

ALCOHOL INTAKE AMONG UNDERAGE YOUTH



TABLE OF CONTENTS

Introduction	1
Literature Review	2
Objective	3
Methodology	3
Results	3-7
Recommendations	8
Conclusion	9
Way Forward	9
References	10



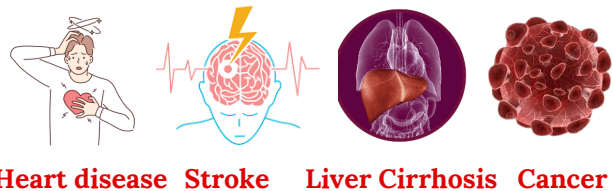
In India, the legal age to consume alcohol and the laws which regulate the sale and consumption of alcohol vary from state to state as alcohol is a subject in the State List under the Seventh Schedule of the Constitution of India. In some states, the legal age is 18, in some 21 and in a few 25 years. Underage drinking is illegal in all states of India. However, alcohol consumption has become a habit of youth and it acts as a compulsion according to the traits of young people in India[1].

Alcohol use is a leading cause of death and disability worldwide. According to World Health Organization (WHO), around the world 3 million deaths and 5.1% of disability adjusted life years (DALY) occurred due to consumption of alcohol. High alcohol intake is a major risk factor for various diseases and strokes, liver cirrhosis and certain cancers, but even low and moderate alcohol consumption increases the long-term risk of these diseases. Alcohol also contributes to more car crashes and injuries, violence, homicides, suicides and mental health disorders than any other psychoactive substance, particularly among young people.

Alcohol-related diseases and injuries incur a high cost to society. An average of 2.4% of health expenditure is spent on dealing with the harm caused by alcohol consumption, and the figure reaches as high as 4% in some countries[2].

High alcohol intake : Major risk factors

Diseases



Heart disease Stroke Liver Cirrhosis Cancer

Injuries /Harms



Car crash

Suicide

Homicide

Violence

Mental health disorder

Despite it being illegal in many OECD (Organisation for Economic Co-operation and Development) countries including India, more than 60% of teenagers aged 15 drink alcohol, and one in five reported having ever been drunk at least twice.

This study, undertaken by Nada India, investigates the prevalence of underage drinking, the various reasons for the same, the contributing factors and preventive measures to curb underage drinking.



This review of relevant literature include explorations concerning prevalence of underage drinking, drinking patterns, contributing factors for the same, risk factors, and associated social problems of underage drinking.

14.4 to 18.3 years was found to be the mean age for initiation of drinking in India. Prevalence of ever or lifetime alcohol consumption ranged from 3.9% to 69.8%. (Abhijit Nadkarni et al, 2022) [3].

Total prevalence of lifetime alcohol use among adolescents in Kerala was 15% and prevalence was found to increase with increase in age. 25.3% of drinkers among study participants reported hazardous alcohol use. The mean age of initiation of drinking was 13.6 years (T S Jaisoorya, 2016) [4].

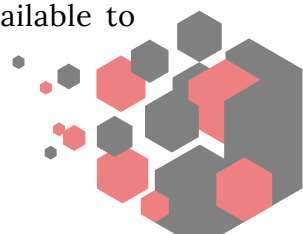
Earlier age of first drink correlated with chronic heavy drinking patterns in later adult life in alcohol-dependent patients in Bengaluru, Karnataka (Soundarya Soundararajan et al, 2017) [5].

In northern Goa, India, initiation of drinking by adolescents showed an increasing trend over time from last few decades ($p < 0.001$), from 19.5% for those born between 1956 and 1960 to 74.3% for those born between 1981 and 1985. The contributing factors for adolescent drinking onset was included psychological distress, alcohol dependence, lifetime history of alcohol related injuries and a Alcohol Use Disorder Identification Test (AUDIT) score ≥ 8 indicating hazardous or harmful alcohol use in adulthood Aravind Pillai et al, (2014) [6].

