

# “There Is Zero Regulation on the Selling of Alcohol”: The Voice of the Youth on the Context and Determinants of Alcohol Drinking in Lebanon

Qualitative Health Research  
2018, Vol. 28(5) 733–744  
© The Author(s) 2018  
Reprints and permissions:  
sagepub.com/journalsPermissions.nav  
DOI: 10.1177/1049732317750563  
journals.sagepub.com/home/qhr  


Nasser Yassin<sup>1</sup>, Rima Afifi<sup>1,2</sup>, Neil Singh<sup>1</sup>, Reem Saad<sup>1</sup>, and Lilian Ghandour<sup>1</sup>

## Abstract

Alcohol-related research from the Arab world has rarely touched on the experiences or views of Arab adolescents. In this article, we present an in-depth analysis of youth alcohol drinking patterns and determinants derived from focus group discussions completed with more than 100 Lebanese high school/vocational students (15–19 years). The social ecology of alcohol use framework guided our research and analysis. Findings reveal that alcohol drinking is perceived as a pervasive and serious public health problem, triggered by a complex web of social relations, and facilitated by lax policies. Recommendations to curb heavy/harmful alcohol drinking among adolescents include regulating the role of alcohol industry, providing alternative recreational spaces/pass-times, educating about alcohol-related harms, and promoting more research on alcohol and its harms. Findings confirm the social ecology of alcohol use framework, and suggest the addition of the macro level of influence to this model, namely, a comprehensive alcohol harm reduction policy.

## Keywords

alcohol; youth; subjective experiences; qualitative; focus group discussions; Lebanon

## Introduction

Alcohol is a globally recognized risk factor for morbidity, disability, and mortality from several communicable and noncommunicable diseases, injuries, and mental health problems (Mathers & Loncar, 2006; Rehm, Zatonksi, Taylor, & Anderson, 2011). Alcohol drinking among youth continues to be a public health concern worldwide given its continued high prevalence and younger initiation ages (Karam, Kypri, & Salamoun, 2007; Patrick, Schulenberg, O'malley, Johnston, & Bachman, 2011), particularly in contexts where national policy frameworks to protect youth from early onset drinking and alcohol-related harms remain absent or weak. Early onset of drinking is particularly concerning given the strong and consistent link with increased spontaneous sexual experiences (Downing-Matibag & Geisinger, 2009; Orchowski & Barnett, 2012), gambling (Engwall, Hunter, & Steinberg, 2004), physical fights (Hingson, Heeren, & Zakocs, 2001), unintentional injury (Hingson, Heeren, Jamanka, & Howland, 2000), as well as increased risk of developing problem drinking (Warner, White, & Johnson, 2007), as well as alcohol and other substance use disorders (DeWit, Adlaf, Offord, & Ogborne, 2000; Lowman, 2004) in adulthood.

The Arab world is majority Muslim. As a result, it is widely thought to be dry given the prohibition of alcohol

drinking in Islam. However, alcohol remains the most commonly used psychoactive agent among college students in most Arab countries (Karam et al., 2007). A recent review of alcohol-related publications from the Arab world noted that epidemiological research on alcohol use patterns and consequences is most extensively conducted in Lebanon (Ghandour et al., 2016), perhaps as a result of its religious diversity and more liberal social attitudes. Lebanon is a small country (10,452 km<sup>2</sup>) with a population of approximately 4 million, yet the country hosts 18 religious sects that freely practice their beliefs.

Nonetheless, the published alcohol research has been for the most part quantitative (Ghandour, El Sayed, & Martins, 2012; Ghandour, Karam, & Maalouf, 2009; Karam, Maalouf, & Ghandour, 2004; Maalouf, Ghandour, & Karam, 2010; Salameh et al., 2014; Salamoun et al., 2008), highlighting clearly that alcohol drinking is

<sup>1</sup>American University of Beirut, Beirut, Lebanon

<sup>2</sup>Community and Behavioral Health Dept, College of PH, University of Iowa

## Corresponding Author:

Lilian Ghandour, Department of Epidemiology and Population Health, Faculty of Health Sciences, American University of Beirut, Riad El-Solh, P.O. Box 11-0236, Beirut 1107-2020, Lebanon.  
Email: lg01@aub.edu.lb

starting at a young age, is more frequent than occasional, and increasing more rapidly among the females (Ghandour, Afifi, Fares, El Salibi, & Rady, 2015). According to the Global School-Based Student Health Survey (GSHS), a global survey measuring risk and protective factors among seventh to ninth graders, estimates of past 30-day alcohol drinking increased by 40% between 2005 and 2011, with about a third of the seventh to ninth graders having had an alcohol drink in the month preceding the survey (Ghandour et al., 2015). The study also found a 48% increase in lifetime drunkenness between 2005 and 2011, with a much higher rise in percentage increase among the female students (122% vs. 22% among males, respectively).

Together, the quantitative epidemiological research has provided important insights into patterns of time, place, and person, but has told us little about the perceptions and attitudes of teenagers, which might be important foci of effective prevention programs and policies. Qualitative international research on alcohol use with adolescents and their parents suggest that the alcohol use among adolescents is a complex experience (Clement, Thirlaway, Smith, & Williams, 2014; Coleman & Cater, 2005; Gatta et al., 2015; Gilligan & Kypri, 2012; Herring, Bayley, & Hurcombe, 2014; Parvizy, Nikbahkt, Pournaghash Tehrani, & Shahrokhi, 2005). Adolescents (14–17 years old) in England described that social facilitation as well as social norms and individual benefits (fun, buzz, etc.) were motivators for binge drinking and getting drunk. They also described negative health and safety outcomes as a result of such drinking (Coleman & Cater, 2005). Similarly, adolescents (14–19 year olds) in Iran described causes of alcohol addiction as being individual such as curiosity, a sense of power, among others; and social such as the influence of friends (Parvizy et al., 2005). Older adolescents (16–24 years) in the West Bank noted that alcohol drinking was widespread and that youth drink to “cope with stress, for fun, out of curiosity, to challenge the culture and society, and due to the influence of the media” (Massad et al., 2016). Another study also among older adolescents (16–25 year olds) who drank little to no alcohol highlighted that abstinence is often a positive choice, running against the current of social norms, often triggered by personal bad experiences with alcohol (Herring et al., 2014).

Ennett et al. (2008)—building on Bronfenbrenner’s ecology of human development (Bronfenbrenner, 1977)—described the social ecology of alcohol use suggesting that multiple contexts (family, peer, school, and neighborhood) interact with social learning (modeling) and social control (strength of relationships) to interactively influence youth drinking. Bronfenbrenner suggested four levels of influence on human development: micro (consisting of families, peers, and schools), meso (consisting of the

interactions between units of the micro environment), exo (consisting of the more distant environment, such as the neighborhood), and macro (consisting of laws). Ennett et al. built on Bronfenbrenner’s first three levels by further suggesting social learning and social control as specific variables that lead to the influences of these environments. Social learning suggests that alcohol use is a learned social behavior. Social control suggests that deviance is manifest when social bonds are weakened.

