

Put Alcohol Harm Prevention Courses in National Basic Education

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Abstract

The majority of alcohol prevention policies concentrate on alcohol pricing and taxation, physical supply controls, alcohol marketing controls, and drink-driving policies. Some have proposed raising the legal drinking age from 18 to 21. It doesn't solve public's ignorance of the effects of alcohol on our body and one's future life. Furthermore, alcohol policies in most countries are influenced by alcohol companies and industries. The study suggests that the government should include courses on the impact of alcohol on people's physical health, family harmony and social order in the national elementary education. As long as the government provides comprehensive education on the health effects of alcohol to adolescents (11 - 12 years old), they will have enough knowledge to protect themselves. This is a source prevention measure to prevent alcoholism. This research conveys the concept of "Prevention at the source" and "purification from the origin"—pragmatically promoted in National elementary education.

Keywords

Alcohol Abuse, Alcohol Disorder, Alcohol Industry, National Elementary Education, Alcohol Disorder Prevention, Driving Accident, Domestic Violence

1. Introduction

According to WHO news release on 25 June 2024, over 3 million annual deaths are due to alcohol use, majority among men. A new report from the WHO highlights that 2.6million deaths per year were attributable to alcohol consumption. The report shows an estimated 400 million people live with alcohol use disorders globally. Of this, 209 million people lived with alcohol dependence. The news was released on 25 June 2024 (WHO, 2024).

Alcohol or alcoholic beverages contain ethanol, a psychoactive and toxic substance that can lead to dependence. Alcohol use disorder refers to drinking more alcohol than expected, or extremely strong cravings at any time, which leads to inability to recognize one's role and obligations, inability to work, deterioration of social relationships, and physiological dependence, withdrawal, poisoning and other symptoms. Of these, 209 million people (3.7% of the world's adult population) suffer from alcohol dependence.

Effective alcohol control interventions exist and should be utilized more. At the same time, people must be made aware of the risks associated with alcohol consumption and take personal action to prevent its harmful effects. The number of countries with national alcohol policies has increased steadily. Almost all countries levy excise taxes on alcohol. However, some countries reported that the alcohol industry continued to interfere in policy development.

Alcohol consumption is associated with a higher risk of developing non-communicable diseases, such as liver disease, heart disease and different types of cancer, as well as mental health and behavioral health problems, such as depression, anxiety and alcohol use disorder. Meanwhile, alcohol is a recognized carcinogen and alcohol consumption increases the risk of several cancers, including breast cancer, liver cancer, head and neck cancer, esophageal cancer, and colorectal cancer. In 2019, 4.4% of cancer diagnoses and 401,000 cancer deaths worldwide were attributed to alcohol consumption. Besides, a causal relationship has been established between alcohol consumption and the onset or outcome of infectious diseases such as tuberculosis and HIV. Besides, in addition to the toll excessive alcohol use takes on lives and families, it also exacts a hefty financial price. It cost the US economy about \$250 billion in 2010 (William Stilley, 2021). As Substance Abuse and Mental Health Services Administration mentioned "The goals of early intervention are to reduce the harms associated with substance misuse, to reduce risk behaviors before they lead to injury, to improve health and social function, and to prevent progression to a disorder and subsequent need for specialty substances use disorder services" (Substance Abuse and Mental Health Services Administration (US), 2016). This study emphasizes that alcohol addiction prevention education should be specifically implemented in the national basic compulsory education stage so that the public can generally receive alcohol addiction prevention education. Furthermore, to convey the concept of "Prevention at the source" and "purification from the origin"—pragmatically promote in National elementary education. Suggesting that national elementary education is the key stage for adolescents to shape their minds with fully understanding of alcohol harm and prevent it. Especially, advocating for educating people about correct alcohol knowledge and awareness from an early age is more important than other policies.

The Carolina Abecedarian Project found that the children in the study who participated in a high-quality and comprehensive early childhood education program that included health care and nutritional components were in better health than those who did not. The study found that, at age 21 years, the people who partici-

pated in the comprehensive early education program exhibited fewer risky health behaviors; for example, they were less likely to binge drink alcohol, smoke cigarettes, and use illegal drugs. This group also self-reported better health and had a lower number of deaths.

(Muennig et al., 2011). This educational approach and instance yield significant, lasting results.