A high percentage of adolescents in the industrial town of Assam were found to have indulged in drinking homemade alcoholic drinks (HADs) that are prepared in households and are drunk during religious and social festivities. Having tasted alcoholic drinks from a tender age, adolescent boys in particular as well as girls turn to commercially available alcoholic drinks (CADs), and gradually, they become habitual drinker or addicts (Beauty Mahanta et al, 2016) [7].

School students in Guwahati, Assam had alcoholic beverages like beer, wine or liquor. Alcohol consumption was found to be the reason behind absenteeism at schools, poor academic performance, family disruptions, arrest by the police, drunken driving, etc. Many school students admitted to misrepresenting their age to obtain alcohol. The primary source of obtaining alcohol for under 18 age was Bar/restaurant, followed by friend/relatives, liquor store, parents' cabinet and other. (Dipesh Bhagabati et al, 2013) [8].

Family influence, peer and social media influence, gender norms, and easy access to alcohol were found to be the contributing factors to the 'normalization' of alcohol among the underage population in Mumbai, Maharashtra. It was further found that alcohol was easily available and accessible in proximity of the colleges. Study highlights that despite of restrictive alcohol policies; many young people and children are exposed to alcohol marketing in many ways and is easily accessible and available to them (Priti Prabhugate et al, 2020) [9].



OBJECTIVES

3

The objectives of the study are the following:

1. To find the various reasons behind alcohol intake among underage population
2. To evaluate their perception on underage drinking
3. To explore possible solutions to stop underage drinking
4. To find out the consequences of alcohol intake among the underage population
5. To map parents' and other relevant stakeholders' perception on underage drinking

METHODOLOGY

Opinion of 695 respondents (n= 695) was collected through online survey questionnaire from 6 states of India- Delhi, Uttar Pradesh, Karnataka, Telangana, Gujarat, Maharashtra, West Bengal and Assam.

For the purposes of this study, a quantitative cross sectional empirical approach was utilized to measure prevalence of underage drinking, the causes and preventive measures.

RESULTS

A total of 695 participants were included in the study. Majority of participants (90.4%) were between age of 18-24, rest are under 18 age (9.6%).

More than half of the participants (54.8%) were male, and rest 44.2% of participants were females.

Almost half of the participants 49.4% were graduates followed by senior secondary school pass outs (30.9%) and post-graduates (12.1%).

Majority of the participants (85.6%) were students, only 5.6% of the study participants were doing private job and 1.0% were doing government job. 3.6% of participants were unemployed.

Majority of the participants (87.5%) live with their families. Only 10.6% of the participants were living with friends and rest were living with relatives or other.



Table 1: Have procured alcohol ever

Procured alcohol	Frequency	Percent
No	575	82.7
Yes	120	17.3
Total	695	100

As depicted in Table 1, around 17.3% of the participants procure alcohol ever. Majority of the participants did not procure alcohol ever.

One fourth (28.6%) of the family members of study participants were using alcohol.

