

Alcohol consumption and policies in the Americas:

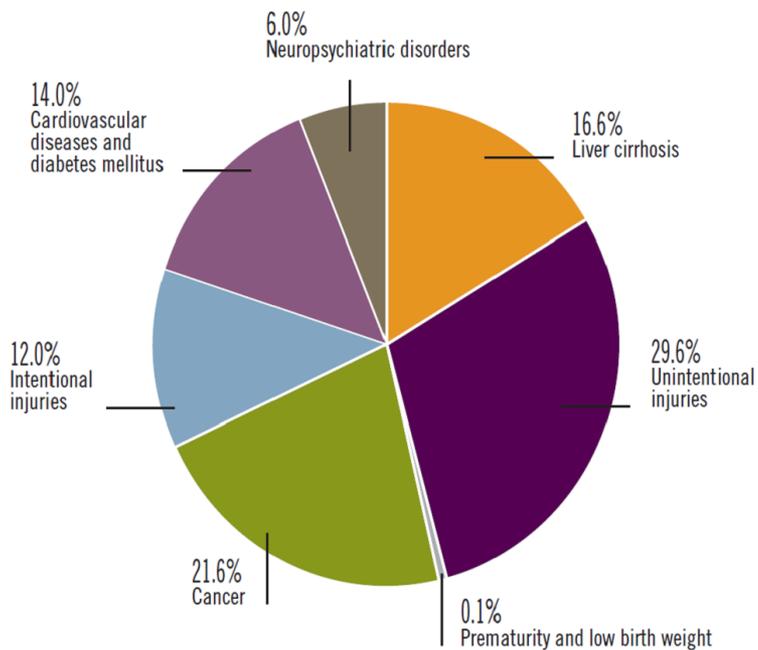
Status, challenges and opportunities

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Alcohol: a strong link with NCDs



Global distribution of all alcohol-attributable deaths by disease or injury

		Causative risk factors			
		Tobacco use	Unhealthy diets	Physical inactivity	Harmful use of alcohol
Non-communicable diseases	Heart disease and stroke	✓	✓	✓	✓
	Diabetes	✓	✓	✓	✓
	Cancer	✓	✓	✓	✓
	Chronic lung disease	✓			

Harm to Others from Alcohol

	Individual	Family	Work	Society
Health burden	Morbidity from diseases caused or worsened by AD and associated premature mortality	Injury; stress-related problems for other family members; FASD; interpersonal violence	Injury	Acute care hospitalisations for health problems caused by alcohol; injuries; infectious diseases; FASD
Social burden	Decreases in functionality associated with AD (blackouts, hours of drunkenness); decrease in social role; loss of friendships; stigma	Problems with parental roles, partnership roles, and roles as caregiver in general (e.g., to parents)	Team problems; others having to compensate for lack of productivity	Social costs of alcohol; vandalism
Economic burden	Dependent on society and on SES of person with AD; often cost of alcohol plus cost of possible job loss or absenteeism; possible social drift downwards	Financial problems resulting from health and social consequences of alcohol impacting on family budget and household expenses	Absenteeism and other productivity costs (mainly suboptimal performance when working and disability, short- and long-term); replacement costs in case of premature mortality or long-term disability	Productivity losses; health care costs; costs in the legal sector (police, court, prisons)

Timeline – Harmful use of Alcohol

Mandates and Commitments

Targets and Indicators

“Best Buys” Policies

- PAHO
- OMS
- UN

**APC
HED
AUD**

APC

**APC
HED
AUD**

The 2030 Agenda for Sustainable Development



3rd UNHLM on NCDs Reporting Progress

PAHO Strategic Plan 2014-2019



2nd UNHLM on NCDs Outcome Document



Global Action Plan on NCDs 2013-2020



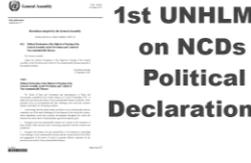
PAHO Regional Plan of Action on NCDs 2013-2019



