

Can homes, schools and digital platforms drive young people's alcohol consumption?

Brief 13

Snapshot series on alcohol
control policies and practice

Can homes, schools and digital platforms drive young people's alcohol consumption

Brief 13

Snapshot series on alcohol
control policies and practice

Can homes, schools and digital platforms drive young people's alcohol consumption? Brief 13
(Snapshot series on alcohol control policies and practice)

ISBN 978-92-4-010744-1 (electronic version)

ISBN 978-92-4-010745-8 (print version)

© World Health Organization 2025

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organisation, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules>).

Suggested citation. Can homes, schools and digital platforms drive young people's alcohol consumption? Brief 13. Geneva: World Health Organization; 2025 (Snapshot series on alcohol control policies and practice).
Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <https://www.who.int/copyright>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO 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.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

Layout and design: Alberto March

Contents

About the series	iv
Acknowledgements	v
Brief at-a-glance	vi
Young people's alcohol consumption: does it remain of public health concern?	01
Settings driving young people's alcohol consumption	03
Home settings	03
School and training settings	04
Digital platforms	05
Interventions addressing drivers of young people's consumption	08
Family-based alcohol prevention programmes	09
School-based alcohol prevention programmes in Brazil	09
Artificial intelligence tracking marketing infringements in Viet Nam	10
The way forward	12
Takeaway messages	13
References	14

About the series

In 2022 – more than a decade after adopting the [World Health Organization \(WHO\) global strategy to reduce the harmful use of alcohol](#) – attention has been called to accelerate the implementation of high-impact interventions for alcohol control. A [global action plan for 2022–2030](#) aims to leverage the available evidence and policy know-how to quicken progress in tackling alcohol consumption and its effects. Making evidence accessible and spotlighting real-world experiences is a core component for advancing the implementation of effective policy interventions.

In 2021, WHO launched a series of advocacy and policy briefs about blind spots serving as a compass for navigating critical topics related to the high-impact and innovative interventions to accelerate progress in reducing alcohol consumption. The resulting topic-specific briefs were considered starting-points for navigating the evidence and its use in practice, forming the edition of the Snapshot Series. They provide a portfolio of policy, system and practice guidance for tackling the determinants driving the acceptability, availability and affordability of alcohol consumption.

The topics covered include conflicts of interest, labelling, licensing, unrecorded alcohol, digital marketing, per capita alcohol consumption, no- and low-alcohol beverages, alcogenic settings and adolescents, gender-responsive policies, environment and policy options to respond to emergencies and pandemic situations.

How was this brief developed?

The series has evolved in its approach to best meet the information needs of its readership, applying a four-step process to explore each topic. First, leading experts were engaged in searching and consolidating the available scientific evidence. Second, the first-hand experiences of countries related to the topic were sampled and documented. Third, stakeholders were brought together in webinars to discuss the evidence and country experiences. Lastly, the literature, experiences from countries and insights from discussions were synthesized in a brief report that forms the varied issues of the snapshots.

Audience

The series is intended for a wide audience, including people working in public health and those working in local and national alcohol policy, policy-makers from national, regional and local administrations, government officials, researchers, civil society groups, consumer associations, youth, the mass media and people new to alcohol control policy, research or practice.

What is a health promotion approach to reducing alcohol consumption?

Evidence demonstrates that cultural, social and religious norms influence alcohol consumption as well as its normalization (acceptability), ease of purchase (availability) and price (affordability). Tackling upstream the determinants driving alcohol consumption requires a portfolio of policy options that address these multidimensional aspects with population-based interventions that have been proven to be effective.

Determinants driving the consumption of alcohol

	Acceptability	Availability	Affordability
Public health objectives	Protect consumers	Promote healthier settings	Build resilient societies
Health promotion interventions	Raising awareness, e.g. labelling	Mediating licensing, e.g. outlet density and location, online sales	Increasing prices, excise taxes and moderating other measures, reducing and ending financial incentives and subsidies
	Banning or comprehensively restricting alcohol marketing, advertising, sponsorships and promotion	Promoting healthy settings and a pro-health environment, e.g. schools, stadiums	Tackling unrecorded alcohol production and consumption
Addressing commercial determinants and conflict of interests			

Interested in other topics?

Visit the [Less Alcohol webpage](#) for other briefs in this series and forthcoming webinars. Subscribe to our newsletter to be informed of new releases of briefs and

notified of webinars to take part in these conversations. If you have a suggestion for a topic that has yet to be explored, contact the team at lessalcohol@who.int ■

Acknowledgements

Contributors

- ▶ Emeka Dumbili, University College Dublin, Ireland
- ▶ Tara Neville, World Health Organization
- ▶ Leon Booth, The George Institute for Global Health, Sydney, Australia
- ▶ Zila Sanchez, Federal University of São Paulo, Brazil
- ▶ Ogochukwu Odeigah, Chrisland University, Nigeria
- ▶ Gianna Gayle Herrera Amul, Asia Pacific Alcohol Policy Alliance
- ▶ Mansi Chopra, Hriday India
- ▶ Duong Vu, Alive & Thrive, Viet Nam
- ▶ Paul Zambrano, Alive & Thrive, Viet Nam
- ▶ Constance Ching, Alive & Thrive, Viet Nam
- ▶ Juan Tello, World Health Organization

Brief at a glance

The problem. Reducing alcohol consumption among young people continues to be a significant public health challenge. Globally, almost a quarter of people 15–19 years old consumed alcohol in 2019. The prevalence of alcohol consumption was similar for girls and boys. There is also concerning evidence that alcohol consumption among young people is increasing in parts of Africa, South-East Asia and the Western Pacific. The prevalence of alcohol consumption among young people in the WHO European Region has remained above 40% for the past two decades. Alcohol consumption in adolescence has wide-ranging negative effects that include damaged cognitive development, poor mental health, lower academic achievement and increased lifelong alcohol-related risks.

The evidence. Environments that normalize alcohol consumption, shape young people's attitudes and behaviour and their alcohol consumption patterns. Parents and guardians can create protective home conditions by avoiding exposure to alcohol during early and formative years. Similarly, school programmes have the potential to raise awareness among young people of the harm caused by alcohol consumption. The alcohol industry can undermine educational programmes in the form of corporate responsibility initiatives. Aggressive marketing practices in social and digital settings continue to expose

young people to alcohol advertising, promotion and sponsorships, even in locations with strict regulations.

The know-how. There has been important progress in designing and implementing effective measures to address the exposure of young people to alcohol in home, school and digital settings. A multifaceted approach protects young people from an alcohol environment. Innovation and creative solutions are available, including finding ways to harness technology to combat violations of laws and regulations to protect young people from alcohol advertising and sales on digital platforms. However, adapting these interventions to new contexts requires considering institutional, cultural and socioeconomic factors, including identifying and rooting out potential vested and conflicting interests.

The way forward. Governance and multisectoral collaboration can tackle the interrelated drivers of alcohol through policies that address the availability, accessibility and affordability of alcoholic beverages. This will reduce young people's exposure to alcohol through stringent and enforced policies and regulations. Strengthening evidence, especially from low- and middle-income countries and conducting cross-cultural research, will address knowledge gaps and facilitate the sharing of innovative interventions across contexts ■

Young people's alcohol consumption: does it remain of public health concern?

This section provides an overview of young people's alcohol consumption, drawing evidence to highlight why it continues to pose serious challenges to public health.

Globally, alcohol is the most widely used psychoactive substance among young people (1). Heavy episodic drinking and other hazardous consumption practices among young people remain a public health concern (2). Alcohol consumption at a young age affect the lifespan of an individual (3). Alcohol consumption negatively affects young people's brain development and increases the risk of developing alcohol use disorders (4). Truancy and a lack of motivation to study, leading to poor academic achievement, are also associated with alcohol consumption (4, 5). Other harm reported among young people caused by alcohol consumption include risky sexual behaviour and aggressive and violent behaviour (6, 7). The determinants of early alcohol consumption among children and adolescents include family and wider cultural norms, peer norms and social media (8).

In 2019, people 15–19 years old recorded a 22% prevalence of alcohol consumption globally, which has been described as unacceptably high (9). Despite regional differences and a growing body of research on the decline of young people's alcohol consumption in some regions, especially Europe and North America, there is still much to worry about concerning young people's alcohol consumption practices, trends and

effects (10–12). In the WHO European Region and Region of the Americas, the prevalence of alcohol consumption among people 15–19 years old has remained above 40% since 2005 (9).

Globally, the prevalence of alcohol consumption among young people has been stable over the past two decades. However, prevalence rates are substantially increasing from initially low levels in several countries. In the WHO Western Pacific Region and South-East Asian Region, for example, the prevalence of past-year drinking among young people increased by more than 20% between 2000 and 2019 (9). Another worrying trend across all regions is that, unlike in the total adult population (15+ years), the prevalence of young women and men consuming alcohol only differs slightly (9).

Table 1 indicates the prevalence of current and heavy episodic drinking among people 15–19 years old by WHO region (9).

These statistics highlight that alcohol continues to pose a serious threat to young people's health and well-being and calls for caution in generalizing a decline in young people's alcohol consumption. A concerted effort to understand and tackle the upstream drivers of alcohol consumption among young people is required globally.

Table 1. Alcohol consumption prevalence among young people aged 15–19, by WHO region

WHO region	Current drinking (%)
African Region	13.5
Region of the Americas	41.9
Eastern Mediterranean Region	1.1
European Region	44.0
South-East Asia Region	11.2
Western Pacific Region	36.9

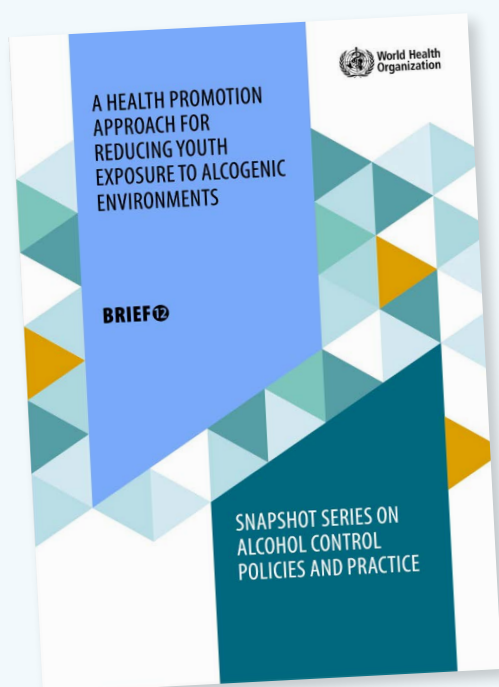
Source: *Global status report on alcohol and health and treatment of substance use disorders* (9).

