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Brief Report

Harm Reduction in Controlling the Burden of Alcohol Use in Sri Lanka: Implications and Future Prospects

Perera B*

Department of Community Medicine, Faculty of Medicine, University of Ruhuna, Galle

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***Corresponding author:**
Perera B
Tel: +94 714464980
Email: bileshap@med.ruh.ac.lk

Alcohol poses detrimental consequences to the user, and causes more harm to the society than the harm caused to the society by any other addictive substances used by the humans. [1-3]. Alcohol use is among the leading causes of disability and premature mortality worldwide [1]. World Health Organization (WHO) estimated that globally, 2.6 million deaths per year are attributable to alcohol consumption, accounting for 4.7% of all deaths [1, 2]. Heavy and hazardous alcohol consumption is associated with the development of liver diseases, cardiovascular diseases, cancers, and mental health disorders including suicide and deliberate self-harm [1]. Healthcare costs of treating these health conditions places a significant burden on healthcare budgets of those countries where alcohol is prevalent [2, 4]. Alcohol-related violence, property damage, accidents and family conflicts deter social harmony and incur huge costs for law enforcement and emergency response systems and for rehabilitative services [1, 4, 5]. A systematic review of alcohol use in high-income countries found that alcohol use costs an average of 2.6% of Gross Domestic Products (GDP) in those countries [4]. Thus, health, economic, social and environmental adverse effects of alcohol use are found to be a major threat for many countries to achieve several Sustainable Development Goals (SDGs) including poverty reduction, control of non-communicable diseases and gender equality [1, 3, 6].

Sri Lanka is a middle-income country in South Asia with a population of 21 million and a GDP per-capita of USD 3342 in 2022 [7]. In the year 2019, alcohol attributable deaths per 100,000 population were 24.0 for men and 3.4 for women in Sri Lanka [1].

A community-based research conducted in urban Sri Lanka indicated that about 9% of adults were unsafe alcohol users, and among unsafe alcohol users, the prevalence of alcoholic fatty liver was 31.6% [8].

The estimated total economic cost of alcohol in Sri Lanka in 2015 was USD 885.85 million which was 1.07% of the GDP in that year [5]. Although the cost of alcohol related violence, family conflicts, property damage, workplace dynamics and environmental consequences are huge in Sri Lanka, reliable estimates are not available. Alcohol use is predominantly a male habit in Sri Lanka [9, 10], and nowadays in major social events, parties and celebrations, alcohol is well presented. In disadvantaged communities, such as estate workers in the tea plantation sector in the country, an accepted culture of daily alcohol consumption is seen [11, 12]. It is observed that children of alcohol users are more likely to develop alcohol and other drug use behaviors due to a combination of genetic predisposition and learned behaviors [2, 10]. Growing up in a household or in an environment where alcohol use is prevalent may lead young children to digest drinking as a normal human behavior. The trend towards female-focused alcohol promotions is seen in the country in parallel to the rising trends of Sri Lankan women's socio-economic power [9, 11]. Westernization of the society and people's exposure to cultures where alcohol use is an acceptable social behavior, young children and women in Sri Lanka are at higher risk of becoming alcohol users in their middle and old ages. These trends indicate that alcohol use is a serious and uncontrollable growing public health issue in Sri Lanka.

Complete abstinence (sobriety) from alcohol consumption has been viewed as the most effective way to recover from alcohol use disorders [13-15]. It has been the primary outcome of many population health alcohol control programs across the world. However, current evidence suggests that control and recovery strategies that lessen heavy use of alcohol without complete abstinence are effective in reducing the harms associated with alcohol use behavior of current alcohol users [14-16]. Harm reduction of alcohol use focuses primarily on reducing harmful consequences associated with alcohol use, providing alternative to zero-tolerance approaches by incorporating drinking goals (abstinence or moderation) that are compatible with the needs of the individual, and promoting the user's access to treatment, counseling and preventive services [13-16].

