

MAY 2026

ISBN 978-976-654-115-6



At A Glance:

Alcohol Use in Jamaica

At A Glance: Alcohol Use in Jamaica
Ministry of Health and Wellness, Jamaica 2026

Short extracts from this publication may be copied or reproduced for individual use, without permission, provided the source is fully acknowledged. Reproduction that is more extensive or storage in a retrieval system, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, requires the permission of the Ministry of Health and Wellness.

Published by
Ministry of Health & Wellness
10-16 Grenada Way, Kingston 5
Jamaica

Telephone: 1-888-ONE-LOVE
E-mail: info@moh.gov.jm
website: www.moh.gov.jm

ISBN 978-976-654-115-6

Printed in Jamaica by
Paperboy Ja
Unit 1 Masterton Complex
21-25 Hanover Street Kingston

Table of Contents

Introduction	1
Health Effects of Alcohol	16
Alcohol Use in Jamaica	29
Response	58
Glossary	64
Editorial Team	68

Introduction

History of Alcohol Consumption

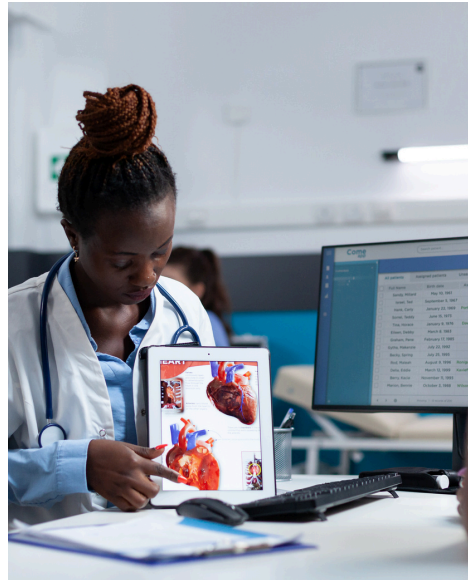
Humans have consumed alcohol or fermented beverages for over 10,000 years. It was commonly consumed during meals, and used for medicinal purposes. Fermented beverages such as wine, beer and rum have been a part of the modern human diet for hundreds of years¹.



Introduction

History of Alcohol Consumption

Modern alcohol use is characterized by social consumption and its use within industry for scientific and medical purposes. This “At A Glance” document is concerned with the social consumption of alcohol. Alcohol consumption is linked to non-communicable diseases (NCDs), motor vehicle accidents, intentional and unintentional injuries and violence.¹

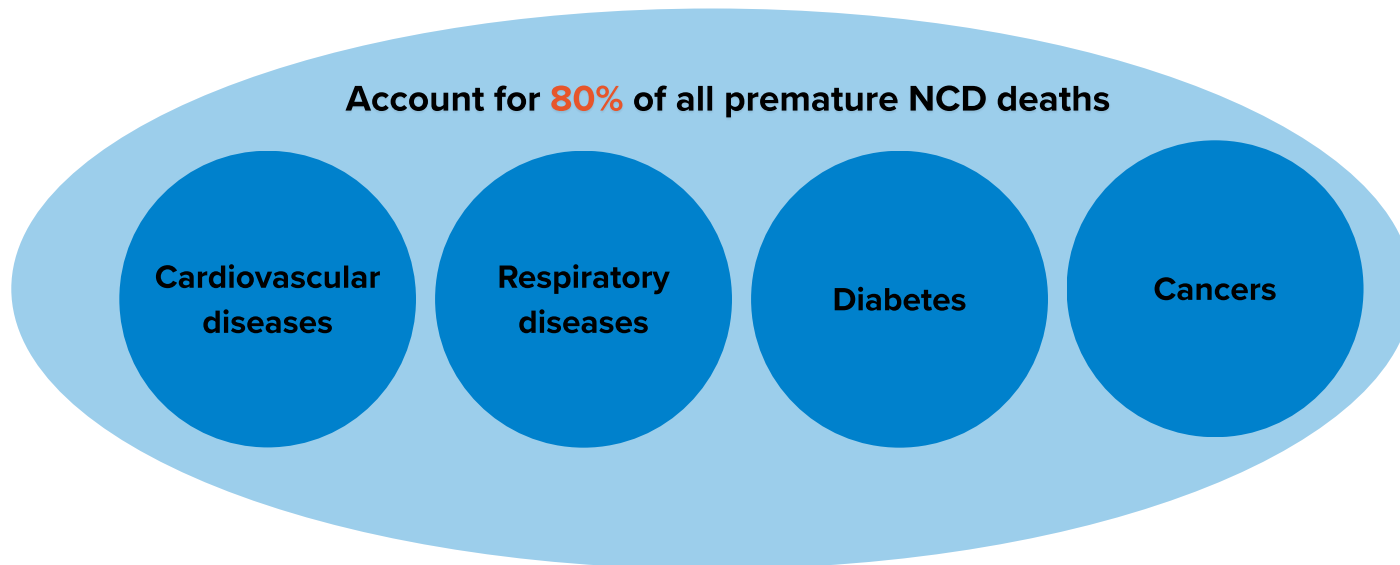


[1] Zhang X, Chen X, Yang J, Du L, Zhou Y, Li K. Meta-analysis of alcohol consumption and venous thromboembolism. *J Public Health (Oxf)*. 2022 Aug 25;44(3):477-498. doi: 10.1093/pubmed/fdab045.

Introduction

Global Rise in Non-communicable Diseases

The global and regional increase in non-communicable diseases (NCDs) is a major concern for health authorities. NCDs are defined as chronic metabolic conditions characterised by a slow progression in illness over an extended duration. The most common NCDs are cardiovascular diseases, cancers, respiratory diseases and diabetes, which account for over 80% of all premature NCD deaths¹.

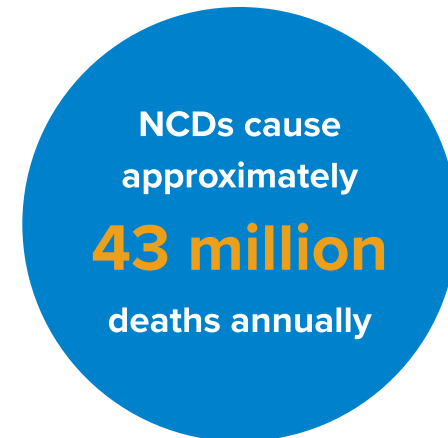
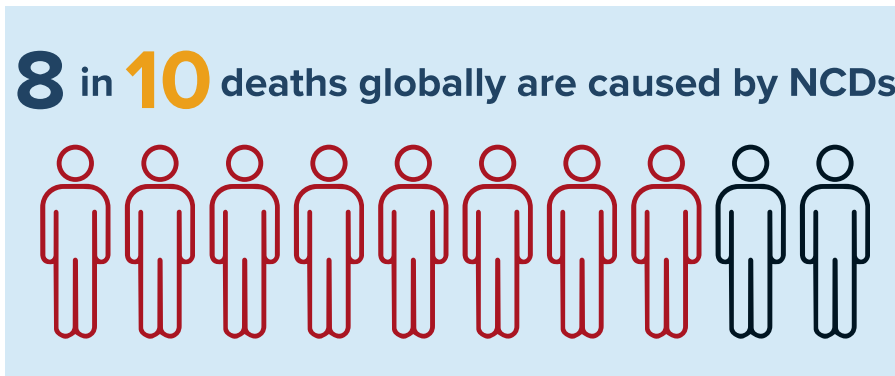


[1] World Health Organization. Non-communicable diseases [Internet]. [Cited 2026 May 04]. Available from: <https://www.who.int/news-room/fact-sheets/detail/noncommunicablediseases>

Introduction

Global Rise in Non-communicable Diseases

According to the World Health Organisation (WHO), NCDs account for eight out of ten deaths globally, or approximately 43 million deaths annually¹. Additionally, NCDs are a significant contributor to premature deaths (death of persons between 30-69 years of age); an estimated 15 million deaths annually. The highest burden of NCDs and premature mortality due to NCDs occur in low and middle-income countries². A PAHO report for 2021 indicates that 20.2% of Jamaicans may die before age 69 due to the four major NCDs³.



[1] NCD Alliance. Non-Communicable Disease Alliance [Internet]. [Cited 2026 May 04]. Available from <https://ncdalliance.org/>

[2] Bennett J, Stevens G, Mathers C et al. NCD Countdown 2030: worldwide trends in non-communicable disease mortality and progress towards Sustainable Development Goal target 3.4 The Lancet, 392, 1072-1088.

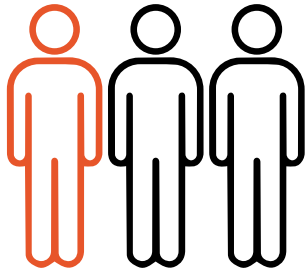
[3] NCDs at a Glance 2025 NCDs surveillance and monitoring: Noncommunicable disease mortality and risk factor prevalence in the Americas [Internet]. [Cited 2026 May 04]. Available from: <https://www.paho.org/sites/default/files/2025-03/ncds-glance-2025-21-mar.pdf>

Introduction

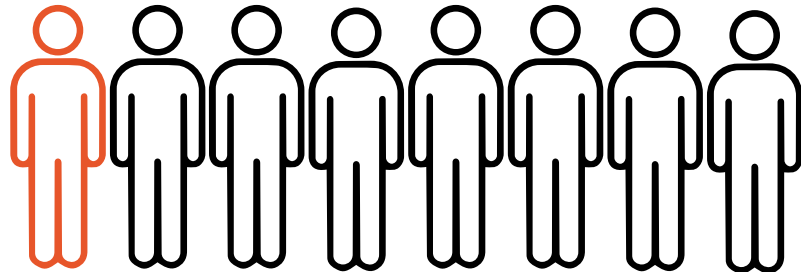
Local Rise in Non-communicable Diseases

The burden of NCDs in Jamaica is increasing. In 2018, NCDs accounted for seven out of ten deaths of Jamaicans aged 5 years and older¹. The third Jamaica Health and Lifestyle Survey (JHLS III) conducted in 2016/17 reported that one in three (33.8%) Jamaicans had hypertension, while one in eight (12%) Jamaicans had diabetes². Trends over the last three JHLS reports showed an increase in the proportion of common NCDs and their risk factors among Jamaicans aged 15 years and older.

1 in 3 Jamaicans had hypertension



1 in 8 Jamaicans had diabetes

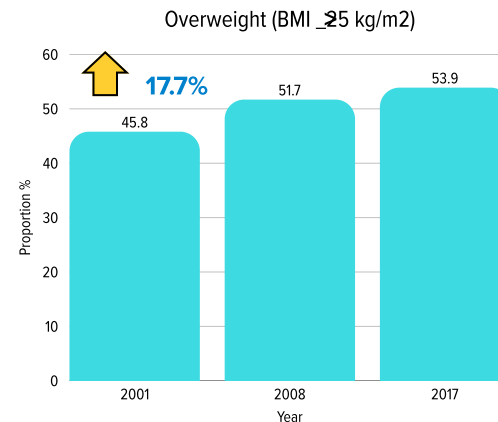
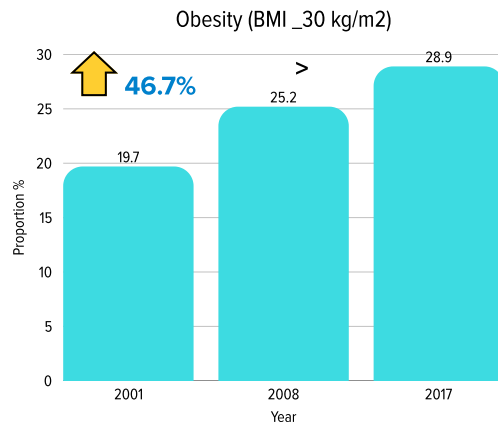
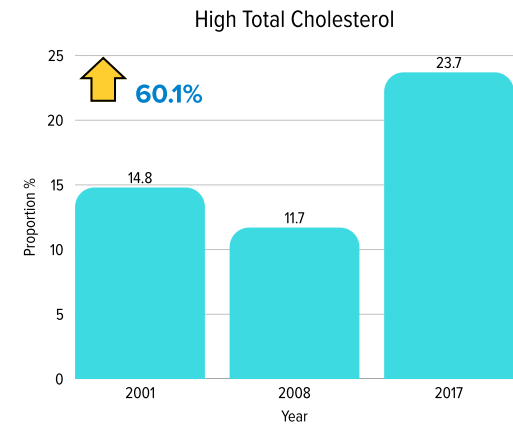
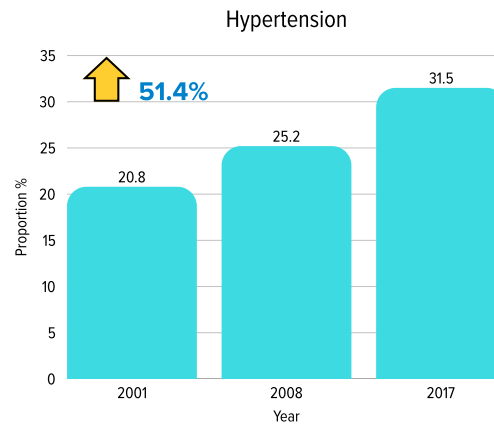
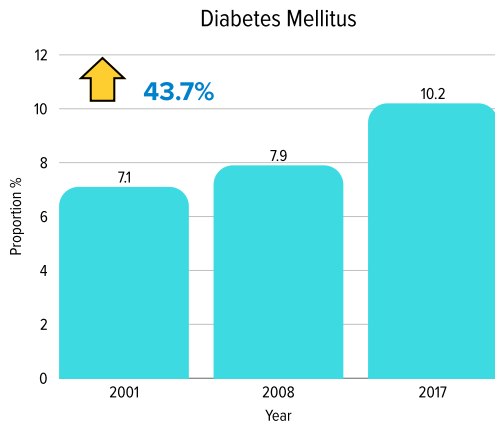


[1] The Economic Commission for Latin America and Caribbean. ECLAC Non-Communicable Diseases and their Impact on Sustainable Development. 2021 March. [Internet]. [Cited 2026 May 04]. Available from <https://www.cepal.org/en/publications/47593-non-communicable-diseases-and-their-impact-sustainable-development>.

[2] Ministry Of Health And Wellness. Jamaica Health And Lifestyle Survey (III). 2024.

Introduction

Trends in NCDs and Risk Factors in Jamaica, 2001 - 2017^{1,2,3}



[1] Wilks, R., Zohoori, N., Ashley, D., and Figueroa, P. The Jamaican Healthy Lifestyle Survey: Ministry of Health Jamaica. 2000.