PAHO Regional Plan of Action on harmful use of alcohol



1st UNHLM on NCDs Political Declaration



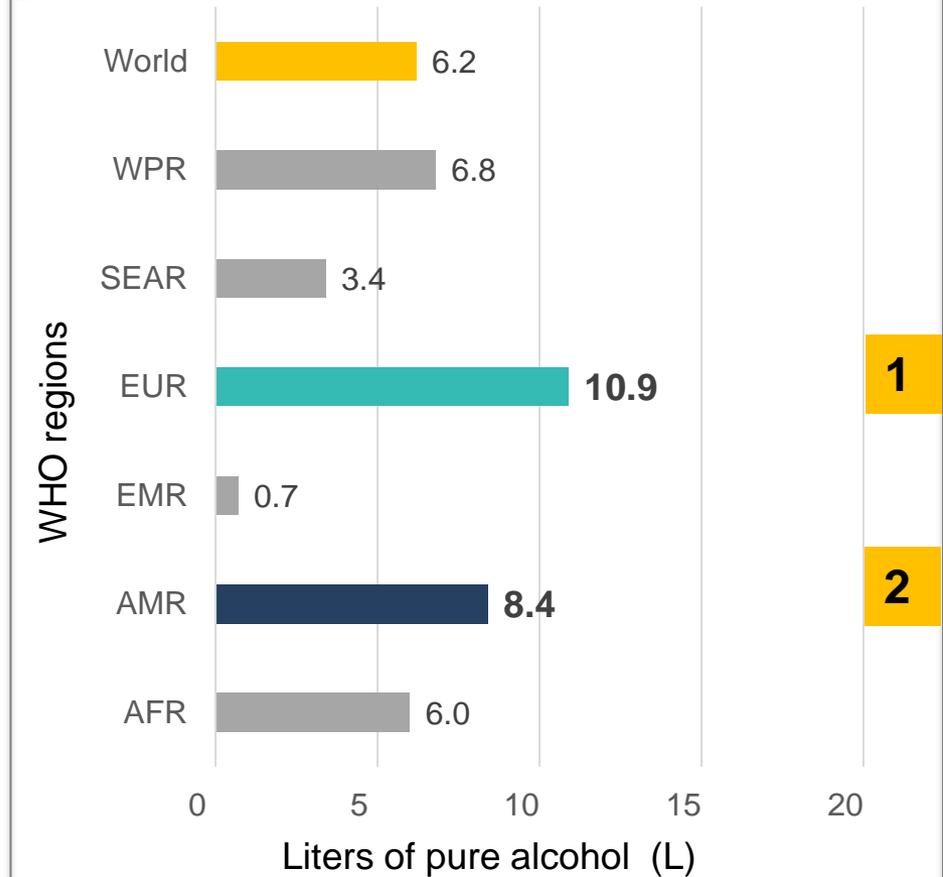
Global strategy to reduce the harmful use of alcohol



