Alcohol abuse: a major invisible pandemic

El consumo de alcohol: una gran pandemia invisible

Between 2011 and 2021, the number of drug users increased by 23%, going from 240 million to 296 million.[1] In this context, alcohol abuse is a risk factor for over 200 health disorders. According to the Pan American Health Organization (PAHO), the rate of alcohol use in the Americas is approximately 40% higher in the Americas than the global average, which means that this population consumes alcohol in a manner that is detrimental to their health. Therefore, among the numerous psychoactive substances available, alcohol is the main risk factor for burden of disease.[2]

In Bogotá (Colombia), alcohol use, as reported by the Observatorio de Salud,[3] increased by 3.4% among current consumers, rising from 36.5% in 2016 to 39.01% in 2022. Furthermore, the same organization reports that this increased prevalence is found in both men and women of all age groups and across all socioeconomic levels.[3] Regarding age, the highest prevalence of alcohol use is found in the 25-34 age group (39.7%), followed by the 18-24 age group (38.3%); these two groups show significantly higher figures than the other age segments, with the 12-17 age group having the lowest consumption rate (12.1%).[4]

Beer is the most popular alcoholic beverage among Colombians, with a prevalence of 24.7%, followed by *aguardiente* (distilled spirit made from sugar cane and aniseed) with 8.2%, and rum with 5.5%, which may explain why people in many regions of the country believe that drinking beer poses no health risks, unlike other alcoholic beverages such as rum, *aguardiente*, or whiskey. This situation has normalized risky alcohol intake among the general population.

Alcohol is a psychoactive substance that works as a central nervous system depressant and, consequently, affects brain activity. In this sense, excessive alcohol consumption causes behavioral problems and mental changes related to social and economic problems that have an impact not only on the consumers themselves, but also on the people around them.

Monteiro[5] has suggested the need to consider alcohol use as a priority issue for public health care in the Americas and to initiate actions to control its abuse. Evidence-based research shows, as mentioned above, that alcohol use and drinking patterns in the region are already at harmful levels and that they exceed global averages for many alcohol-related problems. Monteiro[5] also states that there are several public health policies for reducing alcohol use that have been implemented and evaluated in different countries and cultures that have proven to be effective.

Heavy episodic drinking, defined as the consumption of 5 or more standard drinks per occasion (or for a two-hour period) of any alcoholic beverage containing an equivalent of 10g of pure alcohol for men and 4 or more standard drinks per occasion for women, is a pattern of alcohol use associated with increased physical and emotional harm, and with situations involving violence, accidents, unwanted pregnancies, unprotected sex, and sexually transmitted diseases.[4] In this sense, excessive drinking is one of the main health risk factors for the population worldwide, having a direct impact on many of the targets set out in the Sustainable Development Goals,[6] mainly those related to health and wellbeing.

In its Global Status Report on Alcohol and Health 2018, PAHO[7] states that, following the development and ratification of the Framework Convention on Tobacco Control, alcohol is the only psychoactive and dependence-generating substance with a significant global impact on population health that is not controlled at the international level through binding legal standards. The same document also states that alcohol and public health monitoring and surveillance systems should cover three broad areas of key indicators, namely, those related to alcohol use, health and social consequences, and policy and programmatic responses. Thus, in order to monitor this situation worldwide, it is essential to have updated data from all countries.[7]

Concerning health outcomes, PAHO[7] established that in 2016, harmful alcohol use caused nearly 3 million deaths (5.3% of all deaths) worldwide and 132.6 million disability-adjusted life years (DALYs), that is, 5.1% of all DALYs in that year. This means that mortality due to alcohol use is higher than mortality due to diseases such as tuberculosis, AIDS, and diabetes.

Excessive drinking is not the same among men and women: PAHO[7] estimates that in 2016 about 2.3 million deaths and 106.5 million DALYs were attributable to drinking in men, while there were 0.7 million deaths and 26.1 million DALYs attributable to alcohol use in women. This situation demonstrates that alcohol abuse is normalized all over the world, which, in turn, proves the need to screen for people at risk of excessive alcohol use and people with the intention of reducing their consumption in order to control this public health issue.

Given this scenario, Cuevas et al.[8] conducted a cross-sectional descriptive study in 176 adult patients (aged 19 to 64 years) with risky alcohol use (according to AUDIT score) treated or assessed between April 2018 and March 2020 at a quaternary care hospital in Bogotá D.C. The authors found a greater intention to reduce drinking in participants older than 30 years, in those with a greater perception of the benefits of such reduction, in those with a greater perception of self-efficacy, and in those who had previously made attempts to reduce their alcohol intake. Furthermore, the authors established that, in contrast, a higher socioeconomic level was associated with a lower intention to change.

Kaner et al.,[9] in a review aimed at evaluating the effectiveness of screening and brief intervention to reduce heavy drinking in general practice or emergency care settings, found that brief interventions in primary care settings were more effective than usual care strategies, such as those in which only written information is shared.

The National Institute on Alcohol Abuse and Alcoholism[10] states that men and women who drink more than 4 and 3 standard drinks in a day, respectively, are at increased risk for alcohol use disorders. These data are very useful for active searches and screening of persons at risk of excessive alcohol use, a process for which the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST),[11] a test that analyzes all levels of problematic or risky substance use in adults, is recommended. This questionnaire is particularly convenient because it not only measures levels of alcohol use but of other substances that may affect human behavior. It is also easy to administer and can be completed in approximately 5-10 minutes, and all the resources for administering it are available online.

Screening for excessive alcohol use, as well as other psychoactive substances, is very important, as it has been demonstrated that this practice increased following the COVID-19 pandemic due to the social, economic and health problems it generated, so it is necessary to have data for designing strategies to control it.

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