

# Partnerships to Protect Adolescents: Adolescent Alcohol Use and Related Harm

## Child Health Task Force

Private Sector Engagement Subgroup:  
Webinar on Adolescent Health  
**September 30, 2020**

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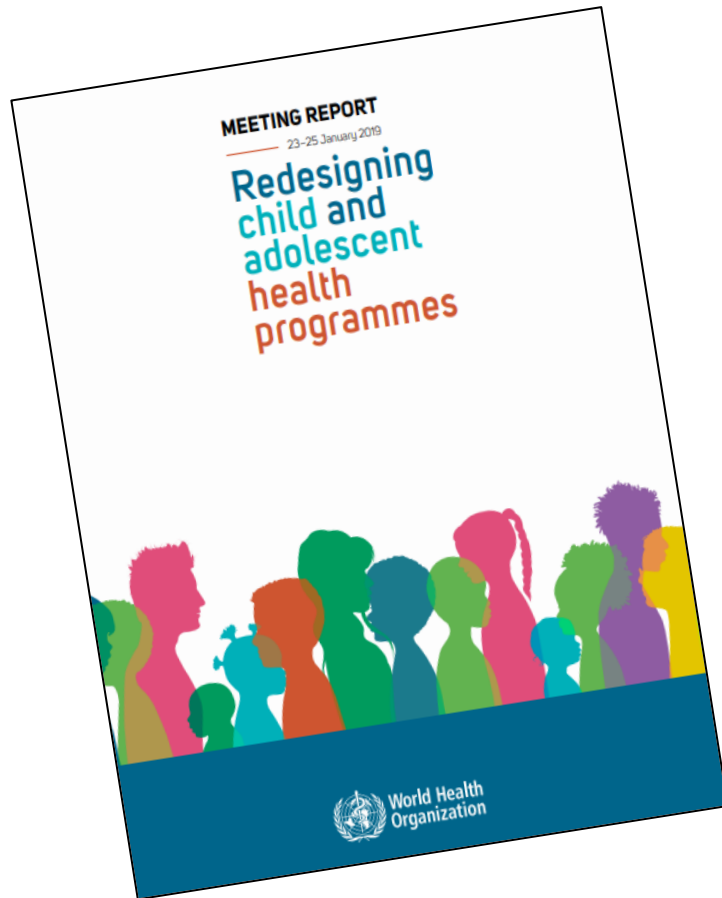
Distinguished University Professor,  
School of Public Health

# Goals of Presentation



- Briefly outline new emphasis on adolescent health and needs
- Present a primer on alcohol epidemiology
- Describe alcohol use in a vulnerable population (case study of youth in Kampala slums, Uganda)
- Share some details about a 10-year partnership to protect youth from alcohol harm in Kampala

# Shifts in Child and Adolescent Health Programming



The strategic shifts in programming required to optimize human capital are as to:

- Extend the predominant focus of programmes from survival of children under 5 years to health, nutrition and psychosocial support in the first two decades of life
- Extend and refocus the agenda to address high mortality in specific age groups, with greater emphasis on quality, coverage and equity for vulnerable populations

