



**2023 CONFERENCE ON THE
HARMFUL USE OF ALCOHOL IN THE
ENGLISH-SPEAKING CARIBBEAN**

**THE HEALTHY CARIBBEAN
COALITION'S 8TH CARIBBEAN
ALCOHOL REDUCTION DAY**



**FRIDAY 1ST DECEMBER 2023
UNIVERSITY INN AND CONFERENCE CENTRE
CIRCULAR ROAD, ST. AUGUSTINE**

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Welcome Address

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The Social impact of alcohol

Appendices

1. Brief Biographies of presenters
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3. The Caribbean Alcohol Reduction Day Infographics: Alcohol and Youth

AGENDA

2023 CONFERENCE ON THE HARMFUL USE OF ALCOHOL IN THE ENGLISH-SPEAKING CARIBBEAN And THE HEALTHY CARIBBEAN COALITION'S 8TH CARIBBEAN ALCOHOL REDUCTION DAY.

8:30 am: Greetings- Sir Trevor Hassell, President of HCC (10 minutes)

8:40 am: Greetings from CARPHA- Dr Joy St John, Executive Director

8:50 am: Greetings from PAHO- Dr Gloria Giraldo, Advisor, Noncommunicable Diseases and Mental Health.

9:00 am: How does alcohol cause harm? Professor Rohan Maharaj (UWI and HCC) (10 minutes)

Population-Based Studies- 9 to 10:30 AM

1. Alcohol And STEPS Surveys in The English-Speaking Caribbean- Dr Raveed Khan
2. Alcohol And the South Asian- Dr Shamjeet Singh
3. National Alcohol Survey of Household in Trinidad and Tobago (NASHTT) 1- Dr Shastri Motilal
4. Alcohol And Adolescents-Review- A Short Film - Ms. Leah Hosein and Team
5. Alcohol And Elderly Populations in the Caribbean- Dr. Liane Conyette
6. Alcohol And Cardiovascular Mortality in Tobago- Dr. Ryan Kumar

Q&A- 20 minutes

MID-MORNING BREAK 10:30 to 10:45 AM

Regional Policy- 10:45- 11:40 AM

7. Alcohol Policy in the English-speaking Caribbean- Professor Rohan Maharaj
8. Alcohol Policy: A Survey of Regional Stakeholders- Dr. Stephanie Date
9. Caribbean Alcohol Reduction Day- First 7 Years- Dr. Kenneth Connell
10. NASHTT 2: The Willingness of Households to support changes in Policy, Laws, and Regulations- A Short Film - Dr. Terence Babwah

Q&A- 15 minutes

Social Impact of Alcohol- 11:40 AM - 12:30 PM

11. Alcohol And Popular Music In T&T- Mr. Keston Singh and Team
12. Alcohol And Impact on Women and Families- Short Film- Ms Rebecca Lakew, Dr Marcella Nunez-Smith and Dr Joan Monin
13. Alcohol And Use During COVID in Jamaica- Dr. Paul Bourne

Q&A- 15 minutes

LUNCH 12:30- 1: 30 PM

Medical Issues 1:30 - 2:30 PM

14. Alcohol and Primary Care in Trinidad- Dr. Kameel Mungrue
15. Alcohol and the ER In Trinidad – Professor Sandra Reid
16. Alcohol and HBP-An Umbrella Review- Mr. Andre Rattansingh and Team
17. Investigating Depression and Anxiety Among Medical Students: Alcohol Use a Related Factor- Dr. Arlene Villaroel-Stuart

THE CONFERENCE ORGANIZERS WOULD LIKE TO ACKNOWLEDGE THE FOLLOWING INSTITUTIONS AND INDIVIDUALS

The UWI Faculty of Medical Sciences

The Healthy Caribbean Coalition

The Department of Paraclinical Sciences

Professor Patrick Akpaka, Head of the Department of Paraclinical Sciences

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UWI Marketing and Communications Department The Ministry
of Education

The Inter-Religious Organization of T&T

The MPH Programme at UWI, St Augustine

The Family Medicine Postgraduate Programme at UWI, St Augustine

All Presenters and researchers who have contributed their time and resources.

CONFERENCE COMMITTEE- UWI

Professor Rohan Maharaj- Chair

Dr Shastri Motilal- Co-Vice-Chair

Dr Raveed Khan- Co-Vice-Chair

Mr Keron Salvary

Ms Sabrina Mahabir

Ms Vishala Christopher

Mrs Shelley-Ann Patrick-Harper- UICC

Mr Nigel Moonsammy

Mr Eric Alvarez

Mrs Wendy Maynard- Marketing and Communications

CONFERENCE COMMITTEE- HCC

Sir Trevor Hassell

Ms Maisha Hutton

Dr Stephanie Date

Ms Doriel Quintyne

Ms Danielle Walwyn

Mr Ian Pitts

WELCOME ADDRESS

In 2022 the WHO revealed its Global Alcohol Action Plan (GAAP). The proposed actions and measures of the Plan are presented in four key components to reduce the harmful use of alcohol: public health advocacy and partnership; technical support and capacity-building; production and dissemination of knowledge; and resource mobilization. This plan was followed in January 2023 by WHO with the declaration that 'there is no safe level of alcohol use'. These events were the culmination of more than 2 decades of UN Member States, Civil Society, global advocacy action, and Public Health research asking the international community for closer attention to the harms associated with alcohol and the actions of the alcohol industry.

In the Caribbean, the CCH II (1999) and the 2007 Declaration of POS recognized the role played by alcohol in contributing to NCDs and to morbidity and mortality in the region. The 2011 'Strategic Plan of Action for the Prevention and Control of chronic non-communicable diseases (NCDs) for Countries of the Caribbean Community (CARICOM) 2011 – 2015', mentions 'alcohol' 61 times in its text. The Plan ambitiously calls for a reduction of 40% in the number of youths (< 18 years) consuming alcohol in six (6) countries by 2013. Similarly, Trinidad and Tobago in its National Strategic Plan for the Prevention and Control of NCDs, 2017-2021, aims to reduce the harmful use of alcohol among persons 15+ years by 10% and among youth aged 13-15 years by 10%. There is no evidence that these indicators have been met; or importantly, that attempts have been made to meet these indicators.

There is growing recognition that NCDs are a major threat to development in low- and mid-income countries (LMIC). Consumption of alcohol is a risk factor for NCDs and the harmful use of alcohol has serious health and social implications. Excessive alcohol use is a causal factor in more than two hundred injuries and chronic disease conditions, including liver disorders, cancers, and cardiovascular conditions. In addition, alcohol is a psychoactive drug and contributes to addiction-spectrum disorders. According to the World Health Organization

(WHO), alcohol accounts for over 3.3 million deaths annually.

Caribbean governments invest significant resources in improving maternal care, infant health, immunization coverage, and education. In these low-resource settings, the developing states of CARICOM need to pay closer attention to the economic and social costs of excessive alcohol use and the role that marketing plays in stimulating demand for alcohol products, particularly in young people, given the potential to cause significant acute and long-term public health burdens.

Today's conference addresses the aspect of the GAAP that calls for the production and dissemination of knowledge. Today you will hear of the prevalence of alcohol use in our Caribbean populations, our elderly, and our youth; you will hear of the impact of alcohol on our women and our families; you will hear the evidence linking alcohol to our genetics and our culture and you will hear that many households would like for change to occur and you will hear, sadly, of the silence of our leaders. In closing, let me welcome you to this 2023 Conference on the Harmful Use of Alcohol and I hope you find the presentations insightful and engaging.

ABSTRACT

Background

Noncommunicable diseases (NCDs) account for 81% of deaths in the Americas, with 34% occurring prematurely in individuals aged 30-69. Alcohol consumption, deeply rooted in the Caribbean's socio-cultural fabric, is a significant contributor to NCDs and violence. In 2002, alcohol was responsible for 10% of all Disability Adjusted Life Years (DALYs) lost in the Latin America and Caribbean (LAC) region.

Methods

A comprehensive review of databases including PubMed, CINAHL, and Google Scholar was conducted using keywords related to alcohol consumption in the Caribbean. Additionally, WHO STEPS reports for Caribbean territories were analyzed.

Results

Data from 2007-2012 from 13 Caribbean countries showed an average prevalence of heavy episodic drinking at 31.5% for males and 14.2% for females. The overall average was 22.9%. St. Lucian men had the highest prevalence at 49.5%, while Vincentian women had the lowest at 3%.

Conclusion

Alcohol consumption remains a significant concern in the Caribbean, with its deep cultural roots and its association with various health and social issues. Effective policies and interventions are urgently needed to address this ongoing challenge and ensure healthier futures for the Caribbean population.

Khan R, Mohammed A. Alcohol Use Among Adults in the Caribbean: A Summary of the STEPS Surveys in 5 Countries.

SUMMARY

What's This About?

The study examines the impact of alcohol on health in the Caribbean, emphasizing its cultural significance and contribution to noncommunicable diseases.

How They Did It

Researchers analyzed various databases and WHO STEPS reports related to alcohol consumption in the Caribbean.

What They Found

From 2007-2012, 31.5% of Caribbean males and 14.2% of females engaged in heavy drinking. St. Lucian men had the highest rates, and the region's heavy drinking surpassed the global average.

What It Means

Alcohol consumption in the Caribbean, influenced by situational, cultural, and historical factors, is significant. Interventions should be considered.

Khan R, Mohammed A. Alcohol Use Among Adults in the Caribbean: A Summary of the STEPS Surveys in the English-speaking Caribbean.

1: The Impact of Alcohol on Households.

ABSTRACT

Background

To determine the patterns of alcohol use among households (HH) in Trinidad and Tobago (T&T) and to estimate the association between alcohol use and negative psychological, social, or physical events experienced by the household.

Methods

A convenience sample of 1837 HHs across T&T. We identified bivariate correlates of alcohol use and heavy episodic drinking using chi-square and t-test analyses. Multivariable logistic regression was used to estimate adjusted associations between HH alcohol use and experiences within the past 12 months adjusted for sociodemographic covariates.

