



# Addressing adolescent's binge drinking in Cameroon using the five key areas of the Ottawa charter for health promotion: implication for the spread of HIV - a commentary



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### Abstract

Alcohol consumption in Cameroon is a common practice especially among adolescents. Though the Cameroon law prohibits the advertisement and sale of alcohol to adolescents in and out of school, adolescents and young adults have been identified among the highest consumers of alcohol. This paper comments on how the five key areas of the Ottawa Charter for health promotion can be used in tackling binge drinking among adolescents in Cameroon. In the area of healthy public policies, there should be a tremendous hike in the taxes of alcoholic beverages and promulgation of laws criminalizing binge drinking among adolescents. In creating an enabling environment, the government should put in place a task force to investigate options in relation to closing hours, responsible service of alcohol, reckless secondary supply of alcohol and the alcohol content in ready-to-drink beverages, especially the locally made ones. At the level of the communities, the police should work with community organizations to enforce laws against underage drinking; strategies should also be implemented to tackle the culture of binge drinking among youth social and sports groups. In the area of developing personal skills, the government should include in the curriculum of schools a course on the consequences of adolescent binge drinking, and there should be strategies to increase adolescents' self-efficacy for alcohol refusal; in reorienting the health services, a task force should be established to develop a national preventative strategy, which will focus on excessive alcohol consumption alongside other lifestyle risk behaviors among adolescents.

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## Commentary

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Alcohol consumption in Cameroon is a common practice especially among adolescents according to available statistics. For instance, in 2013, the breweries in Cameroon sold 1,918 million crates of beer, besides other spirited drinks, wine and other imported alcoholic beverages. This makes Cameroon among the African countries with the highest number of drunkards [1]. Though the Cameroon law prohibits the advertisement and sale of alcohol to adolescents in and out of school [2], adolescents and young adults have been identified among the highest consumers of alcohol [3]. High consumption of alcohol by these youths may becloud their judgments, which may lead to risky practices such as delinquency, banditry, crime and sexual risk behaviors. Studies have suggested an association between increased alcohol intake and unsafe sexual behaviors, which may in turn lead to an increased risk of HIV transmission [4].

### **Policies and interventions**

The government of Cameroon has put in place policies and interventions to discourage binge drinking especially among adolescents [2]. There is a written policy on the advertisement and sale of alcoholic beverages among adolescents [2]. There is also excise tax on alcoholic beverages. However, these policies and interventions have not discouraged adolescents from binge drinking. This could result from the fact that there is no national legal minimum age for off-premise nor for on-premises sales of alcoholic beverages [2].

### **Binge drinking and HIV transmission**

Global interventions to prevent HIV transmission have not considered alcohol as a significant risk factor, even though

studies have linked alcohol consumption to sexual risk behaviors that can predispose people to HIV transmission [5]. The links between alcohol consumption, sexual risk behavior and HIV infection require special attention especially in sub-Saharan African (SSA) countries, thus Cameroon, where HIV prevalence rates and levels of harmful use of alcohol are high [6]. Binge drinking may lead diminished perception of risk, which increases the likelihood of an adolescent putting him or herself (or his/her partner) at risk for HIV infection through unsafe sexual practices, such as having unprotected sexual intercourse, multiple sex partners, sex with high- risk partners (injection drug users, prostitutes), and exchanging sex for money. Sexual promiscuity triggered by binge drinking also increases the risk of acquiring other sexually transmitted diseases, which could predispose adolescents to the risk of both transmitting and acquiring HIV [5]. Binge drinking may also increase HIV transmission through other mechanisms. By increasing viral replication in HIV-infected patients, alcohol may increase the virus concentration in the semen and vagina, thus facilitating HIV transmission [5].

In SSA, youths aged 15 to 24 also account for around half of all new cases of HIV [7]. This means that they constitute a major risk group for HIV prevention.

Binge drinking among adolescents and young adults is related to increased sexual risk behaviors, including non-use of condom, coerced sex, multiple partners, early sexual debut and unprotected sex with casual/non-steady partners [8], thus, potentially increasing the risk of HIV transmission.

Therefore, adolescents who are binge drinkers are a very important target group for HIV prevention efforts. Alcohol consumption contributes to increased risk of HIV transmission [5]. Therefore, effective HIV prevention

programmes should include efforts relating to reduction of alcohol consumption especially among adolescents.

