

Project Title: Evaluating Alcohol Control Policies in St. Kitts and Nevis



IDRC Project Number-Component Number: 107205-001

Location of the Study: St. Kitts and Nevis/Caribbean

Report Type: Final Technical Report

Full Name of Research Institution: Pan American Health Organization (PAHO)

Address of Research Institution: Washington, D.C., United States

Prepared by: Gaile Gray-Phillip

Date: April 17th, 2017

© 2017

Name(s) of Researcher/Members of Research Team:

Dr. Maristela Monteiro – Project Leader (PAHO)

Mrs. Gaile Gray-Phillip – Principal Investigator (St. Kitts- Nevis)

Dr. Sharon Halliday – Co-Principal Investigator (St. Kitts- Nevis)

Ms. Karimu Byron – Office Manager (St. Kitts- Nevis)

Mrs. Elneth Toussaint Harvey – Field Manager (St. Kitts- Nevis)

Contact Information of Research Team members:

Dr. Maristela Monteiro Email: monteirm@paho.org

Mrs. Gaile Gray-Phillip Email: gailephillip@gmail.com

Dr. Sharon Halliday Email: shaldaydm@yahoo.com

Ms. Karimu Byron Email: karimu1@hotmail.com

Mrs. Elneth Toussaint Harvey Email: elneth@gmail.com

Table of Contents

Executive summary.....	1
Objectives	3
Alcohol Environment Protocol.....	3
International Alcohol Control Policy Evaluation Survey	4
Figure 1: Parishes in St. Kitts and Nevis	5
Table 1: Proportion of the population by parish and the required sample size.	6
Results.....	7
Alcohol Environment Protocol.....	7
Availability	7
Restrictions	8
Compliance, enforcement and availability of sale of alcohol beverages to adults in both on- premise and off-premises.....	9
International Alcohol Control Policy Evaluation Survey	10
Project Activities.....	15
Project Outputs	18
Project Outcomes	20
Capacity Building.....	20
Influence of police development and practice.....	20
Overall Assessments and Recommendations.....	21
APPENDIX.....	22
Appendix A – Summary of gaps identified in various policy areas and suggestions on how to address these gaps	22

Executive summary

This study was conducted in the Saint Kitts and Nevis. The Federation of St Kitts and Nevis, as the separate names suggests, are two islands but one country. The islands are approximately 11 miles apart and are in full view of each other. There are excellent means of transport between the islands via sea or air. Some persons who live in St Kitts travel on a daily basis to work in Nevis, and vice versa. Additionally, some students travel to St Kitts, some on a daily basis, to attend the lone community college that serves the Federation. St Kitts is 68 square miles while Nevis is 36 square miles. St. Kitts is divided into nine (9) parishes with a population size, according to the Census 2001 report, of 35,217 persons. Nevis is divided into five (5) parishes with a population size of 11,108 persons.

The study evaluated the impact of changes in alcohol policy on drinking behaviour and policy-related mediating variables; in order to “inform the adoption and effective implementation of policies and programs that address the major risk factors for alcohol misuse” (IDRC). The project also sought to identify opportunities to use this information to impact harmful alcohol consumption. Data gathered included alcohol consumption, place and time of purchase, prices paid, and exposure and salience of marketing. The effects of pricing policies, restrictions on hours of expenditure, marketing restrictions, impacts of differences and changes in alcohol policy on drinking behavior and physical availability across different population groups were evaluated.

This project allowed St Kitts and Nevis to be included in the International Alcohol Control Policy Evaluation (IAC) Study, a collaborative project assessing the impact of alcohol control policy over time within countries and between countries. Participating countries include England, Scotland, New Zealand, Korea, Thailand, Mongolia and Australia. Participating countries include a mix of low, middle and high-income countries with different alcohol markets, and different trajectories of alcohol policy change. The IAC Study has established a research platform to guide strong, evidence-based implementation of alcohol control policies. This is timely in the context of the WHO Global Strategy to Reduce Harmful Use of Alcohol (2010) and the UN Declaration on the NCD epidemic (2011).

This study allowed for international comparisons of alcohol policy in Saint Kitts and Nevis with the rest of countries currently implementing the IAC study. This greatly increased the potential of this study to yield important results on the interactions between policy, regulatory environments and behavior change. This information will help diversify the type of policies implemented in the country.

Lessons learned from alcohol policy changes in different contexts regarding the drinking context such as trade, norms and controls could be useful for other countries. This evidence will encourage other countries to adopt similar policies in their own countries. In this way information and knowledge is shared by combining the expertise of alcohol policy developers at PAHO, the expertise of policy evaluation from the IAC study, and the experience of leaders of alcohol policy development in a South American and a Caribbean country.

The Instruments used to gather data for this project are the IAC Alcohol Survey and the Alcohol Environment Protocol. These were adapted to the specific characteristics of Saint Kitts and Nevis. The Alcohol Environment Protocol (AEP) provided an assessment of the alcohol environment in which the survey participants live. It used administrative and commercial data and key informant interviews to assess extent of alcohol availability, prices, marketing exposure and perceptions of enforcement. The Alcohol Survey gathered data via face-to-face individual interviews and the responses were immediately entered into a programmed android device. The alcohol consumption measures used are location and beverage specific and are adapted for use in different alcohol markets and drinking cultures. This approach has been found to account for high levels of alcohol consumed in a country. This approach collects data on commercial beverages, but also informal and illicit beverages. No identifiers were entered on the data collection system and all data was presented in aggregate form only, therefore participants' confidentiality was not breached.

The research problem

There is no separate Alcohol Policy or Substance Abuse Policy in the Federation of St. Kitts and Nevis. However St. Kitts has a Liquor Act that regulates the sale and consumption of liquor. Licenses to sell liquor are mandatory for persons or facilities, which are given and renewed by the court. There are penalties for selling liquor without a license, or for violating their terms (e.g. selling to minors under 18, or to drunk persons). Since 2010 the Government has turned two significant policy statements into law. The first prohibited the entry of persons under the age of 18 years into nightclubs, bars, casinos, or other similar establishments that serve alcohol (Act # 14 2011). The second prohibited the sale of alcohol to persons under 18 years and also required valid identification for purchasing alcohol (Act # 18 2011). There is very limited information about the level of implementation of these measures and their impact. This study aims to provide a framework for a comprehensive policy to facilitate supply reduction, demand reduction, and harm reduction strategies.

Objectives

The overall objectives of the Project was to inform the adoption and effective implementation of policies and programs that address the major risk factors for alcohol misuse in, St. Kitts and Nevis, a country with emerging alcohol policies.

The specific objectives of the Project were as follows:

- 1.1 To measure alcohol consumption patterns in St. Kitts and Nevis;
- 1.2 To document policy-relevant behaviours in St. Kitts and Nevis including place and time of purchase, prices paid, and exposure and salience marketing; and
- 1.3 To analyze the potential effects of pricing policies, restrictions on hours of expenditure, marketing restrictions, and physical availability of alcohol across different population groups in St. Kitts and Nevis.

