

A Review Paper on Health Risks Related to Alcohol Consumption

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ABSTRACT: *The inclusion of health warnings on labels to address externalities related with alcohol use is a hotly contested topic that has been investigated from many angles. The purpose of this study is to examine the interest and attitudes of Italian university students about health warnings on alcoholic drinks, as well as to determine if there are groups that vary in their views toward such warnings. Our findings indicate that young consumer's value health warnings, but the level of perceived usefulness varies depending on the kind of warning. Cluster analysis reveals three distinct groups of adolescent drinkers, each with varying levels of attention to and perceived usefulness of warning labels on alcoholic drinks, as well as drinking habits and knowledge of social and health hazards associated with alcohol usage. In summary, Italian young people who engage in moderate consumption have a favourable attitude toward label warnings, while younger adults and those who engage in risky consumption have a negative opinion. Our results, although limited and based on reported and unpublished data, indicate the need for suitable methods to enhance the availability of information on the dangers of excessive alcohol use among young people, as well as greater awareness of the significance of moderate drinking.*

KEYWORDS: *Alcohol, Consumption, Health, Recommendation, Risks.*

1. INTRODUCTION

Alcohol is the third largest cause of illness and mortality in Europe, according to the World Health Organization, and hazardous alcohol consumption accounts for almost 6.5 percent of all fatalities. Young people's alcohol use is causing growing worry in European nations due to a slew of severe short- and long-term repercussions, including social, physical, psychological, and neurological ramifications that last far into adulthood. At the same time, binge drinking, or excessive episodic drinking, is still on the rise in certain European Union (EU) Member States, while it is declining in others[1].

More than 35% of young Europeans reported excessive episodic drinking in the previous month, according to the European School Survey Project on Alcohol and Other Drugs (ESPAD), and over three-quarters of respondents (78%) reported very easy access to alcohol. Alcohol consumption behavior that exceeds health guidelines affects more than 15% of the population in Italy, according to the latest data released by the Italian National Institute of Statistics (ISTAT) [2].

Individual interventions are not rejected in the current public health approach. Instead, it promotes the use of population controls in combination with treatments for individuals who are experiencing difficulties consumption of alcoholic beverages Population-based interventions aiming at lowering obesity rates are beneficial to public health. Consumption patterns throughout the population are significant for a variety of reasons. One is the need to prevent stigmatizing (occasionally) vulnerable people via efforts aimed at them Criminalization and institutionalization are two options for problem drinkers[3]. The second very controversial argument is that 'the higher the average quantity of alcohol drunk in society the greater the incidence of difficulties encountered by that society, (and the body of research that their work has inspired) this theory is based on two additional claims:

- First, that moderate drinkers, as a group, suffer the most alcohol-related damage due to their size when compared to heavy drinkers.
- Second that consumption levels change in lockstep among groups of light, medium, and heaviest drinkers.

The alcohol industry is adamant and its consequences, which state that population control measures are required to decrease alcohol use across the board in order to minimize alcohol-related damages. Another reason for industry's opposition to population measures is that they usually need government involvement. While it is essential to note that these results may have been affected by the fact that new recommendations were introduced the same year as the poll, they nevertheless indicate that there is a need to raise knowledge of current alcohol consumption guidelines[4]. Despite increasing evidence, about one-third of the sample did not believe that frequent moderate alcohol use might have significant long-term health consequences. Furthermore, there was a link between alcohol consumption and recognition of the longer-term effects of

drinking, implying either a lack of knowledge in drinkers, particularly heavy drinkers, or self-exempting beliefs, in which drinkers are less likely to want to acknowledge that their behavior is putting them at risk[5].

Finally, the alcohol sector is likely concerned that the strong regulatory methods to tobacco control that have gained momentum in major Western countries over the past 40 years may have an impact on how alcohol is treated. The products vary in a number of ways, including the methods and routes via which they affect people. Tobacco currently has a significantly different cultural position in Western cultures than alcohol, but that cultural meaning has changed because of government control of the commodity. Furthermore, several of the effective regulatory measures employed to decrease smoking and its uptake may be applied to reduce alcohol use. These are treatments that have been "layered" on top of one another over many years, with the overall result being a substantial decrease in smoking rates in many countries[6].