What does this brief hope to achieve?

A health promotion approach for reducing young people's exposure to alcogenic environments (Box 1) was published as part of this snapshot series. That initial exploration showed how environments in which alcohol is widely accepted, available and affordable affect young people and their decisions to consume alcoholic beverages (13).

This brief seeks to delve deeper into how to protect young people from homes, schools and the digital spaces that normalize alcohol consumption. The brief includes an assessment of current policy and practices across cultural, socioeconomic and institutional conditions. The brief sheds light on progress made, identifies current challenges and highlights innovative solutions to emerging issues and persistent conflict and vested interests ■

Box 1. A health promotion approach for reducing young people exposure to alcogenic environments



The environment in which young people live, learn and play significantly affects their decisions about whether to consume alcohol. Environmental factors are the main risk factors driving alcohol consumption and related harm among young people. Environments that normalize alcohol consumption – termed alcogenic environments – include contexts with unregulated advertising and marketing of alcoholic beverages, higher alcohol outlet density, products designed to facilitate affordability and low prices of alcoholic beverages. A recent body of research evidence has emerged related to the measurement, functional significance and consequences of living in alcogenic environments. This includes findings on the complex and bidirectional interactions among alcohol acceptability, availability and affordability and how they create and perpetuate alcogenic environments. Comprehensive and enforced alcohol control policies are effective at delaying the age of onset and lowering alcohol prevalence and frequency among young people.

Source: A health promotion approach for reducing young people exposure to alcogenic environments (13).

Settings driving young people's alcohol consumption

This section summarizes selected evidence on how homes, schools and digital spaces can drive alcohol consumption among young people, citing specific initiatives and identifying existing knowledge gaps.

Home settings

Children and adolescents' exposure to alcohol in the home increases their risk of consuming alcohol and experiencing the harm caused by alcohol consumption. Parents are instrumental in shaping their children's beliefs and behaviour related to alcohol consumption (14, 15). Parents consuming alcohol is likely to result in minors normalizing alcohol consumption and intoxication in their home environment (16, 17). Parental alcohol consumption leads to children and adolescents' earlier initiation of alcohol consumption and their engaging in more frequent heavy episodic drinking (16, 18–20). This has been observed across geographical and cultural contexts, including Asia (18, 21), Australia (20), Europe (19), North America (22, 23) and South America (24, 25).

Parental alcohol consumption does not need to be high to adversely affect their children; even low levels of alcohol consumption have an impact (16, 18–20). Children observe their parents drinking and normalize alcohol consumption, modelling their own pattern of consumption (17). Parental alcohol consumption may also create positive alcohol expectations among children and adolescents when they associate alcohol with their parents' socializing, being happy and attending fun events. Observing older siblings consuming alcohol has a similar effect on children and adolescents (26).

Exposure to parental alcohol consumption at home affects children's perceptions of alcohol from a young

age. In the Netherlands (Kingdom of the), children 4–8 years old whose parents consumed alcohol were more likely to associate alcoholic beverages with adults in social settings (27).

In Switzerland, children 3–6 years old whose parents drank moderately were more likely to have positive alcohol expectations, such as alcohol making adults happy, relaxed and calm (28). Conversely, children whose parents drank more heavily were more likely to think that alcohol results in undesirable outcomes, such as alcohol making adults sad and angry (28). Therefore, children in households in which parents consumed alcohol were aware of alcohol's intoxicating properties and had developed expectations about how alcohol affects people (28).

Several parenting practices may protect minors from experiencing the harm caused by alcohol consumption. The children of parents who disapprove of underage alcohol consumption and discourage their children from consuming alcohol are less likely to drink alcohol (14, 29). Stricter parenting practices around alcohol consumption may explain the decline of alcohol consumption among adolescents in high-income countries (30). Children show better health outcomes when their parents refrain from providing them with alcohol (29, 31).

Parents providing alcohol to their children suggests that their parents accept them consuming alcohol (32). It also provides children access to alcohol when they are too young to purchase it themselves (32).

Exposure to parental alcohol consumption at home affects children's perceptions of alcohol from a young age

School and training settings

Multinational alcohol corporations sponsor school-based alcohol health education programmes as part of their corporate social responsibility initiatives, including Drinkaware's Junior Cycle Alcohol Education Programme, Talk About Alcohol and the *Smashed* project, a drama-based alcohol education programme (33, 34).

In Africa, *Smashed* was rolled out through an international company with more than 200 renowned brands (35, 36). *Smashed* is delivered to students by dramatizing the effects of excessive drinking and drunkenness and to teachers and guardians by distributing educational materials and guides (33). In 2016, *Smashed* was launched under the name *quebrados* (broken) in Mozambique. In 2018, in collaboration with the second-largest national brand, *Smashed* was launched in Nigeria (35, 37). In Nigeria, the theatre group dramatizes intoxication scenes by using actual products of the company and exposing alcohol imagery to minors, and interactive educational tools are also used (Box 2) (37). In 2019, *Smashed* was launched in Ethiopia (38) and the Seychelles (39), and in 2020, *Smashed* was launched in Uganda (40).

Through *Smashed* and similar alcohol education programmes, the alcoholic beverage branding, imagery and real-world experiences of alcohol drinking get closer to young people in schools (36). The Talk About Alcohol material mentions five alcohol brand names and states that most of those drinking alcohol in an uncontrolled manner will not develop serious problems (33). *Smashed* provides cues to drinking, familiarizes young people with brand names and contributes to normalizing underage alcohol consumption by dramatizing alcohol consumption with real brands (33, 41). Evidence has also shown that the alcohol industry often positions its funded corporate social responsibility initiatives as philanthropic while concealing company-serving purposes (42).

Most importantly, through *Smashed* and other corporate social responsibility initiatives, the alcohol companies promote individual responsibility. The construct of responsible drinking places the onus of alcohol consumption on individuals, avoids a societal

perspective on tackling alcogenic settings and leaves open to interpretation the meaning of responsible. Further, responsible drinking messages are ineffective in reducing alcohol consumption and its related harm (33). The responsible drinking narrative elicits and promotes messages that may induce individuals to act against their own interests (43).

In this way, the industry exonerates itself from the problems alcohol causes while positioning itself as part of the solution (44). However, educational materials sponsored by corporate responsibility initiatives provide students with corporate viewpoints on topics and make brand impressions with the school as a vehicle for corporate advertising (45). This potential ambiguity in the information presented to young people is cause for concern and calls for critically evaluating these initiatives.

Further, evidence shows that school-based education programmes funded by alcohol companies and promoting individual responsibility are ineffective (46). Education programmes funded by the tobacco industry served industry interests rather than reducing the consumption of harmful products (47, 48).

School-based programmes funded by alcohol corporates also purposely ignore, undermine and deny evidence of how marketing practices facilitate underage alcohol consumption (33). Examples of such misinformation have been largely documented (49–51). For example, in New Zealand, the *Smashed* Teacher Resource material indicates that alcohol-related harm is only caused by heavy drinking, contradicting the evidence that shows that any alcohol consumption carries risks (33, 36). Similarly, in Ireland, the Drinkaware primary school material indicates that consuming alcohol in small quantities induces happiness, whereas heavy drinking increases stress and anxiety (33). These examples showcase how *Smashed* misinforms and misleads young people, parents and the public about the magnitude of alcohol-related harm.

For these reasons, the *Smashed* alcohol education programme should be considered a corporate social responsibility initiative not allowed in schools.

Some health education programmes in schools may misinform about the magnitude of alcohol-related harm

Box 2. *Smashed* and other corporate social responsibility activities in Nigeria

A noticeable increase in the prevalence of alcohol consumption and heavy episodic drinking has been reported among adolescents in Nigeria (52–54). Young people consume alcohol for many reasons, including pleasure or to enhance their sexual activity (55), increasing their exposure to its harm. Recent evidence indicates that such drinking patterns still occur (56). School-based education programmes funded by alcohol companies promote individual responsibility and moderate consumption of alcohol.

In Nigeria, multinational alcohol corporations also use other corporate social responsibility initiatives to communicate brand information to young people in training settings. These include a national alcohol brand's Women and Young People Empowerment Programme – in which participants receive three months of entrepreneurial skills training and start-up funds (57).

Also, a multinational company with a top national brand uses the National Youth Service Corps, a government training scheme for graduates younger than 30 years, to promote responsible drinking using DRINKiQ resource materials (58). These initiatives targeting young people promote alcohol brands and normalize alcoholic beverages in training settings (42).

Digital platforms

Exposure to alcohol marketing across media has been shown to increase the likelihood that young people will consume alcohol and is associated with early onset of alcohol consumption, heavy episodic drinking and related harm (59–63). This may explain the expanding alcohol marketing practices in low- and middle-income settings of Africa, Asia, Latin America and the Caribbean, where young people are proportionally a larger part of the population (64–70). These alcohol company practices encourage harmful drinking to accumulate profit (71).

Research in Asia, Latin America and the Caribbean has shown how alcohol marketing practices affect young people's consumption and related harm such as violence, injuries and risky sexual behaviour (67, 72–74). The growing and compelling evidence from these regions indicates the worrisome nature of young people drinking and how it should continue to matter to policy- and decision-makers globally.