Methodology

This research took the form of two investigations: (1) the Alcohol Environment Protocol (AEP) and (2) the International Alcohol Control (IAC) Policy Evaluation survey. The instruments used to gather data for both investigations were developed by SHORE & Whariki Research Centre, Auckland, New Zealand.

Alcohol Environment Protocol

The objective of the AEP was to gather data on the alcohol protocol environment in which the IAC survey is being conducted so as to inform revision of the IAC survey instrument to suit the research environment. This was conducted in April to May of 2013. The AEP is a sixty page instrument which gathered data on availability, restrictions on who can buy alcohol and social supply, taxation, pricing, drink-driving enforcement and marketing/sponsorship. It also gathered data on legislative and regulatory aspects of alcohol policy as well as the degree of implementation, enforcement and compliance. It provided a structured framework to allow description of the alcohol environment. The AEP is designed to allow for consistent measurement of change over time and the differences between countries.

Data was gathered using face-to-face and telephone interviews with key informants from various Government Ministries, relevant documents and a focus group discussion. Key informants included other key informants including a representative from the Government Legal Department, the Commissioner of Police, the Comptroller of Customs, the Comptroller of Inland Revenue, the Trade Policy Officer and other relevant persons within the Ministries of National and Homeland Security, and the Ministries of Health and Social Services and Education. The focus group consisted of members of the St Kitts and Nevis National Drug Council, which comprised of representatives from the Inland Revenue Department, the Customs and Excise Department, the National Council on Drug Abuse and Prevention Secretariat, Ministry of Social Services, the Attorney General's Office, Ministry of Finance, Department of Youth Empowerment, the Drug Squad and Traffic Departments of the Royal St. Christopher and Nevis Police Force. Additionally, data was gathered from relevant legislations and regulation information through literature searches and review of government documents. Reference material included the Liquor Licenses Act and subsidiary legislation, the relevant sections of the Vehicles and Road Traffic Act and subsidiary legislation, and prior surveys including the Global Survey on Alcohol and Health 2012.

International Alcohol Control Policy Evaluation Survey

The IAC survey is a longitudinal survey; however, owing to problems experienced during Phase 1, time did not allow for the second Phase of the study.

Under the guidance of SHORE & Whariki Research Centre, the instrument was adapted to suit the population of alcohol drinkers in St. Kitts-Nevis. The IAC instrument is used to gather data on drinkers' alcohol consumption (type of alcohol and amount drank), length of drinking occasion, methods of acquiring alcohol, social supply, preloading, availability, alcohol marketing, perceptions of likelihood of being caught by police if caught driving drunk and drinking in a ban area, police involvement, demographics, family affluence, life satisfaction, health status, health behaviours, dependence, stressful events, policy, support and treatment. Additionally, a scale was inserted to evaluate respondents' state of depression.

In order to select participants for this study, the Primary Sampling Units consists of villages/settlements/housing developments in each of the parishes in St. Kitts and Nevis. Figure 1 below shows the parishes in St. Kitts and Nevis.

Figure 1: Parishes in St. Kitts and Nevis



The required sample size from each parish was determined by the proportion of the size of the population as reported in the 2001 Census Report. Table 1 below shows the proportion of the population by parish and the required sample size.

Table 1: Proportion of the population by parish and the required sample size.

Parish	% of Pop	Sample Size
St George (East)	0.1425	285
St George (West)	0.1376	275
Trinity	0.0361	72
St Thomas	0.0534	107
St Anne	0.0603	121
St Pauls	0.0526	105
St John	0.0675	135
Christ Church	0.0415	83
St Mary	0.0691	138
St Peters	0.0934	187
Total St Kitts		1508
St Paul	0.0359	72
St John	0.0766	153
St George	0.0512	102
St Thomas	0.0400	80
St James	0.0423	85
Total Nevis		492

Within each parish, clusters of villages/settlements/housing developments were selected. The Secondary Sampling Unit consisted of the private homes in the clusters. The Tertiary Sampling Unit consisted of persons between the ages of 16 to 65 who are usual residents in the household and consumed alcohol in the past six months.

SHORE & Whariki Research Centre converted the instrument to an Open Data Kit (ODK) survey form. The form was installed on ten (10) Samsung Galaxy Version 2 tablets. The potential interviewers were trained to use a tablet to conduct the face-to-face interviews and immediately input the responses.

Dr. Lanuola Asiasiga, Massey University and SHORE, trained ten interviewers in June of 2014. However, owing to suggested changes to terminologies used in the survey and issues with the smooth adaptation and installation of the survey on the tablets, data gathering commenced in October of 2014. At this time, some trained interviewers were no longer available; as a result, new interviewers had to be trained.

Data was gathered from a representative sample of drinkers (some consumption in past six months),

about the length of each interview and the amount of time the tablets took to save a completed interview. Interviewers reported that, at times, the tablet took about one hour to save a completed interview, which hindered their progression to conducting a new interview. The biggest problem experienced was the attrition rate of interviewers and the slow rate at which the interviewers met their target. The target sample size of 2000 was not achieved. One thousand four hundred and thirty two (1432) interviews were conducted, however after data cleaning this number was reduced.

A data workshop was held in Auckland, New Zealand, from April 4th to 15th, 2017. The objectives of the workshop were to: (1) to prepare and finalise country datasets including: data cleaning, deriving analysis variables and weighting of the data; (2) to generate questions for national and cross country analysis and (3) to undertake national and cross-country analyses for publication and dissemination. The topics included: data cleaning, data derivation, finalising datasets, weighting, generation of research questions (national and cross country), and data analysis. The participants were from South Africa, Peru, Saint Kitts and Nevis and Vietnam. Research questions focused on analysis using location and beverage-specific consumption data; pricing data; policy variables and demographics.

Results

Alcohol Environment Protocol

Below is a summary of some of the information gathered using the AEP.