Drivers and patterns of drinking are highly context-dependent and thus, local insights are needed to understand local patterns of alcohol use, and craft better-tailored potential solutions for harm reduction and/or prevention. In this article, we aim to add to the qualitative literature describing alcohol drinking among youth by presenting an in-depth analysis of alcohol consumption patterns and motives for use among youth in Lebanon. We use Ennett et al.’s (2008) social ecology approach to guide the research question and analysis.

## Method

The research methodology was qualitative. Following the approval of the Institutional Review Board (IRB), focus group discussions (FGDs) were conducted with male and female high school students recruited from a total of seven schools located within the metropolitan area of Beirut (the capital of Lebanon): three public schools, three private schools, and one vocational institute. Schools were selected purposively from a list provided by the Ministry of Education and Higher Education to ensure diversity with regard to school type (public vs. private), and its geographical location in Beirut (to accommodate students from different socioeconomic and religious backgrounds). School principals were initially contacted and informed of the study objectives by phone, and were subsequently sent a letter (via email, fax, or an office visit). Upon approval, one high school grade level (10th, 11th, or 12th grade) was randomly selected within each participating school. All students of the randomly selected grade level (i.e., one of the 10th, 11th, or 12th grade) attended a 15-minute orientation session in their class, during which parent consent forms were distributed and thoroughly explained. Such orientation sessions were essential and helped build rapport with the students on a casual basis (Hurdle, Okamoto, & Miles, 2003). Students who were less than 18 years of age were asked to bring back the signed consent form a week later. Students who reported to be older than 18 years were only asked to show up on the date of the FGD and sign the assent form (without parental consent). The FGD dates were agreed upon with the school administration to cater to each school’s schedule. More than 70% of parents and youth of the randomly selected grade consented to participate in the study.

The FGDs were conducted in gender-segregated groups, meaning females and males were grouped separately, as advised when discussion topics tend to be sensitive (Cameron, 2005; Hoppe, Wells, Morrison, Gillmore, & Wilsdon, 1995; O'Brien, 1993). On the assigned FGD date, all students 18 years or older were given a consent form that explained the research process and their rights in detail. Those under 18 years whose parents had consented were given an assent form that had similar information. Students who did not wish to participate were free to leave. Those who agreed to participate were asked to assent to taping the FGD. All participating students accepted to tape the discussions.

The FGD guide included questions about the students' perception of alcohol accessibility, youth drinking habits, role of parents and peers, role of religiosity, and their views of possible ways to prevent excessive drinking among the youth. The guide was developed based on an extensive review of the literature on factors influencing youth alcohol consumption, and with the framework of the social ecology of alcohol use as a guiding model. Discussions were led by a trained moderator and included a co-facilitator who assisted in note taking and various logistics. The moderator and all note-takers had a master's degree in public health and were trained in FGD facilitation. All FGDs were conducted in Arabic. A total of 14 FGDs were conducted, each lasting about 1 hour on average. Of these, seven were with females and seven with males, all in Grades 10 to 12 or equivalent levels in vocational schools. A total of 107 students participated in these group discussions.

The audio records of the FGDs were transcribed verbatim and translated into English. Transcript analysis was done continuously every time a new transcript was ready and was used in an iterative manner to enhance probing with every FGD conducted. Raw statements from the FGDs were entered manually by the first author with the help of a research assistant using the latest version of Microsoft Excel. Initial coding was used to identify parts of the transcripts that were most relevant to the research question. In this phase, transcripts were coded for the following themes: perception of alcohol accessibility, youth drinking habits, role of parents and peers, role of religiosity, and their views of possible ways to prevent excessive drinking among the youth. Our training as public health academics had engrained the various levels of determinants of health and health behavior. Our previous research in this area had been focused on one or two of the levels, and we were eager to explain them concurrently.

All verbatim statements were divided into units of responses which were uniquely identified by the participant identification number, the question number, and the number specific to that particular statement. This process allowed ordering of responses to better interpret all codes related to

one specific question, and also to determine the frequency of disclosed responses (themes). After reading through a subset of the data (first four FGDs) and identifying initial coding, remaining transcripts were coded and modified in light of new themes that emerged as meaningful.

Final analysis revealed six broad themes: (a) alcohol use as a normalized behavior, (b) alcohol availability, (c) perceived impact of alcohol use, (d) the social ecology of alcohol use, (e) policies as a key role in the facilitation of alcohol use, and (f) proposed solutions from the youth's perspective.

## Findings

The social ecology of alcohol use framework guided our analysis. We begin by highlighting the relationship that young people have with alcohol, and then move to point to the fit between the narratives of young people and the concepts of social ecology of alcohol use framework. We support and illustrate the themes with relevant quotes. No striking differences were noted by region, socioeconomic background, or gender. Similarly, no significant differences were noted between public/private/vocational schools, although participants from high schools were more vocal than the vocational schools' participants.

### *Alcohol Use as a Normalized Behavior*

Many of the participants showed a general acceptance toward alcohol drinking, stating that "drinking is okay in general," irrespective of whether they themselves were drinkers. For many, drinking was not seen as a taboo, a hidden affair, or a socially "unacceptable" act. Many of the participants whether from public or private schools and from both genders perceived alcohol use as a "normalized" behavior. As they described, alcohol drinking occurs while having dinner, playing video games, bowling, or even just "hanging out" on the streets. It is so normalized that students, in some occasions, were even drinking on school premises. Students also suggested that prevalence rates may be underestimated.

Amongst my group of friends, more than 80% consume alcohol. (Female, private high school)

If any of my friends are upset, it is taken for granted; alcohol is their solution . . . it's a totally normal behavior . . . they just go out, get drunk, and drive back home drunk . . . (Male, public high school)

The girls I know drink as aggressively and vulgarly as [did] the boys. (Female, private high school)

[Students] are bringing beer with them to school. (Male, public school)

A lot of people drink but they don't reveal it because of religion . . . for example they say that they don't drink at all while they are heavy drinkers. (Male, public high school)

The normalization of drinking as part of the youth fun-seeking behavior reflects the cultural acceptability of drinking in Lebanese society. Such acceptability tends to refrain, however, from considering the possibility of heavy drinking by young men and women as being potentially harmful. The "alcoholization of fun" has been normalized yet its potential harms are not yet on their radar. The normalization of alcohol also corresponds to the social learning concept in the social ecology model. The pervasive sense that everyone is drinking creates a ripe environment for learning to do so oneself.

