The need for alcohol policy in the Caribbean

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HEALTHY CARIBBEAN COALITION
"a civil society alliance for combating chronic diseases"

CARIAD
Understanding Addiction

CARIBAPAN
Caribbean Alcohol Policy and Action Network

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

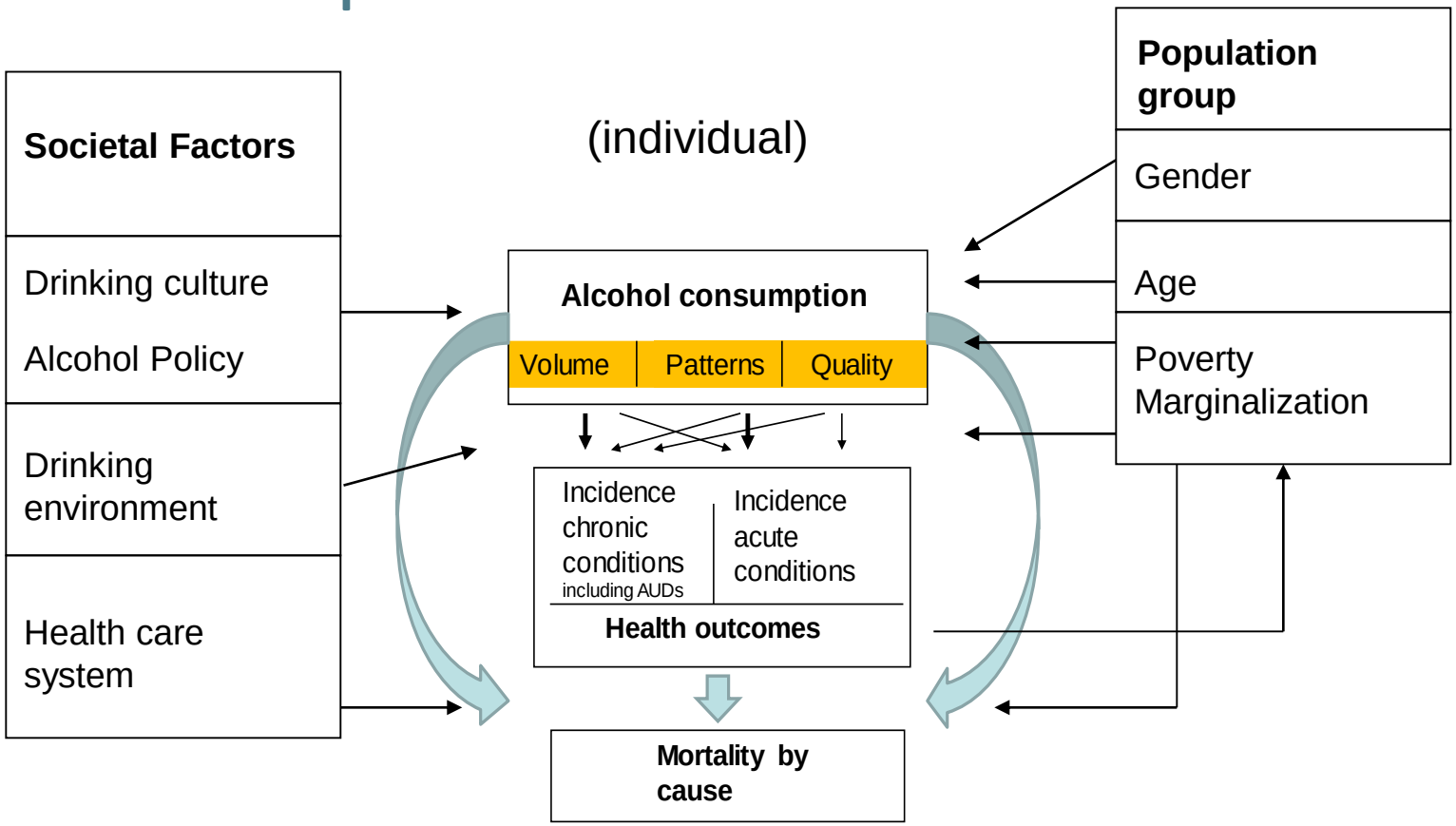
Alcohol kills one person every 10 seconds worldwide: WHO

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.