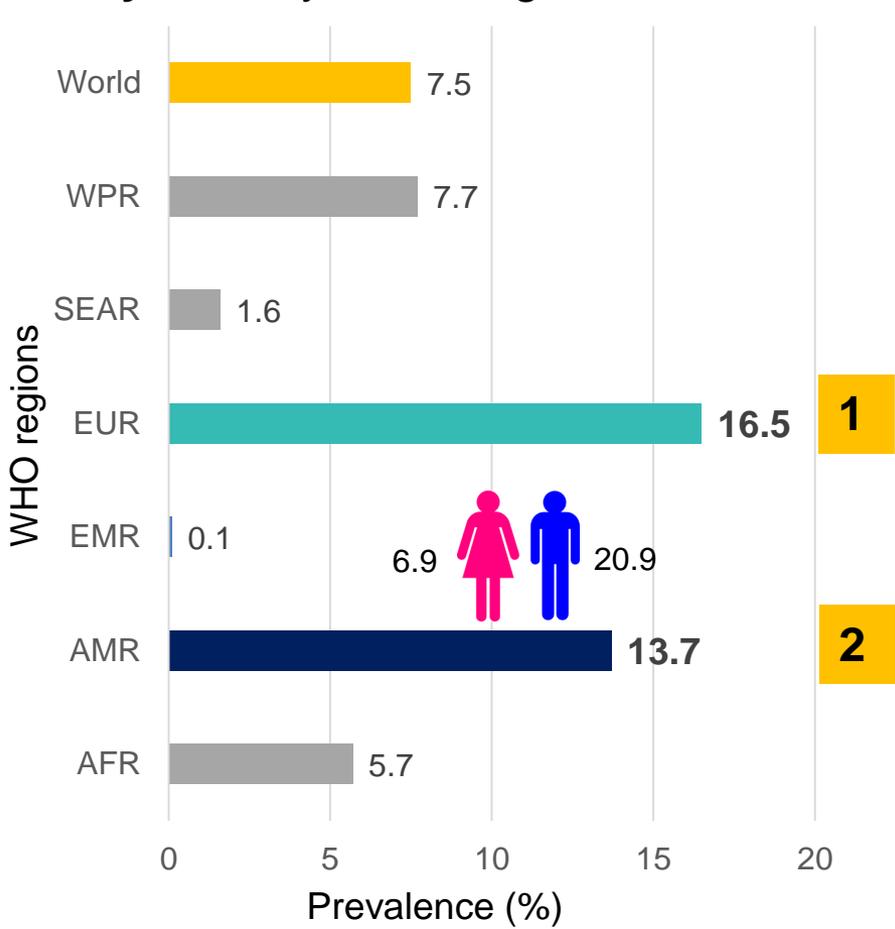
2010 2011 2013 2014 2015 2018

Alcohol consumption among all (15+ years)

Total alcohol per capita consumption among all (15+ years) by WHO region, 2010.



Heavy episodic drinking among all 15 + years, by WHO region 2010.



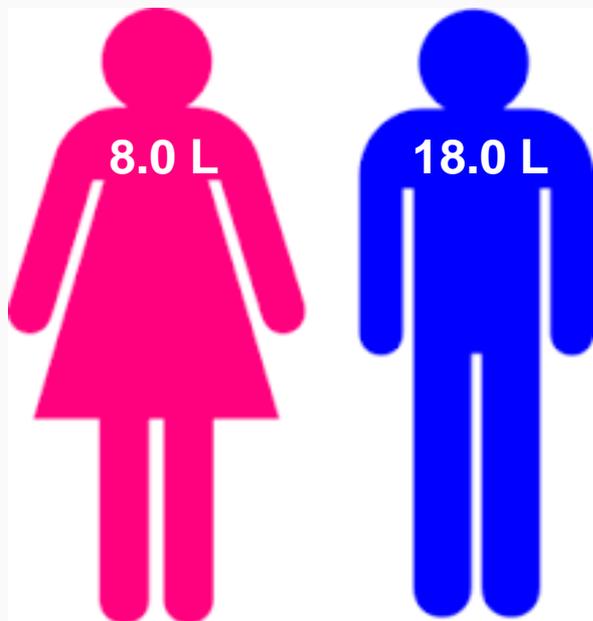
Source: WHO, 2014. Global status report on alcohol and health 2014.

Alcohol consumption among drinkers (15+ years)

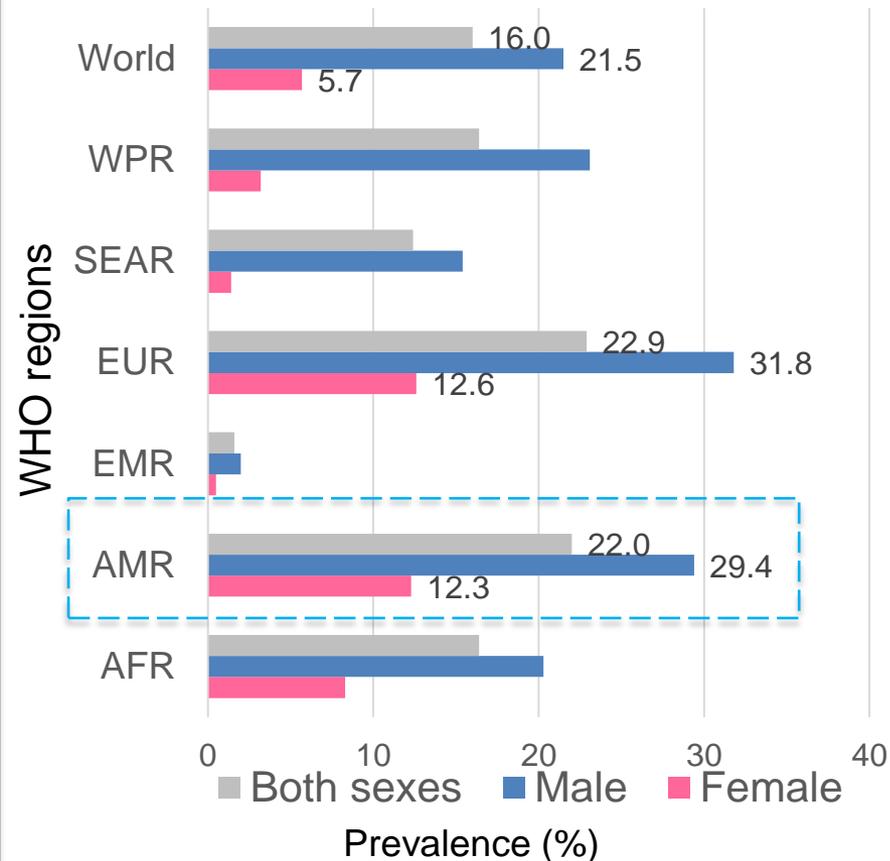
Total APC (liters of pure alcohol – L) among drinkers (15+ years), 2010.