### *The Availability of Alcohol*

One of the dimensions of normalizing alcohol drinking among young people is its wide availability. The lack of strict alcohol harm reduction policies and the lax application of laws have made it extremely easy to purchase alcohol in Lebanon, and in Beirut in particular. Participants attest to this reflecting that getting an alcoholic drink is "very easy" in Beirut, where alcohol is extremely cheap and easily found at many convenience stores around the city. In addition, youth create their own "drinking spaces" around any locality without serious interference from authorities or the public. Many described "shacks" all over Beirut that allow youth to purchase alcohol with no restrictions; in fact, any person of any age can buy a drink for less than \$2 USD. Participants stated that they rarely get asked to present any form of identification, and therefore, anyone of any age can purchase alcohol. Young people in Beirut also seem to have no restrictions in entering nightclubs or pubs.

Almost all the stores do sell alcohol . . . they are simply everywhere . . . and wherever these stores are . . . Next to them, you find groups of young people drinking. (Female, public high school)

You can buy a (huge) drink for 2000 L.L (\$1.33 USD): Most of the time, there is no place to sit near these little stores selling alcohol, so we sit on the street, getting drunk . . . making fun of people on the streets. (Male, public high school)

It's more than easy to drink in this city; it's in every corner store with absolutely no surveillance or prohibitions . . . it's now normal to access night clubs if you're less than 18 . . . (Female, public high school)

My brother is 13 years old and he goes to a store next to our house and he buys alcoholic drinks and they sell him everything with no questions. (Female, public high school)

. . . everyone knows someone at the door . . . you go in, no questions asked. (Female, private high school)

This excessive availability of alcohol to young people under any drinking age suggests a breakdown of normative structures in the society, whether governmental control, neighborhood supervision, or parental guidance—supporting the social control aspect of the social ecology framework.

### *The Perception of the Impact of Alcohol Use*

Despite alcohol use being perceived as "normal," respondents also observed that current levels of youth drinking are too high. Alcohol use was perceived to be "inappropriate" when consumed heavily on a daily basis. When asked when they thought it would become problematic, some participants spoke of harms to the drinker while others stressed the harmful effects on other people, especially with regard to drinking under the influence. Participants repeatedly relayed experiences of car crashes due to alcohol use, and felt that drinking and driving was a real concern. It was clear from the group discussions that most knew someone who had died, suffered, or had become injured because of drinking and driving. Participants unanimously looked at those who drink and drive with disdain and perceived drink-driving as a clear indication of harmful alcohol consumption. Alcohol was also seen as a social problem, when its use led the drinker to act "improperly" or "uncontrollably" in public. Reports of fights on the streets, and "aggressive" or "vulgar" behavior due to alcohol use in the vicinity of alcohol outlets including stores and pubs, were also common.

Many car accidents are happening due to excessive drinking and we are losing many young people because of that . . . (Female, private high school)

There is noticeable increase in the number of deaths among youth and the reasons are mainly drinking and driving. (Male, public high school)

Alcohol doesn't only ruin the relationship with the youth and his parents, it ruins his relationship with the entire social world around him. (Female, public high school)

They can also cause harm . . . by fights . . . two days ago we had a fight in our area . . . there were gun shots too . . . (Female, private high school)

The limit of social acceptability of drinking among the youth was the traumatic harm that it may cause as well as the disruption of public order. We notice the absence of the long-term health effects of drinking in the answers of the young participants, and their ultimate concern of societal order: car accidents, fighting, and vulgar behaviors.

These again show that de-normalizing drinking among the youth only happens when the order is traumatically broken against what could have been an everyday encounter. This substantiates the social control argument of the framework we use in our analysis.

### *The Social Ecology of Alcohol Use*

Participants in the focus groups painted a social ecology of alcohol use, speaking of the influence of the individual, as well as that of the family, friends, school, and broader community (Ennett et al., 2008).

*The individual.* When explaining the reasons why students drink, a small minority of students spoke of the importance of personal attributes, namely, religiosity, personality, and willpower.

(Alcohol use) has to do with personal religious affiliations, not “religious areas” (meaning neighborhoods), because even in the most religious of areas, people still consume alcohol. (Male, private high school)

If the person has the strong will he will not be influenced by peer pressure. You can be around people who drink and you can still be aware that drinking excessively is a bad behavior. (Male, public high school)

*Family.* Parents were perceived to play an important role in shaping their children’s attitude toward alcohol and actual alcohol consumption. Participants felt that there is no one formula for how parents should deal with the issue of alcohol consumption. Although participants agreed that being raised in a home where alcohol drinking is permissive may expose a young person to alcohol at an earlier age, they saw no inherent correlation between alcohol consumption among parents and their children. A number of participants reported first trying or experiencing alcohol with their families, often in an attempt to desensitize them, and to introduce alcohol in an open manner to avoid future fascination with it. They perceived this as a sensible way of de-tabooing the subject of alcohol. Parent–child communication was reported as being pivotal for maintaining a positive and protective family environment against harmful alcohol drinking. According to the participants, healthy communication allows teenagers to build the strength and confidence needed to protect themselves against addictive behaviors and reach out to family members for support when in need.

If a person grows up in a family that drinks every day . . . it becomes a normal behavior to him, but if he grows up in a family that only drinks occasionally . . . the person will learn not to drink excessively . . . A person will behave the same way his family does.

(Male, public high school)

If parents monitor their children’s behavior . . . and they talk to them about the consequences of alcohol use . . . some people would try it and then stop it because their parents have talked to them about it. (Male, public high school)

If parents are very strict and pressuring their child . . . he will go out and try things that are new to him like alcohol and he might even try to drink in an irresponsible way. (Male, private high school)

Some parents may directly come and ban their children from drinking without giving them any explanations . . . but some other parents tell them the reason why alcohol is bad and tell them about the consequences . . . this way the child can think about what his parents said and can decide to drink moderately knowing the consequences of excessive drinking. (Female, private high school)

Parents can strengthen your personality and you won’t be influenced by anyone. (Female, public high school)

*Peers and social solidarity.* A good proportion of students thought the influence of friends was as important, if not more, to that of parents in determining drinking habits. Participants viewed peers as being potentially both protective and harmful with respect to alcohol use. On one hand, positive peer pressure was perceived to be crucial in controlling the amount of alcohol consumed.