# Risk for Child Death Highest <5 & 15-19 years

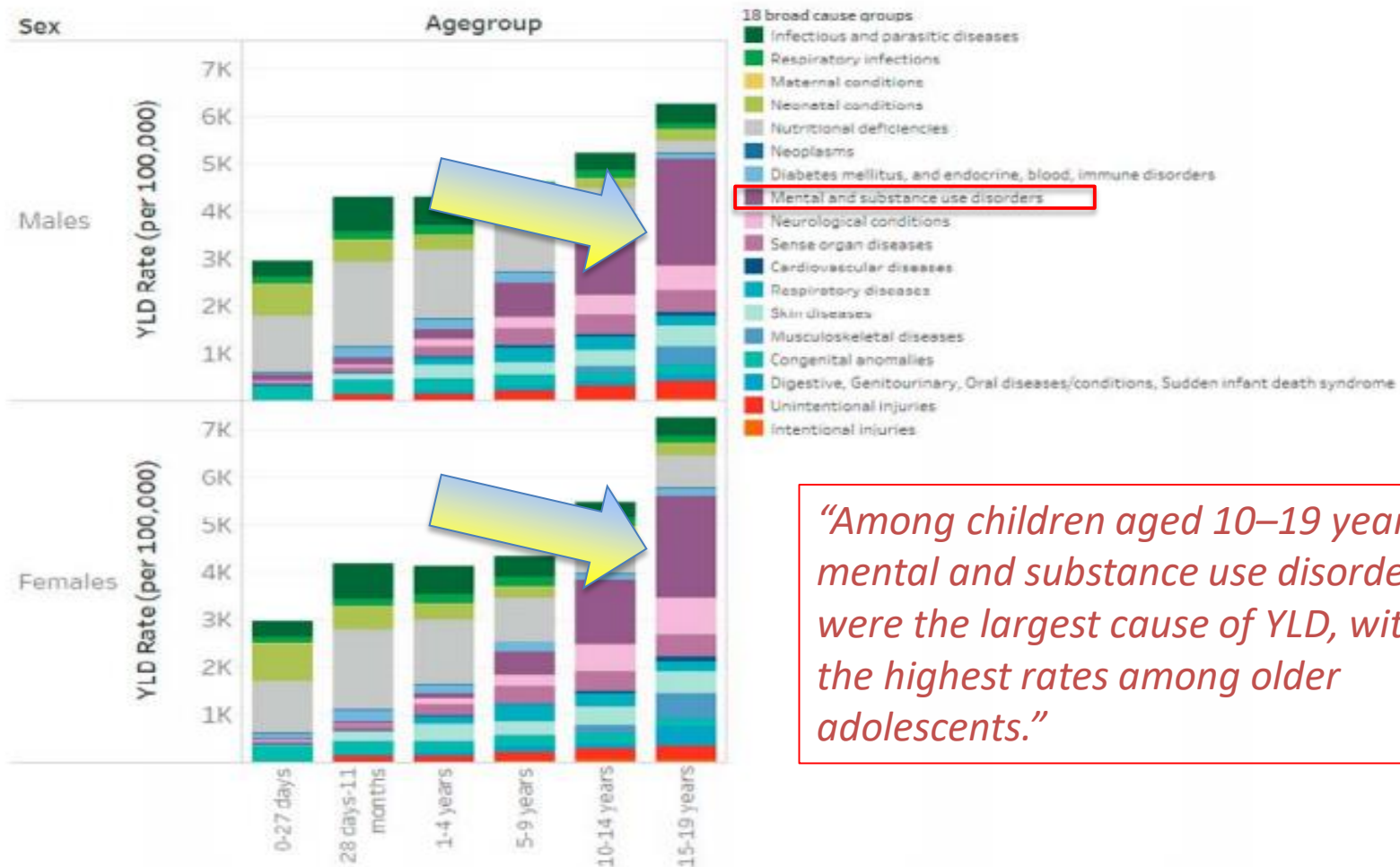


- After children under 5, adolescents aged 15–19 have the highest risk of death.
- Programmes should therefore:
  - focus on reducing preventable mortality in children under 5;
  - extend the focus to include emerging and leading causes of death in older children and adolescents;
  - include consideration of differences in causes of death by region, age group and sex (for adolescents);
  - and ensure a multi-sectoral approach to address emerging causes of death (**road traffic accidents, violence, self-harm and NCDs**), particularly for older children and adolescents.