Results

One thousand five hundred two HHs had complete data for all variables (82% response rate). Nearly two-thirds (64%) of households included alcohol users; 57% of households that consumed alcohol also reported heavy episodic drinking (defined as 6 drinks in a 2-hour period). Households that reported alcohol consumption were significantly more likely to report illnesses within the households, relationship problems, and behavioral and antisocial problems with children. Among households where a member was employed, those who consumed alcohol were nearly twice as likely (OR = 1.98; 95% confidence interval (CI) 1.03, 3.82) to have a household member call in sick to work and 2.9 times as likely (OR = 2.9; CI 1.19, 7.04) to have a HH member suffer work-related problems compared with HHs who reported not consuming alcohol.

Conclusions

Approximately two-thirds of HHs in T&T reported using alcohol. These HHs were more likely to report psychological, physical, and social problems. These findings would support efforts to enforce current policies, laws, and regulations, as well as new strategies to reduce the impact of harmful alcohol consumption on HHs in T&T.

Maharaj RG, Motilal MS, Babwah T, Nunes P, Brathwaite R, Legall G, et al. National Alcohol Survey of Households in Trinidad and Tobago (NASHTT): Alcohol use in households. BMC Public Health. 2017 20;17(1):347.

SUMMARY

What's This About?

This study explored how often folks in Trinidad and Tobago (T&T) have alcoholic drinks and if drinking might be linked to issues at home, like getting sick, relationship troubles, or kids acting out.

How They Did It

The team interviewed people in 1837 households in T&T about their drinking habits. They then checked if households that contained a member who drank faced more challenges than those that didn't.

What They Found

Of the households that answered all the questions, 64% admitted to enjoying a drink. Of these, 57% sometimes had a lot in a short time span. Households that drank were more likely to mention health troubles, relationship issues, and kids misbehaving. If someone in the household worked, those HH that drank were almost twice as likely to have someone skip work due to sickness and nearly three times as likely to face problems at work.

What It Means

A good number of households in T&T enjoy alcoholic beverages, and it seems those that do face more challenges both at home and work. This hints that T&T might need to consider more comprehensive rules around alcohol and more programs to help folks understand the downsides of drinking.

Maharaj RG, Motilal MS, Babwah T, Nunes P, Brathwaite R, Legall G, et al. National Alcohol Survey of Households in Trinidad and Tobago (NASHTT): Alcohol use in households. BMC Public Health. 2017 20;17(1):347.

ALCOHOL USE AND BINGE DRINKING AMONG ADOLESCENTS AND YOUTH IN THE ENGLISH-SPEAKING CARIBBEAN BETWEEN 1980 TO 2021: A NARRATIVE SYSTEMATIC REVIEW

ABSTRACT

Background

The Caribbean Cooperation in Health (CCH) IV item 3.1.2 (a regional plan for health involving CARICOM member states) and the Sustainable Development Goal 3.5 (from the United Nations) identify the need to strengthen the prevention and treatment associated with the harmful use of alcohol.

Objective

The objective of this study was to research the literature in order to review and collate trends and risk factors relating to the consumption of alcohol among adolescents and youth in the English-speaking Caribbean between 1980 to 2021.

Methods

A systematic search was conducted using electronic databases and backward searching. Titles, abstracts, and full-text articles were independently screened using predetermined inclusion and exclusion criteria by two members. A narrative of findings was created.

Results

One paper was published in the 1980s, five in the 1990s, ten during the 2000s, and 31 during 2010-2021. Reported 'lifetime use' of alcohol was identified: in the 1980s- 70%; in the 1990s- 75% and in the 2010s- 66%. The range reported was 14.2% to 94%. The prevalence of alcohol 'use in the past month' ranged from 3.7% to 52.2%, with an average of 26.4%. 'Past-year use' averaged 35.4% and ranged from 7.9% to 76.4%. Binge drinking rates ranged from 14.2% to 59.5%. Family relationships, low self-esteem, and peer pressure were predictors of alcohol use in this population. There have been no changes in disability-adjusted life years or years of life lost to alcohol-related problems in this population over the past 20 years.

Conclusions

Over the past 40 years, despite global and regional goals, there has not been a change in alcohol use and binge drinking among adolescents and youth in the English-speaking Caribbean.

Hosein DR, Hosein JD, Hosein KS, Hosein LA, Humphrey GRD, Indoi S, Isaac N, Jack PNV, Maharaj RG. Alcohol use and binge drinking among adolescents and youth in the English-speaking Caribbean between 1980 to 2021: A narrative systematic review.

ALCOHOL USE AND BINGE DRINKING AMONG ADOLESCENTS AND YOUTH IN THE ENGLISH-SPEAKING CARIBBEAN BETWEEN 1980 TO 2021: A NARRATIVE SYSTEMATIC REVIEW

SUMMARY

What's This About?

Health groups have stressed the need to tackle the negative effects of alcohol on young persons in the Caribbean. This study zoomed in on the drinking habits of young folks in the English-speaking Caribbean from 1980 to 2021.

How They Did It

The team searched online databases extensively to find studies or regional reports on this topic. They had a set of rules to decide which articles to use. Two members double-checked each pick, then summarized the main points.

What They Found

More studies on this topic popped up over the years. A lot of young people have tried alcohol at least once. On average, about one in four youths had a drink in the past month, and over one in three in the past year. Heavy drinking sessions varied. Things like family ties, low self-worth, and friends' influence played a role in drinking. Sadly, health issues linked to alcohol haven't dropped in these youngsters over the last 20 years.

What It Means

Despite global efforts and proposed cut-off points to reduce harmful drinking, young people in the English-speaking Caribbean haven't shifted their alcohol habits in the past 40 years.

Hosein DR, Hosein JD, Hosein KS, Hosein LA, Humphrey GRD, Indoi S, Isaac N, Jack PNV, Maharaj RG, Alcohol use and binge drinking among adolescents and youth in the English-speaking Caribbean between 1980 to 2021: A narrative systematic review.

ABSTRACT

Background

The relationship between alcohol consumption and its effects has been widely studied. Trinidadian studies hint at South Asian (the designation used for Indo-Trinidadians in international literature) genetic predispositions that remain underexplored.

Methods

This research synthesized findings from various studies, emphasizing genetic variations in South Asian populations that might affect alcohol metabolism.

Results

Findings revealed that certain East Asian genetic variations might heighten susceptibility to alcohol's harmful effects. In South Asians, specific genetic factors were identified, correlating with increased alcohol dependence and consumption. Clinical comparisons between South Asians and Europeans with analogous drinking habits indicated more pronounced signs of potential alcohol-related harm in South Asians. Despite these health implications, alcohol maintains a significant cultural presence in Trinidad.

Conclusion

The South Asian community in Trinidad may possess genetic factors that heighten their vulnerability to the adverse effects of alcohol. Given alcohol's cultural prominence in the region, there is an urgent call for heightened awareness and protective interventions.

SUMMARY

What's This About?

The study investigates how genetics (our DNA) might influence the South Asian's (Indo-Trinidadian's) personal response to alcohol.

How They Did It

A narrative review examined genetic variations in some Asian populations affecting alcohol metabolism.

What They Found

Certain genetic variations in East Asians and South Asians can change alcohol processing, making them more vulnerable to its negative effects. Compared to Europeans with similar drinking habits, South Asians showed more potential alcohol-related harm. Despite the risks, alcohol remains culturally significant in Trinidad.

What It Means

Trinidad's South Asian community might be genetically more at risk to alcohol's adverse effects. Given alcohol's cultural importance, there is an urgent need for greater awareness and protective actions.

ABSTRACT

Background

Alcohol use is pervasive in the Caribbean, yet the prevalence and correlates of alcohol use and drinking problems in the elderly have not been extensively studied.

Methods

Data are from the Eastern Caribbean Health Outcomes Research Network (ECHORN) Cohort Study— a cohort study of Caribbean people from Puerto Rico, Barbados, Trinidad and Tobago, and the U.S. Virgin Islands, collected between 2013 and 2018. Descriptive statistics were used to compute the prevalence of drinking status (current vs. former vs never), alcohol problems (CAGE score ≥ 2 vs. else), and binge drinking (no days vs. 1-2 days vs. ≥ 3 days). Regression analyses estimated the association between those alcohol measures and sociodemographic, psychological, and cultural correlates.

Results

Thirty-six percent were 70+ years of age, 64% were female, and 41% had less than a high school education. Alcohol problems (≥ 2 CAGE score) was 21% and binge drinking ≥ 3 days was 31%. Never attending religious services (vs attending once a week or more) was associated with three times higher odds of alcohol problems (adjusted Odds Ratio: OR=3.10, 95% CI=1.05, 9.15) and binge drinking (OR=3.07, 95% CI=1.30, 7.25). College education was protective against both outcomes.

Conclusion

This study provides estimates of alcohol problems among elderly Eastern Caribbean people. Among sociodemographic, psychological, and cultural correlates examined, religious attendance was significant. Replicating longitudinal studies using DSM-5 alcohol dependence is a recommended next step.

Ransome Y, Martinez-Brockman JL, Thompson T-A, Adams OP, Nazario CM, Nunez M, Nunez-Smith M, Maharaj RG. Prevalence and correlates of alcohol use among the elderly in the Eastern Caribbean Health Outcomes Research Network (ECHORN) Cohort Study.

SUMMARY

What's This About?

The study explores the drinking habits and related challenges among the elderly in the Caribbean. Because of their low body water content and low muscle mass, smaller amounts of alcohol have a greater effect on the elderly.

How They Did It

Data from an ongoing Eastern Caribbean cohort study, spanning 2013-2018 across four island states, was analyzed to discern drinking patterns and alcohol-related issues.

What They Found

Among participants, 21% faced alcohol problems, and 31% reported frequent binge drinking. Notably, non-religious attendees were thrice as likely to have alcohol issues, while college education seemed protective.