Figure 1 Sources of obtaining alcohol by underage drinkers

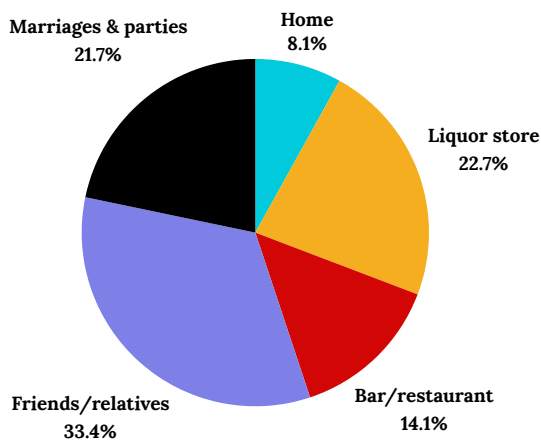


Figure 2 Reasons behind underage drinking

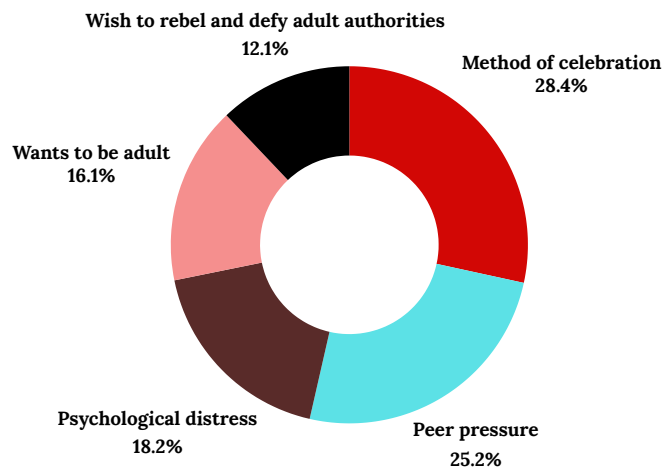
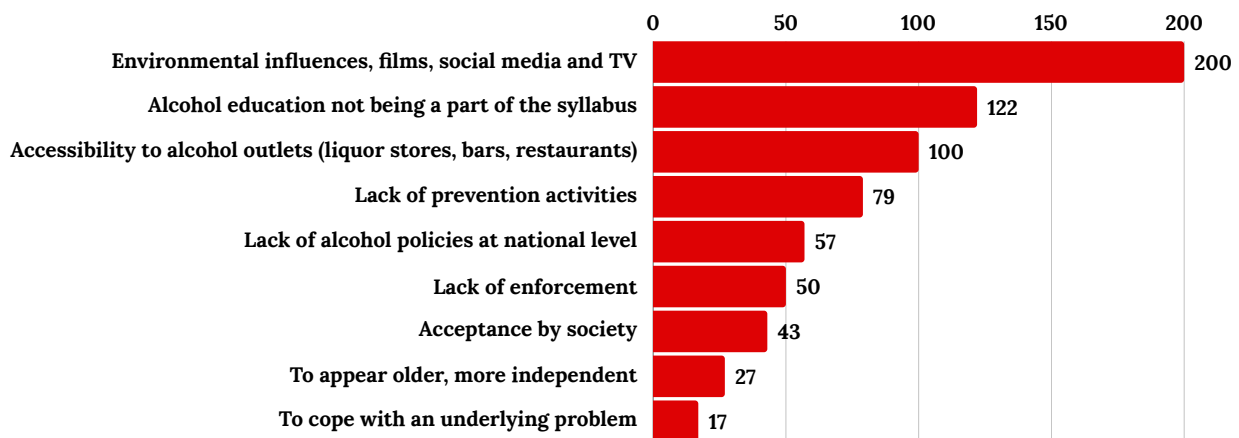


Figure 3 Factors contributing to underage drinking



As depicted in Figure 3, 28.8% think environmental influences, films, social media and TV are the contributing factors; 17.5% of the participants believe that alcohol education not being a part of syllabus contributes to underage drinking; 14.4% of the participants think accessibility of alcohol outlets is a contributing factor; 11.4% of the participants believe lack of preventive activities is a contributing factor to underage drinking while 8.2% of the participants think it is lack of alcohol policies. 7.2% of the participants think lack of enforcement, 6.2% think acceptance by society, 3.9% of the participants think that the wish to appear older, more independent contribute to underage drinking. 2.4% of the participants think that one of the contributing factors to underage drinking is to cope with an underlying problem.

