

# Youth drinking in the Americas: where we are and what can we do?

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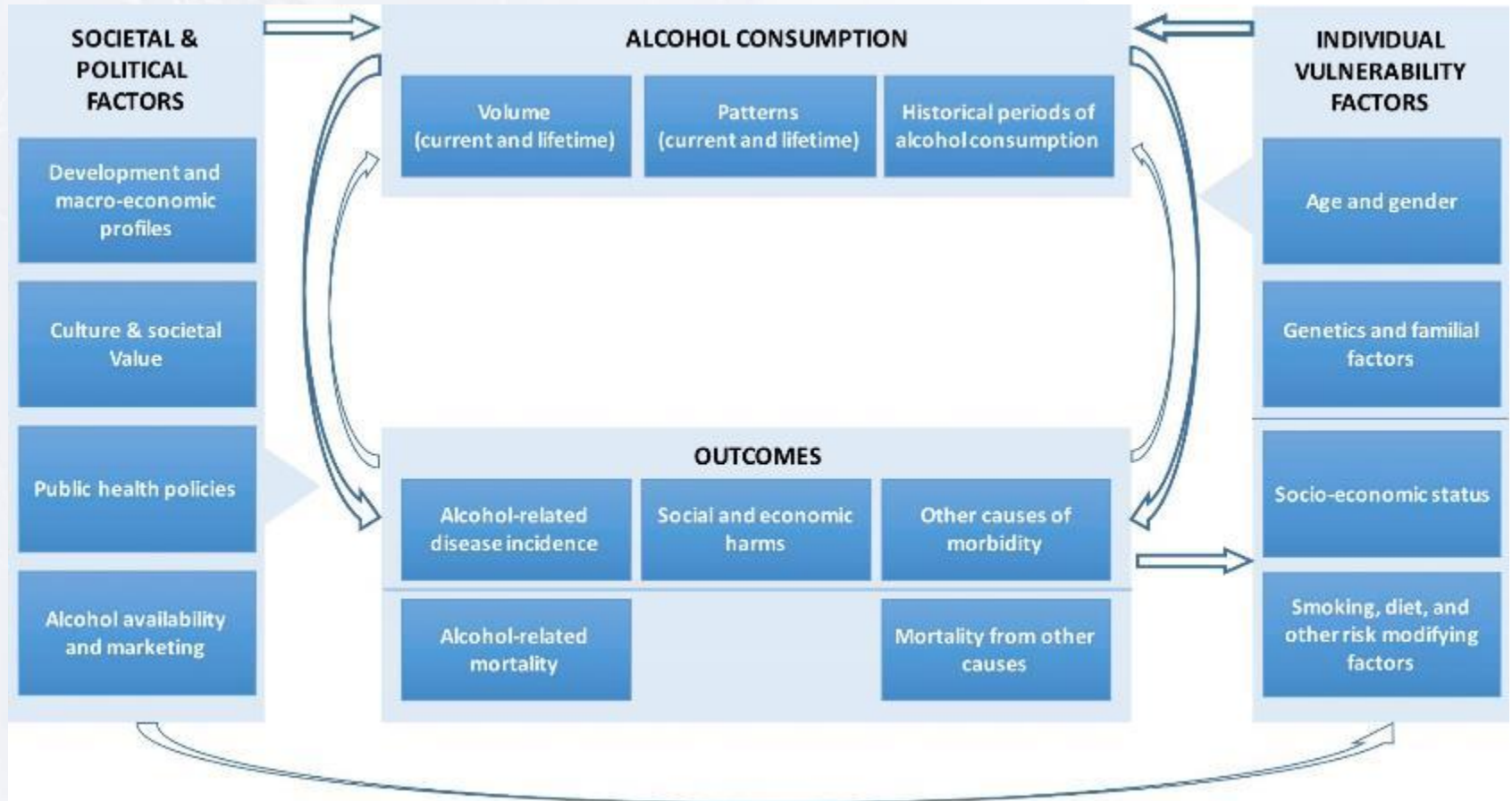


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# Alcohol consumption and harms in a broader context



# Health effects of alcohol

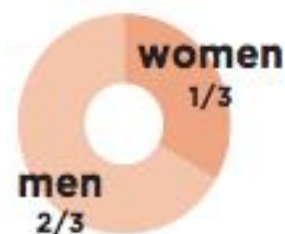
- Intoxicating effects
- Toxic effects
- Immunosuppressant effects
- Teratogenic effects
- Rewarding effects
- Injuries and violence (suicides, homicides, traffic fatalities)
- Liver disease
- Brain damage
- Cancer
- Infections (HIV, TB, STDs)
- Hypertension/stroke/ CVD
- Fetal alcohol spectrum disorders
- Dependence

***Beneficial effects are questionable;  
Net effect is always negative at  
population level***






# Alcohol and health

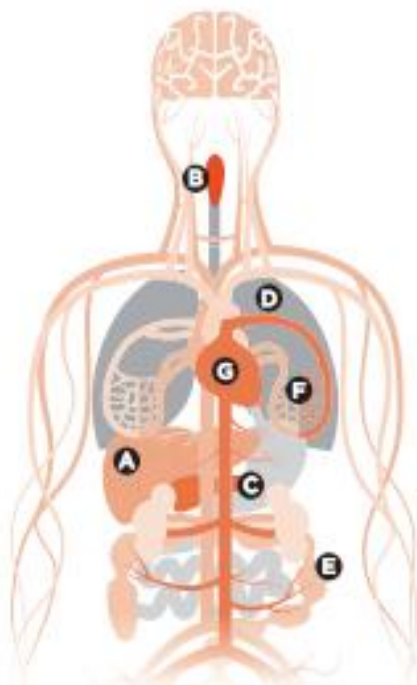


**3.3 million deaths**  
6 deaths every minute  
from harmful use of alcohol  
**every year**



## Harmful use of alcohol causes

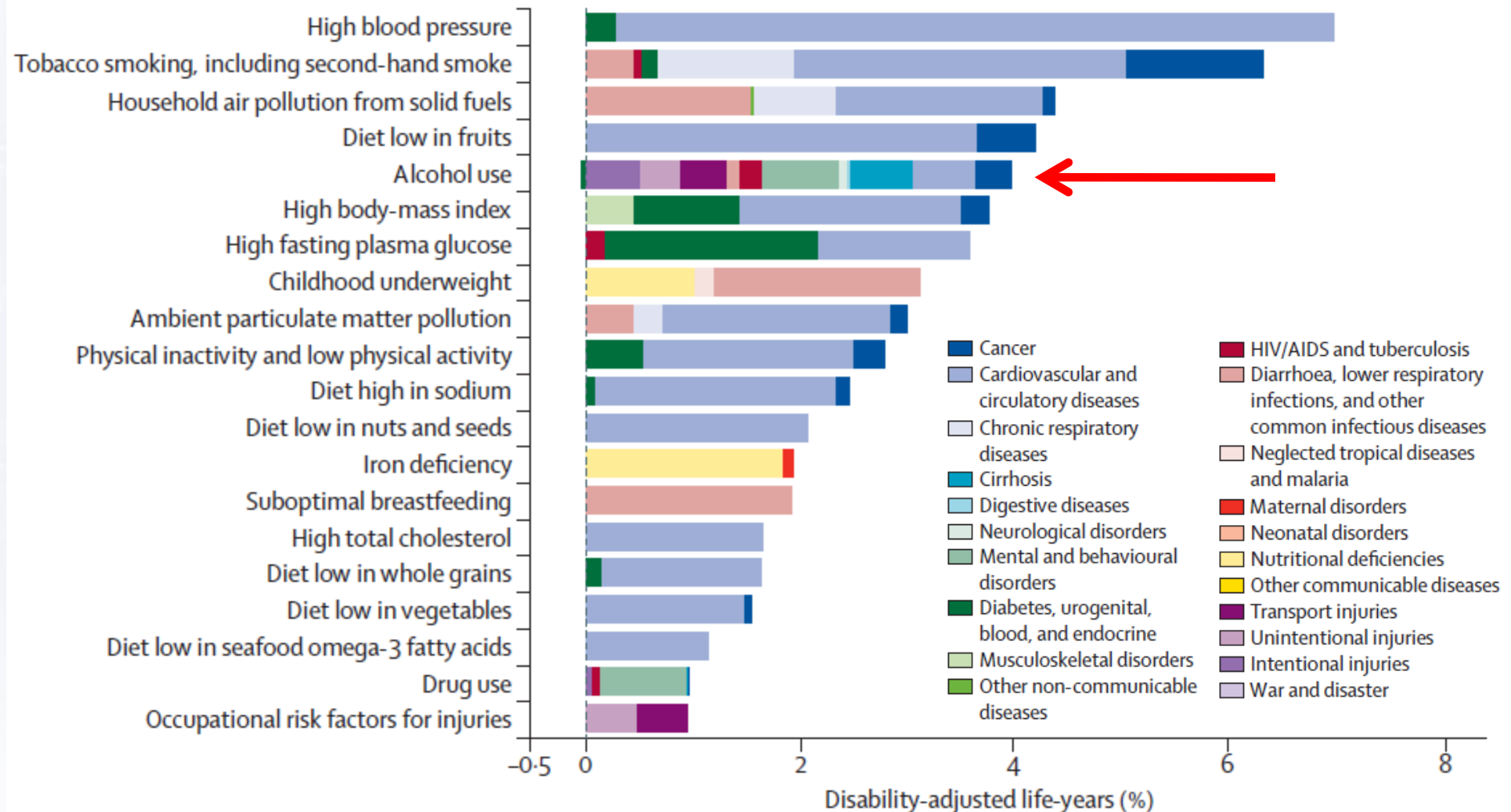
-  **100%** of fetal alcohol syndrome
-  **100%** of alcohol use disorders
-  **22%** of suicides
-  **22%** of interpersonal violence
-  **15%** of traffic injuries