Rationale from a Community-Based Program

This study made reference to the practice of alcohol abuse prevention promotion, which the promoter has spent 15 years visiting 5 townships to promote improvements and prevention of alcohol abuse, and achieved good results (Lu & Lo, 2023). Since the promotional activities have gone into all the communities every 3 months and the practices were not only to promote alcohol prevention. The promoter practiced the anti-alcohol campaign not only provides health education and encourages people to drink green tea instead of alcohol, but also sets up “tea friends Club” in each village, which has achieved very good results. Naturally, the alcohol harm of alcohol has been completely advocated in the communities. And the promoter found after several years of continuous promotion and education, all the people of the 5 townships including the aged, adults and adolescents, rarely had alcohol disorder, except for some people who were already alcohol dependent.

This practice offered this study a precious experience that the best prevention works for the public can be as young as better. The national basic education stage can have the best effect on alcohol disorder prevention. This is a good example of healthy behavior education. It just offered a good “Rationale from a Community-Based Program”. We can name it “origin prevention theory” or “source prevention theory”. In other words, let teenagers get the right knowledge and develop healthy habits, so that the number of alcoholics will tremendously decrease, and the measures that need to be regulated and punished will be easier to control. This is a way to nip the problem in the bud.

Existing public health programs typically emphasize disease prevention. However, national basic compulsory education policies specifically targeting the prevention of alcohol and drug addiction should be developed. We know that once addicted, recovery is extremely difficult and relapse is common. Therefore, introducing dedicated alcohol prevention courses in compulsory basic education will help foster healthier behaviors and attitudes among the public and complement a more comprehensive public health policy framework.





2. WHO Response to the Alcohol Consumption Disorder Didn't Touch the Important Issue of Alcohol Harm in National Basic Education

The Global Action Plan on Alcohol 2022 - 2030, endorsed by WHO Member States, aims to reduce the harmful use of alcohol through effective, evidence-based strategies at national, regional and global levels. The plan outlines six key areas of action:

- 1) High-impact strategies Interventions;
- 2) Advocacy and awareness-raising;
- 3) Partnerships and coordination;
- 4) Technical support and capacity-building;
- 5) Knowledge production and information systems;
- 6) Resource mobilization.

Besides, on account of the serious phenomenon that every 10 seconds a person dies from alcohol-related causes, WHO, in collaboration with international partners, launched the SAFER initiative in 2018. "SAFER" is an acronym for the 5 most costly effective interventions to reduce alcohol related harm. They are:

- 1) Strengthen restrictions on alcohol availability;
- 2) Advance and enforce drink driving countermeasures;
- 3) Facilitate access to screening, brief interventions and treatment;
- 4) Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion;
- 5) Raise prices on alcohol through excise taxes and pricing policies.

Faced with the serious public health problems caused by alcohol, the intervention, prevention and punishment measures proposed by the World Health Organization are of great significance to the international community. However, the problem of alcohol addiction is still difficult to eradicate, so it is necessary to think about strategies from the source to improve the overall strategy.

3. We Should Educate People at an Early Age about the Effects of Alcohol on the Body

1) Brain: Alcohol produces chemical imbalances in specific neurocircuits and can be neurotoxic. Chronic heavy drinking can, for example, damage brain regions involved in memory, decision-making, impulse control, attention, sleep regulation, and other cognitive functions. Once AUD (Alcohol Use Disorder) devel-

ops and progresses, these and other brain changes can make it very difficult to stop drinking without assistance. And then, alcohol will interfere with the brain's communication pathways and affect how the brain looks and works. These disruptions will influence behavior and thinking clearly (NIH National Institute on Alcohol Abuse and Alcoholism, 2025).

2) Heart: Drinking a lot over a long time or too much on a single occasion can damage the heart, causing problems including: Cardiomyopathy—Stretching and drooping of heart muscle, Arrhythmias—Irregular heartbeat, Stroke, High blood pressure. Drinking a lot over a long time or too much on a single occasion can damage the heart, causing problems including Cardiomyopathy Arrhythmias Stroke and High blood pressure.

3) Liver: Heavy drinking takes a toll on the liver, and can lead to a variety of problems and liver inflammations including Fatty liver, Alcoholic hepatitis, Fibrosis and Cirrhosis.

4) Pancreas: Alcohol causes the pancreas to produce toxic substances that can eventually lead to pancreatitis, a dangerous inflammation in the pancreas that causes its swelling and pain (which may spread) and impairs its ability to make enzymes and hormones for proper digestion. Repeated episodes of pancreatitis can become chronic, increasing the likelihood of pancreatic cancer.