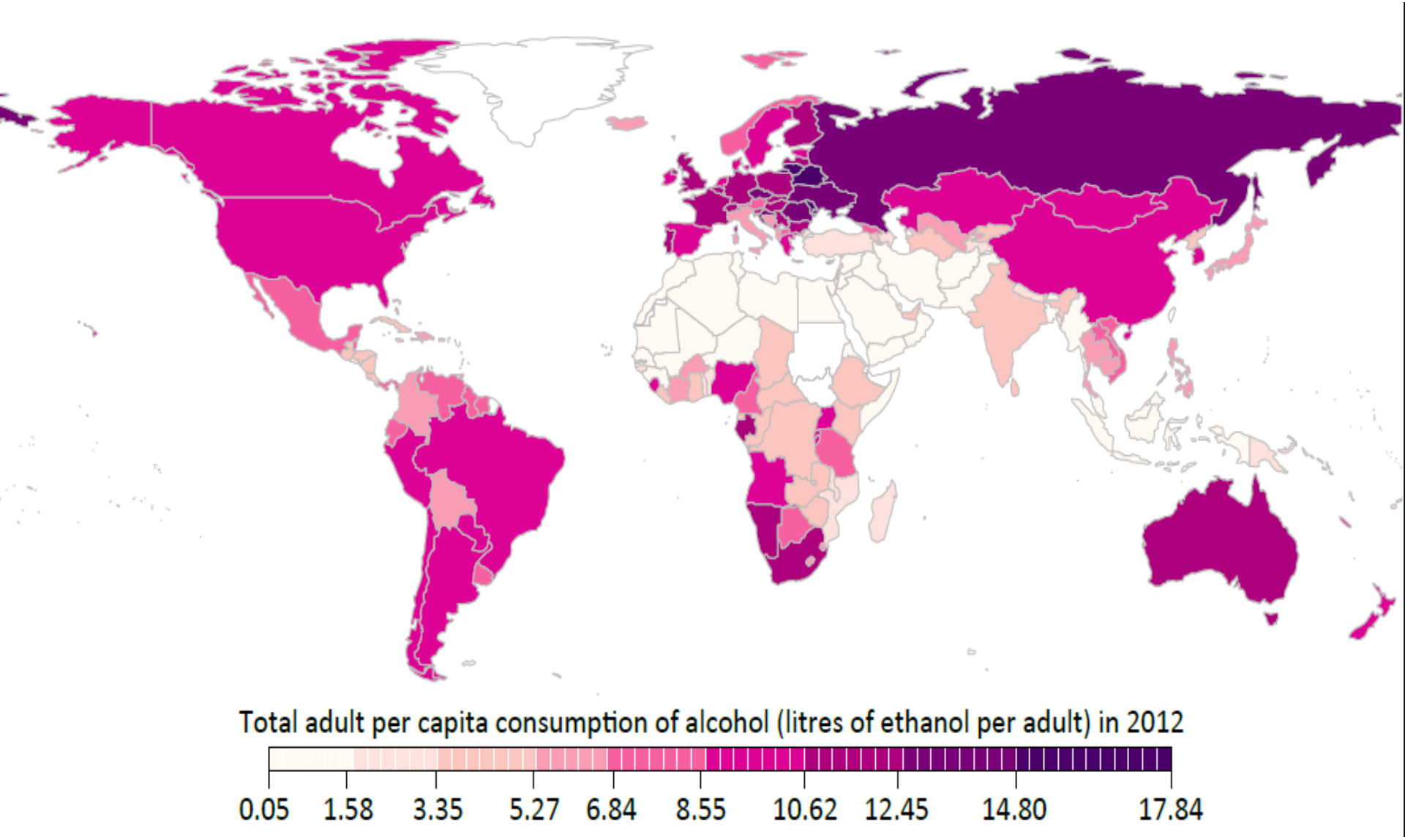
Including drunk driving, alcohol-induced violence and abuse, and a multitude of diseases and disorders, alcohol causes one in 20 deaths globally every year, the UN health agency said.

This actually translates into one death every 10 seconds.