Availability

The types of business that sell or supply alcohol beverages to adults, both off-premise (alcohol to take-away) (Supermarkets, wholesalers) and on-premise include:

Bars, Restaurants, Hotels, Village Shops, Gas Stations, BBQ Stands, Sporting Events, Clubs, Social Functions and Fund Raisers, Street Vendors

The times and locations where alcohol is sold to adults, both off-premise and on premises:

- *Off-Premise- Time Varies from 8:00 am to 9:00 pm a day (Supermarkets)*
- *On-Premise- Restaurants and Hotel Bars 6pm-10pm (on average) but can go to 2 pm in Hotel Casinos. Village Shops 6:00 am to 11:00 pm and some Gas Stations 24 / 7*

The main restrictions (e.g. laws, policies) on businesses, times and locations that alcohol is sold, both off-premise and on-premise:

- *No person shall sell, expose for sale, or keep for the purpose of selling, any liquor whatsoever unless he or she shall first have obtained the licence, required to be issued in that behalf by the Comptroller, under the provisions of the Liquor Licence Act.*
- *Sale at certain parks, at sporting events, are restricted from sale between the hours of 10pm-10am*

Hours of closing licensed premises:

- *On every Saturday night from 10pm-7am on the following Monday*
- *On Good Friday and Christmas Day from 9am-7am the following morning*
- *On the nights of all other week-days from 10pm-7am the following morning*

In St Kitts-Nevis:

- Although there is a list of places licensed to sell liquor, evidence suggests that several persons may sell from their homes.
- The law does provide for density of venues (one licensed premises for every 150 to 300 persons residing depending on area) but this is often not adhered to.
- A licence can be denied if the premise for which the application is made is situated in such a way that it cannot be kept under effective police control.
- A licence can be denied if it is determined that there is sufficient number of licensed premises to meet the needs of the neighbourhood.
- Inspections are carried out and persons are prosecuted according to the Liquor Licensing Act.
- In St. Kitts and Nevis regulations are not strictly enforced and alcohol is readily available.

Restrictions

The minimum purchase age for commercially produced beverages on premise and off premise is 18 yrs. There is no specific provision for minimum drinking age in the law. Restrictions are clear for minimum age, underage and intoxication, however social supply issues are often instigated by Department of Social Services and Ministry of Education.

Compliance, enforcement and availability of sale of alcohol beverages to adults in both on-premise and off-premises

Respondents were asked to indicate the level of the strength of compliance, enforcement and availability of sale of alcohol beverages to adults in both on-premise and off-premises. Respondents rated on a scale of 1 (completely ignored) to 10 (complete compliance) whether current regulations on sale of alcohol beverages to adult was complied or ignored. From a scale of 1 (not enforced) to 10 (always enforced), the enforcement of current regulations of sale of alcohol beverages to adults was rated. Additionally, the availability of alcohol beverages was rated on a scale of (completely unavailable) to 10 (completely available). The median perceived strength of compliance, enforcement and availability of sale of alcohol beverages to adults in both on-premise and off-premises are indicated in Table 1 below:

Table 1: Strength of compliance, enforcement and availability of sale of alcohol beverages to adults

	Score
On Premise Sale of Alcohol	
Compliance	2
Enforcement	2
Availability	10
Off Premise sale of Alcohol	
Compliance	5
Enforcement	5
Availability	10

The perceived strength of regulations on who can buy and consume alcohol in underage and intoxicated people is reported in Table 2 below.

Table 2: Strength of regulations on who can buy and consume alcohol

	Score
Minimum purchase age regulation	
Compliance	4
Enforcement	3
Underage	
Ease of entering premises	10
Ease of purchase	7
Restrictions to intoxicated people	
Compliance	4

Ease of purchase	10
Regulations on social supply	
Compliance	2
Enforcement	1
Ease of underage social supply	8

International Alcohol Control Policy Evaluation Survey

Below is a summary of some of the information gathered from the IAC Survey.

Volume

The mean volume reported per drinker in the previous six months was 24.84 litres of absolute alcohol.

Figure 1: Mean Consumption Volume

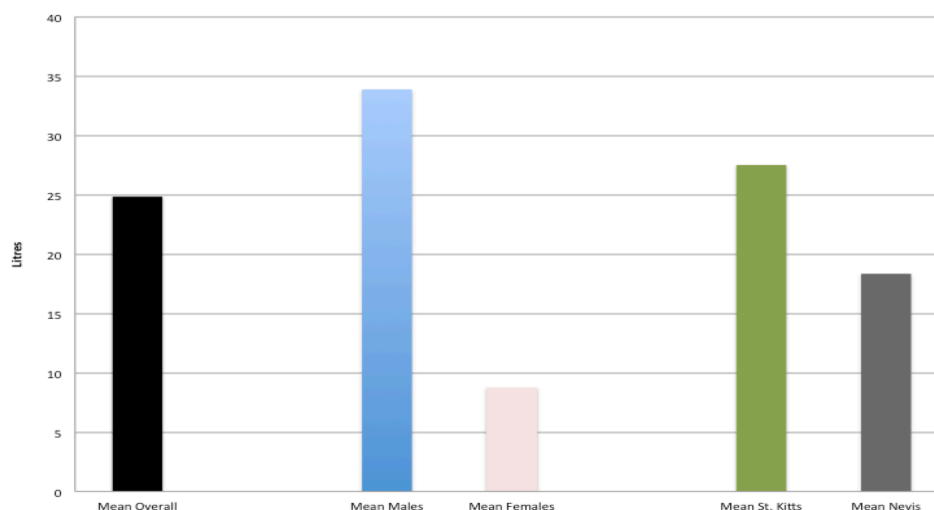
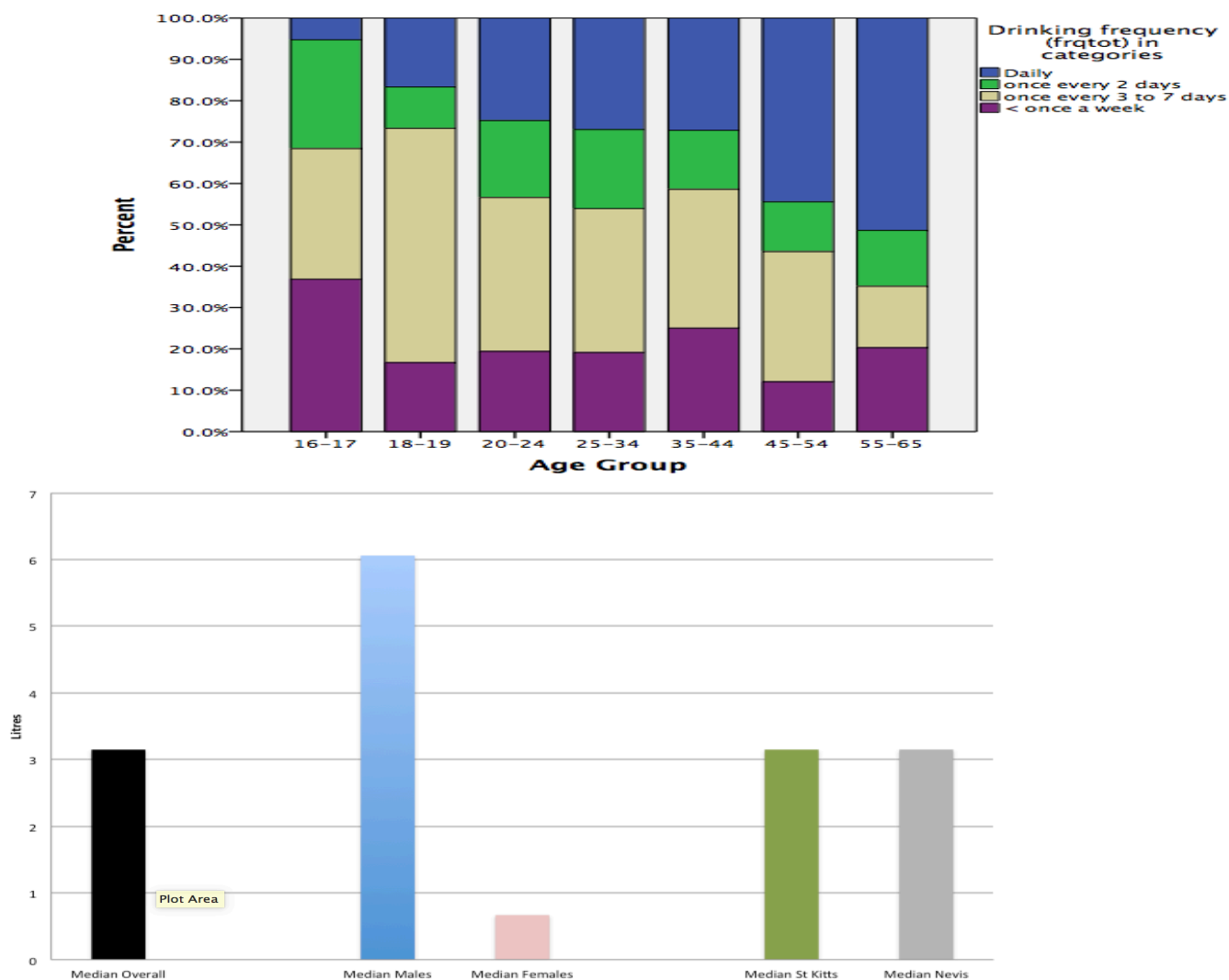