WORLD: 17.2 L

AMERICAS: 13.6 L

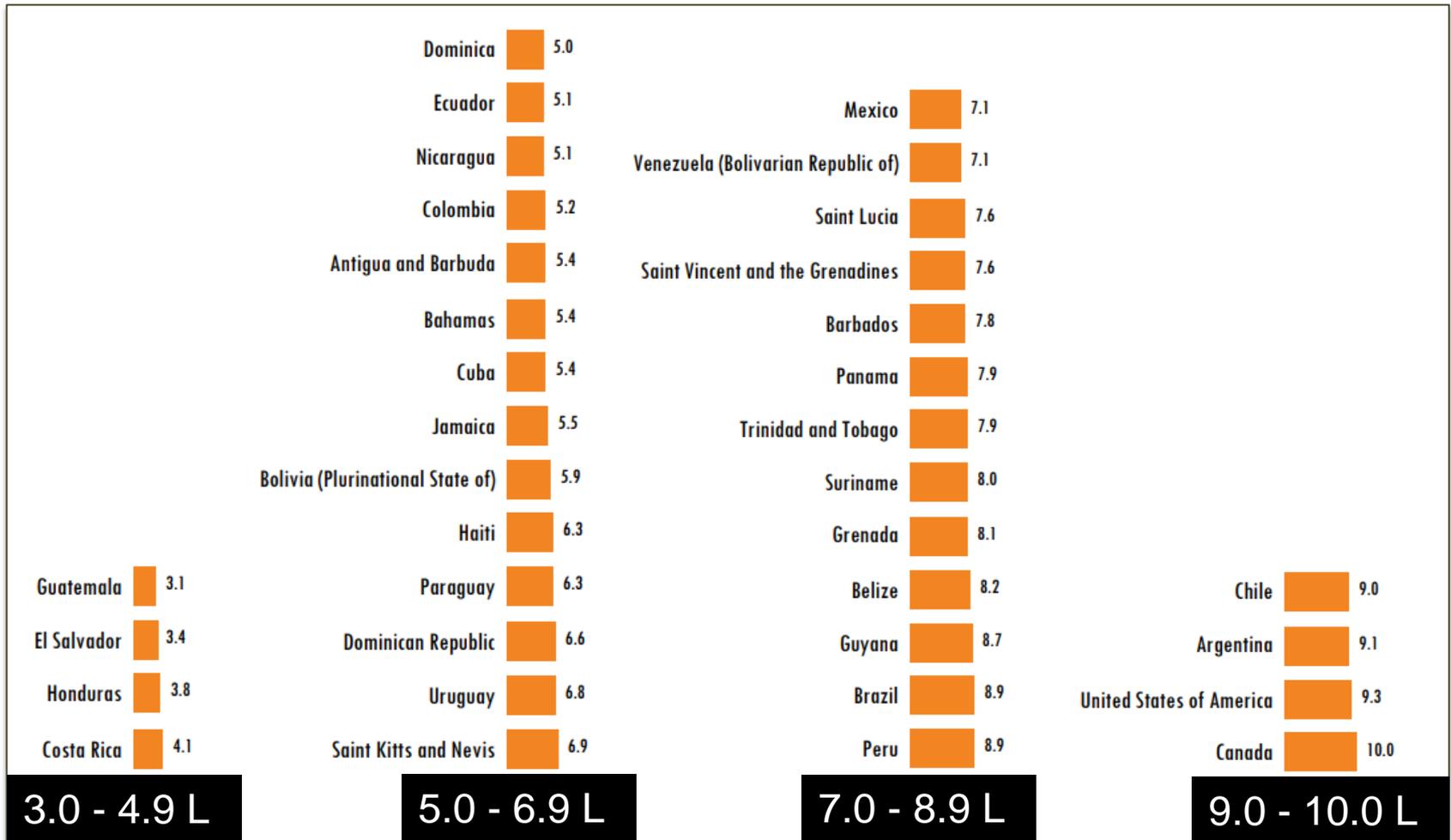


Prevalence of heavy episodic drinking (%) among drinkers 15 + years, 2010.



