Institute of Alcohol Studies

THE INSTITUTE OF ALCOHOL STUDIES' COMMENTS TO THE AA-HA! DRAFT GUIDELINES

Comments to be sent to mncah@who.int by 15th January 2017

The Institute of Alcohol Studies welcomes the opportunity to comment on the Global Accelerated Action for the Health of Adolescents (AA-HA!) Implementation Guidance, and would like to comment on the following issues:

CHAPTER 2

2.2.6 MENTAL HEALTH, SUBSTANCE USE AND SELF HARM

IAS would like to emphasis on the need of understanding alcohol as a risk factor for other causes of ill health and death, such as road injuries, HIV/AIDS and violence, and not only an issue about a risk factor for mental health and substance abuse. We therefore would like to propose the following addition:

2.2.6 Mental Health, Substance Use and Self Harm: Addition in bold to 4th paragraph page 30: *(…) These reactions can make young people easily intoxicated, placing them at risk of physical, sexual, and emotional harm,* ***making alcohol an important risk factor to include when discussing prevention of the abovementioned leading causes of mortality and DALYs lost, in particular road safety, violence and HIV/AIDS****. Furthermore (…)*

CHAPTER 3

3.2 UNINTENTIONAL INJURY PREVENTION

IAS would like to propose the following additions (in bold) to page 39 (road injuries), point '3 reducing alcohol':

- **Lower blood alcohol concentration (BAC) limit for young or novice drivers**
- **Promoting sobriety check points and random breath-testing**
- **Strict penalties for offenders, including administrative suspension of driving licences**

3.4 SEXUAL AND REPRODUCTIVE HEALTH INTERVENTIONS, INCLUDING HIV INTERVENTIONS

IAS would like to suggest to add information about the linkages between sexual health and alcohol, and several sections are relevant for this (No 6 page 44, No 7 page 45 and No 10 page 47).

There is a close link between alcohol use and risky sexual behaviour in teenagers. UK research found that of those 15–19-year-olds who had had sex with someone they had known for less than one day, 61% of females and 48% of males gave alcohol or drugs as a reason. In addition, 1 in 4 16 and 17-year-olds had been drinking alcohol the first time they had sex without a condom (Ref Alcohol Concern (2002), 'Alcohol and Teenage Pregnancy', London: Alcohol Concern and YouthNet (2009), 'Sex Factor: Young people and sexual health')

Evidence shows close links between alcohol use and contraction of HIV/AIDS and between heavy alcohol use and detrimental effects on the immune system. The evidence supports a causal connection between alcohol use and adherence to ART treatment (ref Forut (2014) 'Alcohol and HIV/AIDS' - http://www.add-resources.org/alcohol-and-hivaids.5600977-315773.html)

Based on this we would like to propose to add a sentence (in bold) to No 6, 'Content':

P 44, No 6 (Comprehensive sexuality education): Propose to add a sentence (in bold) to the bullet point 'Content": (…) clearly addressing how to avoid situations that might lead to risky behaviours **(there is a close link between alcohol use and risky sexual behaviour in teenagers)**; multiple activities to change (…)

3.6 NON-COMMUNICABLE DISEASE, NUTRITION, AND PHYSICAL ACTIVITY INTERVENTIONS

Even though section No 17 refers to alcohol in other sections, we would like to strengthen alcohol in this section to frame alcohol as a NCD issue and not only as a 'substance abuse' issue (3.7 No 25).

We would therefore propose to add the following after the tobacco intervention bullet points (p 56):

Interventions to prevent and reduce alcohol harm among adolescents:

- **Establish a minimum age for purchase or consumption of alcoholic beverages**
- **Reduce affordability of alcoholic beverages**
- **Protect young people from both content and amount of alcohol marketing**
- **Reduce the density of outlets and limit the hours or days of sales of alcoholic beverages**

(WHO 2010b)

3.7. MENTAL HEALTH, SUBSTANCE USE, AND SELF-HARM INTERVENTIONS

No 25, prevention of substance abuse: We believe that it is important to emphasis that alcohol is not only a risk factor for mental health and substance abuse, but also a risk factor for NCDs. We therefore suggest to add the following from the WHO Global Status Report on Alcohol 2014:

Of all deaths worldwide, 5.9% are attributable to alcohol consumption. Also, 5.1% of the global burden of disease and injury is attributable to alcohol, as measured in disability-adjusted life years (DALYs).

We would also like to propose to change the order of the bullet points to prioritise the most effective first, and therefore move bullet point one ('mobilize communities…') and two ('develop and support…') down as bullet point five and six. The first bullet point would then be existing bullet point three ('establish an appropriate minimum age…').

For further information please contact Nils Garnes at ngarnes@ias.org.uk

Institute of Alcohol Studies
January 2017