Figure 1 shows that men consumed a mean volume of 33.87 litres of absolute alcohol. Women consumed a mean volume of 8.71 litres of absolute alcohol. Residents of St. Kitts consumed a mean volume of 27.5 litres. Residents of Nevis consumed a mean volume of 18.34 litres.

The median volume reported per drinker in the previous six months was 3.15 litres of absolute alcohol. Men consumed a median volume of 6.06 litres of absolute alcohol. Women consumed a median volume of 0.67 litres of absolute alcohol. Residents of St. Kitts consumed a median volume of 3.15 litres. Residents of Nevis consumed a median volume of 3.15 litres. See Figure 2 below.

Figure 2: Median Consumption Volume



Those aged 45-55 years consumed the highest volume (mean = 43.9 litres; median = 5.89 litres) followed by those 55-65 years (mean = 43.48 litres; median = 5.81 litres). Those aged 16-17 years consumed the lowest volume of (mean = 8.93 litres, median = 2.85 litres) absolute alcohol in the previous six months.

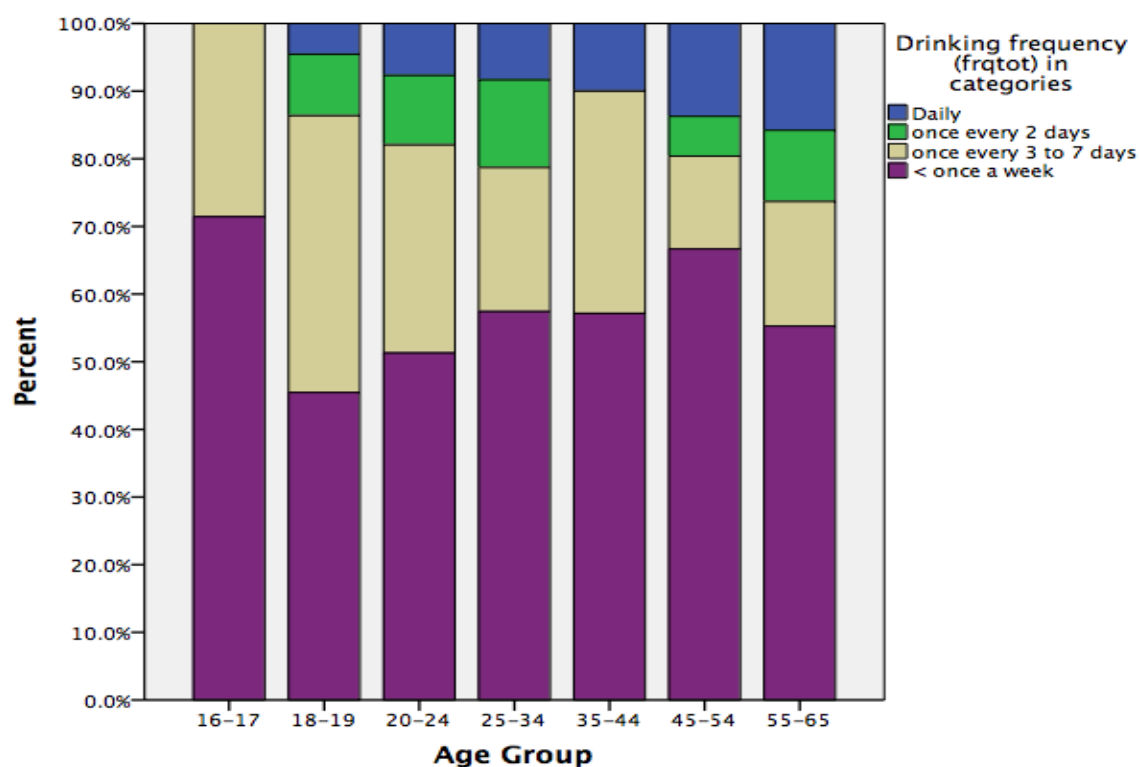
Frequency of drinking

Frequency of drinking was categorised as follows: less than once per week, once every three to seven days, once every second day and daily over the last six months. The following graphs report the proportions of respondents by age and gender drinking at these levels.

Figure 3: Proportions of males by drinking frequency in the previous six months

The most commonly reported drinking frequency among males was once every three to seven days with 32% aged 16-17, 57% aged 18-19 years, 37% aged 20 – 24 years, 35% aged 25-34 years, 34% aged 35-44 years, 31% aged 45-54 years and 15% aged 55- 65 years reporting drinking at this level. Twenty-six percent (26%) aged 16-17 reported drinking once every 2 days. Around half (51%) of the males aged 55-65 consumed alcohol daily, followed by males aged 45-54 where 44% consumed alcohol on a daily basis. Higher proportions of 16-17 year old males were observed to drink alcohol less frequently than once a week in relation to all other males (Figure 3).

