

Population Scale and Public Measures of Drug Use, Alcohol Use, and Tobacco Use

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Abstract: Drug Abuse generally refers to the use of any drug contrary to accepted medical use and social norms. Such use is often self-administered, resulting in some harm to the health of the user and to society. Alcohol abuse occurs in all groups of people. The scope of alcoholism is very broad, and there are manifestations of alcoholism among young people and vulnerable groups. How to adopt appropriate methods for alcohol intervention in vulnerable groups has been a hot issue in society. Tobacco use affects China's poor in three ways. As the world's largest producer and consumer of tobacco, China needs to control and reduce tobacco use and create a smoke-free society through various measures such as accelerating tobacco control legislation, raising tobacco tax and strengthening civic education. This article adopts a review approach to discuss the impact of drug abuse, alcohol abuse, as well as the tobacco use, investigating the reason of them, as well as possible effective measures.

Keywords: drug abuse, alcohol abuse, social solutions, effects.

1. Introduction

1.1. Solutions to solve drug abuse

There are many people who abuse drugs, and the problem is most serious among teenagers. There are two main reasons for adolescent drug abuse.

First, some teenagers take excessive drugs mostly not to cure diseases, but to pursue mental stimulation and indulge in hallucinations. And few people understand the dangers of drug abuse, and more and more side effects make them continue to take more drugs. Some parents also do not know that these drugs are addictive and do not stop their children in time. Curiosity, peer inducement, bad information on the Internet Causing drug abuse problems among young people. Many young people have a certain understanding of traditional drugs such as heroin, but they do not know enough about psychoactive drugs and anesthetic drugs, and think that these drugs are harmful to the body, so they are very respectful Love or abuse of mother, teacher and other drugs in the year.

There are gaps in drug control Addictive drugs are readily available In fact, the problem of adolescent drug abuse has received the attention of multiple departments. The State Food and Drug Administration, the Ministry of Public Security and other three departments jointly issued in February this year The article pointed out that the abuse of compound difenoxate tablets, compound tramadol tablets and dextromethorphan oral monoraphone has occurred in some areas of China, and the abuse

groups are mainly teenagers, which seriously endangers the physical and mental health and life safety of the public, especially teenagers. The circular pointed out that the production of drugs should be further strictly controlled Strengthen the supervision of drug production and strengthen the supervision of drug distribution Manage and strengthen inspection of delivery channels to effectively curb the abuse and flow of the above-mentioned drugs into illegal channels.

1.2. Effects of alcohol

The effects of alcohol consumption on disease and injury are associated with 2 different dimensions of alcohol consumption. The first is the total amount of alcohol consumed, and the second is the form of alcohol use. One of the dangerous situations in alcohol use is heavy drinking, defined as using more than 60 grams of pure alcohol. Diseases associated with alcohol use are associated with intermittent heavy drinking. Intermittent heavy drinking is another indicator of heavy drinking, defined by the WHO as at least 60 times a month with at least six 5g or more pure alcohol (9+ standard drinks). In the Russian Federation, some other European countries (such as Bulgaria, Poland and Romania) and some sub-Saharan African countries (such as Angola, the Democratic Republic of the Congo and the Congo), there is a very high rate of intermittent binge drinking among drinkers ($\geq 60\%$ of current drinkers). In other sub-Saharan countries, Australia and some countries in South America (such as Bolivia, Brazil, Paraguay and Peru), the incidence of intermittent alcohol abuse is high (22-6%). Worldwide, the frequency of intermittent alcohol abuse in the general population declined[1].

