

Yale University

EliScholar – A Digital Platform for Scholarly Publishing at Yale

Public Health Theses

School of Public Health

1-1-2016

Impact Of Alcohol On Households And Families In Trinidad And Tobago

Rebecca Lakew

Yale University, rebecca.lakew@yale.edu

Follow this and additional works at: <https://elischolar.library.yale.edu/ysphtdl>

Recommended Citation

Lakew, Rebecca, "Impact Of Alcohol On Households And Families In Trinidad And Tobago" (2016). *Public Health Theses*. 1159.

<https://elischolar.library.yale.edu/ysphtdl/1159>

This Open Access Thesis is brought to you for free and open access by the School of Public Health at EliScholar – A Digital Platform for Scholarly Publishing at Yale. It has been accepted for inclusion in Public Health Theses by an authorized administrator of EliScholar – A Digital Platform for Scholarly Publishing at Yale. For more information, please contact elischolar@yale.edu.

Impact of Alcohol on Households and Families in Trinidad and Tobago

Rebecca Lakew

Yale School of Public Health Thesis

Thesis Advisor (First Reader): Dr. Marcella Nunez Smith

Second Reader: Dr. Joan Monin

Abstract

Objective: To characterize the lived experience of women in Trinidad and Tobago who have at least one family member with chronic alcohol use.

Method: In-person, semi-structured qualitative interviews.

Results: 1) The cultural context in which women with alcohol dependent relatives live shapes their understanding of their roles; 2) a tension emerged between the participants' idealized role in their family and the reality; 3) participants employed a range of coping mechanisms to deal with their alcohol dependent relative; and 4) the experiences of the participants can be better understood in the larger context of systems of support and enablement in Trinidad and Tobago.

Conclusion: The Caribbean region presents a unique opportunity to study how women's familial relationships are altered as a result of alcohol misuse. Understanding the complex experiences of women in Trinidad and Tobago with alcohol dependent family members may help to inform the development of family-level interventions and alcohol policies in the region.

Acknowledgments

I would like to express my sincere gratitude and appreciation to the many individuals who helped me throughout the thesis writing process. This includes Drs. Marcella Nunez Smith, Karen Wang, Arian Schulze, Joan Monin, and Rohan Maharaj. All five of these individuals have provided me with endless support and feedback.

I would also like to thank the many kind individuals I met during my time in Trinidad and Tobago, who helped me carry out my project and connect me with useful resources in the region. And to the study participants who shared their stories and experiences, this project would not have been possible without you.

And finally, to my parents, there are no words to express how grateful I am for your love, support, and encouragement.

Table of Contents

Introduction.....	5
Background Information.....	5
Methods.....	7
Results.....	8
Discussion.....	11
Appendices.....	13
References.....	18

Introduction

Prior research conducted in Trinidad and Tobago has shown that alcohol use disorder (AUD) can cause major stress on individual family members, as well as entire family units. It can result in a financial drain on families (Maharajh & Bhugra, 1993), while also causing conflict in the home (Maharajh & Bhugra, 1993). Examples of conflict and stress include domestic violence, child abuse, and driving under the influence (Velleman & Templeton, 2003). Members are often forced to make adjustments to the family structure in order to accommodate for the person who is struggling with AUD (Maharajh & Bhugra, 1993). For example, if money is repeatedly being spent on drinking, rather than necessities, the family may adjust by ceasing to expect financial support. Instead of depending on the individual with AUD, members may make other arrangements for subsistence (Jackson, 1956). Family activities, such as participation in household tasks, may also be interrupted as a result of AUD. This interruption can cause additional tension amongst family members (Velleman & Templeton, 2003).

There is limited understanding of how families in Trinidad and Tobago cope with alcohol dependence. Therefore, I conducted a qualitative study using one-on-one, semi-structured interviews. My thesis aims to characterize the lived experience of women in Trinidad and Tobago who have at least one family member with chronic alcohol use. This information may help to inform the development of family-level interventions and alcohol policies in the region.

Background Information

Global Burden of Alcohol Use Disorder

Alcohol is a “substance with dependence-producing properties” that has been used in various cultures for centuries (WHO, 2014). The harmful use of alcohol, defined as “a pattern of psychoactive substance use that is causing damage to health” by the World Health Organization, is prevalent around the world (WHO, 1992). It kills one person every ten seconds worldwide. Each year, it kills 3.3 million people worldwide (Rehm, 2014). Alcohol is a major contributor to non-communicable chronic diseases such as cancer, hypertension, stroke, and liver disease. The substance is also a large contributor to instances of violence and injury (Maharaj, 2014).