Figure 4: Proportions of females by drinking frequency in the previous six months

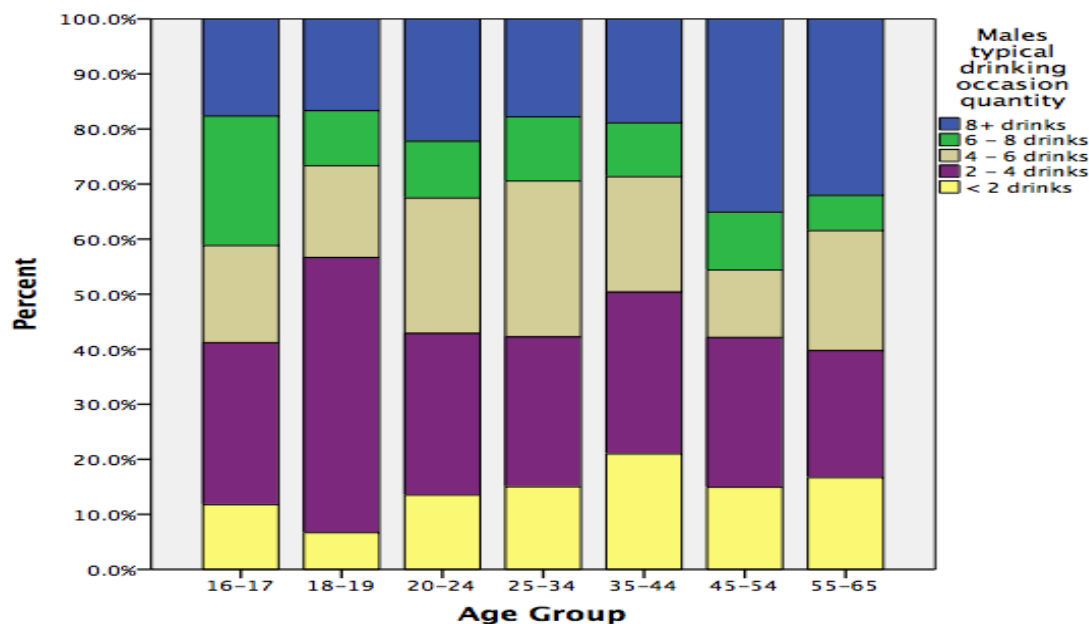


For females, the most commonly reported drinking frequency was less than once a week with 71% aged 16-17 years, 45% aged 18-19 years, 51% aged 20-24 years, 57% aged 25-34 and 35-44 years, 67% aged 45-54 years and 55% aged 55-65 years reporting drinking at this level. Around 4 out of every 10 females aged 18-19 reporting drinking once every 3 to 7 days. Around one on every 10 females aged 55-65 (11%) and 20-24 (10%) reporting consuming alcohol once every 2 days. Seventeen percent of females aged 55-65 years and 14% of females aged 45-54 consumed alcohol daily, whereas 5% of females 18-19 years old reported drinking daily. None of the females aged 16-17 reported consuming alcohol daily (Figure 4).

Typical occasion quantity

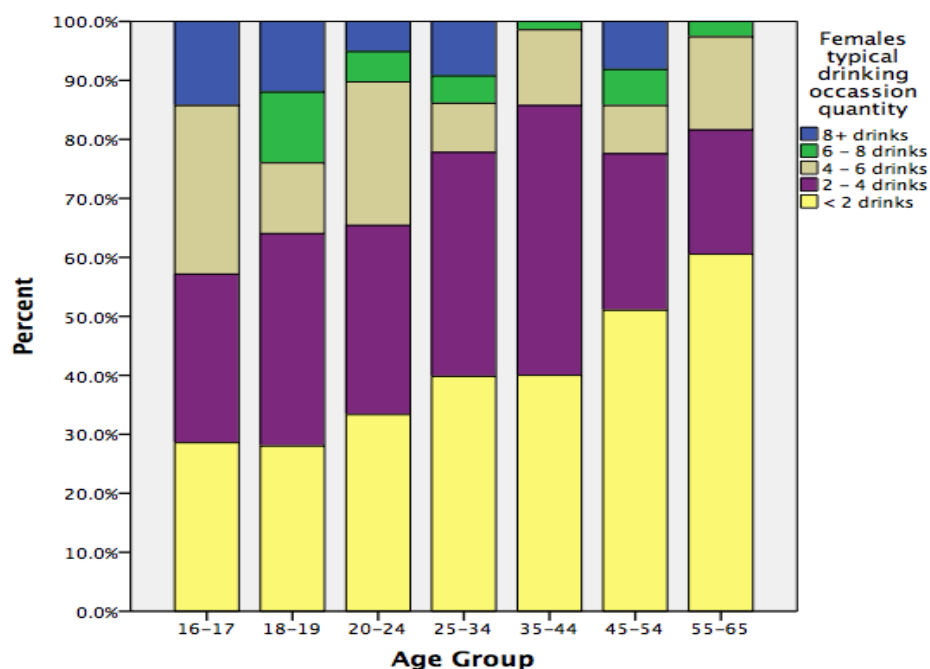
Drinkers in the last six months were categorised into groups based on the quantity of alcohol they reported consuming on a typical drinking occasion. Categories are as follows: up to 2 drinks, 2 up to 4 drinks, 4 up to 6 drinks, 6 up to 8 drinks and 8 or more drinks. A drink in this analysis is defined as 15 ml of absolute or absolute alcohol which is equivalent to a stubbie bottle (330 ml) of beer, a (120 ml) glass of wine, a (30 ml) nip of spirits or bottle of RTD (330 ml).

Figure 5: Proportions of males by typical occasion quantity in the previous six months



The most commonly reported typical occasion quantity for the males in all age categories, except males aged 25-34, 45-55 and 55-65, was 2 – 4 drinks (around 30%). Forty-two percent (42%) of the males aged 16-18 reporting drinking 6 or more drinks on a typical drinking occasion. Half of the males aged 18-19 reporting drinking 2-4 drinks on a typical drinking occasion. The most commonly reported typical occasion quantity among those aged 25-34 years was 4-6 drinks, followed closely by 2-4 drinks. The most commonly reported typical occasion quantity among those males aged 45 years and older was 8 or more drinks. (Figure 5).