Transnational alcohol corporations target Africa for many reasons. The continent has a large majority of non-drinkers, which may enable new drinkers to be recruited (52). Africa has 650 million people younger than 17 years in 2021, the youngest population globally (75). Nigeria, for example, is the most populous country in Africa, and 62% of its 224 million people are below 26 years (76).

Exposure to alcohol marketing is associated with early onset of alcohol consumption and heavy episodic drinking

In Nigeria, transnational alcohol corporations compete to purchase and revive local breweries or develop new products targeting young people and women (41, 77, 78). Alcohol corporations in Ghana, Malawi, Nigeria and Uganda package alcoholic beverages in plastic sachets and small bottles of less than 200-mL, making these products affordable, convenient and easily accessible to young people (55, 79, 80). In Nigeria, the alcohol industry markets spirit-based alcoholic bitters to young men as aphrodisiacs and sex enhancers, to the extent that 34%

of adolescents reported using sachet alcohol to enhance their last sexual activities (55). In Nigeria, alcohol consumption games in which winners receive more alcohol and monetary prizes are promoted as a marketing strategy (Box 3) (81).

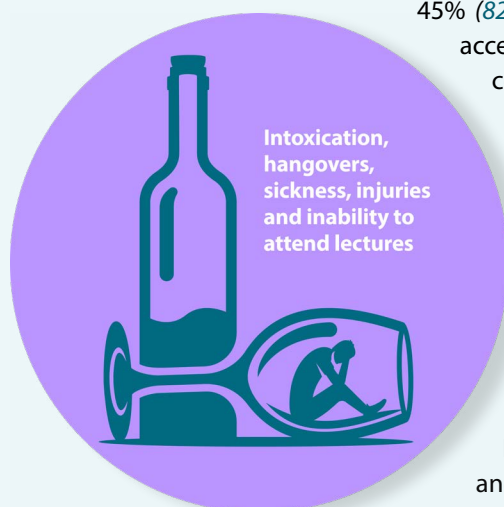
Transnational alcohol corporations have also engaged in aggressive marketing practices on traditional and digital media platforms in the WHO South-East Asia Region and Western Pacific Region, enabled by weak regulations on alcohol advertising, promotion and sponsorships (Boxes 4, 5 and 6) (73). Cambodia, China, Malaysia, Singapore, the Philippines and Viet Nam allow alcohol advertising, promotion and sponsorship in events and sports, exposing children and young people to alcohol branding and advertising (73, 95, 96). In Muslim-majority countries such as Brunei, Indonesia and the Maldives, alcohol marketing is prohibited (73).

Despite this, there is a knowledge gap about how exposure to alcohol marketing practices affects young people's alcohol consumption in low- and middle-income countries or countries where alcohol marketing

practices are less regulated (96). Most of the evidence is from countries with strict alcohol marketing regulations, such as Sri Lanka and Thailand, or from high-income countries, such as Australia and New Zealand ■

Box 3. Marketing practices in Nigeria

Assorted brands of alcoholic beverages in sachet, glass and PET bottles are affordable and commonly available in outlets in Nigeria, such as convenience stores, liquor kiosks, motor parks and open markets (55). Many of these alcohol outlets are located less than 50 metres from schools and public centres, exposing children and young people to alcohol advertisements (68). Alcoholic beverages packaged in 30-mL to 200-mL sachets, glass and plastic bottles are spirit-based drinks with ethanol content between 15% and 45% (82). The products were publicly recognized as affordable and easily accessible to minors (83, 84). A study found that 34% of adolescents consumed alcoholic beverages in sachets to enhance their sexual performance in Nigeria (55). About 60% of people 15–19 years old reported engaging in heavy episodic drinking by consuming 60 or more grams of alcohol on one occasion in the past 30 days (52).



In February 2024, the National Agency for Food and Drug Administration and Control banned manufacturing, importing and selling alcoholic beverages in sachets, plastic and glass bottles smaller than 200-mL to protect public health (85). The alcohol industry contested the ban (86). However, following a public hearing in March 2024, the Parliament instructed the National Agency to lift the ban because its impact on the economy and unemployment outweighed the public health concerns (87, 88).

Instead, a licensing system managed by local governments was expected to prevent underaged people from purchasing alcoholic beverages (89).

However, the lack of national legislation on alcohol licensing and outlet density has led to local governments licensing alcohol outlets indiscriminately (68, 90).

Alcohol outlets and marketing are present around public areas, with some located within less than 50 metres of schools and places of worship (68). Young undergraduates confirmed that viewing alcohol advertisements on and around alcohol outlets conveyed the message that consuming alcohol is acceptable and appealing, influencing their intention to drink (91). In addition, children described how they wanted to consume certain beer brands because they "liked the ads and could win so many things" such as money from bottle corks, free prizes and drinks (92).

The current situation in Nigeria exposes young people to an increasing risk of experiencing negative effects from heavy episodic drinking, such as intoxication, hangovers, sickness, injuries and inability to attend lectures (93, 94).

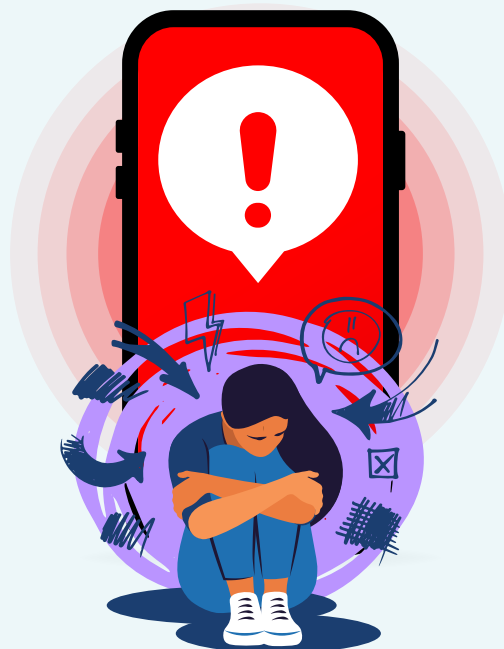
Box 4. Strict advertising regulations meet indirect marketing practices in Thailand

Alcohol marketing practices are strictly regulated in Thailand (97, 98). However, indirect alcohol marketing practices through repetitive brand exposure through sports and event sponsorships, corporate social responsibility initiatives and digital media exploit policy loopholes and circumvent regulations to normalize alcohol consumption and perpetuate the myth that alcohol consumption benefits the economy (99, 100). In 2021, 28% of Thai students 13–17 years old were current alcohol drinkers, 29% had experienced being drunk and about 56% had tried consuming alcohol before 14 years of age (101).

Box 5. Digital alcohol marketing in India

In India, the alcohol industry leveraged digital platforms to target 467 million social media users in 2023. Innovative marketing tactics such as surrogate advertisements, sports sponsorships and ladies' nights are widespread. Brands also use social and digital platforms to associate alcohol consumption with glamour and achievement, such as "N. 1 Yaari" (No. 1 Friendship) and "Men will be Men" (102–104). A study conducted by HRIDAY showed that social media platforms exposed people 12–19 years old to alcohol advertisements. Those exposed to more than two media platforms showed higher chances of alcohol consumption. Liking to an alcohol brand, following an alcohol brand, attending industry-sponsored events and sharing stories related to alcohol increased the probability of consuming alcohol (105).

The absence of a national policy and regulatory framework and the diverse state regulations challenge the current alcohol marketing practices in India. Challenges ahead include regulating influencers, using age-gating technology, adopting artificial intelligence tools for monitoring and employing social marketing strategies to raise awareness about the harm caused by alcohol consumption. These challenges are in the purview of the Guidelines on Prevention of Misleading Advertisements and Endorsements for Misleading Advertisements published in 2022. These guidelines aim at protecting consumers from misleading advertisements and consumers' rights (106).



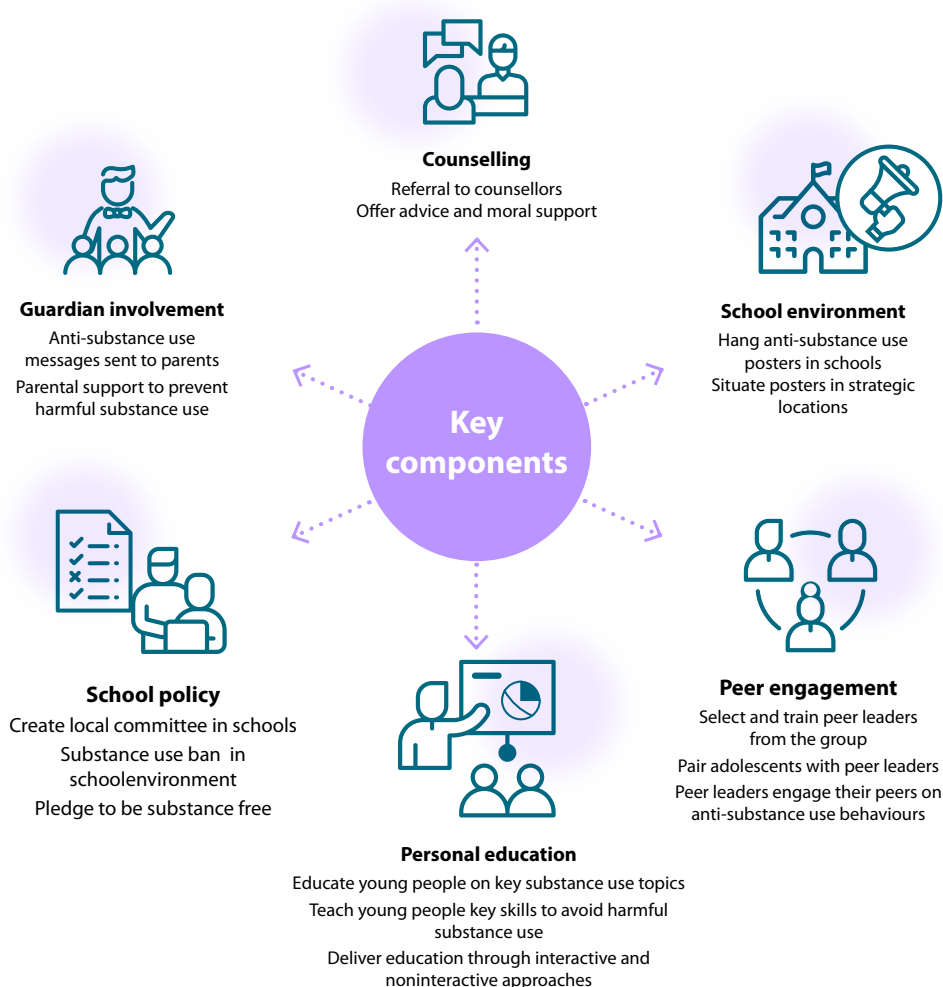
Interventions addressing drivers of young people's alcohol consumption

This section describes initiatives applied to reduce young people's exposure to alcohol in the home, school and digital platforms. These initiatives are usually illustrated and assessed in isolation of other interventions addressing alcogenic environments.

