What do we know about alcohol consumption in Colombia?

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Alcohol consumption is one of the most common habitual behaviors in the general population. In North America, two thirds of the population consumes alcohol. The magnitude of the socio-economic and health problems involved is enormous.

The liver is the organ most commonly affected by chronic use, but damage to the pancreatic, cardiovascular, nervous, hematological and endocrine systems is not less important, and even this leaves aside the issues of the psychological and social implications which may have the greatest impacts on social development.

Chronic alcoholic liver disease covers a very broad spectrum that can range from hepatic steatosis to advanced cirrhosis which is the most prevalent liver disease in the world. It ranks fifth among the general causes of mortality and is a frequent cause of hospitalization and medical disability.

In Latin America, we have data from some countries such as Peru where the main cause of liver cirrhosis is alcohol. However, in Colombia there are almost no demographic or other data on alcoholic liver disease. What information has been reported comes from data isolated from reports from medical centers about pathologies involving alcohol and autoimmune disease that lead to transplantation for example. This type of information may vary significantly from region to region and even within the same region depending on the type of patient that is treated at each institution. There is also a very interesting study about the use homemade alcoholic beverages, especially in rural areas described, that are sometimes even consumed from childhood. Finally, we have characterizations of patient populations with cirrhosis.

Nevertheless, there is no record or registration dedicated to alcohol consumption or to the epidemiology of alcoholic liver disease. This has led to the use of treatment guidelines from other countries, or written on the basis of the experiences of other countries, especially in Europe and North America, which in most cases are not applicable to our population.

Not everyone is aware that there is also underreporting of information. Most of the population has absolutely no data of the impact of alcohol consumption in society, much less about alcoholic liver disease. This makes monitoring strategies nearly impossible, and makes it very difficult to treat for individuals who consume alcohol, not to speak of the difficulty of analyzing existing records.

When we take a comprehensive look at the impact of uncontrolled drinking and begin to detail not only its implications in terms of liver disease, but also its impacts on other organs, on mental health, on social and economic conditions, on families, on earning capacity, and on highway accidents and mortality, we realize that the impacts of alcohol consumption are far from negligible.
In fact, in some developed societies, careful registration and systematic organization of information has led to the development of profound and effective strategies to reduce all the consequences generated by the consumption of alcohol. For example it has been clearly determined that the broad marketing of alcohol in all media (TV, radio etc.) influences behavior. This is especially true for children and young people. For this reason the World Health Organization suggests a rational marketing policy for alcoholic beverages which includes controlling sales to minors. Models generated in Russia have in fact generated significantly lower consumption of alcohol with an impressive decline in mortality from this substance even including reduction in chronic liver disease.

This makes it important to collect and organize detailed information on a nationwide basis and in every region of our country since cultural traits vary greatly and require different, strategies and models of behavior that have important consequences for decreasing all types of pathologies related to alcohol.

**SUGGESTED READINGS**

4. WHO. Global status report on alcohol and health 2014