Figure 6: Proportions of females by typical occasion quantity in the previous six month

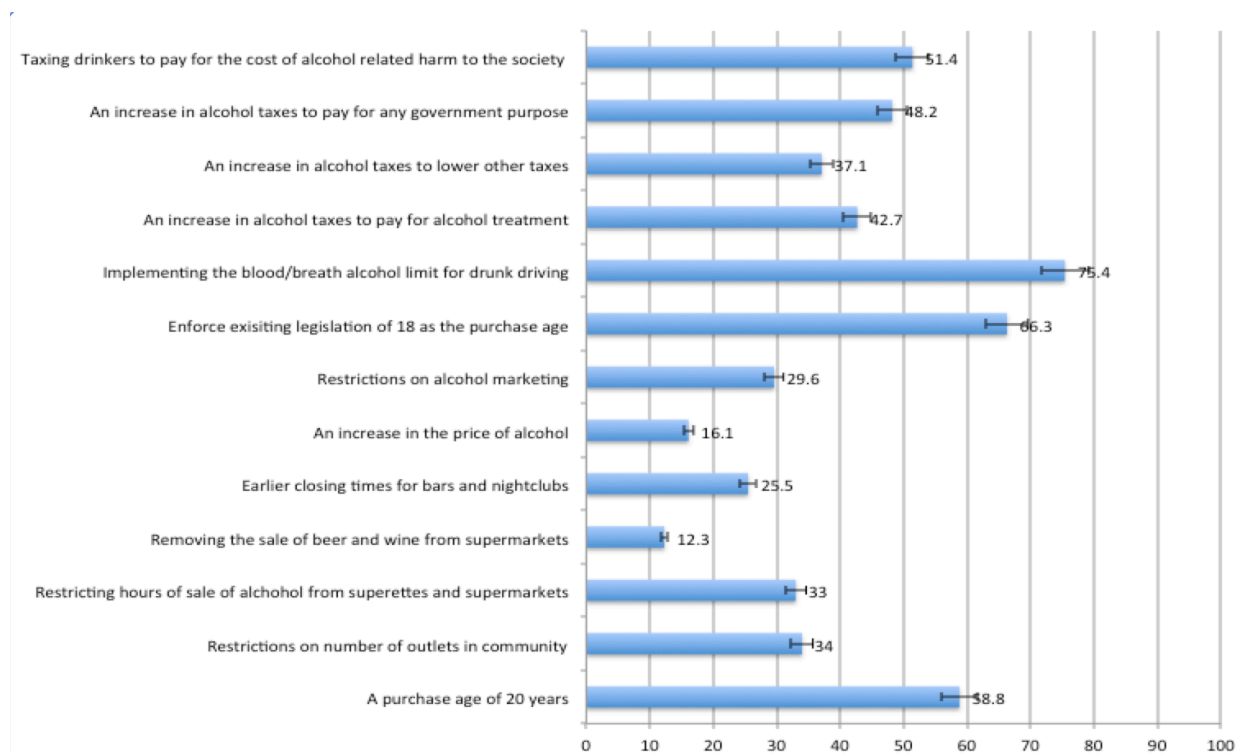


For the younger females aged 16-17 years, 29% reporting drinking less than 2 drinks on a typical occasion. This proportion was the same for 2-4 drinks and 4-6 drinks. Fourteen percent of the females aged 16-17 years reporting drinking 8 or more drinks on a typical drinking occasion. For females aged 18-19 the most commonly reported typical occasion quantity was two to four drinks with 36% consuming at this level. For females aged 25-34 the most commonly reported typical occasion quantity was less than 2 drinks with 40% consuming at this level. For females aged 35-44 the most commonly reported typical occasion quantity was 2-4 drinks with 46% consuming at this level.

For older females, the most commonly reported typical occasion quantity reported among those 45 years and older was less than 2 drinks with 61% of the females aged 55-65 years reporting drinking at this level. Very few consumed eight drinks or more on a typical occasion (14% for those aged 16-17, 12% for those aged 18 – 19 and less than 10 % or nil for the remaining age categories). (Figure 6).

As indicated above, the IAC Study aims to add to understanding of alcohol policy impacts. Respondents were asked for their level of support or opposition for a number of alcohol policies. Figure 7 below shows the proportions of the sample that strongly supports or supports a series of statements about alcohol policy.

Figure 7: Proportions of respondents who support alcohol policies



The policy that received the greatest amount of support was for implementing the blood/breath alcohol limit for drunk driving (75%). Sixty-six percent (66%) supported enforcing existing legislations of 18 as the purchase age. Fifty-nine percent (59%) supported a purchase age of 20 years. Fifty one percent (51%) of respondents supported taxing drinkers to pay for the cost of alcohol related harm to the society. About 30% supported restrictions on alcohol marketing. Thirty-three percent (33%) supported restricting hours of sale of alcohol from superettes and supermarkets. Thirty-four percent (34%) supported restricting the number of outlets in their community. Sixteen percent (16%) supported an increase in alcohol price. The policy that received the least support was removing the sale of beer and wine from supermarkets (12%).

Project Activities

Table 3 below summaries the activities for the project. These included the alcohol environment protocol (AEP) and the International Alcohol Control (IAC) Policy Evaluation Survey which were discussed above. Over the period of the project, four (4) working meetings were attended. These meetings were a forum for all the AEP and IAC researchers to present progress reports, to discuss and resolve any issues pertaining to methodology and other aspects for the research.

Table 3: Project Activities

Project Activities	Details
Alcohol Environment Protocol	<ul style="list-style-type: none"> • Development of key informants lists and organisation of participants of the focus group discussion • Conduct interviews with key informants and facilitate the focus group discussion • Conduct document search • Documentation of findings
International Alcohol Control Policy Evaluation Survey	<ul style="list-style-type: none"> • Adaptation of instrument for data gathering • Sample design and selection of villages/settlements/housing developments from which interviews will be conducted • Sought ethical approval from local authorities • Training of interviewers • Conduct of interviews and saving of responses to tablets • Retrieval of interview responses from the tablets • Data analysis workshop in Auckland, New Zealand in April of 2016.
Working Meetings	<ul style="list-style-type: none"> • International Alcohol Control (IAC) Policy Evaluation Survey Working meeting held October 2013 in Seoul, South Korea • International Alcohol Control (IAC) Policy Evaluation Survey Working meeting held June 2014 in Torino, Italy • International Alcohol Control (IAC) Policy Evaluation Survey Working meeting held October 2015 in Edinburgh, Scotland • International Alcohol Control (IAC) Policy Evaluation Survey Working meeting held May 2016 in Stockholm, Sweden
Conferences attended to view AEP and IAC presentations and attend seminars	<ul style="list-style-type: none"> • Global Alcohol Policy Conference 2015, October 2015 in Edinburgh, Scotland

Project Activities	Details
Analysis of Results	<ul style="list-style-type: none"> • Data analysis workshop at SHORE & Whariki Research Centre in Auckland, New Zealand in April 4th to 15th of 2016. The aim of the workshop was to prepare and finalize country data sets, generate questions for national and cross-country analysis and to undertake national and cross-country analysis for publication and dissemination. • Participants included persons from South Africa, Peru, Vietnam and Mongolia. • The topic covered included data cleaning, data derivation, finalising datasets, weighting, generation of research questions and data analysis.
Dissemination of Findings	<ul style="list-style-type: none"> • A dissemination of findings seminar was held in November of 2016. Local media houses recorded this seminar. • The findings were presented at the National Noncommunicable Disease Program Managers Meeting of the Collaborative Action for Risk Factor Prevention and Effective Management (CARMEN), held April 2017 in Ottawa Canada.
Workshop hosted	<ul style="list-style-type: none"> • A workshop was hosted in November 2016 immediately follow the Dissemination of Findings Seminar. The participants were charged with identifying gaps in the alcohol policy, activities to address the gaps and list of needed resources.