In low- and middle-income countries, family- and school-based interventions are mutually reinforcing and commonly applied together. Isolating the effects of each component may lead to undermining equally

important components of prevention interventions. Based on a recent review, Fig. 1 illustrates the core components of prevention interventions, which include both family- and school-based elements (107).

Fig. 1. Core components of substance use prevention interventions



Source: adapted from Cadri et al. (107). Reproduced with permission.

Family-based alcohol prevention programmes

Family-based programmes have been positively evaluated for preventing alcohol consumption among adolescents and can be consulted in robust repositories such as Blueprints for Healthy Youth Development (108) and the Xchange prevention registry (109).

However, the effects of family-based programmes are not similar when applied to different cultures, and more rigorous studies are needed to draw definitive conclusions (110). Further, although family-based versus school-based alone programmes show higher impact in reducing alcohol consumption among adolescents, there are concerns about the potential fragility of these results (111, 112).

One example of family-based intervention with inconsistent results when tested worldwide over the past three decades is the Strengthening Families Programme, developed for people 10–14 years old and their parents and caregivers. In the United States of America, this programme has shown strong evidence of effectiveness in several outcomes, including reducing alcohol use among adolescents (113, 114). In the early 2000s, the programme was adapted for application in other countries (113). However, the evidence from Europe and Latin America have not corroborated the results in the United States of America.

In Brazil, Chile and Colombia, these programmes appear to be effective in improving parenting skills rather than directly reducing adolescent alcohol consumption (115–117).

No country applying the programme found effects on adolescent alcohol consumption, but they mostly showed improvement in parental skills. In Brazil, although the programme did not alter any alcohol consumption pattern among adolescents, it showed a notable effect in reducing parents' alcohol consumption (117).

Germany, Poland, Sweden and the United Kingdom of Great Britain and Northern Ireland evaluated similar programmes to those in Latin America and the United States of America. None of these countries found significant changes in alcohol consumption and drug use among adolescents or improvements in parent's behaviour (118–122).

The reasons for the non-replication of results revolve around cultural adaptation. The cultural adaptation

may have been insufficient to address the complexity of family relationships in cultures outside North America. In addition, the programme was designed 30 years ago, so its activities may no longer represent the dynamics of parent–child relationships in a generation connected to social networks and exposed to completely different experiences than those of decades ago.

School-based alcohol prevention programmes in Brazil

School-based interventions have a limited impact compared with upstream policies that tackle the availability, marketing and affordability of alcoholic beverages. However, initiatives to reduce adolescent alcohol consumption in schools are easy to implement and are highly supported and valued within communities (112, 123).

Family-based programmes have been positively evaluated for preventing alcohol consumption among adolescents

Brazil adopted the Unplugged programme, targeting students 12–14 years old, which has proven effective in reducing adolescent alcohol use in Europe. Unplugged is based on the social influence model, which emphasizes the role of social factors in initiating and continuing substance use (124).

The programme aims to harness young people with comprehensive life skills training, strengthen their resilience against social pressures to engage in substance use and refine their critical thinking skills to foster positive attitudes and healthy behaviour (125). The programme was implemented as a response to the high community demand for preventing adolescent alcohol consumption by the government and the United Nations Office on Drugs and Crime in Brazil.

The programme was implemented in three versions, each pursuing different outcomes regarding adolescent alcohol consumption. In 2013, the first version retained the original Unplugged approach and showed promising results in reducing alcohol consumption (126). In 2014, a second edition called #Tamojunto was a cultural adaptation of Unplugged that significantly altered the approach. This version adopted a harm-reduction perspective, focusing on reducing excessive drinking among 13-year-olds rather than emphasizing abstinence. Unexpectedly, this shift increased the likelihood of alcohol initiation among participants by 30% compared with the control group (127).

In 2018, #Tamojunt0 2.0 was designed to overcome the limitations of #Tamojunt0, resuming the original elements of Unplugged. This new version showed a 22% reduction in adolescent alcohol initiation (128). #Tamojunt0 2.0 also contributed to increased knowledge about psychoactive substances and strengthened negative beliefs about alcohol (129). In addition, #Tamojunt0 2.0 indirectly reduced bullying because of decreased alcohol consumption (130).

In Brazil, implementing these school-based alcohol prevention programmes demonstrated how altering an already tested programme can lead to adverse outcomes, highlighting the complexity and risks inherent in adapting and implementing school prevention programmes from other settings. It also emphasizes the need for ongoing, independent effectiveness evaluations to ensure the safety of adolescents and the integrity of alcohol preventive interventions.

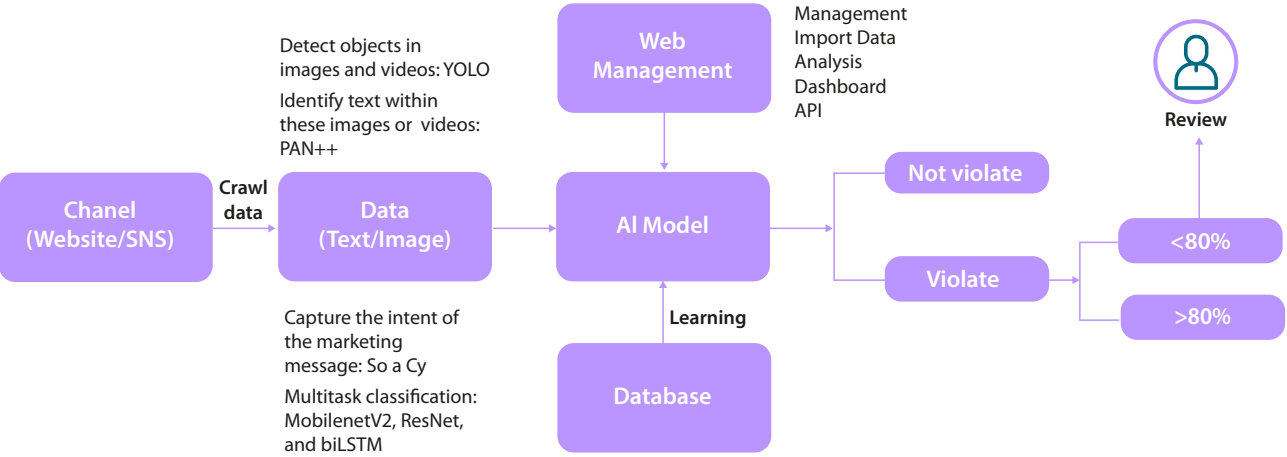
Artificial intelligence tracking marketing infringements in Viet Nam

Viet Nam ranks among the top countries in smartphone users and has one of the largest user bases for main digital platforms (131). This makes digital platforms a primary channel for alcohol marketing.

Since 2021, online platforms have been required to remove advertisements that violate the digital advertising framework within 24 hours of detection and report violations to the national framework regulating alcohol advertising, sponsorship and promotion (2019 Law on Prevention and Control of Alcohol Harm, Decree 24/2020 and Decree No. 70/2021 on Digital Advertising).

In 2021, a Virtual Violations Detector (VIVID) was introduced to support enforcement. VIVID is an artificial intelligence-powered monitoring tool that scans websites, social media channels and shopping platforms to identify advertisements that violate the regulatory framework in Viet Nam. VIVID identifies posts with potential violations using key text and image recognition and matches them to specific regulatory framework provisions. Potential violations automatically detected are confirmed by an adviser, who gathers additional information and shares it with the authorities responsible for prosecution (Fig. 2). VIVID also allows tracking enforcement actions, such as warnings and penalties.

Fig 2. VIVID workflow deploying supervised machine learning technology



Sources: Alive & Thrive and FHI 360. Reproduced with permission.

Since 2021, VIVID has detected 980 violations of alcoholic beverage advertisements in Viet Nam; 67% of the violations promoted beverages with alcoholic content above 15%. VIVID data serve advocacy, public campaigning and activism by motivating members of civil society to report violations. It also provides health inspectors and the media with real-time violation data disaggregated by brand. This helps to promote ethical marketing and to identify possible loopholes in the regulatory framework. VIVID is embedded into the official

monitoring systems, which include tracking enforcement actions in Viet Nam. VIVID has low-demanding technical requirements and human expertise. However, verifying potential violations identified by VIVID still requires employing advisers. VIVID new challenges include detecting violations by individual (personal) accounts, private social media groups, sponsorships in podcasts or talk shows. VIVID is currently applied in nine other countries where the marketing content is primarily in English ■

Box 6. Regulating alcopops retail marketing in The Philippines

In the early 2000s, alcopops – premixed, ready-to-drink flavoured alcoholic beverages – were introduced in the Philippines. They targeted children and adolescents with packaging that resembled juices packed in aluminium foil or Tetra Pak containers (132). Alcopops were marketed and displayed with sugar-sweetened beverages, juices and other non-alcoholic beverages in supermarkets, grocery stores and convenience stores (132). These marketing practices and retail placement of alcopops contributed to alcopops being increasingly accessible to children and young people (133).

