

Addressing High Alcohol Consumption and Alcohol Use Disorders Among Adolescents and Young People in Sub-Saharan Africa: Pathways to Effective Action

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Background: Adolescents and young adults in sub-Saharan Africa face a growing burden of alcohol use and related disorders, driven by a convergence of biological vulnerability, socio-environmental pressures, and weak regulatory systems. Rising digital media exposure and socio-economic disparities further exacerbate risky drinking behaviors.

Objective: This review synthesizes current evidence on the prevalence, risk factors, health and social impacts, and intervention strategies related to alcohol use among adolescents and young people in sub-Saharan Africa.

Methods: A narrative review approach was employed, drawing on peer-reviewed articles and global reports published between 2000 and 2024. Studies were identified through searches in databases including PubMed, Scopus, Google Scholar, and Web of Science, using defined inclusion criteria focused on youth aged 10–24 years.

Findings: Alcohol use and alcohol use disorders (AUD) among youth are influenced by a complex interplay of genetic, psychological, familial, social, and digital factors. Consequences include increased risks of mental illness, HIV infection, gender-based violence, poor educational outcomes, and long-term health complications. Despite these harms, interventions remain fragmented and under-resourced across much of the region. Promising interventions include school-based programs, community engagement, digital media regulation, and integration of alcohol services into mental and sexual health platforms.

Conclusion: Tackling adolescent alcohol misuse in sub-Saharan Africa requires urgent, multisectoral action. Policies must be evidence-based, culturally responsive, and supported by robust surveillance, regulation, and youth-centered programming to prevent long-term public health and socio-economic consequences.

Keywords: alcohol use, adolescents, young people, sub-Saharan Africa, alcohol policy, intervention strategies

Introduction

Alcohol consumption remains the most prevalent substance use disorder globally and is a leading contributor to morbidity and mortality, accounting for approximately 5.1% of the global burden of disease and injury.^{1,2} Among all age groups, adolescents and young adults are particularly vulnerable to the harmful effects of alcohol use, including the development of alcohol use disorders (AUD) – a chronic, relapsing condition with enduring health, social, and economic consequences.^{1,3}

This heightened vulnerability stems from the intersection of biological, psychological, and social changes occurring during adolescence, a critical period marked by brain development, identity formation, and increased susceptibility to peer and environmental influences.^{4–9} Adolescents are more prone to impulsive behavior and risk-taking due to delayed

prefrontal cortex development and heightened limbic activity.^{10–13} This neurodevelopmental imbalance increases susceptibility to peer influence and early alcohol use, raising the risk of problematic use and dependence.^{7,10}

Globally, alcohol use among adolescents is widespread, with estimates suggesting that over 22% of individuals aged 15–19 years consumed alcohol in 2019.¹ Early initiation of alcohol use is strongly associated with increased risks of injury, risky sexual behavior, mental health challenges, and poor academic and social outcomes.^{1,14–16} For adolescents, whose brains are still maturing, alcohol use can lead to long-term cognitive impairments, emotional dysregulation, and behavioral difficulties.^{1,3,17} These risks are further magnified in low-resource settings, where poverty, limited healthcare access, weak regulatory environments, and pervasive social inequalities exacerbate the consequences of alcohol misuse.^{1,2,18,19}

In sub-Saharan Africa, factors such as rapid urbanization, socioeconomic disparities, weak alcohol policy enforcement, and cultural acceptance of drinking have contributed to rising alcohol use among adolescents.^{1,18} Uganda, with the region's highest per capita alcohol consumption at 12.2 liters annually (see Table 1), illustrates the growing concern. While some evidence points to high rates of alcohol use and AUD among youth, especially adolescent boys,^{20–23} robust

Table 1 Top 20 high Alcohol Consumption Countries (per Capita) Among 15+ year Olds in Sub-Saharan Africa (Litres of Pure Alcohol), 2018–2020

