

Non-Communicable Diseases Watch

December 2014



Alcohol use among Young People

Key Facts

- ※ The consumption of alcoholic beverages by young people is an important public health issue. Globally in 2010, 11.7% of adolescents aged 15-19 were reported to have heavy episodic drinking.
- ※ According to the 2011/12 Survey of Drug Use among Students, 56.0% of Hong Kong students in primary 4 to 6, secondary and post-secondary had ever drunk alcohol; 41.0% reported alcohol use in the past year; and 18.4% reported drinking alcohol in the past 30 days.
- ※ Youth drinking is associated with numerous negative consequences which can be acute outcomes of a single episode of heavy drinking, or the accumulated and long-term effects of a chronic pattern of frequent drinking.

Protecting Young People from Alcohol-related Harm

- ※ Parents and guardians should heed the “3 Don’ts”: don’t let children and adolescents drink; don’t give children and adolescents alcohol; and don’t pressure children and adolescents to drink.
- ※ The following are some actions that parents and guardians can support children and adolescents to lead a healthy alcohol-free life:
 - * Be a positive role model by not drinking;
 - * Talk to children and adolescents about the dangers of drinking;
 - * Do not keep alcohol at home;
 - * Establish clear family rules and expectations about alcohol;
 - * Educate children and adolescents on how to manage stress properly, e.g. by exercise;
 - * Teach children and adolescents how to handle peer pressure and equip them with refusal techniques about how to say ‘no’ when offered an alcohol drink;
 - * Encourage children and adolescents to develop healthy friendships;
 - * Encourage children and adolescents to participate in healthy activities that do not involve alcohol;
 - * Connect with other parents and communicate clear messages about the importance of not drinking;
 - * Know the warning signs that indicate children and adolescents may be drinking or having drinking problems;
 - * Seek professional help if indicated.

Alcohol Use among Young People

The consumption of alcoholic beverages by young people is an important public health issue. As reported in the World Health Organization (WHO) Global Survey on Alcohol and Health (2008), 71% of 73 responding countries showed an increase in the five-year trend of underage drinking; 80% of 82 responding countries showed an increasing trend of drinking among people aged 18-25.¹ Although several countries in the WHO European Region documented a small decrease in young people's alcohol consumption in terms of prevalence, hazardous and harmful drinking patterns (such as binge drinking and drinking to intoxication) remained common among young drinkers.¹⁻³ One reason could be attributed to the marketing and use of carbonated or fruit-flavoured alcoholic drinks, better known as 'alcopops' which contain the same amount of alcohol as beer (about 5%) but can be as high as 8-12% of alcohol by volume, and sold in single serving bottles or cans that resemble soft drinks.^{1,4}

Prevalence and Patterns of Alcohol Use

Global Perspective

The 2011 European School Survey Project on Alcohol and Other Drugs (ESPAD), which was carried out in 36 countries and targeted students born in 1995 (estimated mean age of 15.8 years), found that 79% of students had consumed alcohol at least once in the past 12 months. During the past 30 days, nearly three-fifths (57%) of students had consumed alcohol; about two-fifths (39%) reported binge drinking (having consumed five or more alcoholic drinks on one occasion). Acute intoxication (drunkenness) was common too. Overall, 47%, 37% and 17% of the students reported that they had been intoxicated to the point of staggering when walking, not being able to speak properly, throwing up or not remembering what happened at least once during their lifetime, during the past 12 months and during the past 30 days, respectively.

On average, the students reported having consumed alcohol beverages corresponding to 40 grams of pure alcohol on their latest drinking day.³

In North America, alcohol is also a commonly used substance among many young people. Results from the 2011 National Survey on Drug Use and Health in the United States (U.S.) observed that about 9.7 million people aged 12-20 (25.1% of this age group) had drunk alcohol in the past 30 days, including 6.1 million people (15.8%) reported binge use (i.e. having consumed five or more drinks on the same occasion on at least 1 day in the past month) and 1.7 million people (4.4%) reported heavy use (i.e. having consumed five or more drinks on the same occasion on each of 5 or more days in the past 30 days).⁵ The Canadian Alcohol and Drug Use Monitoring Survey 2012 also found that 70.0% and 49.9% of youth aged 15-24 reported alcohol use in the past 12 months and past 30 days respectively.⁶