However, negative peer pressure was reported to be a major trigger to why adolescents start drinking. In fact, participants admitted that should an adolescent refuse a drink at first, his or her peers may pressure him or her into drinking by ridiculing, betting, or bribing him or her, pushing him or her to eventually try alcohol to feel a sense of belonging and avoid being alienated. For some boys, it was seen as a proof of passage from boyhood to manhood. Participants described alcohol drinking very much as a collective social experience. They stated that they drink almost always with friends and peers—while having dinner, playing video games, bowling, or even just sitting on street corners. Many drink while hanging out with friends around the locality of convenience stores, cruising around with their cars, at homes, in bowling alleys, and billiard shacks. Many also reported drinking in bars as part of a social outing with friends or peers. Some even reported drinking in coffee shops, or “computer-network” stores, where young people regularly visit and play video games.

At the end no matter how much your parents pressure you not to drink, you will try it eventually especially when you see all your friends drinking. (Male, private high school)

Most of those who drink pick up the habit from their friends. (Male, vocational school)

Nowadays for a person to fit in, he has to do behave in the same way as everyone else. If you look like that innocent person who does not drink or get drunk you won't be a part of them. (Male, public high school) "We come together as a group of boys, [we] buy a whiskey bottle and split 30,000LL (\$20 USD), and share the bottle amongst ourselves mostly drinking it on a street corner or at one friend's home." (Male, public high school)

We were in a "pub" yesterday, I am under 18 and my brother is also under 18 with my two cousins. We played bowling and we ordered some Tequila and Gold and Absent. (Female, private high school)

**Neighborhood.** At the level of the community, some reported that the social stigma of drinking alcohol might prevent some from becoming alcoholics. The source of such disapproval was in most cases attributed to religion, particularly the Muslim faith. However, respondents also reported that most of their Muslim friends did drink. In fact, a few students thought that, by enforcing abstinence, religion may be creating curiosity and encouraging drinking. Some spoke of drinking as a rite of passage.

When someone drinks and the society around him rejects him . . . this might push him into stopping alcohol. (Male, public high school)

For us as Muslims, religion is the major factor that prevents us from using alcohol. (Male, public high school)

Some Muslims drink even more than Christians . . . anything that is forbidden becomes desirable. (Male, public high school)

Many of us as boys smoke and drink to feel manly. (Male, public high school)

Faith appears not to be a determinant factor in the students' propensity for drinking. Although it may appear to create a certain order in predominantly Muslim communities where the public display of alcohol or drinking is not accepted, Muslim young men and women did not think the availability and accessibility to alcohol was an issue. On the contrary, drinking may have become a way to feel they fit-in within communities of the "other" (being Christian or secular).

### **Policies as a Key Role in the Facilitation of Alcohol Use**

The participants thought government's inaction and existing relaxed policies were responsible for the current drinking epidemic ("The main reason is the government"—Female, public high school), owing to a "laissez-faire" approach and absence of regulations. Participants believed that the

government needed to enhance its enforcement capacities against those who sell alcohol to minors, and to increase surveillance in "hotspots" known for the presence of excessive drinkers. They also perceived that the government lacked the will to prevent avoidable deaths from drink-driving. The low cost of alcoholic beverages was also perceived to be a factor in encouraging young people to drink. Participants thought that advertising strongly influenced their drinking habits; when asked what types of alcohol they drink, one replied, "Mainly the drinks that are on publicity a lot these days" (male, public high school). There was evidence of the penetration of multinational brands into the Lebanese alcohol market. Indeed, most of the alcohol types (tequila, absinthe) and the brands ("Absolut Vodka and Corona . . . and Heineken") mentioned as popular were foreign.

There is zero regulation on the selling of alcohol. (Female, private high school)

If we know the causes then the government definitely does, but it is only that they are not doing anything about it. (Female, public high school)

When the government started to apply this alcohol test for people driving at night . . . there was a significant decrease in death level due to car accidents as a result . . . but they worked on it for a month and then they stopped . . . A lot of accidents and deaths could have been prevented [if they had continued]. (Female, public high school)

Although the social ecology of alcohol use framework does not include the macro level of Bronfenbrenner's model, our respondents pointed to its importance in the analysis of the status of alcohol use in their environment.

### **Proposed Solutions**

When asked for ideas as how best to reverse harmful alcohol drinking among youth in Lebanon, most of the interventions suggested fell into one of four categories: (a) setting alcohol *regulations* by the government, (b) the *provision* of alternative recreational spaces and pastimes for young people, (c) the *education* of children about the harms of alcohol, and (d) *strengthening* alcohol-related research.

**Setting alcohol regulations by the government.** Most suggestions were aimed at the government, which was seen to be failing at its job to protect adolescents from harmful drinking. The students were astute in offering suggestions that mirror regulations employed in other countries with alcohol harm reduction policies. Participants proposed stricter control at the level of entry into pubs and clubs; just by asking for an ID, a number of participants suggested, the number of youth visiting these places to drink

would significantly decrease. Others felt the availability and accessibility of alcohol to youth should be limited by increasing control over off-premise alcohol purchases. Many suggested the need to control or shut down the “shacks” where many fights take place as a result of public youth alcohol drinking. Some proposed increasing police checkpoints, to test for alcohol levels among drivers, especially at night. Other recommendations included severe penalties for misbehaving in public while drunk and restricting the opening hours of liquor stores. They also proposed providing health services and rehabilitation facilities for alcoholics to get treated, or to simply talk about their problems and addiction. There were some mature debates about whether increasing the price of alcohol would reduce binge drinking, or instead simply punish those already addicted.

This thing stopped in our neighborhood at Hadath [neighborhood in South Beirut], the municipality ordered all shops to stop selling alcohol at 10 p.m. We noticed less people coming to neighborhood and hanging out and drinking at night. (Male, private high school)

When they increase the price of alcoholic drinks, those who are not yet addicted will definitely reduce their consumption. But then the addicts will be affected, so the government can play a role in building rehab places for them and this way you can tackle both sides. (Male public high school)

To have restricted places for drinking, Control over the stores that sell alcoholic drinks, To have specific and limited amount of stores that sell alcoholic beverages. (Male public high school)

We see how young people put emphasis on role of government as main actor in alcohol control. In this way, they are epitomizing the importance that Bronfenbrenner placed on the macro environment while also exemplifying the emphasis on social control put forth by Ennett et al. (2008). The students proposed a solution aimed at maintaining “order.” This includes the need for more policing and sanctioning those that exceed the “limits” or misbehave such as heavy drinkers in public or the shacks that oversell. Sanctioning the delinquents, as it transpires, serves here to maintain the “norm,” which has been earlier argued by the participants to socially and culturally accept drinking among young people as part of the socialization and fun-seeking behavior and practices.

*The provision of alternative recreational spaces and pass-times for young people.* Respondents repeatedly stated that the country does not provide young people with anything to look forward to, neither in terms of work nor leisure. One recurring suggestion was the development of green areas and the provision of recreational spaces for adolescents.