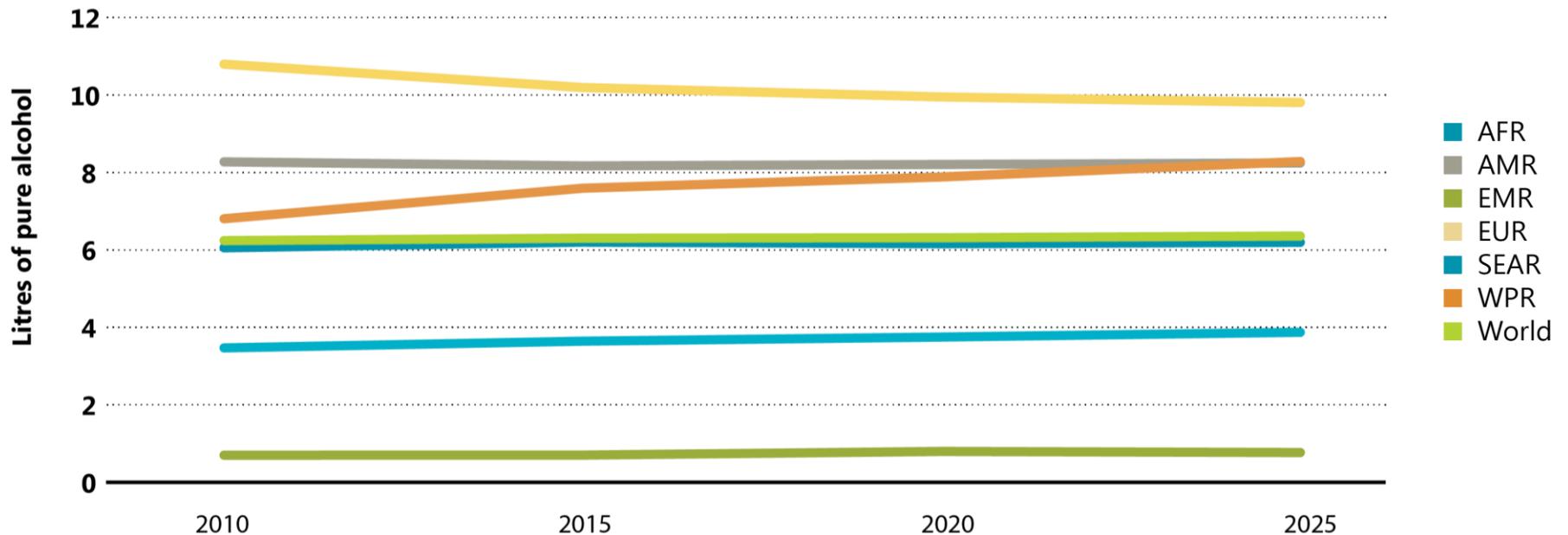
Source: WHO, 2014. Global status report on alcohol and health 2014.

Total adult alcohol per capita consumption (liters of pure alcohol), projected estimates, 2016.



Source: World Health Organization. Global Information System on Alcohol and Health. Adapted from World Health Statistics, 2017

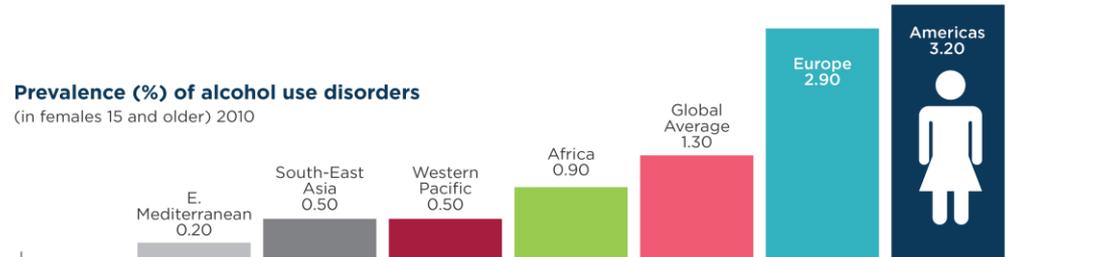
Total alcohol per capita (15 years+) consumption by WHO region, 2010-2025



