

EVIDENCE BASED PRACTICE GUIDELINES FOR THE PREVENTION OF ALCOHOL ABUSE AMONG YOUNG PEOPLE

Author's Name: Ms. Bincy Varghese

Affiliation: Associate Professor, Sahara College of Nursing & Paramedical Sciences, Lucknow, India

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Abstract

Alcohol abuse is a major public health problem across the globe. Globally, about 50% of population takes alcohol and about 20% smokes tobacco. Besides alcohol and tobacco, cannabis, heroin, cocaine, sedatives, and various stimulants are used across the globe. In India, various forms of addictive substances such as tobacco, alcohol, cannabis, opium, and opiates and cough syrups are abused orally and some are used parentally. Children and adolescents are usually more vulnerable to alcohol-related harm from a same volume of alcohol compared to other age group individuals. Also, early initiation of alcohol use (prior to 14 years of age) has been identified as a predictor of impaired health because it is associated with increased risk for alcohol dependence and abuse at much later ages. Young people were also found to be less risk-averse and were found to engage in more reckless behaviour while being drunk. A multicomponent approach involving all the stakeholders is required to address the issues of prevention and treatment of alcohol abuse among young people.

Keywords: Evidence Based Guidelines, Systematic reviews, Alcohol, Substance use

BACKGROUND OF THE PROBLEM

Alcohol (ethanol or ethyl alcohol) is the ingredient found in beer, wine and spirits which causes drunkenness. Alcohol is formed when yeast ferments (breaks down without oxygen) the sugars in different foods. Alcohol is classed as a 'sedative hypnotic' drug which means it acts to depress the central nervous system at high doses. At lower doses, alcohol can act as a stimulant inducing feelings of euphoria and talkativeness, but drinking too much alcohol at one session can lead to drowsiness, respiratory depression, coma or even death. As well as its acute and potentially lethal sedative effect at high doses, alcohol has effects on every organ in the body, and these effects depend on the blood alcohol concentration (BAC) over time. Alcohol contributes to a high burden of disease in society in terms of years that people spend with disability or in poor health because of alcohol-related illnesses or injuries. **(Alcohol Advisory Council of New Zealand, 2012)**

National Drug Dependence Treatment Centre (NDDTC) of the All India Institute of Medical Sciences (AIIMS), New Delhi submitted its Report "Magnitude of Substance Use in India" sponsored by the Ministry of Social Justice and Empowerment. This report presents data on estimates of Current Use (use within past 12 months), Harmful Use and Dependence, for the following categories of substances: Alcohol, Cannabis (Bhang and Ganja/Charas), Opioids (Opium, Heroin and Pharmaceutical Opioids), Cocaine, Amphetamine Type Stimulants (ATS), Sedatives, Inhalants and Hallucinogens. Apart from tobacco (which was not the focus of the survey), Alcohol is the most common substance used in India. Alcohol is used in every part of the country including in those states which have enforced prohibition. Moreover, alcohol use does not appear to be exclusively male phenomena. Though the prevalence of alcohol use among women is substantially lower than the

men, it is notable that alcohol use exists among women in almost all the states of country. It is also noteworthy that alcohol use has been reported in all the age groups, including among children aged 10-17 years. However, the demographic group with the largest prevalence of alcohol use is men more than 18 years of age. **(National Drug Dependence Treatment Centre, AIIMS, 2019)**

Preventive programs must encompass inappropriate use of legal as well as illicit substances. School, family, community etc. are the various levels at which preventive strategies can be implemented. Social resistance skills, normative education, and addressing the sociocultural pressures are the basic approaches adopted by the school based preventive programs. These approaches mainly focus on teaching assertiveness, active coping, problem solving and social skills. Family based approaches have largely focused on correcting parenting practices, parental supervision, encouraging proper family communication and bonding. Community programs encompass elements of school, family based programs involving parents, teachers, educators, community leaders, public policy makers as well as media. Levying taxes on substances, limiting advertisements or motion pictures portraying substance use, dissemination of knowledge and information about perils of substance use through mass media and restriction of age for consumption of the psychoactive substances are some of the preventive interventions which can be carried out by policy makers and legal enforcement agencies. **(Nebhinani, N., Kuppili, P., 2018)**

This Evidence Based Guidelines focuses on multidimensional aspects of alcohol ranging from its production, distribution, availability and sale; consumption patterns; health consequences; socioeconomic impact and efforts towards control and prevention of harm. Considering the multi-dimensional nature and magnitude of alcohol burden and impact on Indian society, it is important to jointly address the growing problem through a collaborative mechanism between governments (both central and state), professionals from health and related sectors, civil society, alcohol industry and the media. It is essential to have a rational, scientific, evidence based, sustainable guidelines and policy focusing on all the aspects from individual to family to community and the government at large.