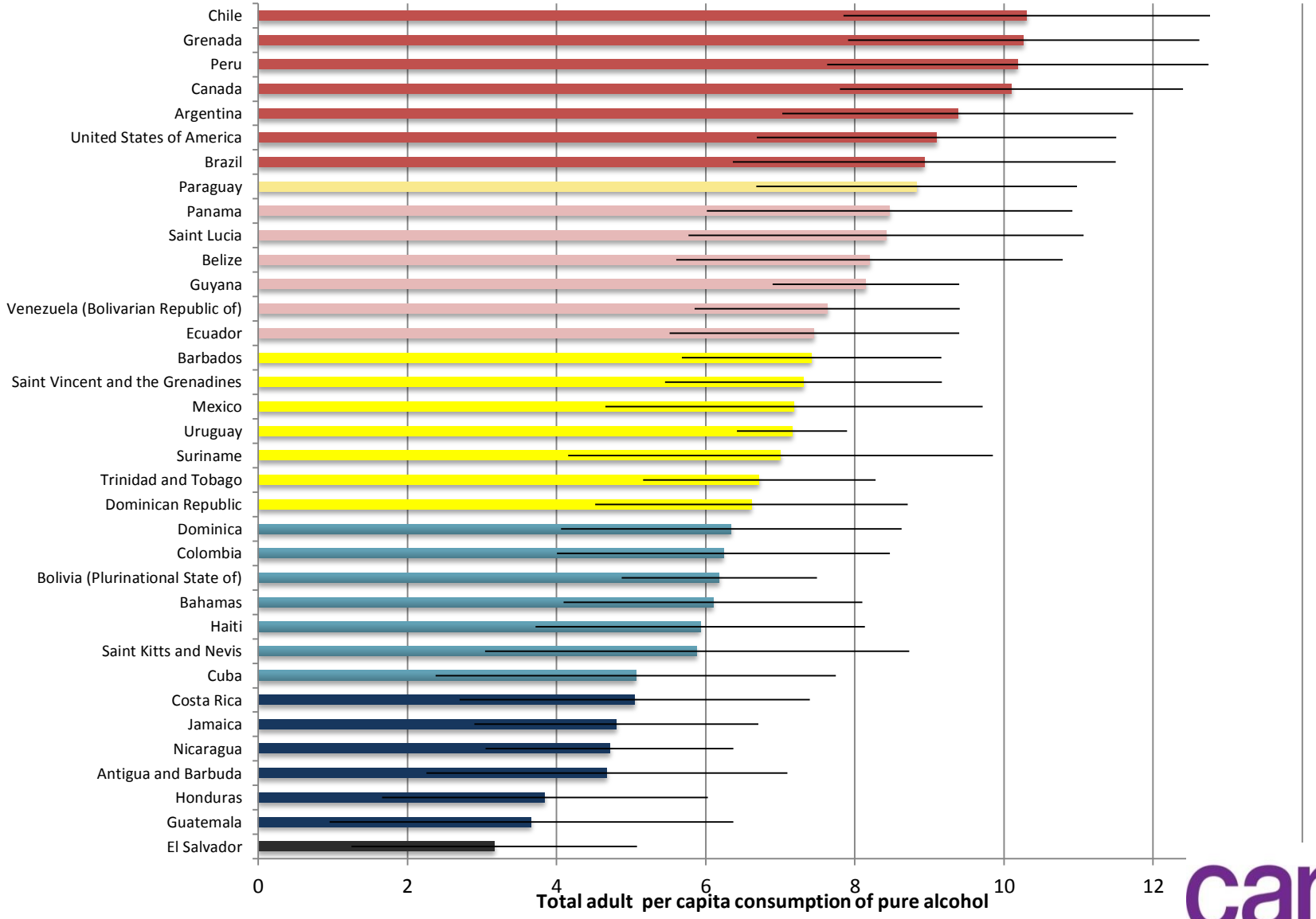
Currently used model for alcohol comparative risk assessment



CARIBBEAN DRINKING: IN LINE WITH THE GLOBAL DEVELOPMENTS?


Total adult per capita consumption of alcohol (litres of ethanol per adult) in 2012
0.05
1.58
3.35
5.27
6.84
8.55
10.62
12.45
14.80
17.84

Alcohol consumption in the Americas for 2012



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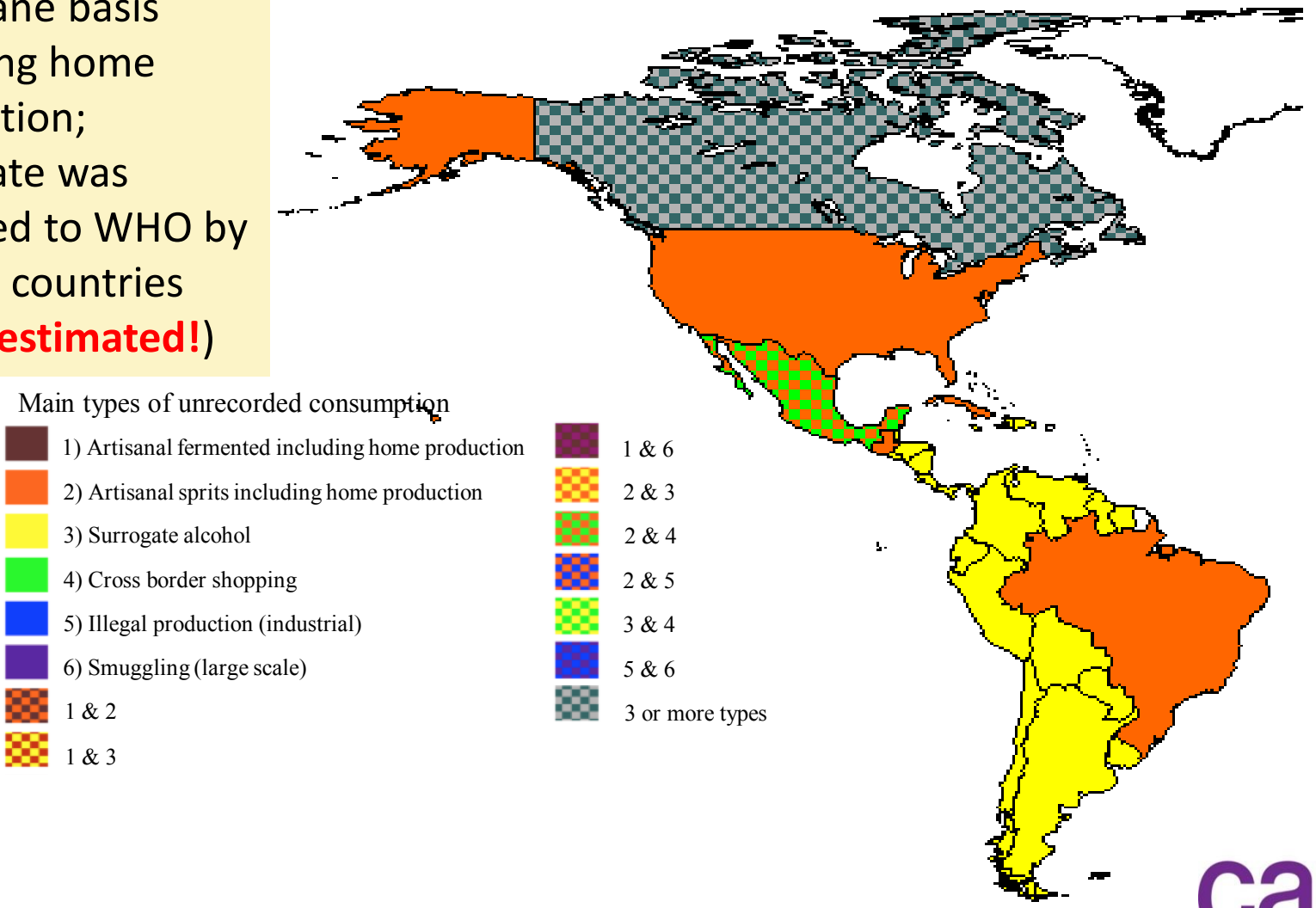
Caribbean: mainly artisanal spirits on sugarcane basis including home production; surrogate was reported to WHO by several countries (**underestimated!**)