# YLD=Years of Life Lost due to Disease



Causes of global YLD rates due to 18 broad cause groups by age and sex, 2016



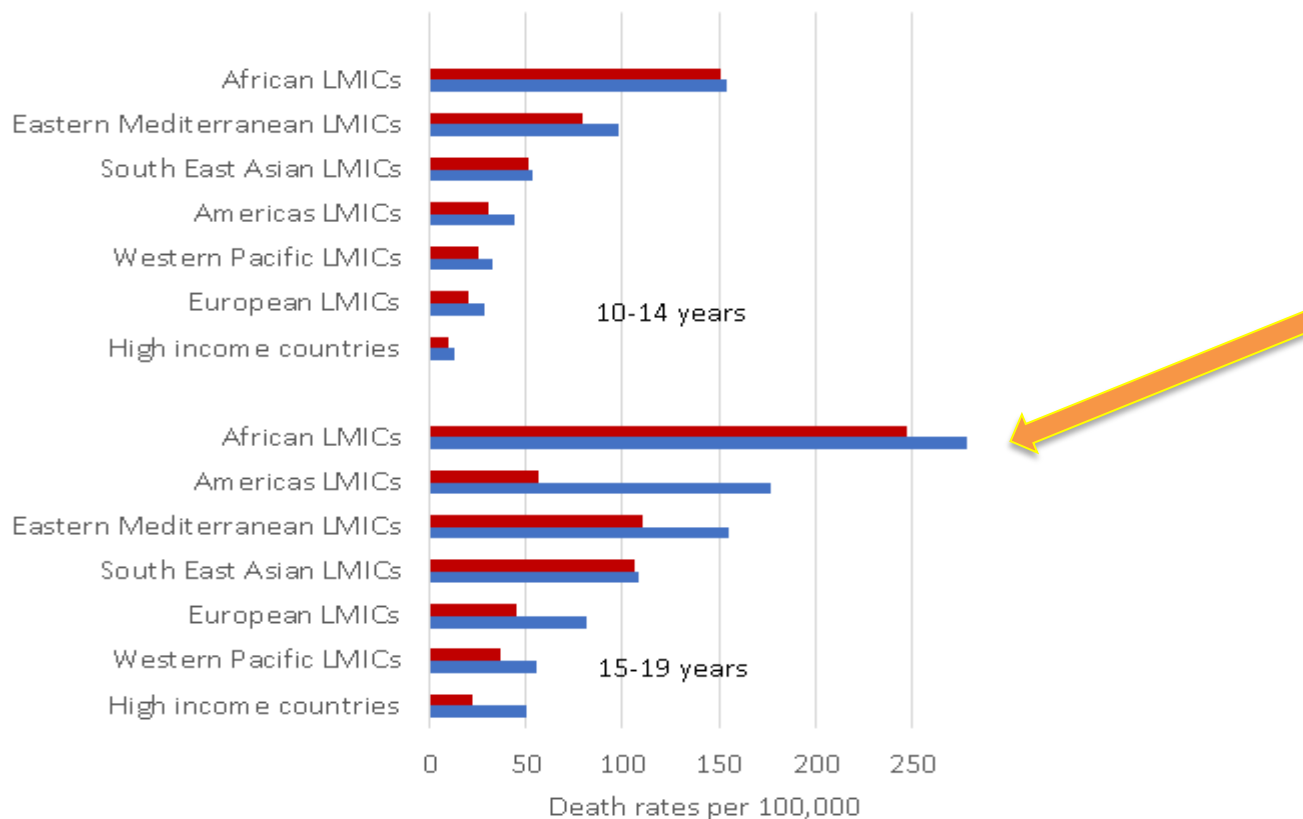
*“Among children aged 10–19 years, mental and substance use disorders were the largest cause of YLD, with the highest rates among older adolescents.”*

# Death Rates for youth 15-19 years Highest in African LMICs



## All-cause mortality among adolescents aged 10-14 and 15-19 years, by sex and modified WHO region in 2016

Death rates in African low and middle-income countries are nearly 13 times as high as those in high-income countries in adolescents aged 10-14 years, and over 7 times in adolescents aged 15-19 years.



