

ADVOCATING FOR MITIGATION OF THE CONSEQUENCES OF ALCOHOL ABUSE ON YOUNG PEOPLE IN SCHOOLS

SUPPORTING OR PUBLICALLY RECOMMENDING THE ACTION OF
REDUCING THE EFFECT OF ALCOHOL ABUSE ON YOUNG PEOPLE IN
SCHOOLS

DEFINITIONS



- ADVOCATING (PUBLICLY RECOMMEND OR SUPPORT.)
- MITIGATING (HAVING THE EFFECT OF MAKING SOMETHING BAD LESS SEVERE, SERIOUS, OR PAINFUL OR LESSENING THE GRAVITY OF AN OFFENCE OR MISTAKE.)
- CONSEQUENCES (A RESULT OR EFFECT, TYPICALLY ONE THAT IS UNWELCOME OR UNPLEASANT.)
- ALCOHOL (IS A PSYCHOACTIVE SUBSTANCE WITH DEPENDENCE PRODUCING PROPERTIES. THE SUBSTANCE HAS BEEN USED AS A BEVERAGE BY MANY CULTURES AROUND THE WORLD FOR THOUSANDS OF YEARS (MCGOVERN, 2009).)
- ALCOHOL ABUSE (THE HABITUAL EXCESSIVE USE OF ALCOHOL.)
- DEFINITIONS OF YOUNG PEOPLE TYPICALLY FOCUS ON THE AGES 14–25, ALTHOUGH IT HAS BEEN CLAIMED THAT THESE BOUNDARIES ARE BEING EXTENDED IN BOTH DIRECTIONS AS TRANSITIONS INTO ADULthood BECOME MORE PROTRACTED (RUTTER AND SMITH, 1995; RUTTER ET AL., 1998; WARD, 1998). T