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

	Males			Females		
WHO region	All (15+) (%)	Adolescents (%)	Adolescents /all	All (15+) (%)	Adolescents (%)	Adolescents /all
AFR	9.3	10.3	1.1	2.1	2.2	1
AMR	20.9	29.3	1.4	6.9	7.1	1
EMR	0.1	0.1	0.8	0	0	2.4
EUR	24.9	40	1.6	8.9	22	2.5
SEAR	3.1	2.1	0.7	0.1	0	0.4
WPR	14	18.3	1.3	1.3	6.1	4.8
World	12.3	16.8	1.4	2.9	6.2	2.2

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:

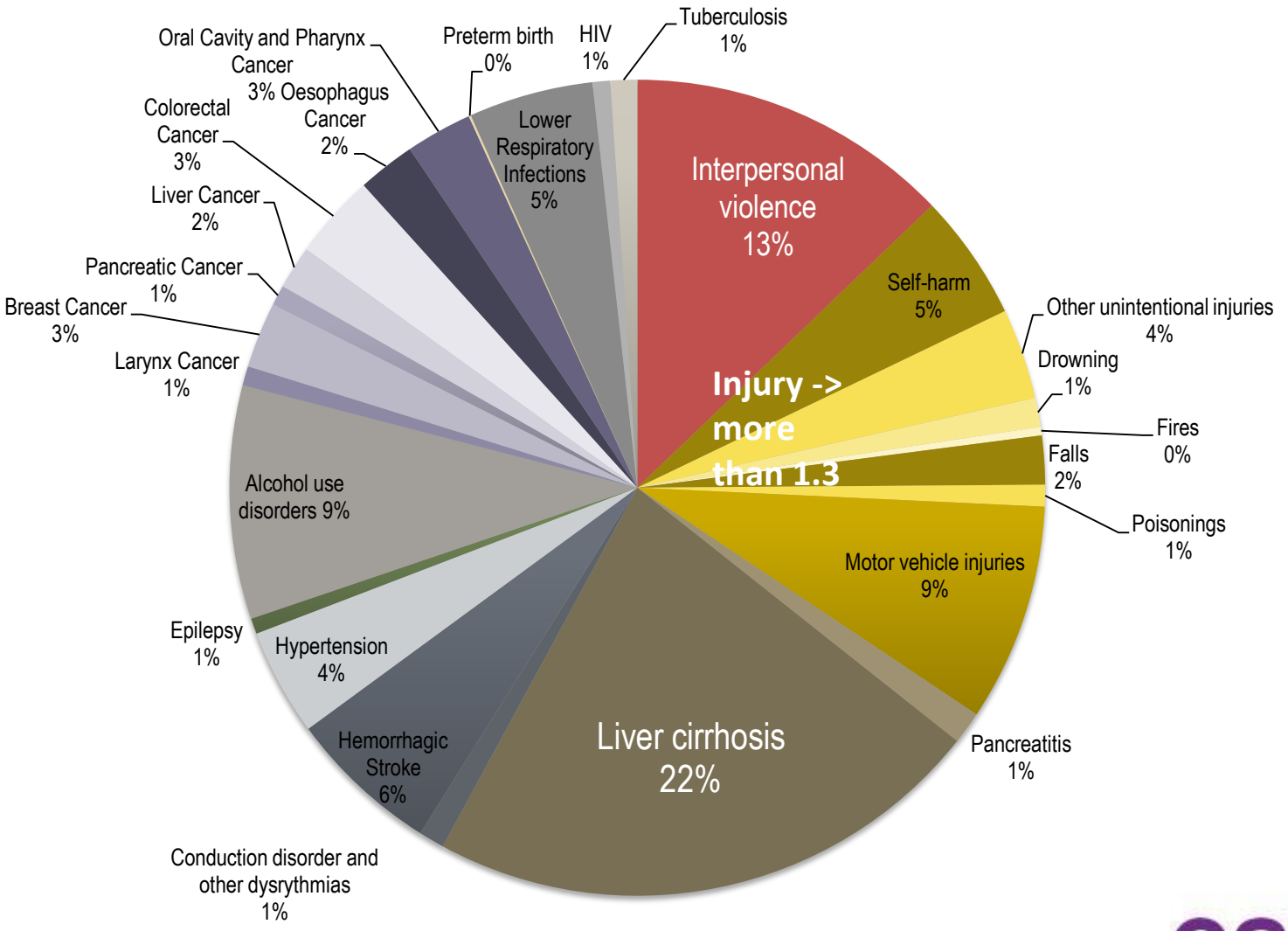
Unintentional injury: transport injuries, falls, drowning, fire, poisonings, exposure to forces of nature, other unintentional injuries