In 2019, a Senate investigation led to the adoption of administrative guidelines on the commercial display at the point of sale and on the sale, promotion and advertising of alcoholic beverages to protect children from exposure to alcohol marketing (134, 135). In 2019, 25% of students 13–17 years old were current alcohol drinkers (from 18% in 2015), and 25% experienced being drunk (from 16% in 2015) in the Philippines. However, people younger than 14 years who drank alcohol for the first time decreased from 70% in 2015 to 60% in 2019, while the proportion of young people initiating alcohol use remained high (136).



The way forward

This section provides directions to guarantee that the conversation continues beyond this brief.

Addressing the challenges of young people's exposure to alcohol in home, school and media platforms and their alcohol consumption requires a concerted effort from all stakeholders using multilayered

approaches beyond the health sector. The following are some examples for policy-makers, governments, civil society, community-based organizations, researchers and research institutions to adopt.

Polymakers and governments

- ▶ Work concertedly across sectors to tackle the drivers of alcohol availability, accessibility and affordability through stringent policies and measures, including regulating outlets density around schools, developing guidelines to tackle alcohol marketing on social media and avoiding products easily affordable to young people.
- ▶ Strive to address the impact of alcohol marketing practices, including curtailing the alcohol industry's sponsorship of school and training programmes.
- ▶ Disseminate evidence-informed information to young people on the harm derived from alcohol consumption. This may include increasing teachers' and parents' awareness, strengthening school management and working with local authorities.

Civil society and community-based organizations

- ▶ Raise awareness of the harm alcohol causes to young people to discourage parents, guardians and family members from exposing children to alcohol in home settings.

- ▶ Take a proactive stance and champion campaigns against school-based alcohol education programmes funded by the alcohol industry.
- ▶ Raise awareness of the exposure of young people to the increased availability of outlets selling alcoholic beverages, alcohol marketing practices in digital spaces and the affordability of alcoholic drinks.

Researchers and research institutions

- ▶ Conduct multi-settings studies on young people's alcohol consumption practices and trends to expand evidence for policy and practice implementation in low- and middle-income countries.
- ▶ Embark on cross-cultural studies to provide evidence to enhance the effectiveness of alcohol prevention programmes in families.
- ▶ Expand the evidence about how alcohol marketing practices, such as social and digital platforms and accessibility to ready-to-drink alcoholic beverages, influence the promotion of alcogenic settings increasing alcohol consumption among young people.
- ▶ Examine the links between the lack of policies or the presence of lax regulations and alcogenic environments in many low- and middle-income countries ■

Takeaway messages

1

Alcohol consumption among young people remains a public health concern across the globe: in low- and middle-income countries consumption has increased, especially among young women, and young people's consumption in high-income countries remains high.

2

Homes, schools and digital platforms can normalize young people's positive perceptions about alcohol consumption, increasing its associated harm.

3

The contexts in which young people live, learn and socialize substantially shape their views about alcohol and determine their patterns of consumption.

4

Family- and school-based education programmes are more effective when combined with multiple interventions.

5

Governance, including policies, regulatory frameworks and enforcement, need to keep pace with digital settings to effectively address alcohol acceptability, availability and affordability.

References¹

1. Charrier L, van Dorsselaer S, Canale N, Baska T, Kilibarda B, Comoretto RI et al. A focus on adolescent substance use in Europe, central Asia and Canada: Health Behaviour in School-aged Children international report from the 2021/2022 survey. Volume 3. Copenhagen: WHO Regional Office for Europe; 2024 (<https://iris.who.int/handle/10665/376573>). Licence: CC BY-NC-SA 3.0 IGO.
2. Bryazka D, Reitsma MB, Griswold MG, Abate KH, Abbafati C, Abbasi-Kangevari M et al. Population-level risks of alcohol consumption by amount, geography, age, sex, and year: a systematic analysis for the Global Burden of Disease Study 2020. *Lancet*. 2022;400(10347):185–235 ([https://doi.org/10.1016/S0140-6736\(22\)00847-9](https://doi.org/10.1016/S0140-6736(22)00847-9)).
3. Pitkänen T, Lyyra A, Pulkkinen L. Age of onset of drinking and the use of alcohol in adulthood: a follow-up study from age 8–42 for females and males. *Addiction*. 2005;100(5):652–61 (<https://doi.org/10.1111/j.1360-0443.2005.01053.x>).
4. de Goede J, van der Mark-Reeuwijk, Kerstin G, Braun KP, le Cessie S, Durston S, Engels RC et al. Alcohol and brain development in adolescents and young adults: a systematic review of the literature and advisory report of the Health Council of the Netherlands. *Adv Nutr*. 2021;12(4):1379–410 (<https://doi.org/10.1093/advances/nmaa170>).
5. El Ansari W, Stock C, Mills C. Is alcohol consumption associated with poor academic achievement in university students? *Int J Prev Med*. 2013;4(10):1175–88.
6. Beserra MA, Carlos DM, Leitão MNDC, Ferriani MDGC. Prevalence of school violence and use of alcohol and other drugs in adolescents. *Rev Lat Am Enfermagem*. 2019;27:e3110 (<https://doi.org/10.1590/1518-8345.2124.3110>).
7. Cho H, Yang Y. Relationship between alcohol consumption and risky sexual behaviors among adolescents and young adults: a meta-analysis. *Int J Public Health*. 2023;68:1605669 (<https://doi.org/10.3389/ijph.2023.1605669>).
8. Skylstad V, Babirye JN, Kiguli J, Skar AS, Kühl M, Nalugya JS et al. Are we overlooking alcohol use by younger children? *BMJ Paediatr Open*. 2022;6(1):e001242. doi: 10.1136/bmjpo-2021-001242).
9. Global status report on alcohol and health and treatment of substance use disorders. Geneva: World Health Organization; 2024 (<https://iris.who.int/handle/10665/377960>). Licence: CC BY-NC-SA 3.0 IGO.
10. Burgess A, Yeomans H, Fenton L. “More options... less time” in the “hustle culture” of “generation sensible”: individualization and drinking decline among twenty-first century young adults. *Br J Sociol*. 2022;73(4):903–18 (<https://doi.org/10.1111/1468-4446.12964>).
11. Caluzzi G, Livingston M, Holmes J, MacLean S, Lubman D, Dietze P et al. Declining drinking among adolescents: are we seeing a denormalisation of drinking and a normalisation of non-drinking? *Addiction*. 2022;117(5):1204–12 (<https://doi.org/10.1111/add.15611>).
12. Looze MD, Raaijmakers Q, Bogt TT, Bendtsen P, Farhat T, Ferreira M et al. Decreases in adolescent weekly alcohol use in Europe and North America: evidence from 28 countries from 2002 to 2010. *Eur J Public Health*. 2015;25(suppl_2):69–72 (<https://doi.org/10.1093/eurpub/ckv031>).
13. A health promotion approach for reducing youth exposure to alcogenic environments. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO.
14. Sharmin S, Kypri K, Khanam M, Wadolowski M, Bruno R, Attia J et al. Effects of parental alcohol rules on risky drinking and related problems in adolescence: Systematic review and meta-analysis. *Drug Alcohol Depend*. 2017;178:243–56 (<https://doi.org/10.1016/j.drugalcdep.2017.05.011>).
15. Shin Y, Miller-Day M. A longitudinal study of parental anti-substance-use socialization for early adolescents’ substance-use behaviors. *Commun Monogr*. 2017;84(3):277–97 (<https://doi.org/10.1080/03637751.2017.1300821>).
16. Rossow I, Keating P, Felix L, McCambridge J. Does parental drinking influence children’s drinking? A systematic review of prospective cohort studies. *Addiction*. 2016;111(2):204–17 (<https://doi.org/10.1111/add.13097>).
17. Smit K, Voogt C, Hiemstra M, Kleinjan M, Otten R, Kuntsche E. Development of alcohol expectancies and early alcohol use in children and adolescents: a systematic review. *Clin Psychol Rev*. 2018;60:136–46 (<https://doi.org/10.1016/j.cpr.2018.02.002>).
18. Chen W, Wang N, Lin K, Liu C, Chen WJ, Chen C. Alcohol expectancy profile in late childhood with alcohol drinking and purchasing behaviors in adolescence. *Addict Behav*. 2018;87:55–61 (<https://doi.org/10.1016/j.addbeh.2018.06.020>).
19. Morgenstern M, Isensee B, Hanewinkel R. Vorhersage des Rauschtrinkens im jungen Erwachsenenalter: Eine Kohortenstudie über 9 Jahre [Prediction of binge drinking in young adults: a cohort study over nine years]. *Z Kinder Jugendpsychiatr Psychother*. 2018;47(2):112–24 (<https://doi.org/10.1024/1422-4917/a000590>) (in German).
20. Homel J, Warren D. The relationship between parent drinking and adolescent drinking: differences for mothers and fathers and boys and girls. *Subst Use Misuse*. 2019;54(4):661–9 (<https://doi.org/10.1080/10826084.2018.1531429>).

¹ All references were accessed on 3 February 2025.