CONSEQUENCES OF ALCOHOL ABUSE ON YOUNG PEOPLE IN SCHOOLS

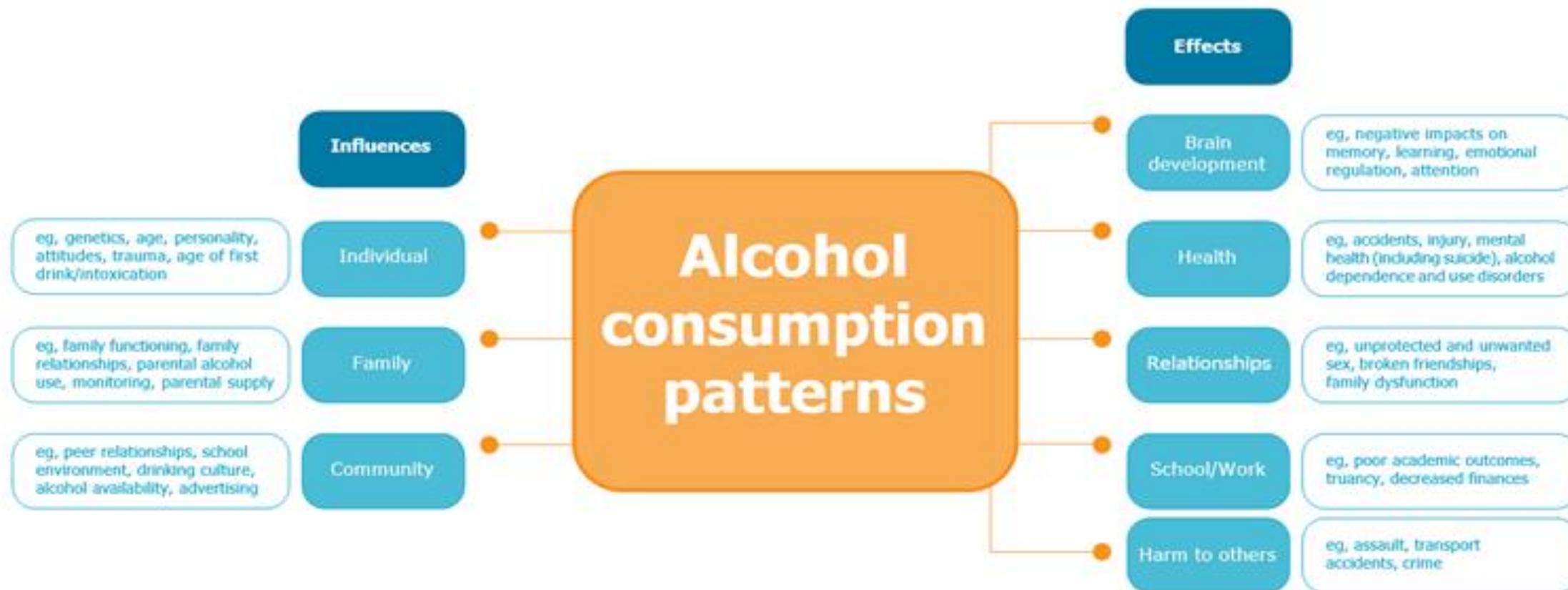


Figure 1: Understanding alcohol use in young people. |

Table 2: Alcohol policy and interventions in Uganda

Intervention	Existence
Written national policy (adopted/revised) / National action plan	No/-
Restrictions for on-/off-premise sales of alcoholic beverages:	
Hours, days/places, density	Yes/ No/ No, No
Specific events/ intoxicated persons/petrol stations	No/No/No
Legally binding regulations on alcohol advertising/product placement	No/No
Legally binding regulations on alcohol sponsorship/sales promotion	No/No
Legally required health warning labels on alcohol advertisements/containers	No/No
Legally binding regulations on alcohol advertising/product placement	Yes/Yes/No

Source: *Global Information System on Alcohol and Health, 2018*

Table 1: Per capita pure alcohol consumption for ages 15 years and above, 2016

Country	Average per capita consumption (litres of pure alcohol per year)	Average daily intake (grams of pure alcohol per day) #	15-19 years old total alcohol per capita consumption (litres of pure alcohol per year)	Projections of total alcohol consumption per capita (litres)	
				2020	2025
Uganda	9.5	20.6	8.0	9.8	10.3
Kenya	3.4	7.37	6.2	2.7	3.1
Tanzania	9.4	20.3	6.2	9.6	9.9
Rwanda	9.0	19.5	7.3	8.4	7.6
Burundi	7.5	16.3	7.3	7.0	6.6
Africa	6.0	13.0	-	6.1	6.1
World	6.2	13.5	-	6.3	7.7

Source: Global Information System on Alcohol and Health database, 2018

Note: # this measure is used by countries that have guidelines for daily limits on alcohol consumption to minimise health risks.