What It Means

The elderly in the Eastern Caribbean face significant alcohol-related challenges. Religious attendance and education levels influence drinking habits, underscoring the need for more comprehensive research on alcohol dependence.

Ransome Y, Martinez-Brockman JL, Thompson T-A, Adams OP, Nazario CM, Nunez M, Nunez-Smith M, Maharaj RG. Prevalence and correlates of alcohol use among the elderly in the Eastern Caribbean Health Outcomes Research Network (ECHORN) Cohort Study.

30-YEAR PATTERNS OF MORTALITY IN TOBAGO, WEST INDIES, FROM 1976-2005: THE IMPACT OF GLUCOSE INTOLERANCE AND ALCOHOL INTAKE.

ABSTRACT

Background

The study aimed to determine the primary predictors of all-cause and cardiovascular (CV) mortality in a rural West Indian population in Plymouth, Tobago, over a span of 30 years.

Methods

A questionnaire survey assessing CV risk factors and alcohol consumption patterns was administered at the baseline in 1976. The survey achieved a 92.5% response rate. Out of 832 patients, 831 were followed up until 2005 or their time of death.

Results

Hypertension (above 140/90 mmHg) was prevalent in 48% of men and 44% of women. Additionally, 21% of men and 17% of women had diabetes. Evidence indicated that most predictors for both all-cause and cardiovascular mortality had the most significant effects on individuals below 60 years of age (p -value for interaction was 0.01). No risk factors showed gender-specific effects on mortality. The primary predictors of all-cause mortality for those under 60 years, in the fully adjusted model, were high sessional alcohol intake (hazard ratio (HR) 2.04, 95% CI 1.10-3.80), severe hypertension (above 160/95 mmHg, HR 1.68, 95% CI 1.09-2.60), diabetes (HR 3.28, 95% CI 1.89-5.69), and BMI (HR 1.04, 95% CI 1.00-1.07). The main predictors of cardiovascular mortality were similar in the fully adjusted model: high sessional alcohol intake (HR 2.47, 95% CI 1.10-5.57), severe hypertension (HR 2.78, 95% CI 1.56-4.95), diabetes (HR 3.68, 95% CI 1.77-7.67), and additionally LVH (HR 5.54, 95% CI 1.38-22.26). However, BMI did not show independent effects. For men, high sessional alcohol intake accounts for 27% of all-cause mortality and 40% of cardiovascular mortality for those under 60 years. In adults aged below 60 years, the attributable risk fraction for IGT/Diabetes and all-cause mortality and cardiovascular mortality is 28% in women vs. 11% in men, and 22% in women vs. 6% in men, respectively.

Conclusions

In this Afro-Caribbean population, a significant proportion of deaths can be attributed to high sessional alcohol intake (especially in males), diabetes, and hypertension. These risk factors primarily affect individuals below 60 years of age.

Molokhia M, Nitsch D, Patrick AL, McKeigue P. 30-Year Patterns of Mortality in Tobago, West Indies, 1976-2005: Impact of Glucose Intolerance and Alcohol Intake. PLoS One. 2011 Jan 25;6(1):e14588.

30-YEAR PATTERNS OF MORTALITY IN TOBAGO, WEST INDIES, FROM 1976-2005: THE IMPACT OF GLUCOSE INTOLERANCE AND ALCOHOL INTAKE.

SUMMARY

What's This About?

The study sought to understand the role of alcohol consumption in overall and heart-related deaths in Plymouth, Tobago, over 30 years.

How They Did It

Researchers initiated a survey in 1976, targeting heart-related risk factors and alcohol consumption patterns. They tracked 831 out of 832 participants until 2005 or their time of death.

What They Found

The primary predictors of deaths in individuals under 60 years were high sessional alcohol intake and other factors like severe high blood pressure and diabetes. Specifically, for men under 60, heavy alcohol consumption was associated with 27% of all deaths and 40% of heart-related deaths.

What It Means

In this primarily Afro-Caribbean community in Tobago, frequent and heavy alcohol consumption, especially among men, plays a significant role in premature deaths. This highlights the need for awareness and interventions targeting alcohol-related health risks.

Molokhia M, Nitsch D, Patrick AL, McKeigue P. 30-Year Patterns of Mortality in Tobago, West Indies, 1976-2005: Impact of Glucose Intolerance and Alcohol Intake. PLoS One. 2011 Jan 25;6(1):e14588.

THE NEED TO STRENGTHEN ALCOHOL POLICY IN THE ENGLISH-SPEAKING CARIBBEAN: A CIVIL SOCIETY PERSPECTIVE.

ABSTRACT

Background

Alcohol poses significant health risks in Trinidad and Tobago (T&T), with households experiencing negative events due to alcohol consumption costing an estimated \$0.5 billion TTD annually. Despite existing regulations on alcohol, enforcement remains lax. This paper aims to guide Civil Society Organizations (CSOs) by summarizing current alcohol policies in the English-speaking Caribbean (ESC) and contrasting them with the WHO 'best buys' to pinpoint gaps and potential areas for advocacy.

Methods

Data was sourced from online platforms, WHO and PAHO resources, and direct communications with regional civil society, government ministries, and statutory bodies. The WHO Global Status Report on Alcohol and Health for 2014 and 2018 were also reviewed.

Results

All ESC countries have some form of alcohol policy. These policies can be found in legislation with a socio-economic focus rather than health, distinct national policies addressing alcohol's health implications, policies linked with mental health and non-communicable diseases, and policies related to substance use and abuse. The WHO reports indicate that 92% of ESC countries have excise taxes on alcoholic beverages. 66% have set a legal blood alcohol concentration limit for driving. However, gaps exist: 92% lack an approved national policy, 83% have no marketing or advertising restrictions, only 17% have comprehensive restrictions on alcohol accessibility, and in 50% of the ESC, individuals under 18 can legally purchase alcohol on-premises.

Conclusions

The ESC presents both gaps and opportunities in its alcohol policy landscape. CSOs and policymakers can advocate for a regional policy tailored to local cultures, push for broader advertising restrictions, enforce existing laws more strictly, and share best practices from within the region.

Maharaj RG, Hassell TA, Hutton M. The Need to Strengthen Alcohol Policy in The English-Speaking Caribbean: A Civil Society Perspective.

THE NEED TO STRENGTHEN ALCOHOL POLICY IN THE ENGLISH-SPEAKING CARIBBEAN: A CIVIL SOCIETY PERSPECTIVE.

SUMMARY

What's This About?

In Trinidad and Tobago, a pilot economic study suggests that alcohol issues cost families around \$0.5 billion TTD annually. This study evaluates the alcohol regulations in English-speaking Caribbean countries against global standards.

How They Did It

Researchers sourced data online, from international health bodies, and by engaging local communities, government entities, and official organizations. They also examined international alcohol and health reports from 2014 and 2018.

What They Found

While all English-speaking Caribbean nations have some alcohol regulations, there are inconsistencies. Most tax alcoholic beverages and set driving blood-alcohol limits. However, many lack approved national policies, stringent advertising regulations, and age restrictions in establishments.

What It Means

English-speaking Caribbean countries can enhance their alcohol regulations. Local stakeholders and policymakers should advocate for culturally appropriate rules, stricter advertising controls, better rule enforcement, and successful regional practices.

Maharaj RG, Hassell TA, Hutton M. The Need to Strengthen Alcohol Policy in The English-Speaking Caribbean: A Civil Society Perspective.

ABSTRACT

Background

For seven years, the HCC (Healthy Caribbean Coalition) and its partners have annually observed the Caribbean Alcohol Reduction Day (CARD). The recent focus was the WHO Global Alcohol Action Plan 2022-2030. This plan, supported by the SAFER Technical Package, identifies six key areas to address harmful alcohol consumption. CARD 2022's objective was to shape regional alcohol policy priorities and inform a civil society position paper for regional policymakers.

Methods

HCC distributed a 10-question electronic survey between November 28th, 2022, and March 11th, 2023, targeting stakeholders like Health Ministries, Substance Abuse Councils, and HCC members. The survey aimed to identify regional alcohol policy priorities and potential barriers within the S.A.F.E.R categories.

Results

37 participants responded, representing various sectors in the Caribbean. Key priorities included establishing a legal minimum age for alcohol purchase, restricting blood-alcohol concentration limits, enhancing health system capacities for alcohol disorders, restricting alcohol advertising to minors, and reducing alcohol sector subsidies.

Conclusion

The Caribbean region emphasizes the need for robust alcohol policies in line with the WHO's Global Alcohol Action Plan. Addressing identified barriers, especially cultural acceptance and political cooperation, is pivotal for effective policy implementation.

Date S, Hutton M. The Global Alcohol Priorities: Healthy Caribbean Coalition's Member Survey.

THE GLOBAL ALCOHOL PRIORITIES: THE HEALTHY CARIBBEAN COALITION'S MEMBER SURVEY.

SUMMARY

What's This About?

The Healthy Caribbean Coalition (HCC) and its partners are addressing the adverse impacts of alcohol in the Caribbean. Their focus is aligned with the WHO's 2022-2030 plan to reduce harmful alcohol consumption. This paper examines the Caribbean's current alcohol regulations and their alignment with WHO guidelines.

How They Did It

HCC, aiming to support CARICOM Governments with the Global Alcohol Action Plan, released a 10-question survey to stakeholders, including Civil Society, Health Ministries, and Substance Abuse Councils. The goal was to identify regional alcohol policy priorities and potential implementation barriers.

What They Found

Of the 37 survey participants, it is clear that English-speaking Caribbean countries have alcohol regulations. These cover the legal drinking age, driving alcohol limits, and advertising rules. However, WHO data shows gaps, such as lenient advertising rules and the absence of comprehensive national policies.

What It Means

The Caribbean faces challenges in reducing alcohol's negative effects. The survey underscores the presence of effective rules but also highlights gaps. With this data, HCC can push for stricter regulations and raise awareness about alcohol-related risks.