- A** **50%** of liver cirrhosis
- B** **30%** of mouth and throat cancers
- C** **25%** of pancreatitis
- D** **12%** of tuberculosis
- E** **10%** of colorectal cancer
- F** **8%** of breast cancer
- G** **8%** of heart disease

# Alcohol: a risk factor that is not only pervasive but also complicated

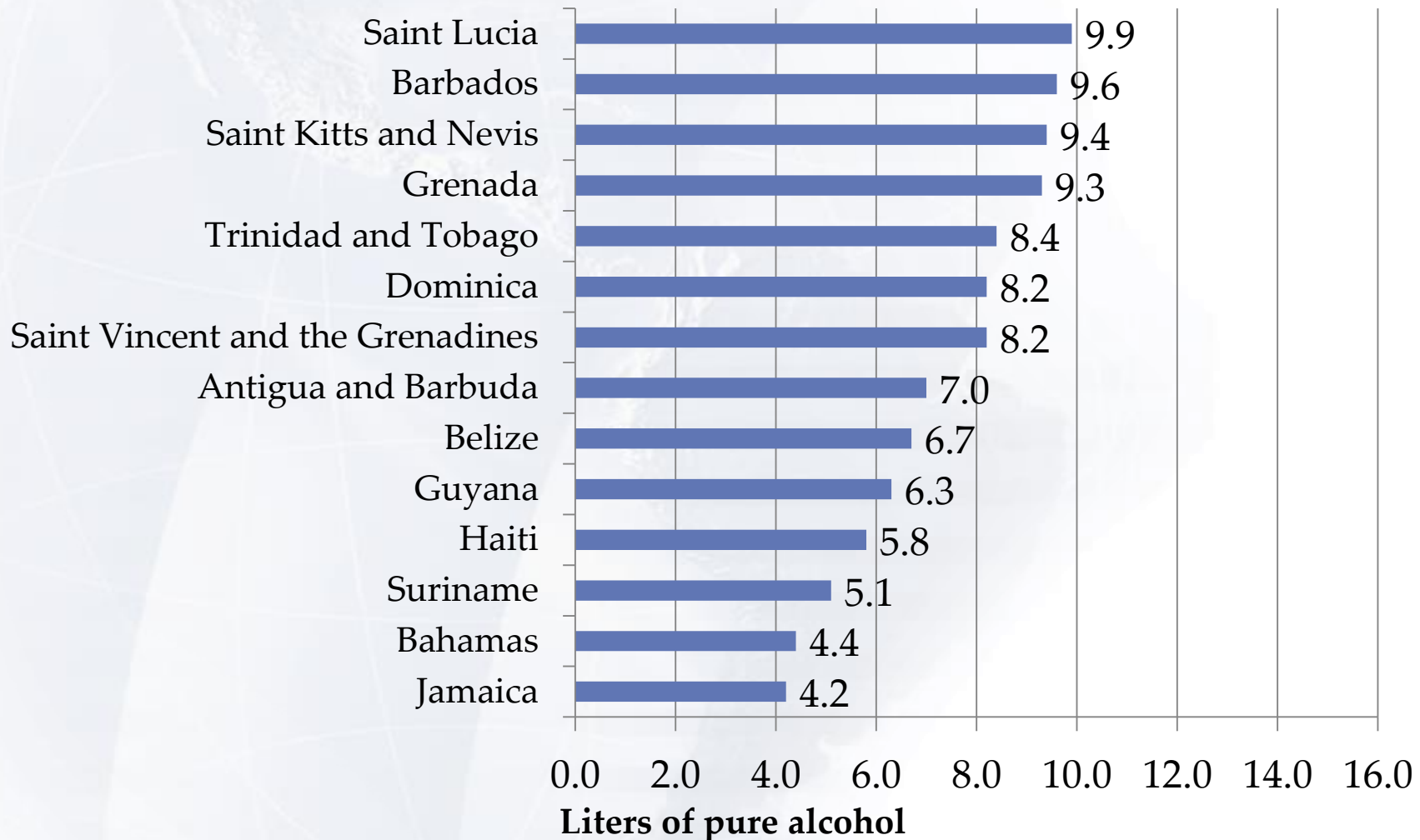
(from the 2012 Global Burden of Disease risk estimates for 2010 -- Lim et al., 2012)