Although sobriety is the safest course for certain population groups such as cardiovascular patients or pregnant women [1, 2, 17], harm reduction strategies that are non-abstinence based have become effective strategies to lower morbidity and mortality rates in alcohol users and to expedite the recovery process of alcohol users in the general public. Sobriety which was the eventual target of many alcohol prevention and control strategies in the past may not be realistic in the future due to drastic changes in social values and cultural changes in the substance use behavior in the Sri Lankan society [10-12]. Alcohol industry, tourist industry and import and export industry in the country are interlinked tightly so that significant changes in one industry would eventually affect the progress and growth of the other industries. Studies on alcohol use

have demonstrated that harm reduction approaches to alcohol problems are at least as effective as abstinence-oriented approaches at reducing alcohol consumption and alcohol-related consequences [14-16].

Harm reduction of alcohol use

To control the use of alcohol and associated negative consequences, reductions in the supply, the public demand and reductions in harmful and adverse consequences of alcohol use are needed to be fulfilled [1, 18]. In supply reduction, price increase, decrease the availability of illegal alcoholic beverages and decrease in social tolerability of alcohol use should be promoted [18-20]. Demand reduction of alcohol use comprised of actions to decrease the public desire for alcohol use by employing educational and behavioral interventions for risk populations and early identification of vulnerable groups and prevention and opening of treatments and rehabilitation services for problematic alcohol users [1, 18, 21]. Harm reduction of alcohol use is more pragmatic and realistic approach and it does not emphasis complete cessation of alcohol use [13, 15, 22]. It is observed that attempts that force abstinence on every alcohol user against their will generally end up with failures and actually leads to elevate harms caused by the user [15, 19]. Also, attempts made to eliminate all alcohol related harm by forcing alcohol users to practice moderate drinking will eventually lead to elevate alcohol related harms overall [14, 15]. Thus, the most effective control strategy is to motivate alcohol users to set their own alcohol control goals which can range from safer drinking to reduced drinking to quitting altogether [14, 16, 19]. Harm elimination can be done by those who seek to eliminate all harm by pursuing perfect moderation or perfect abstinence. In harm reduction of alcohol use, it is imperative to make attempts to reduce immediate major harms than eventual harms.

The primary aim of harm reduction of alcohol use is to minimise health, social, and economic risks of the use of alcohol. This can be achieved through alcohol control policies, programs, and practices without necessarily reducing the alcohol consumption [13, 15, 16]. Harm reduction of alcohol use embraces the inherent value of people and promotes equity, rights, and reparative social justice. Substance Abuse and Mental Health Services Administration (SAMHSA) in the US defined harm reduction of alcohol use as "*a practical and transformative approach that incorporates community driven public health strategies including prevention, risk reduction and health promotion to empower people who use alcohol and their families with the choice to live healthy, self-directed, and purpose filled lives"* [23]. Denis-Lalonde and colleagues (2019) describe the term harm reduction of alcohol use using seven attributes; reduction of harm rather than the reduction of alcohol use, alcohol users being the key stakeholders and participants in harm reduction program planning and delivery, promotion of alcohol user's right to be treated with dignity rather than as a criminal, promotion of health in communities and populations, treating alcohol use as a morally neutral behavior, rational and pragmatic approach to mitigate alcohol addiction and having flexibility to adapt in response to circumstance and needs. It is clear that the alcohol use behavior of people in the contemporary society

cannot be eliminated, and therefore a comprehensive public health framework with achievable goals should be developed and implemented to reduce harm caused by alcohol use [20, 24]. Harm reduction strategies of alcohol use should be practical approaches that have a sense of humanism.

Harm reduction approaches

There are some proven strategies at an individual and community level to reduce harm caused by alcohol use [1, 14, 15]. Injury and violence, road accidents due to drinking and driving and social harm related to alcohol use can be more effectively reduced by these strategies.