Alcohol Use Disorder in Trinidad and Tobago

The Pan American Health Organization (PAHO), along with the World Health Organization (WHO), released a report in 2015 entitled “The Regional Status Report on Alcohol and Health in the Americas.” The report highlights that between 2005 and 2010, the harmful use of alcohol increased in the Americas. This increase occurred due to a number of factors including the high accessibility of alcohol in the region’s countries, low prices, and widespread advertisements of alcoholic beverages (PAHO, 2015). Trinidad and Tobago was ranked as one of the top five countries with the highest rates of harmful alcohol consumption in the Americas.

The Republic of Trinidad and Tobago is a twin island nation located in the

Caribbean. Alcohol is widely used throughout Trinidad and Tobago and plays a critical part in shaping the social and cultural fabric of the region (Reid et al., 2012). “Liming” is an example of a popular activity in Trinidad and Tobago, which involves gathering and socializing with friends. It usually occurs in public places, where people take turns buying rounds of drinks. Liming customarily begins on Friday night, and lasts throughout the weekend (Montane-Jaime et al., 2008).

Many events in Trinidad and Tobago, and the Caribbean, are associated with alcohol. Events include annual celebrations such as Carnival (Maharaj, 2014). It should be noted that the annual celebration of Carnival, which usually takes place in February, is known as a time of excessive alcohol consumption and drunkenness (Reid et al., 2012). It is also a time when risky sexual behavior, aided by alcohol, increases (Reid et al., 2012). Carnival is an especially popular time for tourists to visit Trinidad and Tobago. During their time in the region, many adapt to the norms surrounding heavy alcohol use (Reid et al., 2012).

The 2015 WHO report says that actions should be taken to limit the availability of alcoholic beverages. Marketing restrictions should be put into place and taxes on alcohol should be increased (PAHO, 2015). In addition to financial policies, Trinidad and Tobago could benefit from interventions that take into account the psychosocial impact of alcohol dependence on family units. Studies have demonstrated that these families can experience substantial suffering and hardship due to alcohol misuse (Orford et al., 2005).

Impact of Alcohol Use Disorder on Families

Major stressful life events, such as addiction, can often lead to a reorganization in a family’s style of functioning. One of the major factors in this reorganization is the meaning that a family gives to the stressful life event (Patterson & Garwick, 1994). Individuals may change their view of themselves as a family, as well as their worldview. Both of these elements influence how a family is able to adapt to stress (Patterson & Garwick, 1994).

Addiction affects how a family functions. It can alter how family members relate to one another, and the roles each member plays (Conyers, 2003). A study done by Velleman and Templeton (2003) highlights the seven areas of family function that are affected by addiction. These areas include communications, conflict, finances, roles, rituals, routines, and social life (Velleman & Templeton, 2003). Addiction can also cause an enormous amount of conflict, which can ultimately damage family cohesion. For example, parent-child relationships, sibling relationships, and co-parenting relationships can all be strained as a result of an addiction (Barnard, 2007).

Despite the research that has been done on AUD’s impact on family dynamics, there is a lack of information on how women, in particular, are impacted. The Caribbean region presents a unique opportunity to study how women’s familial relationships are altered as a result of alcohol misuse. Women in this region must cope with the psychosocial, as well as economic issues that arise due to AUD. They often must balance the responsibilities of maintaining a household, while also caring for their male family member with chronic alcohol misuse (Boyce-Reid, 2005).

Methods

Study Design and Sample

A qualitative study design allowed me to explore and understand the impact of alcohol dependence on families in Trinidad and Tobago. Due to the sensitive nature of this topic, I conducted in-person, one-on-one, semi-structured interviews. An inductive approach was used to explore the lived experiences of the participants and the sensitive subject matter (Glaser & Strauss, 1967).

The selection criterion for participating was individuals who had lived in a household with at least one alcohol dependent relative. Participants completed interviews and a brief survey to assess participant characteristics and caregiver strain. Participation was entirely voluntary, and individuals were compensated with 10 U.S. dollars upon completing the interview.

I initially set out to examine how families in Trinidad and Tobago, with alcohol dependent individuals, experience the addictions of their relatives. All of the participants were women, and when interviewed, described their experiences of living with an alcohol dependent relative. As a result, this study helps understand the unique experiences of women in the region. The research protocol was approved by the Human Investigation Committee (HIC) at Yale University (HIC Protocol Number: 1506016055).