Date S, Hutton M. The Global Alcohol Priorities Healthy Caribbean Coalition Member Survey.

THE NATIONAL ALCOHOL SURVEY OF HOUSEHOLDS IN TRINIDAD AND TOBAGO (NASHTT): WILLINGNESS TO SUPPORT CHANGES IN POLICY, LAWS AND REGULATIONS

ABSTRACT

Background

Over 60% of households (HHs) in Trinidad and Tobago (T&T) consume alcohol. These HHs were more likely to report illnesses, relationship problems, and behavioral problems with children. This study set out to determine what proportion of HHs were willing to support changes in specific policies, laws, and regulations in a national alcohol campaign.

Methods

A cross-sectional convenience sample of HHs was surveyed from a random sample of enumeration districts (ED) in T&T. An interviewer-applied, field-pre-tested de novo questionnaire had 5 domains and was developed over 1 1/2 years after an extensive literature review and consultation. Many of the WHO 'best buys' recommendations were included.

Results

One thousand six hundred ninety-five HHs (from 53 ED) responded from a total of 1837 HHs approached (response rate 92%). In a national campaign, the following proportions of HHs would support: setting the legal age for drinking at 21 years (82.4%); restricting or banning alcohol advertising on TV and other media (73.1% and 54.4% respectively); banning all alcohol advertising at sports and cultural events (64.8%); banning radio stations playing songs with reference to alcohol use (71.3%); holding sellers of alcohol responsible for the amount of alcohol sold (79.5%); advocating that proof of age to be shown by persons buying alcohol (87.4%); placing more prominent warning labels on products displaying alcohol content (87.2%); placing more prominent warning labels on products showing harmful effects (88.5%); increasing taxes on alcohol sales (87.7%). Less than 50% of HH supported restrictions in the density of outlets and reduction in opening times for alcohol outlets.

Conclusions

Many HHs in T&T are willing to support changes in policies around alcohol, including those shown by the WHO to be effective in reducing the harmful consumption of alcohol.

Maharaj RG, Babwah T, Motilal MS, Nunes P, Brathwaite R, Legall G, et al. The National Alcohol Survey of Households in Trinidad and Tobago (NASHTT): willingness to support changes in policy, laws and regulations. BMC Public Health. 2018 Oct 25;18(1):1202.

THE NATIONAL ALCOHOL SURVEY OF HOUSEHOLDS IN TRINIDAD AND TOBAGO (NASHTT): WILLINGNESS TO SUPPORT CHANGES IN POLICY, LAWS AND REGULATIONS

SUMMARY

What's This About?

In Trinidad and Tobago (T&T), 2 out of every 3 households consume alcohol, leading to various challenges. This study explored whether these households would support stricter alcohol regulations.

How They Did It

Researchers conducted a survey across T&T, using a questionnaire that incorporated global health expert suggestions on alcohol control.

What They Found

A majority of the households were in favor of stricter alcohol regulations. They supported raising the legal drinking age to 21, placing limits on alcohol advertising on TV and radio, and introducing clearer warning labels on alcoholic products. Additionally, there was a strong inclination towards higher taxes on alcohol. However, there was less enthusiasm for tighter controls on the number and operating hours of alcohol outlets.

What It Means

The findings indicate a readiness among T&T households to embrace measures that could reduce the negative impacts of alcohol consumption.

Maharaj RG, Babwah T, Motilal MS, Nunes P, Brathwaite R, Legall G, et al. The National Alcohol Survey of Households in Trinidad and Tobago (NASHTT): willingness to support changes in policy, laws and regulations. BMC Public Health. 2018 Oct 25;18(1):1202.

ABSTRACT

Background

There are international and local studies that show that alcohol is harmful. There is also evidence showing that music influences alcohol consumption. This study explored the representation of alcohol in popular music in T&T. The public health implications of this representation are discussed. The purpose of this study was to explore how alcohol is represented in popular music in T&T.

Methods

Popular songs originating in T&T from the Calypso, Parang, Soca, and Chutney genres, which contained references to alcohol, were identified through online searches, discussion with friends and family, local DJs, and personal knowledge. The lyrics were obtained via online sources or transcribed by the researchers. A database of songs was created. Songs were divided among pairs of researchers who then coded for references to alcohol, such as rum, drink, drunk, etc.; through immersion in the lyrics, utterances (key lyrics in the songs related to alcohol) were identified. Working in pairs, researchers compared utterances until agreement was achieved. All songs were analyzed. Working as a group, utterances were identified (from the lyrics) and collated as the concepts and themes of the songs.

Results

Fifty-seven songs were identified. There were 10 concepts and 3 themes. Themes included, firstly, 'encouragement to consume' alcohol through discussion of one's freedom to drink, the celebratory state, the nostalgia, and the aphrodisiac effects induced by drinking. Secondly, 'drivers to consumption' included one's loss of personal freedom, loneliness, and stress relief. Lastly, 'discouragement to consume' alcohol through highlighting addiction, shame, and the consequences of consumption.

Conclusion

There is a wide representation of alcohol in popular music in T&T. Although many of the themes encourage alcohol consumption, there is also some evidence to the contrary.

Singh K, Kowlessar X, Mahase C, Maraj R, Mathura A, Mocombe S, Ramnarine A, Romero R, Maharaj RG. The Representation of Alcohol in Popular Music in Trinidad and Tobago (T&T) and Implications for Health: A Content Analysis.

SUMMARY

What's This About?

This study investigates the portrayal of alcohol in popular Trinidad and Tobago (T&T) music, considering the known harmful effects of alcohol and the influence of music on consumption habits.

How They Did It

Researchers selected popular T&T songs from genres like Calypso, Parang, Soca, and Chutney that mentioned alcohol. Using online sources, discussions with locals, and their own knowledge, they compiled and analyzed the lyrics to identify references to alcohol and extract key themes.

Findings

Out of the 57 songs analyzed, three major themes emerged. Firstly, many songs encouraged alcohol consumption, highlighting the freedom to drink, the joy it brings, its nostalgic value, and its aphrodisiac effects. Secondly, some songs pointed to reasons people might drink, such as a loss of personal freedom, loneliness, or as a stress relief method. Lastly, a few songs cautioned against the negative aspects of drinking.

What It Means

T&T's popular music frequently references alcohol, with many songs promoting its consumption. However, there are also songs that highlight the potential downsides, indicating a diverse representation of alcohol in the music landscape.

Singh K, Kowlessar X, Mahase C, Maraj R, Mathura A, Mocombe S, Ramnarine A, Romero R, Maharaj RG. The Representation of Alcohol in Popular Music in Trinidad and Tobago (T&T) and Implications for Health: A Content Analysis.

Background

To characterize the lived experience of women in Trinidad and Tobago who have at least one family member with chronic alcohol use.

Method

In-person, semi-structured qualitative interviews.

Results

1) The cultural context in which women with alcohol dependent relatives live shapes their understanding of their roles; 2) a tension emerged between the participants' idealized role in their family and the reality; 3) participants employed a range of coping mechanisms to deal with their alcohol dependent relative; and 4) the experiences of the participants can be better understood in the larger context of systems of support and enablement in Trinidad and Tobago.

Conclusion

The Caribbean region presents a unique opportunity to study how women's familial relationships are altered as a result of alcohol misuse. Understanding the complex experiences of women in Trinidad and Tobago with alcohol dependent family members may help to inform the development of family-level interventions and alcohol policies in the region.

IMPACT OF ALCOHOL CONSUMPTION ON THE PSYCHOLOGICAL WELLBEING OF JAMAICANS DURING THE CORONAVIRUS DISEASE-19 (COVID-19) PANDEMIC

ABSTRACT

Background

The onset of the COVID-19 pandemic has raised concerns about its impact on the psychological well-being of Jamaicans, particularly in relation to alcohol consumption. This study aims to understand the changes in drinking habits, the factors influencing alcohol consumption during the pandemic, and potential positive coping mechanisms.

Methods

Using a probability sampling approach, data was collected from respondents across Jamaica through a standardized survey on Google Forms. The collected data, from a sample size of 500, was analyzed using the Statistical Packages for the Social Sciences (SPSS) for Windows Version 25.0, with a significance level set at a p -value of 0.025.

Results

Findings showed that 92.2% of respondents consumed alcohol during the pandemic. Of these, 44.7% reported an increase in their alcohol intake since the pandemic began, and 49.4% used alcohol as a coping mechanism. Additionally, 57.3% consumed alcohol at least four times weekly and 54.4% believed it adversely affected their health. Furthermore, 69.2% of respondents experienced psychological issues such as depression (34.3%), anxiety (18.8%), suicidal thoughts (10.7%), and paranoia (5.4%). Social isolation was reported by 58.0% to have negatively impacted their mental and physical well-being.

Conclusion

The pandemic has led to increased alcohol consumption among Jamaicans, with many using it as a coping mechanism. Those facing emotional challenges also reported heightened alcohol intake. Introducing positive coping strategies, such as therapy, could be beneficial in addressing these concerns.

Bourne PA, Allen D, Bennett J, Walker S, Williamson B, McLean C, Fallah J, Campbell C, Foster C, White M. Impact of Alcohol Consumption on the Psychological Wellbeing of Jamaicans during the Coronavirus Disease-19 (COVID-19) Pandemic. International Journal of Collaborative Research on Internal Medicine & Public Health. 2021;13(9).

IMPACT OF ALCOHOL CONSUMPTION ON THE PSYCHOLOGICAL WELLBEING OF JAMAICANS DURING THE CORONAVIRUS DISEASE-19 (COVID-19) PANDEMIC

SUMMARY

What's This About?

The study explores the relationship between alcohol consumption and the mental health of Jamaicans during the COVID-19 pandemic.

How They Did It

Using a standardized survey on Google Forms, data was gathered from 500 Jamaicans and analyzed.

What They Found

Most (92.2%) participants consumed alcohol during the pandemic, while 44.7% increased their drinking since the pandemic's onset and 49.4% used it as a coping tool. Over half drank alcohol at least four times weekly and 54.4% felt it impacted their health. Additionally, 69.2% experienced psychological issues, with 58.0% stating that social isolation negatively affected their well-being.