PURPOSE

The purpose of this guideline was to assess and identify evidence based preventive interventions and strategies at individual level, family level, school or college level, community level and at administrative level for the prevention of alcohol abuse among the young people.

OBJECTIVES

- To disseminate the guideline for the prevention of alcohol abuse among young people.
- To apply the concept of evidence based practice in the prevention of alcohol abuse.
- To impart knowledge to health care professionals and community at large on the prevention of alcohol abuse.

METHODS

Taking an evidence based approach to this current problem, a concrete question was formed for PICO i.e. Are multicomponent preventive interventions effective for the prevention of alcohol abuse among young people?

- Population (P): Young people

- Intervention/Issue of Interest (I): Multicomponent preventive interventions
- Control/Comparison (C): Nil
- Outcome (O): Prevention of alcohol abuse.

Selection Criteria

Studies evaluating multi-component preventive interventions delivered in more than one setting and reporting outcomes for alcohol use in young people.

Search methods

Relevant evidences were selected from various databases like COCHRANE, Ovid Medline, PubMed, Directory of Open Access Journals, CINAHL, PLOS ONE using keyterms: “Alcohol abuse”, “alcohol dependence”, “binge drinking”, “excessive drinking”, “prevention”, “family based intervention”, “web based intervention” (see appendix for details). The search was limited to research articles published between 2010-2019 in English language in full text.

Study selection

Total 79 studies were found, among those 69 were found not to be suitable. Finally, full text copies of 10 articles were obtained (5 Systematic Reviews, 2 RCT, 1 Cross sectional study, 2 Expert Opinion) which met the selection criteria.

Data Extraction

A data extraction table was developed manually and was completed independently. The following information was collected for each of the included studies: author’s details, study title, year, study design, intervention, conclusion. After data extraction studies were subjected to quality appraisal using the Joanna Brigg’s Institute (JBI) Critical Appraisal Tool for systematic reviews, RCT, Cross Sectional studies.

Author’s details	Study Title	Year	Study Methodology	Intervention	Outcome	Level of Evidence	Quality of evidence GRADE
Middleton, J. et. al.	Effectiveness of policies maintaining or restricting days of alcohol sales on excessive alcohol consumption and related harms.	2010	Systematic Review	Limiting or maintaining existing limits on days of sale for preventing excessive alcohol consumption and related harms	The evidence from these studies indicated that increasing days of sale leads to increases in excessive alcohol consumption and alcohol-related harms and that reducing the number of days that alcoholic beverages are sold generally decreases alcohol-related harms.	I	A Recommended; shows good and fair evidence.