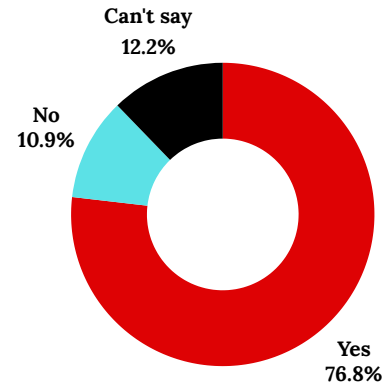


Methods which can help to reduce underage drinking

As per the participants, following are the methods (listed in order of preference) which can be adopted to curb underage drinking:

- Awareness programmes in schools and on mass media
- Introduction of new and/or stringent policies
- Appointment of more law enforcement officers for checks
- Interviews of people with personal experience of alcohol use, the challenges they face/faced and/or how they overcame these challenges
- Prohibit the sale of alcohol at petrol pumps, bus stations, railway stations and metro stations
- Establish fixed hours of sale and service of alcohol at off-premise (that is establishments selling products, e.g., alcohol stores) and on-premise
- Require separate placement of alcoholic and non-alcoholic beverages on premises of establishments

Figure 4 Should there be pictorial warnings on alcohol bottles?



As shown in Figure 4, majority (76.8%) of the participants believe that there should be pictorial warning signs on alcohol bottles.

Figure 5 Seriousness level of underage drinking

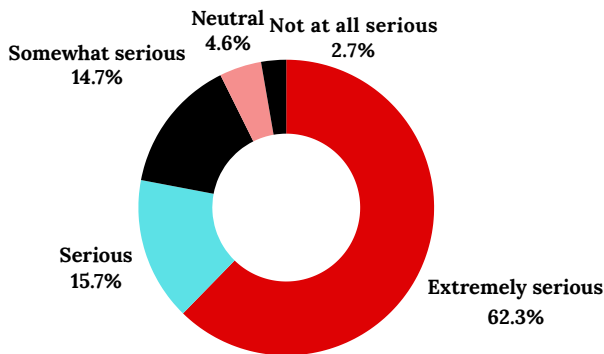


Figure 6 Seriousness level of underage drunken driving

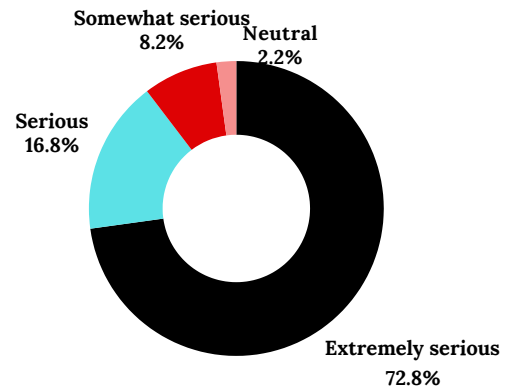


Figure 7 School/institution policy on alcohol consumption in/near campus

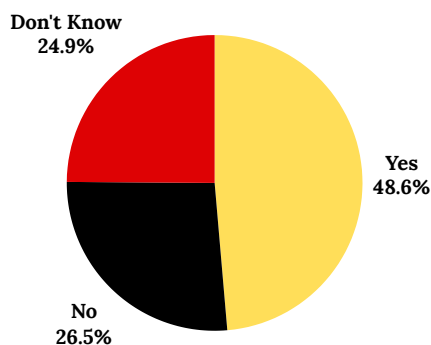


Figure 8 Parents/ family members allow to drink alcohol at home

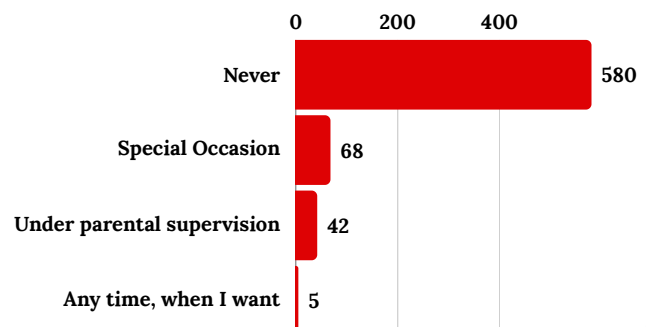


Figure 9 Id card was asked for while procuring alcohol?