LMICs = low- and middle-income countries    ■ females    ■ males

# Key Issues among Adolescents



- Many of the health problems seen in adolescence start during the first decade, emphasizing the need for programming across the life-course.
- The mortality and morbidity/disability patterns of adolescence reflect the transition from childhood to adulthood and the impact of the developmental processes taking place during this period.
- Important gender differences include more interpersonal violence and war-related deaths among male adolescents and maternal and sexual/reproductive issues affecting females.
- The burden of global HIV-related deaths results primarily from high mortality among adolescents in the African Region.
- Infectious diseases continue to be a major problem.
- There several largely neglected issues in adolescent health: **mental health problems, suicide, alcohol use, road injuries and other unintentional injuries, interpersonal violence and war.**



# Issues Related to Alcohol



# Alcohol: Our Most Primitive Intoxicant



- Egypt
  - barley beer is probably the oldest drink in the world with its origin in Egypt prior to 4200 BC
- China
  - 7000 BC - the production of a prehistoric mixed fermented beverage of rice, honey and fruit (neolithic village of Jiahu in Henan province)
  - 2000 BC- unique cereal beverages (Shang and Western Zhou Dynasties)

Sources: <sup>1</sup>(el-Guebaly N, el-Guebaly A, 1981, *Int J Addict.*, 16:1207-21) <sup>2</sup>(McGovern et al., 2004, *PNAS*, 101:17593-17598)

# Alcohol & Health Warnings: Not a New Idea!



- ▶ 1600-1050 BC - Downfall of Egyptian and Chinese Empires and Dynasties attributed to excessive alcohol use
- ▶ 460-320 BC- Grecian Scholars issued advisories on drunkenness and moderate drinking
  - Plato – No use under age 18, between 18-30 use in moderation, no restrictions for use by those older than 40
  - Aristotle and Hippocrates were both critical of drunkenness
- ▶ 11<sup>th</sup> Century AD - Simeon Seth, a physician in the Byzantine Court, wrote that drinking wine to excess caused inflammation of the liver, a condition he treated with pomegranate syrup

# Burden of Alcohol in Global Context



- Worldwide, 3 million deaths every year result from harmful use of alcohol, this represent **5.3 %** of all deaths.
- The harmful use of alcohol is a causal factor in more than **200** disease and injury conditions.
- Best Buys for Prevention is to:
  - Increase Price
  - Reduce Availability
  - **Reduce Marketing**