Problem drinking is not confined to underage Europeans and North Americans. In Australia, a national survey on the use of tobacco, alcohol and drugs among secondary students aged between 12 and 17 in 2011 also found that around three in every four students had tried alcohol at some time in their lives; over half (50.7%) had consumed alcohol in the past 12 months; and about one-fifth (17.4%) had consumed alcohol in the past 7 days preceding the survey. Having more than 4 drinks on one occasion in the past 7 days increased with age, from 0.6% among 12-year-olds to 18.5% among 17-year-olds. Among the current drinkers (students who had consumed alcohol in the past 7 days), the average number of alcoholic drinks consumed increased with age, from 3.7 drinks among 12-year-olds to 8.1 drinks among 17-year-olds. Overall, 37.0% of current drinkers reported drinking more than 4 drinks on one occasion in the past 7 days.⁷

In 2010, 11.7% of adolescents aged 15-19 were reported to have heavy episodic drinking (i.e. having consumed 60 or more grams of pure alcohol on at least one single occasion at least monthly) globally. While the prevalence of heavy episodic

drinking among adolescents varied between WHO regions, young males (16.8%) were about three times as likely as females (6.2%) to have been engaged in heavy episodic drinking (Table 1).²

Table 1: Prevalence of heavy episodic drinking among adolescents aged 15-19 by WHO regions and sex, 2010

WHO region	Male	Female	Overall
African Region (AFR)	10.3%	2.2%	6.3%
Region of the Americas (AMR)	29.3%	7.1%	18.4%
Eastern Mediterranean Region (EMR)	0.1%	0.0%	0.1%
European Region (EUR)	40.0%	22.0%	31.2%
South-East Asia Region (SEAR)	2.1%	0.0%	1.1%
Western Pacific Region (WPR)	18.3%	6.1%	12.5%
World	16.8%	6.2%	11.7%

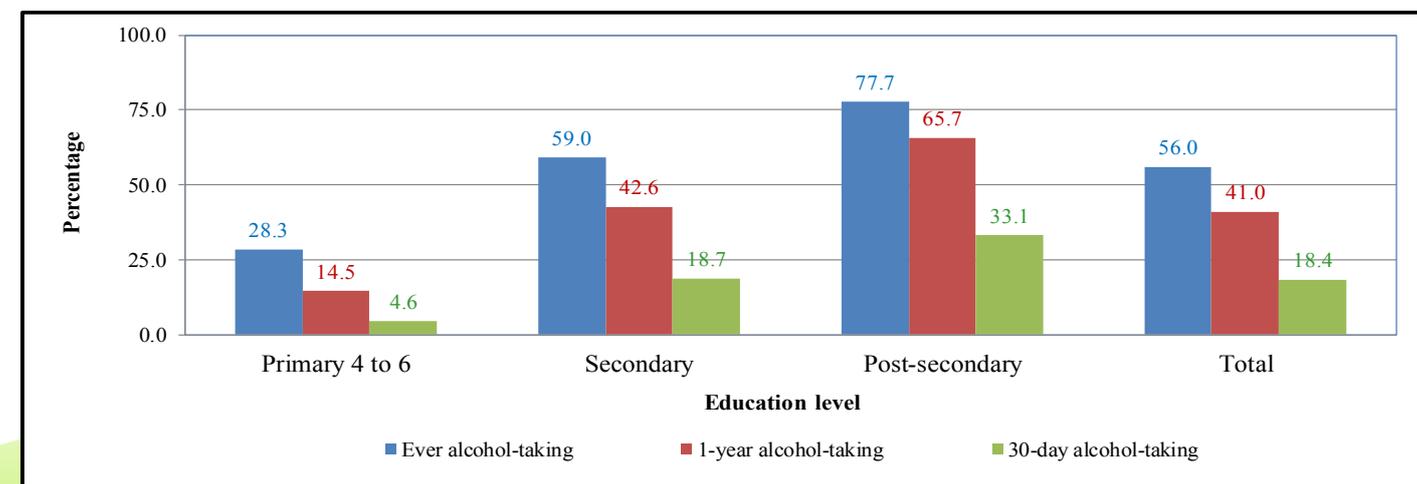
Source: World Health Organization, 2014.