The group most at danger is those under the age of 30, since 14.5 percent of young people binge drink, mainly during social gatherings. The WHO Global Strategy to Reduce Harmful Use of Alcohol recommends providing consumers with information about alcoholic drinks and labelling them to highlight the potential for damage. Despite the fact that a handful of nations have made warning labels on alcoholic drinks obligatory, in Europe, a voluntary and uncontrolled approach still reigns supreme. Many public health and consumer organizations are advocating for obligatory health warning labels on alcoholic drinks in this respect. At the same time, alcoholic beverage manufacturers have begun to push various programs to voluntarily put health warnings on labels, particularly in recent years. The Beer, Wine, and Spirits Producers' Commitments 2013–2017, for example, include including a standard set of readily understood symbols or comparable phrases on packaging to discourage drinking and driving, consumption by minors, and consumption by pregnant women[7].

However, according to the most recent data available from European nations, less than one out of every five-alcohol labels (17%) included a health-related statement in addition to the required alcohol content information in each country. Furthermore, many studies indicate that when alcohol-warning labels are voluntarily put by the alcohol business, identification is restricted since they are text-based, indirect, ambiguous, and hardly visible. Much has been published on the effect of alcohol warning labels on consumer attitudes, knowledge, and behavior, with some evidence indicating that alcohol-warning labels may enhance adult knowledge and attitudes about the negative consequences of alcohol use[8].

Consumer responses to various formats on warning labels have been investigated in other research, emphasizing the significance of framing and the emotional appeal of a health warning. The majority of this research, however, were conducted in the United States or Australia, leaving the interests and attitudes of European consumers unexplored. Furthermore, just a few researchers have looked at the relative impact of alcohol warning messages on young people's decisions (individuals under 30 years old)[9].

In light of this, the current article aims to add to the existing literature by providing the findings of an empirical study on Italian university students' interest in and opinions regarding health warnings on alcoholic drinks. Furthermore, the study seeks to confirm the presence of groups of young consumers who vary in their views toward health warnings and their preference for alternative forms, in order to offer valuable information for tailoring commercial and governmental efforts[10]. The following research questions are particularly looked into:

- Are warnings on alcoholic beverage labels appealing to Italian university students?
- Are there various groups of university students who have varied attitudes and preferences when it comes to warning labels?

The present article adds to the existing body of knowledge in two ways. For starters, it provides insight into young people in Europe, particularly in Italy, where the subject has yet to be thoroughly studied. Second, this article discusses market segmentation, which is generally acknowledged as a key tool for customizing public education and communication efforts[11].

Health warnings are generally regarded as a helpful tool for informing consumers about the dangers associated with alcohol use, and they have the ability to decrease risky drinking behavior by raising consumer knowledge of the negative effects of alcohol. The assumption behind the adoption of such labels is that they would send a powerful symbolic message about the product's hazardous quality. We can distinguish two complementary ways in which health warnings on alcohol labels may influence consumption behavior, as suggested by the literature: targeting individual drinkers at the point of purchase and consumption to influence short-term

behavior; and providing messages that alcohol is an exceptional and potentially hazardous commodity to influence long-term behavior.

As previously stated, there is a significant amount of research evaluating the effect of alcohol warning labels being implemented. Despite widespread agreement that this type of information can improve knowledge, raise awareness, and prompt discussion about the harmful health and social consequences of alcohol abuse, numerous studies examining the effectiveness of alcohol warning statements in changing consumer behavior have yielded mixed results. Alcohol warnings, in instance, have been shown to have no impact on attitudes about alcohol or planned alcohol-related behavior in research conducted in the United States, while others have reported modest effects on intake. The inconsistent findings found in earlier research, are mostly due to the weak content of alcohol product warnings, their low visibility, and the absence of visual material.