# Alcohol as a Risk Factor for Death

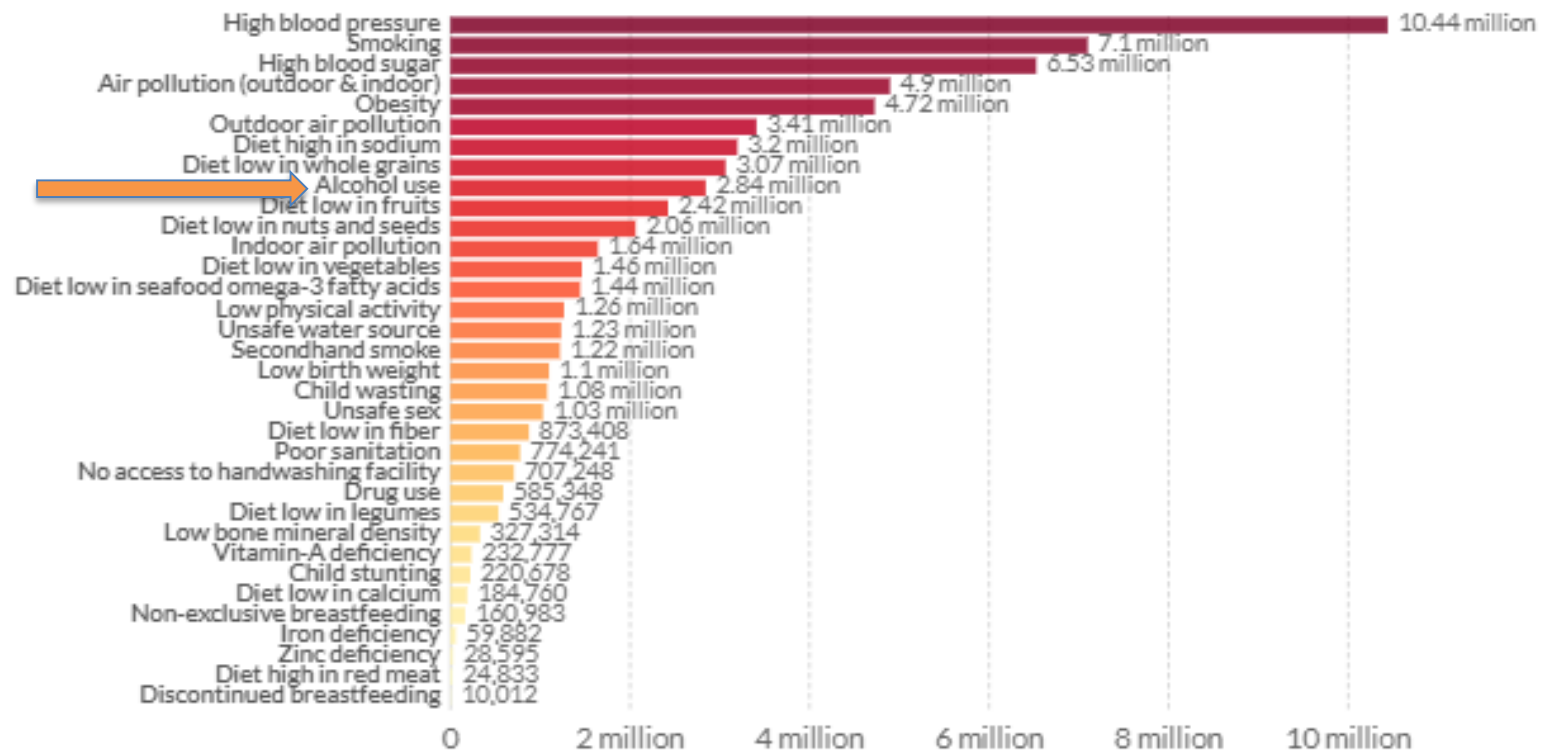


## Number of deaths by risk factor, World, 2017

Total annual number of deaths by risk factor, measured across all age groups and both sexes.

Our World  
in Data

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Source: IHME, Global Burden of Disease (GBD)

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# Which Countries Drink the Most Alcohol?