To stop the issue of getting drunk in the streets and increase the green spaces in the city and stress more on providing activities to the youth so they will be busy in something that they can enjoy and prevent them from these risky behaviors. (Male, Public high school)

I think that the government should promote Sports . . . because the young people are bored they start to look for behaviors to have fun . . . When a young person is busy doing sports and other activities he won't be risking his health with excessive drinking. (Female, public high school)

*Education of children about alcohol-related harms.* Another common suggestion was to increase general awareness of the problem, through better education. Participants felt this should be done in the school system, and even suggested peer education as one method. In addition, education campaigns targeting young children were suggested. Participants also discussed the importance of using media campaigns to educate youth about the negative consequences of alcohol use (or misuse).

My opinion is that in schools, they can choose good students who can also influence their friends and train them to convince their friends about these issues and talk to them about the harms of excessive alcohol drinking. They will listen to persons their age but if adults come and talk to them they won't listen and might do things on purpose. (Male, Public high school)

They should hold sessions in schools for students and show them videos about people who have been addicts and show them the troubles caused by this addiction and the effects on their health, on their education and their surroundings. (Male, public high school)

I am 17 years old now . . . If I already have an assumption about alcohol drinking . . . I won't change at this age . . . it has to be early before that. (Female, public high schools)

Show, for, example someone [alcoholic] in his 30s and how he died in the end. And contrast this with someone living his life and not drinking alcohol or drinking alcohol in a moderate manner. (Male, vocational school)

*Strengthening alcohol-related research.* Finally, several participants also recommended more research studies, such as the current one, to better understand underlying contextual causes and consequences of alcohol consumption.

The government has to investigate the reasons why young people drink alcohol irresponsibly and you cannot limit it to only one cause . . . the government has to find out the reasons and work on finding the right solutions to provide to the public and convince them. (Female, private high school)

## Discussion

This article explored the perceptions of young Lebanese high school or vocational students on current patterns and factors influencing alcohol drinking among local youth, and ways to address prevailing issues. We applied the social ecology of alcohol use framework (Ennett et al., 2008), and used a qualitative methodology to enhance our knowledge and understanding of why youth in Lebanon may be drinking in a harmful way, and to gain better insight on youth-perceived ways to reduce harmful youth drinking practices. This framework suggests that multiple contexts—including family, peer, school, and neighborhood—interact with social learning (modeling) and social control (strength of relationships) to interactively influence youth drinking (Ennett et al., 2008). Participants in our focus groups echoed this complex context identifying peer, family, and neighborhoods as influential in their use of alcohol, and pointing to the critical impact of both social learning and social control. They further expanded the framework by noting the value of attention to the macro level.

The in-depth discussions with more than 100 students aged 15 to 19 years suggest that alcohol drinking is part of everyday life for many teenagers in Lebanon, echoing previous quantitative research data showing a high prevalence and frequency of alcohol drinking among young people in Lebanon, while providing further insight into why, how, and when adolescents drink. Several such qualitative studies have been conducted globally, incorporating the “voice” of young people in reflecting on the crisis of youth drinking and in developing intervention strategies, but the present study is one of only a handful of qualitative studies on youth drinking in an Arab country (Massad et al., 2016). Although there is a misperception that Arab countries may be protected from alcohol use and its harms, a recent review suggests otherwise (Ghandour et al., 2016). Indeed, the alcohol industry has chosen to target young people in the Arab world as an “emerging market” (Ghandour et al., 2016).

Our results corroborate international evidence. Participants in our research noted that alcohol use is perceived as normative among youth, that alcohol is widely available, that negative consequences of alcohol drinking need to be communicated more effectively at a younger age, and that underlying reasons for alcohol use are complex and include both individual and social explanations and motives. This echoes almost exactly the statements made by secondary students in Italy (Gatta et al., 2015), and points to the globalization of experiences. More specifically, Lebanese youth perceive alcohol use as a collective experience and as part of a socialization process—a process of social learning as specified by the social ecology framework. Alcohol drinking is mostly seen as part

of the dynamics of being a member of a group and not an individual activity. This is in line with other studies that have reported the group effect on drinking; group drinking has more “pulling- power” to propel the initiation of alcohol use (Gottlieb & Baker, 1986; Lovecchio, Wyatt, & DeJong, 2010). Previous qualitative research has shown that some adolescents drink to form social bonds to protect them from unfortunate life circumstances (Clement et al., 2014). However, some of our discussants thought peers could stop those sliding toward alcoholism, confirming previous research indicating a protective influence of peers (Arthur, Hawkins, Pollard, Catalano, & Baglioni, 2002). Participants also mentioned that young people may turn to drink because they were facing life challenges, which echoes prior research stating that adolescents drink “to forget” their worries (Kuntsche, Knibbe, Engels, & Gmel, 2010; Schelleman-Offermans, Kuntsche, & Knibbe, 2011).

## Proposing Solutions

Participants offered several mature suggestions to curb alcohol use in Lebanese adolescents, all in line with international recommendations. Globally, evidence-based alcohol control policies have been identified around five core areas: availability, affordability, regulation of marketing, drink-driving, and treatment (Casswell & Thamarangsi, 2009), all of which were suggested by the participants. Greater access to alcohol and the availability of alcohol have been found to be associated with increased consumption (Herttua, Mäkelä, & Martikainen, 2011; Kypri, Jones, McElduff, & Barker, 2011). Increased numbers of alcohol selling outlets have been shown to increase alcohol drinking frequency, “normalize” alcohol consumption among youth, and promote a “drinking culture” (Kypri et al., 2011; Spoorri, Zwahlen, Panczak, Egger, & Huss, 2013). There is ample evidence that setting or raising a legal minimum drinking age lowers youth drinking (Wagenaar & Toomey, 2002), and that raising the price of alcohol not only lowers youth alcohol consumption but also alcohol-related morbidity and mortality (Wagenaar, Salois, & Komro, 2009; Wagenaar, Tobler, & Komro, 2010). A recent meta-analysis suggested that laws designed to prevent youth drink-driving reduced the road traffic accident fatalities in the below-20 age group by 11.2% (Fell, Fisher, Voas, Blackman, & Tippetts, 2008). However, participants also suggested that the government should provide alternative recreational spaces and pastimes for young people, to divert them away from drinking. This corroborates global evidence, whereby findings from a South African study of more than 2,500 adolescents between eighth and 11th grade showed that having “nothing to do” (so-called “state boredom”) was strongly correlated with alcohol use (Weybright, Caldwell, Ram,

Smith, & Wegner, 2015). Students also urged that awareness campaigns be targeted at children before they reach high school, if they are to be effective in changing attitudes to alcohol. Interestingly, one meta-analysis emphasizes that students' attitudes change most when the educators are fellow peers, echoing an idea suggested by the participants (Bangert-Drowns, 1988). Other studies have recommended (FGDs) themselves as an intervention (Gatta et al., 2015).