1.1 Methods:

The information came from the 2009 Cancer Institute of New South Wales (NSW) Lifestyle and Cancer Study, which was a telephone survey of NSW people (aged 18 and above) to track beliefs, attitudes, and behaviours related to cancer-preventive lifestyle factors. Households were recruited using a list-assisted random digit dialling technique (only for landline phone numbers), and a random selection process was employed to choose a participant from each home. The total response rate was 15% (response rate #4 of the American Association for Public Opinion Research). With a total sample size of 1508 participants, this survey included several modules on lifestyle behaviours and cancer; analyses for this article were restricted to individuals who answered questions from the module on alcohol (n 14 1255). Table 1 shows the demographics of a representative sample. Based on the age and gender distribution of the NSW population, the data were weighted for the likelihood of selection.

1.2 Measures:

1.2.1 Consumption of alcohol:

All participants were asked how frequently they drank alcohol (at least once a week, less than once a week, I do not drink alcohol) and how many standard drinks they would take at a normal drinking occasion if they did drink at all. One middy (285 mls) of full-strength beer, one schooner (425 mls) of light beer, one small glass (or standard serving) of wine (100 mls), or one pub-sized nip (30 mls) of spirits was designated as a standard drink for participants.

Weekly drinkers (those who drank at least once a week) were also asked how many days they would drink in a normal week. Weekly drinkers were classified into four groups based on their frequency and amount of use.

1.2.2 Alcohol consumption levels that are considered "safe":

Participants were asked how many standard drinks an adult male or female may have on any given day without substantially raising their risk of long-term health issues. Alcohol consumption's health effects: knowledge and assumptions. All participants were asked whether they believed that drinking too much alcohol might cause cancer, heart illness, diabetes, high cholesterol, liver issues, digestive difficulties, and overweight/obesity. They were also questioned whether they believed that "regular moderate alcohol use may have significant long-term health effects." "Limiting your alcohol consumption helps prevent cancer" (agree strongly/somewhat vs other) and "Limiting your alcohol intake helps prevent cancer" (agree strongly/somewhat vs other).

1.2.3 Personal risk perceptions as a result of alcohol use:

Participants were asked if they agreed with the following statements: "I should be drinking less alcohol than I currently do" (strongly agree/somewhat disagree vs other), and "What do you think your chances are of becoming seriously ill from your drinking if you continue to drink at your current level?" (Definitely/likely to vs. other. Gender, age, family income, education, and whether or not there were any children aged 17 and younger in the home were all covariates of interest.

1.2.4 Analyses statistical:

To investigate sociodemographic differences between weekly drinkers and non-drinkers, as well as across weekly drinker groups, chi-squared analyses were used.

Multiple logistic regression analyses were performed to see whether there were any links between drinking levels and the following outcomes:

- Awareness of current alcohol consumption guidelines.
- Awareness of the long-term health risks of moderate alcohol consumption.
- Recognition that alcohol can cause cancer.
- Belief that limiting alcohol intake helps prevent cancer.
- Belief that they should be drinking less than they are.
- Belief that current drinking could cause serious illness.

Two analyses with all variables were performed for each of these outcomes. The first utilized the whole sample, whereas the second used just the weekly drinkers' sample. SAS was used to create the analysis (version 9.2, SAS Institute, Cary, NC).

1.3 Consumption of alcohol:

Almost half of all participants said they drank alcohol at least once a week, while 22% said they did not drink at all. Over half of the males, compared to 40% of the women, drank on a weekly basis. Weekly drinkers were more likely to be 45–64 years old, university educated, high-income, or without children in their home. The percentage of all drinkers who consumed more than the current recommendations was 37%. 43 percent of weekly drinkers were above the limits. Nearly half of males who drank at least weekly, as well as over three-quarters of those aged 18–29, were drinking in excess of the recommendations. The majority of individuals with a higher degree were in Category a (drinking within the prescribed limits), whereas about half of those with a lesser level of education were drinking beyond the recommendations.