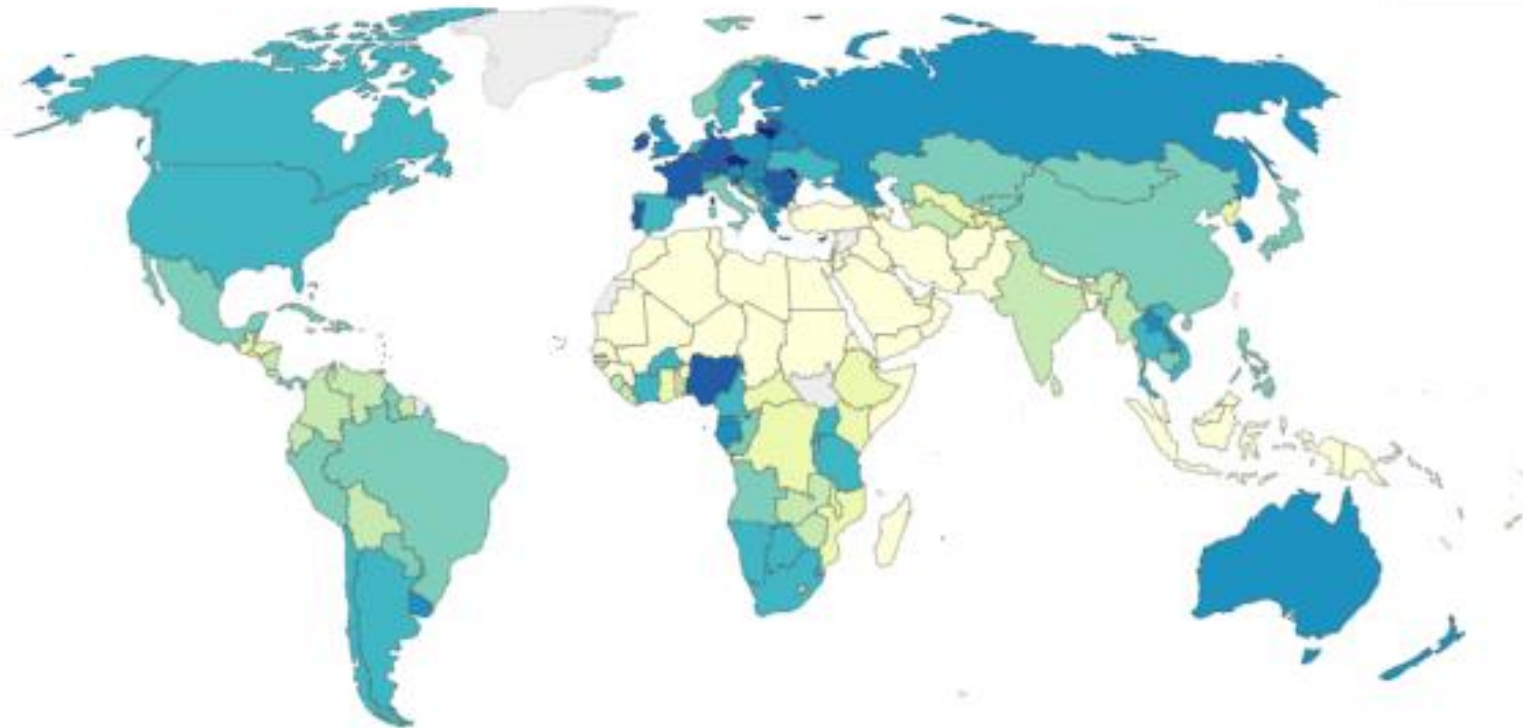


## Alcohol consumption per person, 2016

Consumption of alcohol is measured in liters of pure alcohol per person aged 15 or older.

Our World  
in Data

World



# What types of Alcohol Do People Drink?



**Figure 4.** Proportion (%) of recorded alcohol per capita (15+ years) consumption consumed in the form of beer, wine, spirits and other types of beverages by WHO region and the world, 2010





# Concerns about Informal Alcohol



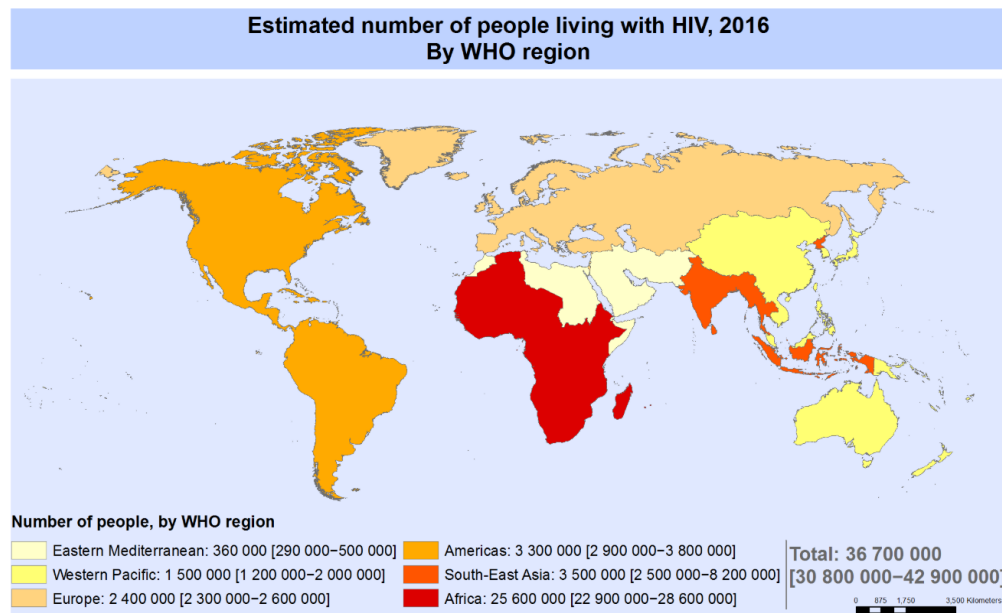
- Not regulated, monitored and quality tested
- Often stronger than formal alcohol
- Often contaminated with hazardous substances damaging to consumers
- Environmental health concerns (use lots of water and creates hazardous waste)
- Occupational health risks and hazards (e.g., fires, explosions, exposure to fumes and waste runoff)



# Alcohol & HIV: Concerns for Adolescents



- Adolescents in sub-Saharan Africa are widely recognized as one of the most important high-risk groups for HIV prevention.
- A key issue in this region, and in Uganda specifically, is the role of early alcohol use among youth in HIV transmission, primarily through unprotected sex.
- Adolescents who use alcohol are more likely to be sexually active than nondrinkers, and those who drink heavily are more likely to engage in unprotected sexual intercourse.