What It Means

The pandemic has led to heightened alcohol consumption among Jamaicans, often used as a coping mechanism. Many also reported mental health challenges, suggesting a need for positive coping strategies like therapy.

Bourne PA, Allen D, Bennett J, Walker S, Williamson B, McLean C, Fallah J, Campbell C, Foster C, White M. Impact of Alcohol Consumption on the Psychological Wellbeing of Jamaicans during the Coronavirus Disease-19 (COVID-19) Pandemic. International Journal of Collaborative Research on Internal Medicine & Public Health. 2021;13(9).

ALCOHOL CONSUMPTION PATTERNS AND ALCOHOL-RELATED HARM IN A SMALL MIDDLE INCOME COUNTRY

ABSTRACT

Background

Alcohol consumption is a major contributor to morbidity and mortality, and hence is an important and ongoing public health challenge. While alcohol abuse and dependence have historically received the greatest attention, the detection and treatment of less severe alcohol use disorders, particularly in primary care settings where assessment and intervention can be initiated early, is the new focus. The purpose of the study is to describe alcohol consumption patterns in a primary care setting and assess alcohol-related harm as the first steps to provide evidence for future interventions.

Methods

A prevalence study was used; the population consisted of all adults 18 years and older in a primary care setting. A multistage sampling technique was used. An original questionnaire was designed to accommodate local culture and vernacular but also included the 4-item CAGE, questionnaire.

Results

A total of 865 participants were entered into the study. The estimated prevalence of alcohol consumption was 60%, while the prevalence of lifetime abstainers was 6.5%, one of the lowest in the hemisphere. Further, 381 (73%) participants were unaware that alcohol was a risk factor for breast cancer, the leading cause of cancer among women in Trinidad. A small percentage (51, 9.8%) of women consumed alcohol during pregnancy. Using the CAGE questionnaire 142 (16.4%) participants were found to be CAGE positive.

Conclusion

The estimated prevalence of alcohol consumption in Trinidad is 60%, of which approximately 18% met the criteria for hazardous drinking. At-risk drinking was more prevalent in males than females; there was no significant ethnic disparity, however, the proportion of women drinking alcohol has doubled.

Mungrue K, Smith C, Lewis N, Leo R, Maharajh A, et al. (2017) Alcohol Consumption Patterns and Alcohol-Related Harm in a Small Middle-Income Country. J Subst Abuse Alcohol 5(2): 1060.

ALCOHOL CONSUMPTION PATTERNS AND ALCOHOL-RELATED HARM IN A SMALL MIDDLE INCOME COUNTRY

SUMMARY

What's This About?

This study looks at how often people in Trinidad drink alcohol and the problems it might cause. The goal is to find out how best to help people who might be drinking too much.

How They Did It

Researchers asked adults in a doctor's office setting about their drinking habits using a simple questionnaire. This questionnaire also had a short section (called CAGE) to see if someone might have a drinking problem.

What They Found

Of the 865 people asked, 60% said they drink alcohol. Interestingly, only 6.5% said they've never had a drink in their life. Many people (73%) didn't know that drinking can increase the risk of breast cancer. Some women (9.8%) even drank alcohol while pregnant. Using the CAGE section, they found that 16.4% of people might have a drinking problem.

What It Means

A lot of people in Trinidad drink alcohol, and some might be drinking in ways that are not healthy. Men were more likely to engage in at-risk drinking compared to women, but more women are starting to drink. This study shows that we need to find ways to help people understand the risks of drinking and offer support if needed.

Mungrue K, Smith C, Lewis N, Leo R, Maharajh A, et al. (2017) Alcohol Consumption Patterns and Alcohol-Related Harm in a Small Middle Income Country. J Subst Abuse Alcohol 5(2): 1060.

TYPE AND CONTEXT OF ALCOHOL-RELATED INJURY AMONG PATIENTS PRESENTING TO EMERGENCY DEPARTMENTS IN A CARIBBEAN COUNTRY

ABSTRACT

Background

There is an association between alcohol consumption and injuries in Latin America and the Caribbean. This cross-sectional study explores the socio-contextual factors of alcohol-related injuries in Trinidad and Tobago.

Methods

Data on drinking patterns, injury type, drinking context prior to injury, and demographics were collected from patients presenting with injuries to the Emergency Departments (ED) of four hospitals.

Results

Findings show that 20.6% of patients had consumed alcohol, mainly beer, in the 6 hours before injury. More than half were drinking at home (27%), or someone else's home (27%). Injury most commonly occurred outdoors (36%) while in transit. Alcohol-related injuries occurred mainly because of falling or tripping (31.7%); these patients recorded the highest mean alcohol consumption prior to injury. Most persons who fell (50%) did so at home. Findings highlight the previously unreported significant risk of non-drivers sustaining injuries through falling and tripping because of heavy alcohol use.

Conclusion

Current interventions to reduce alcohol-related injury have focused on drunk driving, but there is a need for interventions targeting pedestrians and those who drink at home. A comprehensive multi-component approach including secondary prevention interventions in the medical setting, community educational interventions, enforcement of current legislative policies concerning the sale of alcohol, and policy initiatives surrounding road safety and alcohol outlet density should be implemented.

Reid SD, Gentius J. Type and Context of Alcohol-Related Injury among Patients Presenting to Emergency Departments in a Caribbean Country. Int J Environ Res Public Health. 2017 Aug;14(8):877.

TYPE AND CONTEXT OF ALCOHOL-RELATED INJURY AMONG PATIENTS PRESENTING TO EMERGENCY DEPARTMENTS IN A CARIBBEAN COUNTRY

SUMMARY

What's This About?

The study examines how alcohol consumption relates to injuries in Trinidad and Tobago, focusing on the circumstances of these injuries.

How They Did It

Data was collected from injured patients in four hospital emergency rooms, inquiring about their recent alcohol consumption, location, and activities leading to the injury.

What They Found

20.6% of injuries occurred after alcohol consumption, primarily beer, within 6 hours. Most drank at home or a friend's place and got injured outdoors, often while transitioning between locations. Falling or tripping, especially at home, was the leading cause of these injuries.

What It Means

Beyond the well-known risks of drinking and driving, there is a significant hazard for those drinking and walking, especially at home. Addressing this requires a combination of education, stricter alcohol sale regulations, and safer infrastructure.

Reid SD, Gentius J. Type and Context of Alcohol-Related Injury among Patients Presenting to Emergency Departments in a Caribbean Country. Int J Environ Res Public Health. 2017 Aug;14(8):877.

Background

Alcohol consumption has been identified as a common modifiable risk for hypertension. Our primary focus was to assess, review and conduct an overview of systematic reviews investigating the association between alcohol consumption and the development and/or progression of hypertension.

Methods

We conducted an overview of systematic reviews searching electronic databases including PubMed, UWI LinC, Science Direct, and MEDCARIB.

Results

A total of 6 systematic reviews were identified as relevant, with a combined sample population of 1,126,055, spanning the years between 2008-2020. A meta-analysis of these six reviews was conducted using an open-source meta-analysis software, which provided an increased risk (odds ratio =1.55 (1.28, 1.82)) of hypertension with increased alcohol use (AU). A dose dependent association between alcohol consumption and hypertension was observed. There was a linear association observed in males and females, however males were observed to be at greater risk with an odds ratio of 1.19 (1.07–1.31) compared to 0.94 (0.88–1.01) in females at low AU levels. Females were therefore observed to have a protective effect at lower alcohol consumption levels. Results further showed that association was affected by ethnicity, with those of African descent being at greater risk than those of Asian and Caucasian descent, with odds ratios of 1.14 (95% CI: 1.01, 1.28), 1.06 (95% CI: 1.04, 1.08) and 1.06 (95% CI: 1.01, 1.10) respectively.

Conclusion

A dose dependent association between alcohol use and hypertension was observed with variations in risk being attributed to gender and ethnicity. These findings can serve as evidence for supporting the development of appropriate policy and preventive strategies.

Rattansingh A, Reid S, Reid J, Rasheed A, Roopnarine N, Rattan S, and Roker K. Alcohol And Hypertension: An Umbrella Study.

INVESTIGATING DEPRESSION AND ANXIETY AMONG MEDICAL STUDENTS: ALCOHOL USE A RELATED FACTOR

ABSTRACT

Objective

To investigate the prevalence and related factors of depression and anxiety among medical students at The University of the West Indies (UWI), St Augustine Campus, Trinidad.

Methods

A cross-sectional study design was conducted with a stratified sampling method, followed by convenient sampling of 289 Bachelor of Medicine and Bachelor of Surgery (MBBS) students from Years 1 to 5. The data collected from January to May 2023 were from an online, self-administered questionnaire, which included information from the CAGE Substance Abuse Screening Tool, Oldenburg Burnout Inventory, Hospital Anxiety and Depression Scale (HADS), Mental Health America Anxiety Test and Psycom 3-Minute Depression Test. Data were analyzed using Statistical Package for the Social Sciences (SPSS) software version 27. The study was approved by The UWI Campus Research Ethics Committee.

Results

Most students were female (61.6%), within the age group of 21-23 years (37.4%), and in the Year 2 level of medical school study (30.4%). Many of the respondents felt down, depressed, or hopeless (36.5%); felt bad about themselves/they were a failure/they let themselves or their family down (35.1%); and thought of self-harm (33.9%) on several days. The majority felt nervous, anxious, or on edge (47.4%) and became easily annoyed or irritable (43.6%). Alcohol (15%) was stated to be a contributing factor of anxiety among family pressure (51.8%); while Partying (27.3%), smoking/vaping (21.1%), music (62.6%), and sleep (66.8%) were some alleviating factors. Results from CAGE revealed 22.8% of students consumed alcohol 2 – 4 times per month; 26.6% drank 5-6 units of alcohol beverages on one occasion and 17.3% felt like they should reduce or cease their drinking in the last year.