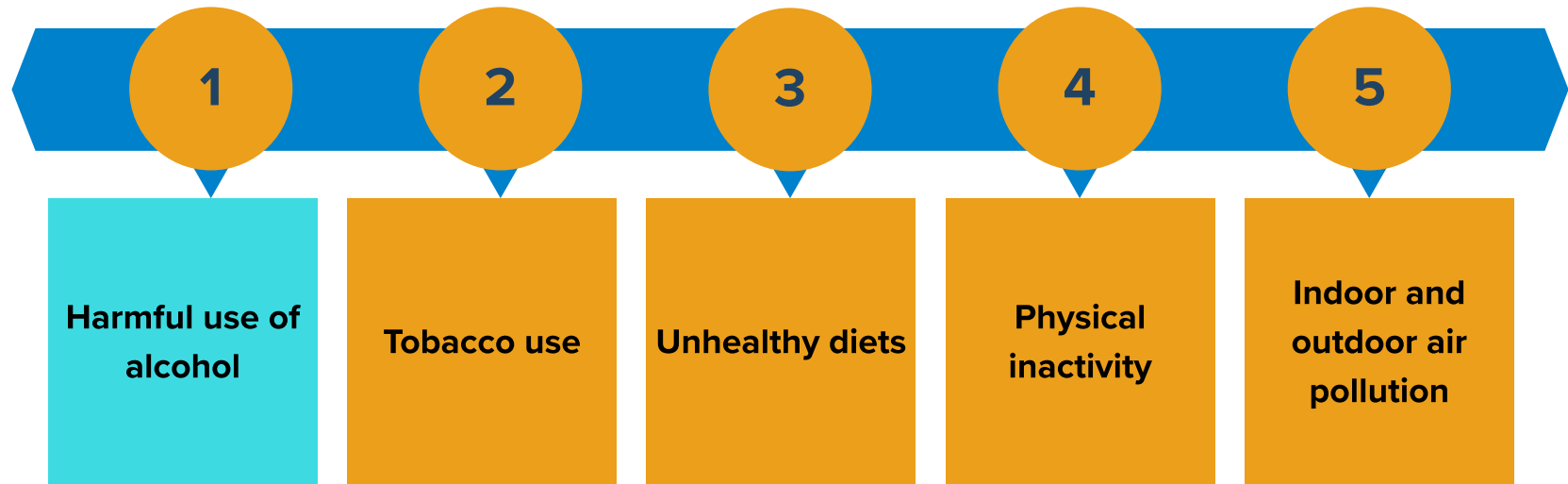
[2] Wilks, R., Younger, N., Tulloch-Reid, M., et al. (2008). Jamaica Health and Lifestyle Survey 2007-2008 (JHLS II).

[3] The Jamaica Health and Lifestyle Survey Writing Team1 (2022) The Jamaica Health and Lifestyle Survey III (2016 – 2017) TECHNICAL REPORT Kingston, Jamaica

Introduction

World Health Organization (WHO) Shared Risk Factors

The WHO highlights that there are five (5) main shared risk factors related to the development of NCDs¹. These risk factors are the harmful use of alcohol, tobacco use, unhealthy diets, physical inactivity, and indoor and outdoor air pollution. These contribute to the development of NCDs, and metabolic/physiological changes within the body.



Introduction

World Health Organization (WHO) Shared Risk Factors

The harmful use of alcohol, is considered one of the shared risk factors for the development of NCDs¹.

These shared risk factors result in increased:



Blood glucose levels
(Diabetes)



Blood pressure
(Hypertension)



Weight
(Overweight/Obesity)



Blood fat levels
(hyperlipidemia)



[1] World Health Organization. Non-communicable Risk Factors [Internet]. [Cited 2026 May 04]. Available from: <https://www.emro.who.int/noncommunicable-diseases/causes/risk-factors.html>

Introduction

Social Aspect of Alcohol

Alcohol is one of the most consumed substances worldwide with widespread social acceptance¹. According to 2019 estimates by the WHO, alcohol consumption is a common dietary and entertainment habit, with an estimated 2.5 billion consumers worldwide^{1,2}.

Approximately
2.5 billion
consumers of
alcohol worldwide



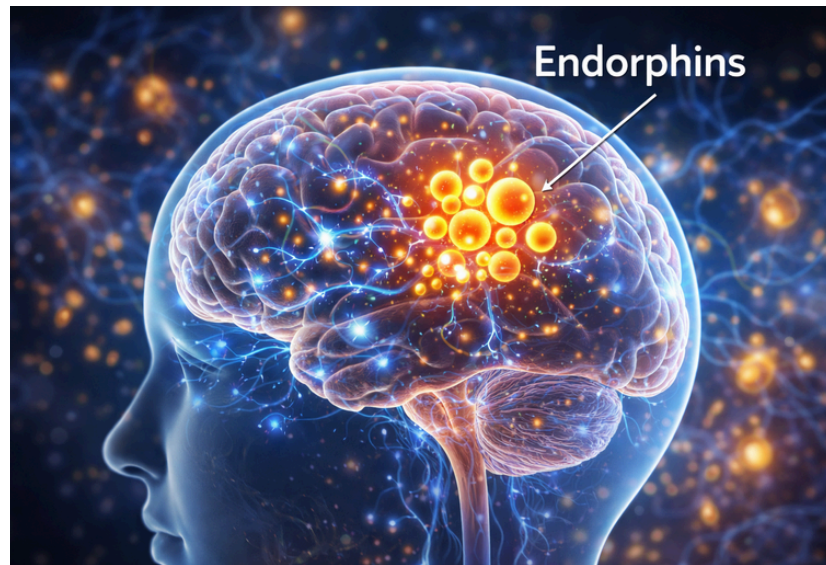
[1] Zhang X, Chen X, Yang J, Du L, Zhou Y, Li K. Meta-analysis of alcohol consumption and venous thromboembolism. *J Public Health (Oxf)*. 2022 Aug 25;44(3):477-498. doi: 10.1093/pubmed/fdab045.

[2] Global status report on alcohol and health and treatment of substance use disorders. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO. [Internet]. [Cited 2026 May 04]. Available from: <https://iris.who.int/server/api/core/bitstreams/32b161e9-5683-40f5-a1c3-1c92a76d5cda/content>

Introduction

Social Aspect of Alcohol

The main reason for alcohol's universal consumption is its ability to change how people feel, think and behave^{1,2}. Alcohol helps to increase the sensation of well-being by triggering the release of chemicals such as endorphins and reduce feelings of anxiety¹. Endorphin activation make us feel more relaxed¹.



[1] Dunbar RIM, Launay J, Wlodarski R, Robertson C, Pearce E, Carney J, MacCarron P. Functional Benefits of (Modest) Alcohol Consumption. *Adapt Human Behav Physiol.* 2017;3(2):118-133. doi: 10.1007/s40750-016-0058-4.

[2] Global status report on alcohol and health and treatment of substance use disorders. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO. [Internet]. [Cited 2026 May 04]. Available from: <https://iris.who.int/server/api/core/bitstreams/32b161e9-5683-40f5-a1c3-1c92a76d5cda/content>

Introduction

Social Aspect of Alcohol

Alcohol consumption is a part of the Jamaican culture, as it is consumed in everyday life and used during entertainment-based activities¹. A 2018 Jamaican study, involving the secondary analysis of data from the Jamaica Household Survey (2016), showed that binge drinking differed by socioeconomic status among males and females. In persons aged 18-25 years, binge drinking was greatest among¹.

- Employed males
- Females with only pre-secondary education

Males

(18-25 years):

Binge drinking
greatest among
employed males



Females

(18-25 years):

Binge drinking
greatest among
females with only
pre-secondary
education



[1] Abel WD, Weaver S, Ricketts Roomes T, Agu CF, Smith PW, Oshi DC, Harrison J, Smith K, Mitchell G, Belinfante A, Rae T, Oshi SN. Risk Factors Associated with Frequent Alcohol Binge Drinking among Jamaicans: Does Gender Matter? Asian Pac J Cancer Prev. 2018 Apr 23;19(S1):39-44. doi: 10.22034/APJCP.2018.19.S1.39.

Introduction

Cultural Linkages to Alcohol Consumption

Alcohol has a familiar association with the Caribbean region due to our colonial past and the plantation growth of sugar cane or “white gold”¹. Countries such as Jamaica have historically produced a significant amount of sugarcane—a primary ingredient in the production of alcohol or over-proof rum¹. Alcohol consumption and misuse in Jamaica went hand in hand with the plantation culture. This was due to enslaved Africans being given rum as compensation, leading to the use of rum in the diet and culture of Jamaican society¹.



[1] Smith M. When The Bough Breaks: Alcohol Misuse Among Jamaican Young Adults [Internet]. AURA - Antioch University Repository and Archive. 2023. Available from: <https://aura.antioch.edu/etds/912>

Introduction

Cultural Linkages to Alcohol Consumption

One of Jamaica's cultural and economic exports is its rum. Rum use is intertwined with the island's culture. Historically, rum has been used for varied purposes from medicinal use to festivities - dance, grave digging and "nine night" (dead yard)¹. Bars are important social "watering holes" for Jamaicans¹.



[1] Smith M. When The Bough Breaks: Alcohol Misuse Among Jamaican Young Adults [Internet]. AURA - Antioch University Repository and Archive. 2023. [Cited 2026 May 04]. Available from: <https://aura.antioch.edu/etds/912>

Introduction

Cultural Linkages to Alcohol Consumption

A 2010 study showed that alcohol use was ingrained into the sociocultural fabric of the Jamaican society at all class levels¹. A 2022 quantitative self-report survey showed that drinking in Jamaica is related to both affluence and lack, with different patterns of drinking between the classes². The consumption of alcohol was found to be acceptable by all classes regardless of social context². All social classes believed that alcohol misuse was linked to socially unacceptable behaviours leading to criminality and negative health effects².

Class level and associated consumption setting of alcohol in Jamaica

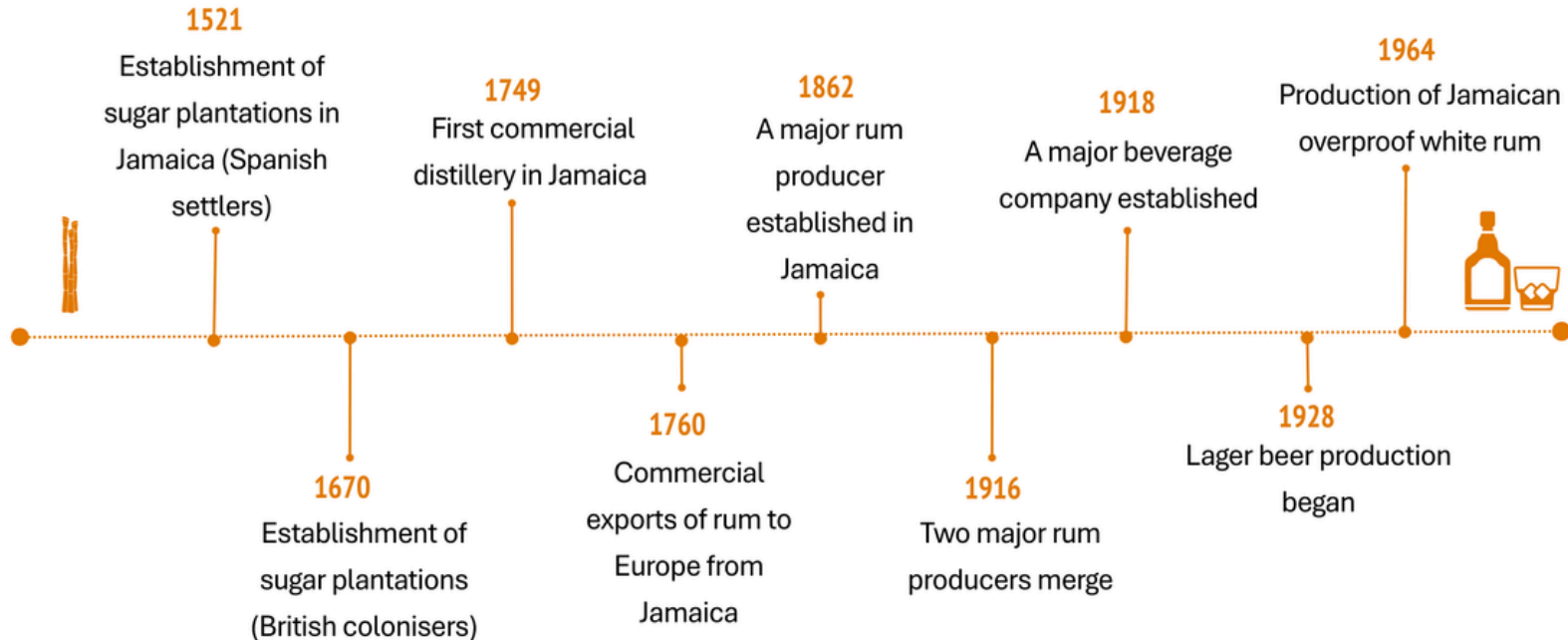
Class Level	Consumption Setting
Affluent	In isolation or intimate settings and gatherings
Middle	Semi-formal social settings
Lower	Bars and informal social settings

[1] Comparative Analysis of Student Drug Use in Caribbean Countries A Report on Student Drug Use in 12 Caribbean Countries 2010 CICAD Inter-American Drug Abuse Control Commission Secretariat for Multidimensional Security [Internet]. [Cited 2026 May 04]. Available from: <https://ncda.org.jm/wp-content/uploads/2013/01/studentdrug.pdf>

[2] Smith M. When The Bough Breaks: Alcohol Misuse Among Jamaican Young Adults [Internet]. AURA - Antioch University Repository and Archive. 2023. [Cited 2026 May 04]. Available from: <https://aura.antioch.edu/etds/912>

