

Alcohol and Its Effect on Young People's Reproductive and Sexual Health

Young people are exposed to alcohol at many levels in society, particularly through advertising and peer pressure. As a result, harmful drinking habits are on the rise among adolescents and other youth.^{1,2,3} Of the 73 countries that responded to a World Health Organization (WHO) survey on alcohol and health, 71 percent reported that underage drinking had increased in the previous five years.⁴ And vulnerable young people, such as street youth and youth who sell sex, are at far greater risk of early initiation of alcohol use and frequent consumption of alcohol than the general young population. Many of the negative consequences that can result from alcohol use have been well documented, including alcohol-related accidents and injuries, alcohol-fueled homicide and suicide, alcohol dependence, and alcohol poisoning. This brief describes the consequences of alcohol use on young people's sexual and reproductive health. It also addresses policies and programs aimed at reducing alcohol use and its negative consequences among young people as well as programmatic responses to alcohol use and abuse.

What's the harm?

Numerous studies have shown that alcohol use can lower inhibitions, increase impulsivity and reduce self-control. Alcohol use and alcohol dependence contribute to risky sexual behavior, including early initiation of sexual activity, multiple sexual part-

ners, inconsistent condom use and transactional sex. For example, in Kenya, a study of out-of-school males indicated that alcohol consumption was one of four major factors that contributed to risky sexual behavior.⁵ In a U.S.-based study, substance-abusing females reported much higher rates of sexually transmitted infections (STIs) and unintended pregnancies than their nonabusing counterparts. The same study revealed that youth who consume five or more drinks at a time are roughly three times less likely to use condoms.⁶

In Uganda, a study of young people ages 11-21 indicated that alcohol use was a significant barrier to adopting preventive sexual behaviors.⁷ In Peru, men who thought that alcohol consumption would increase sexual performance were more likely to engage in risky sexual behavior when drunk compared to men who did not have these beliefs.⁸ This study indicates that the link between alcohol consumption and risky sexual behavior could be related to expectations associated with drinking, not just the physical effects of drinking.

Another study in sub-Saharan Africa showed that alcohol consumption frequently occurs in settings where sex partners meet, resulting in the formation of alcohol-fueled sexual networks in which HIV can spread rapidly.⁹ Alcohol use also can be quite detrimental to those who are already living with HIV. Several studies have demonstrated





that alcohol further weakens the immune system in HIV-infected patients, exacerbates the side effects and toxicity of antiretrovirals (ARVs) and contributes significantly to reduced ARV adherence.¹⁰

People who begin drinking at an early age, who drink frequently, or who drink large amounts are at high risk for developing alcohol dependence and are at greater risk of being perpetrators and victims of violence than their non- or less-drinking counterparts.¹¹ Hazardous and harmful levels of alcohol use, as well as alcohol dependence, are risk factors for intimate partner violence.¹¹ Alcohol-fueled violence contributes to young people's vulnerability to physical injury, psychological trauma, HIV infection and unintended pregnancy.

Alcohol policy and young people

Despite the social harm and problems associated with alcohol use and abuse, underage drinking and access to alcohol are often low-priority issues among policymakers and public health officials. Yet research shows that alcohol policies and prevention programs can reduce access to alcohol and thereby reduce alcohol-related harm. Raising alcohol taxes or creating an alcohol levy is particularly effective at reducing access to alcohol by increasing its price and discouraging consumption among young people, who tend to have more limited budgets than adults. A review of 112 studies on the consequences of alcohol tax increases revealed that when taxes are increased, drinking of commercially available, government-regulated alcohol decreases among the general population and among youth in particular.¹²

Other proven strategies for reducing young people's access to alcohol include implementing and enforcing a legal minimum age for the purchase and consumption of alcohol, restricting hours of sale, developing restrictive regulations for young people seeking a driver's license, and establishing laws on maximum blood alcohol concentrations for drivers and enforcing them

using sobriety checkpoints.^{3,4} Several studies conducted in the developed world have demonstrated that such policies effectively reduce motor vehicle crash fatalities and violence among young people.^{13,14} Researchers in the U.S. have also found a significant correlation between beer tax increases and decreases in gonorrhea rates among youth ages 15–24, indicating that alcohol policy can play an important role in reducing risky sexual behavior among young people.¹⁵