5) The link between alcohol and cancer: The American Society of Clinical Oncology reports that drinking alcohol increases the risk of cancer of the mouth and throat, vocal cords, esophagus, liver, breast, and colon. In fact, a 2024 report from the American Association for Cancer Research identified alcohol as a potential explanation for statistics indicating an increase. The risks are greatest in those with heavy and long-term alcohol use. Even so, moderate drinking can add up over a lifetime, which could be harmful. Based on data from 2009, an estimated 3.5% of cancer deaths in the United States (about 19,500 deaths) were alcohol related. (The National Cancer Institute's webpage, 2024).

6) Immune System: Drinking too much can weaken your immune system, making your body a much easier target for disease. Chronic drinkers are more liable to contract diseases like pneumonia and tuberculosis than people who do not drink too much. Drinking a lot on a single occasion slows your body's ability to ward off infections, even up to 24 hours after getting drunk.

7) Not only the body harm but also external injuries.

Some 724,000 deaths were due to injuries, such as those from traffic crashes, self-harm and interpersonal violence. Another 284,000 deaths were linked to communicable diseases. For example, alcohol consumption has been shown to increase the risk of HIV transmission resulting from an increased risk of unprotected sex and by increasing the risk of TB infection and mortality by suppressing a wide range of immune responses (Department of Health, Victoria State Government, Australia, 2020).

8) Alcohol consumption can cause significant harm not just only to the drinkers themselves but also to others.

A large proportion of the disease burden attributable to alcohol comes from

injuries. In 2019, alcohol-related road crashes caused a total of 298,000 deaths, of which 156,000 deaths were caused by someone else's drinking. Other intentional or unintentional injuries include falls, drowning, burns, sexual offenses, intimate partner violence, and suicide (WHO, 2024)

The effect of alcohol on the human body is so obvious. Generally speaking, we can indicate at least four harms. They are loss of health, impact on family income, driving accidents and domestic violence. In other words, Alcohol disorder will influence not only oneself but also the family and other people.

4. How the Alcohol Policy Influenced by Business and Politician

According to WHO, Public policies and interventions to prevent and reduce alcohol-related harm should be guided and formulated by public health interests and based on clear public health goals and the best available evidence. Engaging all relevant stakeholders is essential but the potential conflicts of interest, particularly with the alcohol industry, must be carefully assessed before engagement. Economic operators should refrain from activities that might prevent, delay or stop the development, enactment, implementation and enforcement of high-impact strategies and interventions to reduce the harmful use of alcohol. By working together, with due diligence and protection from conflicts of interest, the negative health and social consequences of alcohol can be effectively reduced." Therefore, WHO has long been aware of the conflict of interest between alcohol harm prevention and the alcohol industry as well as the mutual influence between them, even the summit organization of health worldwide like WHO, has to be concerned about the alcohol industry. We can understand how the alcohol policies are influenced by the alcohol industry entrepreneurs.

There were some legal prohibitions on the manufacture, sale, or transportation of alcoholic beverages with the aim of obtaining partial or total abstinence through legal means. Some attempts at prohibition were made in Aztec society, ancient China, feudal Japan, the Polynesian islands, Iceland, Finland, Norway, Sweden, Russia, Canada, and India, but only a few countries such as most notably certain Muslim countries, etc., have maintained national prohibition. Most countries that have experimented with the ban have soon lifted it. Finland, for instance, adopted prohibition in 1919 and repealed it in 1931, and the United States adopted it in 1919 and repealed it in 1933. Why was the Prohibition repealed in the United States? The beginning of the Great Depression after the stock market crash of 1929 under Hoover, and the prospect of new jobs and tax revenue from legalized alcohol triggered a groundswell of political support for repeal, and for Roosevelt (Wikipedia <Eighteenth Amendment the United States Constitution>). On the whole, the initial economic effects of Prohibition were largely negative. The closing of breweries, distilleries and saloons led to the elimination of thousands of jobs, and in turn thousands more jobs were eliminated for barrel makers, truckers, waiters, and other related trades. (National Institute on Alcohol Abuse and Alcoholism,

2015)