In collectivist societies such as Lebanon and many other developing world countries, social norms are a primary motivator of individual behaviors (Klein, Asmussen Frank, Nielsen, Hellman, & Rolando, 2013). In such contexts, the importance of legal frameworks must be supported by strong action on the ground to understand, dialogue, and change collective social norms, thus decreasing the impact of social learning. Prevention efforts to reduce underage drinking thus should engage youth and adults in dialogues around attitudes and community norms about underage drinking (Lipperman-Kreda, Grube, & Paschall, 2010). This suggests that any attempt to intervene to prevent alcohol use by young people, or minimize its harms, must include a community-based approach. Indeed, it has been shown that long-term, intensive programs that use interactive teaching styles and get parents and the community involved have a long-lasting and effective impact on later drug use (Botvin & Griffin, 2007; Lloyd, Joyce, Hurrey, & Ashton, 2000).

Interestingly, in both their dialogue about the problem and about solutions, the young people seem to be crying out for a strong, functioning state. They requested regulations (law), enforcement (police), medical and rehabilitation services (health), awareness raising (education), and more research (academia). In a country with a relatively weak state and hands-off government—a classic form of lack of the social control noted by the social ecology framework (Ennett et al., 2008), the fact that young people are demanding a more responsible state is noteworthy and demands a rethink of current governance mechanisms. Indeed, a recent review of laws governing alcohol control in Lebanon indicated a patchwork of decrees and laws with no interconnection leading to huge gaps in protection of young people (Ghandour et al., 2016). Also, recent interviews with stakeholders confirm the weakness of the State in engaging with alcohol harm reduction among youth, but suggest that this approach is a conscious industry-supporting decision on the part of policy makers.

The study has limitations. We only included young people from high schools and vocational schools in Beirut. Beirut is the largest city in Lebanon, home to nearly half its population, and the least conservative city in the country—suggesting that the topic of alcohol use among youth would be more readily discussed. In addition, all of our data collectors were female, and we

are unsure whether this affected the responses of male participants one way or another. Perhaps, most importantly, our methodology has limitations. We chose to conduct focus groups and use thematic analysis. Other methodologies—such as life histories or narrative analyses may have provided deeper insight into the issue of alcohol use among youth. Finally, we chose a specific theoretical framework that guided our research question and analysis. Our choice of framework biases results in favor of the components of that framework. Any other framework may have highlighted different aspects of this critical issue. For example, the narrative of alcohol use defined by the young people who participated in the focus groups is in line with the components of the “normalization conceptual framework” (Parker, 2005) including availability and accessibility, rising rates of trying substances, recent and regular use, social accommodation of substance use, and cultural accommodation. Despite clear indicators of “normalization,” this label can only be used with longitudinal data. As we continue to track alcohol consumption and engage with young people, the normalization framework may be one to consider.

## Conclusion

Results of this study confirmed the relevance of the social ecology of alcohol use framework to the analysis of alcohol consumption and harms among young people. However, it further suggests that the macro level of Bronfenbrenner model—the original model from which the social ecology framework stemmed—remains an important aspect of the environment of substance use among young people. This macro environment corroborates the emphasis of the social ecology framework on social control. Our results further substantiate the importance of qualitative methods in uplifting voices of those most affected by situations and contexts. Those voices confirmed that the presence of a comprehensive policy framework that regulates alcohol drinking among young people is critical for reducing alcohol-related morbidity and mortality. To this date, alcohol use prevention and harm reduction are not high on the national youth agenda, evidenced by Lebanon's prevailing weak, outdated, and loosely enforced alcohol control measures. Globally, evidence-based alcohol control policies have been identified and Lebanon's alcohol harm reduction policies (or lack of) are in dire need of immediate scaling up in line with evidence of cost-effective interventions to promote adolescent health.

## Acknowledgments

The authors would like to thank the schools who participated, the parents who consented, and the young people who shared their thoughts with us openly and comprehensively. The authors

would like to thank members of the research team who contributed to data collection and analysis: Mr. Jad Jaber, Anthony Msan, Ms. Sandra Arbid, Ms. Rebecca Samaha, and Ms. Sara Souidan.

### Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

### Funding

The author(s) disclosed receipt of the following financial support for the research, authorship, and/or publication of this article: This work was supported by the Lebanese National Council for Scientific Research under Grant 03-01-11.