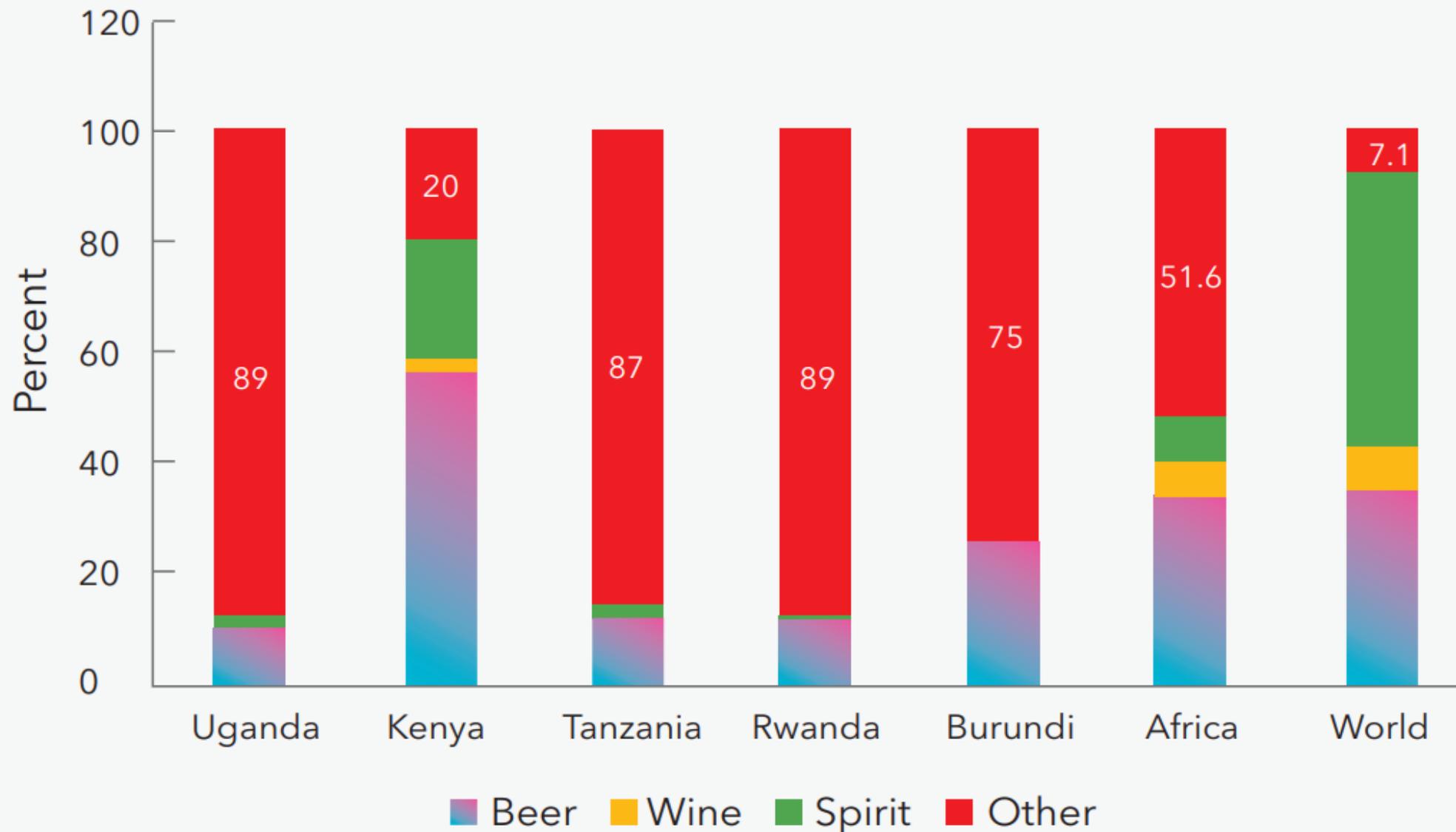


Figure 1: Per capita consumption by type of alcoholic beverage (15 years and above), 2016

Source: Author's construction based on WHO's Global Health Observatory database, 2016

Top 10 Countries with the Highest Alcohol Consumption in 