Conclusion

The students demonstrated a comparable prevalence of depression and anxiety to other countries while alcohol use was identified as a contributing factor. Students must be aware of signs and symptoms of anxiety and depression, the associated effects of alcohol, as well as where and when to seek help.

Mayers Q, Kessoon C, Mohammed N, Sahadeo V, Singh O, Oudit S, Suepaul K, Ferguson J, Villarroel Stuart A. Investigating Depression and Anxiety Among Medical Students: Alcohol Use a Related Factor.

INVESTIGATING DEPRESSION AND ANXIETY AMONG MEDICAL STUDENTS: ALCOHOL USE A RELATED FACTOR

SUMMARY

What's This About?

The study explored the prevalence of depression and anxiety among medical students at The University of the West Indies, St. Augustine Campus, Trinidad, and the factors influencing these conditions.

How They Did It

Researchers surveyed 289 medical students using an online questionnaire that included tools like the CAGE Substance Abuse Screening Tool and the Hospital Anxiety and Depression Scale. The data was analyzed with the SPSS software.

What They Found

Most participants were female, aged 21-23 and in their second year. Many reported feelings of depression, hopelessness, and anxiety, with alcohol and family pressure being significant contributors. Activities like music and sleep provided some relief. About 23% drank alcohol 2-4 times a month and 17.3% considered reducing their intake.

What It Means

UWI medical students experience depression and anxiety at rates comparable to peers globally. Alcohol plays a notable role in these feelings. Recognizing symptoms and understanding alcohol's impact is vital for students' well-being.

Mayers Q, Kessoon C, Mohammed N, Sahadeo V, Singh O, Oudit S, Suepaul K, Ferguson J, Villarroel Stuart A. Investigating Depression and Anxiety Among Medical Students: Alcohol Use a Related Factor.

APPENDICES

1. Brief Biographies of presenters
2. The Global Alcohol Action Plan
3. The Caribbean Alcohol Reduction Day Infographics: Alcohol and Youth

BRIEF BIOGRAPHIES OF PRESENTERS



Sir Trevor Hassell is a medical doctor, former Adjunct Professor of Medicine at the University of the West Indies, and Consultant Physician and Cardiologist, Queen Elizabeth Hospital, Barbados. He is a Fellow of the American College of Cardiology and Fellow of the Royal College of Physicians of London, England. Sir Trevor has held the positions of President of the Caribbean Cardiac Society, President of the Inter American Heart Foundation, and Vice President of the World Heart Federation. He is presently President of the Healthy Caribbean Coalition, a regional civil society alliance established to contribute to the

prevention and control of NCDs; Chairman of the Barbados National Chronic Non-Communicable Diseases Commission, and Barbados Special Envoy for Chronic Diseases.

Sir Trevor has been engaged for many years in all aspects of the response to NCDs in the Caribbean. In the past decade he contributed to the technical working paper for the Heads of Government of CARICOM Summit on NCDs, 2007; was an active contributing member of the Barbados Delegation to the UNHLM on NCDs, 2011, the UNGA NCD Review Meeting, 2014; and the 67th World Health Assembly. Over the past 8 years he has led the civil society effort in the Caribbean in advocacy, capacity building, and enhancement of communications applying initiatives that included: hosting multi-stakeholder regional meetings to inform, consider and implement multi-sectoral approaches to NCDs.



Dr. Rohan G. Maharaj is a graduate of the St Augustine (BSc (Hons)), Mona (MB BS) and Cave Hill (DM) campuses and a Family Physician in private practice since 1989. He also completed his Master of Health Sciences (Family Medicine) at the University of Toronto. He is a Fellow of the Caribbean College of Family Physicians. Dr. Maharaj has worked at the St. Augustine campus to develop the MSc and DM in Family Medicine and the Master of Public Health. Starting in 2013, he has focused his research on alcohol issues

in Trinidad and the Caribbean, completing the National Alcohol Survey of Households in Trinidad and Tobago (NASHTT). Since 2015, he has been the Alcohol Policy Advisor to the Healthy Caribbean Coalition (HCC). As part of his work with the HCC and alcohol issues, Dr. Maharaj has collaborated with Sir Trevor Hassell, President of HCC and Maisha Hutton, Executive Director of the HCC, in initiating the Caribbean Alcohol Reduction Day, which is celebrating its eighth year in 2023. He has also presented to CARICOM Ministers of Health, on the need to address the Harmful Use of Alcohol in Caribbean populations and worked with PAHO and its Technical Advisory Group on alcohol. In 2019, he was appointed as the first ever Professor of Family Medicine at The University of the West Indies.

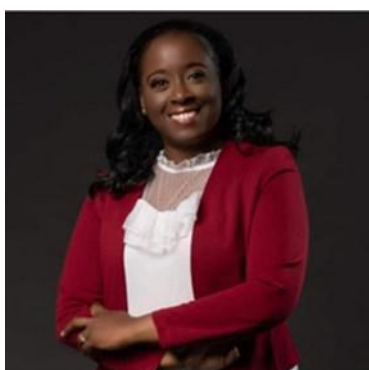


Dr. Raveed Khan is a Lecturer in Family Medicine based at the St. Augustine Campus of the University of the West Indies. He is currently the Unit Coordinator for the Unit of Public Health & Primary Care and serves as Associate Dean- Occupational Health & Safety. His research interests include Asthma, Chronic Non-Communicable Diseases (NCDs), Tele-health, Health promotion and Disease prevention. He is an examiner for both undergraduate and postgraduate examinations in Family Medicine and Public Health. His recent research has involved examining "The knowledge,

attitudes and beliefs of pregnant women towards the influenza vaccine in Trinidad."



Dr. Shastri Motilal, a graduate of the UWI, St. Augustine Campus (MBBS Hons. DM) has been a lecturer in Family Medicine with the Faculty of Medical Sciences, UWI since 2012. He has taught at both undergraduate and postgraduate levels and is currently the Family Medicine program coordinator. Being a practicing Family Doctor since 2006, his special interests are in dermatology, minor procedures, and use of technology in the GP office. He also has interest in meditation, regression therapy, and took up hydroponics as a hobby.



Dr. Liane Conyette-Bowen is a graduate of the Faculty of Medical Sciences, St. Augustine campus. After completing her postgraduate studies, she has been working as a Specialist Medical Officer in the Department of Internal Medicine at San Fernando General Hospital/San Fernando Teaching Hospital since 2017. Her interest also lies in Care of the Elderly, a Specialty in which Dr. Conyette also successfully attained her Postgraduate certification from UWI, Mona and the University of Wales.

Dr Conyette-Bowen enjoys volunteering and teaching. She is an Associate Lecturer in the Department of Adult Medicine, Faculty of Medical Sciences, UWI, St Augustine; Director of Trinidad and Tobago Heart Foundation; Vice President of the Alzheimer's Association of Trinidad and Tobago; and the Youth and Mentorship Co-Chair, Trinidad and Tobago Medical Association.



Dr. Stephanie Date is a former Consultant for the HCC CARD 2019 and 2022, which focused on women and alcohol and the Global Alcohol Action Plan, respectively. Dr. Date has assisted in data collection surrounding regional priorities for alcohol policy action and is passionate to assist in the effective implementation of the Global Strategy to reduce the harmful use of alcohol. Dr. Date gained her MBBS from the UWI Cave Hill and is in the process of submitting her PhD Pharmacology thesis with a focus on uterine cancer. She is the Fellowship Director of the Yale Transdisciplinary Collaborative Center for Health Disparities Research focused on Precision Medicine (Yale-TCC) and is a council member of both the Breast Screening Programme and the Barbados

Cancer Society. Here, she has founded the 'Pink Drink' initiative hosted in Barbados every October to spread awareness on the increased risk of cancer associated with alcohol use.



Dr. Connell received his undergraduate and postgraduate training in medicine from the UWI St. Augustine & Cave Hill Campuses and graduated with MBBS and DM Internal Medicine degrees in 2000 and 2006 respectively. He was awarded a Barbados National Development Scholarship in 2007. He was awarded his Doctor of Philosophy degree on completion of studies from King's College London. He joined the Faculty of Medical Sciences as Lecturer in Clinical Pharmacology in 201, assumed duties of Deputy Dean- Phase 1 in August 2014, and Deputy Dean of Internationalization and Recruitment in

October 2020.



Mr. Keston Singh and team: The group consists of 8 members pursuing their Bachelor of Medicine/Bachelor of Surgery (MB BS) undergraduate degree at the University of the West Indies, St. Augustine campus. This project was started while they were second-year medical students. The members are Chelsea Mahase, Adelia Mathura, Akaasha Ramnarine, Rochelle Romero, Xayla Kowlessar, Randhir Maraj, Keston Singh and Stanley Mocombe. Their project focused on the representation of

alcohol in local genres of music in Trinidad. The study looked at the music, alcohol representation and briefly on the culture of the people.



Dr. Paul Andrew Bourne is a social epidemiologist, health demography, statistician, public affairs commentator, poet, and prolific author. He is an avid researcher. He has published over 200 scholarly papers including a study that is hosted on the World Health Organization website (i.e., An Evaluation of Domestic Violence against Jamaican Women during the Coronavirus Disease 19 (COVID-19) Pandemic). He attended numerous health, education and social conferences, and is involved in community activities inclusive of media presentations. In addition, in 2019, he and a colleague won the most outstanding poster student presentation at the Ministry of Health and Wellness, 10th Annual National Health Research Conference. He is a member of 1) SAS Eminent Fellow Membership (SEFM), 2) Fellow of Scholars Academic and Scientific Society, and 3) The Jamaica Statistical Society (Member 2022). Dr. Bourne is currently the Acting Director of Institutional Research and Honours Society Co-Ordinator at Northern Caribbean University, Mandeville, Manchester, where he holds a doctorate in Education with specialization in Leadership and Management.