Introduction

A Brief History of Alcohol Production in Jamaica



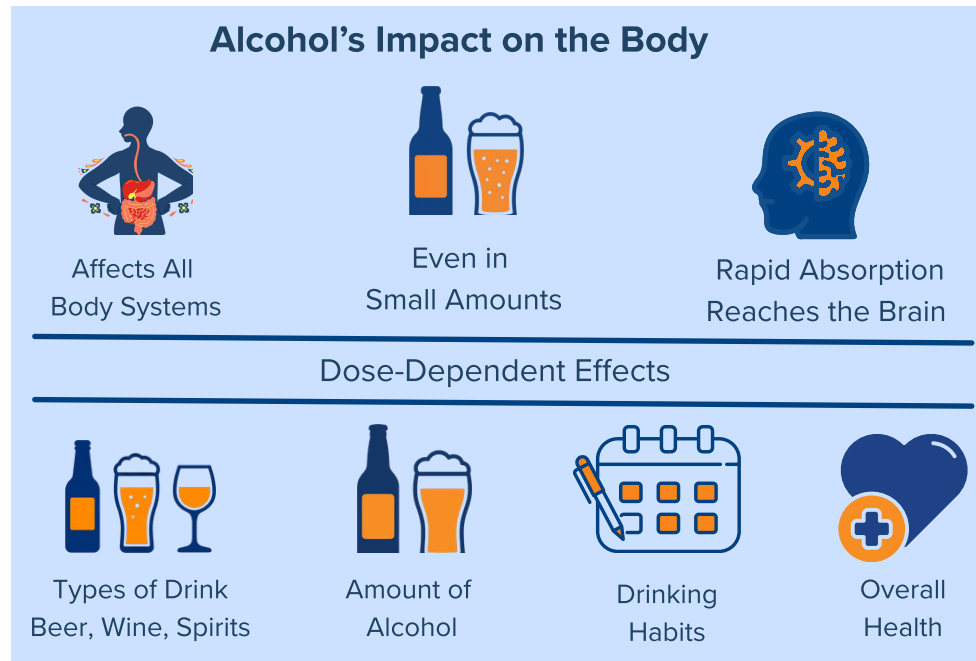
[1] Our Roots: Appleton Estate's Origin, History And Identity | Appleton Estate [Internet]. Appleton Estate - en-jm. 2025 [cited 2026 May 3]. Available from: <https://www.appletonestate.com/en-jm/roots/>

[2] Red Stripe 100 Years of History - Red Stripe company [Internet]. www.redstripecorporate.com. Available from: <https://www.redstripecorporate.com/our-history>

[3] Jamaican rum: history, distilleries and brands : Whisky and Spirits Guides [Internet]. Thewhiskyexchange.com. 2025. Available from: <https://www.thewhiskyexchange.com/inspiration/article/18298/jamaican-rum-history-distilleries-brands-the-whisky-exchange>

Health Effects of Alcohol

Alcohol has a significant effect on the body and its systems, even in small amounts¹. The consumption of alcohol presents a health risk to the drinker due to the ease of absorption, especially within the brain¹. The effect of alcohol on the body depends on the volume of alcohol, the type of alcoholic drink (beer, wine or rum) along with the previous pattern of drinking and overall health².



[1] Butts M, Sundaram VL, Murughiyan U, Borthakur A, Singh S. The Influence of Alcohol Consumption on Intestinal Nutrient Absorption: A Comprehensive Review. *Nutrients*. 2023 Mar 24;15(7):1571. doi: 10.3390/nu15071571.

[2] Chiva-Blanch G, Badimon L. Benefits and Risks of Moderate Alcohol Consumption on Cardiovascular Disease: Current Findings and Controversies. *Nutrients*. 2019 Dec 30;12(1):108. doi: 10.3390/nu12010108.

Health Effects of Alcohol

According to the WHO, alcohol and alcoholic beverages contain ethanol, which is an intoxicating psychoactive substance and carcinogen with dependence-producing properties¹. The harmful use of alcohol causes over 200 diseases and unintentional injuries¹. Effects of short-term alcohol use include injuries, violence, alcohol poisoning, sexually transmitted infections and unplanned pregnancies². It is considered a risk factor for the development of cardiovascular disease, digestive issues and mental health disorders, as well as a risk factor for several cancers such as cancers of the mouth, colorectal region, liver, larynx, pancreas, breast and prostate³. Alcohol consumption during pregnancy poses significant risks, as it may lead to malformation during gestation, and foetal alcohol syndrome¹.



**Cardiovascular and
digestive issues**



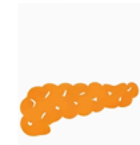
Mental health disorders



Liver



Larynx



Pancreas



Breast



Prostate

Associated Cancers

[1] World Health Organisation. Alcohol: WHO; 2024. [Internet]. [Cited 2026 May 04]. Available From: <https://www.who.int/news-room/fact-sheets/detail/alcohol>.

[2] U.S. Centers For Disease Control And Prevention. Alcohol Use And Your Health: CDC; 2025. [Internet]. [Cited 2026 May 04]. Available From: <https://www.cdc.gov/alcohol/about-alcohol-use/index.html>.

[3] U.S. Centers For Disease Control And Prevention. Alcohol And Cancer: CDC; 2025. [Internet]. [Cited 2026 May 04]. Available From: <https://www.cdc.gov/cancer/risk-factors/alcohol.html>

Health Effects of Alcohol

Globally, alcohol consumption contributes to approximately 2.6 million deaths annually. The harmful use of alcohol is a key risk factor for mortality worldwide and estimated to contribute to 1.5% of the global burden of disease¹.

**Alcohol contributed
to approximately
2.6 million
annual deaths
globally**



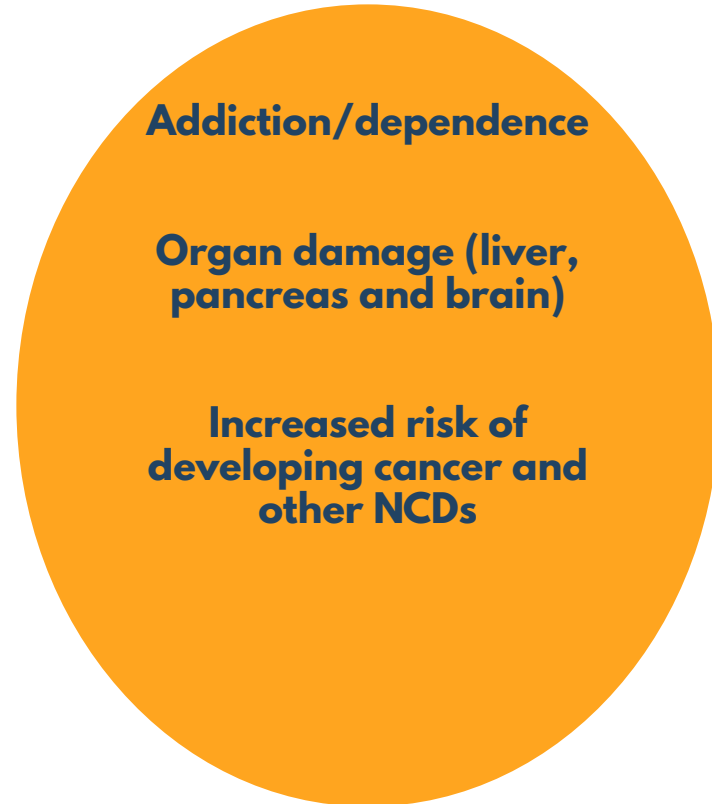
[1] Global status report on alcohol and health and treatment of substance use disorders. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO. [Internet]. [Cited 2026 May 04]. Available from: <https://iris.who.int/server/api/core/bitstreams/32b161e9-5683-40f5-a1c3-1c92a76d5cda/content>

Health Effects of Alcohol

Short-term



Long-term



[1] World Health Organisation. Alcohol: WHO; 2024. [Internet]. [Cited 2026 May 04]. Available From: <https://www.who.int/news-room/fact-sheets/detail/alcohol>.

[2] U.S. Centers For Disease Control And Prevention. Alcohol Use And Your Health: CDC; 2025. [Internet]. [Cited 2026 May 04]. Available From: <https://www.cdc.gov/alcohol/about-alcohol-use/index.html>.

[3] U.S. Centers For Disease Control And Prevention. Alcohol And Cancer: CDC; 2025. [Internet]. [Cited 2026 May 04]. Available From: <https://www.cdc.gov/cancer/risk-factors/alcohol.html>

Health Effects of Alcohol

Alcohol Attributable Deaths

It was estimated that 3.0% of all deaths occurring in 2019 were attributable to alcohol¹. Deaths from all causes that were attributable to alcohol were lower for Jamaica when compared with other countries. This trend was repeated for alcohol attributable deaths for cancer and road traffic crashes, with Jamaica having a lower proportion at 1.4% and 24.6% respectively¹.

**Alcohol contributed to
approximately
550 deaths
in Jamaica (2019)**

[1] Alcohol-attributable fractions, all-cause deaths (%) [Internet]. www.who.int. [cited 2026 May 04]. Available from: <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-attributable-fractions-all-cause-deaths->

Health Effects of Alcohol

Alcohol Attributable Deaths

Alcohol attributable deaths (all causes) in selected countries, 2019

Country	Age	All Causes (%)		
		Men	Women	Total
Barbados	All Ages	6.3	0.8	3.5
Canada	All Ages	7.3	2.1	4.7
Jamaica	All Ages	4.7	0.9	3.0
Trinidad and Tobago	All Ages	6.2	0.9	4.0
United Kingdom	All Ages	6.1	1.9	4.0
United States of America	All Ages	7.8	2.3	5.1

[1] Alcohol-attributable fractions, all-cause deaths (%) [Internet]. www.who.int. [cited 2026 May 04]. Available from: [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-attributable-fractions-all-cause-deaths\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-attributable-fractions-all-cause-deaths(-))

Health Effects of Alcohol

Alcohol Attributable Deaths

Alcohol attributable deaths from cancer, 2019

Country	Age	Cancer (%)		
		Men	Women	Total
Barbados	All Ages	5.7	2.4	4.1
Canada	All Ages	7.5	2.4	5.1
Jamaica	All Ages	1.8	0.8	1.4
Trinidad and Tobago	All Ages	3.6	1.8	2.8
United Kingdom	All Ages	7.4	3.0	5.4
United States of America	All Ages	7.2	2.4	4.9

[1] Alcohol-attributable fractions, all-cause deaths (%) [Internet]. www.who.int. [cited 2026 May 04]. Available from: [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-attributable-fractions-all-cause-deaths\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/alcohol-attributable-fractions-all-cause-deaths(-))

Health Effects of Alcohol

Alcohol Attributable Deaths

The WHO figures (2019) for alcohol attributable road traffic crash deaths indicate that Jamaica has a lower mortality rate than our Caribbean neighbors and developed countries. Jamaica has an overall proportion of 24.6% alcohol attributable road traffic crash deaths with males at 26.3% and females at 20.7%¹.

Alcohol attributable deaths from road traffic crashes, 2019

Country	Age	Road Traffic Crashes (%)		
		Men	Women	Total
Barbados	All Ages	45.0	36.8	42.9
Canada	All Ages	39.2	26.7	35.1
Jamaica	All Ages	26.3	20.7	24.6
Trinidad and Tobago	All Ages	32.3	23.6	30.6
United Kingdom	All Ages	42.6	33.0	40.1
United States of America	All Ages	42.6	29.6	38.7

Health Effects of Alcohol

Alcohol and Road Traffic Crashes in Jamaica

Alcohol can impair drivers when operating a motor vehicle¹. It inhibits cognition and brain function even in small amounts and can lead to drivers experiencing poor coordination, concentration and a reduction in risk assessment². Alcohol impaired driving is termed driving under the influence of alcohol (DUIA)¹.



[1] Lalwani K, Sewell C, Frazier G, et al. Drunk driving: a secondary analysis of factors associated with driving under the influence of alcohol in Jamaica. *BMJ Open* 2023;13:e073529. doi:10.1136/bmjopen-2023-073529

[2] The SAFER technical package: five areas of intervention at national and subnational levels. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO. [Internet]. [Cited 2026 May 04]. Available from: <https://www.who.int/initiatives/SAFER/drink-driving>

Health Effects of Alcohol

Alcohol and Road Traffic Crashes in Jamaica

Road traffic crashes are a significant public health problem resulting in death, disability, other life altering injuries and anxiety¹. Throughout the world, road traffic crashes are the leading cause of death among people aged 15-29 years¹.

Drivers who are impaired by alcohol have a higher risk of being involved in a motor vehicle accident². Additionally, DUIA when combined with high speed and poor road design, may result in more frequent road traffic crashes and more severe outcomes². Motor vehicle accidents not only affect the driver but also passengers, pedestrians and bystanders².



[1] The SAFER technical package: five areas of intervention at national and subnational levels. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO. [Internet]. [Cited 2026 May 04]. Available from: <https://www.who.int/initiatives/SAFER/drink-driving>

[2] Lalwani K, Sewell C, Frazier G, Abel W. Drunk driving: a secondary analysis of factors associated with driving under the influence of alcohol in Jamaica. *BMJ Open*. 2023 Jul 12;13(7):e073529. doi: 10.1136/bmjopen-2023-073529.

Health Effects of Alcohol

Alcohol and Road Traffic Crashes in Jamaica

Early research work in Jamaica highlighted that there was an association between victims of vehicular accidents and a blood alcohol concentration (BAC) in excess of the legal limit of 0.08 g/dL. However, research also indicates that a BAC of 0.05 g/dL increased the risk of a driver being involved in a road traffic accident. Jamaica's current national legislation endorses a BAC limit of ≤ 0.08 g/dL for both general and young/first-time drivers¹.



**Jamaica has a BAC
limit of ≤ 0.08 g/dL**

[1] Lalwani K, Sewell C, Frazier G, Abel W. Drunk driving: a secondary analysis of factors associated with driving under the influence of alcohol in Jamaica. *BMJ Open*. 2023 Jul 12;13(7):e073529. doi: 10.1136/bmjopen-2023-073529.

Health Effects of Alcohol

Energy Drinks and Alcohol

Energy drinks (EDs) usually contain carbonated water, caffeine, and other additives or chemicals that boost energy and mental performance¹. The consumption of energy drinks among adolescents has increased rapidly in recent years¹. A study from Norway estimated that in 2019, 30% of adolescents consumed EDs at least once a week¹. Energy drinks are considered to be the most widely consumed non-alcoholic beverage worldwide². The consumption of EDs have been linked to adverse health effects such as those affecting the cardiovascular system². It is suggested that the consumption of EDs put adolescents at risk for alcohol use¹. European consumer surveys indicated that respondents reported that EDs mixed well with alcohol². The Food and Drug Administration (FDA) of the United States of America has banned the mixing of alcohol with EDs³.



[1] Dobrek L. The Review on Adverse Effects of Energy Drinks and Their Potential Drug Interactions. *Nutrients*. 2025 Jul 25;17(15):2435. doi: 10.3390/nu17152435.

[2] Brunborg GS, Raninen J, Burdzovic Andreas J. Energy drinks and alcohol use among adolescents: A longitudinal study. *Drug Alcohol Depend*. 2022 Dec 1;241:109666. doi: 10.1016/j.drugalcdep.2022.109666.