2019 (in liters of pure alcohol per capita):

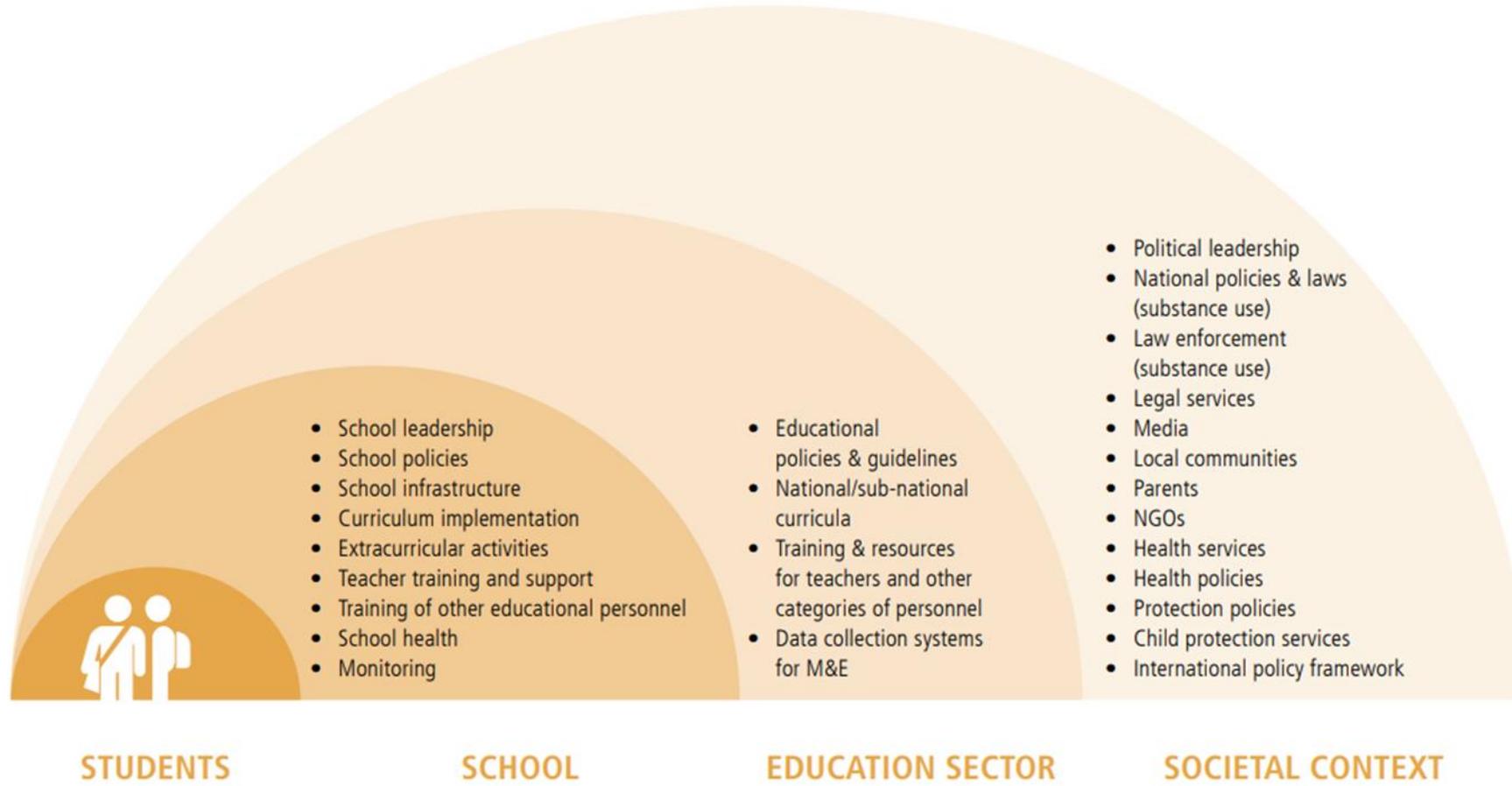
1. Czechia - 14.26
2. Latvia - 13.19
3. Moldova - 12.85
4. Germany - 12.79
5. Lithuania - 12.78
6. Ireland - 12.75
7. Spain - 12.67
8. Uganda - 12.48
9. Bulgaria - 12.46
10. Luxembourg - 12.45