Local Situation

The rates of youth alcohol use in Hong Kong are lower than that reported in western countries. However, alcohol drinking is still prevalent among young people. The 2011/12 Survey of Drug Use among Students found that 56.0% of Hong Kong students in primary 4 to 6, secondary and post-secondary had ever drunk alcohol; 41.0% reported alcohol use in the past year; and 18.4% reported drinking alcohol in the past 30 days. As shown in Figure 1, the proportion of ever drinking, drinking in the past year, and drinking in the past 30 days increased with age. The corresponding proportions increased from 28.3%, 14.5% and 4.6% among primary 4 to 6 students, to 59.0%, 42.6% and

18.7% among secondary students, and 77.7%, 65.7% and 33.1% among post-secondary students.⁸ Furthermore, the Behavioral Risk Factor Surveys conducted by the Department of Health (DH) showed that the prevalence of binge drinking (i.e. consuming at least 5 glasses or cans of alcoholic beverages on one occasion) among young people aged 18-24 increased from 7.4% in 2010 to 9.8% in 2012.^{9, 10} In particular, 7.7% of young people aged 18-24 admitted that they had drunk too much and exhibited signs of drunkenness (such as flushed face or reddish eyes, slurred or incoherent speech, unsteady or staggering gait, vomiting and hangover) during the 30 days prior to the survey in 2012.¹⁰

Figure 1: Alcohol use among primary 4 to 6, secondary and post-secondary students, 2011/12



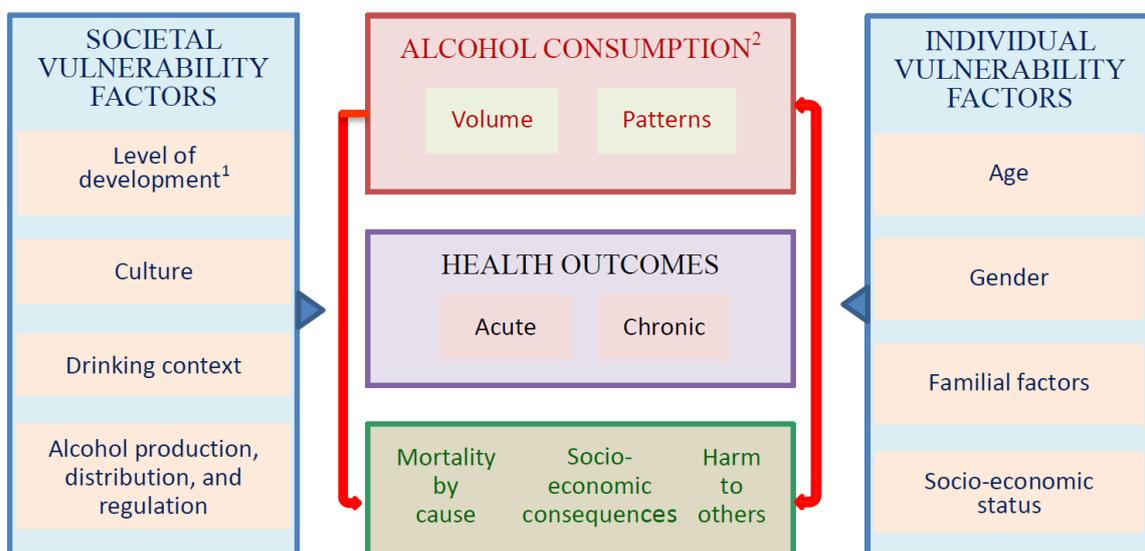
Source: The 2011/12 Survey of Drug Use among Students, Narcotics Division, Security Bureau.

Risk Factors for Alcohol Use

A variety of factors can affect the magnitude and patterns of alcohol consumption and increase the risk of alcohol-related problems, disability and death in drinkers and others (Figure 2).² Below are some important risk factors that would increase the likelihood of alcohol use among young people:

- * **individual characteristics** – such as sensation seeking; impulsiveness; favourable attitudes toward alcohol use; lower self-control; inability to resist social pressure to drink.^{11, 12}
- * **family experiences** – such as permissive parental style or inadequate parental supervision; heavy alcohol use by parents or siblings.^{11, 12} Studies showed that children with an alcoholic parent were between 4 and 10 times as likely to develop a problem with alcohol as children from families with no alcoholic adults.¹³
- * **peer effects** – such as having friends who use alcohol or who believe that alcohol use is acceptable.¹¹ One Australian study observed that adolescents with friends who consumed alcohol were 5.4 times and 2.8 times as likely to have consumed alcohol on a weekly and monthly basis respectively as adolescents with friends who did not consume alcohol.¹⁴
- * **school factors** – such as failure to enforce policies prohibiting alcohol in school facilities; college settings where alcohol is served; low commitment/attachment to school or skipping schools; and academic failure.^{11, 13} A Canadian study showed that adolescents who reported performing poorly or very poorly in school were about twice as likely to drink to intoxication in the past year than those who had good or very good grades.¹⁵
- * **community influences** – such as community norms for youth drinking; marketing alcohol to young people; easy access and availability of alcohol to young people.^{11, 16} A systematic review included 13 longitudinal studies which followed up over 38 000 young people aged 18 or younger or below the legal drinking age of the country of origin of the study, whichever was the higher. Twelve of the thirteen studies found that exposure to media and commercial communications on alcohol predicted both the likelihood of the onset of drinking among non-drinkers and increased levels of consumption among current drinkers.¹⁶

Figure 2: Factors affecting alcohol consumption and health outcomes



Notes: 1 – Development of health and welfare system and economy as a whole

2 – Quality of the alcohol consumed can also be a factor

Source: World Health Organization, 2014.