Data Collection and Analysis

An interview guide was used to ask participants to describe their family members' experiences with AUD and treatment (Appendix 2). Interviews began with broad questions about family structure, and were followed by questions about AUD's impact on the family. Participants were also asked to describe any coping mechanisms that were used. Probing questions gave participants the opportunity to reflect on their experiences and share their personal narratives (Suddaby, 2006). The in-person interviews were conducted in three settings. The first location was the Eastern Caribbean Health Outcomes Research Network (ECHORN) Community Assessment Center. ECHORN is a research collaborative between the Yale School of Medicine and academic health institutions across four Caribbean island sites. It is a five-year cohort study that recruits and collects data from adults living in the Eastern Caribbean (ECHORN, no date). ECHORN aims to address issues related to minority health and health disparities (ECHORN, no date). The other two interview locations were Caura Hospital and Mount St. Benedict. All interviews were conducted in private offices, and began only after participants were walked through the consent process. Interviews lasted between 35 minutes and 90 minutes.

I conducted 22 semi-structured, key informant interviews. I then worked with a three person, multi-disciplinary team to code the interview transcripts. The team included a physician-scientist and an anthropologist from ECHORN. After working with the coding team, I systematically applied the code structure to all of the transcripts.

Results

The final sample size of 22 participants was determined by employing an iterative process. 64% of the participants were Indo-Trinidadian and the remaining 36% were of Afro-Trinidadian and mixed ethnicity.

Our analysis found four emerging themes. These themes include: 1) The cultural context in which women with alcohol dependent relatives live shapes their understanding of their roles; 2) a tension emerged between the participants' idealized role in their family and the reality; 3) participants employed a range of coping mechanisms to deal with their alcohol dependent relative; and 4) the experiences of the participants can be better understood in the larger context of systems of support and enablement in Trinidad and Tobago.

The Cultural Context in Which Women with Alcohol Dependent Relatives Live Shapes Their Understanding of Their Roles

One participant, who was a daughter and a caregiver, described how she grew up with an alcohol dependent father, who often prioritized drinking over providing for the family. During her interview, she explained the lengths her father would go to obtain the alcohol.

“Well my dad when he works and he get paid he does not [remember] he has a family. The first thing he goes is in a rum shop or the bar. If he don't get money to buy his alcohol he goes and sells my mom's jewelry whatever he gets, animals, anything. When he started selling everything we [knew] he was an alcoholic and he could not do without drinking.”

Despite the fact that he sold some of the family assets, this participant went on to describe the unconditional love she had for her father.

“I love my father. Even though he does drink, I just love him.”

We saw how a sense of family mediates the effects of having an alcohol dependent parent. The participant greatly valued the idea of family, as well as the idea of having a father. Nevertheless she explained how having an alcohol dependent parent affected the qualities she sought in a partner – she loved her father, but knew she never wanted to marry someone like him.

“Well I always say I don't want a husband as a drinker.”

In addition to being a daughter, this participant was also the main caregiver of her ill mother. She described the familial obligation she felt, that moved her to take a more active role in her family.

“Right now I am single and I don’t have kids and thing so they more depend on me to do the running around with mommy, sometimes like clinic and hospital visits and all these things.”

Narratives such as this one highlighted the various responsibilities caregivers often juggle and the multiple roles they must play in their respective families. In this particular situation, the participant was required to take on more duties because she did not have children.

A Tension Emerged Between the Participants’ Idealized Role in Their Family and the Reality

Towards the end of her interview, one participant offered advice to other families that might find themselves in similar situations. She encouraged them to love their children unconditionally and give them a solid emotional foundation.

“...the thing is to love your children no matter what they manifest. No matter whether they [are] bright, if they not bright or academically inclined...that is incidental. You have the privilege of having a child. Try to be like the creator and give your children unconditional love. It is easier said than done at times, but try to give them so that they have that strong emotional base.”

This call for unconditional love contradicted a bit with a statement made by the participant earlier on in the interview, where she described how she used avoidance as a coping mechanism. When the stress involved with dealing with her son became too much, she turned to her brother for support.

“...a year or two before he [my son] passed on, I remember...at one point in time I had to call my brother and I said listen, I can’t live on his tent of hooks. I am very emotionally stretched, and I can’t handle all of this cause I had other things handling as well, so talk to him, get a place for him.”

The participant also described her decision to reach out to her brother as one of self-preservation. Although she loved her son, she felt the need to mentally, physically, and emotionally protect herself.