# Total per capita (aged 15+) consumption

**AMERICAS, 2016: 8 L**



Source: WHO Global Status Report on Alcohol and Health, 2018

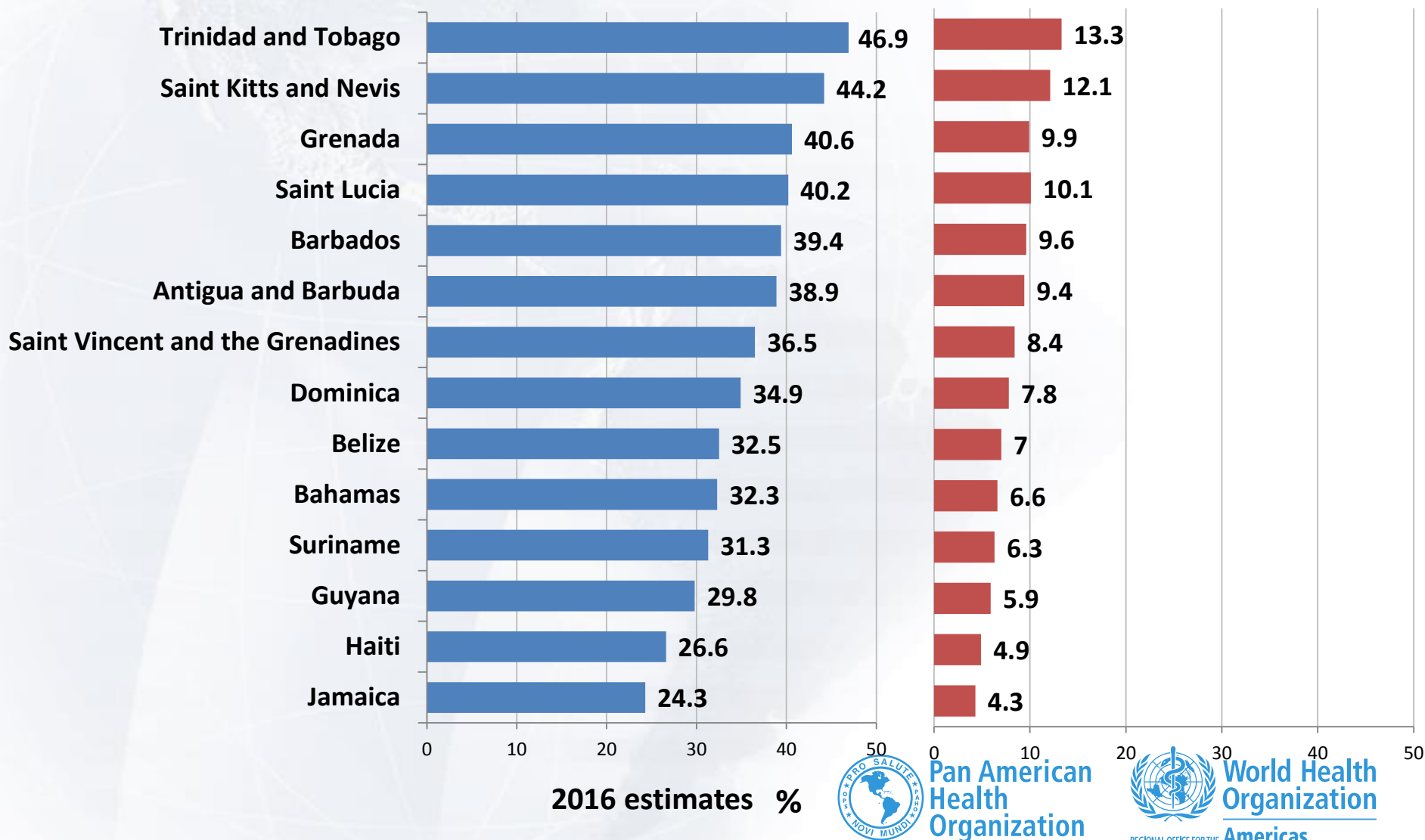
# PREVALENCE OF HEAVY EPISODIC DRINKING IN THE POPULATION (aged 15+)

**MALES (15+ years)**

**REGION 35.9%**

**FEMALES (15+ years)**

**REGION 8.9%**



Source: WHO Global Status Report on Alcohol and Health, 2018

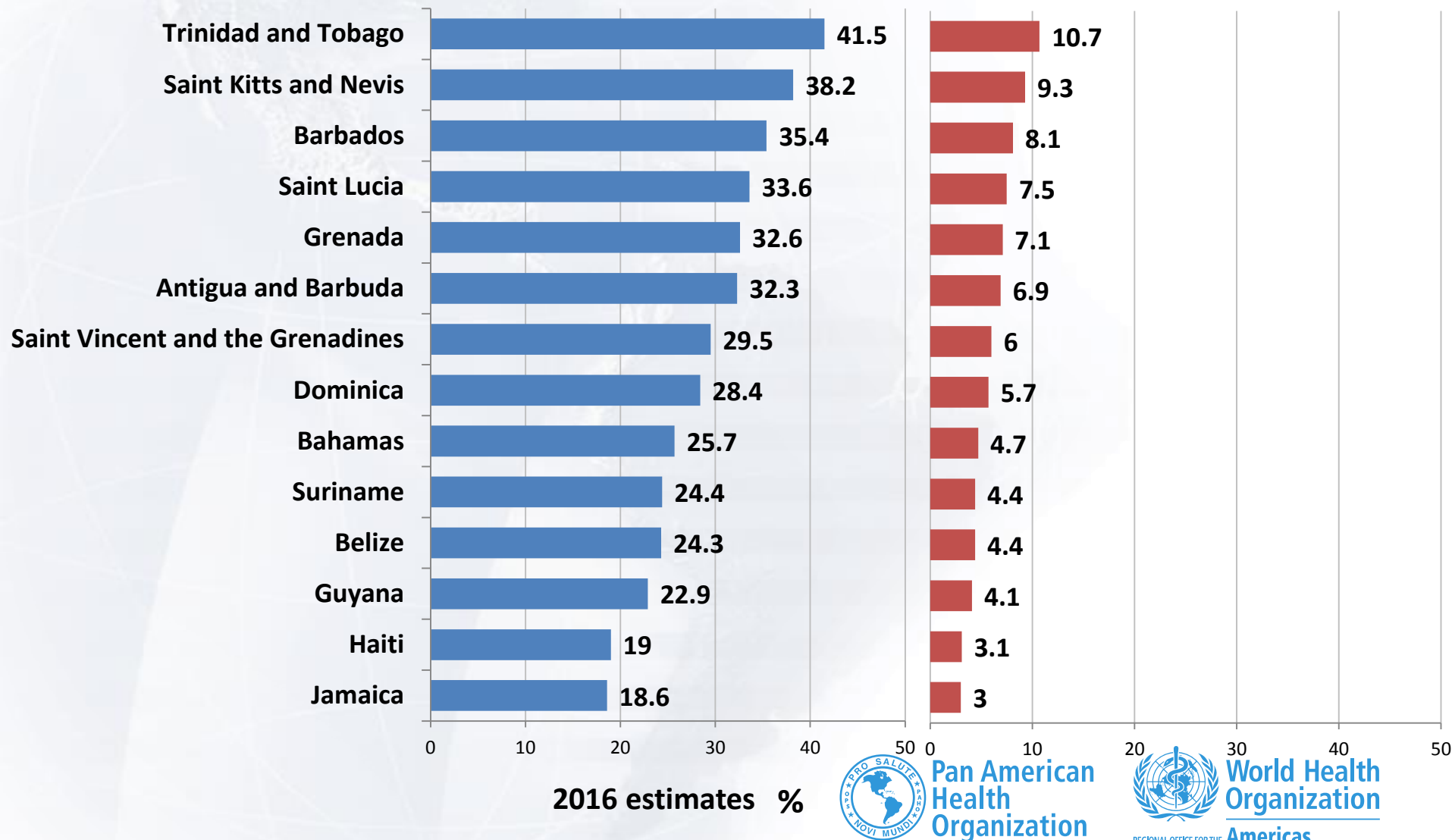
# PREVALENCE OF HEAVY EPISODIC DRINKING (aged 15-19)