21. Inoura S, Shimane T, Kitagaki K, Wada K, Matsumoto T. Parental drinking according to parental composition and adolescent binge drinking: findings from a nationwide high school survey in Japan. *BMC Public Health*. 2020;20:1–13 (<https://doi.org/10.1186/s12889-020-09969-8>).
22. Jacobs W, Barry AE, Xu L, Valente TW. Hispanic/Latino adolescents' alcohol use: Influence of family structure, perceived peer norms, and family members' alcohol use. *Am J Health Educ*. 2016;47(4):253–61 (<https://doi.org/10.1080/19325037.2016.1179141>).
23. Kosty DB, Farmer RF, Seeley JR, Merikangas KR, Klein DN, Gau JM et al. The number of biological parents with alcohol use disorder histories and risk to offspring through age 30. *Addict Behav*. 2020;102:106196 (<https://doi.org/10.1016/j.addbeh.2019.106196>).
24. Conegundes LSO, Valente JY, Martins CB, Andreoni S, Sanchez ZM. Binge drinking and frequent or heavy drinking among adolescents: prevalence and associated factors. *J Pediatr*. 2020;96:193–201 (<https://doi.org/10.1016/j.jpeds.2018.08.005>).
25. Jorge KO, Ferreira RC, Vale MP, Kawachi I, Zarzar PM. Binge drinking and associated factors among adolescents in a city in southeastern Brazil: a longitudinal study. *Cad Saude Publica*. 2017;33:e00183115 (<https://doi.org/10.1590/0102-311X00183115>).
26. Cook M, Smit K, Kuntsche E. All alcohol exposure counts-testing parental, older sibling, best friend and peer exposure on young adolescent drinking in a seven-wave longitudinal study. *Addiction*. 2023;118(2):276–83 (<https://doi.org/10.1111/add.16073>).
27. Cook M, Smit K, Voogt C, Kuntsche S, Kuntsche E. Effects of exposure to mother's and father's alcohol use on young children's normative perceptions of alcohol. *Alcohol Clin Exp Res*. 2022;46(9):1687–94 (<https://doi.org/10.1111/acer.14902>).
28. Kuntsche E, Kuntsche S. Even in early childhood offspring alcohol expectancies correspond to parental drinking. *Drug Alcohol Depend*. 2018;183:51–4 (<https://doi.org/10.1016/j.drugalcdep.2017.10.024>).
29. Yap MB, Cheong TW, Zaravinos-Tsakos F, Lubman DI, Jorm AF. Modifiable parenting factors associated with adolescent alcohol misuse: a systematic review and meta-analysis of longitudinal studies. *Addiction*. 2017;112(7):1142–62 (<https://doi.org/10.1111/add.13785>).
30. Vashishtha R, Livingston M, Pennay A, Dietze P, MacLean S, Holmes J et al. Why is adolescent drinking declining? A systematic review and narrative synthesis. *Addict Res Theory*. 2020;28(4):275–88 (<https://doi.org/10.1080/16066359.2019.1663831>).
31. Aiken A, Clare PJ, Boland VC, Degenhardt L, Yuen WS, Hutchinson D et al. Parental supply of sips and whole drinks of alcohol to adolescents and associations with binge drinking and alcohol-related harms: a prospective cohort study. *Drug Alcohol Depend*. 2020;215:108204 (<https://doi.org/10.1016/j.drugalcdep.2020.108204>).
32. Colder CR, Shyhalla K, Frndak SE. Early alcohol use with parental permission: psychosocial characteristics and drinking in late adolescence. *Addict Behav*. 2018;76:82–7 (<https://doi.org/10.1016/j.addbeh.2017.07.030>).
33. van Schalkwyk MC, Petticrew M, Maani N, Hawkins B, Bonell C, Katikireddi SV et al. Distilling the curriculum: an analysis of alcohol industry-funded school-based youth education programmes. *PLoS One*. 2022;17(1):e0259560 (<https://doi.org/10.1371/journal.pone.0259560>).
34. Alcohol education in schools [website]. Dublin: Drinkaware; 2022 (<https://www.drinkaware.ie/schools-alcohol-education-and-training/schools>).
35. Smashed project [website]. Holmfirth: Smashed; 2019 (<http://smashedproject.org>).
36. Jackson N, Dixon R. The practice of the alcohol industry as health educator: a critique. *N Z Med J*. 2020;133(1515):89–96.
37. Guinness Nigeria rolls out campaign to tackle under-age drinking. Abuja: BusinessDay; 2018 (<https://businessday.ng/brands-advertising/article/guinness-nigeria-rolls-campaign-tackle-age-drinking>).
38. Diageo set to tackle underage drinking. Addis Ababa: The Reporter; 2019 (<https://www.thereporterethiopia.com/7894>).
39. Smashed project officially launched in all Seychelles secondary schools. Victoria: Government of Seychelles; 2019 (<http://www.statehouse.gov.sc/news/4458/smashed-project-officially-launched-in-all-seychelles-secondary-schools>).
40. Uganda Breweries launches “Smashed” in movie format. Londn: DIAGEO; 2024 (<https://www.diageo.com/en/news-and-media/stories/2021/uganda-breweries-launches-smashed-in-movie-format>).
41. Morojele NK, Dumbili EW, Obot IS, Parry CD. Alcohol consumption, harms and policy developments in sub-Saharan Africa: the case for stronger national and regional responses. *Drug Alcohol Rev*. 2021;40(3):402–19 (<https://doi.org/10.1111/dar.13247>).
42. Dumbili EW, Odeigah OW. Alcohol industry corporate social responsibility activities in Nigeria: implications for policy. *J Subst Use*. 2023;1–7 (<https://doi.org/10.1080/14659891.2023.2254385>).
43. Petticrew M, Maani N, Pettigrew L, Rutter H, Van Schalkwyk MC. Dark nudges and sludge in big alcohol: behavioral economics, cognitive biases, and alcohol industry corporate social responsibility. *Milbank Q*. 2020;98(4):1290–328 (<https://doi.org/10.1111/1468-0009.12475>).
44. Nixon L, Mejia P, Cheyne A, Wilking C, Dorfman L, Daynard R. “We’re part of the solution”: evolution of the food and beverage industry’s framing of obesity concerns between 2000 and 2012. *Am J Public Health*. 2015;105(11):2228–36 (<https://doi.org/10.2105/AJPH.2015.302819>).
45. Molnar A. The commercial transformation of public education. *J Educ Policy*. 2006;21(5):621–40 (<https://doi.org/10.1080/02680930600866231>).

46. Foxcroft DR, Tsertsvadze A. Universal family-based prevention programs for alcohol misuse in young people. *Cochrane Database Syst Rev*. 2011 Sep 7;(9):CD009308 (<https://doi.org/10.1002/14651858.CD009308>).
47. Mandel LL, Bialous SA, Glantz SA. Avoiding “truth”: tobacco industry promotion of life skills training. *J Adolesc Health*. 2006;39(6):868–79 (<https://doi.org/10.1016/j.jadohealth.2006.06.010>).
48. Landman A, Ling PM, Glantz SA. Tobacco industry youth smoking prevention programs: protecting the industry and hurting tobacco control. *Am J Public Health*. 2002;92(6):917–30 (<https://doi.org/10.2105/ajph.92.6.917>).
49. Petticrew M, Maani Hessari N, Knai C, Weiderpass E. How alcohol industry organisations mislead the public about alcohol and cancer. *Drug Alcohol Rev*. 2018;37(3):293–303 (<https://doi.org/10.1111/dar.12596>).
50. Vallance K, Vincent A, Schoueri-Mychasiw N, Stockwell T, Hammond D, Greenfield TK et al. News media and the influence of the alcohol industry: an analysis of media coverage of alcohol warning labels with a cancer message in Canada and Ireland. *J Stud Alcohol Drugs*. 2020;81(2):273–83 (<https://doi.org/10.15288/jsad.2020.81.273>).
51. Stockwell T, Solomon R, O'Brien P, Vallance K, Hobin E. Cancer warning labels on alcohol containers: a consumer's right to know, a government's responsibility to inform, and an industry's power to thwart. *J Stud Alcohol Drugs*. 2020;81(2):284–92 (<https://doi.org/10.15288/jsad.2020.81.284>).
52. Global status report on alcohol and health 2018. Geneva: World Health Organization; 2018 (<https://iris.who.int/handle/10665/274603>). Licence: CC BY-NC-SA 3.0 IGO.
53. Alex-Hart BA, Opara PI, Okagua J. Prevalence of alcohol consumption among secondary school students in Port Harcourt, southern Nigeria. *Nigerian J Paediatr*. 2015;42(1):39–45 (<https://doi.org/10.4314/njp.v42i1.9>).
54. Mehanović E, Virk HK, Ibanga A, Pwajok J, Prichard G, van der Kreeft P et al. Correlates of alcohol experimentation and drunkenness episodes among secondary-school students in Nigeria. *Subst Abuse*. 2022;43(1):371–9 (<https://doi.org/10.1080/08897077.2021.1944952>).
55. Arasi O, Ajuwon A. Use of sachet alcohol and sexual behaviour among adolescents in Ibadan, Nigeria. *Afr Health Sci*. 2020;20(1):14–27 (<https://doi.org/10.4314/ahs.v20i1.5>).
56. Aguocha CM, Merenu IA, Nduka I. Prevalence, pattern and correlates of underage alcohol drinking among secondary school students in Orlu, Imo State. *J Community Med Prim Health Care*. 2023;35(1):11–23 (<https://doi.org/10.4314/jcmphc.v35i1.2>).
57. Nigerian Breweries Plc flags off 2022 women and youth empowerment programme. Iganmu: Nigerian Breweries Plc; 2024 (<https://www.nbplc.com/nigerian-breweries-plc-flags-off-2022-women-and-youth-empowerment-programme>).
58. Promoting positive drinking. Abuja: Guinness Nigeria; 2023 (<https://www.guinness-nigeria.com/en/in-society/promoting-positive-drinking>).
59. Anderson P, De Bruijn A, Angus K, Gordon R, Hastings G. Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies. *Alcohol Alcohol*. 2009;44(3):229–43 (<https://doi.org/10.1093/alcalc/agn115>).
60. de Bruijn A, Tanghe J, de Leeuw R, Engels R, Anderson P, Beccaria F et al. European longitudinal study on the relationship between adolescents' alcohol marketing exposure and alcohol use. *Addiction*. 2016;111(10):1774–83 (<https://doi.org/10.1111/add.13455>).
61. Giesbrecht N, Reisdorfer E, Shield K. The impacts of alcohol marketing and advertising, and the alcohol industry's views on marketing regulations: systematic reviews of systematic reviews. *Drug Alcohol Rev*. 2024;43(6):1402–25 (<https://doi.org/10.1111/dar.13881>).
62. Morojele NK, Lombard C, Harker Burnhams N, Petersen Williams P, Nel E, Parry C. Alcohol marketing and adolescent alcohol consumption: results from the International Alcohol Control study (South Africa). *S Afr Med J*. 2018;108(9):782–8 (<https://doi.org/10.7196/SAMJ.2018.v108i9.12958>).
63. Sargent JD, Babor TF. The relationship between exposure to alcohol marketing and underage drinking is causal. *J Stud Alcohol Drugs*. 2020(s19):113–24 (<https://doi.org/10.15288/jsads.2020.s19.113>).
64. Jernigan D, Ross CS. The alcohol marketing landscape: alcohol industry size, structure, strategies, and public health responses. *J Stud Alcohol Drugs*. 2020(s19):13–25 (<https://doi.org/10.15288/jsads.2020.s19.13>).
65. Jernigan DH, Babor TF. The concentration of the global alcohol industry and its penetration in the African region. *Addiction*. 2015;110(4):551–60 (<https://doi.org/10.1111/add.12468>).
66. Noel JK. Alcohol marketing policy and advertising exposure in low and middle income Latin American countries. *Drugs Educ Prev Policy*. 2020;27(6):479–87 (<https://doi.org/10.1080/09687637.2020.1733931>).
67. Pantani D, Peltzer R, Cremonese M, Robaina K, Babor T, Pinsky I. The marketing potential of corporate social responsibility activities: the case of the alcohol industry in Latin America and the Caribbean. *Addiction*. 2017;112:74–80 (<https://doi.org/10.1111/add.13616>).
68. Odeigah OW, Patton R, Trangenstein P. Alcohol outlet density and marketing in Abeokuta, Nigeria. *Alcohol Alcohol*. 2023;58(6):628–36 (<https://doi.org/10.1093/alcalc/agad058>).
69. Dumbili EW. Decline in youth drinking in high-income settings: Implications for public health in low-income countries. *Int J Drug Policy*. 2023;114:103975 (<https://doi.org/10.1016/j.drugpo.2023.103975>).