### References

- Arthur, M. W., Hawkins, J. D., Pollard, J. A., Catalano, R. F., & Baglioni, A., Jr. (2002). Measuring risk and protective factors for use, delinquency, and other adolescent problem behaviors: The Communities That Care Youth Survey. *Evaluation Review, 26*, 575–601. doi:10.1177/0193841X0202600601
- Bangert-Drowns, R. L. (1988). The effects of school-based substance abuse education—A meta-analysis. *Journal of Drug Education, 18*, 243–264. doi:10.2190/8U40-WP3D-FFWC-YF1U
- Botvin, G. J., & Griffin, K. W. (2007). School-based programmes to prevent alcohol, tobacco and other drug use. *International Review of Psychiatry, 19*, 607–615. doi:10.1080/09540260701797753
- Bronfenbrenner, U. (1977). Toward an experimental ecology of human development. *American Psychologist, 7*, 513–531. doi:10.1037/0003-066X.32.7.513
- Cameron, D. (2005). Language, gender, and sexuality: Current issues and new directions. *Applied Linguistics, 26*, 482–502. doi:10.1093/applin/ami027
- Casswell, S., & Thamarangsi, T. (2009). Reducing harm from alcohol: Call to action. *The Lancet, 373*, 2247–2257. doi:10.1016/S0140-6736(09)60745-5
- Clement, C., Thirlaway, K., Smith, A., & Williams, J. (2014). Vulnerable young people and alcohol use: A qualitative exploration. *Journal of Substance Use, 19*, 112–117. doi:10.3109/14659891.2012.750694
- Coleman, L., & Cater, S. (2005). Underage “binge” drinking: A qualitative study into motivations and outcomes. *Drugs: Education, Prevention and Policy, 12*, 125–136. doi:10.1080/09687630512331323521
- DeWit, D. J., Adlaf, E. M., Offord, D. R., & Ogborne, A. C. (2000). Age at first alcohol use: A risk factor for the development of alcohol disorders. *American Journal of Psychiatry, 157*, 745–750. doi:10.1155/2013/721761
- Downing-Matibag, T. M., & Geisinger, B. (2009). Hooking up and sexual risk taking among college students: A health belief model perspective. *Qualitative Health Research, 19*, 1196–1209. doi:10.1177/1049732309344206
- Engwall, D., Hunter, R., & Steinberg, M. (2004). Gambling and other risk behaviors on university campuses. *Journal of American College Health, 52*, 245–256. doi:10.3200/JACH.52.6.245-256
- Ennett, S. T., Foshee, V. A., Bauman, K. E., Hussong, A., Cai, L., Reyes, H. L. M., . . . DuRant, R. (2008). The social ecology of adolescent alcohol misuse. *Child Development, 79*, 1777–1791. doi:10.1111/j.1467-8624.2008.01225.x
- Fell, J. C., Fisher, D. A., Voas, R. B., Blackman, K., & Tippetts, A. S. (2008). The relationship of underage drinking laws to reductions in drinking drivers in fatal crashes in the United States. *Accident Analysis & Prevention, 40*, 1430–1440. doi:10.1016/j.aap.2008.03.006
- Gatta, M., Rotondo, M. C. G., Svanellini, L., Lai, J., Salis, M., & Ferruzza, E. (2015). Focus groups as a means for preventing adolescent alcohol consumption: Qualitative and process analysis. *Journal of Groups in Addiction & Recovery, 10*, 63–78. doi:10.1080/1556035X.2015.999619
- Ghandour, L. A., Affi, R., Fares, S., El Salibi, N., & Rady, A. (2015). Time trends and policy gaps: The case of alcohol misuse among adolescents in Lebanon. *Substance Use & Misuse, 50*, 1826–1839. doi:10.3109/10826084.2015.1073320
- Ghandour, L. A., Chalak, A., El-Aily, A., Yassin, N., Nakkash, R., Tauk, M., . . . Affi, R. (2016). Alcohol consumption in the Arab region: What do we know, why does it matter, and what are the policy implications for youth harm reduction? *International Journal of Drug Policy, 28*, 10–33. doi:10.1016/j.drugpo.2015.09.013
- Ghandour, L. A., El Sayed, D. S., & Martins, S. S. (2012). Prevalence and patterns of commonly abused psychoactive prescription drugs in a sample of university students from Lebanon: An opportunity for cross-cultural comparisons. *Drug and Alcohol Dependence, 121*, 110–117. doi:10.1016/j.drugalcdep.2011.08.021
- Ghandour, L. A., Karam, E. G., & Maalouf, W. E. (2009). Lifetime alcohol use, abuse and dependence among university students in Lebanon: Exploring the role of religiosity in different religious faiths. *Addiction, 104*, 940–948. doi:10.1111/j.1360-0443.2009.02575.x
- Gilligan, C., & Kypri, K. (2012). Parent attitudes, family dynamics and adolescent drinking: Qualitative study of the Australian parenting guidelines for adolescent alcohol use. *BMC Public Health, 12*, 491. doi:10.1186/1471-2458-12-491
- Gottlieb, N. H., & Baker, J. A. (1986). The relative influence of health beliefs, parental and peer behaviors and exercise program participation on smoking, alcohol use and physical activity. *Social Science & Medicine, 22*, 915–927. doi:10.1016/0277-9536(86)90164-4
- Herring, R., Bayley, M., & Hurcombe, R. (2014). “But no one told me it’s okay to not drink”: A qualitative study of young people who drink little or no alcohol. *Journal of Substance Use, 19*, 95–102. doi:10.3109/14659891.2012.740138
- Herttua, K., Mäkelä, P., & Martikainen, P. (2011). An evaluation of the impact of a large reduction in alcohol prices on alcohol-related and all-cause mortality: Time series analysis of a population-based natural experiment. *International Journal of Epidemiology, 40*, 441–454. doi:10.1093/ije/dyp336