Harmful drinking is a major public health problem, linked to more than 200 diseases and injuries. Related health problems or conditions; Neuropsychiatric diseases, cardiovascular diseases, liver diseases, various cancers, infectious diseases such as HIV/AIDS, traffic accidents, violence, suicide, broken families and early deaths . Alcohol affects sensory and motor skills by shortening the reaction time to acute toxic effects and leads to accidents, violent tendencies, suicide, and alcoholism. Alcohol is the third leading risk factor for disease burden. Worldwide, 30,000 people die from harmful drinking, and alcohol-related deaths account for 3.5 percent of all deaths. The harmful use of alcohol has a greater impact on mortality than diabetes (3.2 per cent), digestive diseases (8.4 per cent), traffic accidents (5.2 per cent), tuberculosis (5.2 per cent), HIV/AIDS (3.1 per cent) and hypertension (8.1 per cent). In 6 years, alcohol consumption accounted for 2016. 5% of all disability-adjusted life years (DALYs) . The harmful use of alcohol is directly or indirectly linked to many of the health-related targets of the Sustainable Development Goals (SDGs 5). The SDGS include 2030 targets and 17 targets, including maternal and child health, communicable diseases (HIV, viral hepatitis and tuberculosis), non-communicable diseases and mental health, injuries and poisonings. Per capita alcohol consumption in litres of pure alcohol is one of the two indicators for Sustainable Development Goal health target 16.9.1- "Strengthening the prevention and treatment of drug abuse, including narcotic drug abuse and the harmful use of alcohol" [2].

At the individual and societal levels, various factors have been identified that influence levels and patterns of alcohol consumption and the severity of alcohol-related problems in the population.

1.3. Tobacco use

China has a long history of tobacco use, and many Chinese celebrities also use tobacco. This shows that tobacco is not new to the Chinese people. Taxes, education and role models have a big impact on the alcohol industry, according to the reference reading material.

Some international evidence on developing countries suggests that rates of tobacco consumption are much higher among socioeconomically disadvantaged groups compared to their wealthier peers [3]. Increased tobacco consumption may lead to an increased risk of tobacco-related disease, resulting in a greater burden of health care costs and creating health inequities.

Therefore, I believe that tobacco use will affect the poor in China in three ways: First, in terms of health behavior, smoking will lead to poorer health among the poor; the second is the financial burden. The country's tobacco tax and higher smoking rate will increase their economic burden. The third is health inequality, where wealthier people are better educated and shielded from unhealthy factors, but poor people are not educated about health, leading to worse living conditions for the poor who already have poor health care.

The health hazards and disease burden caused by tobacco have posed great challenges for China to achieve the Healthy China 2030 goal. China, as the world's largest tobacco producer and consumer, needs to control and reduce tobacco use and create a smoke-free society through various measures such as accelerating tobacco control legislation, raising tobacco taxes and strengthening civic education.

Strategies to reduce tobacco use in China include: monitoring tobacco use and prevention policies. Protecting people from tobacco smoke; Providing help to quit smoking; To warn people about the dangers of tobacco; Bans on tobacco advertising, promotion and sponsorship; Raise taxes on tobacco. Prevention can take the form of policy-level measures, such as increased taxation of tobacco products; stricter laws regulating who can purchase tobacco products; how and where they can be purchased; where and when they can be used smoke-free policies in restaurants, bars, and other public places.

The most likely strategy is to improve tobacco-related laws and raise tobacco taxes. Over 100 studies have shown that higher taxes on cigarettes, for example, produce significant reductions in smoking, especially among youth and lower-income individuals. Smoke-free workplace laws and restrictions on advertising have also shown benefits. Monitoring tobacco use and prevention cannot be effective for everyone because not everyone is so self-conscious; Similarly, strengthening relevant education is also effective, but due to the limited consciousness of people, people's subjective initiative is limited, so it cannot do a good job in reducing tobacco use.

2. Factors and measures

2.1. Social factors

Social factors include the level of economic development, culture, social norms, availability of alcohol, and implementation and enforcement of alcohol policies. For poorer societies, the adverse health effects and social harms of specific levels and patterns of drinking are greater.

Individual factors include age, sex, family environment, and socioeconomic status. While no single risk factor is dominant, the more vulnerable a person is, the more likely that person is to develop alcohol-related problems as a result of drinking. Poorer people suffer greater health and social harm from drinking than wealthier people.

The impact of alcohol consumption on chronic and acute health outcomes depends heavily on the total amount of alcohol consumed and drinking patterns, particularly those associated with binge drinking events.