No.	Country	2018	2019	2020
1.	Uganda*	12.2	12.2	11.3
2.	Burkina Faso	9.8	9.8	11.3
3.	Tanzania	10.4	10.4	10.9
4.	Seychelles	12.0	12.0	10.2
5.	Cameroon	10.1	10.1	9.6
6.	Benin	8.3	8.3	8.8
7.	Gabon	7.3	7.3	8.1
8.	Botswana	8.2	8.2	7.3
9.	Somalia	8.8	8.8	7.1
10.	Mauritius	7.5	7.5	6.9
11.	Eswatini	8.1	8.1	6.8
12.	Equatorial Guinea	6.9	6.9	6.6
13.	Cabo Verde	6.3	6.3	6.0
14.	Congo	6.4	6.4	6.0
15.	Mali	4.3	4.3	5.3
16.	Namibia	5.9	5.9	5.0
17.	Sao Tome and Principe	5.0	5.0	4.8
18.	Ghana	4.5	4.5	4.3
19.	Lesotho	4.5	4.5	4.3
20.	Burundi	4.1	4.1	4.2

Notes: *Uganda has the highest alcohol consumption per capita (15 years of age or older) in sub-Saharan Africa. Data Source: The Global Health Observatory, World Health Organization.²⁴

data across the region are lacking. This data gap hampers efforts to understand the problem's scope and to develop effective, targeted interventions.

Compounding these challenges is the growing influence of digital media, which plays an increasingly prominent role in shaping youth attitudes and behaviors toward alcohol.^{8,9} In sub-Saharan Africa, where digital connectivity is expanding rapidly, adolescents are frequently exposed to alcohol advertising and pro-drinking content on social media.^{5,23,25,26} These digital exposures glamorize alcohol consumption, normalize high-risk drinking behaviors, and reinforce harmful social and gender norms, often in the absence of regulatory oversight. Consequently, the digital environment has become a powerful but underexplored driver of adolescent alcohol misuse in the region.

Despite the urgency of the issue, most countries in sub-Saharan Africa lack comprehensive, evidence-based strategies to prevent and address alcohol misuse among youth.^{5,25,27,28} Existing interventions tend to be fragmented, under-resourced, and insufficiently adapted to the realities of young people's lives, particularly regarding the influence of peer networks, digital media, and socioeconomic pressures.

Although research on alcohol-related harms is expanding, there is a critical need for synthesized evidence on the specific drivers of adolescent alcohol use and the effectiveness of targeted interventions in sub-Saharan African contexts. This review aims to address this gap by examining recent evidence on adolescent alcohol misuse in the region, identifying key social, economic, and digital drivers, and evaluating the scope and impact of existing policy and intervention frameworks.

Methods

This narrative review synthesized existing evidence on alcohol use among adolescents and young people, with a focus on sub-Saharan Africa. A comprehensive literature search was conducted across multiple electronic databases, including PubMed, Scopus, Google Scholar, and Web of Science, covering publications from 2000 to 2024. The search employed key terms such as “alcohol use”, “adolescents”, “youth”, “binge drinking”, “substance abuse”, and “risk factors”. Only articles published in English were considered.

Studies were included if they focused on individuals aged 10 to 24 years and examined the prevalence, risk factors, consequences, or interventions related to alcohol use. Eligible sources included peer-reviewed research articles, systematic reviews, and relevant global or regional reports from recognized public health organizations such as the World Health Organization. Studies focusing exclusively on adults over 25 years or non-peer-reviewed material such as editorials were excluded.

Titles and abstracts were screened, followed by full-text reviews of potentially relevant articles. Key information extracted included study objectives, population characteristics, geographical setting, methodologies, and main findings. A thematic synthesis approach was used to identify patterns and draw conclusions across diverse studies.

Although formal quality appraisal tools were not applied, studies were assessed for relevance, methodological soundness, and clarity of findings. Greater emphasis was placed on higher-quality sources, such as national surveys and large-scale epidemiological studies. As this review involved only published literature and did not include primary data collection, ethical approval was not required.