**MALES (15-19 years)**

**Region 30.1%**

**FEMALES (15-19 years)**

**Region 6.4%**



Source: WHO Global Status Report on Alcohol and Health, 2018



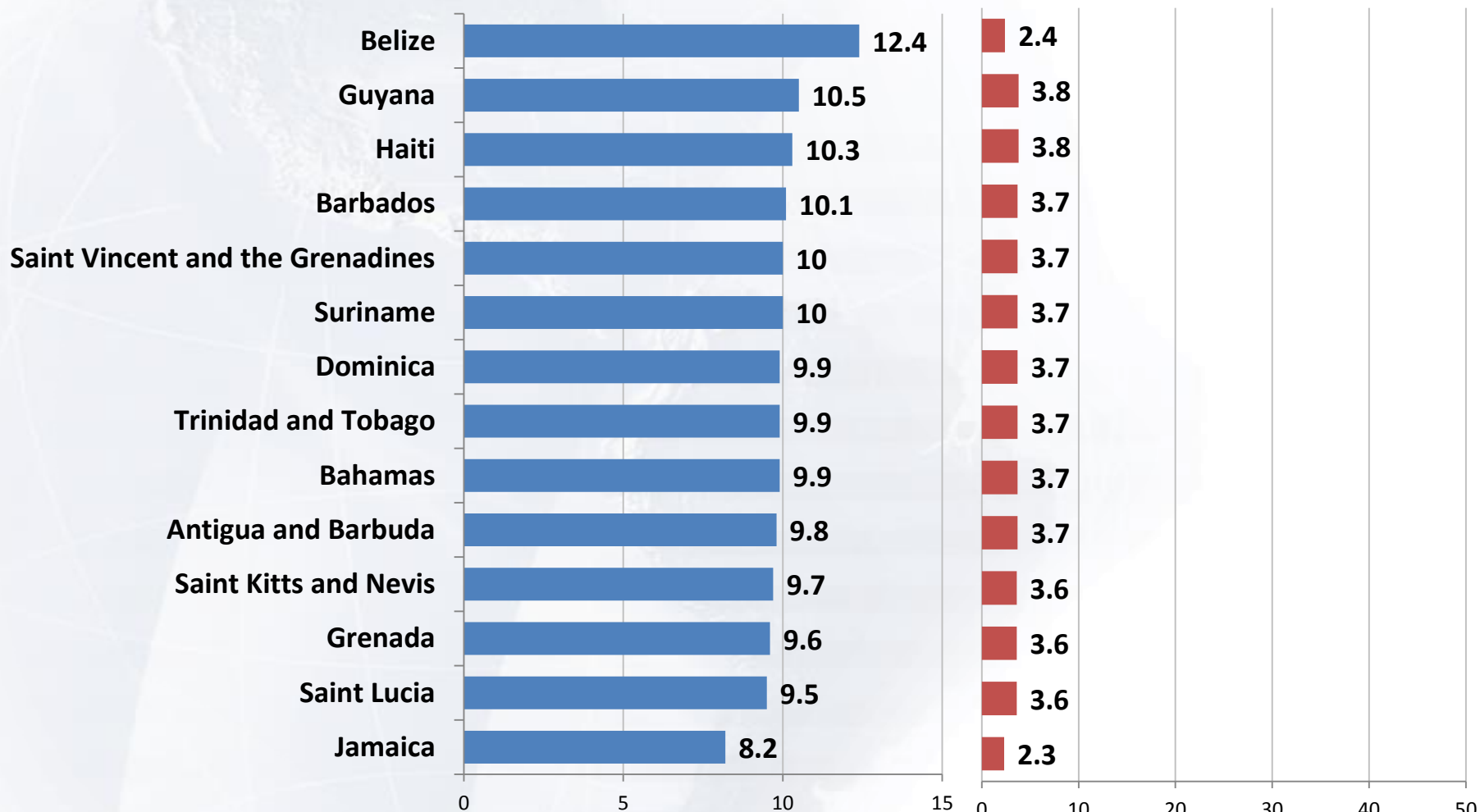
# PREVALENCE OF ALCOHOL USE DISORDERS

**MALES (15+ years)**

**Region 11.5%**

**FEMALES (15+ years)**

**Region 5.1%**



**2016 estimates %**



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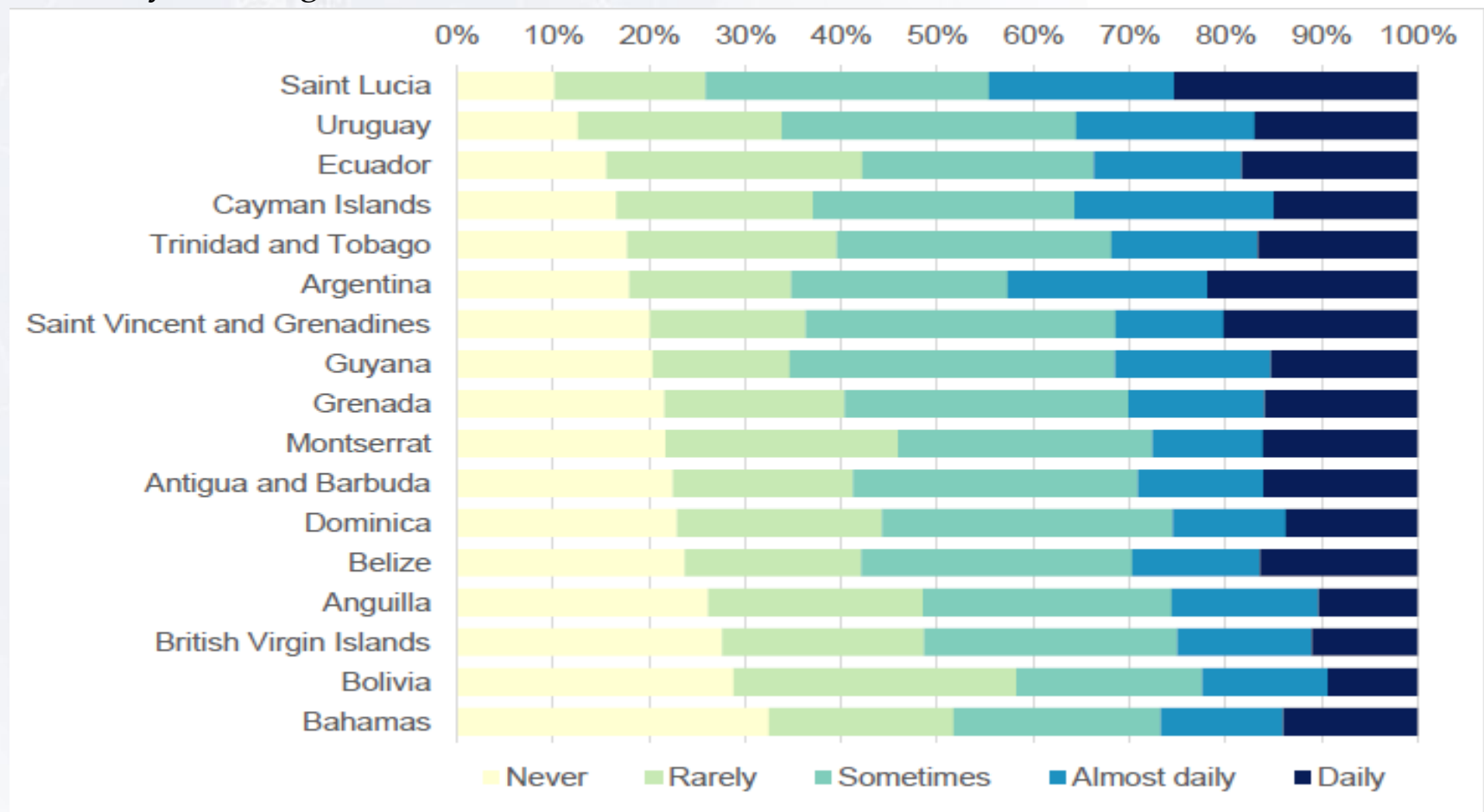
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Source: WHO Global Status Report on Alcohol and Health, 2018