The vulnerable groups often have the characteristics of information asymmetry and economic power gap. The vulnerable groups include children, the elderly, the disabled, the mentally ill, the unemployed, the poor and other groups. On the one hand, they do not know the risks of alcohol abuse due to asymmetric information, so the risk of alcohol abuse will be greatly increased, on the other hand, their health status is worse than the general population, so alcohol will have a negative impact on their health.

On the other hand, considering that the incidence of alcohol abuse caused by information asymmetry will be higher in the vulnerable groups, the incidence of unhealthy behaviors caused by alcohol will also increase. Immigrants are also vulnerable groups, and studies have shown that they

have an increased risk of unhealthy behaviors caused by alcohol abuse, which further leads to the occurrence of infectious diseases such as AIDS [4].

At the same time, excessive use of alcohol in vulnerable groups can lead to the occurrence of domestic violence, because drinking clearly has an important impact on social behavior, such as increased aggression, self-exposure, sexual risk-taking, etc. For vulnerable groups with high pressure, excessive use of alcohol is a way to vent emotions, and excessive self-catharsis caused by this way will lead to increased aggression, resulting in adverse consequences [5].

Different approaches work for different people and various types of addiction. Some people may be able to quit and never have a drop of alcohol for the rest of their lives. For them, even a glass of wine every now and again could trigger a return to drinking heavily. If you recognize yourself as that kind of drinker, it's important to stay away from alcohol as much as possible.

For some people, drinking in moderation can be effective at curbing addictive behaviors to alcohol. Research tells us that controlled drinking is not only possible for many individuals, but it is quite common among people who used to drink heavily.

The youth group is considered to be one of the important audiences for alcohol. Although it is acknowledged that other external factors - including non-marketing pro-alcohol messages, family and cultural factors, and individual personality types - can explain some of the associations shown, these studies add to the evidence that alcohol marketing influences adolescent drinking behavior, and that public-health-oriented policies are needed to prevent, reduce, or mitigate this effect [6].

One study used ecological transient assessment (EMA) (N observations = 799). Consumption rate is defined as the change in estimated blood alcohol concentration (eBAC) relative to the onset of alcohol consumption. Piecewise multi-level modeling is used to test hypotheses. For comparison, we examined whether quantitative and frequency indicators (Q-F) were associated with AUD symptoms and the presence of companions. The result was that for all participants, eBAC increased dramatically at the beginning of the episode and then leveled off. Participants with more AUD symptoms or the presence of peers had a significant increase in eBAC in the early stages of the episode. Participants with more AUD symptoms were also more likely to engage in behaviors similar to overeating. For Q-F, only peak eBAC and peak number of standard drinks were associated with AUD symptoms, not the presence of peers. The findings highlight the value of consumption rates as an indicator of youth use, which is sensitive to the influence of relevant individual-level and contextual factors. Intervention efforts may benefit from targeting the rate at which adolescents drink [7].

The elderly are also one of the most vulnerable groups to alcoholism. Drinking alcohol, even in small amounts, can cause more harm to older people than younger ones. Alcohol accelerates and exacerbates the onset of age-related diseases. The elderly are often given drugs to treat these conditions. Co-use of alcohol with prescription drugs can lead to negative interactions, especially because older adults metabolize and excrete alcohol more slowly. The combination of alcohol and prescription drugs can lead to higher blood alcohol levels, reducing the effectiveness of the drug and exacerbating its side effects. Developing effective interventions to prevent or reduce alcohol use among older people is critical, not only because of the problems alcohol use causes for older people, but also because of the increasing number of older people. First, because of the problems caused by alcohol in this group, prevention is needed; Second, the elderly population is expanding, leading to more alcohol-related problems [8].

Many effective interventions have been developed to prevent or reduce alcohol consumption, such as those conducted by general practitioners, brief interventions, psychosocial interventions, and e-health interventions (such as web-based interventions and smartphone interventions). However, many of these interventions are aimed at adults in general and not specifically at older adults. It is unclear whether these interventions would also work for older adults. Older adults grow up at different times, and drinking norms and values may differ from those of younger adults.

Many people cut down on their alcohol intake without medical or therapeutic help, although it is advisable to discuss your alcohol intake with your family doctor before trying to change it. It can also be helpful to talk with a counselor who is trained in assisting people with substance use concerns and addiction for their advice and support.