Factors Associated with Alcohol Use and Alcohol Use Disorders

Alcohol Use and Alcohol use disorders (AUD) result from a complex and dynamic interplay of individual, societal, and environmental factors.^{1,29,30} According to the World Health Organization, heavy drinking patterns are often shaped by broader social determinants, including the economic development level of communities, prevailing cultural norms, societal attitudes toward alcohol, ease of access to alcoholic beverages, and the robustness of alcohol control policies.^{1,3} These macro-level influences intersect with personal and familial risk factors, creating a multifactorial public health challenge that is particularly acute among adolescents and young adults.

At the individual level, several demographic and psychosocial characteristics contribute to the onset and progression of alcohol use and misuse. Age, gender, socioeconomic status, and family background are all strongly associated with alcohol consumption patterns, especially in low- and middle-income countries (LMICs) where structural inequalities often exacerbate personal vulnerability.^{5,6,20,31–36} In Uganda, for instance, more than half of individuals in rural

communities report having consumed alcohol at some point in their lives, with 17% of those being minors, underscoring the troubling reality of early alcohol initiation.²² Adolescents in such contexts often encounter alcohol in environments where its use is normalized, with minimal regulation or parental oversight.

Family dynamics, particularly parental alcohol use, significantly influence adolescent drinking behavior. When parents consume alcohol regularly or problematically, it can establish a normative framework within which alcohol use is perceived as acceptable or even expected.^{37–40} Beyond parental modeling, a host of familial factors such as having siblings who drink, dropping out of school, living in single-parent households, experiencing parental neglect, and growing up in large families with financial instability can elevate the risk of alcohol misuse.^{36,37,40} Fathers' educational attainment and occupational status, especially in agricultural or low-income jobs, have also been linked to higher rates of adolescent substance use.^{38,41} In general, economically disadvantaged households and communities tend to have higher prevalence rates of alcohol use, as poverty and limited access to support systems contribute to alcohol being used as a coping mechanism.^{3,38}

Genetic predispositions also play an additional role in the development of AUD. Specific genes influence the brain's neurobiological pathways related to addiction, as well as an individual's physiological responses to alcohol and stress.^{33,35} Traits such as impulsivity and sensation-seeking, which may be heritable, also increase susceptibility to early initiation and chronic alcohol use. However, these genetic vulnerabilities do not function in isolation.^{42,43} Rather, they interact with environmental conditions including exposure to alcohol in the home or community, peer influences, and early life adversity across the life course.

Environmental risk factors such as childhood trauma, abuse, neglect, and chronic stress are especially influential in determining vulnerability to alcohol misuse.^{1,5,18,29,37} These adverse experiences are known to dysregulate stress-response systems and increase the likelihood of substance use as a form of self-medication or emotional regulation. The impact is particularly profound when such exposures occur during adolescence, a critical window of neurodevelopment. During this stage, the prefrontal cortex responsible for executive functions like decision-making, impulse control, and working memory is still maturing.^{13,44} Alcohol consumption during this time can disrupt neural development, impairing cognitive processes and increasing the risk of long-term behavioral and psychological problems.^{7,45} These neurodevelopmental impairments are not only immediate but may persist into adulthood, increasing the likelihood of developing chronic AUD and associated comorbidities.

Understanding the multifaceted contributors to alcohol use and AUD in sub-Saharan Africa is essential for the development of targeted, evidence-based prevention and intervention strategies. These strategies must be multifactorial addressing both individual and structural determinants and should be tailored to the developmental needs and social realities of adolescents and young people. Only by acknowledging and addressing the full spectrum of influences can meaningful progress be made in reducing alcohol-related harm and improving youth health outcomes across the region.

Medical and Societal Conditions Associated with Alcohol Use and Alcohol Use Disorders

Alcohol use, particularly during adolescence and young adulthood, is associated with a wide range of adverse medical and societal outcomes. Among the most significant health consequences are an increased risk of injuries, digestive system diseases, and cardiovascular conditions that are major contributors to alcohol-related morbidity in this age group.^{1,28} These health burdens are especially concerning given the early age at which many individuals begin consuming alcohol, which amplifies both immediate and long-term risks.