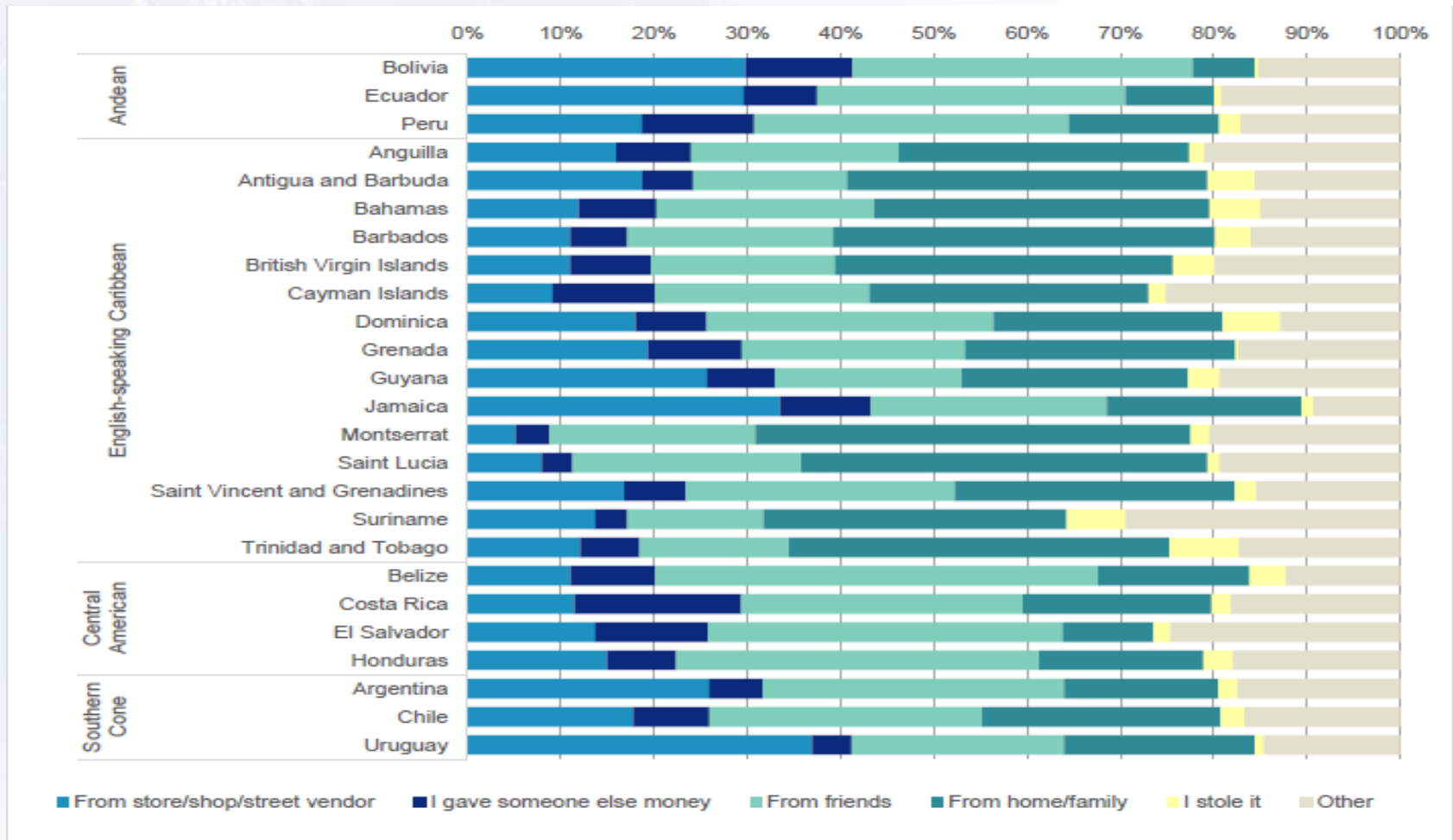
# GSHS Data Analysis- AMRO

Overall 20% of students exposed to alcohol advertisement daily or almost daily

Associated with an about **2-3** increased risk of current alcohol use and at least monthly heavy drinking



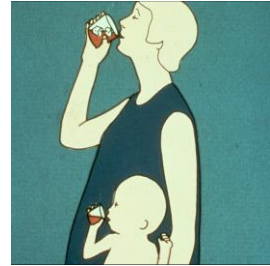
- The three most common ways to obtain alcohol were from **friends (25%)**, the **family/at home (30%)**, and a **shop (25%)**.
- Obtaining alcohol from a **shop** was associated with nearly **3 fold increased risk** of at least monthly heavy drinking



# Harm to Others from Alcohol

	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)

# Alcohol is the leading non genetic cause of birth defects and developmental delays in the world



- **What is FASD?**
  - An umbrella term describing the range of effects that can occur in a person whose mother drank alcohol during pregnancy
- **Primary disabilities:** permanent brain injury, learning disorders, developmental disabilities, maladaptive behaviors, physical malformations, and growth restrictions
- **Other common outcomes:** early school dropout, addiction problems, poorly recognized mental health conditions, promiscuous sexual behaviour, and trouble with the law
- Irreversible and lifelong



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# Secondary Disabilities of FASD

- 94% - Mental health issues
- 80% - Trouble with independent living
- 80% - Trouble with employment
- 70% - Trouble in school
- 60% - Trouble with the law
- 60% - Confinement in prison or institution
- 50% - Adults abuse alcohol/drugs
- 45% - Legal problems with sexual behaviors



Source: Streissguth, 1996



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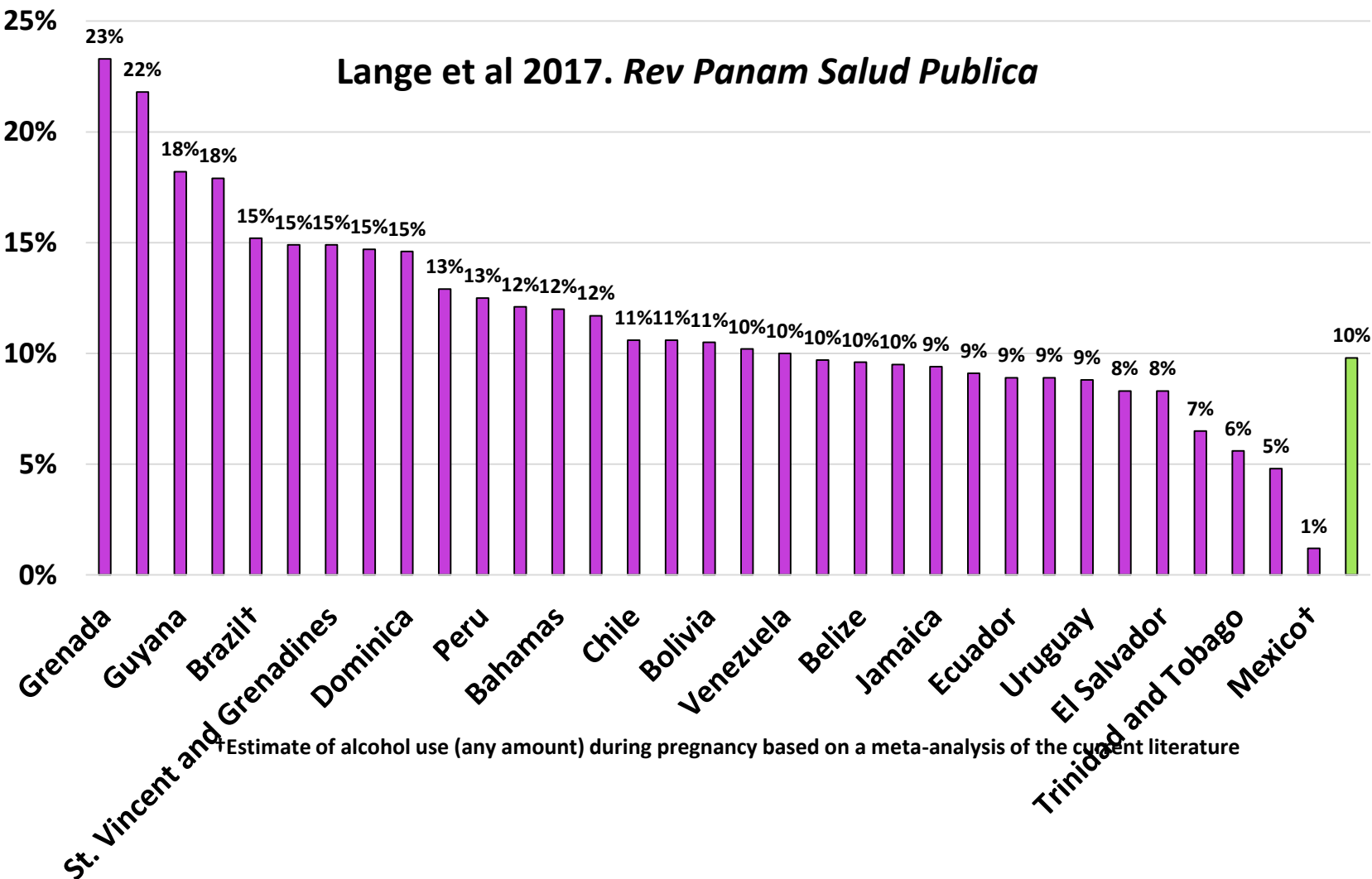


