The need for alcohol policy in the Caribbean

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Harmful use of alcohol is prevalent around the globe (2014)

Alcohol kills one person every 10 seconds worldwide: WHO

Geneva (AFP) – Alcohol kills 3.3 million people worldwide each year, more than AIDS, tuberculosis and violence combined, the World Health Organization said Monday, warning that booze consumption was on the rise.

Including drunk driving, alcohol-induced violence and abuse, and a multitude of diseases and disorders, alcohol causes one in 20 deaths globally every year, the UN health agency said.

This actually translates into one death every 10 seconds.
Currently used model for alcohol comparative risk assessment

- Societal Factors
  - Drinking culture
  - Alcohol Policy
  - Drinking environment
  - Health care system

- Alcohol consumption
  - Volume
  - Patterns
  - Quality

- Health outcomes
  - Incidence of chronic conditions including AUDs
  - Incidence of acute conditions

- Mortality by cause

- Population group
  - Gender
  - Age
  - Poverty Marginalization

(individual)
CARIBBEAN DRINKING: IN LINE WITH THE GLOBAL DEVELOPMENTS?
Alcohol consumption in the Americas for 2012
SOURCES OF UNRECORDED ALCOHOL CONSUMPTION IN THE AMERICAS

1) Artisanal fermented including home production
2) Artisanal spirits including home production
3) Surrogate alcohol
4) Cross border shopping
5) Illegal production (industrial)
6) Smuggling (large scale)

Main types of unrecorded consumption:
- 1 & 2
- 1 & 3
- 1 & 6
- 2 & 3
- 2 & 4
- 2 & 5
- 3 & 4
- 5 & 6
- 3 or more types

Caribbean: mainly artisanal spirits on sugarcane basis including home production; surrogate was reported to WHO by several countries (underestimated!)
Prevalence (%) of heavy episodic drinking among the total population aged 15 years and older (15+ years) and adolescents (15–19 years) and the corresponding adolescents-to adults ratios by sex, WHO region and the world, 2010

<table>
<thead>
<tr>
<th>WHO region</th>
<th>Males</th>
<th></th>
<th></th>
<th>Females</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All (15+) (%)</td>
<td>Adolescents (%)</td>
<td>Adolescents /all</td>
<td>All (15+) (%)</td>
<td>Adolescents (%)</td>
<td>Adolescents /all</td>
</tr>
<tr>
<td>AFR</td>
<td>9.3</td>
<td>10.3</td>
<td>1.1</td>
<td>2.1</td>
<td>2.2</td>
<td>1</td>
</tr>
<tr>
<td>AMR</td>
<td>20.9</td>
<td>29.3</td>
<td>1.4</td>
<td>6.9</td>
<td>7.1</td>
<td>1</td>
</tr>
<tr>
<td>EMR</td>
<td>0.1</td>
<td>0.1</td>
<td>0.8</td>
<td>0</td>
<td>0</td>
<td>2.4</td>
</tr>
<tr>
<td>EUR</td>
<td>24.9</td>
<td>40</td>
<td>1.6</td>
<td>8.9</td>
<td>22</td>
<td>2.5</td>
</tr>
<tr>
<td>SEAR</td>
<td>3.1</td>
<td>2.1</td>
<td>0.7</td>
<td>0.1</td>
<td>0</td>
<td>0.4</td>
</tr>
<tr>
<td>WPR</td>
<td>14</td>
<td>18.3</td>
<td>1.3</td>
<td>1.3</td>
<td>6.1</td>
<td>4.8</td>
</tr>
<tr>
<td>World</td>
<td>12.3</td>
<td>16.8</td>
<td>1.4</td>
<td>2.9</td>
<td>6.2</td>
<td>2.2</td>
</tr>
</tbody>
</table>
BURDEN OF ALCOHOL
Causality: WHO 2014 categories (green mainly protective)

**Chronic and infectious disease:**

**Cancer:** nasopharyngeal cancer, esophageal cancer, laryngeal cancer, pancreatic cancer, liver cancer, colon/rectal cancer, female breast cancer