A growing body of evidence has established a strong bidirectional relationship between alcohol use and mental health disorders. Frequent or heavy alcohol consumption is linked to heightened risk for depression, anxiety, and psychosis.^{16,45,46} At the same time, individuals experiencing mental health challenges are more likely to engage in hazardous drinking or develop alcohol use disorders (AUD).^{16,40} For those with severe mental illnesses, co-occurring AUD further complicates clinical care, making diagnosis, treatment, and recovery more difficult and worsening overall outcomes.

Beyond individual health, alcohol use has profound implications for family dynamics and child development. Parental alcohol misuse is a major source of adverse childhood experiences (ACEs), which include neglect, abuse, and household dysfunction. These experiences are associated with lasting mental and physical health problems, as shown in studies from

Uganda and similar contexts.^{16,37,39,41,45} In contrast, alcohol-free households tend to offer more stable and supportive environments that promote healthy development. Maternal alcohol consumption during pregnancy is particularly harmful, with documented effects such as hyperactivity, learning difficulties, attention deficits, and emotional dysregulation in children exposed in utero.^{47,48}

The medical consequences of AUD are also closely tied to broader public health issues, especially the burden of non-communicable diseases (NCDs). Chronic alcohol use increases the risk of liver cirrhosis, pancreatitis, and several cancers. Additionally, alcohol is a major contributor to unintentional injuries including traffic accidents as well as intentional harm such as violence and self-inflicted injuries.^{1,7,20–22,31,49–51} These harms are often compounded in resource-limited settings, where access to emergency and rehabilitative care is inadequate.

Alcohol consumption also plays a significant role in the spread of infectious diseases, particularly HIV/AIDS and other sexually transmitted infections (STIs). Alcohol-induced disinhibition impairs judgment and increases engagement in risky sexual behaviors, undermining efforts to prevent transmission and adhere to treatment regimens.^{14,52,53} This intersection of alcohol use and HIV is especially problematic for adolescents and young adults, who may already face limited access to sexual health education and services.

The societal repercussions of alcohol misuse extend well beyond health. Alcohol use is linked to increased rates of crime, including gender-based and sexual violence, and contributes to reduced workforce productivity.^{1,17} In many low-resource contexts, alcohol misuse is both a cause and consequence of economic hardship. It can lead to unemployment, exacerbate poverty, and place financial strain on families, perpetuating cycles of deprivation.^{1,3,22,38,41} These burdens are especially severe for adolescents and young people, whose opportunities for education and employment may be curtailed by alcohol-related disruptions. Furthermore, alcohol misuse has been associated with increased rates of unintended pregnancies, particularly where alcohol use intersects with poor access to reproductive health services and gender inequities.^{37,48}

Taken together, these interrelated health and social harms underscore the wide-ranging impact of alcohol use and AUD. Addressing these challenges requires a comprehensive public health approach that not only targets individual behavior but also tackles the broader structural and societal factors that perpetuate alcohol misuse across generations.

High Impact Interventions to Address Alcohol Use and Alcohol Use Disorders Among Adolescents and Young People in Sub-Saharan Africa

Low- and middle-income countries (LMICs), including those in sub-Saharan Africa, continue to bear a disproportionately high burden of alcohol-related morbidity and mortality.^{1,18,54} This burden is intensified by weak regulatory environments, under-resourced health systems, and insufficient political prioritization of alcohol control.^{1,2,19,25} In response to the growing evidence of harm, the World Health Organization (WHO) launched the Global Alcohol Action Plan 2022–2030 and, more specifically, the Framework for Implementing the Global Alcohol Action Plan in the African Region.¹⁸ These strategies are aligned with Sustainable Development Goal (SDG) target 3.5 and emphasize a coordinated, evidence-based, and multi-sectoral approach to prevent and reduce the harmful use of alcohol.

