

Substance Use

Chairpersons: G Hutchinson, P Adams

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Substance use, age at migration and length of residence among adult Caribbeans in the United States

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Objective: To examine the prevalence of substance use disorders and determine whether age at migration and time predict these behaviours using the National Survey of American Lives (n = 1370).

Design and Methods: Multivariable logistic regression analyses controlling for potential confounders were used.

Results: Individuals that immigrated to the United States of America (USA) aged 13 years and older were less likely to be diagnosed with a substance use disorder compared to those that immigrated when they were less than 13 years old. On the other hand, migrants that spent 10–20 years in the USA were less likely to be diagnosed with a substance use disorder compared to those that spent 1–10 years; however, those migrants that spent more than 20 years in the USA were 3–9 times more likely to be diagnosed with a substance use disorder.

Conclusion: As suggested, age at migration and length of residence are important factors because they shape immigrants' abilities to socialize and respond to the potentially conflicting demands of the host culture, and in this case, more likely to engage in problematic substance use patterns. Public health professionals must consider the heterogeneity among Blacks in the USA as they attempt to reduce and/or eliminate racial/ethnic disparities in substance use.

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Detecting alcoholism in primary care among Trinidadians: Using the CAGE and AUDIT-C screening tools

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Objectives: To measure the proportion of attendees in a primary care setting consuming alcohol at levels which put them at risk of alcohol-related harm using the CAGE and Alcohol Use Disorders Identification Test Consumption (AUDIT-C) screening tools.

Design and Methods: A cross-sectional study was used. The population consisted of all adults ≥ 18 years in a primary care setting. The CAGE and AUDIT-C screening tools were administered to 865 randomly selected participants.

Results: Of the 865 participants entered into this study, 514 participants drank alcoholic beverages. Furthermore, 142 (27.6%) were found to be CAGE positive (≥ 2), where more men (n = 100; 11.5%) than women (n = 42; 4.9%) were CAGE positive. A larger proportion of Southeast Asians, 60 (11.7%) were found to be CAGE positive than Africans, 51 (9.9%) [$p = 0.6221$]. For the AUDIT-C, 460 individuals participated with a response rate of 89.5%. Among the male drinkers, 150 (32.6%) of the AUDIT-C screens were positive, with the score ≥ 4 in men. For women, 100 (21.7%) of those who drank alcohol screened positive, with the score ≥ 4 . There was no difference between Southeast Asians, 101 (39.2%) and Africans, 105 (42%) who were AUDIT-C positive [$p = 0.7893$]. The Cronbach alpha values for AUDIT-C and CAGE were 0.792 and 0.636, respectively.

Conclusion: The CAGE screening tool identified 27.6% of the participants attending primary care facilities to be at risk of developing alcohol related disorders (ARDS). The AUDIT-C identified 48.6% of participants to be at risk of developing an ARDS.

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National Alcohol Survey of Households in Trinidad and Tobago (NASHTT): The impact of alcohol on households

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Objective: To determine the distribution of alcohol use among households in Trinidad and Tobago, and whether the households where alcohol was used were more likely to suffer negative psychological, social or physical events.

Design and Methods: A cross-sectional convenience sample of households was surveyed from a random sample of enumeration districts (ED). The interviewer-applied, field pre-tested *de novo* questionnaire had five domains and was developed over one and a half years after literature review and consultation.

Results: A total of 1695 households (from 53 EDs) responded with a response rate of 92%. Sixty-two per cent of households consumed alcohol, distributed with 1–2 users (46%) and 3–4+ users (16%). Viewpoints and experiences about alcohol included: “*alcohol consumption at family gatherings is a normal occurrence*” (70%). Twenty-nine per cent of households consumed alcohol in the presence of children. Households that consumed alcohol were significantly more likely to report in the last 12 months household members falling sick, experiencing lifestyle related illnesses, having relationship problems between partners, having strained relationships within the household, household members calling in sick to work, behavioural problems of children at home, antisocial problems of children at home/school and violent behaviour by a member of the household ($p \leq 0.001$).

Conclusions: Approximately two-thirds of households in Trinidad and Tobago report using alcohol. These households were more likely to report psychological, physical and social problems. These findings should guide the creation of new policies, laws, regulations and strategies to reduce the impact of harmful alcohol consumption in Trinidad and Tobago.

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Alcohol policy in the English-speaking Caribbean: A civil society perspective

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Objective: Alcohol continues to be a significant cause of morbidity and mortality in the region. This paper summarizes the current alcohol policies in the English-speaking Caribbean and compares it with the World Health Organization (WHO) “best buys”, to identify gaps and opportunities for policy change.

Design and Methods: A search was conducted of the internet, WHO and Pan American Health Organization (PAHO) resources, national policies obtained through communication with representatives of regional civil society, government ministries and statutory bodies.

Results: All English-speaking Caribbean countries have laws governing alcohol. Broadly, there are four distinct ways in which alcohol is represented in policies: 1) In legislation – not directly dealing with health, but with more of a social and economic focus; 2) As a distinct national policy – recognizing the health implications of alcohol; 3) In conjunction with mental health and non-communicable disease policies; 4) In conjunction with policies addressing illegal substance use. Generally, the finding was that there were gaps and opportunities for civil society organizations and policy-makers in the alcohol landscape. These included an opportunity to advocate for a culturally sensitive comprehensive regional policy, working to encourage wider advertising and marketing restrictions, stricter enforcement of already passed legislation, and examining and disseminating best practices already present in the region *eg* in The Bahamas and St Kitts/Nevis. There are also opportunities for greater restrictions for on/off-premise sales, time and location restrictions, and institution of national maximum legal blood alcohol concentrations when driving a vehicle.

Conclusions: There are significant gaps in alcohol policy regionally. These represent opportunities for civil society organizations.

The National Alcohol Survey of Households in Trinidad and Tobago (NASHTT): Willingness to support changes in policy, laws and regulations

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Objective: This study set out to determine what proportion of Trinidad and Tobago households were willing to support changes in specific policies, laws and regulations in a national alcohol campaign.

Design and Methods: A cross-sectional convenience sample of households was surveyed from a random sample of enumeration districts (EDs) in Trinidad and Tobago. The interviewer-applied, field pre-tested *de novo* questionnaire had five domains and was developed over one

and a half years after extensive literature review and consultation. Many of the World Health Organization (WHO) “best buys” were included.

Results: One thousand six hundred and ninety-five households (from 53 EDs) responded from a total of 1837 households approached, a response rate of 92%. In a national campaign, the following proportions of households would support: setting the legal age for drinking at 21 years, 82.4%; restricting, 73.1% and banning, 54.4% alcohol advertising on TV and other media; 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 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%.

Conclusions: Households in Trinidad and Tobago were willing to support changes in policies around alcohol, including many of the policies shown by WHO to be effective in reducing the harmful consumption of alcohol.