Consequences of Drinking

Many young people do not realise the damage drinking can have on themselves, their families and communities. Epidemiological studies have shown that youth drinking is associated with numerous

negative consequences which can be acute outcomes of a single episode of heavy drinking, or they can be the accumulated and long-term effects of a chronic pattern of frequent drinking (Box 1).¹²

Box 1: Consequences of drinking

Acute or immediate effects, e.g.

- * acute intoxication, death from alcohol poisoning in extreme case
- * unintentional injuries associated with road traffic crashes, drowning and falls
- * physical fights and assault
- * self-inflicting injuries and suicide
- * risky sexual activities that increase the risk for unplanned pregnancy and contracting sexually transmitted diseases
- * disinhibition and impaired control that increases the likelihood of committing crime and vandalism

Chronic or long-term effects, e.g.

- * alcohol dependence
- * mood disorders such as depression and anxiety disorders
- * various non-communicable diseases, including certain cancers, cardiovascular diseases, liver diseases (such as fatty liver, hepatitis and liver cirrhosis), gastritis, pancreatitis

Of note, adolescence is a dynamic phase of brain growth and maturation. The effects of alcohol on the adolescent brain would predispose the young drinkers to alcohol, mental health and neurocognitive problems which can persist into adulthood.¹⁷ A U.S. study showed that people who started drinking before age 15 were about 4 times as likely to develop alcohol dependence during their lifetime as those who delayed the first alcohol drink till ages 20 years or older.^{17, 18} Furthermore, people who started drinking before age 15 were about 7 times as likely to be in a motor vehicle crash after drinking, 10 times as likely to have been in a physical fight after drinking, and 12 times as likely to be unintentionally injured while under the influence of alcohol as those who started drinking when they were 21 years or older.¹²

According to the 2011 ESPAD study, the most commonly reported alcohol-related problems among students were 'physical fight' (17%), 'performed poorly at school or work' (13%) and 'accident

or injury' (12%) for boys; 'serious problems with friends' (13%), 'serious problems with parents' (12%) and 'performed poorly at school or work' (12%) for girls.³ Among the Australian secondary school students who drank alcohol on any of the past 7 days, over three-fifths (62%) of them reported experiencing at least one negative outcome after drinking alcohol (including been sick, verbally abused or hit someone, created a public disturbance or nuisance, caused damage to property, or been in trouble with the police) in the past year.⁷ In Hong Kong, a school-based survey of about 33 300 secondary 1 to secondary 5 students in 85 randomly selected schools in 2003/04 showed that underage alcohol drinking was significantly associated with medical consultation and hospitalisation. Compared with non-drinking students, students who drank less than 1 day per week, 1-2 days a week and 3-7 days a week had 14%, 30% and 70% increased risk for medical consultation respectively. The corresponding risks for hospitalisations were 14%, 68% and 138% higher.¹⁹

Protecting Young People from Alcohol-related Harm – A Collective Responsibility

Everyone in society has a role to play in shaping young people's attitudes and behaviours towards alcohol use and protecting them from alcohol-related harm. A multi-pronged approach comprising legislation and policy, public education and capacity building, treatment and surveillance is crucial. Given the predominance of school in the lives of children and adolescents, infrastructures in schools are necessary to enable students to thrive academically, grow personally and mature socially without peer and other pressures to use alcohol. For parents and guardians, heed the **"3 Don'ts": don't let children and adolescents drink; don't give children and adolescents alcohol; and don't pressure children and adolescents to drink.** The following are some actions that parents and guardians can take to help children and adolescents avoid alcohol and support them to lead a healthy alcohol-free life:²⁰⁻²²

- * Be a positive role model by not drinking;
- * Talk to children and adolescents about the dangers of drinking;

- * Do not keep alcohol at home;
- * Establish clear family rules and expectations about alcohol;
- * Educate children and adolescents on how to manage stress properly, e.g. by exercise;
- * Teach children and adolescents how to handle peer pressure and equip them with some refusal techniques about how to say 'no' when offered an alcohol drink;
- * Encourage children and adolescents to develop healthy friendships;
- * Encourage children and adolescents to participate in healthy activities that do not involve alcohol;
- * Connect with other parents and send clear messages about the importance of not drinking;
- * Know the warning signs that indicate children and adolescents may be drinking or having drinking problems (Box 2);
- * Seek professional help if indicated (Box 3).