The WHO framework encourages countries to address three critical domains that determine population-level alcohol use: affordability, availability, and acceptability.¹⁸ Recommended actions include raising taxes and setting minimum pricing to reduce the affordability of alcohol; restricting hours and locations of sale to limit availability; and regulating marketing, especially in media targeting young people, to reduce social acceptability and appeal. However, the implementation of these strategies has been uneven across sub-Saharan Africa. Of the 46 countries in the region, only nine have established central bodies to coordinate alcohol policy implementation, and as many as 29 countries lack any formal national alcohol policy.¹⁸ Several countries also permit the legal sale of alcohol to individuals under the age of 18, while enforcement of age restrictions and sale regulations remains limited or absent altogether, leaving adolescents exposed to unregulated alcohol access. (This is shown in Table 2).

Uganda exemplifies both the magnitude of the challenge and the opportunities for intervention. With the highest per capita alcohol consumption in sub-Saharan Africa,²⁴ Uganda has seen increasing policy efforts in recent years. Although the 2016 Parliamentary Alcohol Control Bill was not enacted, certain core provisions, such as the ban on the sale of

Table 2 Availability of Regulatory Frameworks on Alcohol Control in Sub-Saharan Countries

Sub-Saharan Country	Alcohol Regulatory Framework			
	Policy on Drug and Alcohol Control	Central Coordinating Entity to Oversee Alcohol Policy Implementation	Present Laws or Regulations that Prevent Illegal Sale of Alcohol	Not Allow Children Below the Age of 18 Years to be Served Alcohol
Angola				
Benin				
Botswana				
Burkina Faso				
Burundi				
Cabo Verde				
Cameroon				
Central African Republic				
Chad				
Comoros				
Congo				
Cote d'Ivoire				
Democratic Republic of Congo				
Equatorial Guinea				
Eritrea				
Eswatini				
Ethiopia				
Gabon				
Gambia				
Ghana				
Guinea				
Guinea-Bissau				
Kenya				
Lesotho				
Liberia				
Madagascar				
Malawi				
Mali				
Mauritania				
Mauritius				

(Continued)

Table 2 (Continued).

Sub-Saharan Country	Alcohol Regulatory Framework			
	Policy on Drug and Alcohol Control	Central Coordinating Entity to Oversee Alcohol Policy Implementation	Present Laws or Regulations that Prevent Illegal Sale of Alcohol	Not Allow Children Below the Age of 18 Years to be Served Alcohol
Mozambique				
Namibia				
Niger				
Nigeria				
Rwanda				
Sao Tome and Principe				
Senegal				
Seychelles				
Sierra Leone				
Somalia				
South Africa				
South Sudan				
Sudan				
Tanzania				
Togo				
Uganda				
Zambia				
Zimbabwe				

Notes: Green and Red means the country has or does not have alcohol regulatory frameworks in place respectively. Data source: The Framework for Implementing the Global Alcohol Action Plan, 2022–2030 in the WHO African Region, World Health Organization Africa Region.¹⁸

alcohol sachets and increases in alcohol taxation, have been introduced through alternative regulatory mechanisms.⁵⁵ Additional policy proposals include setting limits on hours of sale, implementing advertising restrictions especially for media targeting youth and introducing minimum unit pricing strategies. Yet these efforts have encountered significant barriers, including fragmented enforcement, limited public awareness, and inadequate intersectoral coordination between regulatory bodies, community stakeholders, and public health institutions.^{26,27,55}

In parallel with regulatory reform, evidence-based public health interventions have shown potential in reducing alcohol-related harms when implemented across healthcare, school, and community systems. Screening and brief interventions (SBI) in clinical and educational settings can play a critical role in early identification and prevention of harmful drinking behaviors among youth.^{5,7,8,33,47} These low-cost strategies are particularly valuable in low-resource settings, where specialist substance use treatment services are often unavailable. Cognitive-behavioral therapy (CBT), motivational interviewing, and psychoeducational programs have also demonstrated efficacy in modifying alcohol-related beliefs and behaviors, particularly among adolescents with mild to moderate use patterns.^{19,29,30,35,45}