- Hingson, R. W., Heeren, T., Jamanka, A., & Howland, J. (2000). Age of drinking onset and unintentional injury involvement after drinking. *Journal of the American Medical Association*, *284*, 1527–1533. doi:10.1001/jama.284.12.1527
- Hingson, R. W., Heeren, T., & Zakocs, R. (2001). Age of drinking onset and involvement in physical fights after drinking. *Pediatrics*, *108*, 872–877. doi:10.1542/peds.108.4.872
- Hoppe, M. J., Wells, E. A., Morrison, D. M., Gillmore, M. R., & Wilsdon, A. (1995). Using focus groups to discuss sensitive topics with children. *Evaluation Review*, *19*, 102–114. doi:10.1177/0193841X9501900105
- Hurdle, D. E., Okamoto, S. K., & Miles, B. (2003). Family influences on alcohol and drug use by American Indian youth: Implications for prevention. *Journal of Family Social Work*, *7*, 53–68. doi:10.1300/J039v07n01\_04
- Karam, E. G., Kypri, K., & Salamoun, M. (2007). Alcohol use among college students: An international perspective. *Current Opinion in Psychiatry*, *20*, 213–221. doi:10.1097/YCO.0b013e3280fa836c
- Karam, E. G., Maalouf, W. E., & Ghandour, L. A. (2004). Alcohol use among university students in Lebanon: Prevalence, trends and covariates: The IDRAC University Substance Use Monitoring Study (1991 and 1999). *Drug and Alcohol Dependence*, *76*, 273–286.
- Klein, A., Asmussen Frank, V., Nielsen, B., Hellman, M., & Rolando, S. (2013). Collectivist and individualist values traits in Finnish and Italian adolescents' alcohol norms. *Drugs and Alcohol Today*, *13*, 51–59. doi:10.1108/17459261311310853
- Kuntsche, E., Knibbe, R., Engels, R., & Gmel, G. (2010). Being drunk to have fun or to forget problems? *European Journal of Psychological Assessment*, *26*, 46–54. doi:10.1027/1015-5759/a000007
- Kypri, K., Jones, C., McElduff, P., & Barker, D. (2011). Effects of restricting pub closing times on night-time assaults in an Australian city. *Addiction*, *106*, 303–310. doi:10.1111/j.1360-0443.2010.03125.x
- Lippman-Kreda, S., Grube, J. W., & Paschall, M. J. (2010). Community norms, enforcement of minimum legal drinking age laws, personal beliefs and underage drinking: An explanatory model. *Journal of Community Health*, *35*, 249–257. doi:10.1007/s10900-010-9229-6
- Lloyd, C., Joyce, R., Hurry, J., & Ashton, M. (2000). The effectiveness of primary school drug education. *Drugs: Education, Prevention and Policy*, *7*, 109–126. doi:10.1080/dep.7.2.109.126
- Lovecchio, C. P., Wyatt, T. M., & DeJong, W. (2010). Reductions in drinking and alcohol-related harms reported by first-year college students taking an online alcohol education course: A randomized trial. *Journal of Health Communication*, *15*, 805–819. doi:10.1080/10810730.2010.514032
- Lowman, C. (2004). Developing effective evidence-based interventions for adolescents with alcohol use disorders. *Addiction*, *99*(s2), 1–4. doi:10.1111/j.1360-0443.2004.00850.x
- Maalouf, W. E., Ghandour, L. A., & Karam, E. G. (2010). A rapid situation assessment (RSA) study of alcohol and drug use in Lebanon. *Lebanese Medical Journal*, *58*(2), 76–85. Retrieved from <http://www.lebanesemedicaljournal.org/articles/58-2/original3.pdf>
- Massad, S. G., Shaheen, M., Karam, R., Brown, R., Glick, P., Linnemay, S., & Khammash, U. (2016). Substance use among Palestinian youth in the West Bank, Palestine: A qualitative investigation. *BMC Public Health*, *16*, 800. doi:10.1186/s12889-016-3472-4
- Mathers, C. D., & Loncar, D. (2006). Projections of global mortality and burden of disease from 2002 to 2030. *PLoS Medicine*, *3*(11), e442. doi:10.1371/journal.pmed.0030442
- O'Brien, K. (1993). Using focus groups to develop health surveys: An example from research on social relationships and AIDS-preventive behavior. *Health Education & Behavior*, *20*, 361–372. doi:10.1177/109019819302000307
- Orchowski, L. M., & Barnett, N. P. (2012). Alcohol-related sexual consequences during the transition from high school to college. *Addictive Behaviors*, *37*, 256–263. doi:10.1016/j.addbeh.2011.10.010
- Parker, H. (2005). Normalization as a barometer: Recreational drug use and the consumption of leisure by younger Britons. *Addiction Research and Theory*, *13*, 205–215. doi:10.1080/16066350500053703
- Parvizy, S., Nikbahkt, A., Pournaghash Tehrani, S., & Shahrokhi, S. (2005). Adolescents' perspectives on addiction: Qualitative study. *Nursing & Health Sciences*, *7*, 192–198. doi:10.1111/j.1442-2018.2005.00237.x
- Patrick, M. E., Schulenberg, J. E., O'malley, P. M., Johnston, L. D., & Bachman, J. G. (2011). Adolescents' reported reasons for alcohol and marijuana use as predictors of substance use and problems in adulthood. *Journal of Studies on Alcohol and Drugs*, *72*, 106–116. doi:10.15288/jsad.2011.72.106
- Rehm, J., Zatonksi, W., Taylor, B., & Anderson, P. (2011). Epidemiology and alcohol policy in Europe. *Addiction*, *106*(s1), 11–19. doi:10.1111/j.1360-0443.2010.03326.x
- Salameh, P., Jomaa, L., Issa, C., Farhat, G., Zeghondi, H., Gerges, N., & Waked, M. (2014). Assessment of health risk behaviours among university students: A cross-sectional study in Lebanon. *International Journal of Adolescence and Youth*, *19*, 203–216. doi:10.1080/02673843.2012.733313
- Salamoun, M., Karam, A., Okasha, A., Attasai, L., Mneimneh, Z., & Karam, E. (2008). Epidemiologic assessment of substance use in the Arab world. *Arab Journal of Psychiatry*, *19*, 100–125. Retrieved from [http://arabjournalpsychiatry.com/wp-content/uploads/2015/12/journal\\_nov\\_2008\\_02.pdf](http://arabjournalpsychiatry.com/wp-content/uploads/2015/12/journal_nov_2008_02.pdf)
- Schelleman-Offermans, K., Kuntsche, E., & Knibbe, R. A. (2011). Associations between drinking motives and changes in adolescents' alcohol consumption: A full cross-lagged panel study. *Addiction*, *106*, 1270–1278. doi:10.1111/j.1360-0443.2011.03630.x
- Spoerri, A., Zwahlen, M., Panczak, R., Egger, M., & Huss, A. (2013). Alcohol-selling outlets and mortality in Switzerland—The Swiss National Cohort. *Addiction*, *108*, 1603–1611. doi:10.1111/add.12218
- Wagenaar, A. C., Salois, M. J., & Komro, K. A. (2009). Effects of beverage alcohol price and tax levels on drinking: A meta-analysis of 1003 estimates from 112 studies. *Addiction*, *104*, 179–190. doi:10.1111/j.1360-0443.2008.02438.x

- Wagenaar, A. C., Tobler, A. L., & Komro, K. A. (2010). Effects of alcohol tax and price policies on morbidity and mortality: A systematic review. *American Journal of Public Health, 100*, 2270–2278. doi:10.2105/AJPH.2009.186007
- Wagenaar, A. C., & Toomey, T. L. (2002). Effects of minimum drinking age laws: Review and analyses of the literature from 1960 to 2000. *Journal of Studies on Alcohol, 14*(Suppl.), 206–225. doi:10.15288/jsas.2002.s14.206
- Warner, L. A., White, H. R., & Johnson, V. (2007). Alcohol initiation experiences and family history of alcoholism as predictors of problem-drinking trajectories. *Journal of Studies on Alcohol and Drugs, 68*, 56–65. doi:10.15288/jsad.2007.68.56
- Weybright, E. H., Caldwell, L. L., Ram, N., Smith, E. A., & Wegner, L. (2015). Boredom prone or nothing to do? Distinguishing between state and trait leisure boredom and its association with substance use in South African adolescents. *Leisure Sciences, 37*, 311–331. doi:10.1080/01490400.2015.1014530

### Author Biographies

**Nasser Yassin** is the director of research at the Issam Fares Institute for Public Policy and International Affairs, and

Assistant Professor of Policy and Planning at the Faculty of Health Sciences, at the American University of Beirut (AUB), Lebanon.

**Rima Afifi** is professor in the department of Community and Behavioral Health of the College of Public Health, University of Iowa. She focuses her research on the social and structural determinants of well-being to promote inclusion, equity, and justice. She uses methods of Community Based Participatory Research emphasizes knowledge transfer of research to practice and policy.

**Neil Singh** is a primary care physician in the UK, and a visiting lecturer at the Brighton and Sussex Medical School.

**Reem Saad** is an executive officer at the Medical Education Unit of the Faculty of Medicine at the American University of Beirut (AUB).

**Lilian Ghandour** is an associate professor in the Department of Epidemiology and Population Health at the American University of Beirut. She focuses her research on the epidemiology of harmful alcohol drinking and the prescription drug abuse. She is currently working on using local epidemiological evidence on alcohol drinking in young people to inform a national alcohol harm reduction policy.