

P-30 IMPACT OF PUBLIC HEALTH POLICIES ON ALCOHOL-ASSOCIATED LIVER DISEASE IN LATIN AMERICA: AN ECOLOGICAL MULTI-NATIONAL STUDY

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Introduction: Alcohol-associated liver disease (ALD) is the leading cause of liver-related mortality in Latin-America, yet the impact of public health policies (PHP) on alcohol consumption and liver disease is unknown.

Objectives: To assess the association between alcohol PHP, alcohol consumption, and cirrhosis in Latin-American countries.

Methods: We performed an ecological multi-national study including 20 countries in Latin-America (628,466,088 inhabitants). We obtained country-level socio-demographic information from the World Bank Open Data source. Alcohol-related PHP data for countries in Latin-America were obtained from the World Health Organization (WHO) Global Information System of Alcohol and Health (GISAH). We used a fixed-effects model to estimate proportions and multiple linear regression models to examine the association between the number of PHP and outcomes (alcohol intake, and deaths due to cirrhosis & traffic injuries).

Results: The prevalence of obesity was 27% and 26.1% among males and females, respectively. The estimated alcohol per capita consumption (APC) among the population 15 years old was 6.8 liters of pure alcohol (5.6 recorded and 1.2 unrecorded). The countries with the highest APC were Uruguay (10.8 liters), Argentina (9.8 liters), and Chile (9.3 liters). The overall prevalence of alcohol use disorders (AUD) was 4.9%. ALD was the main cause of cirrhosis in 64.7% of males and 40.0% of females. A total of 19 (95%) countries have at least one alcohol-related PHP on alcohol. The most frequent PHP were: limiting drinking age (95%), tax control (90%), alcohol and driving (90%), and government monitoring systems (90%)(Table). A higher number of alcohol-related PHP was associated with a lower odds of AUD (OR 0.83, 95%CI:0.73-0.94; p=0.004), lower mortality due to ALD (OR 0.18, 95%CI:0.07-0.46, p<0.001), and lower mortality due to alcohol-attributable road traffic injuries (OR 0.84, 95%CI:0.71-0.98; p=0.028).

Conclusion: Our study demonstrates that countries with more alcohol-related PHP have lower alcohol per capita consumption, alcohol-associated cirrhosis, and deadly alcohol-attributable road traffic injuries. These results highlight the value of alcohol control policies in all countries to reduce the burden of excessive alcohol consumption.

Table 1

The development of alcohol public health policies among Latin American countries. The public health policies were categorized according to the World Health Organization classification.

Country	National plan to fight harmful consequences of alcohol	Taxes control, pricing policies	Drinking age and youth focus policies	Driving-related alcohol policies	Control over advertising and promotion	Government monitoring systems	Restrictions to alcohol access	National license and production and selling control	Total
Argentina	Yes	Yes	Yes	Yes	Yes	Yes	No	No	6
Bolivia	No	Yes	Yes	Yes	Yes	No	Yes	No	5
Brazil	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
Chile	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
Colombia	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	7
Costa Rica	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7
Cuba	No	No	Yes	Yes	No	Yes	Yes	Yes	5
Dominican Republic	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7
Ecuador	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7
El Salvador	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7
Guatemala	No	Yes	Yes	No	No	Yes	Yes	Yes	5
Haiti	No	No	No	No	No	No	No	No	0
Honduras	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7
Mexico	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	8
Nicaragua	No	Yes	Yes	Yes	No	Yes	Yes	Yes	6
Panama	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7
Paraguay	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	7
Peru	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7
Uruguay	No	Yes	Yes	Yes	No	Yes	Yes	No	5
Venezuela	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	7
Total	6 (30%)	18 (90%)	19 (95%)	18 (90%)	15 (75%)	18 (90%)	16 (80%)	16 (80%)	