Aiken, A. et. al.	Youth perception of alcohol advertising; are current advertising working?	2018	Cross Sectional Design	Investigated young people's exposure to alcohol advertising. Their intentions to consume and purchase alcohol products following the viewing of advertisements and whether they perceived the actors in advertisement as being under the age of 25 years.	Participants were exposed to alcohol advertisements from an average of seven specific contexts on the past 12 months, with younger adolescents more likely to recall TV and outdoor billboards. Positive perceptions of alcohol were associated increased intention to use and to purchase advertised products. A liquor advertisement actor was perceived by 94% as being under 25 years old and almost 30% though the advertisement was marketed at people younger than 18 years of age.	VI	B Recommended even though it is a Cross sectional design, it cannot establish causal relationship. Still, this study shows that alcohol products are sometimes marketed in a way that directly appeals to adolescents, and this fact needs to be understood.
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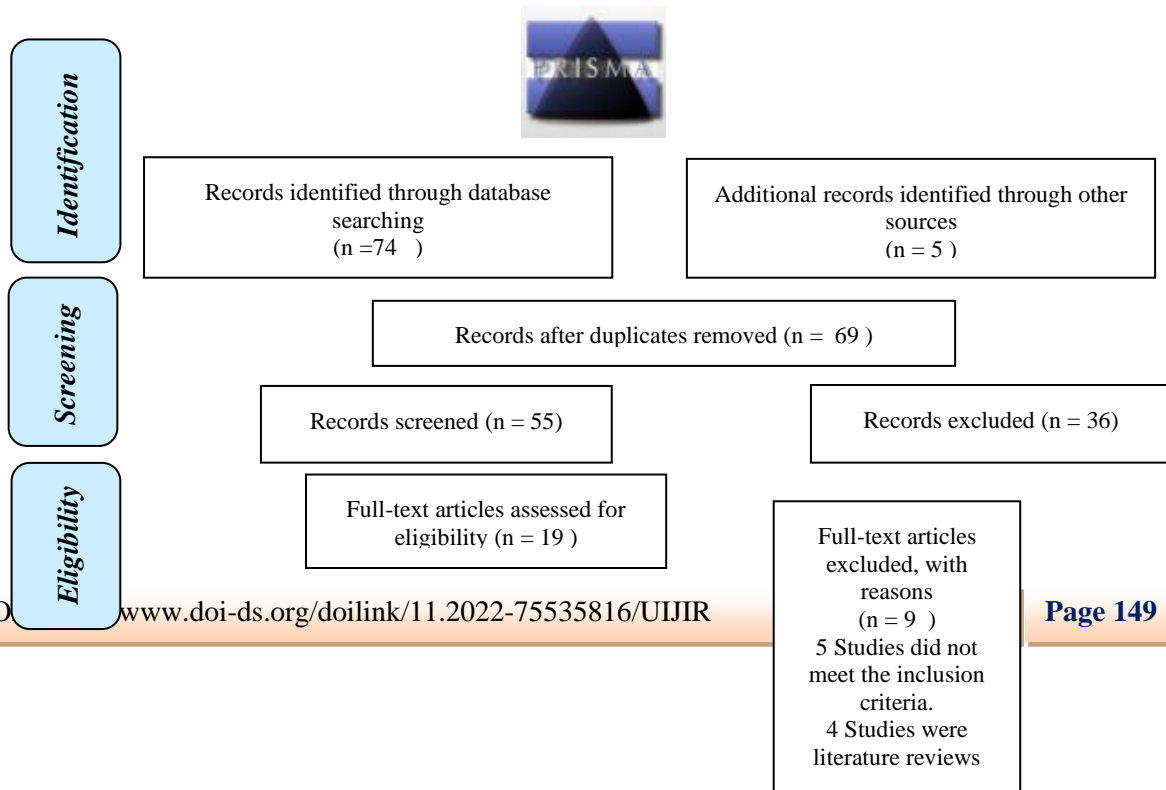
QUALITY OF EVIDENCE

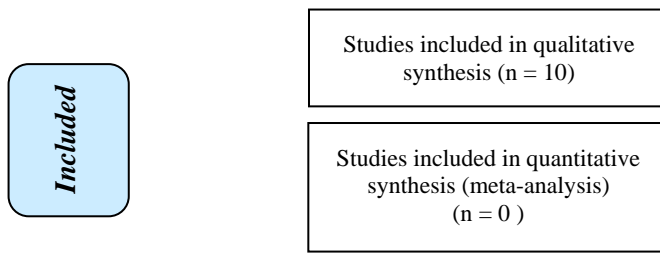
Author's details	Study Title	Year	Study Methodology	Intervention	Outcome	Level of Evidence	Quality of evidence GRADE
Elder, R. et. al.	The Effectiveness of Tax Policy Interventions for Reducing Excessive Alcohol Consumption and Related Harms	2010	Systematic review	Effects of alcohol prices or taxes on individual alcohol consumption patterns.	The reviewed studies provide consistent evidence that higher alcohol prices and alcohol taxes are associated with reductions in both excessive alcohol consumption and related, subsequent harms. According to Community Guide rules of evidence, ¹⁹ these studies provide strong evidence that raising alcohol taxes is an effective strategy for reducing excessive alcohol consumption and related harms.	I	A Recommended; shows good and fair evidence.
Young, B. et.al.	Effectiveness of Mass Media Campaigns to Reduce Alcohol Consumption and Harm: A Systematic review	2018	Systematic review	Mass Media Campaigns	There is little evidence that mass media campaigns have reduced alcohol consumption. Most campaigns that aimed to improve knowledge were shown to be effective. Such interventions may have a longer term role as part of a comprehensive harm reduction strategy,	I	B Recommended as improvement in knowledge were shown to be effective.
Author's details	Study Title	Year	Study Methodology	Intervention	Outcome	Level of Evidence	Quality of evidence GRADE
					by improving knowledge in areas where it is low, potentially contributing to changing harmful drinking norms and helping to set the agenda for alcohol policy change.		