1.4 Knowledge of Australian regulations is essential:

Sixty-seven percent of participants correctly identified the maximum number of standard drinks per day that may be consumed in accordance with current Australian standards, which is between zero and two. Drinkers were less likely than non-drinkers to know the right quantity to satisfy the requirements. Furthermore, individuals who drank more than the recommended amount were less likely to know the rules than those in Category A.

1.5 Alcoholism's long-term consequences:

Approximately two-thirds of individuals (64%) believed that frequent moderate alcohol use might have significant long-term health effects. Drinkers were less likely than non-drinkers to agree were. Similar to Category A drinkers, Category D drinkers were less inclined to agree.

Only 48% of those polled were aware that excessive alcohol use might lead to cancer. The impact of alcohol on heart disease (79 percent), diabetes (70 percent), high cholesterol (54 percent), liver issues (98 percent), digestive disorders (76 percent), and being overweight or obese were all areas where participants' knowledge differed (89 percent). There were no significant variations in knowledge of the causal connection between alcohol and cancer between drinkers and non-drinkers, or between any of the weekly drinker groups. Furthermore, half of the participants believed that restricting alcohol use aids in cancer prevention (51 percent). Weekly drinkers were less likely to concur than non-drinkers were.

1.6 Personal risk perception:

A little more than a third of drinkers felt that they should drink less than they do now (36 percent). Weekly drinkers were four times more likely to agree that they should drink less than infrequent drinkers should. Drinkers in categories B, C, and D were equally more likely to agree than drinkers in category A. Weekly drinkers were more than twice as likely as occasional drinkers to think they will get severely sick because of their present drinking. Category D drinkers were more likely than Category A drinkers to agree with this assertion.

2. DISCUSSION

These findings point to a significant knowledge gap among many people in terms of current alcohol consumption recommendations, as well as the connection between moderate alcohol use and longer-term health concerns. Alcohol use has to be addressed, especially among individuals aged 18–44, those with lower levels of education, and males.

While many national health organizations have recommendations for moderate alcohol use, there is evidence that individuals in these nations are either unaware of or confused by these rules. Despite the fact that around two-thirds of the sample correctly identified the quantity of alcohol consumed that matched the suggested limits, drinkers were less likely to properly identify the recommendations, as were weekly drinkers who consumed more than the recommended amount. While it is essential to note that these results may have been affected by the fact that new recommendations were introduced the same year as the poll, they nevertheless indicate that there is a need to raise knowledge of current alcohol consumption guidelines. Despite increasing evidence, about one-third of the sample did not believe that frequent moderate alcohol use might have significant long-term health consequences. Furthermore, there was a link between alcohol consumption and recognition of the longer-term effects of drinking, implying either a lack of knowledge in drinkers, particularly heavy drinkers, or self-exempting beliefs, in which drinkers are less likely to want to acknowledge that their behavior is putting them at risk. Increasing the knowledge and belief of these drinkers about the long-term health effects of their drinking would be an essential component of a plan to decrease consumption in any of these situations.

3. CONCLUSION

Our findings support the necessity for ongoing efforts to decrease adult alcohol use. Men, those aged 18–44, and those with a lesser level of education should be the focus of new efforts. The implementation of well-resourced public education programs should help to reduce the burden of cancer and other diseases. Our results also indicate that recognizing cancer as a potential long-term consequence of alcohol use is a problem that needs to be addressed, and they contribute to the growing body of data that shows that cancer risk from alcohol consumption is poorly understood. It is conceivable that some research indicating alcohol has positive benefits may confuse public perceptions of long-term alcohol dangers. Despite the fact that the clinical consensus is that, individuals do not need to start or continue drinking for health reasons since there are other ways to avoid heart and vascular disease. As a result, further study on cancer as an incentive to decrease or abstain from alcohol use is needed an illness caused by alcohol.

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