Intentional injury: Self-inflicted injuries, interpersonal violence, other intentional injuries

Strong links with NCDs

		Causative risk factors			
		Tobacco use	**Unhealthy diets**	**Physical inactivity**	**Harmful use of alcohol**
Non-communicable diseases	**Heart disease and stroke**	✓	✓	✓	✓
	Diabetes	✓	✓	✓	✓
	Cancer	✓	✓	✓	✓
	Chronic lung disease	✓			

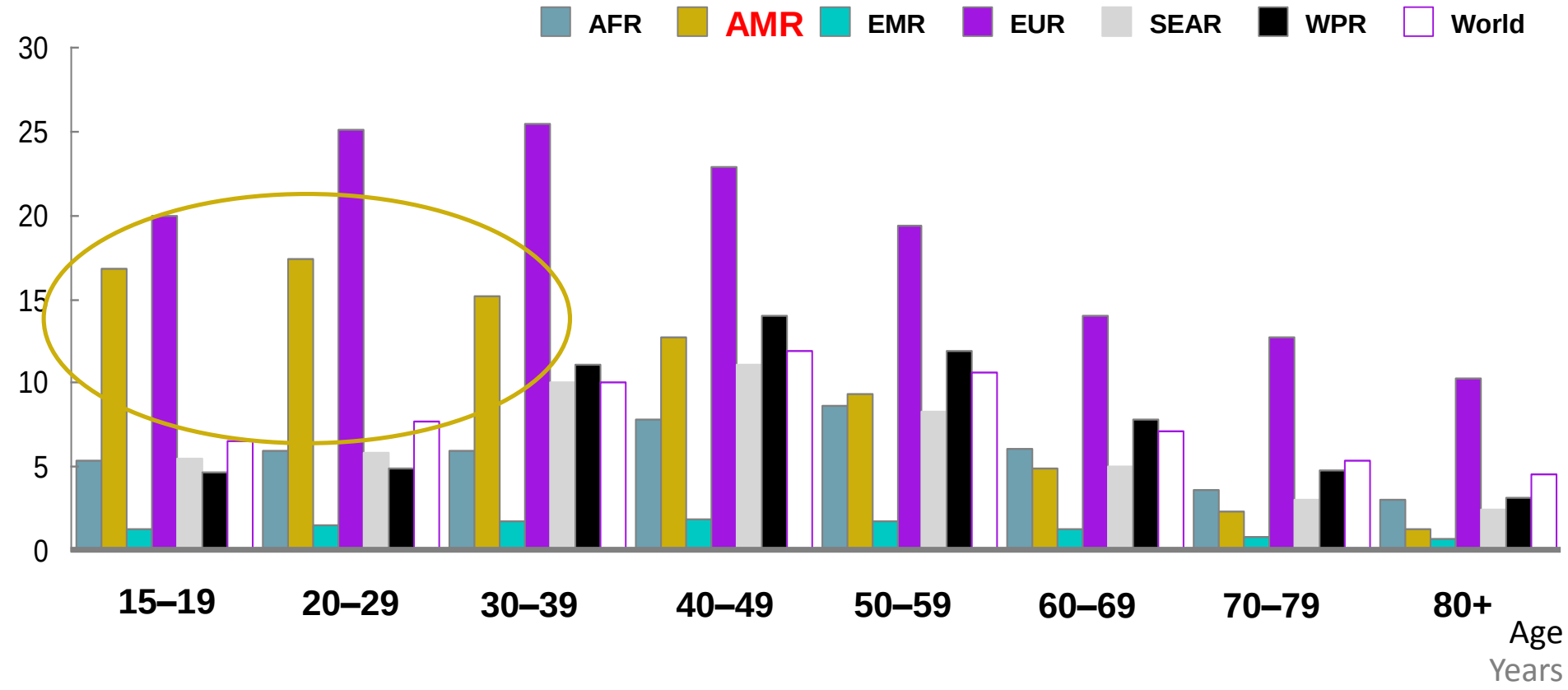
But not only NCD: causes of alcohol-attributable deaths in the Americas