70. Herrera Amul GG. Alcohol advertising, promotion, and sponsorship: A review of regulatory policies in the Association of Southeast Asian Nations. *J Stud Alcohol Drugs*. 2020;81(6):697–709 (<https://doi/abs/10.15288/jsad.2020.81.697>).
71. Casswell S, Callinan S, Chaikasong S, Cuong PV, Kazantseva E, Bayandorj T et al. How the alcohol industry relies on harmful use of alcohol and works to protect its profits. *Drug Alcohol Rev*. 2016;35(6):661–4 (<https://doi.org/10.1111/dar.12460>).
72. Jiang H, Xiang X, Hao W, Room R, Zhang X, Wang X. Measuring and preventing alcohol use and related harm among young people in Asian countries: a thematic review. *Glob Health Res Policy*. 2018;3:1–14 (<https://doi.org/10.1186/s41256-018-0070-2>).
73. Herrera Amul GG. Alcohol advertising, promotion, and sponsorship: a review of regulatory policies in the Association of Southeast Asian Nations. *J Stud Alcohol Drugs*. 2020;81(6):697–709.
74. Swahn MH, Palmier JB, Benegas-Segarra A, Sinson FA. Alcohol marketing and drunkenness among students in the Philippines: findings from the nationally representative Global School-based Student Health Survey. *BMC Public Health*. 2013;13:1–8 (<https://doi.org/10.1186/1471-2458-13-1159>).
75. Population of Africa in 2021, by age group. New York: Statista.com; 2024 (<https://www.statista.com/statistics/1226211/population-of-africa-by-age-group/#:~:text=In%202021%2C%20there%20were%20around%20207%20million%20children,years%20and%20older%20as%20of%20the%20same%20year>).
76. World population prospects 2022. New York: United Nations; 2022 (<https://population.un.org/wpp>).
77. Dumbili EW, Uwa-Robinson K. Navigating alcogenic brand environment: exploring how young Nigerians negotiate and make sense of alcohol brand preferences. *J Drug Iss*. 2023;53(4):536–51 (<https://doi.org/10.1177/00220426221135765>).
78. Obot IS. Alcohol marketing in Africa: not an ordinary business. *Afr J Drug Alcohol Stud*. 2013;12(1):63–73.
79. Otim O, Juma T, Otunnu O. Assessing the health risks of consuming “sachet” alcohol in Acoli, Uganda. *PLoS One*. 2019;14(2):e0212938 (<https://doi.org/10.1371/journal.pone.0212938>).
80. Salimu S, Nyondo-Mipando AL. “It’s business as usual”: adolescents’ perspectives on the ban of alcohol sachets towards reduction in under age alcohol use in Malawi. *Subst Abuse Treat Prev Policy*. 2020;15:1–10 (<https://doi.org/10.1186/s13011-020-00280-8>).
81. Dumbili EW. Reconfiguring drinking cultures, gender, and transgressive selves. 1st ed. Cham: Palgrave Macmillan; 2024.
82. Umarudeen AM, Khan F, Ibrahim A. Sachet and small-volume alcohol/non-alcoholic beverages in Nigeria – an abuse and toxicity risk survey. *Int J Curr Res*. 2023;15(5):24568–82 (<https://doi.org/10.1007/s10826-015-0263-y>).
83. Enforcement activities to enforce ban on production of alcoholic beverages in small pack volumes of 200 ml and sachets. Abuja: National Agency for Food and Drug Administration and Control; 2024.
84. Opanuga J. Nigeria bans sachet alcohol, cites risks to children’s health and behaviour. Abuja: The Guardian Newspaper; 2024 (<https://guardian.ng/nigeria-bans-sachet-alcohol-cites-risks-to-childrens-health-behaviour>).
85. Idowu J. Sachet alcohol ban: NAFDAC lists health risks as firms fear losses. Abuja: Punch Newspaper; 2024 (<https://punchng.com/sachet-alcohol-ban-nafdac-lists-health-risks-as-firms-fear-losses>).
86. Umoru H. Over 100 CSOs storm NASS, protest ban on alcoholic beverages in sachet. Abuja: The Vanguard Newspaper; 2024 (<https://www.vanguardngr.com/2024/02/over-100-csos-storm-nass-protest-ban-on-alcoholic-beverages-in-sachet-by-nafdac>).
87. House orders NAFDAC to suspend action on ban of drinks in sachets, pet bottles. Abuja: The Vanguard Newspaper; 2024 (<https://www.vanguardngr.com/2024/02/house-orders-nafdac-to-suspend-action-on-ban-of-drinks-in-sachets-pet-bottles>).
88. Reps direct NAFDAC to lift ban on sachet alcohol. Abuja: The Guardian Newspaper; 2024 (<https://guardian.ng/news/reps-order-nafdac-to-lift-ban-on-sachet-alcohol>).
89. ChapiOdekina G. Reps ask NAFDAC to lift ban on production, sale of sachet alcoholic drinks. . Abuja: The Vanguard Newspaper; 2024 (<https://www.vanguardngr.com/2024/03/reps-ask-nafdac-to-lift-ban-on-production-sale-of-sachet-alcoholic-drinks>).
90. Odeigah OW, Patton R. Alcohol licensing legislation and licensing system in south-west Nigeria: implications to regulate physical availability of alcohol. *Drug Alcohol Rev*. 2024;43(1):199–212 (<https://doi.org/10.1111/dar.13767>).
91. Dumbili EW, Williams C. Awareness of alcohol advertisements and perceived influence on alcohol consumption: a qualitative study of Nigerian university students. *Addict Res Theory*. 2017;25(1):74–82 (<https://doi.org/10.1080/16066359.2016.1202930>).
92. De Bruijn A. Alcohol marketing practices in Africa: findings from the Gambia, Ghana, Nigeria and Uganda. Brazzaville: WHO Regional Office for Africa; 2011 (<https://iris.who.int/handle/10665/109914>).
93. Dumbili EW. “I just drink to feel abnormal for some time”: reconfiguring heavy drinking and intoxication as pleasurable. *Int J Drug Policy*. 2022;99:103454 (<https://doi.org/10.1016/j.drugpo.2021.103454>).
94. Dumbili EW, Swahn MH. Understanding heavy drinking practices and alcohol-related harms: the lived experience of Nigerian adolescents and young adults. *J Drug Iss*. 2024;54(4):641–57 (<https://doi.org/10.1177/00220426231184151>).
95. Jiang H, Xiang X, Waleewong O, Room R. Alcohol marketing and youth drinking in Asia. *Addiction*. 2017;112(8):1508–9 (<https://doi.org/10.1111/add.13835>).