[3] Center for Food Safety and Applied Nutrition. Caffeinated Alcoholic Beverages [Internet]. U.S. Food and Drug Administration. 2019. [cited 2026 May 04]. Available from: <https://www.fda.gov/food/food-additives-petitions/caffeinated-alcoholic-beverages>

Health Effects of Alcohol

Energy Drinks and Alcohol

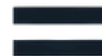
In the local context, it is a common practice to mix energy drinks and alcohol. For Jamaica, no formal data sources are available, however, anecdotal evidence suggests widespread use across all social classes. "Special" is the common name for the mix of energy drinks and alcohol in communities. The acceptance of this practice is reflected in popular songs¹.



Alcohol



Energy drink



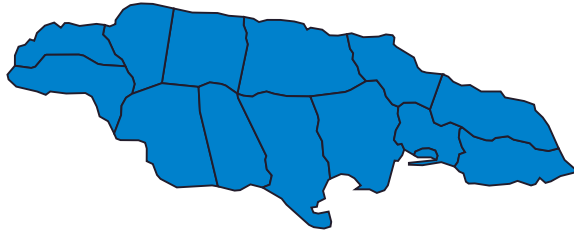
Altered reward system

[1] Waller, L., Johnson, S., Daley, G., & Reid, H. (2024). Jamaica National Drug Use Prevalence Survey 2023 – Technical Report for the Ministry of Health and Wellness, National Health Fund, National Council on Drug Abuse, Jamaica, and the Inter-American Drug Abuse Control Commission (CICAD). Kingston, Jamaica.

Alcohol Use In Jamaica

Per Capita Consumption of Alcohol

According to the World Bank, Jamaicans consumed approximately 3.1 L of alcohol per capita (2020), while the global per capita consumption is approximately 4.9 L for persons 15 years and older¹.



VS



3.1 L
Per capita

4.9 L
Per capita

Alcohol Use In Jamaica

Per Capita Consumption of Alcohol

There was a decrease in the per capita consumption of alcohol for Jamaica over the period 2000 to 2020 from 3.3 to 3.1 litres. This trend was in keeping with the overall decrease in the average for Latin America and the Caribbean from 6.8 (2000) to 5.8 (2020). Jamaica's per capita consumption is relatively low, with data indicating that the average alcohol consumption is only lower in some low and middle income countries and those with alcohol bans (11 countries)¹.

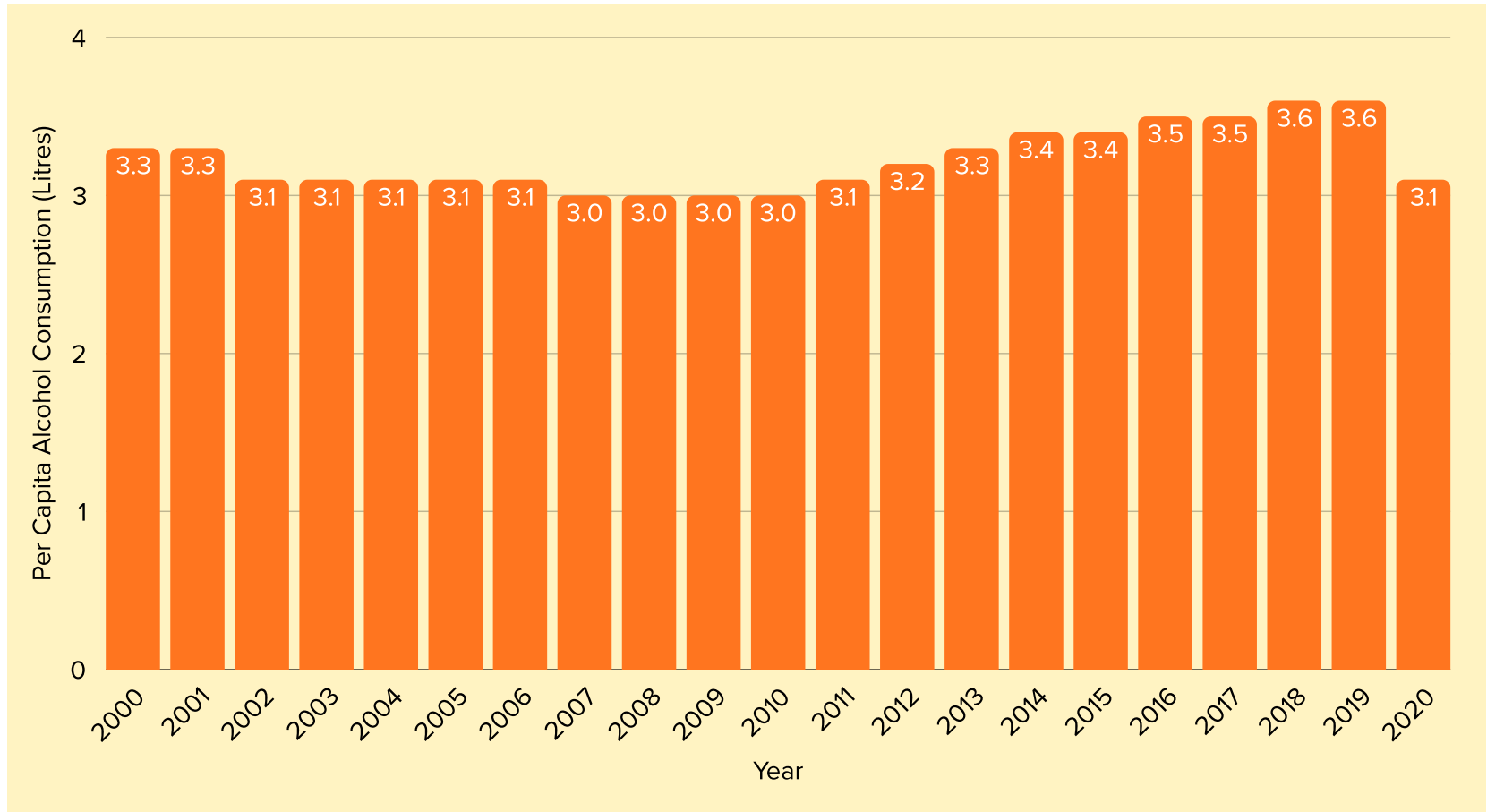
Per capita alcohol consumption, 2000 and 2020

Country	Per Capita Consumption of Alcohol /L (>15 years)		Change
	2000	2020	
Jamaica	3.3	3.1	Decrease ▼
Latin America and the Caribbean	6.8	5.8	Decrease ▼
High Income Countries	10.7	9.2	Decrease ▼
Upper Middle Income Countries	4.2	4.4	Increase ▲
Lower Middle Income Countries	2.4	3.5	Increase ▲

[1] Alcohol consumption per person [Internet]. Our World in Data. [cited 2026 May 3]. Available from: <https://ourworldindata.org/grapher/total-alcohol-consumption-per-capita-litres-of-pure-alcohol>

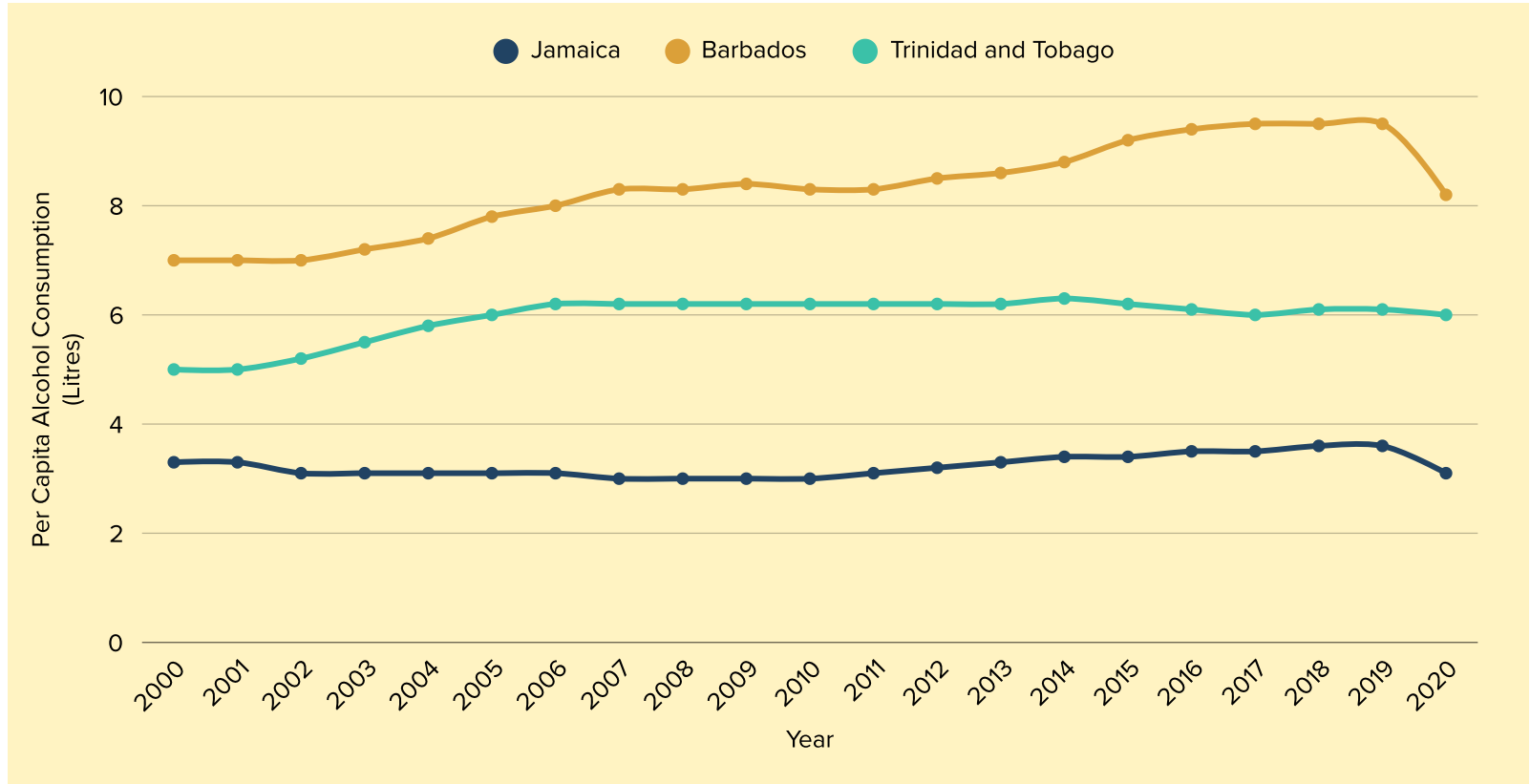
Alcohol Use In Jamaica

Per Capita Alcohol Consumption in Jamaica (2000 - 2020)



Alcohol Use In Jamaica

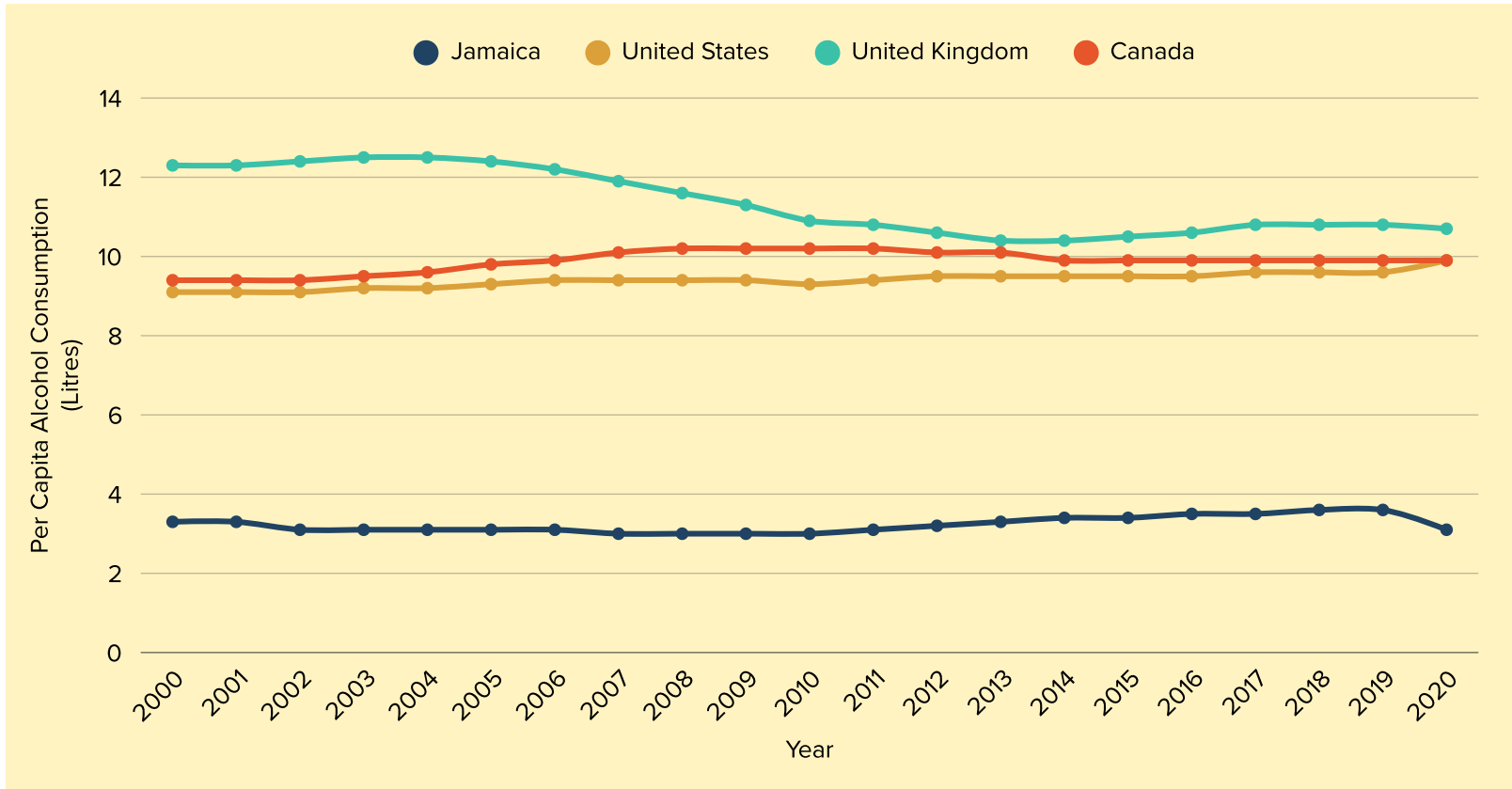
Per Capita Alcohol Consumption in Select Caribbean Countries (2000 - 2020)



[1] Alcohol consumption per person [Internet]. Our World in Data. [cited 2026 May 3]. Available from: <https://ourworldindata.org/grapher/total-alcohol-consumption-per-capita-litres-of-pure-alcohol>

Alcohol Use In Jamaica

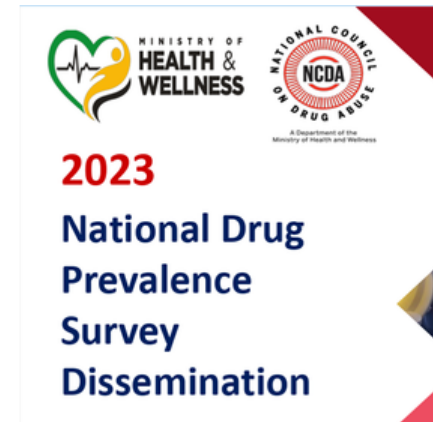
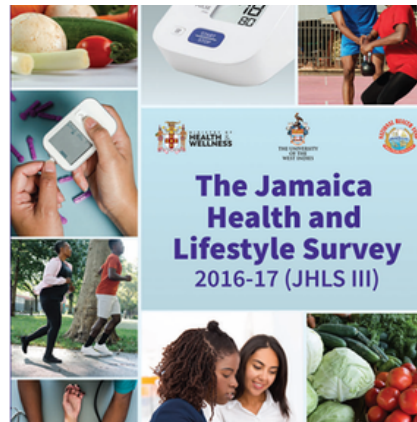
Per Capita Alcohol Consumption in Jamaica and Select High Income Countries (2000 - 2020)



Alcohol Use In Jamaica

Data on local alcohol consumption were derived from the following population-based or nationally representative surveys:




- a) The Global School Health Survey 2010 and 2017
- b) The Jamaica Health and Lifestyle Survey 2016-17
- c) The Jamaica National Drug Prevalence Survey 2016 and 2023



Alcohol Use In Jamaica

An assessment of the data from the 2016 and 2023 National Drug Prevalence Survey shows an overall increase in all usage patterns of alcohol for Jamaica. Current, past and lifetime use increased by 9.7%, 6.7% and 3.5% respectively¹.