Estrada, Y. et. al.	Parent-Centered Prevention of Risky Behaviors Among Hispanic Youths in Florida.	2017	Randomised Controlled Trial	Evidence based, family centered intervention called Familias Unidas.	Familias Unidas is effective in preventing substance use (alcohol, illicit drugs). It had a positive impact on family functioning and parental monitoring of their children.	II	B Recommended for fair evidence; even though the study has some limitations.
Foxcroft, D.R, Tsertsvadze, A.	Universal School based prevention programs for alcohol misuse in young people.	2011	Systematic review	Multicomponent prevention programme like alcohol awareness education, social and peer resistance skills, normative feedback, or development of behavioural norms & positive peer affiliation.	Current evidence suggests that certain generic psychosocial and developmental prevention programs can be effective and could be considered as policy and practice options. These include the Life Skills Training Program, the Unplugged program, and the Good Behaviour Game.	I	B Recommended; Fair evidence
Author's details	Study Title	Year	Study Methodology	Intervention	Outcome	Level of Evidence	Quality of evidence GRADE
Skinner, W.	Motivational Interviewing	2017	Expert Opinion	-	Motivational Interviewing (MI) is a person-centered counseling method for addressing the common problem of ambivalence about change. It is collaborative, person-centered and goal-oriented; it aims to strengthen the client's motivation toward healthy behaviour change.	VII	B Recommended for fair evidence.
Thomas, R.E et. al.	Mentoring adolescents to prevent drug and alcohol use.	2011	Systematic Review	Effectiveness of Mentoring programmes.	Mentoring is a supportive relationship in which one person offers support, guidance and concrete assistance to the partner, based on the sharing of experience and expertise without expectation of personal gain by the mentor. Four randomised controlled trials (RCTs) were identified. Two RCTs found	I	B Recommended
Author's details	Study Title	Year	Study Methodology	Intervention	Outcome	Level of Evidence	Quality of evidence GRADE
					that mentoring reduced rates of initiation of use of alcohol, and one reduced initiation of use of drugs.		
Park, C. et. al.	Mind-Body Approaches to Prevention and Intervention for Alcohol and Other Drug Use/Abuse in Young Adults	2018	Expert Opinion	Mind Body Interventions	Individuals regulate their emotional distress and discomfort associated with stressors in a myriad of adaptive or maladaptive ways, often including AOD use. Mind Body approaches such as meditation, distress tolerance and yoga may promote emotion regulation skills that allow young adults to manage their stressful experiences and distressing emotions without alcohol and other drug use.	VII	B Recommended
Bertholet, N. et. al.	Internet Based Brief Interventions to prevent unhealthy alcohol use among young men	2015	Randomised Controlled Trial	Brief Interventions like personalized	The RCT found protective short term effects of Internet Brief Interventions. But, brief electronic and internet based interventions represent a potentially effective option,	II	B Recommended for fair evidence.

Author's details	Study Title	Year	Study Methodology	Intervention	Outcome	Level of Evidence	Quality of evidence GRADE
				feedback, calorific value of reported consumption, compute blood alcohol concentration,	since they allow reaching broad populations by		
				information on factors of vulnerability towards the development of substance use disorders. Intervention Group: Internet Brief Intervention (n=451) Control Group: Completed only (n=445) baseline assessment.	overcoming some of the logistic constraints of face-to-face interventions; it is inexpensive.		

Fig. 1 PRISMA Flow Diagram





Data Analysis & Results

A total of 10 studies were identified for inclusion in the review. Database searching identified 74 studies and additional relevant studies were identified through other sources. Total 69 studies were excluded because of duplication, lack of full text articles, articles did not meet the inclusion criteria.

RISK OF BIAS ASSESSMENT (RCT)

Type of Bias	Bertholet, N. et. al.	Author's Judgement	Estrada, Y. et.al.	Author's Judgement
Random Sequence Generation (Selection Bias)	L	Randomly selected samples.	L	Samples selected randomly
Allocation Concealment (Selection Bias)	U	Not clear about the allocation	L	Allocation ratio was 1:1.
Blinding of participants and personnel(detection bias)	U	Not clear.	H	Blinding not performed.
Incomplete outcome data (Attrition Bias)	L	No attrition in study.	L	They addressed the incomplete data
Selective Outcome Reporting (Reporting Bias)	U	Unclear.	U	Unclear