Participants Employed a Range of Coping Mechanisms to Deal with Their Alcohol Dependent Relative

Another participant described the difficulties involved with caring for her son, while also protecting him. In her role as a mother, she was still grieving the loss of her son, but her understanding of his death was framed by her faith. She found comfort in believing that god protected her son, as well as others, by taking him away.

“...but I had my moments when it really and it still does, tears me up to know here was a guy with so much promise, but he had to pass on. That really bothers me, but having said that, I had beseeched god, as his mother, to help me to help him, to come to terms with his thing. And maybe [god] voluntarily decide that [my son] needed to be habilitated and it helped me to cope. And suddenly I got a brain wave and I said you know god has answered my prayers in a seemingly strange way, but in a sensible way because the anxieties that I would have endured with him doing this [taxi] driving and possibly driving under the influence. I hate to say it but it’s a relief for me to know that he is in a safe place...out of harm’s way”

During our interview, it became apparent that it was difficult for the mother to talk about her son’s death. But she had come to the point where she believed god answered her prayers in a somewhat strange way. We saw how this participant utilized her religious beliefs as a coping mechanism. Because of her son’s death, she no longer had to be anxious and worrying if he is okay; there was a certain degree of peace in knowing that he was safe now.

Another participant, who was a daughter and a caregiver, described how she grew up with an alcohol dependent father. She ultimately found herself in a relationship with a man who was alcohol dependent and abusive. Their turbulent relationship came to an end after some time, but the participant described how she was still affected by this man even after they had parted ways.

“This fear just [comes] over you. It’s not going to be good. Like you go and you see him have a drink and this and that. That is one thing I always say I don’t want an alcoholic husband or even to live with the person because of how my dad used to drink...Well that’s why I said I try to not be in one place too much, even in Chaguanas, when I go to shop and make my little market and thing.”

She not only experienced fear while in the relationship, but also after leaving her partner. The participant explained how she used avoidance as a coping mechanism, and made the decision to curtail her activities in order to stay safe. This curtailment involved being observant of her surroundings when she was in town, and not lingering in one place too long. The decision to modify her behavior conflicted with the way that she described herself as an independent woman.

These Experiences of the Participants Can be Better Understood in the Larger Context of Systems of Support and Enablement in Trinidad and Tobago

Another participant, who was a daughter and a church member, described how she grew up with an alcohol dependent father, whose behavior caused a rift between family members. More specifically, she felt pushed to ‘pick sides’ between her mother and father.

“Showing affection for my father was in some way a betrayal of my mother because it was almost as if this is the man who is doing all these things in this house, this the man who is showing all this to me and here you go showing affection to him. Therefore, it means that you do not love me. So as a child this is how I felt - very confused. It may not have been intentional on her part, but this is how I felt it. If you get close to your father, [it is] a betrayal of me, so how can you be close to him? You know, so it was alright, he is the bad guy, she is the good girl, let me be close to the one who is good.”

This description of the household environment helped us better understand the context in which the participant grew up, and the tension that existed within the family. During the interview, this participant explained how her father eventually passed away. Her comments illustrated the many ways in which she was still trying to come to terms with his death and the events leading up to it. Moreover, she was reflecting on the lack of connection she felt with her father.

“...he died in 1994. You know but it is very sad because I remembered telling someone at the time of his death that it was almost as if he had died even prior to his death because of how bad the relationship was, so he was there in body but there was no connection really. It was almost as if we had already lost our dad...So it [is] a case of grieving for the father that you never had.”

We saw how connections and relationships between family members are what give a person their substance. This participant’s father never truly existed for her because she did not have a real connection and relationship with him. Her family was ultimately able to receive social and financial support through their church, and we learned about the role that this institution played in their life.

“I think the church helped us financially. The church kind of kept us, as a family and it kept us in the main, out of trouble. We still made mistakes particularly, my sisters, in terms of choosing partners to get married to, and you know being able to deal with issues within the marriage, but it helped.”

We saw how the church serves as a buffer from various life stressors, and played a critical role in this participant’s life.

Discussion

The data shows how various social contexts and economic realities mediate the roles that family members of alcohol dependent individuals play. Participants described their roles as mothers, partners, caregivers, and daughters. The central social contexts that emerged include membership to a faith-based communities and familial relationships. Economic mediators centered on familial obligations to provide for one’s family.

Ultimately a tension emerged between how these individuals understand their roles within the family and the reality of their lived experiences. We believe this data demonstrates the complexities involved with being a family member of an alcohol dependent individual in Trinidad and Tobago.