According to the World Health Organization, the citizens of Czechia consumed the most alcohol per capita in 2019, with individuals consuming about 14.26 liters of pure alcohol. Latvia and Moldova follow with 13.19 and 12.85, respectively. The full list (see table below), includes 38 countries with pure alcohol consumption above 10 liters per year. The majority of these countries are located in [Europe](#).

MITIGATION MEASURES TO ADVOCATE FOR IN ALCOHOL ABUSE FOR YOUNG PEOPLE IN SCHOOLS

- IMPLEMENTATION OF THE NATIONAL EDUCATION SECTOR RESPONSE ECOSYSTEM.
- GOOD POLICY AND PRACTICE IN EDUCATION SECTOR RESPONSES TO ALCOHOL ABUSE.

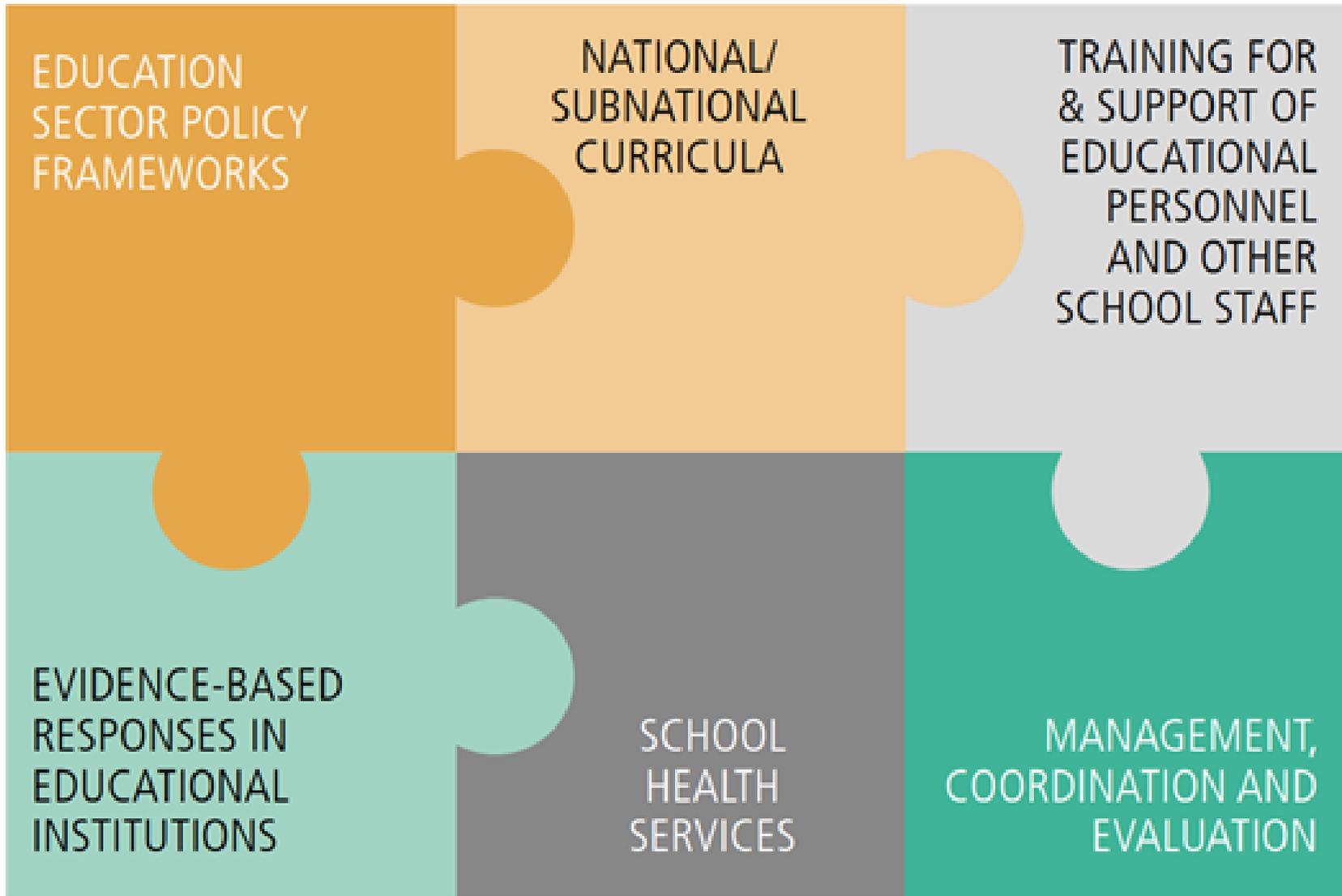
THE NATIONAL EDUCATION SECTOR RESPONSE ECOSYSTEM.



- A POLICY FRAMEWORK TO PREVENT AND ADDRESS ALCOHOL USE AMONG CHILDREN AND YOUNG PEOPLE; NATIONAL AND/OR SUBNATIONAL CURRICULA (CONTENTS AND METHODS FOR THE DELIVERY OF THOSE CONTENTS) INCLUDING SKILLS-BASED PREVENTION EDUCATION; TRAINING AND SUPPORT FOR TEACHERS, SCHOOL HEALTH PRACTITIONERS AND OTHER SCHOOL STAFF TO PLAN, DEVELOP AND IMPLEMENT A COMPREHENSIVE SCHOOL-BASED INTERVENTION STRATEGY;
- EVIDENCE-BASED INTERVENTIONS RELATED TO CURRICULA IMPLEMENTED IN EDUCATIONAL INSTITUTIONS.
- EVIDENCE-BASED INTERVENTIONS RELATED TO THE SCHOOL ENVIRONMENT IMPLEMENTED IN EDUCATIONAL INSTITUTIONS, INCLUDING SUBSTANCE USE POLICIES IN SCHOOLS, AS WELL AS OTHER EVIDENCE-BASED PREVENTION INTERVENTIONS DELIVERED IN THE CONTEXT OF EDUCATIONAL INSTITUTIONS;

- SCHOOL HEALTH SERVICES, PROVIDING BOTH PREVENTION AND CARE AND SUPPORT FOR YOUNG PEOPLE WHO USE ALCOHOL;
- MANAGEMENT, COORDINATION AND EVALUATION OF THE RESPONSE IN THE EDUCATION SECTOR, INCLUDING MONITORING OF PREVALENCE OF SUBSTANCE USE AMONG CHILDREN AND YOUNG PEOPLE.

ELEMENTS OF A COMPREHENSIVE EDUCATION SECTOR RESPONSE TO ALCOHOL USE



GOOD POLICY AND PRACTICE IN EDUCATION SECTOR



RESPONSES TO ALCOHOL USE

- A COMPREHENSIVE EDUCATION SECTOR RESPONSE TO ALCOHOL USE DOES NOT ALWAYS REQUIRE MORE RESOURCES. SOMETIMES RE-ALLOCATING EXISTING RESOURCES AND USING THEM MORE EFFECTIVELY BY DOING THINGS DIFFERENTLY CAN BE JUST AS EFFECTIVE.
- IN OTHER CASES, EFFECTIVE ACTIONS MAY REQUIRE SOME INVESTMENT OF NEW RESOURCES.
- DECISION-MAKERS NEED TO WEIGH ANY NEW COSTS AGAINST THE COSTS OF DOING NOTHING, OR DOING SOMETHING POORLY.
- SET GOALS RELEVANT TO THE PREVALENCE AND PATTERNS OF ALCOHOL USE AMONG YOUNG PEOPLE.