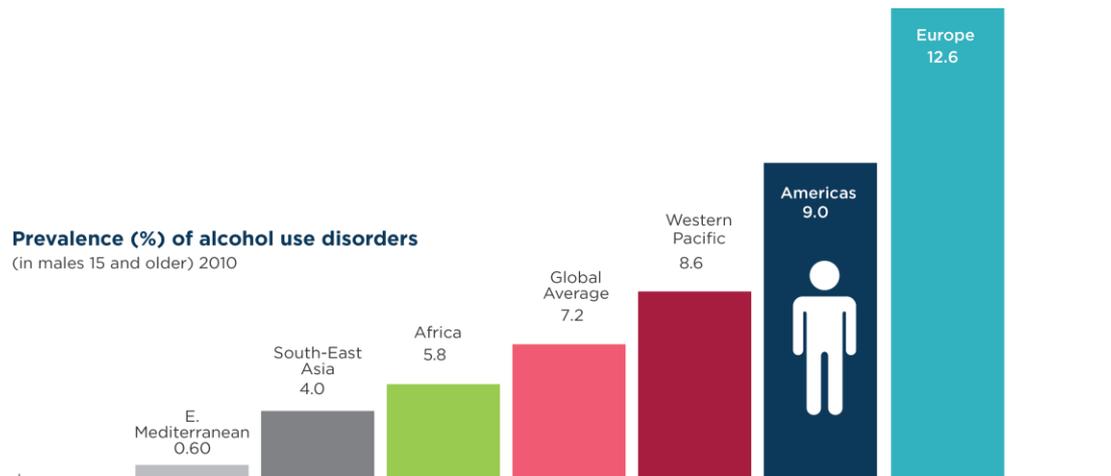
Note: Data for 2015, 2020 and 2025 are estimated. 95% confidence intervals will be made available by the Global Information System on Alcohol and Health (GISAH). Adapted from the Global Status Report on alcohol and health 2014.

Women in the Americas have higher rates of alcohol use disorders* than women in any other WHO region