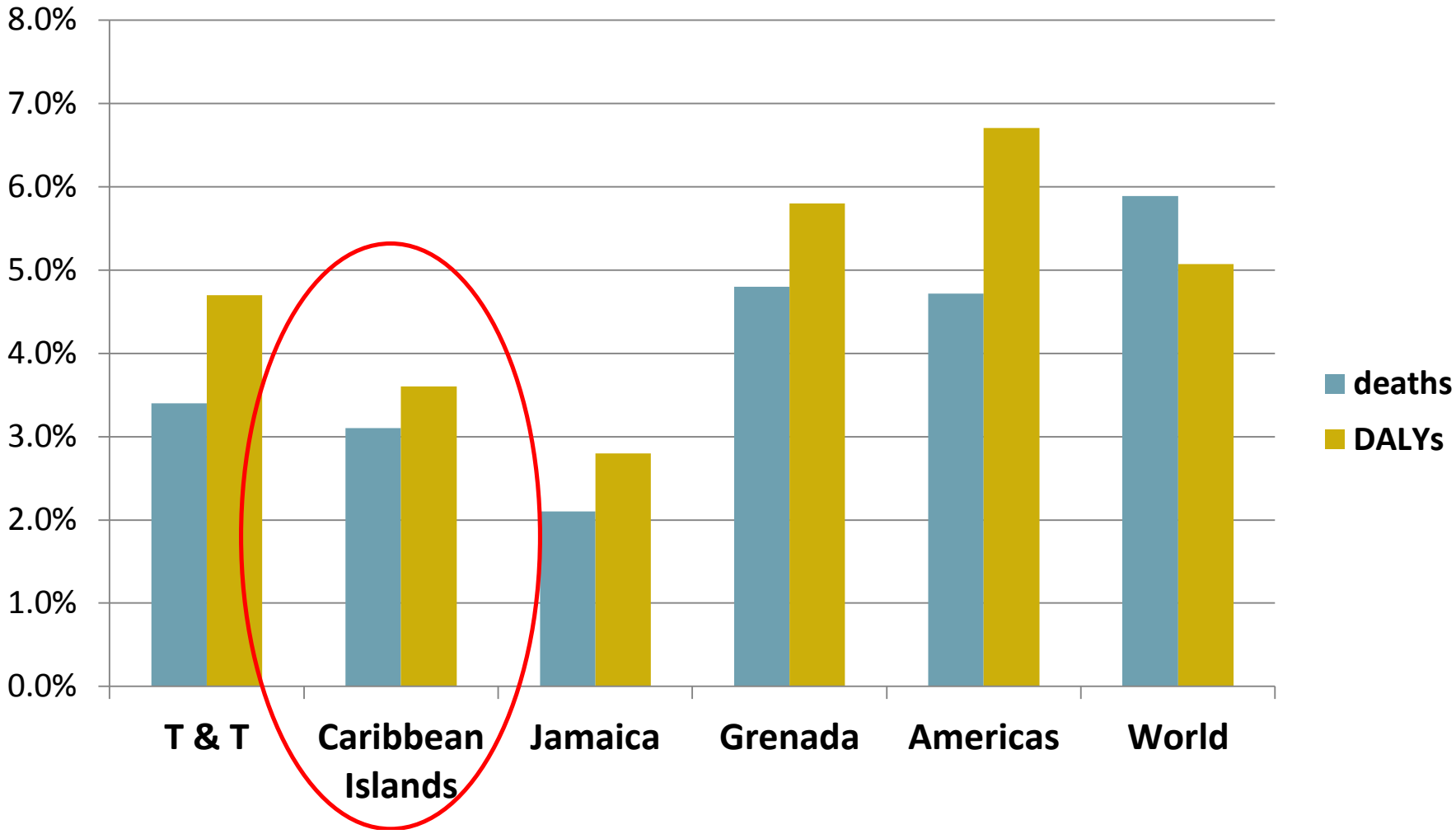
Alcohol-attributable deaths 2012

Proportion of all deaths attributable to alcohol in 2012

Percentage



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 20th 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

only done through studies sponsored by the alcohol industry, which has a vested interest in such analyses and results.

Panel 9: Implementing Programs for Early Intervention and Treatment
The goal of early intervention programs is to delay the initial use of alcohol. These programs establish strong networks of community groups and schools to promote prevention programs with youth but they also establish a system through which screenings, brief interventions, and treatment referrals can be made. Panelists called for strengthening the capacity of health care systems to integrate and provide screening, brief interventions and treatment, centered in primary health care services, as well as in collaboration with schools, community groups, self-help groups and workplaces. Furthermore, it is necessary to update both the undergraduate and graduate academic training of health professionals to facilitate and accelerate the creation and improvement of community-based services, instead of psychiatric hospitals, as promoted in the region since the Declaration of Caracas.

Panel 10: The Role of Civil Society, Collaborating Centers and Non-Governmental Organizations
In order for civil society to have a large impact on reducing alcohol-related problems, society should recognize the autonomy of these associations, these groups should not take funds from the alcohol industry, and their policies should be evidence-based. Panelists encouraged network members to not only talk about the problems and solutions but to train and assist civil society on how to best implement solutions.