H: HIGH RISK

L: LOW RISK

U: UNCLEAR

LEVEL OF EVIDENCE

Level of evidence (LOE)	Description
Level I	Evidence from a systematic review or meta-analysis of all relevant RCTs (randomized controlled trial) or evidence-based clinical practice guidelines based on systematic reviews of RCTs or three or more RCTs of good quality that have similar results.
Level II	Evidence obtained from at least one well-designed RCT (e.g. large multi-site RCT).
Level III	Evidence obtained from well-designed controlled trials without randomization (i.e. quasi-experimental).
Level IV	Evidence from well-designed case-control or cohort studies.
Level V	Evidence from systematic reviews of descriptive and qualitative studies (meta-synthesis).
Level VI	Evidence from a single descriptive or qualitative study.
Level VII	Evidence from the opinion of authorities and/or reports of expert committees.

GUIDELINE RECOMMENDATION

S.N	Recommendations	Level of evidence	Reference
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1. Population-level intervention: preventing alcohol abuse			
1.1	<i>Availability and sale restrictions of alcohol</i>		
	<ul style="list-style-type: none"> Local, state, and national laws and policies that limit the days of the week on which alcoholic beverages may be sold may be a means of reducing excessive alcohol consumption and related harms. They are an effective public health strategies for preventing excessive alcohol consumption and related harms 	I	1
1.2	<i>Restricting or banning of advertising substances</i>		
	<ul style="list-style-type: none"> A significant body of work indicates that exposure to alcohol advertising is associated with increased positive beliefs about alcohol, intentions to drink, likelihood of underage drinking, and increased consumption by young people. Alcohol advertisements with greater youth appeal appear to have more of an influence on young peoples' drinking. The desirability of characters in alcohol advertising predicts identification with these characters, which in turn predicts positive alcohol expectancies, frequency and quantity of alcohol use Current industry-regulated systems are not adequately protecting children and adolescents from exposure to or 	VII	2
S.N	Recommendations	Level of evidence	Reference
	the influence of alcohol marketing. Advertisements strongly appealing to children or adolescents should be considered in breach of advertising codes, regardless of whether they also appeal to adults.		
1.3	<i>Taxation and maximum pricing</i>		
	<ul style="list-style-type: none"> The most fundamental law of economics links the price of a product to the demand for that product. Increase in the monetary value of alcohol (i.e., through tax increases) would be expected to lower alcohol consumption and its adverse consequences. There is strong evidence in favor of increased alcohol taxation or price and reduction in overall alcohol consumption. There is consistent evidence that raised alcohol prices produce moderate-to-large reductions in alcohol-related morbidity and mortality 	I	3
1.4	<i>Mass media or public awareness campaigns</i>		
	<ul style="list-style-type: none"> Mass media campaigns can directly or indirectly lead to health behaviour change in populations. These approaches are powerful means for disseminating health promotion messages among a wide and diverse audience through television, the internet, mobile phones, newspapers, and roadside advertising hoardings that serve as infotainment techniques. 	I	4, 11
S.N	Recommendations	Level of evidence	Reference
	<ul style="list-style-type: none"> In India, there have been continued and sustained efforts by the experts informing people through electronic and print media. Cyberspace and other forms of electronic media can play a vital role in educating people regarding drug abuse problems and its consequences 		
1.5	<i>Prevention interventions delivered in educational settings</i>		
	<ul style="list-style-type: none"> Amongst young people, early initiation of alcohol use has been shown to be linked to later binge drinking, heavy drinking and alcohol-related problems. In many countries heavy episodic or binge drinking is prevalent amongst young people and presents an increased risk for accidents, violence, criminal activity, poorer health and social outcomes. Educational institutions provide an opportune platform for prevention because of the ease of delivery of such powerful messages and access to 	I	5