In England, the British government has been criticized for giving industry interests too much weight in alcohol policy-making. Consequently, it has been argued that alcohol strategy in the UK is built around policies for which the evidence base is weak (Hawkins et al., 2012). The AHRSE was followed in 2007 by the publication of *Safe Sensible Social: The Next Steps in the National Alcohol Strategy* (Department of Health, 2007) which reemphasized the general policy orientation of the AHRSE. It aimed to assist the majority of the population to enjoy alcohol responsibly, accompanied by measures targeted at the problematic minority of harmful drinkers. Like the AHRSE, the updated strategy saw a prominent role for the alcohol industry in achieving these policy goals. The focus on self-regulation led representatives of the drinks industry to produce the *Social Responsibility Standards for the Production and Sale of Alcoholic Drinks in the UK* (Jernigan, Ostroff, & Ross, 2005). An independent review of the effectiveness of these social responsibility standards in reducing alcohol-related harms found evidence of “many irresponsible and harmful practices” which contravened the standards and called for more effective enforcement (KPMG, 2008). A subsequent consultation mooted the possibility of a mandatory code backed up by new legislation (Department of Health, 2008). However, no further substantive changes were introduced by the Labor Government in this area. At the heart of the government’s health policy are a series of “responsibility deals” which “afford corporate actors a central role in shaping and implementing policy and place responsibility for alcohol-related harm on the individual consumer” (Department of Health, Victoria State Government, Australia, 2020).

The governments of England have failed to implement effective alcohol harm reduction policies during that time. Because the entrepreneurs of the alcohol industry are the core members of the policies, they have just focused on the pricing, availability and promotion of alcohol and blamed the harms of alcohol disorder on individuals.

As to the Muslim Majority Countries (MMCs), where the major religion (Islam) prohibits alcohol consumption, they have less well-developed civil alcohol policies. Overall, MMCs have a low prevalence of alcohol consumption, although recently most MMCs have been undergoing transition, which has sometimes increased pressure for alcohol availability and impacted social practices, alcohol policies and broader public health. Recent governmental transition or political instability and the presence of immigrants from non-Muslim countries can all affect civil alcohol policy. All participants acknowledged the existence of alcohol use in GCC communities and advocated for the need to raise public awareness about the harms of alcohol use. Opinions on approaches to raising awareness varied. Some participants suggested focusing awareness on the religious messages prohibiting alcohol use, emphasizing that alcohol is harmful in any quantity. For some, raising awareness of safe alcohol consumption was viewed as accepting and encouraging alcohol use, which goes against Islamic religious beliefs (Al-Ansari et al., 2015).

5. Why Alcohol Disorder Prevention Should Put Alcohol Harm Prevention Courses in National Basic Education

1) “Prevention at the source” and “purification from the origin”—Pragmatically promote in National elementary education

Let all the students of national elementary education understand that the harm of alcohol is the responsibility of our government. And then, if all the people are aware of the harm of alcohol at the age of 11 - 12, they will be less susceptible to the advertisement of alcohol enterprises when they become adults. The reason for choosing 11 - 12 years old as the age group for education on this topic is that this age group is the highest grade of basic compulsory education, and they are more mature in mind and can more easily understand the harm of alcohol addiction. Meanwhile, most countries have basic compulsory education, so we recommend seizing this opportunity to offer alcohol harm prevention courses. We name this foundational education “Prevention at the source” or “purification from the origin” and it is the important primary prevention of public health promotion.

As mentioned above, government regulations are always influenced by the alcohol industry. At the same time, many parliamentary representatives often inevitably engage in the transfer of interests. If we don't implement alcohol abuse prevention at the national basic education level, a lot of youth will try alcohol and become addicted to it. Many teenagers have many opportunities to be exposed to alcohol. They will be influenced by a lot of alcohol advertising. In particular, many idols were invited to endorse alcoholic beverages, and with their handsome appearance and demeanor, they attracted the love of many young people. Gradually, they began to use wine to liven up their gatherings. They regard drinking together as a symbol of leaving childishness and entering maturity. No matter happy or sad, they use wine to celebrate their success or drink to relieve sorrow.

2) National elementary education is the key stage for adolescents to shape their minds with full understanding of alcohol harm and prevent it

Underage drinking poses many risks and negative consequences. Such causes many deaths including deaths from motor vehicle crashes, homicides, alcohol overdoses, falls, burns, drowning and suicides. Besides, causes many accident injuries, impairs judgement of unsafe sexual behavior and aggressive or violent behavior, increases the risk of physical and sexual assault, easily attracts poison substances, and interferes with brain development of the adolescent, causing cognitive or learning problems when people start drinking at a young age and drink heavily that will increase vulnerability for AUD (Movendi International, 2024).