The experiences described by our participants highlight the role that the community can play for families with alcohol dependent members. The community helps to specify the norms and expectations of how families should manage stressful events (McCubbin, 1979). Social institutions, such as the church, also frame one's understanding of their role. Participants described how their membership in a religious institution and their religious beliefs and practices ultimately helped them cope with alcohol misuse in their family. Research has shown that spiritual support can function as a reference point for social norms and expectations (McCubbin, 1979).

Some of the participants' experiences resonate with what Jackson et al. (2006) found in their qualitative study on parental perspectives of the effects of adolescent drug abuse on the family. The researchers found that substance use affects all aspects of family life. Families often experience "ongoing turbulence" (Jackson et al., 2006) as they attempt to understand the addictions of their relatives. Parents are often in the difficult position of wanting to support their child, while also maintaining a peaceful home environment (Jackson et al., 2006). Other research has shown that parents can sometimes feel conflicted on how to react and manage the behaviors of their children (Butler & Baud, 2005).

Our findings should be interpreted in light of several limitations. These limitations include a coding team that did not include an alcohol expert or content expert on families. The team also did not include an individual from Trinidad and Tobago. This could have been helpful in having a better understanding of the local context.

Nevertheless, the findings highlight the impact of alcohol dependence on families and communities. Understanding the complex experiences of women in Trinidad and Tobago, with alcohol dependent family members, may help to inform the development of family-level interventions and alcohol policies in the region.

Appendix

Appendix 1. Recruitment flyer used for study

Do you have a family member with an alcohol-related problem?

The Eastern Caribbean Health Outcomes Research Network (ECHORN), the University of the West Indies, the Yale School of Public Health, and the Yale School of Medicine are conducting a **study to learn more about the impact of alcohol dependence on households and families in Trinidad and Tobago.**

If you have a family member who has struggled with alcohol-related problems, we would like to hear about your experience.

Eligible participants will be interviewed and asked a number of questions. All information collected will be kept confidential.

Participation takes no more than 45 minutes at the ECHORN center in Curepe, Trinidad. The center is located at #5 Sellier Street at your choice of convenient times.

There are no costs to you. Participants will receive a small monetary compensation for their participation, and the ECHORN Center is easily accessible by public transportation.

For more information about the study, please call 868-353-2456 or email Rebecca Lakew at rebecca.lakew@yale.edu

Appendix 2. Interview Guide Used

Brief Survey

Socio-demographic questions obtained from ECHORN.

1. What is your date of birth?

2. What is the highest year of school that you COMPLETED? (Choose one)

- 00 Primary School
- 01 Secondary School
- 02 University
- 03 Technical
- 04 Post-graduate
- 88 Refuse to Answer

3. What is your monthly individual income from all sources (in local currency of TTD)? (Choose one)

- 01 Less than \$5,000 TTD
- 02 \$5,001 to \$10,000 TTD
- 03 Greater than \$10,000 TTD
- 04 Greater than \$30,000 TTD
- 88 Refuse to Answer

4. In the past year (12 months), how many adults lived in your household, including you?

_____ Refuse to Answer

5. In the past year (12 months), how many children lived in your household?

_____ Refuse to Answer

6. What were you doing during this past week? Were you: (Choose one)

- 1 Working
- 2 Not working but have a job

Go to Q8

- 3 Not working
- 4 Looking for work
- 8 Refuse to Answer

Go to Q7

7. What is the main reason you did not work last week? (Choose one)

- 0 Have never worked
- 1 Taking care of house or family
- 2 Going to school
- 3 Retired
- 4 Unable to work for health reasons
- 5 On layoff
- 6 Disabled
- 7 Other
- 8 Refuse to Answer

8. What is or was your main occupation, that is, what kind of work do you mainly do?
_____ (write in answer)

9. Are you or were you self-employed in the last year?

- 1 Yes
- 0 No
- 8 Refuse to Answer

10. How do you describe yourself? (Choose one)

- 1 Male
- 2 Female
- 8 Refuse to Answer

11. Do you have a family member with an alcohol dependence?

12. If yes, what is your relationship to this individual?

13. Do you have any connection and/or are you being paid by the alcohol industry?

Interview guide was obtained from Ober and National Council on Alcoholism and Drug Dependence.

Section 1: Description of family:

1. What comes to mind when you hear the word 'family'?
2. How would you describe your family?
3. Has anyone in your family struggled with issues related to alcohol?
4. Tell me about your family member who has been affected by alcohol problems.
5. How did family members find out that this individual was struggling?
6. How did they react?
7. And how did you react?