Box 2: Some warning signs that may indicate children and adolescents drinking or having drinking problems²⁰⁻²²

- Repeated health complaints or low energy level
- Changes in mood, including irritability and flare-ups of temper
- Poor concentration or memory lapses
- Changes in sleeping patterns
- Bloodshot eyes, slurred speech or lack of coordination
- Starting arguments, withdrawing from the family or breaking family rules
- Dropping grades, frequent school absences or discipline problems at school
- Switching friends, along with a reluctance to let parents know the new friends
- Loss of interest in former interests or social activities and/or appearance
- Smelling alcohol on their breath, and/or finding alcohol in children's room or among their things

Box 3: Sources of help

TWGHs "Stay Sober, Stay Free" Alcohol Addiction Treatment Project

Phone: 2884 9876

Website: <http://atp.tungwahcsd.org/>

TWGHs Integrated Centre on Addiction Prevention and Treatment (Multi-addiction cessation)

Phone: 2827 1000

Website: [http://icapt.tungwahcsd.org/?
locale=en-US](http://icapt.tungwahcsd.org/?locale=en-US)

Tuen Mun Alcohol Problems Clinic

Phone: 2456 8260

Website: [http://www3.ha.org.hk/cph/en/
services/at.asp](http://www3.ha.org.hk/cph/en/services/at.asp)

Young people should also take responsibility for their own health and safety. Here are some tips for young people to protect themselves from alcohol-related harm²³:

- Learn the facts and harms about alcohol use;
- Follow the family rules not to drink alcohol. If parents drink alcohol, share your concern and encourage them to cut down or stop drinking completely;
- Say 'no' to alcohol and invitation to drink, such as 'I don't drink', 'It makes me sick' or even 'I don't like it'. If someone is pressuring you to drink, be aware that you have the right to say no, the right not to give a reason why, and the right to just walk away from a situation;
- Connect with friends who do not drink;
- Avoid places, parties or situations where there will be drinking;
- Get involved in something (a hobby or sport) that you enjoy or join a youth club or school band;
- Seek advice and help from parents or other adults (such as school teachers, health professionals or social workers) if you have any concern about alcohol use.

Members of the public may visit the Centre for Health Protection's webpage on 'Alcohol and Health' at http://www.chp.gov.hk/en/view_content/34286.html for more information.

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Data Brief

As supported by scientific evidence, alcohol is a cancer-causing substance. However, many people still consume alcohol.

DH conducted a survey in 2014 and successfully telephone-interviewed 4 134 randomly selected community-dwelling people aged 18-64 who were asked, among others, about their alcohol consumption in the past 12 months. Of 2 593 (62.7%) respondents who reported they had drunk alcohol in the 12 months before enumeration, over one-fifth drank alcohol at least once a week.

Members of the public should know that drinking alcoholic beverages has both immediate and long-term effects on health. Every single drink in your lifetime adds up to damage your health in the long run. When it comes to cancer risk, there is NO safe level for alcohol consumption. So, drinkers are urged to scrutinise their own drinking habits, consider cutting down or stop drinking completely. It is never too late to stop drinking!

Frequency of alcohol consumption among community-dwelling people aged 18-64 who reported they had drunk alcohol in the 12 months before enumeration

Frequency	Male Base=1 435	Female Base=1 157	Total Base=2 593
Less than monthly	585 (40.8%)	703 (60.7%)	1 288 (49.7%)
Once a month	202 (14.1%)	172 (14.9%)	375 (14.5%)
2-3 times a month	216 (15.0%)	135 (11.6%)	351 (13.5%)
At least once a week	426 (29.7%)	141 (12.2%)	567 (21.9%)
Unknown/ Missing/ Outliers	6 (0.4%)	7 (0.6%)	13 (0.5%)

Note: Add-ups may not be equal to total due to rounding.

Source: Behavioural Risk Factor Survey April 2014 (provisional).

Non-Communicable Diseases (NCD) WATCH is dedicated to promote public's awareness of and disseminate health information about non-communicable diseases and related issues, and the importance of their prevention and control. It is also an indication of our commitments in responsive risk communication and to address the growing non-communicable disease threats to the health of our community. The Editorial Board welcomes your views and comments. Please send all comments and/or questions to so_dp3@dh.gov.hk.

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