Panel 11: The Influence of the Alcohol Industry in Public Policies to Reduce Harmful Alcohol Consumption: How Can We Manage Conflict of Interest?
The alcohol industry promotes and supports groups and studies that encourage prevention policies that have little or no effect on reducing alcohol consumption or alcohol-related problems. They present false evidence to create confusion about the three most effective strategies (taxes, restrictions on physical availability, and restrictions on alcohol marketing). In addition to counter-advertising campaigns, panelists recommended PAHO's assistance on developing clear guidelines on interactions with the alcohol industry and conflicts of interest with public health.

Where We Are

In addition to the adoption of the "Plan of Action to Reduce the Harmful Use of Alcohol", network members are collaborating on several new research projects. Below is a list of current projects and participant countries:

- New studies on nonfatal injuries in Emergency Rooms: Costa Rica, Peru, and Belize.
- New general population studies based on the GENACIS (Gender, Alcohol and Culture: An International Study (GENACIS) questionnaire: Belize and Brazil.
- New STEP Survey participants: Colombia and Suriname.
- Grand Challenges in Mental Health Canada: Belize and Guyana.
- New proposals under development to International Development Research Centre (IDRC): Brazil, Peru, St Kitts and Nevis, Argentina and Uruguay.

Mexico Recommendations

The participants of the 1st Meeting of the Pan American Network on Alcohol and Public Health (PANNAPH) in Mexico City, Mexico, August 21-23, 2012 recommend that:

- As the leading risk for the burden of diseases in the Americas, alcohol needs to be considered a top priority in national and regional efforts aimed at improving public health. Alcohol is a causal factor to over 60 disease conditions, including intentional and non-intentional injuries, cancers, heart disease, neuropsychiatric conditions, in both men and women and across the life cycle.
- Effective policies need to be integrated into a national alcohol policy which brings the various sector of the government together with the goal of protecting and promoting public health.

There are a number of effective alcohol policies which are cost effective and have a population impact. These include taxes, restrictions on physical availability, and restrictions on alcohol marketing.

- PANNAPH represent the views of over 30 countries in the Region and the network should continue as a unified group with a unified technical voice.
- Brazil acts as Chair and Belize as Vice-Chair of the network from 2012 until the next meeting of the group.
- Actions be coordinated with other sectors of the government and within the Ministries of Health to ensure that evidence-based policies are promoted.
- Adult Per Capita consumption be the only feasible and technically sound indicator for the Non-Communicable Disease strategy at global and regional levels and should not be replaced by others indicators such as prevalence of heavy drinking.
- Actions of the network should be coordinated with the Global Coordinating Council through the national counterparts of each country and that they be the same as those participating in the Global Network.
- PAHO assist in the development of clear guidance on interactions with the alcohol industry and conflicts of interest with public health such as developing procedures and rules of engagement (who, with whom and how).
- PAHO assist in the development of a universal code of principles for the regulation of marketing of alcohol that is public health-oriented and that can be used by governments, regardless of self-regulatory codes (where they exist, these have been found to be insufficient).
- PAHO provide complete information to Ministers of Health and other relevant stakeholders about research being undertaken with the support of the alcohol industry in the Region.
- PAHO cooperate with collaborating centers, research institutions, and individual researchers to create and promote a Regional Network of Alcohol Policy Researchers, independent of the influence of the alcohol industry.
- PAHO cooperate with non-governmental organizations for alcohol policy advocacy, promoting the creation of a regional network and linking it with the Global Alcohol Policy Alliance (GAPA) and other relevant networks internationally.

- PAHO assist member countries in preparing case studies related to alcohol policy implementation and disseminating these studies at regional and global levels.
- PANNAPH write a letter to the government of Brazil, indicating its support for maintaining a ban on alcohol sales in stadiums during the 2014 FIFA World Cup.
- PAHO support a sub-regional meeting on alcohol policy with Caribbean countries.
- PAHO assist Member States in developing a definition of a standard alcoholic drink that is compatible with WHO recommendations and can improve the comparability of information across the Region.
- New members be integrated into the network.
- A regional laboratory for analysis of alcohol beverages be established.
- PAHO continue to support technical cooperation between countries.
- PAHO assist in building the capacity for alcohol policy through virtual courses and dissemination of information in English and Spanish to network members and others interested in public health.

Participating Countries

Argentina
Antigua and Barbuda
Bahamas
Barbados
Belize
Bolivia
Brazil
Canada
Colombia
Costa Rica
Cuba
Dominica
Dominican Republic
Ecuador
El Salvador
Grenada
Guatemala
Guyana
Honduras
Mexico
Nicaragua
Panama
Paraguay
Peru
St. Kitts and Nevis
St. Lucia
Suriname
Trinidad and Tobago
United States of America
Uruguay
Venezuela

www.paho.org
Area of Sustainable Development and Environmental Health (SDE)

Pan American Health Organization
World Health Organization

110 1902 - 2012

PANNAPH

Pan American Network on Alcohol and Public Health (PANNAPH)