Section 2: Impact on family:

1. How has this family member's alcohol problem affected your family?
2. In what way has it personally affected you?
3. In what way has it affected other family members?
4. How do you think your family has reacted to these issues?
5. How have these experiences shaped your view of your family?

6. Has the issue personally impacted you or any of your family members?

7. How has it shaped the image of your family to your extended family and friends?

Section 3: Coping mechanisms:

1. Tell me about your support system.

2. What has been your support system through this experience?

3. What types of activities have helped you that you would share with a family going through a similar situation?

4. What advice would you give others in the same situation?

5. What do you think has allowed your family to overcome this problem?

References

- Barnard, M. (2007). *Drug Addiction and Families*. Jessica Kingsley Publishers; London, UK.
- Boyce-Reid, K. (2005). The challenge for women with a drug-abusing family member: the Jamaican perspective. https://www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin_1995-01-01_1_page005.html
- Butler, R. & Bauld L. (2005). The parents' experience: Coping with drug use in the family. *Drugs: Education, Prevention and Policy*, 12(1): 35–45.
- Conyers, B. (2003). *Addict in the Family: Stories of Loss, Hope and Recovery*. Hazelden Press; Centre City, MN, USA.
- ECHORN. (no date). The Eastern Caribbean Health Outcomes Research Network. <http://echorn.org>
- Jackson, J.K. (1956). The adjustment of the family to alcoholism. *Marriage and Family Living*. 18(4): 361-369.
- Jackson, D., Usher, K., & O'Brien, L. (2006). Fractured families: Parental perspective of the effects of adolescent drug abuse on the family. *Contemporary Nurse*. 23(2): 321–330.
- Maharajh, H.D. & Bhugra, D. (1993). Brief family therapy with alcohol-dependent men in Trinidad and Tobago. *Acta Psychiatrica Scandinavica*. 87(6): 422-426.
- Maharaj, R.G. (2014). Civil society contributing to the challenge of alcohol in the Caribbean.” Caucus of Ministers of Health in CARICOM. PAHO Headquarters, Washington, DC.
- McCubbin, H.I. (1979). Integrating coping behavior in family stress theory. *Journal of Marriage and Family*, 41(2): 237-244.
- Montane-Jaime, L.K, Shafe, S., Joseph, R., Moore, S., Gilder, D.A., Crooks, H., Ramcharan, C., & Ehlers, C.L. (2008). The clinical course of alcoholism in Trinidad and Tobago. *Journal of Studies on Alcohol and Drugs*. 69(6): 834-839.
- Orford, J., Natera, G., Copello, A., Atkinson, C., Tiburcio, M., Velleman, R., Crundall, I., Mora, J., Templeton, L., & Walley, G. (2005). Coping with alcohol and drug problems: The experiences of family members in three contrasting cultures. London: Taylor and Francis.
- PAHO. (2015). Regional status report on alcohol and health in the Americas. <http://iris.paho.org/xmlui/handle/123456789/7670>

Patterson, J.M. & Garwick, A.W. (1994). Levels of meaning in family stress theory. *Family Process*. 33(3): 287-304.

Rehm, J. (2014). The need for alcohol policy in the Caribbean. Caribbean Medical News. <http://caribbeanmedicalnews.com/2014/10/rehm-need-for-alcohol-policy-in-the-caribbean/>

Reid, S.D., Malow, R.M., & Rosenberg, R. (2012). Alcohol, drugs, sexual behavior, and HIV in Trinidad and Tobago—the way forward. *Journal of International Association of Physicians In AID Care*. 11(1). 66-82.

Reid, S.D. (2015). Time for a region alcohol policy – A literature reveiew of the burden of normative alcohol use in the Caribbean. *Journal of Public Health Policy*. 36: 469-483.

Room, R., Graham, K., Rehm, J., Jernigan, D., & Monteiro, M. (2003). Drinking and its burden in a global perspective: Policy considerations and options. *European Addiction Research*. 9(4): 165-175.

Velleman R. & Templeton, L. (2003). Alcohol, drugs and the family: Results from a long-running research programme within the UK. *European Addiction Research*. 9(3): 103–112.

WHO. (2014). Global status report on alcohol and health. http://www.who.int/substance_abuse/publications/global_alcohol_report/msb_gsr_2014_1.pdf

WHO. (1992). The international classification of diseases: Classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines. <http://www.who.int/classifications/icd/en/bluebook.pdf>