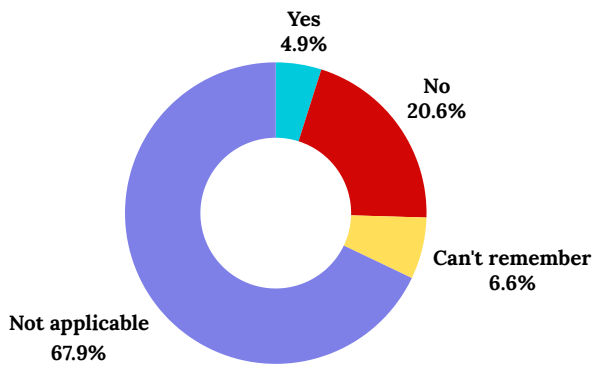


Figure 10 Is there any legal action against individuals providing alcohol to undergrad individuals?

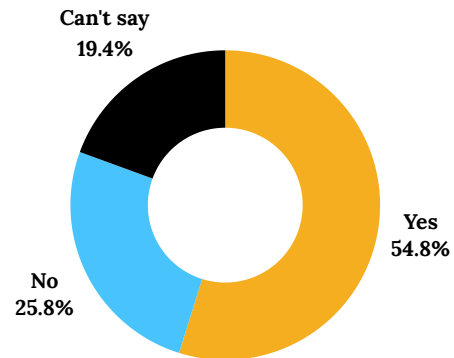


Figure 11 Children should be allowed to visit bar/restaurant where alcohol is served

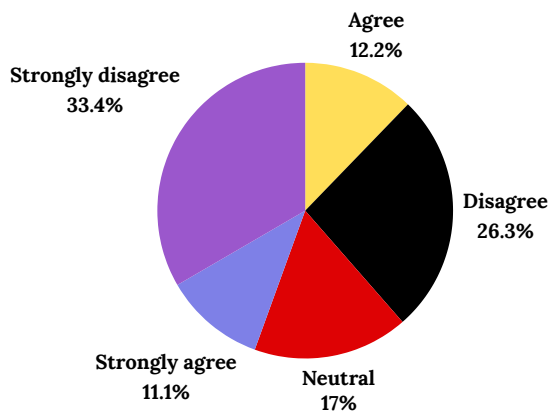
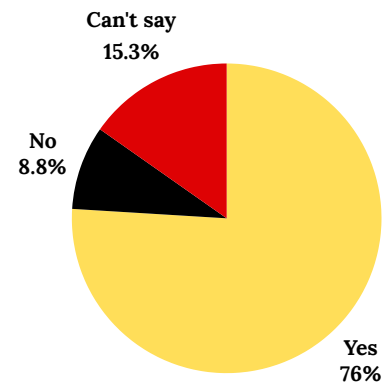


Figure 12 Underage drinking has adverse effect on social life



About 10.5% of the participants were experienced travelling with a driver who was using alcohol. Only 3.2% of the participants had been absent from school or college due to use of alcohol. Around 2.7% of the participants had been drunk at school or college. 2.6% of the participants had problems because of using alcohol.

Majority of the study participants (63.6%) thinks the trend of underage drinking has increased within the last year. Only 3.6% believe the trend is decreased and 3.9% thinks it is remained same.

Figure 13 Did you ever stop an underage friend/relative from drinking?

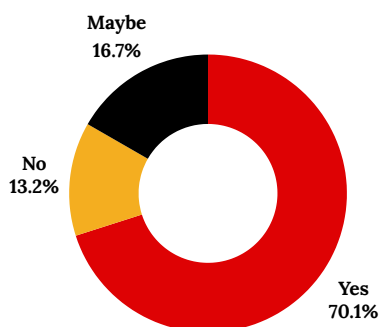


Figure 14 Should age limit for alcohol consumption be uniform across India?