School-based interventions are especially important due to the accessibility and developmental relevance of the school environment. Programs that incorporate emotional regulation training, refusal skills, and decision-making frameworks can build adolescents' resilience to peer pressure and stress. In addition, peer-led models where trained youth facilitate discussions and deliver prevention messages have been shown to be particularly effective in shaping attitudes and reducing the social acceptability of alcohol use.^{4,11,36} Schools also serve as entry points for broader family and community engagement. Interventions that include parent training and support; focusing on parental monitoring, clear rule-setting, and communication can further reduce adolescent alcohol use, particularly when caregivers are empowered to model healthy behaviors and maintain a stable and nurturing home environment.^{29,30}

A growing and urgent concern in sub-Saharan Africa is the influence of digital platforms and alcohol marketing through social media. Young people are increasingly exposed to persuasive pro-alcohol messages on platforms such as Facebook, Instagram, and TikTok often with minimal age restriction and little oversight.^{8,9} These marketing strategies glamorize alcohol consumption, normalize risky behaviors, and reinforce gender stereotypes, which are particularly harmful to adolescents in a formative stage of identity development. Current regulatory frameworks often lag behind the digital advertising landscape, creating significant policy blind spots.^{5,25,28} To counteract these influences, public health campaigns should promote digital media literacy, enabling young people to critically evaluate online content. Simultaneously, governments must engage with digital platforms to implement age verification, restrict alcohol promotions, and remove inappropriate content targeting minors.

Effective alcohol control in sub-Saharan Africa also requires a holistic approach that acknowledges the intersection between alcohol use and other pressing public health issues. Alcohol use disorders are closely linked to mental health conditions, including depression, anxiety, and trauma,^{16,45,54} and are known to exacerbate HIV transmission, compromise antiretroviral therapy adherence, and increase the risk of interpersonal violence and injury.^{14,17,50,52,53} As such, alcohol interventions must be integrated into broader health services especially adolescent-friendly mental health and sexual health services to address comorbidities in a comprehensive and coordinated manner. Expanding access to psychosocial support, community-based treatment, and culturally adapted rehabilitation services can help close the treatment gap and promote long-term recovery, particularly for marginalized and underserved youth.^{29,34}

Finally, robust surveillance, research, and evaluation mechanisms are essential for guiding effective policy implementation and resource allocation. Many countries in the region lack current and reliable data on alcohol use patterns among adolescents and young adults.¹⁸ Investments in routine surveys, operational research, and community-level monitoring systems will enhance understanding of local drivers of alcohol misuse and inform tailored interventions. Ensuring that national alcohol policies are evidence-based, adequately funded, and grounded in the lived realities of young people will be vital for sustained progress.

Conclusion

In summary, addressing the escalating burden of alcohol misuse among adolescents and young people in sub-Saharan Africa requires a comprehensive and coordinated response. An integrated strategy that combines robust regulation, evidence-based prevention, accessible treatment, and meaningful community engagement is critical to reversing current trends. Governments must move beyond fragmented and reactive approaches to adopt multisectoral, youth-focused policies that are culturally appropriate and grounded in local realities.

Without urgent, evidence-informed action, the health, economic, and social costs of alcohol misuse will continue to rise, undermining progress toward sustainable development and exacerbating intergenerational inequities. Investing now in prevention and adolescent-centered public health systems will not only mitigate immediate harms but also strengthen the foundation for healthier, more resilient communities across the region for years to come.

Data Sharing Statement

The datasets generated during and/or analyzed during the current study are available in the Global Health Observatory repository, [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-recorded-per-capita-\(15-\)-consumption-\(in-litres-of-pure-alcohol\)-3-year-average-with-95-ci](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-recorded-per-capita-(15-)-consumption-(in-litres-of-pure-alcohol)-3-year-average-with-95-ci).²⁴

Author Contributions

All authors made a significant contribution to the work reported, whether that is in the conception, study design, execution, acquisition of data, analysis and interpretation, or in all these areas; took part in drafting, revising or critically reviewing the article; gave final approval of the version to be published; have agreed on the journal to which the article has been submitted; and agree to be accountable for all aspects of the work.

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Disclosure

The authors declare that they have no competing interests.

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