Local media houses recorded the dissemination of findings seminar in November of 2016. The audience included Various Permanent Secretaries including the Permanent Secretaries of Health, National Security and Education; The Commissioner of Police and other high-ranking Police Officers; The members of the National Drug Prevention Council; Various Government Directors including the Directors of Counselling Services; Social Services; Industry and Commerce; Community-Based Health Services; Staff from various public departments including the Attorney General's Office (legislators); Sustainable Development; Members of the general public with expertise in Public Health, Public Policy and Social Work.

The workshop hosted in November of 2016 targeted 10 Policy Areas were (1) leadership, awareness and commitment; (2) health services' response; (3) community action; (4) drink-driving policies and countermeasures; (5) availability of alcohol; (6) marketing of alcoholic beverages; (7) pricing policies;

(8) reducing the negative consequences of drinking and alcohol intoxication; (9) reducing the public health impact of illicit alcohol and informally produced alcohol; (10) monitoring and surveillance. Participants were divided into 3 groups and each group was assigned specific target areas in which to identify the gaps and suggest how these gaps should be addressed. Refer to Appendix A for a summary of the gaps that were identified and the suggestions on how to address these gaps.

Project Outputs

A national report for the results of the International Alcohol Control Policy Evaluation Survey

- St. Kitts and Nevis was produced. Additionally, at the time of writing this report, several articles are being produced for a special journal issue for the International Alcohol Control Policy Evaluation Survey. Two articles are listed below.

THE ALCOHOL ENVIRONMENT PROTOCOL – A NEW TOOL FOR ALCOHOL POLICY

Sally Casswell^{1,2}, Charles Parry^{3,4}, Neo Morojele³, Surasak Chaiyasong^{5,6}, Ross Gordon⁷, Gaile Gray-Phillip⁸, Cuong Pham V⁹, Anne-Marie MacKintosh¹⁰, Renee Railton¹, Taisia Huckle¹, Steve Randerson¹, Shamshad Karatela¹

¹Massey University, SHORE and Whariki Research Centre, Auckland, New Zealand,

²UK Centre for Tobacco & Alcohol Studies, UK

³Alcohol, Tobacco and Other Drug Research Unit, Medical Research Council, South Africa

⁴Department of Psychiatry, Stellenbosch University, South Africa

⁵Health Promotion Policy Research Center, International Health Policy Program, Thailand

⁶Social Pharmacy Research Unit, Faculty of Pharmacy, Mahasarakham University, Thailand

⁷Department of Marketing and Management, Faculty of Business and Economics, Macquarie University, Sydney, Australia

⁸St Kitts-Nevis National Council on Drug Abuse Prevention Secretariat, St Kitts/Nevis

⁹Hanoi School of Public Health, Viet Nam

¹⁰University of Stirling, Scotland, UK

CROSS COUNTRY COMPARISONS OF ALCOHOL PRICE AND TAXATION POLICIES

Martin Wall¹, Sally Casswell¹, Sarah Callinan², Surasak Chaiyasong³, Cuong Pham⁴, Palam Enkhtuya⁵, Gaile Gray-Phillip⁶, Charles Parry⁷

1 SHORE & Whariki Research Centre, College of Health, Massey University, Auckland, New Zealand

2 Centre for Alcohol Policy Research, Turning Point Alcohol and Drug Centre, Melbourne, Australia

3 Health Promotion Policy Research Center, International Health Policy Program, Ministry of Public Health & Social Pharmacy Research Unit, Faculty of Pharmacy, Mahasarakham University, Thailand

4 Hanoi School of Public Health, Hanoi, Viet Nam

5 National Public Health Institute Ulaanbaatar Mongolia

6 National Council on Drug Abuse Prevention, St Kitts and Nevis
7 Alcohol, Tobacco and Other Drug Research Unit, South African Medical Research Council.
Pretoria, South Africa

INTERNATIONAL ALCOHOL CONTROL POLICY EVALUATION SURVEY IN ST KITTS-NEVIS - RESULTS FROM THE GENERAL POPULATION SURVEY, 2016

Gaile Gray-Phillip, Sharon Halliday, Karimu Byron, Elneth Toussaint-Harvey, Basil Halliday

RESEARCHERS TO SCREEN FOR DEPRESSION DURING ALCOHOL STUDY

inSKN(St. Kitts Nevis). (n.d.). Retrieve from <http://www.inskn.com/researchers-to-screen-for-depression-during-alcohol-study/>

INT. ALCOHOL CONTROL POLICY EVALUATION

St.Kitts and Nevis Information Service - SKNIS | Facebook. (n.d.). Retrieve from https://www.facebook.com/473920689327764/photos/ms.c.eJxFz9sNBDEIA8COTrwN~;Td2CSjs78h2CLMXGEkwNrD8~_IFRsqIGVFhOQiVpQY1QZfHBGYlgXaiuYEGoExQf9IbuK5ID~;OBuno2QTcxo7Kiiwf2BaYPtqPkAHjjuHR6bCB7YDVhXOAdM495xvigLt~_L2KhfO6Yn6KtkVsYXqiuMPEblLew~~~.bps.a.1159717644081395.1073742237.473920689327764/1159717804081379/?type=3&theater

Other proposed research topics include:

- Cross Country Policy Support
- Alcohol Marketing exposure in high an middle income countries
- How people obtain alcohol/availability/trading hours
- Drinking patterns by age and gender
- Proportion of market comprised of informal alcohol and consumption by age/gender/education
- Symptoms of dependence (RAPS4) and help seeking in relation to consumption
- Cross-national comparison of drinking practices among women
- Disadvantage and heavier drinking patterns
- Distribution of proportion of consumption from heaviest to lightest drinkers and is the distribution affected by demographics.
- Do hours of purchase and perception of availability predict heavier consumption?
- Proportion of money spent in Heavy drinking occasions
- Risk factors for heavy drinking of alcohol

Project Outcomes

Capacity Building

Policy evaluation is an area of research that requires capacity building in St Kitts and Nevis. Learning from the researchers involved in the IAC study across many countries has assisted in capacity building in alcohol research. As a small-island state, the opportunities to collaborate with experts in the field are limited. Knowledge gained will drive innovation in public policy development and implementation to prevent alcohol-related disease and injury and contribute to international efforts to reduce alcohol-related harm.

