III. Alcohol use and violence\textsuperscript{3} that affects young people

\textbf{COST OF VIOLENCE}

Crime and violence impede growth and development because they erode the development of human capital, destroy social capital and consume government resources that could be used for other development purposes [Ayres, 1998]. Other researchers have also argued that crime and violence are among the key obstacles for development in developing countries, including for countries in Latin America (Cercone, 1994; Moser and van Bronkhorst, 1999).

The cost of violence is estimated at 14.2\% of LAC gross domestic product (GDP) (Londoño and Guerrero, 2002). In Colombia, public spending on security and criminal justice in 1996 was 5\% of the country’s GDP (Buvinic, Morrison, and Shifter, 1999). The World Health Organization’s World Report on Violence and Health (2002a) estimates that the youth homicide rate for the Region of the Americas is 36.3 per 100,000, which is double the African rate of 17.6 per 100,000 population.

In Latin America, both the perpetrators and victims of violence are mostly young and male. Moser and van Bronkhorst (1999) state in their study on youth violence in LAC that an estimated 80\% of violent crimes are committed by men, the majority of who are under age 35, with an increasing number under age 14. In 1995 in Rio de Janeiro, 91\% of the city’s homicide victims were men; 57\% were between the ages of 15 and 29 (Moser and van Bronkhorst, 1999). The authors also state that young women are confronted with high levels of violence, most often as victims rather than as perpetrators.

\textbf{THE ROLE OF ALCOHOL}

While anthropological research on alcohol cited in the WHO’s (2002a) World Report on Violence and Health suggests that the violent effects of alcohol vary by culture and do not apply universally,\textsuperscript{4} other research conducted throughout the world has demonstrated that there exists a relationship between violence and substance abuse. Osgood (1998), in his comprehensive review of research on alcohol and other drug use and adolescent violence, noted that despite competing viewpoints on whether violent behavior in youth leads to an increase in substance use or if substance use is a predictor of later violent behavior and other types of delinquency, a relationship between violence and substance use does exist and this relationship is consistent across types of substances (alcohol and other illicit drugs) and types of violence.

The 2002 World Bank study Voices of the Poor, which surveyed rural poor people in 60 countries, reported that, “life had become less secure, more marginal and more threatened in recent decades…”

\textsuperscript{3} The World Health Organization defines violence as “The physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal-development or deprivation” (WHO, 1996). In this document, youth violence refers to the violence in which youth participate either as perpetrators or as victims. This violence can manifest in many forms including bullying, gang violence, sexual aggression, suicide, and assaults in streets, bars and nightclubs.

\textsuperscript{4} WHO’s Youth Violence and Alcohol Fact Sheet (2006a) reports that in the United States stronger links between alcohol and fighting were found among Mexican-American youths than non-Hispanic White youths.
due to the growing precariousness of livelihoods, exclusion from services and institutions, the loss of social cohesion, and the higher exposure to negative influences such as crime and alcohol.”

This relationship has also been established by studies that have looked at the changes in mortality, injuries and crime rates after alcohol was restricted or made more available in among diverse populations, for example in Greenland, Micronesia, and aboriginal Australia (WHO, 2002b). Furthermore, research has shown that:

In middle and high income countries, with reliable and comprehensive data regarding violent deaths and injuries dealt with at hospital emergency departments, show that homicide and non-fatal injury rates in young people (including the 15-18 year age group) are particularly sensitive to changes in societal and community-level risk factors. These factors include alcohol availability.

The World Health Organization’s policy briefing, *Interpersonal Violence and Alcohol* (2006b), states that alcohol misuse and interpersonal violence both act as catalysts for each other and cites numerous studies linking alcohol use and interpersonal violence. Studies cited in the policy briefing linking harmful alcohol consumption to perpetrators of violence found that:

- In Russia, around three-quarters of individuals arrested for homicide had consumed alcohol shortly before the incident.
- In South Africa, 44% of victims of interpersonal violence believed their attacker to have been under the influence of alcohol.
- In Tianjin, China, a study of inmates found that 50% of assault offenders had been drinking alcohol prior to the incident.

The *Interpersonal Violence and Alcohol* policy briefing also states that harmful alcohol use reduces self-control and the ability to process information, thus reducing a drinker’s ability to recognize warning signs in potentially violent situations, making them appear as easy targets for perpetrators. Studies regarding harmful alcohol consumption by victims of violence have found that:

- Among victims of violent injuries admitted to emergency rooms in six countries, the percentage of testing positive for alcohol ranged from 24% in Argentina to 43% in Australia.
- In São Paulo, Brazil, 42% of homicide victims were shown to have used alcohol prior to death and 46% of assault victims admitted to a trauma center tested positive for alcohol.
- Between 1999 and 2001, between 43% and 90% of victims admitted to hospital trauma units in three South African cities tested positive for alcohol.