National and local alcohol policy should also address the growing efforts of alcohol producers to market their products to young people. Part of this marketing strategy is the promotion of sweet and fruity premixed cocktail beverages as well as alcoholic “energy drinks” that combine high alcohol content with a strong dose of caffeine. These drinks are often promoted with packaging and accompanying products designed to attract young people. Four Loko, an alcoholic energy drink manufactured in the U.S. that contains as much alcohol as six 12-ounce beers and the caffeine equivalent of a cup of coffee, was banned in several states in 2010 after many university students lost consciousness after consumption. These types of products often originate in wealthy countries with markets emerging later in developing nations. In any market, however, limited regulation and less-stringent alcohol policies can make it easy for manufacturers to market and sell these harmful products to youth. Glamorous promotional activities (such as celebrity endorsements, games, music, magazine promotions, and sponsorship of club and sporting events) encourage young people to drink without addressing the potential consequences.^{3,16}

Programmatic responses to alcohol use among young people

Different approaches have been used to address alcohol-related problems among young people. Educational programming, often conducted in school settings, is commonly employed to improve knowledge about alcohol use and its consequenc-

es and to provide young people with the skills to resist peer pressure to drink. Well-designed and implemented educational programs can make a positive impact on reducing alcohol consumption, delaying sexual initiation and increasing condom use.¹⁷ An evaluation of the HealthWise Program—a comprehensive risk-reduction life skills curriculum for adolescents in Cape Town, South Africa—found that young people who were not part of the program had steeper increases in recent or heavy alcohol use than did HealthWise participants.¹⁸

Studies have shown, however, that while these programs have yielded changes in attitudes and beliefs in some cases, they have not resulted in actual behavior change.^{19,20} One way to heighten the impact educational programming has on young people is to educate and involve parents, who can play a key role in teaching children about abstaining from alcohol. Parents are the most significant role models for children. If parents consume alcohol, they should be careful not to expose their children to harmful alcohol consumption. Consuming alcohol in a social context without misusing it is an important part of growing up in many societies.³

Integrating screening for alcohol use, brief interventions and referral to treatment (SBIRT) into primary health care settings has been proven effective in reducing alcohol consumption and harm among adults. In the U.S., SBIRT is most widely used among adolescents (ages 12–17) in an emergency-room setting. Depending on the health care environment and resources available, SBIRT can be effective in reducing alcohol use among youth if programs are youth-friendly and easily accessible.²¹ In addition, a holistic approach that addresses alcohol abuse and dependence along with other lifestyle issues, including sexual and reproductive health, can improve outcomes across the broad spectrum of youth health and well-being.⁶ As the number and scope of multi-issue prevention programs grow, more effort to evaluate

the local effectiveness of a specific approach will be needed.

The way forward

To develop and implement effective programs and policies, countries must monitor alcohol use and its consequences among young people. The *International Guide for Monitoring Alcohol Consumption and Related Harm* provides helpful guidance.²² Alcohol-related policies and programs need to address the underlying causes of alcohol use among young people and recognize the

HISTORICAL CONSENSUS

During the 63rd session of the World Health Assembly, held in Geneva in May 2010, the 193 Member States of WHO reached a historical consensus on a global strategy to reduce the harmful use of alcohol. The document calls on WHO member governments to take responsibility for formulating, implementing, monitoring and evaluating public policies to reduce alcohol abuse.

The strategy has five objectives:

- Raise awareness of problems caused by the harmful use of alcohol, and increase government commitment to address alcohol abuse.
- Learn more about the magnitude and determinants of alcohol-related harm and about interventions to reduce and prevent such harm.
- Increase technical support to Member States, and improve their capacity to prevent the harmful use of alcohol and manage and treat associated health problems.
- Strengthen partnerships among stakeholders and increase mobilization of resources needed to prevent the harmful use of alcohol.
- Improve monitoring and surveillance, as well as dissemination of information for advocacy, policy development and evaluation.

In February 2012, Thailand hosted a Global Alcohol Policy conference, organized jointly by the Ministry of Public Health of Thailand, WHO, the Global Alcohol Policy Alliance and the Thai Health Promotion Foundation. The conference was the first global meeting that addresses the issue of alcohol policies since the endorsement of the 2010 WHO strategy. The conference provided an opportunity for policymakers, advocates, academics and others to discuss progress made since the 2010 resolution and to share their knowledge and experience. For more information, visit the conference website: <http://www.gapc2011.com/welcome.html>.

interconnectedness of substance abuse, physical and sexual health, and mental and emotional well-being. Rigorous enforcement, monitoring and evaluation of existing policies and programs is needed to ensure that young people have the knowledge, skills, support and local environment necessary to avoid alcohol use and alcohol-related harm. Programs are needed globally that consider contextual factors such as gender norms and cultural views on alcohol consumption. As alcohol programming continues to evolve, research-based, effectively enforced policy and holistic, multisectoral approaches show promise for affecting young people's alcohol-related decision making and behaviors.

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