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization  
Map Production: Information Evidence and Research (IER)  
World Health Organization



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# Alcohol Context in Uganda



- Alcohol is commonly used among youth
- Alcohol is poorly regulated
- Alcohol legal drinking age of 18 is NOT enforced
- Alcohol is heavily promoted to youth
- Alcohol is cheaper than water
- Alcohol fuels violence, injuries, HIV/AIDS...

A Significant Public Health Concern  
compounded by a self-regulated alcohol  
industry!



# NGO-Academic Partnership to Address Alcohol & Harm among Youth in the Kampala Slums

# Intersecting Priorities



Impact  
Uganda Sachets  
Violence  
AIDS Conundrum  
NGOs University Study  
Alcohol Health  
Injuries  
Development  
Fulbright  
Research  
Makerere  
Policy

# Productive Partnership for 10 Years!



- Uganda Youth Development Link (NGO located in Kampala, Uganda)
  - Operates 10-15 drop-in centers in slums and serves several thousand youth per day
  - Provides services to youth:
    - Skills/vocational training
    - Mental health/substance use counseling
    - Health clinic referral and screening
  - Serves as advocate for youth
  - Conducts Research (with GSU)
  - Strong Infrastructure
    - Great leadership in Executive Director Mr. Rogers Kasirye



# Data Collection Projects 2011-2020



- Scans of Alcohol Marketing & Sales (2014)
- Scan of “Slum” Environment (2015, 2016, 2019)
- Youth Survey, 2011 (N=457)
- Youth Survey, 2014 (N=1,134)
- Youth Focus Groups (2011, 2014, 2015)
- Youth Message Testing (2016)
- NGO Leaders Survey (30-40) (2014)
- NGO Leaders Focus Groups (4) (2014)
- Evaluating Alcohol Billboards (2018)
- Evaluating Alcohol Marketing (2019)
- Evaluating Alcohol Adverts (2020)





# Alcohol Situation in Kampala Slums



- High levels of drinking and alcohol availability
  - Among the youth drinkers in the slums, >40% are problem drinkers
- Children and youth <18yrs are exposed to alcohol marketing
  - Particularly troubling that youth receive free alcohol as part of alcohol promotion



# Alcohol Use among Underage Youth (ages 12-17) in the Slums of Kampala



**1 in 4 Already Drink**

## Among Drinkers:

- 43% can be classified as problem drinkers (CAGE screening tool)
- 47% drink at least twice a week
- 54% are girls
- 72% drink alcohol with friends









# Our Research Findings to Date: Large Unmet Needs among Youth in Slums



- Social isolation/loneliness/fragmented families
- High exposure to alcohol marketing
- Higher prevalence of sexual intercourse, but less condom use, than school-attending youth
- Drunkenness is highly associated with HIV
- High prevalence of drinking at time of sex (and both partners drinking)
- High levels of coercion & violence associated w/ sex
- High levels of HIV (10.5%)

# Alcohol Marketing in Kampala: Kids get Free Drinks!



- Marketing Pervasive, largely self-monitored by industry
  - Few, if any, restrictions
  - No enforcement of legal drinking age (18 years)
- Extensive Alcohol Marketing (e.g., alcohol posters, billboards, radio)
- Children and youth under age 18 are clearly & heavily exposed to alcohol marketing
  - Youth receive free alcohol as part of alcohol promotion