Alcohol consumption in Jamaica, 2016 and 2023

Usage	2016 (%)	2023 (%)
Current	42.1	 46.2
Past	56.8	 60.6
Lifetime	74.8	 77.4

[1] Waller, L., Johnson, S., Daley, G., & Reid, H. (2024). Jamaica National Drug Use Prevalence Survey 2023 – Technical Report for the Ministry of Health and Wellness, National Health Fund, National Council on Drug Abuse, Jamaica, and the Inter-American Drug Abuse Control Commission (CICAD). Kingston, Jamaica.

Alcohol Use In Jamaica

Current Alcohol Use

In 2023, almost one in two (46.2%) Jamaicans aged 15 years and older reported current alcohol use¹. While three out of five (60.6%) Jamaicans had consumed alcohol in the past year and seven out of ten (77%) Jamaicans were lifetime consumers of alcohol. One out of four Jamaicans (25.2%) had never used alcohol. Males consumed more alcohol than females for current, past year and lifetime users¹.

Alcohol consumption in Jamaica, 2023

Usage	Male (%)	Female (%)	Total (%)
Current	59.9	32.7	46.2
Past	70.0	48.3	60.6
Lifetime	83.4	71.3	77.4

[1] Waller, L., Johnson, S., Daley, G., & Reid, H. (2024). Jamaica National Drug Use Prevalence Survey 2023 – Technical Report for the Ministry of Health and Wellness, National Health Fund, National Council on Drug Abuse, Jamaica, and the Inter-American Drug Abuse Control Commission (CICAD). Kingston, Jamaica.

Alcohol Use In Jamaica

Current Alcohol Use

In general, alcohol consumption increased with increasing age for both males and females. Current alcohol use was highest in the 18-24 years age group for females and 25-34 years age group for males.

Alcohol consumption in Jamaica by age and sex, 2023

	Age Group (Years)								
Usage	12-14	15-17	Y12-17	18-24	25-34	35-44	45-54	55-65	Total (%)
Females									
Current	9.7	23.2	17.6	44.1	39.7	36.2	31.9	15.4	32.7
Past	27.9	51.3	41.6	56.6	59.9	50.0	43.2	24.7	48.3
Lifetime	34.3	64.6	52.0	75.1	81.8	76.5	74.9	57.1	71.3
Males									
Current	3.8	29.6	21.1	56.9	77.8	75.3	66.0	57.5	59.9
Past	14.7	55.3	41.8	74.7	86.2	84.5	77.7	68.2	73.0
Lifetime	34.4	65.2	55.0	84.2	91.1	91.5	90.9	88.4	83.5

[1] Waller, L., Johnson, S., Daley, G., & Reid, H. (2024). Jamaica National Drug Use Prevalence Survey 2023 – Technical Report for the Ministry of Health and Wellness, National Health Fund, National Council on Drug Abuse, Jamaica, and the Inter-American Drug Abuse Control Commission (CICAD). Kingston, Jamaica.

Alcohol Use In Jamaica

Current Alcohol Use

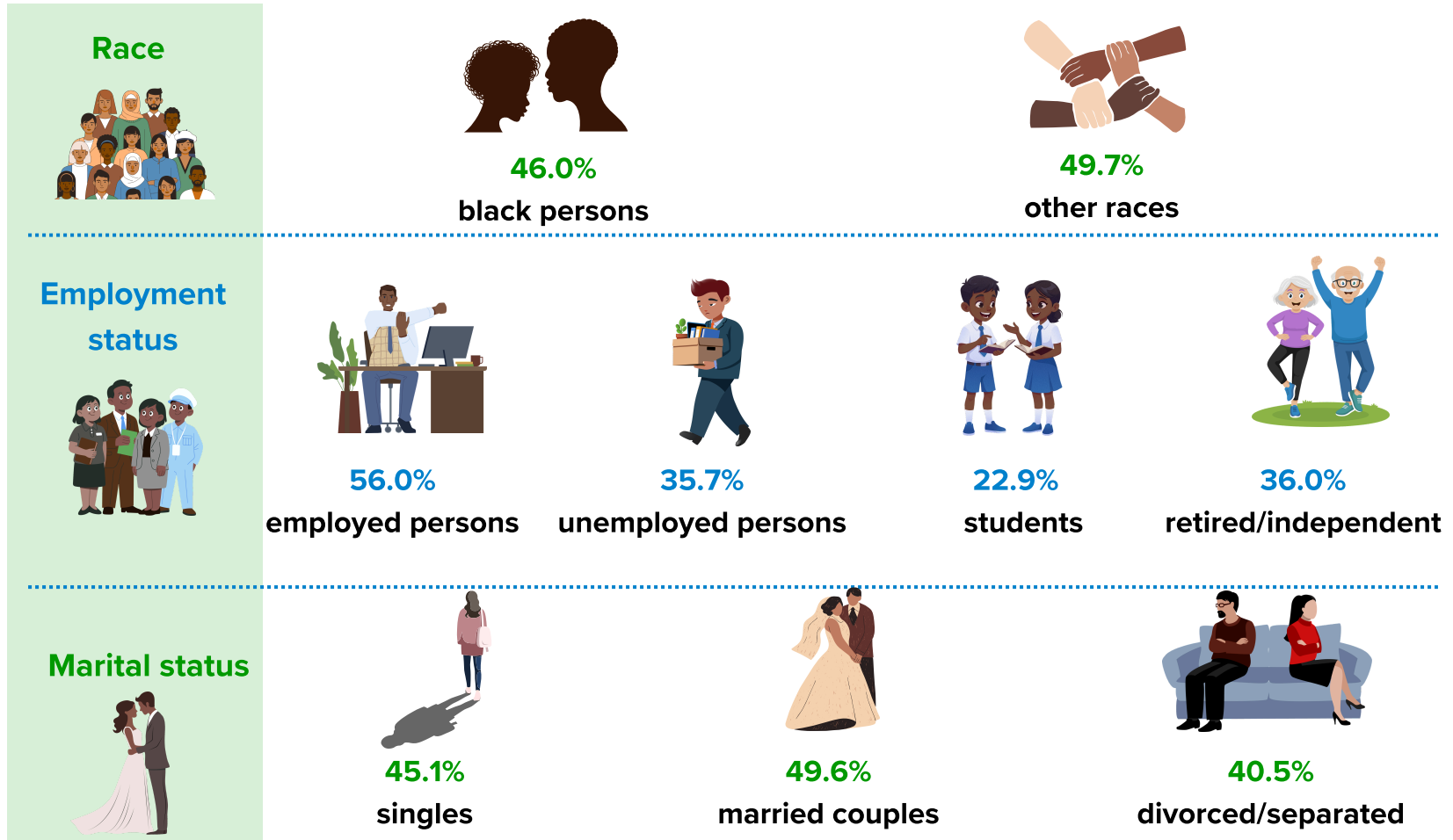
Jamaicans of all ethnicities consumed similar amounts of alcohol. Overall, males 15 years and older consumed more alcohol than females. Current alcohol use was highest among employed Jamaicans, married couples, those who identified as Rastafarians and those who achieved post-secondary education¹.



[1] Waller, L., Johnson, S., Daley, G., & Reid, H. (2024). Jamaica National Drug Use Prevalence Survey 2023 – Technical Report for the Ministry of Health and Wellness, National Health Fund, National Council on Drug Abuse, Jamaica, and the Inter-American Drug Abuse Control Commission (CICAD). Kingston, Jamaica.

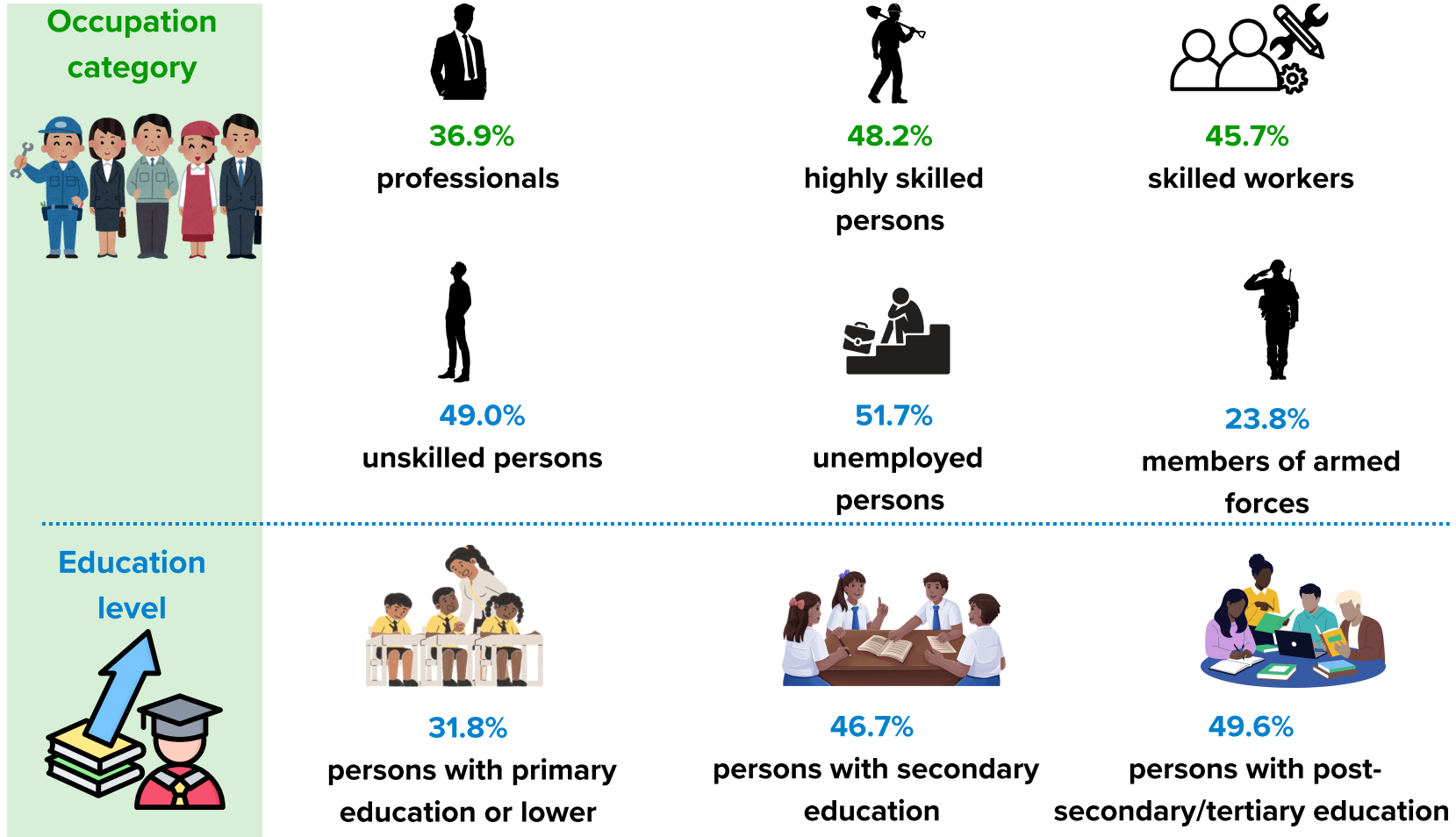
Alcohol Use In Jamaica

Current Alcohol Use:



Alcohol Use In Jamaica

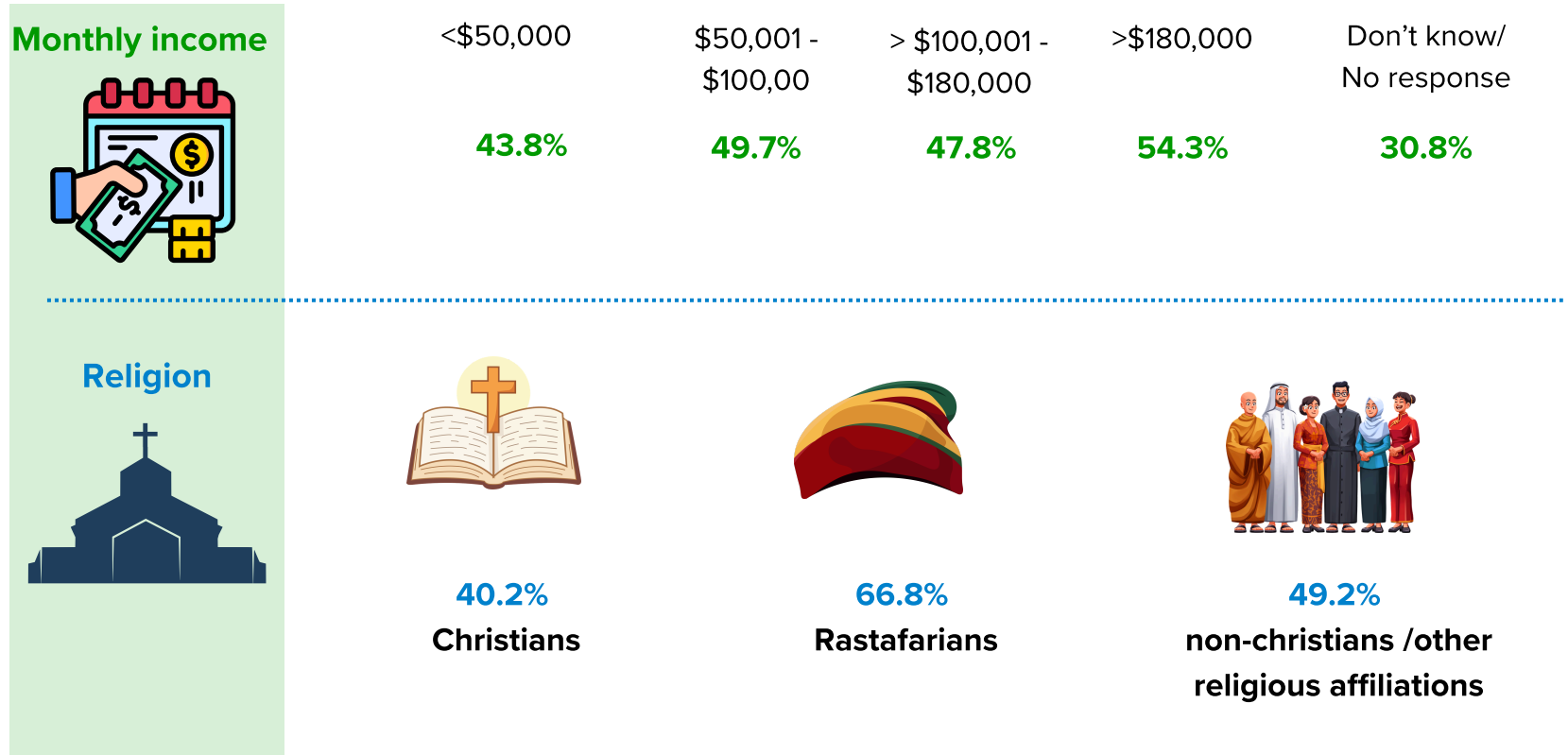
Current Alcohol Use:



[1] Waller, L., Johnson, S., Daley, G., & Reid, H. (2024). Jamaica National Drug Use Prevalence Survey 2023 – Technical Report for the Ministry of Health and Wellness, National Health Fund, National Council on Drug Abuse, Jamaica, and the Inter-American Drug Abuse Control Commission (CICAD). Kingston, Jamaica.

Alcohol Use In Jamaica

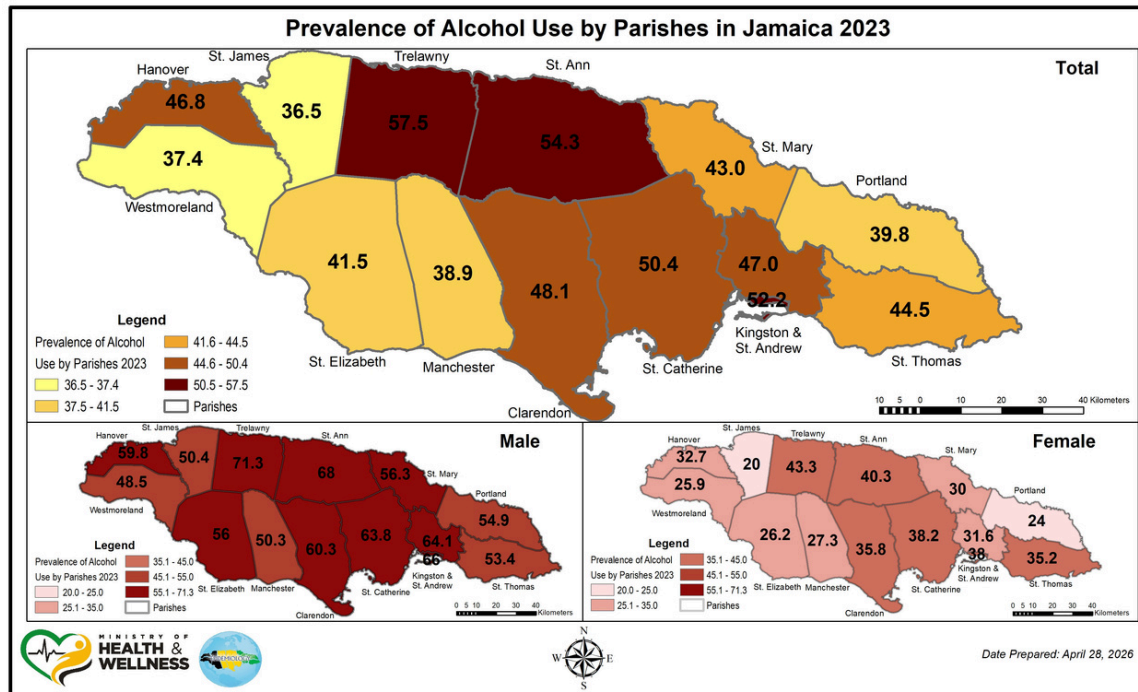
Current Alcohol Use:



Alcohol Use In Jamaica

Current Alcohol Use

Current alcohol use was highest in the parishes of Trelawny, St. Ann and Kingston and St. Andrew with proportions greater than 50%. Additionally, St. Catherine's figure was greater than 50% at 50.4%; while the lowest proportion of current alcohol use was found in St. James at 36.5%¹.



[1] Waller, L., Johnson, S., Daley, G., & Reid, H. (2024). Jamaica National Drug Use Prevalence Survey 2023 – Technical Report for the Ministry of Health and Wellness, National Health Fund, National Council on Drug Abuse, Jamaica, and the Inter-American Drug Abuse Control Commission (CICAD). Kingston, Jamaica.

Alcohol Use In Jamaica

Alcohol Use in Students (13-17 years)

The Global School Health Survey (GSHS), 2017 found that approximately one in two (48.9%) adolescents aged 13-17 years reported current use of alcohol. Current alcohol use was 45.1% in 13-15 year-olds, and 53.7% in 16-17 year-olds. Notably, there was a 14.1% decline in current alcohol use among 13–15 year-olds between 2010 and 2017. Over the same period, adolescent females 13-15 years experienced a larger decrease of 23.3% compared to males with a 5.0% decrease.

Current alcohol use in Jamaican schools, 2010 - 2017

Age (Years)	Years	Male	Female	Total
13-15	2010 [1]	57.8	47.1	52.5
13-15	2017 [2]	54.8	36.1	45.1
13-17	2017 [2]	58.7	39.9	48.9
16-17	2017 [2]	63.3	44.9	53.7

[1] Survey - Global School-Based Student Health Survey - Jamaica 2010 - National Council on Drug Abuse [Internet]. National Council on Drug Abuse. 2020 [cited 2026 May 1].

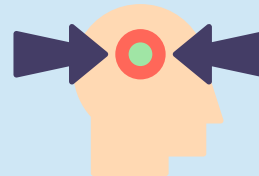
Available from: <https://ncda.org.jm/publications/surveys/survey-global-school-based-student-health-survey-jamaica-2010/>

[2] Jamaica - Global School-Based Student Health Survey 2017 [Internet]. extranet.who.int. [cited 2026 May 1] Available from: <https://extranet.who.int/ncdsmicrodata/index.php/catalog/644>

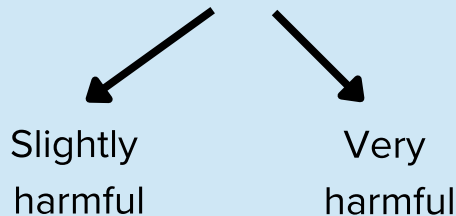
Alcohol Use In Jamaica

Alcohol Use in Students (13-17 years)

Students' Alcohol Perception - 2018 ¹

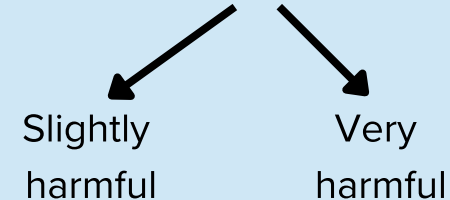


Frequently Drinking Alcohol



Students who perceived frequently drinking alcohol as slightly harmful were **44.0%** more likely to drink alcohol than those who perceived it as very harmful.

Getting Drunk



Students who perceived getting drunk as slightly harmful were **38.0%** more likely to drink alcohol than those who perceived it as very harmful.

[1] Oshi, S. N., Abel, W. D., Ricketts-Roomes, T., Meka, I. A., Harrison, J., Weaver, S., Agu, C. F., Whitehorne-Smith, P., Omeje, J., Rae, T., Oshi, D. C. Does Risk Perception Affect Alcohol Consumption among Secondary School Students in Jamaica?. Asian Pacific Journal of Cancer Prevention, 2018; 19(S1): 13-18. doi: 10.22034/APJCP.2018.19.S1.13

Alcohol Use In Jamaica

Alcohol Use in Students (13-17 years)

In 2023, the average age for initiation of alcohol consumption in Jamaica was at **16.7** years. On average, males started consuming alcohol 2 years before females¹.



Males began drinking at
15.6 years



Females began drinking at
17.8 years

Alcohol Use In Jamaica

Summary of Current Alcohol Use in Jamaica

The table below highlights the current alcohol use from population based surveys from 2010-2023. Across all surveys, males consumed more alcohol than females.

Current alcohol consumption for Jamaicans 13 - 65 years, 2010-2023

Age (Years)	Year	Total (%)	Male (%)	Female (%)
13-15	2010 ¹	52.5	57.8	47.1
13-15	2017 ¹	45.1	54.8	36.1
16-17	2017 ¹	53.7	63.3	44.9
13-17	2017 ¹	48.9	58.7	39.9
15-74	2000 ²	NA	78.0	50.6
15-74	2008 ²	64.3	80.1	49.2
15-74	2017 ²	41.7	58.3	25.0
12-65	2016 ³	42.1	56.6	27.9
12-65	2023 ⁴	46.2	59.9	32.7

¹Global School Health Survey, 2017; ² Jamaica Health and Lifestyle Survey, 2016-17; ³ National Drug Prevalence Survey, 2016; ⁴ National Drug Prevalence Survey, 2023
 Younger-Coleman N., Cumberbatch C., Campbell J., Ebanks C., Williams D., O'Meally V. (2017) Jamaica National Drug Use Prevalence Survey 2016 - TECHNICAL REPORT For the OAS/CICAD & NCDA. Kingston, Jamaica

Alcohol Use In Jamaica

Harmful Use of Alcohol

The misuse and over consumption of alcohol can be categorized as heavy episodic (HE) alcohol use, binge drinking and harmful use. The table below highlights the categories captured from the 2016 and 2023 National Drug Prevalence Survey (NDPS), and the JHLS III 2017. Overall, the harmful use of alcohol and binge drinking have decreased in the general population.

Alcohol misuse for Jamaicans aged 15 years and older, 2016, 2017 and 2023

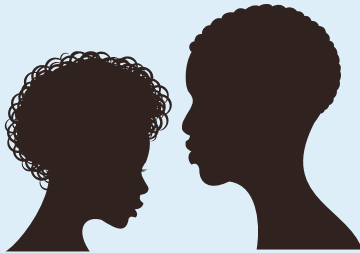
Gender	NDPS 2016		NDPS 2023		JHLS III 2017	
	Harmful Use	Binge Drinking	Harmful Use	Binge Drinking	HE Alcohol Use	Binge Drinking
Male	22.9	20.9	22.7	8.7	13.0	13.8
Female	9.9	9.5	8.9	3.3	3.4	3.5
Total	16.3	15.1	15.7	6.5	8.1	8.5

Alcohol Use In Jamaica

Harmful Use of Alcohol

An examination of the sociodemographic factors that may have influenced the harmful use of alcohol by Jamaicans indicates that this practice is concentrated in the male population. The Kingston Metropolitan Area reported a higher incidence of harmful alcohol use (27.3%) compared to rural areas (21.3%). This habit was highest in persons of black ethnicity (15.8%), the employed (19.2%), single Jamaicans (16.7%) and Rastafarians (33%)¹.

Harmful alcohol use was highest in:



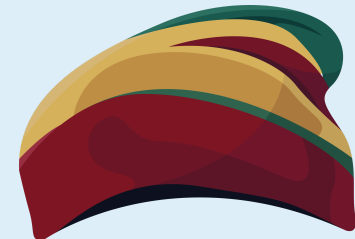
Black ethnicity



Singles



Employed



Rastafarians

Alcohol Use In Jamaica

Harmful Alcohol Use:

Race



15.8%

black persons



15.0%

other races

Employment status



19.2%

employed persons



12.4%

unemployed persons



7.4%

students



10.2%

retired/independent

Marital status



16.7%

singles



13.4%

married couples

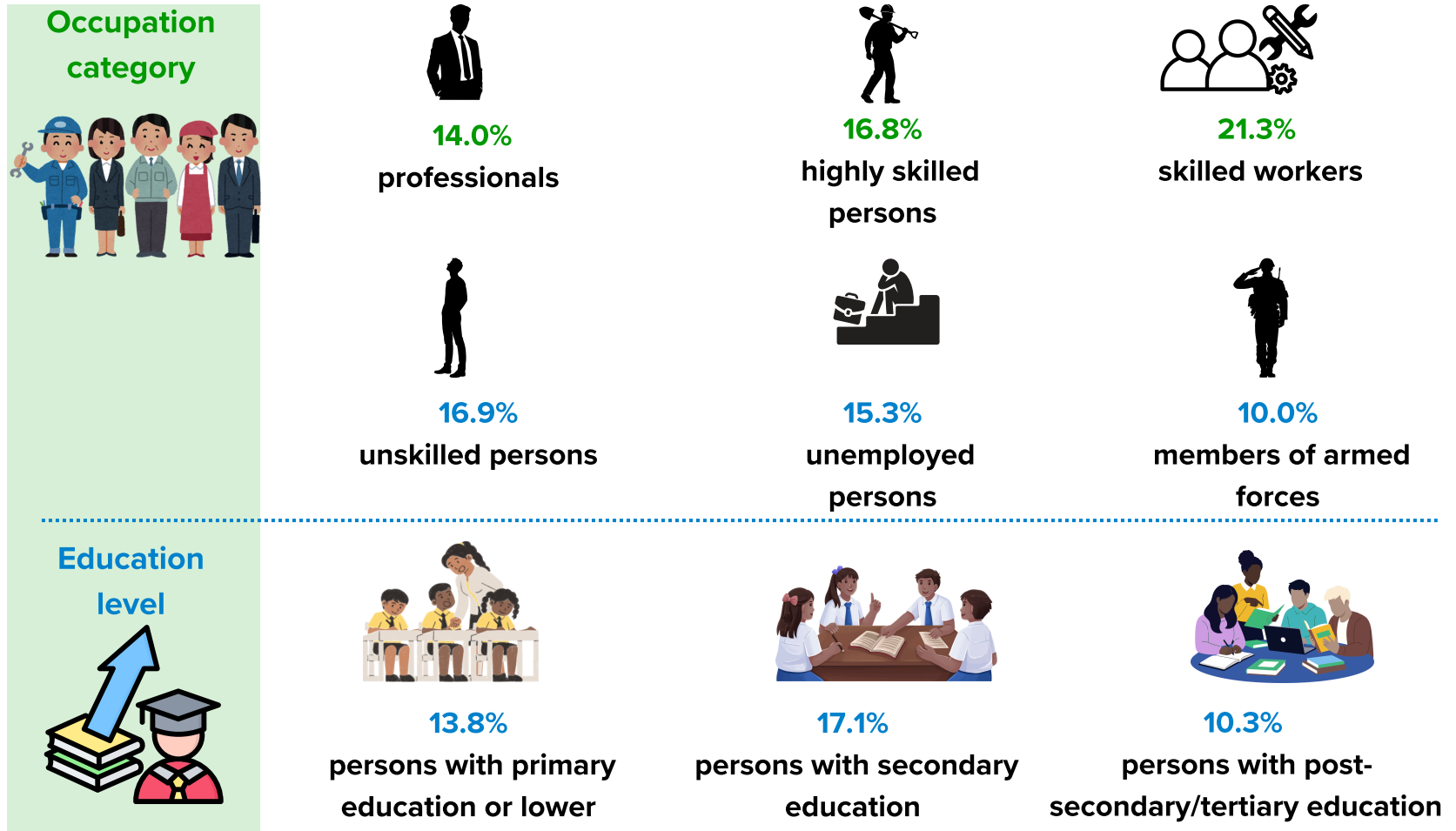


9.5%

divorced/separated

Alcohol Use In Jamaica

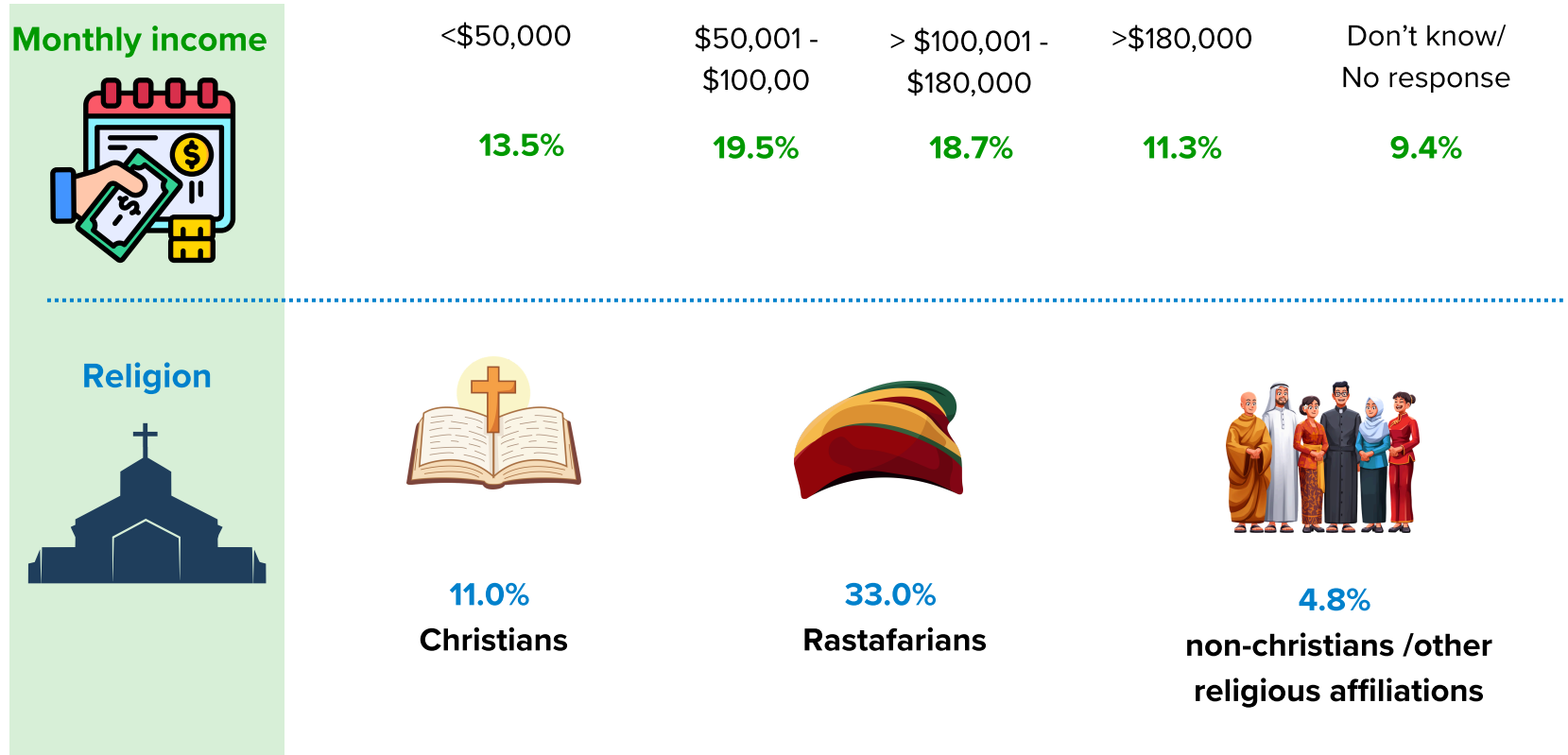
Harmful Alcohol Use:



[1] Waller, L., Johnson, S., Daley, G., & Reid, H. (2024). Jamaica National Drug Use Prevalence Survey 2023 – Technical Report for the Ministry of Health and Wellness, National Health Fund, National Council on Drug Abuse, Jamaica, and the Inter-American Drug Abuse Control Commission (CICAD). Kingston, Jamaica.

Alcohol Use In Jamaica

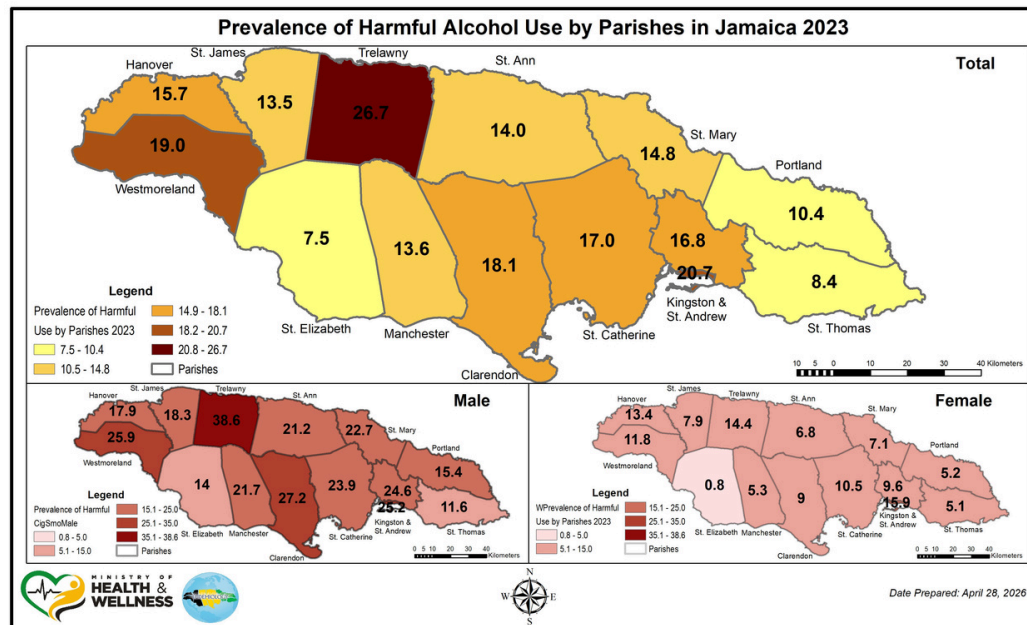
Harmful Alcohol Use:



Alcohol Use In Jamaica

Harmful Use of Alcohol

The highest proportion of harmful use was recorded in the parish of Trelawny, followed by Kingston and St. Andrew 2023 and Westmoreland. These parishes were higher than the national average of 15.7%. The parish with the lowest proportion of harmful use was St. Elizabeth at 7.5%¹.



[1] Waller, L., Johnson, S., Daley, G., & Reid, H. (2024). Jamaica National Drug Use Prevalence Survey 2023 – Technical Report for the Ministry of Health and Wellness, National Health Fund, National Council on Drug Abuse, Jamaica, and the Inter-American Drug Abuse Control Commission (CICAD). Kingston, Jamaica.

Alcohol Use In Jamaica

Polysubstance Use

Alcohol is often consumed with other substances. An analysis of the 2016 Jamaica Drug Prevalence Survey data indicated that men were 3 times more likely than women to consume alcohol with other substances such as tobacco and marijuana. Alcohol and marijuana were the most frequently combined substances¹.

Polysubstance use in Jamaica, 2016

Combination Polysubstance Use	Past Month (%)	Past Year (%)
Alcohol + Marijuana	15.4	12.9
Alcohol + Tobacco	9.1	10.9
Tobacco + Marijuana	7.7	8.8
Alcohol + Tobacco + Marijuana	6.9	8.2

[1] Lalwani K, Whitehorne-Smith P, Walcott G, McLeary JG, Mitchell G, Abel W. Prevalence and sociodemographic factors associated with polysubstance use: analysis of a population-based survey in Jamaica. BMC Psychiatry. 2022 Jul 29;22(1).

Alcohol Use In Jamaica

Road Traffic Crashes

In 2022, road traffic crashes were the leading cause of deaths from unintentional injuries (68.3%) in Jamaica. It was the leading cause of death in children (0-14 years), young adults (20-34 years) and the elderly (60+ years)¹.

Deaths from road traffic crashes in Jamaica, 2006 and 2022

Vulnerable Group	Number of deaths (2006)	Number of deaths (2022)
Children (0-14 years)	31	▼ 12
Young adults (20-34 years)	91	▲ 155
Elderly (60+ years)	46	▲ 53

[1] Ministry of Health and wellness. VITALS: A Quarterly Report, 2025-Injuries-Intentional and Unintentional injuries in the Jamaican Population: Calculated from RGD line list 2006-2012 & 2015-2022, 2013 and 2014

Alcohol Use In Jamaica

Road Traffic Crashes and Driving Under the Influence of Alcohol

In 2020, approximately 20% of road traffic crashes were estimated to be due to DUIA¹. A secondary analysis of the 2016 Jamaica Drug Prevalence Survey data highlighted that 18% of Jamaicans had driven under the influence of alcohol². The total proportion of Jamaicans driving under the influence of alcohol for 2023 was self reported at 17.5%, with 2.3% being involved in accidents³. Almost one in four (23.5%) males reported driving while intoxicated with alcohol compared to 5.2% for females³.



[1] Health at a glance: Latin America and the Caribbean 2020. Heal a Glance Lat Am Caribb 2020. [Internet]. [cited 2026 May 1]. Available from https://www.oecd.org/content/dam/oecd/en/publications/reports/2020/06/health-at-a-glance-latin-america-and-the-caribbean-2020_4f138987/6089164f-en.pdf

[2] Lalwani K, Sewell C, Frazier G, Abel W. Drunk driving: a secondary analysis of factors associated with driving under the influence of alcohol in Jamaica. *BMJ Open*. 2023 Jul 12;13(7):e073529. doi: 10.1136/bmjopen-2023-073529.

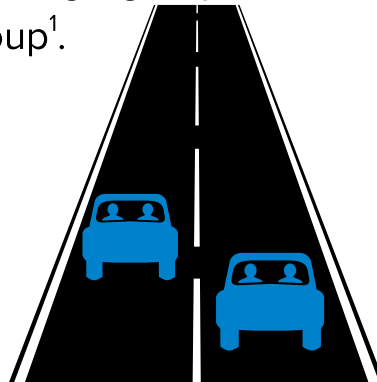
[3] Waller, L., Johnson, S., Daley, G., & Reid, H. (2024). Jamaica National Drug Use Prevalence Survey 2023 – Technical Report for the Ministry of Health and Wellness, National Health Fund, National Council on Drug Abuse, Jamaica, and the Inter-American Drug Abuse Control Commission (CICAD). Kingston, Jamaica.

Alcohol Use In Jamaica

Driving Under the Influence of Alcohol

The age group breakdown of Jamaicans aged 12-65 years (NDPS, 2023) who had driven under the influence of alcohol (DUIA) in the past year revealed a higher proportion for males when compared with females. For males, the proportion of alcohol-impaired driving was highest in the 25-34 years age group at 32.3%, followed by 28.8% for males 35-44 years and similar proportions of 18.6% and 18.8% for the 18-24 years and 45-54 years age groups respectively¹.

Jamaican females in the 45-54 years age group had the greatest proportion for females DUIA at 13.8% followed by the 25-34 years age group at 6.3%, 2.4% for the 35-44 years age group and 1.8% for the 18-24 years age group¹.



[1] Waller, L., Johnson, S., Daley, G., & Reid, H. (2024). Jamaica National Drug Use Prevalence Survey 2023 – Technical Report for the Ministry of Health and Wellness, National Health Fund, National Council on Drug Abuse, Jamaica, and the Inter-American Drug Abuse Control Commission (CICAD). Kingston, Jamaica.

Alcohol Use In Jamaica

Driving Under the Influence of Alcohol

Age-specific distribution of Jamaicans (12-65 years) who were DUIA in the past 12 months (NDPS), 2023

Gender	Age Group (%)								
	12-14	15-17	Y12-17	18-24	25-34	35-44	45-54	55-65	Total
Male	0	12.1	11.1	18.6	32.3	28.8	18.8	14.0	23.5
Female	0	0	0	1.8	6.3	2.4	13.8	-	5.2
Both	0	10.0	8.1	13.1	22.7	19.9	17.2	11.2	17.5

Response

WHO Best Buys and Other Recommended Interventions

The WHO, through its “Best Buy” interventions, supports a multi-pronged approach with cost-effective policy actions. Best buys are cost effective evidence based interventions for combatting non-communicable diseases. The policy options range from individual therapeutic services to community and population level interventions. The three best buys related to alcohol consumption are¹:

1. Increasing alcohol beverage excise taxes
2. Restricting access to retailed alcoholic beverages
3. Comprehensive advertising, promotion and sponsorship bans

Measures that curb the affordability, availability and accessibility of alcohol are said to be the most cost-effective.