SET GOALS RELEVANT TO THE PREVALENCE AND PATTERNS OF ALCOHOL USE AMONG YOUNG PEOPLE.

WHERE ALCOHOL USE HAS NOT BEGUN

- PREVENT THE ONSET OF ALCOHOL USE
- DELAY THE ONSET OF ALCOHOL USE

WHERE ALCOHOL USE HAS BEGUN

- REDUCE ALCOHOL USE
- PREVENT ALCOHOL USE DISORDERS

WHERE ALCOHOL USE AND HARMFUL USE IS COMMON

- PROVIDE SCREENING, BRIEF INTERVENTION AND REFERRAL FOR TREATMENT
- PREVENT AND MITIGATE THE CONSEQUENCES OF ALCOHOL USE

STRATEGIES TO REDUCE AND ERADICATE ALCOHOL ABUSE IN YOUNG PEOPLE IN SCHOOLS



- TO DATE, UGANDA'S STRATEGY ON REDUCING ADOLESCENT DRINKING SHOULD FOCUS ON TARGETING INFLUENCERS (INCLUDING PARENTS); SUPPORTING COMMUNITIES TO CHANGE NORMS AROUND SUPPLY OF ALCOHOL; AND MINIMISING HARM BY CHANGING PATTERNS OF DRINKING BEHAVIOUR AMONG 11 TO 24-YEAR-OLDS ALREADY CONSUMING ALCOHOL.
- IT IS IMPORTANT TO FOCUS ON WELLBEING AND THE PROTECTIVE FACTORS THAT HELP YOUNG PEOPLE TO THRIVE. WHILE THERE ARE MANY FACTORS THAT CONTRIBUTE TO WELLBEING, RESEARCH SHOWS THAT LIFTING OUR LEVELS OF BELONGING, CONNECTEDNESS (INCLUDING CULTURAL CONNECTEDNESS) AND SENSE OF IDENTITY ARE ESPECIALLY IMPORTANT FOR YOUNG PEOPLE. FOR EXAMPLE, RESEARCH SHOWS THE IMPORTANCE OF ENGAGEMENT IN CULTURE AND FAMILY CONNECTEDNESS AS BEING KEY TO HIGHER LEVELS OF WELLBEING AMONG YOUTH

CONTINUATION



- WE ALSO KNOW THAT A CRITICAL STEP IN DECREASING ALCOHOL HARM, FOR YOUNG PEOPLE AND MORE GENERALLY, INVOLVES DEVELOPING MORE POSITIVE SOCIAL NORMS AND SUPPORTIVE ENVIRONMENTS AROUND ALCOHOL USE WITHIN OUR SOCIETY. THIS COULD BE ACHIEVED BY IMPLEMENTING EVIDENCE-BASED POLICIES WHICH STRENGTHEN RESTRICTIONS ON ALCOHOL AVAILABILITY, INCREASE THE COST OF ALCOHOL, AND RESTRICT ALCOHOL ADVERTISING AND SPONSORSHIP.
- FACILITATING HEALTH PROMOTION ACTIVITIES THAT SUPPORT WELLBEING AND CREATE HEALTHY SOCIAL ENVIRONMENTS WILL HELP TO REDUCE A RANGE OF HEALTH HARMS, INCLUDING ALCOHOL CONSUMPTION.

REFERENCES FOR THE PRESENTATION

- Understanding alcohol use and subsequent harms in young people by Health Promotion Agency
- Alcohol consumption among youth in uganda: why policy intervention is necessary by Brian Sserunjogi.
- Teenage kicks? Young people and alcohol: a review of the literature by Tim New burn and Michael Shiner Public Policy Research Unit.
- Global status report on alcohol and health 2018 World Health Organization.
- Good policy and practice in health education: Education sector responses to the use of alcohol, tobacco and drugs UNESCO UNODC & WHO
- The effects of alcohol consumption on student life at a rural campus

THANK YOU