FEMALES



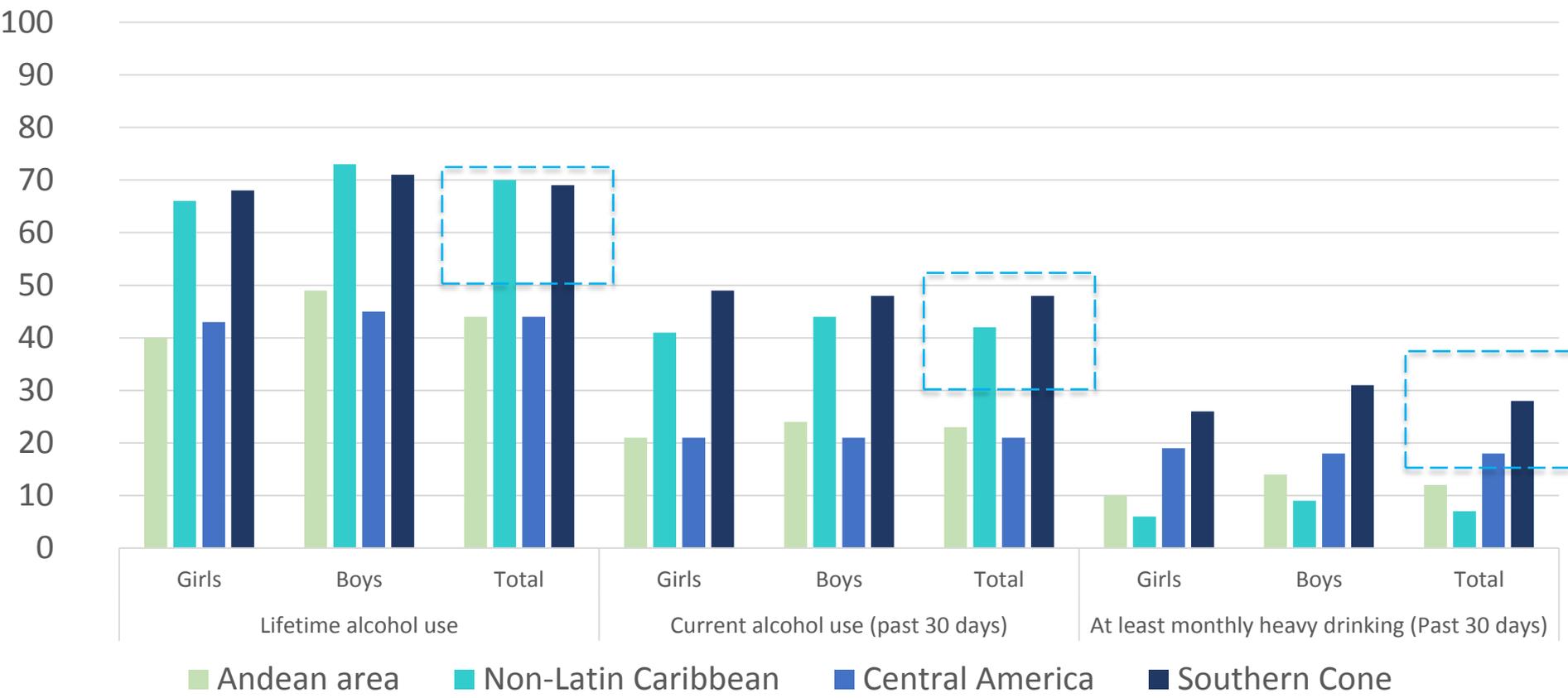
MALES



Source: World Health Organization. Global status report on alcohol and health 2014.

FUTURE GENERATIONS

Patterns of consumption among 13-15 year old students in LATIN AMERICA and the CARIBBEAN



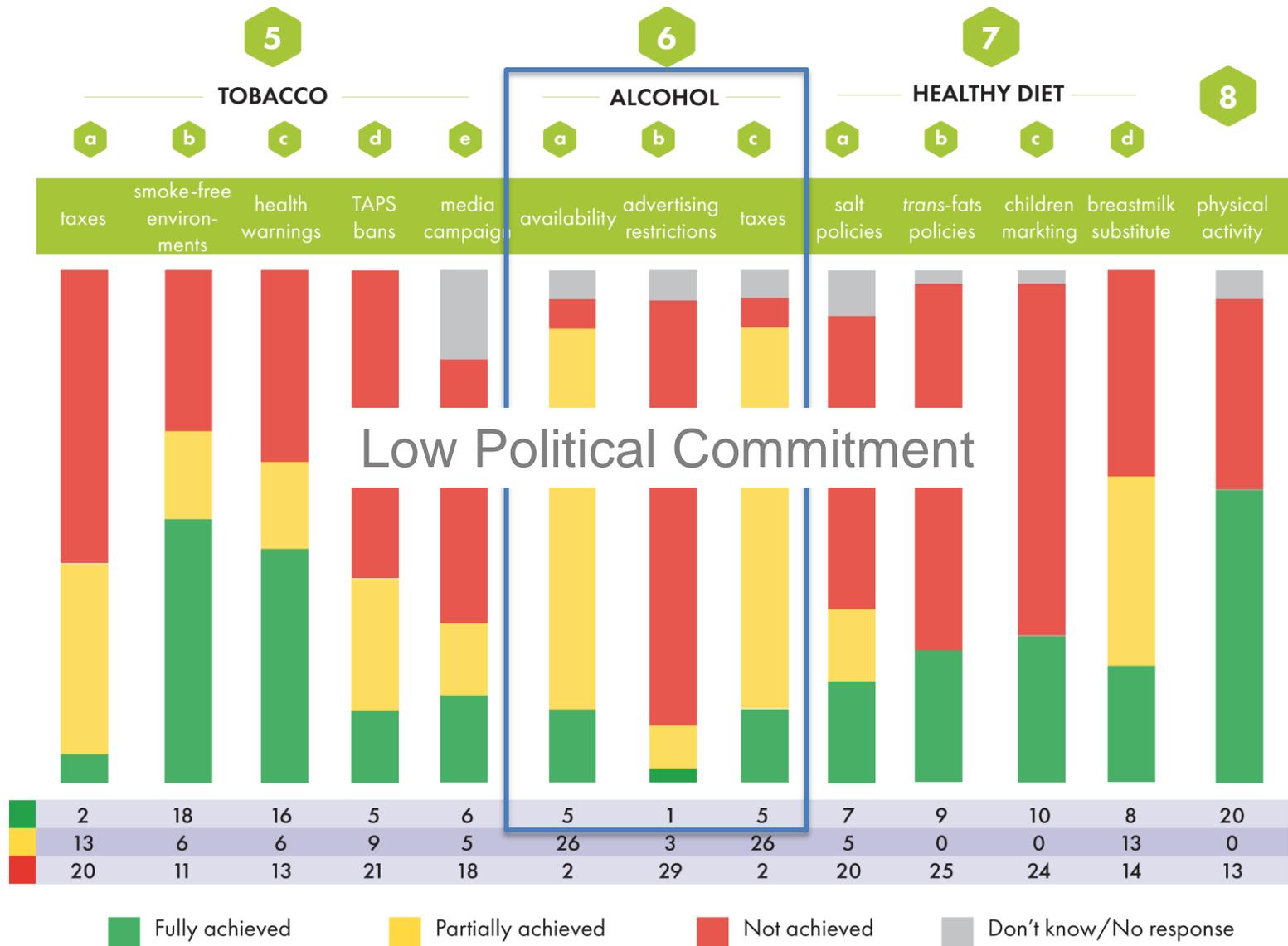
* A quantity of a least five drinks on a usual drinking occasion in past 30 days