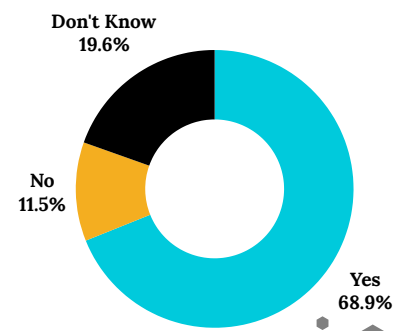
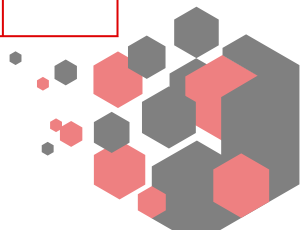


Table 2: Association between Ever procure Alcohol and socio-demographic factors

Age Group	Under 18	4(6%)	63(94.0%)	67	$\chi^2=6.623$ df=1	0.010
	18-24	116(18.5%)	512 (81.5%)	628		
Gender	Male	83(21.8%)	298(78.2%)	381	f=12.475	0.03 < 0.001
	Female	37(12.1%)	270(87.9%)	307		
Education Qualification	Illiterate/ No formal Education	0	1	1	F=19.450	0.004 < 0.001
	1st - 10th	1(8.3%)	11(91.7%)	13		
	11th - 12th	20(9.5%)	191(90.5%)	211		
	Graduate	71(20.7%)	272(79.3%)	343		
	Post Graduate	22(26.2%)	62(73.8%)	84		
	Doctorate or Above	0	1(100.0%)	1		
	others	4(11.8%)	30(88.2%)	34		
Marital Status	Unmarried	118(17.6%)	553(82.4%)	671	$\chi^2 =1.622$ df=3	0.791
	Married	18(90.0%)	2(10.0%)	20		
	Separated/divorced/widowed	0	2(100%)	2		
Living With	Family	96(15.8%)	512(84.2%)	608	F=10.821	0.018
	Friends	19(25.7%)	55(74.3%)	74		
	Relative	1(33.3%)	2(66.7%)	3		
	Other	4(50.0%)	4(50.0%)	8		



RECOMMENDATIONS

- The cause of child right deserves champions that are free from conflict of interest and do not endorse unethical companies and harmful products like tobacco and alcohol.

Being exposed to alcohol marketing in any form is a violation of a child's right of growing up in an alcohol/drug free environment. The collaboration between UNICEF, the United Nations Children's Fund, and Mr. David Beckham, a global icon who has wide appeal among children worldwide, and who also happens to have a lucrative endorsement deal with the world's biggest producer of hard alcohol, *Diageo*, shows a huge conflict of interest.

United Nations (UN) projects Priyanka Chopra as an ambassador for child rights and adolescent health however, she endorses *Rajnigandha* silver pearls (cardamom) coming from the same company that makes India's two leading *pan masala* and *zarda* brands. Such blatant association with tobacco and alcohol brands is definitely worrisome and calls for an immediate action.

- Exclusive district wise drug counselling and treatment facilities for drug and alcohol affected children at a community level. Current number of exclusive drug rehabilitation centres outnumbers the demand. Children are forced to be treated along with adults in conventional treatment centres private or government funded.
- There is a need to set up monitoring cells, may be run by civil society groups like national child rights coalition or the government in order to monitor child issues, carry out research, and to keep a vigil on contents promoting substance use targeting children and young people directly as well as indirectly.
- Prevention efforts must target both demand and supply reduction efforts. Supply reduction efforts should limit availability of tobacco and alcohol at home, near residential areas and schools. There is a need to enforce a mandatory alcohol prevention policy for government and private run schools, in order to deal with children effected and affected by alcohol and drugs. Prevention in schools should include universal prevention programmes such as education, and life skill programmes. School going children who are at risk should have access to professional and peer counselling in the school setting.
- There should be strict rules regarding ID card check at all alcohol shops before selling.
- Health education programme and IEC materials can be developed. Mass media and health care individuals can play a big role in promoting healthy lifestyle and advocate against alcohol consumption.
- Training and workshop can be conducted to spread awareness on the harmful effects of drinking.
- There is urgent need for reinforcement of laws pertaining to underage drinking in alignment with recommendations and strategies at international level.