# What Youth, 12-18yrs, Say they Like About Alcohol Ads... (from our focus groups)



- The cock in crazy cock ads is smartly dressed and you can fly if you drink it
- Beautiful women in the ads
- Celebrities in the ads
- The graphics in the adverts
- The music in the ads
- Nice packaging and nice bottles
- Messages in the ads (makes you strong, makes you successful, makes you fly, you look smart)
- Free alcohol from the promotional cars and events
- Alcohol companies give scholarships and sponsor many good things





# New & Growing Concerns



- Increase in alcohol marketing (Sub-Saharan Africa targeted)
  - Specific targeting of girls/women
- Increase in alcohol uptake & use among girls/women
- Prevention/intervention not equipped to handle increase alcohol use & harm among girls/women (HIV/STIs, GBV, Injuries)



# Key Findings From our Research



- Strong associations between alcohol use measures & HIV
- High levels gender-based violence also linked with HIV
- Given the young age group studied (12-18 years), interventions that seek to delay and reduce alcohol use are needed and may in turn reduce HIV transmission and other alcohol-related harms
- Interventions need to consider a range of risks and adverse experiences in this population such as high levels of depressive symptoms, high prevalence of child maltreatment and abuse, loneliness, commercial sex work/survival sex and alcohol use
- Interventions targeting alcohol as a commercial determinant of health may also be warranted as alcohol marketing is aggressive

# Protecting Youth from Alcohol Harm



- Focus on underage drinking specifically (<18yrs)
- Focus on WHO “Best Buys”:
  - Increase Price
  - Reduce Availability
  - Reduce Marketing
- Raise issues of national alcohol policy and laws (where needed)
- Support alcohol research, screening, interventions, evaluations to increase the evidence base and to document the need
- Share context and examples for alcohol policy and laws
- Make specific short-term and long-term recommendations to address the alcohol environment and to reduce underage drinking

# Partnership Impact since 2010



## Measuring Academic Impact GSU:

- 8 Theses/Capstones
- 3 Dissertations
- 20 Scientific Manuscripts Published (15 submitted/in preparation)

## Other Key Activities & Impact Uganda:

- Fulbright Scholarship to Uganda (2016-2018)
- Numerous Media Briefings/Capacity Building
- Stakeholder Briefings (Ministry of Health, Ministry of Trade, many others)
- Changed Alcohol Policy in Uganda (banned small sachets)
- Established the Alcohol and Harmful Addictions Prevention Research Centre at Makerere University
- Organized first National Alcohol Policy Meeting in 2018 (next 2020)
- Drafted new Alcohol Control Bill (introduced for legislation 2019)







# Thank You!



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# Resources



Engage with the **co-chairs**:

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- Catherine: [Catherine\\_Clarence@abtassoc.com](mailto:Catherine_Clarence@abtassoc.com)
- Olamide: [ofolorunso@unicef.org](mailto:ofolorunso@unicef.org)

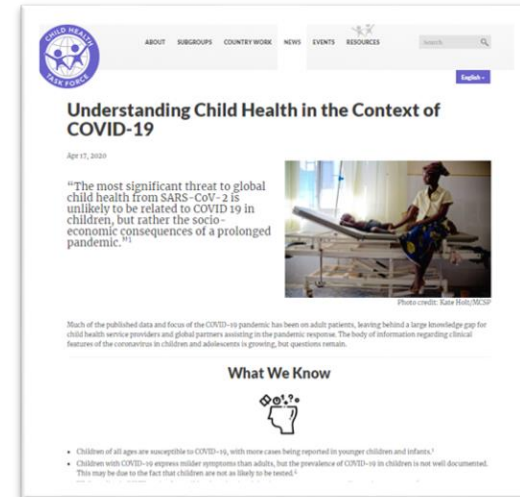
Subgroup information, recordings and presentations from previous webinars are available on the subgroup page of the Child Health Task Force website:

[www.childhealthtaskforce.org/subgroups/private-sector](http://www.childhealthtaskforce.org/subgroups/private-sector)

*\*The recording and presentations from this webinar will be available on this page later today*

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*Check out the Task Force Child Health & COVID-19 web page for additional resources!*

Suggestions for improvement or additional resources are welcome. Please email [childhealthtaskforce@jsi.com](mailto:childhealthtaskforce@jsi.com).