Group #26 of the Public Health Research Project 2020 is a medical student research team consisting of 7 members: Andre Rattansingh, Shelly Reid, Janelle Reid, Alex Rasheed, Neela Roopnarine, Shivana Rattan and Kashawnte Roker. The results of their research provide insights into the relationship between alcohol consumption and hypertension. Their work highlights the need for comprehensive public health initiatives and increased awareness regarding alcohol-

related hypertension risk factors.



This team of medical students who are currently in Year 3 include: Quashawn Mayers, Nafisah Mohammed, Johnathan Ferguson, Krysten Suepaul, Vijay Sahadeo, Chanel Kessoon, Steven Oudit, and Omprakaash Singh. This team was supervised by Dr. Arlene Villarroel Stuart, Lecturer Pharmacy Practice at the School of Pharmacy, Faculty of Medical Sciences, The University of the West Indies, St. Augustine Campus, who is a pharmacist and practiced in this field for about seventeen years, mainly in hospital pharmacy.



Dr Ryan Kumar graduated with Bachelor of Science in 2006, his MD in 2007, a Diploma HIV Management 2019, and the DM Family Medicine 2023. He completed his internship at Scarborough General Hospital 2008. He has been a District Medical Officer from 2014 to present. His main medical interest is in clinical applications for the research and development cycle.

GLOBAL ALCOHOL ACTION PLAN 2022-2030

A Summary on Indicators to be Monitored in the Americas

The World Health Organization (WHO) action plan (2022-2030) was endorsed by the Seventy-fifth World Health Assembly in May 2022 to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority (1). It has six action areas, in which indicators are proposed at global level for monitoring its implementation.

Currently, 35 Member States of the Americas are monitored by WHO and the Pan American Health Organization (PAHO). The success of the action plan requires actions from Member States and territories in the Region, effective global and regional governance, and the appropriate engagement of all appropriate and relevant stakeholders.



ACTION AREA 1. IMPLEMENTATION OF HIGH-IMPACT STRATEGIES AND INTERVENTIONS

Global Target 1.1. By 2030, at least 20% relative reduction (in comparison with 2010) in the harmful use of alcohol.

Indicators:

- 1.1.1 Total alcohol per capita consumption (in liters of pure alcohol, recorded plus unrecorded) within a calendar year, adjusted for tourist consumption.
- 1.1.2. Age-standardized prevalence of heavy episodic drinking.
- 1.1.3. Age-standardized alcohol-attributable deaths.
- 1.1.4 Age-standardized alcohol-attributable disability-adjusted life years (DALYs).

Global Target 1.2. By 2030, 70% of countries have introduced, enacted or maintained the implementation of high-impact policy options and interventions.

Indicator:

- 1.2.1 Number of countries (as a percentage of all WHO Member States) that have introduced, enacted or maintained the implementation of high-impact policy options across the following areas:
 - (a) Affordability of alcoholic beverages.
 - (b) Advertising and marketing of alcoholic beverages.
 - (c) Availability of alcoholic beverages.
 - (d) Drink driving.
 - (e) Screening and brief interventions for risky patterns of alcohol use; and treatment of alcohol use disorders (AUDs).

ACTION AREA 2. ADVOCACY, AWARENESS AND COMMITMENT

Global Target 2.1. By 2030, 75% of countries have developed and enacted national written alcohol policies.

Indicator:

2.1.1. Number of countries (as a percentage of all WHO Member States) with a written and enacted national written alcohol policy.

Global Target 2.2. By 2030, 50% of countries have produced periodic national reports on alcohol consumption and alcohol-related harm.

Indicator:

2.2.1. Number of countries (as a percentage of all WHO Member States) producing at least two national reports within the last 8-year period on alcohol consumption and alcohol-related harm.

ACTION AREA 3. PARTNERSHIP, DIALOGUE AND COORDINATION

Global Target 3.1. By 2030, 50% of countries have an established national multisectoral coordination mechanism for the implementation of national multisectoral alcohol policy responses.

Indicator:

3.1.1. Number of countries (as a proportion of all WHO Member States) with an established multisectoral national coordination mechanism for the implementation of national multisectoral alcohol policy responses.

Global Target 3.2. By 2030, 50% of countries are engaged in the work of the global and regional networks of WHO national counterparts for international dialogue and coordination on reducing the harmful use of alcohol.

Indicator:

3.2.1. Number of countries (as a proportion of all WHO Member States) actively represented in the global and regional networks of WHO national counterparts.

ACTION AREA 4. TECHNICAL SUPPORT AND CAPACITY-BUILDING

Global Target 4.1. By 2030, 50% of countries have a strengthened capacity for the implementation of effective strategies and interventions to reduce the harmful use of alcohol at national level.

Indicator:

4.1.1. Number of countries (as a proportion of all WHO Member States) that have increased governmental resources for the implementation of effective alcohol policies at the national level.

Global Target 4.2. By 2030, 50% of countries have a strengthened capacity in health services to provide prevention and treatment interventions for health conditions due to alcohol use, in line with the principles of universal health coverage.

Indicator:

4.2.1. Number of countries (as a proportion of all WHO Member States) that have increased service capacity to provide prevention and treatment interventions for health conditions due to alcohol use within health systems, in line with the principles of universal health coverage.

ACTION AREA 5. KNOWLEDGE PRODUCTION AND INFORMATION SYSTEMS

Global Target 5.1. By 2030, 75% of countries have national data generated and regularly reported on alcohol consumption, alcohol-related harm and implementation of alcohol control measures.

Indicator:

5.1.1. Number of countries (as a proportion of all WHO Member States) that generate and report national data on per capita alcohol consumption, alcohol-related harm and policy responses.

Global Target 5.2. By 2030, 50% of countries have national data generated and reported on monitoring progress towards the attainment of universal health coverage for AUDs and major health conditions due to alcohol use.

Indicator:

5.2.1. Number of countries (as a proportion of all WHO Member States) that have a core set of agreed indicators and generate and report national data on treatment coverage and treatment capacity for alcohol use disorders, and related health conditions due to alcohol use.

ACTION AREA 6. RESOURCE MOBILIZATION

Global Target 6.1. At least 50% of countries have dedicated resources for reducing the harmful use of alcohol by implementing alcohol policies and increasing the coverage and quality of prevention and treatment interventions for disorders due to substance use, and associated health conditions.

Indicators:

6.1.1 Number (absolute) of countries that have secured dedicated resources for the implementation of alcohol policies at the national level.

6.1.2. Number (absolute) of countries that have secured dedicated resources for increasing the coverage and quality of prevention and treatment interventions within health systems for disorders due to substance use.

6.1.3. Number (absolute) of countries that introduced, when appropriate, dedicated

funding for reducing the harmful use of alcohol from alcohol tax revenues or other revenues linked to alcohol production and trade.



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1. World Health Organization. Appendix: Draft action plan (2022–2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority. In: World Health Organization. Political declaration of the third high-level meeting of the General Assembly on the prevention and control of noncommunicable diseases. Executive Board 150th session, 11 January 2022, Provisional agenda item 7. Geneva: WHO; 2022. Available from: https://apps.who.int/igs/vbwha/pdf_files/E2150B150_7Add1-es.pdf.





YOUTH AND ALCOHOL DON'T MIX

YOUTH
LET'S TALK ABOUT ALCOHOL
A CONVERSATION THAT COULD CHANGE YOUR LIFE

Early drunkenness has been shown to increase the risk of a number of negative outcomes later in life, such as other substance use and substance use disorders, low academic performance, or legal conflicts.

In addition, alcohol use in adolescence may also be associated with psychosocial consequences such as reduced school performance, conflicts in social relationships with peers and parents, and sexual risk behavior.

Don't Drink



Affects BRAIN DEVELOPMENT:
memory and educational attainment¹

Increased risk of alcohol **DEPENDENCE** in underage drinkers¹

VULNERABILITY to being a victim of crime^{2,3}

Higher chance of **VEHICULAR ACCIDENTS**, unintentional injuries and violent acts, risky sexual behaviour^{2,3}



Increases your **ADULT RISK** of **ALCOHOLISM** later in life

Increases your risk for developing **cancers and cardiovascular DISEASES**, communicable diseases such as TB and HIV/AIDS.

Increased risk of premature DEATH



Increased risk of social problems, **DEPRESSION** and suicidal thoughts.

THE LONG-TERM EFFECTS OF DRINKING ALCOHOL

Sources:

1. WHO Global Status Report (GSR) on Alcohol and Health 2018
2. Institute of Alcohol Studies. Factsheet series: Underage Drinking. www.ias.org.uk/uploads/pdf/Factsheets/FS%20underage%20drinking%20082016.pdf
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5. HCC 2nd Annual Caribbean Alcohol Reduction Day 2017 Infographic on Alcohol and Cancer. www.healthycaribbean.org/wp-content/uploads/2017/11/Caribbean-Alcohol-Reduction-Day-2017-Drink-Less-Reduce-Cancer-Infographic.pdf

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Join the conversation





KNOW THE FACTS

A Snapshot of Youth and Alcohol

YOUTH
 KIDS TALK ABOUT ALCOHOL
A CONVERSATION THAT COULD CHANGE YOUR LIFE

GLOBAL BURDEN OF DISEASE

More than a quarter of all 15 to 19-year-olds, are current drinkers, with rates of current drinking highest among this age group in Europe, followed by the Americas (North & South America and the Caribbean) and the Western Pacific.

Alcohol is the leading risk factor for death and disability among young people aged 15-49 in the Americas and worldwide.

Adolescents on average drink less frequently than adults, but consume more per occasion when they do drink.

Most students surveyed in the Americas had their first drink before the age of 14.