Promote safe drinking behavior

Planning and preparation before drinking reduces many negative consequences associated with alcohol use [15, 22]. It is observed that drinking alone at home can be much safer than going out and drinking in public. Taking all necessary steps to ensure that you do not harm yourself or others after drinking such as to use public transportation after drinking, developing a habit of giving your vehicle keys to spouse or a trusted friend before drinking, take precautions to have safe sex after drinking would ultimately save the user from health and relationship hazards. Being well-hydrated and having full stomach before taking alcohol would help alcohol users to drink more slowly and to get alcohol absorbed slowly to the bloodstream.

Reduce amount and frequency of drinking

Frequent alcohol users can plan to have at least one or two abstinence days and strive to increase days of abstinence gradually [22, 25]. Attempts to reduce the number of drinks you drink per occasion and switching from drinking spirits to beer or wine time to time are effective tactics for harm reduction.

Buy alcoholic beverages only when you drink

This strategy is not for everyone, but some people who primarily drink at home choose not to have alcohol in their house on abstinence days [25, 26] and they buy it only on the days when they intend to drink.

Increase public awareness of harmful use of alcohol and professional help for alcohol addicts

Health education and awareness programmes by healthcare professionals targeted at alcohol users and general public would make a big impact on controlling alcohol related harm [1, 11, 15, 27-29]. Detoxification services, therapy and counseling using face-to-face motivational interviews backed up with cognitive and behavioral therapy would help alcohol users to develop coping mechanisms and strategies to maintain limits in alcohol use and sobriety. Digital platforms are being extensively utilised today for this purpose. In this endeavor, multi-sectorial collective efforts from communities, organisations, and individuals, and training causes for health professionals are needed. Facilitation programs for alcohol users to get access to healthcare services. Peer support mechanisms have also been identified as effective methods in reducing harm caused by alcohol use. In Sri Lanka, monitoring and surveillance systems of persons with alcohol use disorders are needed.

Regulation of alcohol outlet density and maintenance of limits on days or hours of alcohol sales

It is observed that alcohol availability is associated with misuse of alcohol and alcohol-related problems [25 -27, 30]. Thus, limiting outlet density would decrease accessibility and eventually reduce the incidence of alcohol related problems and it is considered as one of the most effective policy measures for influencing alcohol consumption and related harms. Further, policies that restrict the hours that alcoholic beverages may be available for sale is an effective strategy for reducing excessive alcohol consumption and related harms.

Increase alcohol taxes

Increasing taxes and prices on alcoholic beverages is considered as an effective public health strategy for reducing alcohol-related harm [1, 11, 31]. Evidences indicate that higher alcohol prices tend to make substantial reductions in underage drinking and consumption levels of heavy drinkers. In countries like Sri Lanka where per capita income is relatively low, this policy approach is highly effective in reducing harm caused by alcohol use.

Increase enforcement of laws that prohibit sales to minors

Enact and enforce an appropriate minimum age for purchase and possession of alcoholic beverages and compliance checks at places liquor shops, bars, restaurants, and other places where liquor is for sale, would be effective in controlling alcohol related harm [10, 11, 29]. These actions would reduce underage drinking and related social issues and they serve as preventive measures against potential harm for minors.

Restrict or ban promotions of alcoholic beverages

The alcohol industry makes efforts to promote alcohol especially for women and young people through sponsorships and activities targeting at young people [1, 32, 33]. Promoting wine as a woman's drink and emphasising the myths such as alcohol is a stress reliever in the contemporary busy and demanding lives of women. The alcohol industry sponsors social and music events, covertly, targeting young and middle- aged women to break traditional alcohol consumption norms in Sri Lanka. Since the policies and other interventions aimed at regulating alcohol marketing is often weak in Sri Lanka, the interactions of the alcohol industry, political, economic and sociocultural factors drive alcohol-related harm in the country. Evidence-based sustainable policy actions are needed to combat promotions of alcoholic beverages which tend to increase harm caused by alcohol. Alcohol advertising on the internet and social media remains largely unregulated.