**Neuropsychiatric diseases:** alcohol use disorders, primary epilepsy

**Diabetes**

**Cardiovascular diseases:** hypertensive diseases, ischemic heart disease, ischemic stroke, hemorrhagic stroke, atrial fibrillation and flutter

**Gastrointestinal diseases:** Liver cirrhosis, pancreatitis

**Infectious diseases:** TB, effect of alcohol on course of HIV/AIDS, lower respiratory infections (pneumonia)

**Conditions arising during perinatal period:** FAS

**Injury:**

**Unintentional injury:** transport injuries, falls, drowning, fire, poisonings, exposure to forces of nature, other unintentional injuries

**Intentional injury:** Self-inflicted injuries, interpersonal violence, other intentional injuries
## Strong links with NCDs

<table>
<thead>
<tr>
<th>Non-communicable diseases</th>
<th>Causative risk factors</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Tobacco use</td>
</tr>
<tr>
<td>Heart disease and stroke</td>
<td>✓</td>
</tr>
<tr>
<td>Diabetes</td>
<td>✓</td>
</tr>
<tr>
<td>Cancer</td>
<td>✓</td>
</tr>
<tr>
<td>Chronic lung disease</td>
<td>✓</td>
</tr>
</tbody>
</table>
But not only NCD: causes of alcohol-attributable deaths in the Americas

Interpersonal violence 13%
Injury -> more than 1.3
Liver cirrhosis 22%

Other unintentional injuries 4%
Drowning 1%
Falls 2%
Fires 0%
Poisonings 1%

Motor vehicle injuries 9%
Pancreatitis 1%
Pancreatitis 1%
Larynx Cancer 1%
Breast Cancer 3%

Conduction disorder and other dysrythmias 1%
Hypertension 4%
Hemorrhagic Stroke 6%
Alcohol use disorders 9%
Epilepsy 1%
Liver Cancer 2%
Colorectal Cancer 3%
Larynx Cancer 1%

Preterm birth 0%
HIV 1%
Lower Respiratory Infections 5%

Oral Cavity and Pharynx Cancer 3%
Oesophageal Cancer 2%

Conduction disorder and other dysrythmias 1%
Liver cirrhosis 22%
Hypertension 4%
Epilepsy 1%
Alcohol use disorders 9%
Alcohol-attributable deaths 2012

Proportion of all deaths attributable to alcohol in 2012
Percentage

<table>
<thead>
<tr>
<th>Age</th>
<th>AFR</th>
<th>AMR</th>
<th>EMR</th>
<th>EUR</th>
<th>SEAR</th>
<th>WPR</th>
<th>World</th>
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</thead>
<tbody>
<tr>
<td>15–19</td>
<td>15</td>
<td>15</td>
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<td>15</td>
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<td>20–29</td>
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<td>15</td>
<td>15</td>
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<td>30–39</td>
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<td>40–49</td>
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<td>15</td>
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<td>50–59</td>
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<td>15</td>
<td>15</td>
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<td>15</td>
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<tr>
<td>60–69</td>
<td>15</td>
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<td>15</td>
<td>15</td>
<td>15</td>
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<td>15</td>
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<tr>
<td>70–79</td>
<td>15</td>
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<td>15</td>
<td>15</td>
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<td>15</td>
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<tr>
<td>80+</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>
Alcohol-attributable harm for Caribbean countries in comparison
IMPLICATIONS FOR POLICY
So no need to worry, because the Caribbean alcohol-attributable harm is under the world average?

Unfortunately not, as

• Burden is still high (every 20\textsuperscript{th} year of life lost to premature mortality or disability in the region is due to alcohol)
• Burden seems to have increased over time!
• Burden is underestimated (unrecorded likely underestimated in Caribbean)
• Consumption of young people and binge drinking prevail - this will lead to future costs
• No policy in place to stop the increase!