THE ENGLISH SPEAKING CARIBBEAN

Young people in the English Speaking Caribbean are exposed to alcohol at an early age

Percentage of students aged 13-15 years who drank at least one drink containing alcohol on one or more of the past 30 days:

Country	Percentage
St. Lucia	55.4%
Dominica	54.4%
St. Vincent and the Grenadines	53.2%
Barbados	46.9%



Percentage of students aged 13-15 years who drank so much alcohol that they were really drunk one or more times during their life:

Country	Total
Jamaica	82.3%
Dominica	33.4%
Guyana	29.3%
Trinidad and Tobago	20.6%

Among students aged 13-15 years who ever had a drink of alcohol (other than a few sips) the percentage who had their first drink of alcohol before the age of 14:

Country	Total
Barbados	88.7%
Antigua and Barbuda	86.5%
Trinidad and Tobago	82.5%
Guyana	79.0%



HEAVY DRINKING

The following countries have the **HIGHEST prevalence of heavy episodic drinking** (more than 5 drinks in less than 2 hours) amongst the 15-19 year olds.



MALES FEMALES

71.3% **34.8%**
SAINT KITTS AND NEVIS

69.9% **33.2%**
SAINT LUCIA

70.3% **33.7%**
BARBADOS

69% **32.3%**
GRENADA

72.1% **35.6%**
TRINIDAD & TOBAGO

THE CONSEQUENCES

Around 14,000 DEATHS OF CHILDREN AND YOUTH under 19 were attributed to alcohol in 2010, in the Americas.



14,000 DEATHS
OF CHILDREN AND YOUTH

Create a **SAFER** Environment for your youth!



STRENGTHEN restrictions on alcohol availability.

For example regulate hours and places where alcohol is sold and ensure that minimum purchasing and drinking age laws are enforced



ADVANCE and enforce drink driving countermeasures.

For example introduce low legal blood alcohol limits for driving, alcohol breath testing and mass media campaigns to educate the public



FACILITATE access to screening, brief interventions, and treatment.

For example ensuring all health services screen for alcohol use and provide appropriate advice to reduce drinking



ENFORCE bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion.

For example ban the advertising of alcohol targeting young people through all or most media and covering all alcoholic beverages



RAISE prices on alcohol through excise taxes and pricing policies.

For example raise the taxes on alcohol to reduce alcohol affordability and ban the use of price promotions, discount sales, flat rates for unlimited drinking

SAFER

SAFER is a new World Health Organisation led road map to accelerate progress on health, beat noncommunicable diseases (NCDs) through addressing the harmful use of alcohol, and achieve development targets.

Sources:

1. WHO Global Status Report (GSR) on Alcohol and Health 2018
2. Institute for Health Metrics and Evaluation. (2017). GBD Compare. Retrieved from <http://vizhub.healthdata.org/gbd-compare>
3. Probst, Et Al. Alcohol Policy Relevant Indicators and Alcohol Use Amongst Adolescents in Latin America and the Caribbean. (January 2018). Journal of Studies on Alcohol and Drugs.
4. Data gathered from youth 13-15 years old from the Global School based Health Survey 2007-2017



Join the conversation



YOUR KIDS AND ALCOHOL

Start Talking 2 Prevent Drinking

YOUTH

KEYS TALK ABOUT ALCOHOL

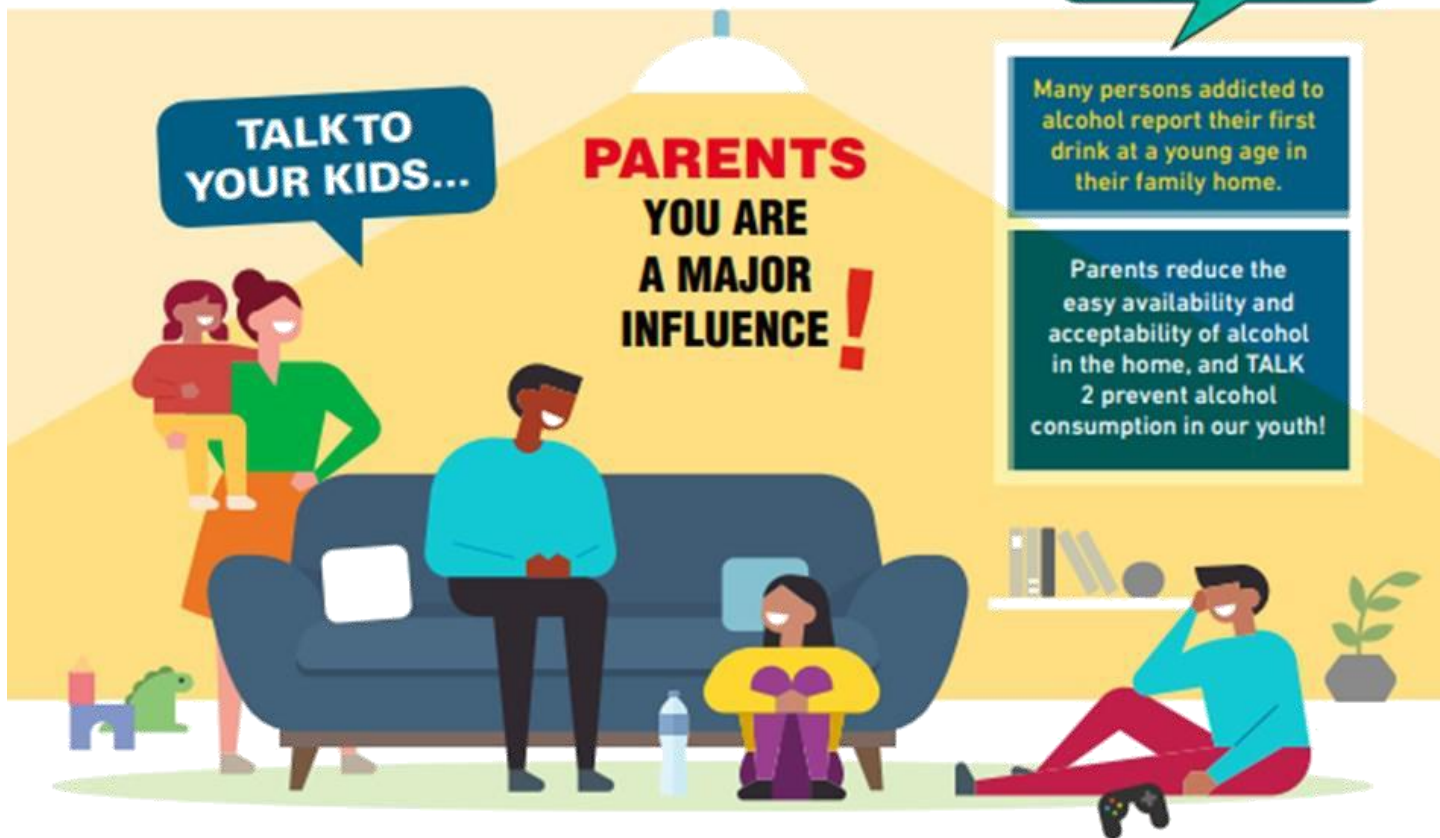
A COMMUNICATION THAT COULD CHANGE YOUR LIFE

TALK TO YOUR KIDS...

PARENTS YOU ARE A MAJOR INFLUENCE!

Many persons addicted to alcohol report their first drink at a young age in their family home.

Parents reduce the easy availability and acceptability of alcohol in the home, and TALK 2 prevent alcohol consumption in our youth!



TELL THEM WHAT YOU EXPECT

Make your expectations about drinking alcohol very clear with your children, their friends and role models in the community.

Set boundaries

Be consistent with your messaging

ACT AS THEIR EXAMPLE

Talk to your children from a young age about abstaining from drinking and if they must drink, talk to them about drinking responsibly.

Be a positive role model by drinking responsibly or not drinking at all.

LISTEN AND ENGAGE

Encourage your kids to talk to you about alcohol and their pressures to participate in the local drinking culture.

Be involved and interested in their activities.

Get to know their friends, and their parents.

KNOW THE FACTS ABOUT ALCOHOL AND ITS DANGERS!

Educate yourself about the risks of consuming alcohol so that you can share the information with your family.

Know if your children's friends are drinking; or drinking and driving.

TALK



THE SOBERING MYTHS & MISCONCEPTIONS

No level of Alcohol Consumption is safe!

YOUTH
 LETS TALK ABOUT ALCOHOL
A CONVERSATION THEY SHOULD HAVE, YOU'VE



FACT
 In Some Caribbean Countries as much as
36% OF YOUNG PEOPLE, in the 15-24 age group, **HAVE NEVER HAD A DRINK OF ALCOHOL**

MYTH
 It can't kill me!

FACT

Alcohol caused over
341,000 DEATHS
 in the Americas in 2016

MYTH
 It's only a problem if I drive!

FACT

The use of **ALCOHOL IS LINKED TO MANY HEALTH RISKS** and conditions such as liver disease, cancers, cardiovascular disease, mental illness, injuries, homicides, suicides, poisoning and STIs including HIV.

MYTH
 Its MY business if I drink!

FACT

DRINKING AFFECTS THE PRODUCTIVITY OF THE ENTIRE COUNTRY. And it can cause harm to the individuals around you when I you are intoxicated. Alcohol and its associated problems caused more than

274 MILLION years of **HEALTHY LIFE LOST (DALYs)** in the Americas in 2012

MYTH
 Its ok to drink hard on the weekend, if I don't drink during the week.

FACT

Binge drinking is associated with serious health problems, including unintentional injuries, cancer, and heart disease.

IT DOESN'T MATTER HOW INFREQUENTLY YOU DO IT

No Level of Alcohol Consumption is **SAFE!**

YOU'RE RISKING YOUR HEALTH

MYTH
 Its ok to start drinking young!

FACT

Teens who start drinking before the age of 15 are more likely to develop **ALCOHOL DEPENDENCE** later on in life.

Sources

1. WHO Global Status Report (GSR) on Alcohol and Health 2018
2. Probst, Et Al. Alcohol Policy Relevant Indicators and Alcohol Use Amongst Adolescents in Latin America and the Caribbean. (January 2018). Journal of Studies on Alcohol and Drugs.
3. Burton et al. The Lancet Journal. level of alcohol consumption improves health. Volume 392, Issue 10152, P987-988, September 22, 2018