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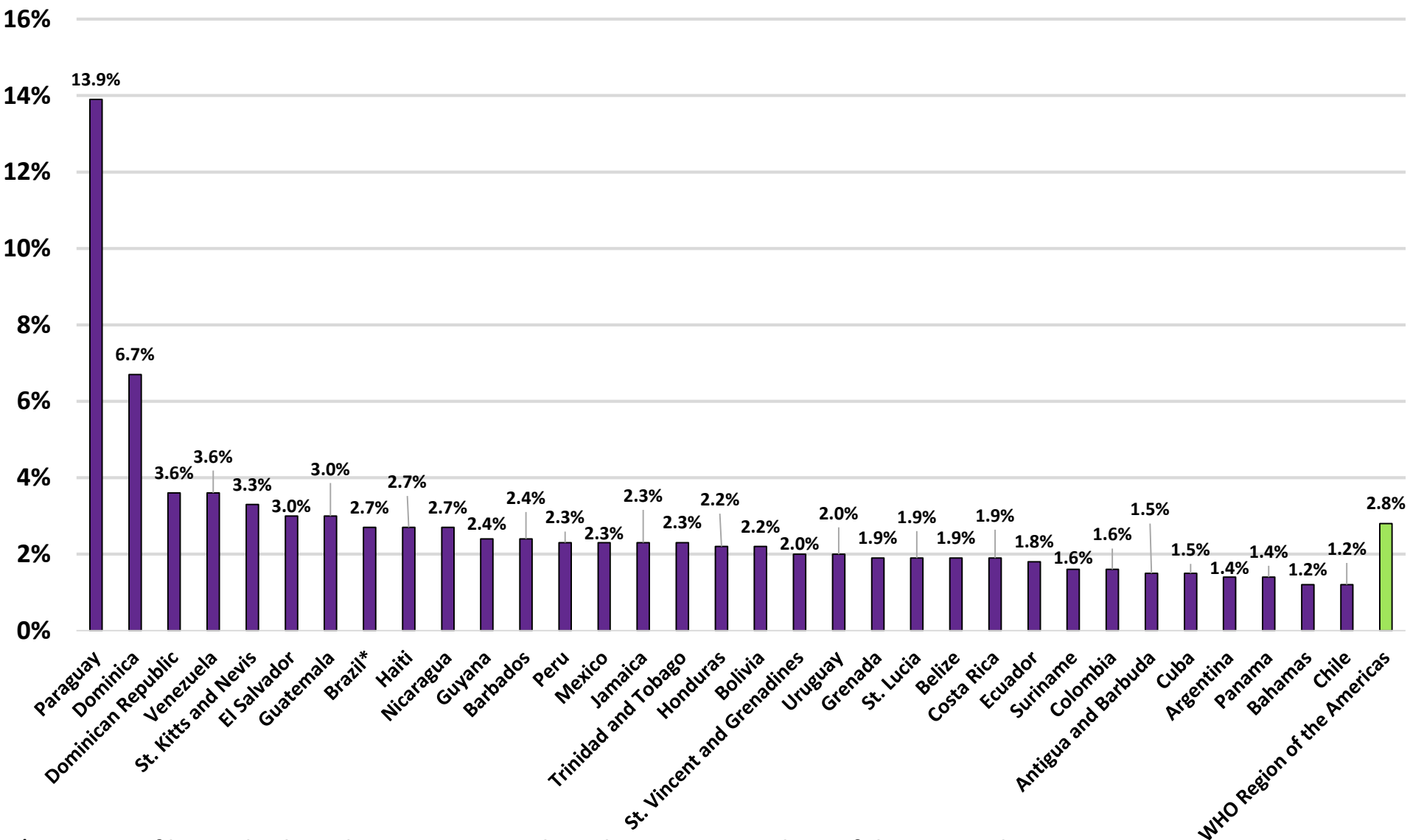
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# Prevalence of Any Amount of Alcohol Use During Pregnancy in General Population of Latin America and the Caribbean in 2012

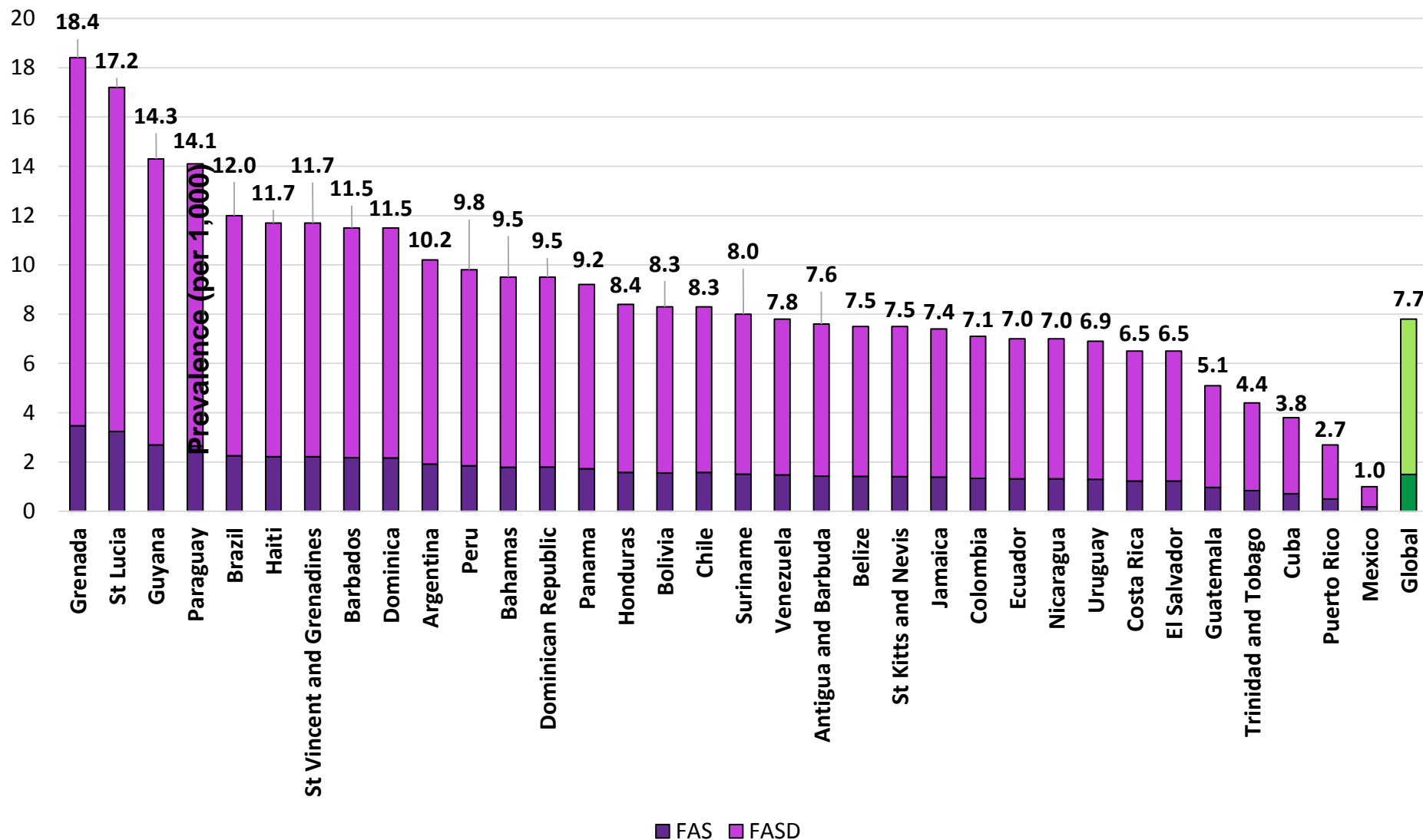


# Prevalence of Binge Drinking During Pregnancy in General Population of Latin America and the Caribbean in 2012



\*Estimate of binge drinking during pregnancy based on a meta-analysis of the current literature