### **Recommendations based on the Ottawa charter for health promotion**

There are five key action areas of the Ottawa Charter for health promotion, which provide strategies from which governments and health promoters can support adolescents to promote health and discourage binge drinking among young people. These action areas are building healthy public policy, creating a supportive environment, strengthening community action, developing personal skills and re-orienting the health services [9]. This means that for any successful intervention to address adolescents' binge drinking in Cameroon should target these five action areas.

### ***Health promotion conceptual framework to address adolescents' binge drinking***

**Figure 1** provides a conceptual framework to address adolescents' binge drinking, adapted from Nutbeam *et al.* [10], based on the five key areas of the Ottawa Charter for health promotion [9]. The framework links planned actions from the five key areas to the expected health outcomes (reduced sexual risk behaviors and hence HIV prevalence).

### ***Building healthy public policy***

Healthy policies include legislation, fiscal measures, taxation and organizational change. It aims to foster greater equity and to make the healthier choice the easier choice for the population and policy-makers as well [9]. The government should focus on the community programmes and interventions to tackle the culture of binge drinking, especially among youth social groups. There should also be a tremendous hike in the taxes of alcoholic beverages. This will lead to an increase in the prices of alcoholic products, which may in turn discourage adolescents from binge drinking [2].

At this point, laws criminalizing binge drinking among adolescents should be promulgated.

### ***Creating a supportive environment***

Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable [9]. There are laws relating to the closing hours for on- and off-licenses selling alcoholic beverages, but they are not strictly enforced [2]. The government should put in place a taskforce to investigate options in relation to closing hours, responsible service of alcohol, reckless secondary supply of alcohol and the alcohol content in ready-to-drink beverages, especially the locally made ones.

### ***Strengthening community action***

Effective health promotion strategies involve empowering the communities, the ownership and control of their own endeavors and destinies [9]. To discourage adolescent binge drinking, the local governments should empower local communities to develop local strategies to address youth binge drinking within their own community since these youths are found in the communities (see section on developing healthy policy). At the level of the communities, the police should work with community organizations to enforce laws against underage drinking. From observations, in Cameroon, youths are passionately associated with sports and social life and they join social and sports groups, and while in these groups they consume alcohol freely as a result of peer-pressure. Therefore, at the community level, strategies should be implemented to tackle the culture of binge drinking in these groups.

### ***Developing personal skills***

Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own

health and over their environments and to make choices conducive to health [9]. The government should include in the curriculum of schools a course on the consequences of adolescent binge drinking. There should also be Television and Radio programmes to sensitize adolescents in this regard. The programmes should also include strategies to increase adolescents' self-efficacy for alcohol refusal. Parents are the custodians of these adolescents and they also have their own part to play. Therefore, seminars and workshops should be organized in the communities for parents on the dangers and health consequences of adolescent binge drinking so that they can effectively tackle the issue at home.

### ***Reorienting health services***

The role of the health sector is expected to move increasingly in a health promotion direction, beyond its primary responsibility of providing clinical and curative services [9]. The government should introduce diversion programs to get young people under the age of 18 back on track before more serious alcohol-related problems emerge. Also, civil society organizations should partner with local youth social and sports clubs and empower them to build a culture of responsible drinking. The establishment of a taskforce to develop a national preventative strategy which will focus on excessive alcohol consumption among adolescents is imperative.

### **Conclusion**

A synergetic programme involving actions in these five areas of the Ottawa Charter for health promotion and their enforcement might change the current behavior of adolescents and young adults with regards to binge drinking in Cameroon. Full compliance with the five action areas of the Ottawa Charter for health promotion [9] to address adolescent's binge drinking in Cameroon, could go a long

way in eliminating AIDS by 2030 and in achieving goal 3 of the UN sustainable development goals, which is to ensure healthy lives and promote well-being for all at all ages. AIDS still remains the leading cause of death for adolescents in SSA, including Cameroon [6, 7], and increased alcohol consumption is associated with risky sexual behavior [6], which increases the risk of acquiring HIV/AIDS [4].