[1] Global status report on alcohol and health and treatment of substance use disorders. Geneva: World Health Organization; 2024. Licence: CC BY-NC-SA 3.0 IGO. [Internet]. [Cited 2026 May 04]. Available from: [World Health Organisation. Alcohol: WHO; 2024. \[Internet\]. \[Cited 2026 May 04\]. Available From: <https://www.who.int/news-room/fact-sheets/detail/alcohol>.](https://www.who.int/news-room/fact-sheets/detail/alcohol)

Response

Global Response-Alcohol Action Plan

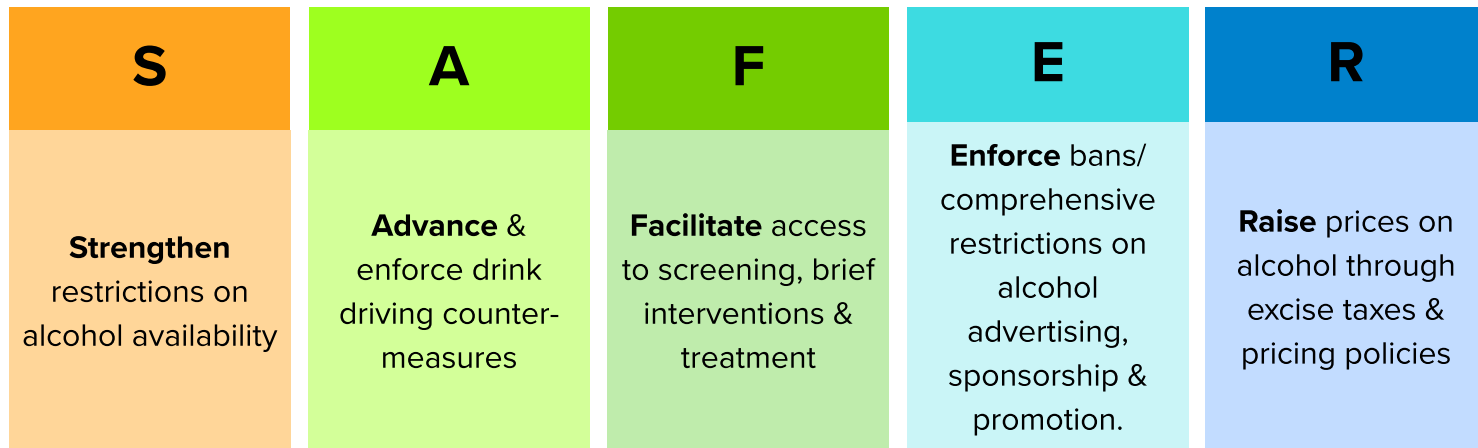
The WHO's Global Alcohol Action Plan (2022–2030) aims to lessen the harmful use of alcohol through operative, evidence-based plans at the national, regional and global levels¹. This plan outlines six (6) key areas for action:

- 1 Implementation of high-impact strategies and interventions
- 2 Advocacy, awareness and commitment
- 3 Partnership, dialogue and coordination
- 4 Technical support and capacity-building
- 5 Knowledge production and information systems
- 6 Resource mobilization

Response

Global Response-SAFER Initiative

The WHO has a goal of reducing the harmful use of alcohol by 10% by 2030. This WHO goal is governed by the SAFER initiative and technical package. The initiative outlines five (5) high-impact strategies that can assist governments to reduce the harmful effects of alcohol use and the related health and socioeconomic consequences. The WHO-led initiative aims to support member states in achieving this goal¹.

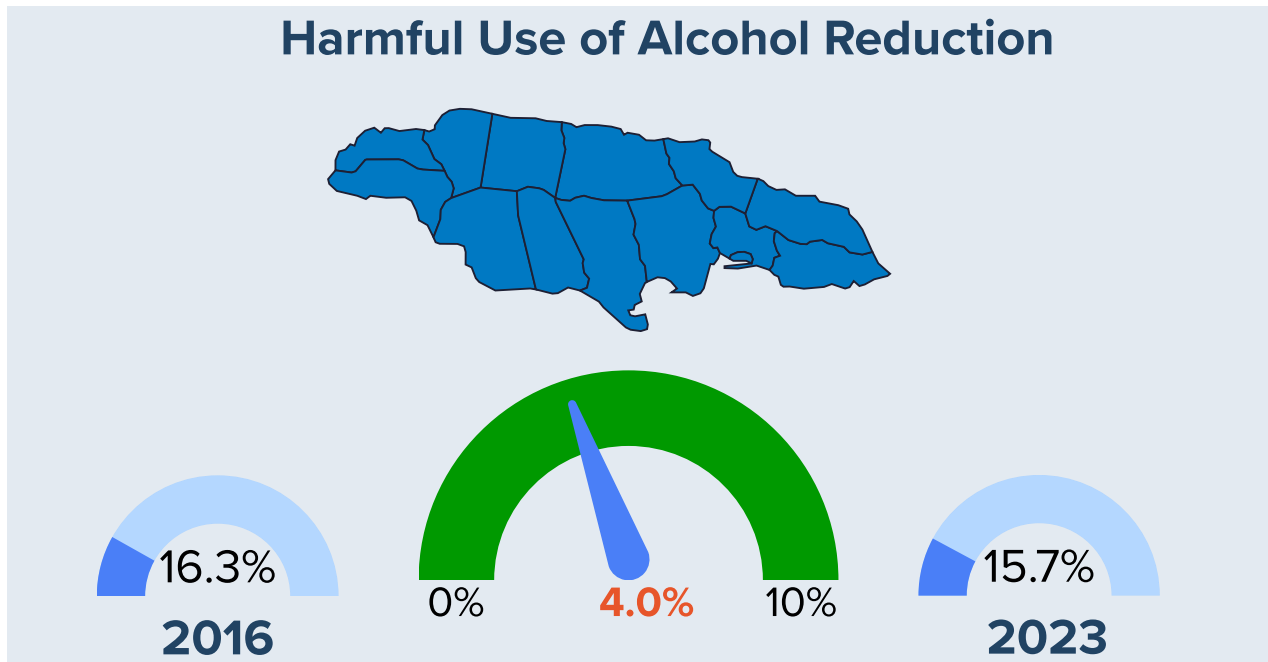


[1] The SAFER technical package: five areas of intervention at national and subnational levels. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO. [Internet]. [Cited 2026 May 04]. Available from: <https://www.who.int/initiatives/SAFER/drink-driving>

Response

Jamaica's Progress on SAFER Initiative

The WHO goal is to reduce the harmful use of alcohol by 10% by 2030 through the SAFER Initiative. Jamaica's adoption of the SAFER initiative has aided in the reduction of alcohol's harm. In Jamaica, there was a 4.0% decrease in the harmful use of alcohol over the period 2016 to 2023.



Response

Jamaica's Progress Towards Alcohol Policies and Legislation

WHO member states are expected to employ sustainable measures to reduce the harmful use of alcohol¹. Jamaica has enacted the Spirits Control Act (1928) and the Spirit Licence (Amendment) Act, 2012 which manages the manufacture, sale and consumption of alcohol². Jamaica's comprehensive legislation on alcohol use, the National Alcohol Policy is currently being considered.



[1] World Health Organisation. WHO Substance Abuse: Alcohol: Jamaica. [Internet]. [Cited 2026 May 04]. Available from: https://cdn.who.int/media/docs/default-source/country-profiles/substances-abuse/jam.pdf?sfvrsn=24a1363b_3

[2] Ministry of Justice, Jamaica. The Spirit Licence Act I Laws of Jamaica [Internet]. MOJ. moj.gov.jm. 2025. [Internet]. [Cited 2026 May 04]. Available from: <https://laws.moj.gov.jm/library/statute/the-spirit-licence-act>

Response

Jamaica's Progress Towards Alcohol Policies and Legislation

- ✓ Excise tax on beer
 - ✓ Excise tax on wine
 - ✓ Excise tax on spirits
 - ✓ Restrictions on sales for particular hours
 - ✓ Restrictions on sales to intoxicated persons
 - ✓ Restrictions on sales for particular places
 - ✓ National maximum legal blood alcohol concentration (BAC) when driving a vehicle (general / young / professional)% (0.08 BAC)
 - ✓ Restrictions on sales for particular densities
 - ✓ Legally binding regulations on alcohol advertising
 - ✓ National government support for community action (any)
 - ✓ National monitoring system(s) (any)
 - ✓ National legal minimum age for sale off premises (all alcohol types) (≥18 years)
 - ✓ National legal minimum age for sale on premises (all alcohol types) (≥18 years)
-
- ✗ Written National Policy/Action Plan
 - ✗ Restrictions on sales for specific events
 - ✗ Restrictions on sales on particular days
 - ✗ Restrictions on sales at petrol stations
 - ✗ Legally binding regulations on alcohol sales promotion
 - ✗ Legally binding regulations on alcohol product placement (any)
 - ✗ Legally binding regulations on alcohol sponsorship

KEY: ✓ Implemented ✗ Not Implemented

Glossary

Alcohol	Alcohol is a substance called ethanol that is produced by the yeast fermentation of sugars, grains or fruits ^{1,2} .
Alcohol misuse	Alcohol misuse is the excess consumption of alcohol and includes heavy and binge drinking. It is a pattern of drinking that may lead to harm and increases the risk of harmful physical, social and mental problems. It can lead to alcohol use disorders (AUD) ³ .
Alcohol use disorder (AUD)	Alcohol use disorder is a medical condition. It involves the inability to control the consumption of alcohol even when experiencing negative social, occupational and health consequences. AUD can be mild, moderate or severe and is sometimes referred to as alcoholism ³ .
Beer	Beer is an alcoholic drink made from fermented grains like barley with 4-7% alcohol per volume ^{2,4} .

Glossary

Best Buys and other recommended interventions

Best buys are cost effective evidenced based interventions for combatting the four non-communicable diseases and key risk factors⁵.

Binge drinker

Having four (4) or more drinks (females) or five or more drinks (males) at a time⁶.

Current drinker

Person who drank alcohol within the last 30 days⁶.

Harmful use of alcohol

Drinking that causes detrimental health and social consequences for the drinker (harmful drinking), the people around the drinker and society at large, as well as patterns of drinking that are associated with increased risk of adverse health outcomes^{2,7}.

Heavy episodic drinker (heavy drinker)

A person who consumed six or more standard drinks containing alcohol in one sitting within the last 30 days^{2,8}.

Glossary

Polysubstance use	Polysubstance use can be defined as the use of more than one drug either concurrently or consecutively to amplify or neutralize another drug's effect ^{2,9} .
Risk factor	A risk factor is anything that increases the chances of developing a disease ¹⁰ .
Rum	Rum is an alcoholic drink made from distilled alcohol from sugarcane and molasses with 40-50% alcohol per volume ^{2,4} .
Vodka	Vodka is an alcoholic drink made from distilled alcohol from potatoes or grains with 40-50% alcohol per volume ^{2,4} .
Wine	Wine is an alcoholic drink made from fermented grapes or other fruits with 12-15% alcohol per volume ^{2,4} .

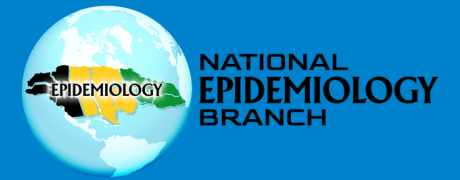
Glossary

1. Australian Government Department of Health and Aged Care. What Is alcohol? [Internet]. Australian Government Department of Health and Aged Care. 2019. Available from: <https://www.health.gov.au/topics/alcohol/about-alcohol/what-is-alcohol>
2. World Health Organization Lexicon of alcohol and drug terms [Internet]. www.who.int. 1994. Available from: <https://www.who.int/publications/i/item/9241544686>
3. National Institute on Alcohol Abuse and Alcoholism. Understanding alcohol use disorder [Internet]. National Institute on Alcohol Abuse and Alcoholism. 2025. Available from: <https://www.niaaa.nih.gov/publications/brochures-and-fact-sheets/understanding-alcohol-use-disorder>
4. CDC. About Standard Drink Sizes [Internet]. Alcohol Use. 2024. Available from: <https://www.cdc.gov/alcohol/standard-drink-sizes/index.html>
5. Tackling NCDs: best buys and other recommended interventions for the prevention and control of noncommunicable diseases, 2nd ed [Internet]. www.who.int. 2024. Available from: <https://www.who.int/publications/i/item/9789240091078>
6. NHIS - Adult Alcohol Use - Glossary [Internet]. Cdc.gov. 2024. Available from: https://archive.cdc.gov/www_cdc_gov/nchs/nhis/alcohol/alcohol_glossary.htm
7. NCDs. Harmful use of alcohol [Internet]. World Health Organization - Regional Office for the Eastern Mediterranean. 2025. Available from: <https://www.emro.who.int/noncommunicable-diseases/causes/harmful-use-of-alcohol.html>
8. CDC. Alcohol Use and Your Health [Internet]. Alcohol Use. 2025. Available from: <https://www.cdc.gov/alcohol/about-alcohol-use/index.html>
9. Lalwani K, Whitehorne-Smith P, Walcott G, McLeary JG, Mitchell G, Abel W. Prevalence and sociodemographic factors associated with polysubstance use: analysis of a population-based survey in Jamaica. *BMC Psychiatry*. 2022 Jul 29;22(1).
10. National Cancer Institute. NCI Dictionary of Cancer Terms [Internet]. National Cancer Institute. Cancer.gov; Available from: <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/risk-factor>

Editorial Team

Dr. Karen Webster-Kerr	Principal Medical Officer, National Epidemiologist
Dr. Andriene Grant	Director, Epidemiological Research and Analysis Unit
Dr. Ardene Harris	Senior Medical Officer, Medical Epidemiologist, National Surveillance Unit
Ms. Samantha Anderson	Acting Director, Health Status Monitoring Unit
Ms. Tanielle Mullings	Research Officer, Epidemiological Research and Analysis Unit
Mr. Amarley Wright	Health Status Monitoring Officer, Health Status Monitoring Unit
Ms. Deborah Henningham	Research Officer, Epidemiological Research and Analysis Unit
Mrs. Anna Kay Howell-Cunningham	GIS Analyst, Epidemiological Research and Analysis Unit
Ms. Romae Thorpe	Biostatistician, Epidemiological Research and Analysis Unit
Mr. Jovan Wiggan	Epidemiological Officer, National Epidemiology Branch

Notes



MAY 2026

ISBN 978-976-654-115-6