# Estimated Prevalence of FAS and FASD in Latin America and the Caribbean in 2012



# Summary

- **Alcohol has an impact throughout the life course, which intertwine with other risk factors and overlap during adolescence to increase risks of all types of alcohol related harm**
- **Alcohol exposure to the fetus, unidentified, can be a source of early problems in school, delays in development, that increase the likelihood of alcohol and drug use but also victimization, drop outs and early risks of adult problems**
- **Family problems related to alcohol and lack of family supervision and rule setting create an environment of social acceptance of intoxication and early initiation in alcohol use**
- **Youth exposure to advertising and alcohol promotion significantly increase the risk of alcohol experimentation and heavy use**
- **Adolescence represents a transition from dependence to relative independence in life and a high vulnerable time for environment stressors and vulnerabilities**
- **Changes in the brain help drive us toward peers and away from relatives, although earlier influences are already influencing alcohol use behavior**
- **Short-term alcohol disrupts brain function in ways that cause memory impairments, poor decision-making, risk taking, injuries and death**
- **Long-term alcohol use can alter the trajectory of adolescent brain development and cause lingering cognitive deficits**

# There is no silver bullet...



A comprehensive framework of policies is needed to effectively tackle alcohol harm

# A WORLD FREE FROM ALCOHOL-RELATED HARMS

# SAFER

**Strengthen**  
restrictions  
on alcohol  
availability

**Advance &**  
enforce drink  
driving  
counter-  
measures

**Facilitate**  
access to  
screening,  
brief  
interventions  
& treatment

**Enforce bans/**  
comprehensive  
restrictions on  
alcohol  
advertising,  
sponsorship &  
promotion

**Raise prices**  
on alcohol  
through  
excise taxes  
& pricing  
policies

**SAFER**  
A WORLD FREE FROM ALCOHOL-RELATED HARMS





# BEST BUYS, ESPECIALLY FOR LOW AND MIDDLE INCOME

## COUNTRIES FOR MEN AND WOMEN

<b>Harmful use of alcohol</b> (> 50m DALYs; 4.5% global burden)	<b>Restrict access to retailed alcohol *</b>	Combined effect: 5-10 m DALYs averted (10-20% <i>alcohol burden</i> )
	<b>Enforce bans on alcohol advertising *</b>	
	<b>Raise taxes on alcohol *</b>	

- very cost-effective (\$ per DALY prevented < GDP per person)
- very low cost in implementation and in principle feasible

# National policy in place: Results from WHO Survey on Alcohol and Health

Antigua and Barbuda	None
Bahamas	Yes, of 2006
Barbados	None
Belize	None
Dominica	None
Grenada	None
Guyana	None
Haiti	No data available
Jamaica	None
Saint Kitts and Nevis	None
Saint Lucia	None
Saint Vincent and the Grenadines	None
Suriname	Subnational
Trinidad and Tobago	None

*Source*

*Global Status Report on Alcohol and Health. WHO 2018.*

**An adopted written national policy on alcohol is defined as a written organized set of values, principles and objectives for reducing the burden attributable to alcohol in a population.**



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# Taxation

Antigua and Barbuda	No excise tax
Bahamas	Excise tax, no adjust for inflation
Barbados	Excise tax, no adjust for inflation
Belize	Excise tax, no adjust for inflation
Dominica	Excise tax, no adjust for inflation
Grenada	Excise tax, no adjust for inflation
Guyana	Excise tax, no adjust for inflation
Haiti	No data available
Jamaica	Excise tax, no adjust for inflation
Saint Kitts and Nevis	Excise tax, no adjust for inflation
Saint Lucia	Excise tax, no adjust for inflation
Saint Vincent and the Grenadines	Excise tax, no adjust for inflation
Suriname	Excise tax adjusted for inflation
Trinidad and Tobago	Excise tax, no adjust for inflation

Source

Global Status Report on Alcohol and Health. WHO 2018.



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# A licensing system or monopoly exists on retail sales

Antigua and Barbuda	Yes
Bahamas	Yes
Barbados	Yes
Belize	Yes
Dominica	Yes
Grenada	Yes
Guyana	Yes
Haiti	No data available
Jamaica	Yes
Saint Kitts and Nevis	Yes
Saint Lucia	Yes
Saint Vincent and the Grenadines	Yes
Suriname	No
Trinidad and Tobago	Yes

Source

*Global Status Report on Alcohol and Health. WHO 2018.*



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# Restrictions for on-/off- premise sales of alcoholic beverages: hours/locations/days

Antigua and Barbuda	Yes/Yes/Yes
Bahamas	Yes/Yes/Yes
Barbados	No/No/No
Belize	Yes/Yes/Yes
Dominica	Yes/Yes/No
Grenada	Yes/No/Yes
Guyana	Yes/No/No
Haiti	No data available
Jamaica	Yes/Yes/No
Saint Kitts and Nevis	Yes/Yes/Yes
Saint Lucia	Yes/Yes/Yes
Saint Vincent and the Grenadines	Yes/No/No
Suriname	No/No/No
Trinidad and Tobago	No/Yes/No

Source

Global Status Report on Alcohol and Health. WHO 2018.



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# Minimum drinking age

Antigua and Barbuda	None <sup>b</sup>
Bahamas	18
Barbados	None <sup>b</sup>
Belize	18
Dominica	16
Grenada	None <sup>b</sup>
Guyana	18 <sup>c</sup>
Haiti	No data available
Jamaica	18
Saint Kitts and Nevis	18
Saint Lucia	16
Saint Vincent and the Grenadines	18
Suriname	16
Trinidad and Tobago	18

Source

Global Status Report on Alcohol and Health. WHO 2018.

<sup>a</sup> Off premise: 16, on premise 18

<sup>b</sup> Off premise: none, on premise 16

<sup>c</sup> Off premise: 18, on premise 16



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# Advertising restrictions on national television

Antigua and Barbuda	No restrictions
Bahamas	Ban for spirits only
Barbados	No restrictions
Belize	No restrictions
Dominica	No restrictions
Grenada	No restrictions
Guyana	No restrictions
Haiti	No data available
Jamaica	Partial restriction: content
Saint Kitts and Nevis	No restrictions
Saint Lucia	Voluntary/self-restricted
Saint Vincent and the Grenadines	No restrictions
Suriname	No restrictions
Trinidad and Tobago	Voluntary/self-restricted

Source

Global Status Report on Alcohol and Health. WHO 2018.



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# Restrictions on alcohol industry sponsorship of youth events, e.g. concerts

Antigua and Barbuda	No restrictions
Bahamas	No restrictions
Barbados	Voluntary/self-restricted
Belize	No restrictions
Dominica	No restrictions
Grenada	No restrictions
Guyana	No restrictions
Haiti	No data available
Jamaica	Voluntary/self-restricted
Saint Kitts and Nevis	No restrictions
Saint Lucia	Voluntary/self-restricted
Saint Vincent and the Grenadines	No restrictions
Suriname	No restrictions
Trinidad and Tobago	No restrictions

Source

Global Status Report on Alcohol and Health. WHO 2018.



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# Awareness-raising activities done in collaboration with, co-sponsored or funded by the alcohol industry

Antigua and Barbuda	No activities reported in the past 3 years
Bahamas	Drink-driving/Road safety
Barbados	No active cooperation with the alcohol industry reported
Belize	No active cooperation with the alcohol industry reported
Dominica	No active cooperation with the alcohol industry reported
Grenada	Youth/student drinking
Guyana	Drink-driving/Road safety
Haiti	No data available
Jamaica	No active cooperation with the alcohol industry reported
Saint Kitts and Nevis	No active cooperation with the alcohol industry reported
Saint Lucia	No active cooperation with the alcohol industry reported
Saint Vincent and the Grenadines	No active cooperation with the alcohol industry reported
Suriname	No active cooperation with the alcohol industry reported
Trinidad and Tobago	Drink-driving/Road safety
Source	Global Status Report on Alcohol and Health. WHO 2018.