Furthermore, as children mature, they naturally emphasize their independence, seek out new challenges, and engage in risky behaviors. Underage drinking is a presentation of such behavior that attracts many adolescents but they often do not fully recognize its effects on their health and behavior. The development of a drinking disorder is caused by ignorance of the harm of alcohol, and the process of mental shaping becomes an irreversible alcoholic life in the future. Roughly 1 in 10 (9%) adolescents across all age groups have experienced significant drunk-

eness—being drunk at least twice—in their lifetime, a rate that alarmingly climbs from 5% at age 13 to 20% by age 15, demonstrating an escalating trend in alcohol abuse among youth (Department of Health, Victoria State Government, Australia, 2020). This trend of disordered alcohol growth among teenagers tells us that without national basic education, the public will inevitably become addicted to alcohol.

According to the investigation, the adolescents have access to alcohol through family members or find it at home (Department of Health, Victoria State Government, Australia, 2020). If they are adequately educated on the dangers of alcohol and its prevention during the national basic education stage, they will be able to recognize the harm that alcohol does to the body. Not only can they say no to alcohol themselves, but they can also warn or educate their family members.

6. Educating Correct Alcohol Knowledge and Awareness from an Early Age Is More Important than Other Policies

The health authorities in every country should understand the importance of alcohol-related harm prevention. They should realize that all the policies are very difficult to solve the problem of alcohol abuse among people when one is dependent and addicted to alcohol. In fact, they also understand that no form of drinking is risk-free. Even small amounts of alcohol carry some risk and can cause harm. So why not explore an approach that could address people's alcohol disorders before they become dependent and addicted? And we can find the authority of the country formulating a national basic education policy that emphasizes the harm of alcohol maybe it's the right way. Of course, basic education in alcohol addiction prevention must include specialized courses and teacher training, not just general knowledge. This should include certification or professional recognition in alcohol addiction prevention even if it could be the governmental official policy in order to realize its benefits. Only in this way can alcohol addiction prevention education achieve good preventive effects.

The government should include courses on the impact of alcohol disorders and alcohol abuse on people's physical health, family harmony and social order in the country's basic education. As long as the government provides comprehensive education on the health effects of alcohol to people when their minds begin to mature, that is, around the age of 11 - 12, the government has fulfilled its responsibility for national health education. This is a source prevention measure to prevent alcoholism. If we wait until people develop a habit of drinking before we enact many laws and regulations, it will be too late. By then, it will not only cause many family and personal tragedies, such as drunk driving accidents, domestic violence, etc., but will also affect not only alcoholics, but also damage many innocent people and social resources. Therefore, strict basic national education is the most practical way to prevent alcoholism from affecting people's health.

Implications for Behavioral Health

According to WHO news release on 25 June 2024, over 3 million annual deaths

are due to alcohol use, an estimated 400 million people live with alcohol use disorders globally and 209 million people live with alcohol dependence. Alcohol disorder prevention problem. Alcohol abuse prevention and control is a problem that troubles governments in many countries. The majority of alcohol prevention policies concentrate on alcohol pricing and taxation, physical supply controls, alcohol marketing controls, and drink-driving policies as well as raising the legal drinking age from 18 to 21 to reduce alcohol disorder population.

This research advocates the education of alcohol harm pragmatically implemented in all the national elementary schools of each country, so that all people can get the knowledge and cognition of alcohol harm. Furthermore, the study hopes to convey the concept of “Prevention at the source” and “purification from the origin”—pragmatically promote in national elementary education. Meanwhile, the author wants to remind that national elementary education is the “key stage” for adolescents to shape their minds with a full understanding of alcohol harm and prevent it. At last, it advocates educating people about correct alcohol knowledge and awareness from an early age maybe a better way than other policies. People will be able to recognize the harm of alcohol at their adolescent stage, so that not only can they say no to alcohol themselves, but they can also warn or educate their family members. In other words, receiving proper health education as early as possible during adolescence will guide them to develop healthier behaviors and lifestyles. Moreover, correct knowledge can protect them from the temptation and misleading of various unhealthy environments and information during their growth and life.

Existing “SAFER” initiatives include the World Health Organization’s (WHO) SAFER initiative, which focuses on alcohol availability, drink-driving, screening and treatment, advertising bans, and price increases through excise taxes. The Safer Supply Program provides a prescribed alternative to street drugs for individuals at high risk of overdose. If we can implement alcohol harm prevention courses in national basic education, it will form a complete alcohol addiction prevention framework and be the primary or primordial prevention for public health.

Authors’ Contributions

Author is the planner and promoter.

Reporting Guideline

This research made references to WHO reports, social observation and the experiences and insights from practical project promotion.

Conflicts of Interest

The author declares no conflicts of interest regarding the publication of this paper.

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