Evidence also suggests that alcohol use increases the occurrence and severity of domestic violence (Brecklin, 2002; Weinsheimer et al., 2005). For example, Ramirez et al., (1992) found that 26% of women seeking counseling in the urban areas of Mexico reported that their partners’ abusive behaviors were fueled by intoxication.

In an epidemiological study on violence in Mexico City, Calí and Caracas conducted in the 1990s, Londoño and Guerrero (1999) found:

- The majority of homicide victims were between the ages of 15-29.
- The majority of homicide victims were men, and women were more often victims of non-lethal interpersonal violence.
- Homicides usually occurred in the late evening hours or early morning, during the weekends and holidays.
- Alcohol was strongly associated with violence by the perpetrator and the victim.
- Bars and other public drinking places are often the scene of the violent act.

In their study of how people living in nine poor urban communities in Guatemala perceive violence, Moser and McIlwaine (2001) describe how social violence outside the home was primarily linked with alcohol. They state:
Heavy alcohol consumption was a major problem in all nine communities as a problem in itself, and in terms of its links to other types of violence. Outside the home it was closely related with street fighting and disturbances in local cantinas, while inside the home, it was linked with intra-family violence, especially against woman and children. Alcohol- and drug-related violence was associated with 23% of all violence related problems in the study communities, with alcohol-related violence representing an average of 10% of all violence-related problems.

The relationship between youth violence and alcohol use is widely documented in the most recent reports on youth and violence sponsored by international organizations. In the United Nation’s World Report on Violence Against Children (2006) alcohol is consistently cited as an "immediate risk factor in violence involving children and youth" and “as an important factor in violence against children in community settings.” According to the report, alcohol was identified as one of three factors consistently leading to the occurrence of youth violence.5

Studies cited in the UN report that have linked alcohol use to youth violence include:

• Alcohol use was consistently found in studies that looked at homicide and violence-related injuries that lead to hospital treatment in youth.
• In Finland, 45% of all violent incidents reported by 12-18-year-olds involved drinking on the part of the perpetrator and/or victim.
• In the Philippines, where 14% of 15-24-year olds reported physical injury through violence in the previous three months, violence was significantly associated with drinking.
• Among 10-18 years old participating in the Caribbean Youth Health survey, having used alcohol in the last year was significantly associated with weapon-related violence for both males and females.

The World Health Organization’s *Youth Violence and Alcohol Fact Sheet* (2006a) reaffirms the link between alcohol use and youth violence and reiterates that, “alcohol use is itself a risk factor for involvement in youth violence.” The studies cited on the WHO’s *Youth Violence and Alcohol Fact Sheet* include:

• In England and Wales, 18-24 year old males who report feeling very drunk at least monthly are more than twice as likely to have been involved in a fight in the previous year, and females more than four times as likely, in comparison to regular but non-binge drinkers.
• In Israel, 11–16 year olds who reported both drinking five or more drinks per occasion and having ever been drunk were twice as likely to be perpetrators of bullying, five times as likely to be injured in a fight and six times as likely to carry weapons in comparison to 11–16 year olds with no reported history of drunkenness and binge drinking.

Strong links have also been found between child maltreatment6 and alcohol use, especially under harmful or hazardous drinking. Studies have consistently found that having a parent with a history of harmful or hazardous alcohol use increases the risk of child maltreatment (Dube et al., 2001; Walsh, MacMillan and Jamieson, 2003). The World Health Organization’s *Child Maltreatment and Alcohol Fact Sheet* (2006c) reports that the majority of the few studies quantifying the involvement of alcohol use in the perpetration of child maltreatment have been conducted in high-income countries. The findings from those countries include:

• In Germany, around 32% of offenders of fatal child abuse were under the influence of alcohol at the time of the crime.
• In the USA, 35% of offenders of parental child abuse had consumed either alcohol or drugs at the time of the incident.

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5 Access to firearms and the physical environment are two additional factors.
6 Child maltreatment is defined as all forms of physical and/or emotional ill-treatment, sexual abuse, neglect, negligent treatment, commercial or other exploitation, resulting in actual or potential harm to the child’s health, survival or development or dignity in the context of a relationship or responsibility, trust or power (WHO, 2006c).
Most studies concerned with the link of youth violence and alcohol have been conducted in developed countries; however, they may be relevant to developing countries in explaining the relationship between alcohol use and violence. The reason is that there is evidence “that youth cultures spread rapidly from developed to developing countries, bringing new drinking patterns with them” (WHO, 2002b). According to the WHO’s *Youth Violence and Alcohol Fact Sheet* (2006a), recent increase in consumption of alcohol among young people where it was traditionally low (e.g. Israel, Philippines), may be pointing to the fact that “a youth culture of excessive drinking is spreading internationally.”