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# National maximum BAC when driving a vehicle (general / young / professional), in %

Antigua and Barbuda	None
Bahamas	0.08 / 0.08 / 0.08
Barbados	None
Belize	0.08 / 0.08 / 0.08
Dominica	0.08 / 0.08 / 0.08
Grenada	None
Guyana	0.08 / 0.08 / 0.08
Haiti	No data available
Jamaica	0.08 / 0.08 / 0.08
Saint Kitts and Nevis	0.08 / 0.08 / 0.08
Saint Lucia	0.08 / 0.08 / 0.08
Saint Vincent and the Grenadines	None
Suriname	0.05 / 0.05 / 0.05
Trinidad and Tobago	0.08 / 0.08 / 0.08

Source

Global Status Report on Alcohol and Health. WHO 2018.



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# Sobriety check points / Random breath testing

Antigua and Barbuda	✓ / X
Bahamas	X / X
Barbados	X / X
Belize	X / ✓
Dominica	X / X
Grenada	X / X
Guyana	X / X
Haiti	- / -
Jamaica	X / ✓
Saint Kitts and Nevis	X / X
Saint Lucia	X / X
Saint Vincent and the Grenadines	X / X
Suriname	✓ / ✓
Trinidad and Tobago	X / ✓
Source	Global Status Report on Alcohol and Health. WHO 2018.



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# HOW ABOUT THE ALCOHOL INDUSTRY?

...



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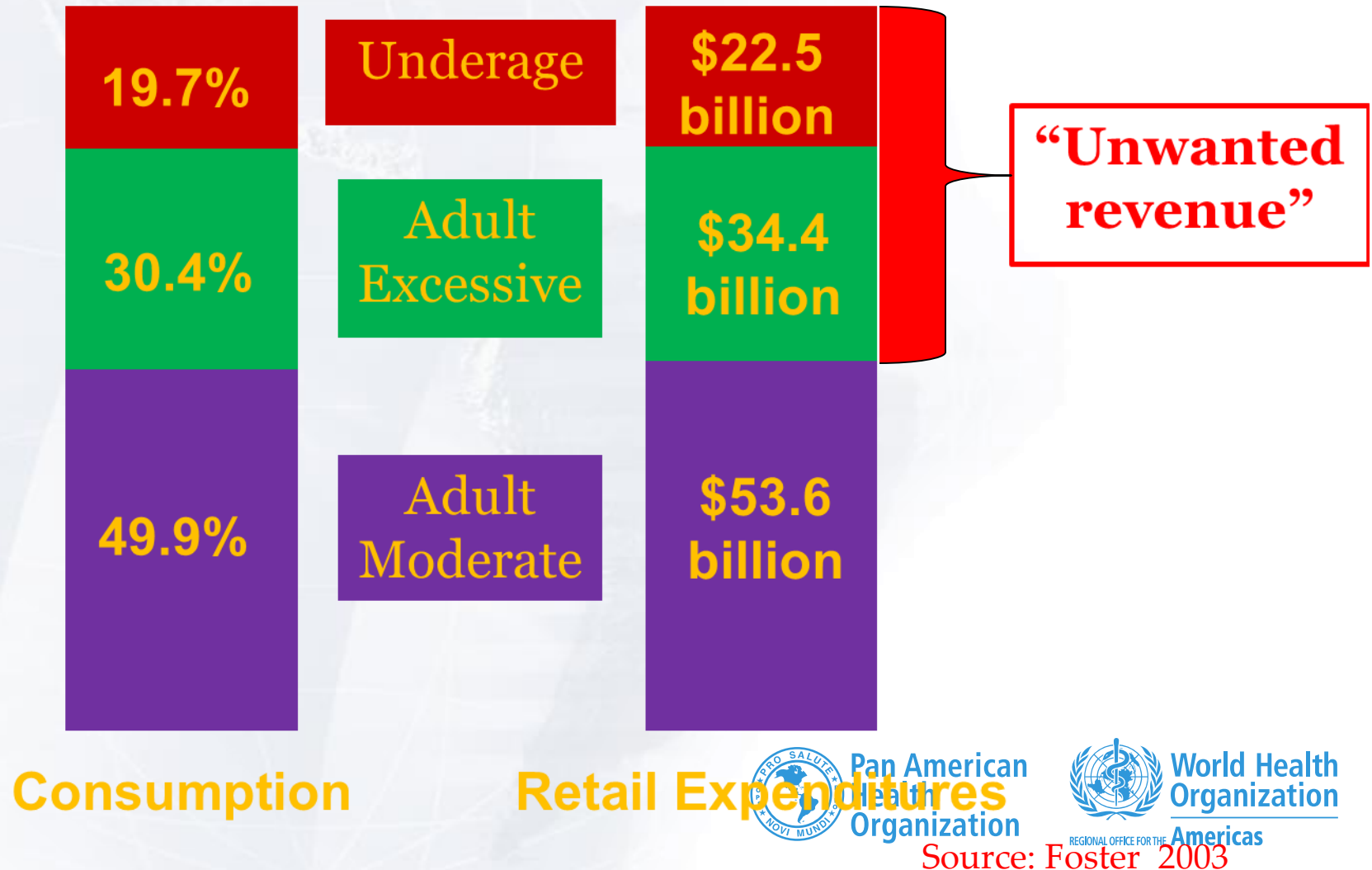


# Alcohol is a commodity, that has no health benefits, and has more costs to governments than profits...

- Alcoholic beverages are an important commodity embedded culturally, politically and economically
  - Powerful players that influence policy decisions and shape social norms
- The production and sale of commercial alcoholic beverages generates:
  - Profits for farmers, manufacturers, advertisers and investors
  - Employment for people in bars and restaurants
  - Tax revenues for the government



# Alcohol Industry “unwanted” consumption and sales, U.S. 1999



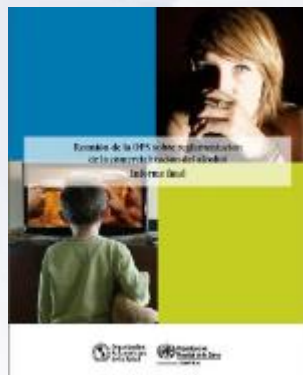
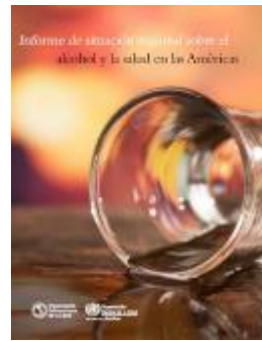
# REGULATORY CHALLENGES

- Strengthen the regulatory capacity
  - Overlap of functions
  - Clarity of functions
  - Regulatory process transparent and systematic
  - Establish clear mechanisms for:
    - technical consultations;
    - social participation;
    - protect the right to health; transparency;
    - risk assessment;
    - management of conflicts of interest
    - independent legal work;
    - enforcement of laws;
    - monitoring implementation



# Information for Policy Action

- Monitoring Alcohol Consumption
- Alcohol in Primary Health Care
- Alcohol, health and development
- Alcohol in developing countries
- Prevention of Alcohol Related Injuries
- Alcohol policy and public health
- Alcohol and partner violence
- Alcohol marketing regulation





# Virtual courses

<http://www.campusvirtualsp.org/>

AUDIT-SBI (E,S)

ASSIST-SBI (E,S)

Alcohol policy and public health (E, S)

Drug policy and public health (E, S)

Advocacy for Alcohol Policy (P,E,S)

Alcohol and Pregnancy (P)





***Thank You!***  
***monteirm@paho.org***



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