	<p>young people in an ideal setting. Efficacy of these classroom interventions has been assessed by very few studies.</p> <ul style="list-style-type: none"> Interventions focusing on general psychosocial development and life skills might be effective in reducing alcohol use but not in particularly reducing alcohol-related harm. 		
2.	Prevention interventions delivered for family or parents		
	<ul style="list-style-type: none"> Family plays an important and crucial role in preventing substance use in adolescents. Many family-based 	II	6
S.N.	Recommendations	Level of evidence	Reference
	<p>prevention interventions focus on psychosocial development rather than on prevention of target drug use. These interventions have the potential to improve several aspects of a person’s development</p> <ul style="list-style-type: none"> Parental monitoring, supervision, and improved child–parent communication act as preventive measures. Parent training, family skill building and structured family therapy can prevent illicit drug use 		
3.	Targeted Interventions for young people		
3.1	<i>Motivational Interviewing (MI)</i>		
	<ul style="list-style-type: none"> MI is a conversational style of interviewing used in counselling to address the ambivalence that clients often experience when faced with the need to change. Rather than wrestling with a person about the need to change, MI avoids confronting and opposing the client by aligning with him or her in a collaborative partnership to co-develop practical goals for change. The heart of MI is empathy and MI manifests empathy in the counselling relationship in four ways: <ul style="list-style-type: none"> a) Partnership: The counsellor joins with the client to work collaboratively on change goals. b) Acceptance: Accepting the client as he or she is, the counsellor affirms the client’s autonomy and need to make his or her own decisions. c) Compassion: The counsellor holds nothing higher than the client’s well-being, working to understand what that means from the client’s perspective. d) Evocation: Rather than seeing the client as in need of instruction and direction, the counsellor evokes from the client what the client’s goals are and how he or she wants to be helped. In practice, the MI counsellor has three key tasks: <ul style="list-style-type: none"> i. To listen reflectively ii. To elicit client change talk iii. To offer information, feedback and advice using the MI style 	VII	7
3.2	<i>Mentoring</i>		
	<ul style="list-style-type: none"> It is a supportive relationship in which one person offers support, guidance and concrete assistance to the partner, based on the sharing of experience and expertise without expectation of personal gain The underlying strategies are to keep them mentee busy and involved in positive experiences, receiving feedback and encouragement from positive mentors they bond with, leave them less time to associate with users of alcohol and drugs, and give them less need to use drugs and alcohol to alter mood or please peers. 	I	8
	<ul style="list-style-type: none"> The underlying strategies are to keep them mentee busy and involved in positive experiences, receiving feedback and encouragement from positive mentors they bond with, leave them less time to associate with users of alcohol and drugs, and give them less need to use drugs and alcohol to alter mood or please peers. 		

	<ul style="list-style-type: none"> Mentoring is different from counselling, which is undertaken by a professional educator, health care or mental health care worker who helps the client diagnose problems or achieve goals usually by appointment in a particular location 		
3.3	<i>Mind Body Approach</i>		
	<ul style="list-style-type: none"> Emotion regulation (ER) refers to “extrinsic and intrinsic processes responsible for monitoring, evaluating, and modifying emotional reactions especially to accomplish one’s goals. During young adulthood, critical changes in ER occur, particularly age-related shifts in strategies used to manage distress. Substantial evidence suggests that deficits in ER are strongly related to patterns of Alcohol or other drug use in young adults. Chronic stress creates vulnerability to addiction. Emotion regulation depends on an individual’s unique mental representations of everyday and stressful events through which they interpret and navigate daily life. Mind Body Interventions aim to prevent escalations by acknowledging the influence of physical and mental 	VII	9
S.N	Recommendations	Level of evidence	Reference
	<ul style="list-style-type: none"> health within the social context of young adult life. It consist of: Mindfulness and meditation activities common in these efforts promote emotional clarity by training individuals to attend to present experiences non-judgmentally. Yoga has been suggested to be an exceptional path towards skillful Emotional regulation and thus may provide a highly effective route towards alleviating alcohol use/misuse. Many of the beneficial effects of yoga on physical, mental, and spiritual well-being can be attributed to its fostering a greater capacity for emotional regulation. 		
3.4	Internet Based Recommendations		
	<ul style="list-style-type: none"> Large scale individualized intervention have been made possible with new technologies. Electronic and internet based interventions represent a potentially effective option, since they allow reaching broad populations by overcoming some of the logistic constraints of face to face interventions (geographical limitations, availability and training of counselors, delivery 24 hours a day at the subjects’ convenience).It is also a relatively in expensive procedure. 	II	10, 11
	<ul style="list-style-type: none"> The electronic intervention included personalized feedback on alcohol use, and general information on alcohol use and its consequences; Feedback on reported consequences(if any); Calorific value of reported consumption (if the participant reported drinking); Computed blood alcohol concentration based on maximum reported alcohol consumption and potential consequences; Indication of the absence of unhealthy alcohol use, with indication that the reported alcohol use is associated with poor limited risks for health; participants received information on factors of vulnerability(tolerance, family history) towards the development of alcohol use disorders. 		

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