## **Figure**

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**Figure 1:** health promotion conceptual framework for addressing adolescents' binge drinking

## **Competing interests**

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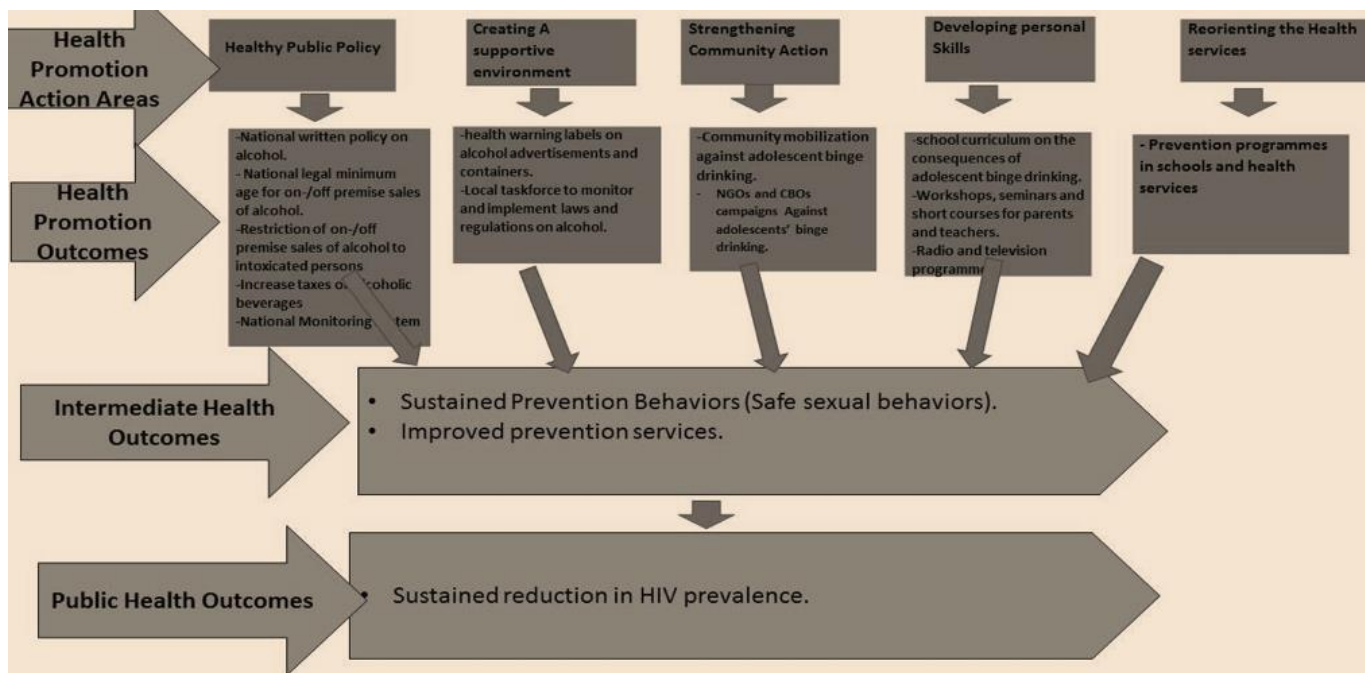
The authors declare no competing interests.

## **References**

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1. Nyassah J. The Vanguard Cameroon, Bamenda. A publication of Media World. 2014. Cameroon.
2. WHO. Cameroon alcohol: consumption levels and patterns, policies and interventions. Geneva Switzerland; WHO, 2014. accessed September 4th, 2018.
3. Enanga E. Youth and alcohol in Cameroon. U-Reporters Cameroon, 2016.

4. Fisher JC. Can we engage the alcohol industry to help combat sexually transmitted disease? International Journal of Public Health. 2010;55(3):147-148. **PubMed** | **Google Scholar**
5. Shuper PA, Neuman M, Kanteres F, Baliunas D, Joharchi N, Rehm J. Causal considerations on alcohol and HIV/AIDS-a systematic review. Alcohol and Alcoholism. 2010;45(2):159-166. **PubMed** | **Google Scholar**
6. UNAIDS. Report on the Global AIDS Epidemic. Geneva, UNAIDS. 2010.
7. UNAIDS. The gap Report. Geneva, Switzerland, UNAIDS. 2014.
8. Kiene SM, Barta WD, Tennen H, Armeli S. Alcohol, helping young adults to have unprotected sex with casual partners: findings from a daily diary study of alcohol use and sexual behavior. Journal of Adolescent Health. 2009;44(1):73-80. **PubMed** | **Google Scholar**
9. WHO. The Ottawa charter for health promotion: first international conference on health promotion, Ottawa. Geneva, WHO 1986. Accessed 2018 Sept 4
10. Nutbeam D, Padmadas S, Maslovskaya O, Wu Z. A health promotion logic model to review progress in HIV prevention in China. Health Promotion International. 2013;30(2):270-280. **PubMed** | **Google Scholar**



**Figure 1:** health promotion conceptual framework for addressing adolescents' binge drinking