First Regional Meeting, Mexico City, Mexico August 21–23, 2012

Summary Report and Recommendations

Pan American Health Organization
World Health Organization

110 1902 - 2012

PANNAPH

PANNAPH
Pan American Network for Alcohol and Public Health

And specifically for the Caribbean region

CARIBAPAN

Caribbean Alcohol Policy and Action Network

Reminder: alcohol is not only about health burden

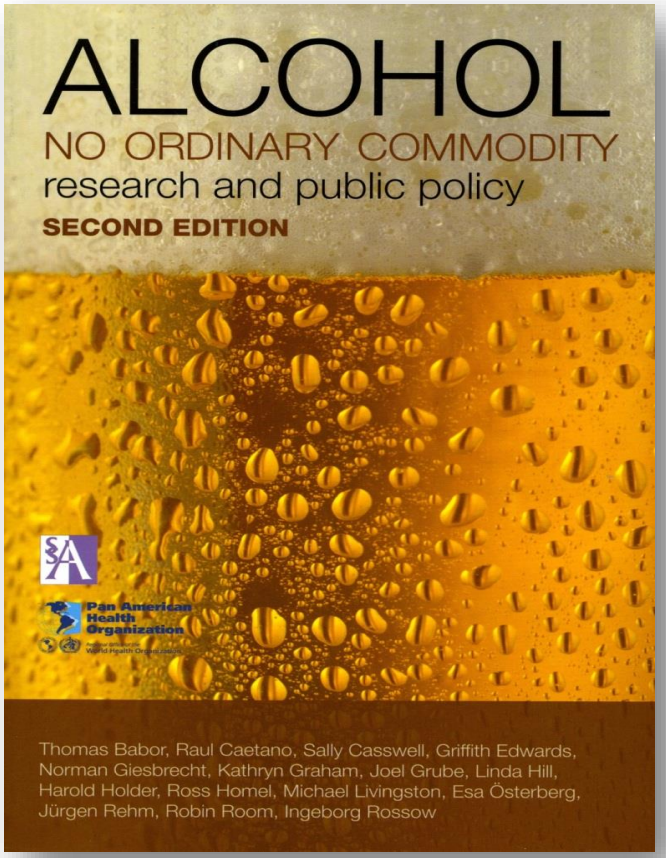
	Individual	Family	Work	Society
Health burden	Morbidity from diseases caused or worsened by AD and associated premature mortality	Injury; stress-related problems for other family members; FASD; interpersonal violence	Injury	Acute care hospitalisations for health problems caused by alcohol; injuries; infectious diseases; FASD
Social burden	Decreases in functionality associated with AD (blackouts, hours of drunkenness); decrease in social role; loss of friendships; stigma	Problems with parental roles, partnership roles, and roles as caregiver in general (e.g., to parents)	Team problems; others having to compensate for lack of productivity	Social costs of alcohol; vandalism
Economic burden	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	Financial problems resulting from health and social consequences of alcohol impacting on family budget and household expenses	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	Productivity losses; health care costs; costs in the legal sector (police, court, prisons)

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!

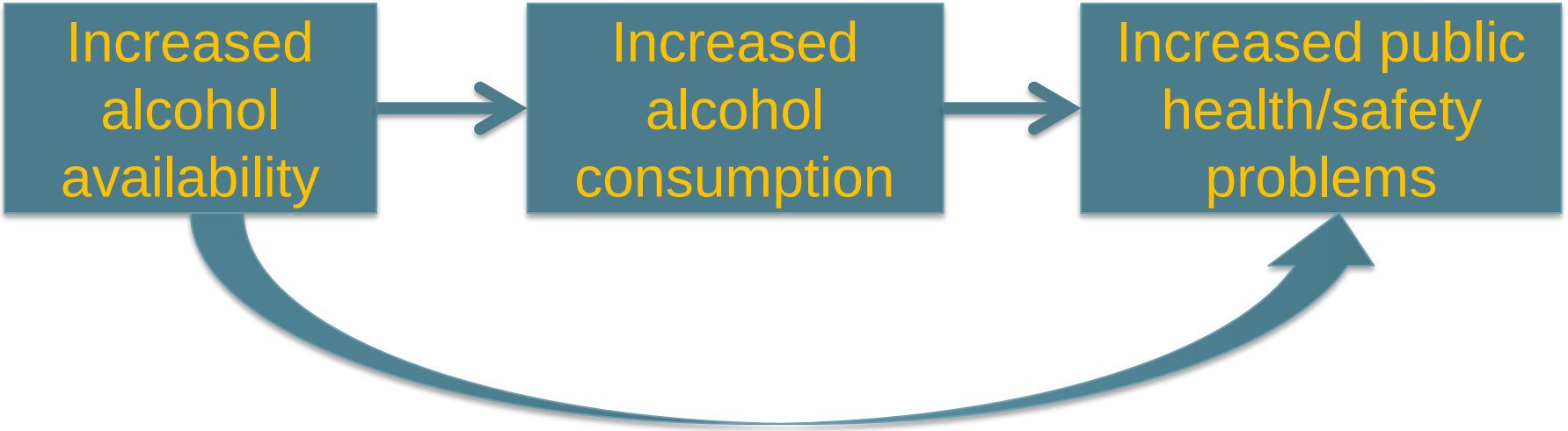
Need for interventions

- 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



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

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