CONCLUSION

9

Present study shows, majority of participants (90.4%) were between age of 18-24, rest are under 18 age (9.6%). Around 17.3% of the study participants procured alcohol ever. Majority of the participants did not procure alcohol ever.

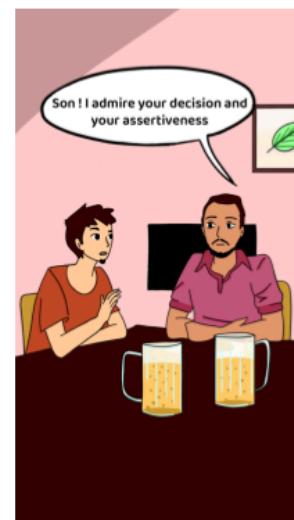
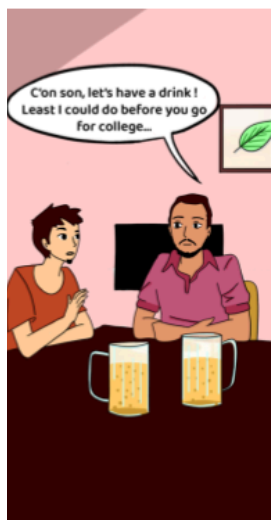
The issue of underage drinking can be improved by reinforcement of laws pertaining to underage drinking, reduction in easy accessibility of alcohol and increased awareness on why there is a need to set an age limit for drinking alcohol.

It is pertinent to note here that so far alcohol has not been considered as a public health problem and no alcohol control policies are in place in India from public health point of view (Jaclyn Schess et al, 2023) [10]. The findings from the present study clearly underlines the need for a comprehensive national policy on alcohol control more than anything else.

WAY FORWARD

The measures of the perceptions from the sample will be coupled with the synthesis of related literature to make suggestions for future research and policy recommendations in combating the growing problem of underage drinking.

#saynotoalcohol



- 1 <https://www.indianbarassociation.org/alcohol-consumption-in-india/>
- 2 OECD (2021), Preventing Harmful Alcohol Use, OECD Health Policy Studies, OECD Publishing, Paris,
- 3 Nadkarni, A., Tu, A., Garg, A., Gupta, D., Gupta, S., Bhatia, U., ... & Velleman, R. (2022). Alcohol use among adolescents in India: a systematic review. Global Mental Health, 9.
- 4 Jaisoorya, T. S., Beena, K. V., Beena, M., Ellangovan, K., Jose, D. C., Thennarasu, K., & Benegal, V. (2016). Prevalence and correlates of alcohol use among adolescents attending school in Kerala, India. Drug and alcohol review, 35(5), 523-529.
- 5 Soundararajan, S., Narayanan, G., Agrawal, A., Prabhakaran, D., & Murthy, P. (2017). Relation between age at first alcohol drink & adult life drinking patterns in alcohol-dependent patients. The Indian journal of medical research, 146(5), 606.
- 6 Pillai, A., Nayak, M. B., Greenfield, T. K., Bond, J. C., Hasin, D. S., & Patel, V. (2014). Adolescent drinking onset and its adult consequences among men: a population based study from India. J Epidemiol Community Health, 68(10), 922-927.
- 7 Mahanta Beauty, Mohapatra P. K., Phukan N., and Mahanta J. (2016) Alcohol use among school-going adolescent boys and girls in an industrial town of Assam, India. Indian J Psychiatry. 58(2): 157-163
- 8 Bhagabati, D., Das, B., & Das, S. (2013). Pattern of alcohol consumption in underage population in an Indian city. Dysphrenia, 4(1), 36-41.
- 9 Prabhughate, P., Srinivasan, S., Ranga, V., Fritz, K., & Gafos, M. (2020). Normalizing Alcohol Consumption among Youth: Role of Peers, Media, and Access to Alcohol in Mumbai. Health Education and Public Health, 3(1).