Implications and future directions

Alcohol is one of the top 10 contributors to the global burden of disease. Social, economic and environmental damages caused by alcohol use are substantial impediments to health and wellbeing of the people across the world, particularly for those living in low and middle income countries. Emerging marketing trends of alcohol use in Sri Lanka such as glamorising alcohol use among adolescents and young, particularly among young women, continues to pose detrimental effects on health outcomes of

Sri Lankans in general. These developments would sabotage the country's efforts in achieving sustainable development goals by 2030. On the other hand, there is a strong global trade in alcohol impacting the capacity of the government of Sri Lanka to intervene and regulate alcohol in a manner protective of the health and wellbeing of Sri Lankans. Tourist and import and export industry in the country that account for a substantial section of the Sri Lanka's economy are strongly linked to alcohol industry. Thus, abstinence may not be a pragmatic approach in controlling negative consequences of alcohol use behavior in Sri Lanka. Harm reduction approach therefore appears to be a viable option for Sri Lanka in mitigating the overall harm caused by the use of alcohol.

By providing alcohol users with accurate information and education about safer alcohol use practices such as adjusting consumption levels and frequency, or methods to maintain a healthier and safer drinking environment or motivating them to maintain healthy relationships with family members and with the society are cost-effective approaches in harm reduction. Health promotion approaches such as facilitating alcohol users to control their abusive and deviant behaviors such as aggression and violence by providing access to treatments, counseling and social support services would also be cost-effective and result-oriented harm reduction strategies. However, it seems that these alcohol preventive and control mechanisms were not considered or have not been given due attention in the contemporary healthcare and social service systems prevailing in the country. Implementation of availability restrictions or of comprehensive bans on alcohol marketing and price increase would be effective public health strategies in harm reduction. It was noted that in Sri Lanka, increases in alcohol taxation are not parallel to the regular price increases caused by inflation. Thus alcohol has become more affordable for the majority.

Strong commitment and collaboration from the government and other agencies involved in social and economic development of the country is needed to plan and implement harm reduction and preventive strategies. Multi-sectorial approach and capacity building in the health workforce is needed in this endeavor. Harm reduction approaches should be based on scientific evidences, but it was observed that biomedical, epidemiological and legislative research on alcohol use, particularly harm reduction of alcohol use, in Sri Lanka is limited. Most of the research findings of harm reduction are based on self-reporting, leaving avenues to question reliability of the findings. Alcohol research, mainly clinical trials of alcohol harm reduction, should be given priority by government and other research funding agencies in the country, and research evidences should be properly utilised to inform policy makers. Further, soft policies such as the establishment of a national plan or an alcohol production and sales monitoring system may not be impactful in reducing alcohol related harm. Harm reduction strategies and policies in Sri Lanka should be aligned with the objectives of the WHO's Global Strategy to Reduce the Harmful Use of Alcohol, Global Action Plan for the Prevention and Control of NCDs and Sustainable Development Goals for better results [1, 34, 35].

Conclusion

Alcohol is a growing and a vital public health issue in Sri Lanka. Detrimental consequences of alcohol use are more severe than such consequences caused by other addictive substances prevailing in the country. Social image of alcohol use, and trade and political links the alcohol industry has with other commodities and industries make it extremely difficult to accomplish complete abstinence although it is the safest and definite way to avoid alcohol related negative consequences occurring in the country. Harm reduction approach of alcohol use that aimed at reducing harmful consequences of alcohol use would be a feasible solution to mitigate the damage caused by alcohol use. Country specific strategies aiming at lowering the consumption levels of alcohol and related consequences such as health education and promotion programs for the users, tax increases and control of alcohol promotion should be developed and promoted using collaborative efforts. Such efforts should be aligned with the international alcohol control mechanisms and policies for better outcomes.

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