96. Liu S, Huang F, Zhu X, Zhou S, Si X, Zhao Y et al. China's changing alcohol market and need for an enhanced policy response: a narrative review. *Int J Environ Res Public Health*. 2022;19(10):5866 (<https://doi.org/10.3390/ijerph19105866>).
97. Kaewpramkusol R, Senior K, Nanthamongkolchai S, Chenhall R. A qualitative exploration of the Thai alcohol policy in regulating alcohol industry's marketing strategies and commercial activities. *Drug Alcohol Rev*. 2019;38(1):25–33 (<https://doi.org/10.1111/dar.12885>).
98. Thamarangsi T. Thailand: alcohol today. *Addiction*. 2006;101:783–7. (<https://doi.org/10.1111/j.1360-0443.2006.01477.x>).
99. Kaewpramkusol R, Senior K, Nanthamongkolchai S, Chenhall R. Brand advertising and brand sharing of alcoholic and non-alcoholic products, and the effects on young Thai people's attitudes towards alcohol use: A qualitative focus group study. *Drug Alcohol Rev*. 2019;38(3):284–93 (<https://doi.org/10.1111/dar.12910>).
100. Babor TF, Casswell S, Graham K, Huckle T, Livingston M, Rehm J et al. Alcohol: no ordinary commodity – a summary of the third edition. *Addiction*. 2022;117(12):3024–36 (<https://doi.org/10.1111/add.16003>).
101. Global School-based Student Health Survey. Thailand. 2021 fact sheet. Geneva: World Health Organization; 2021 (<https://cdn.who.int/media/docs/default-source/ncds/2021-thailand-gshs-fact-sheet.pdf>).
102. Nagendra K, Koppad R. Prevalence of health risk behaviours among adolescents of Shivamogga: a cross-sectional study. *Natl J Community Med*. 2018;9(01):33–6.
103. Indian liquor industry in high spirit. New Delhi: Infomercials; 2023 (<https://www.infomercials.com/admin/uploads/Liquor-Industry-Outlook-jan23.pdf>).
104. Jangid S. Surrogate liquor advertising: time for change? New Delhi: Indian Television; 2017. (<https://www.indiantelevision.com/mam/marketing/mam/surrogate-liquor-advertising-time-for-change-171002>).
105. Promoting sustainable health [website]. New Delhi: HRIDAY; 2025 (<https://hriday.org.in>).
106. Centre issues "guidelines on prevention of misleading advertisements and endorsements for misleading advertisements, 2022". New Delhi: Ministry of Consumer Affairs, Food & Public Distribution; 2022 (<https://pib.gov.in/PressReleasePage.aspx?PRID=1832906>).
107. Cadri A, Beema AN, Schuster T, Barnett T, Asampong E, Adams AM. School-based interventions targeting substance use among young people in low-and-middle-income countries: a scoping review. *Addiction*. 2024;119(12):2048–75 (<https://doi.org/10.1111/add.16623>).
108. Blueprints for Healthy Youth Development [website]. Boulder (CO): Blueprints for Healthy Youth Development; 2025 (<https://www.blueprintsprograms.org>).
109. Xchange prevention registry [website]. Lisbon: European Union Drugs Agency; 2025 (https://www.emcdda.europa.eu/best-practice/xchange_en).
110. Gilligan C, Wolfenden L, Foxcroft DR, Williams AJ, Kingsland M, Hodder RK et al. Family-based prevention programmes for alcohol use in young people. *Cochrane Database Syst Rev*. 2019;3(3):CD012287 (<https://doi.org/10.1002/14651858.CD012287.pub2>).
111. International standards on drug use prevention – 2013. Vienna: United Nations Office on Drugs and Crime; 2013.
112. International standards on drug use prevention – second updated edition. Vienna: United Nations Office on Drugs and Crime; 2018.
113. Kumpfer KL, Pinyuchon M, de Melo AT, Whiteside HO. Cultural adaptation process for international dissemination of the Strengthening Families Program. *Eval Health Prof*. 2008;31(2):226–39 (<https://doi.org/10.1177/0163278708315926>).
114. Spoth RL, Redmond C, Trudeau L, Shin C. Longitudinal substance initiation outcomes for a universal preventive intervention combining family and school programs. *Psychol Addict Behav*. 2002;16(2):129–34.
115. Corea ML, Zubarew T, Valenzuela MT, Salas F. Evaluación del programa "Familias fuertes: amor y límites" en familias con adolescentes de 10 a 14 años [Evaluation of the program "Strong families: love and limits" in families with teenagers aged 10 to 14 years]. *Rev Med Chil*. 2012;140(6):726–31 (<http://dx.doi.org/10.4067/S0034-98872012000600005>) (in Spanish).
116. Castaño Pérez G, Salas C, Buitrago C. Evaluation of the prevention program: "Strong families: love and limits" in Colombia. *Int J Ment Health Addict*. 2020;18(2):459–70 (<https://doi.org/10.1007/s11469-019-00218-7>).
117. Sanchez ZM, Valente JY, Gubert FA, Galvão PP, Cogo-Moreira H, Rebouças LN et al. Short-term effects of the Strengthening Families Program (SFP 10-14) in Brazil: a cluster randomized controlled trial. *Child Adolesc Psychiatry Ment Health*. 2024;18(1):64. (<https://doi.org/10.1186/s13034-024-00748-6>).
118. Baldus C, Thomsen M, Sack P, Bröning S, Arnaud N, Daubmann A et al. Evaluation of a German version of the Strengthening Families Programme 10-14: a randomised controlled trial. *Eur J Public Health*. 2016;26(6):953–9 (<https://doi.org/10.1093/eurpub/ckw082>).
119. Foxcroft DR, Callen H, Davies EL, Okulicz-Kozaryn K. Effectiveness of the strengthening families programme 10–14 in Poland: cluster randomized controlled trial. *Eur J Public Health*. 2017;27(3):494–500 (<https://doi.org/10.1093/eurpub/ckw195>).
120. Skärstrand E, Sundell K, Andréasson S. Evaluation of a Swedish version of the Strengthening Families Programme. *Eur J Public Health*. 2014;24(4):578–84 (<https://doi.org/10.1093/eurpub/ckt146>).

121. Segrott J, Gillespie D, Lau M, Holliday J, Murphy S, Foxcroft D et al. Effectiveness of the Strengthening Families Programme in the UK at preventing substance misuse in 10–14 year-olds: a pragmatic randomised controlled trial. *BMJ Open*. 2022;12(2):e049647 (<https://doi.org/10.1136/bmjopen-2021-049647>).
122. Jalling C, Bodin M, Romelsjö A, Källmén H, Durbeej N, Tengström A. Parent programs for reducing adolescent's antisocial behavior and substance use: a randomized controlled trial. *J Child Fam Stud*. 2016;25:811–26 (<https://doi.org/10.1007/s10826-015-0263-y>).
123. Alcohol policy scoring: assessing the level of implementation of the WHO Global Strategy to Reduce the Harmful Use of Alcohol in the Region of the Americas. Washington (DC): Pan American Health Organization; 2018 (<https://iris.paho.org/handle/10665.2/49679>).
124. Faggiano F, Galanti MR, Bohrn K, Burkhart G, Vigna-Taglianti F, Cuomo L et al. The effectiveness of a school-based substance abuse prevention program: EU-Dap cluster randomised controlled trial. *Prev Med*. 2008;47(5):537–43 (<https://doi.org/10.1016/j.ypmed.2008.06.018>).
125. Vadrucci S, Vigna-Taglianti FD, van der Kreeft P, Vassara M, Scatigna M, Faggiano F et al. The theoretical model of the school-based prevention programme Unplugged. *Glob Health Promot*. 2016;23(4):49–58 (<https://doi.org/10.1177/1757975915579800>).
126. Sanchez ZM, Sanudo A, Andreoni S, Schneider D, Pereira APD, Faggiano F. Efficacy evaluation of the school program Unplugged for drug use prevention among Brazilian adolescents. *BMC Public Health*. 2016;16:1–9 (<https://doi.org/10.1186/s12889-016-3877-0>).
127. Sanchez ZM, Valente JY, Sanudo A, Pereira APD, Cruz JI, Schneider D et al. The #Tamojunt0 drug prevention program in Brazilian schools: a randomized controlled trial. *Prev Sci*. 2017;18:772–82 (<https://doi.org/10.1007/s11121-017-0770-8>).
128. Sanchez ZM, Valente JY, Galvão PP, Gubert FA, Melo MH, Caetano SC et al. A cluster randomized controlled trial evaluating the effectiveness of the school-based drug prevention program #Tamojunt0 2.0. *Addiction*. 2021;116(6):1580–92 (<https://doi.org/10.1111/add.15358>).
129. Garcia-Cerde R, Valente JY, Sanchez ZM. Changes in alcohol beliefs mediate the effects of a school-based prevention program on alcohol use among Brazilian adolescents. *Addict Behav*. 2023;137:107522 (<https://doi.org/10.1016/j.addbeh.2022.107522>).
130. Valente JY, de Oliveira Galvão, Patricia Paiva, Mari JJ, Sanchez ZM. The indirect effect of #Tamojunt0 2.0 program on bullying through reduction of alcohol use initiation. *J Adolesc Health*. 2023;73(1):118–26 (<https://doi.org/10.1016/j.jadohealth.2023.02.023>).
131. Vietnam among top 20 countries with the largest number of Facebook users. Hanoi: Viet Nam Plus; 2023 (<https://en.vietnamplus.vn/vietnam-among-top-20-countries-with-the-largest-number-of-facebook-users-post267597.vnp>).
132. Galvez D. Cayetano wants alcopops out of store shelves, repackaged. *Philippine Daily Inquirer*. 2019: August 15.
133. Stores warned on sale of alcoholic juice drinks. Manila: Philippine Star; 2019 (<https://www.philstar.com/headlines/2019/08/25/1946176/stores-warned-sale-alcoholic-juice-drinks>).
134. Amul GGH, Etter J. Comparing tobacco and alcohol policies from a health systems perspective: the cases of the Philippines and Singapore. *Int J Public Health*. 2022;67:1605050 (<https://doi.org/10.3389/ijph.2022.1605050>).
135. Guidelines in commercial display, selling, promotion, and advertising of alcoholic beverages and beverages that contain alcohol. FDA Circular No. 2019-006. Manila: Food and Drug Administration Philippines; 2019.
136. Global School-based Student Health Survey. Philippines. 2019 fact sheet. Geneva: World Health Organization; 2019 (https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/data-reporting/philippines/2019-philippines-fact-sheet.pdf?sfvrsn=7e3888af_1).

Alcohol consumption among young people remains a public health concern across the globe: in low- and middle-income countries consumption has increased, especially among young women, and young people's consumption in high-income countries remains high. This brief highlights how alcogenic environments influence young people's normalization of alcohol and their patterns of consumption. It explores the evidence of the effectiveness and challenges of current interventions to address the acceptability, availability and affordability of alcohol. These lessons provide a way forward towards designing and implementing dynamic and responsive measures to promote healthy settings that protect young people from the harm caused by alcohol consumption.

Less alcohol



- ✓ **More taxes**
- ✓ **Less availability**
- ✓ **No advertising**

Less Alcohol Unit
Department of Health Promotion

Website: <https://www.who.int/teams/health-promotion/reduce-the-harmful-use-of-alcohol>

E-mail: lessalcohol@who.int

connect, share, practice

#WHODrinksless