In addition, when governments develop and implement appropriate policies, the health, safety and socio-economic problems caused by alcohol can be reduced. Policymakers are encouraged to act on strategies that have proven effective and cost-effective. These include: regulating the marketing of alcoholic beverages (especially to young people); Regulating and restricting the availability of alcohol; Develop an appropriate drink driving policy; Reducing demand through taxation and pricing mechanisms; Raising awareness of the health and social problems caused by the harmful use of alcohol for individuals and society as a whole; Ensure support for effective alcohol policies; Provide accessible and affordable treatment for people with alcohol use disorders; And introduce screening and brief intervention programmes for dangerous and harmful alcohol use in health services.

2.2. Specific measures are as follows

Tighter restrictions on the availability of alcohol. Establishing and enforcing restrictions on the commercial or public availability of alcohol through laws, policies and programmes is an important way to reduce the harmful use of alcohol. These strategies provide essential measures to prevent easy access to alcohol by young people and other vulnerable and at-risk groups.

Promote and enforce drunk driving countermeasures. Road users who are impaired by alcohol are at a much higher risk of collision. Developing and enforcing strong drunk driving laws and low blood alcohol limits through sobriety checkpoints and random breath testing will help turn the tide.

Promote access to screening, brief interventions and treatment. Health professionals have an important role to play in helping people reduce or stop drinking to reduce health risks, and health services must provide effective interventions for those who need help and their families

Bans or total restrictions on alcohol advertising, sponsorship and promotion. Bans and comprehensive restrictions on alcohol advertising, sponsorship and promotion are impactful and cost-effective measures. Enacting and enforcing bans or total restrictions on access to them in the digital world will have public health benefits and help protect children, adolescents and abstaining from the pressure to start drinking.

Increase the price of alcohol through excise and pricing policies

Alcohol tax and pricing policies are among the most effective and cost-effective alcohol control measures. Increasing excise duty on alcoholic beverages is a proven measure to reduce the harmful use of alcohol, providing the government with revenue to offset the economic costs of harmful use of alcohol.

Public health focuses on interventions for population health, but we need more effective interventions that target alcohol problems in specific populations. The male group drinks more heavily, plus China is the largest producer of beer in the world. For these reasons, we can focus our alcohol interventions on male health education and reducing beer production and supply. The intervention of people and communities and the adjustment of taxes on beer are particularly important.

The government can control alcohol from the following ten aspects: leadership, awareness and commitment; The response of health institutions; Community action; Drink driving policies and countermeasures; Alcohol availability; The promotion of alcoholic beverages; Price policy; Reducing the negative consequences of drinking and drunkenness; Reducing the public health impact of illicit and informally produced alcohol; Supervision and monitoring.

Alcohol substitutes have also been recognized in recent years as strategies that can reduce alcohol use. However, a study has shown that young people with few beneficial alternatives to drinking and less thought about the future are at risk of alcohol problems, in part because of a failure to implement

protective strategies. Interventions should attempt to increase sources of non-material rewards and future orientation, thereby promoting more regulated drinking [9].

Compared to health interventions and protective interventions, price control is a good way to intervene in alcohol use. Consumers, including alcoholics and young people, are sensitive to changes in alcohol prices. Pricing policies can be used to reduce underage drinking, prevent the development of heavy drinking and/or repeated binge drinking, and can influence consumer preferences. Increasing the price of alcoholic beverages is one of the most effective interventions to reduce the harmful use of alcohol. The success of pricing policies aimed at reducing the harmful use of alcohol depends on an effective tax system accompanied by appropriate taxation and enforcement measures.

3. Conclusion

Drug abuse, alcohol abuse, and tobacco abuse are not uncommon in China, especially alcohol and tobacco. For some vulnerable groups, such as teenagers, they are more vulnerable because they don't know the harm of these items. Some studies show that, when governments develop and implement appropriate policies, the health, safety and socio-economic problems caused by alcohol can be reduced. Therefore, it is necessary to follow some measures, such as tighter restrictions, promoting access to screening, higher taxes, and so on.

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