➢ Need for alcohol policy
Regional situation in the Americas for alcohol policy

• No country with a comprehensive policy to serve as a model to other countries;

• Single best practices do exist and need to be expanded and better documented, particularly in Latin America and the Caribbean:
  – Reducing hours and days of sale: Brazil, Peru, Colombia, USA, Canada
  – Reducing drink driving: Brazil, USA, Canada, Mexico, Chile, Peru
  – Controlling advertising: Costa Rica, Ecuador
  – Increasing prices and taxes: USA, Canada, Venezuela, Suriname, Chile
  – Brief interventions in Primary Health Care: Mexico, Canada, USA, Chile, Brazil, Panama, Colombia, Dominican Republic and others
  – Increased minimum drinking age: USA, Canada
But there are developments for change: regional network for the Americas

Mexico City, August 2012, 30 countries represented
Cartagena, Colombia, April 2014, 27 countries represented
And specifically for the Caribbean region
## Reminder: alcohol is not only about health burden

<table>
<thead>
<tr>
<th></th>
<th>Individual</th>
<th>Family</th>
<th>Work</th>
<th>Society</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Health burden</strong></td>
<td>Morbidity from diseases caused or worsened by AD and associated premature mortality</td>
<td>Injury; stress-related problems for other family members; FASD; interpersonal violence</td>
<td>Injury</td>
<td>Acute care hospitalisations for health problems caused by alcohol; injuries; infectious diseases; FASD</td>
</tr>
<tr>
<td><strong>Social burden</strong></td>
<td>Decreases in functionality associated with AD (blackouts, hours of drunkenness); decrease in social role; loss of friendships; stigma</td>
<td>Problems with parental roles, partnership roles, and roles as caregiver in general (e.g., to parents)</td>
<td>Team problems; others having to compensate for lack of productivity</td>
<td>Social costs of alcohol; vandalism</td>
</tr>
<tr>
<td><strong>Economic burden</strong></td>
<td>Dependent on society and on SES of person with AD; often cost of alcohol plus cost of possible job loss or absenteeism; possible social drift downwards</td>
<td>Financial problems resulting from health and social consequences of alcohol impacting on family budget and household expenses</td>
<td>Absenteeism and other productivity costs (mainly suboptimal performance when working and disability, short- and long-term); replacement costs in case of premature mortality or long-term disability</td>
<td>Productivity losses; health care costs; costs in the legal sector (police, court, prisons)</td>
</tr>
</tbody>
</table>
Conclusions

• The burden of alcohol consumption in the Caribbean is slightly below the global average but still very high

• Harm is not restricted to health or to the drinker

• All of alcohol-attributable harm is avoidable with better policies!
Need for interventions

• Prevention is important
• WHO “best buys” for cost-effective prevention ->
  – Taxation
  – Reduction of availability
  – Marketing ban
• Let us not forget interventions for heavy drinking including treatment
What the Science Tells Us:
Alcohol Availability

Increased alcohol availability → Increased alcohol consumption → Increased public health/safety problems

Source: Babor et al. 2010
What the Science Tells Us: Alcohol Taxes

- Increased alcohol prices/taxes
- Decreased youth alcohol consumption
- Decreased public health/safety problems

Source: CDC Community Guide 2010; Babor et al. 2010
What the Science Tells Us:
Active Enforcement of Retail Licensing Laws

- Increased enforcement
- Decreased binge & underage drinking
- Decreased public health/safety problems

Source: Babor et al. 2010
What the Science Tells Us:
Youth Alcohol Marketing Exposure

Increased youth exposure → Increased intention to drink → Earlier initiation/increase in drinking

Source: Anderson, et al. 2009; Babor et al. 2010
HEALTH SERVICE RESPONSE IN A PUBLIC HEALTH PERSPECTIVE

- Early, opportunistic and brief interventions based in PHC
- Accessible and gendered treatment
- Community based services and based on scientific evidence
- Links to other community resources

Early interventions

Treatment of dependence