Influence of police development and practice

It is evident that gaps exist in the legislations and policies. This study can impact the availability, affordability, marketing and use of alcohol, in the federation. As indicated in the AEP results, and also in the IAC study, gaps exist in the current legislations and policies. For example, there are no regulations/enforcement about the distance from schools that outlets selling alcohol have to be and there is no apparent consequences/penalties for non-compliance with sale of alcohol to minors. There is a need for engagement of the relevant legal institutions to add a legal drinking age to the laws related to alcohol consumption.

The respondents have a very low perception of compliance and enforcement of current policies and legislations, related to alcohol use. For example, age restriction of purchasing alcohol is not properly enforced. This shows that there is a need for greater enforcement by the Police and relevant authorities. The evidence shows that there is great support for implementing the blood/breath alcohol limit for drunk driving and for enforcing existing legislations of 18 as the purchase age.

It is recommended that an Alcohol Coalition be formed, within the National Drug Council, aimed at championing the cause for reduced alcohol use and educating the population on the harms of alcohol abuse on the society via various media and modes, including public service announcements, and educational material. This Alcohol Coalition will also guide the revision of current policies and the drafting of new policies for submission to the Government for approval.

Overall Assessments and Recommendations

Working on this project enhanced knowledge in the alcohol practices and policies worldwide. Additionally, it enhanced knowledge in the areas of alcohol research and policy development. Another assessment is that dissemination of research findings is an essential stage in research and this project allowed for dissemination of findings via a number of mediums including conferences, meeting presentations, journals, and workshops.

This project created global partnerships to would not have been possible without the funding provided by IDRC. Usually, studies may investigate alcohol use in the Caribbean or Latin America and the Caribbean. However, this project allowed for collaboration with countries located in another hemisphere and allowed for the comparison of policies and practices. Over time, practices and policies changes, so it is very important that these partnerships be maintained in order to facilitate further research in the field. It is recommended that these partnerships be maintained so that current data on alcohol practices and policies are available for decision making across countries.

APPENDIX

Appendix A – Summary of gaps identified in various policy areas and suggestions on how to address these gaps

The workshop attendees were classified into three groups. The information is summarized below, by groups.

Group 1

Group 1 was mandated to focus on the following four policy areas: Leadership, Awareness and Commitment, Health Service Response, Community Action, Drink-Driving Policies and Counter Measures.

The group identified the following as leaders in development of alcohol policy: Ministry of Health, Ministry of Social and Community Development, Royal St Christopher and Nevis Police Force, the National Council for Drug Abuse Prevention and Alcoholic Anonymous.

It was discussed that the above leaders needed to be visible and the public needed to be more aware of various programs organized by these groups. There was a call for more consistent enforcement of laws regarding alcohol consumption in the Federation, which could perhaps be attributed to a shortage of personnel. One of the key gaps noted was the absence of research or empirical data to guide policy development and decisions.

Discussion ensued on the limited availability of resources among the leading institutions identified. One suggestion was that the staff of the police not necessarily be increased but arrange for a group of persons within the community to assist with the monitoring of shops and alcohol consumption within communities. Another recommendation was to work in tandem with the Clarence Fitzroy Bryant College to lead a training program for community groups on the impact of large-scale alcohol consumption. Limited hours of sale and increasing the legal drinking age were discussed.

Group 2

Group 2 focused on: Availability of Alcohol, Marketing of Alcohol Beverages and Pricing Policies.

Some of the gaps identified under the category of Marketing of Alcoholic Beverages included the following:

- The absence of regulation on how beverages should be marketed;
- Insufficient attention placed on the effects on marketing;
- There is no regulation that stipulates the banning of alcohol and marketing from youth events;
- Alcoholic beverages are not always adequately labelled with the quantity of alcohol included in the beverage. For example, locally made alcoholic beverages. There is a need for proper labelling of all alcoholic beverages, even those produced within the home.

The suggested activities to address the gaps were:

- Have bumper stickers that speak to lessening less;
- Branding on tents should not promote alcohol;

- Regulating sponsorship for activities involving the youth;
- The National Drug Prevention Secretariat should push for the surveillance of marketing of alcoholic products;
- Set up a complaint system so that the populace can provide information (Compliance Agency, Reporting system to ensure compliance with the laws).

Under the category pricing policies, the group identified the following gaps:

- There is no price control in legislation;
- Prices for alcoholic beverages tend to be arbitrary and inconsistent;
- There has been no recent tax increase on the price for alcohol beverages;
- Prices for alcoholic beverages are not always explicitly stated at establishments such as bar shops;
- Consumer affairs to keep a record of sales and consumption patterns.

One of the most important findings is that price of alcoholic beverages, in spite of the variations across locations and establishments, has not been proven to be a major deterrent to alcohol consumption within the Federation of St Kitts and Nevis.

Group 3

Group 3 focused on: Reducing the negative consequences of drinking and alcohol intoxication, Reducing the public health impact of illicit alcohol and informally produced alcohol and Monitoring and surveillance.

The following gaps were identified:

- There is a need for harsher penalties for crimes committed under the influence of alcohol;
- There exists a need for the creation of more prosocial entertainment activities for the populace;
- Support groups should be revitalized or established if they are to function effectively to provide support for people struggling with alcohol abuse;
- On premise consumption outlets such as hotels, bars, restaurants should make available designated driving services for their patrons who may want to consume alcohol excessively;
- Public health information campaigns on alcohol abuse should be produced locally and should be made by local celebrities who would appeal the youth;
- Alcohol marketing should be paired with messages about the dangers of excessive alcohol consumption and “Responsible drinking” campaigns;
- Embark on a vociferous education campaign to teach the youth within the formal education systems about the public health impact of alcohol consumption;
- Provide incentives for businesses and government entities to create materials with public health messages relating to the impact of alcohol consumption;
- A special Committee within the Police Force should be assigned specialized duties to deal with alcohol use and misuse;
- There is a desperate need for the reliable collection of empirical data to support alcohol related policies and legislation in the Federation.

Some of the recommended activities to address such gaps included:

- Ensure that the proper legislative policies are implemented and enforced;
- Conduct assessment/research to explore viable and healthier entertainment options are available to the populace;

- Create a Committee that would be responsible for the overseeing of the establishment of support groups;
- Government can provide duty free incentives to individuals with viable and meaningful business entertainment ideas;
- Working with Health and Family Life curricula to incorporate information on alcohol abuse at each grade level;
- Create a Committee to reward and sensitize the business community on the public health impact of alcohol consumption;
- Work with local artistes and students to put together campaigns against alcohol abuse and misuse.
- Meeting with the responsible Minister to finalize the breath analyzer policy.
- Meeting with the Commission of Police to discuss the critical importance of designating a unit of officers to address the alcohol issue.
- Seek funding to conduct research project relating to alcohol consumption periodically in an attempt to better monitor alcohol consumption trends and patterns.

BLANK PAGE