing restrictions should not be solely based on self-regulation by the commercial sector, with codes of conduct as the most common means. The effectiveness of these codes is questionable; they often lack effective enforcement mechanisms, and the rules in these codes are often violated. *(30)*

Increase prices and levy taxes.

Increasing alcohol prices is one of the best ways to reduce alcohol consumption, and therefore alcohol-related harm, especially among young people who are price-sensitive. *(31, 32)*

Increasing prices can be achieved by raising taxes. An estimated 35% of alcohol-related deaths would be prevented by doubling the alcohol tax. *(33)* Alcohol levies should be tied to alcohol volume, not to types of alcoholic beverages, and adjusted regularly for inflation. *(13)*

The added revenue from these raised taxes can be used to promote public health. For example, the Thai Health Promotion Foundation, funded by levies on tobacco and alcohol, supports policy development, enforcement, research and evaluation, and funds activities of local organizations to reduce alcohol-related harm and promote health. *(34)*

In the Region, health promotion foundations have been established at the national or subnational level in Australia, Fiji, Malaysia, Mongolia, New Zealand, the Republic of Korea, Singapore and Tonga. These foundations are working to prevent and reduce alcohol-related harm.

A bucket of beer is commonly sold at bars in the Philippines for less than US$ 6. Drinking by young people is fuelled by cheap alcohol. ©Cees Gees

Restrict informal alcohol.

Informal alcohol includes home-produced and illegally manufactured alcohol, constitute a sizeable proportion of the alcohol being consumed in many low- and middle-income countries. In the Western Pacific Region, unrecorded alcohol manufacture is reported to account for more than 30% of total alcohol consumption. *(1)* It is often less expensive and may be more toxic than commercially produced alcohol, and its availability undermines the effectiveness of taxation.

The informal market should be brought under the control of the government, with rigid enforcement of licensing schemes for alcohol manufacturers. In some countries and areas, tax stamps, quality inspection and accreditation programmes for manufacturers have been implemented to minimize the informal market. *(1)*

Provide information and education.

Education programmes can increase knowledge around alcohol and its potential harm. This is an important element for sustained action against drinking among young people. *(13)* There are various ways to deliver information to young people: face-to-face in the classroom, through mass media, on warning labels on alcohol products and through various social media platforms. Further, education programmes may provide practical resources beyond information on alcohol-related harm. *(26)* For instance, skills for avoiding or reducing harm from drinking and interventions to support those who

wish to stop drinking can help young people protect themselves from alcohol-related harm. Education should also target parents, as it can provide them with knowledge and skills to guide and support their children's choice to avoid alcohol.

However, as education is only one of several components to promote behavioural change, and education alone is known to be rather ineffective, it must be implemented as a complementary activity to other measures.

Encourage community action.

Community action includes activities to raise awareness, strengthen law enforcement, monitor local alcohol problems, mobilize support for alcohol control and promote alcohol-free environments. *(35)* Local partnerships can ensure long-term effects and improved health outcomes through these activities.

For example, in Australia, the Alcohol Action in Rural Communities project addresses alcohol-related harm through brief interventions in multiple health settings and high school-based interactive sessions on alcohol harms. The project also aimed at improving general practitioner prescribing of anti-alcohol medications and targeted high risk weekends. The value of the impact was 37–75% larger than the amount spent on community action. *(36)*

Develop and enforce drink-driving interventions.

Police test a young motorcycle rider for alcohol in Viet Nam. Random population level screening is the most effective means for identification of intoxicated or impaired drivers. ©Bloomberg Philanthropies

Effective road safety policy must encompass measures that (1) reduce the likelihood that a person will drive following the consumption of alcohol, and (2) create a safer environment that reduces harm from alcohol-related road traffic crashes.

Crash risks are not uniform for drivers of all ages. A study in the United States of America found that at the same blood alcohol concentration (0.04-0.05 g/dl), drivers aged 16–20 years were 57% more likely to be involved in a crash than drivers aged 25–34 years. This study highlights that driver inexperience can compound the effect of alcohol impairment and that young people are particularly sensitive to the debilitating effects of alcohol.

The World Health Organization recommends legislation that sets blood alcohol concentration limits at no more than 0.05 g/dl for the general population and 0.02 g/dl or less for newly licensed and novice drivers.

Stringent police enforcement is crucial to the effectiveness of these limits. Yet police in many low- and middle-income countries often lack the essential equipment or legal authority to conduct random roadside blood alcohol concentration testing.

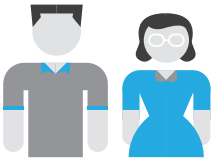
Create interventions for changing problematic alcohol use.

Online interventions for risk factors, including alcohol, have become increasingly popular over the past several years. These are especially effective for difficult to reach population groups such as young people. *(37)* Using the Internet for such programmes enables accessibility; users benefit from them anywhere, anytime, as long as they have an Internet connection. Online interventions often include self-help tools for facilitating stopping drinking.

WHAT CAN YOU DO TO SAVE YOUNG LIVES?

While drinking among young people is on the rise, it is not too late to stop this trend. In the Western Pacific Region, one in two 15–19 year-olds has never drunk alcohol, and two in three do not drink currently. *(1)*

Adults, parents, caregivers and teachers:



Tell it like it is—alcohol is dangerous. It is dangerous for adults, and it is especially dangerous for young people. Cut away the pretty girls and handsome boys, the instant friends and outrageous parties, the glamour and the mystique. What remains is a substance that is toxic in excess and may be dangerous even in moderation.

Legislators and policymakers:

The law is a powerful tool in the effort to push back against alcohol. Alcohol can be taxed under a variety of modes, from importation duties to excise taxes. Regulation could involve for instance enacting or raising a minimum drinking age or passing laws curbing the location and placement of alcohol-related advertising. However, alcohol-specific national legislation is not the sole option to protect young people. Incorporating alcohol provisions in existing laws on related issues like health promotion, road traffic safety, noncommunicable diseases, customs and child protection, is another option, and cities can also pass local ordinances ahead of national governments.

Health practitioners:

Do not underemphasize the dangers of alcohol. Support patients who are suffering from its ill effects, in particular those who have difficulties to control alcohol use and who use alcohol as a means of covering up other serious problems such as depression. The inclusion of screening and brief interventions into primary health care can be an effective, efficient way to reduce alcohol-related harm among drinkers and their families.

Young people:

You can make a difference. You are powerful partners or initiators in advocating and developing measures to protect yourself from alcohol-related harm. Alcohol has been described as liquid courage. True courage is when you decide not to raise a bottle or glass.

Alcohol use is a multifaceted concern, and addressing it requires collaboration from various sectors, from health and education to police, finance, transport and civil society. We are all in this together.

ADDITIONAL RESOURCES

Global strategy to reduce harmful use of alcohol:
http://apps.who.int/iris/handle/10665/44395
Global status report on alcohol and health 2014:
http://apps.who.int/iris/handle/10665/112736
Global Information System on Alcohol and Health (GISAH):
http://apps.who.int/gho/data/node.main.GISAH
Regional Strategy to Reduce Alcohol-related Harm:
http://iris.wpro.who.int/handle/10665.1/5393

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