Source: CAMH/PAHO, 2016. Youth report. Alcohol, drugs, and traffic safety in Latin American and Caribbean countries.

MEASURING POLICIES AND INTERVENTIONS

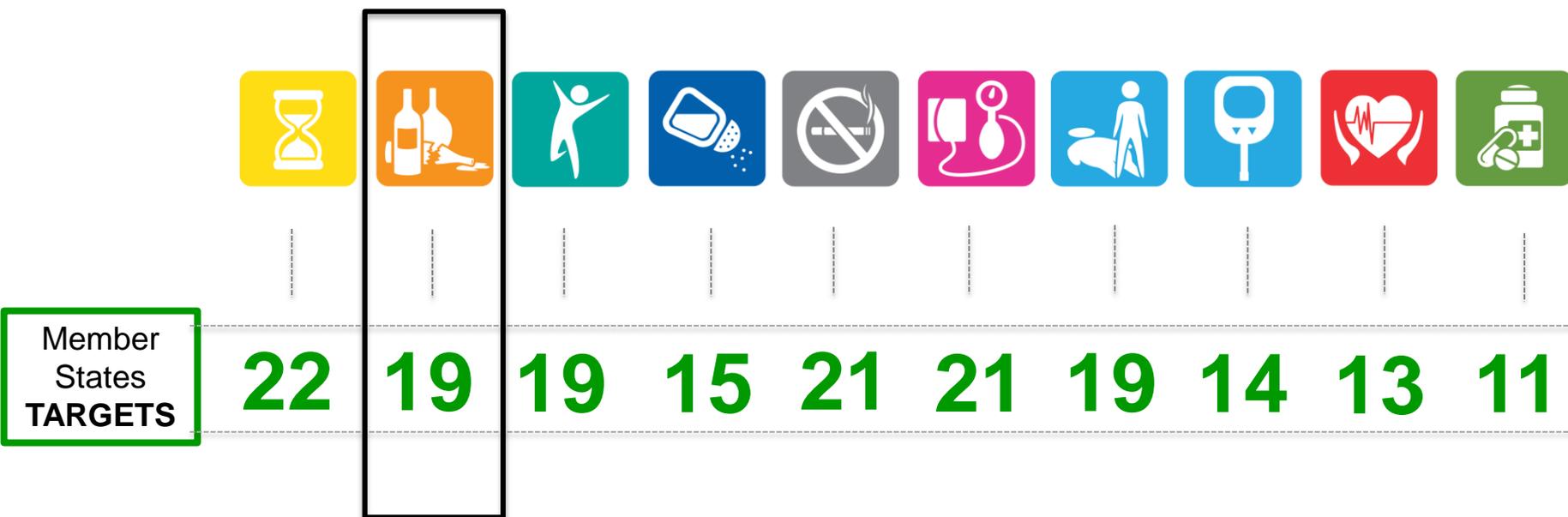


Risk Factors Progress Indicators - Americas



Global Monitoring Framework CCS, 2017 - AMERICAS

23 Member States have **Targets** – 19 Member States **Alcohol Indicators**



Global Monitoring Framework TARGET on alcohol

At least **10%** relative reduction
in the harmful use of alcohol



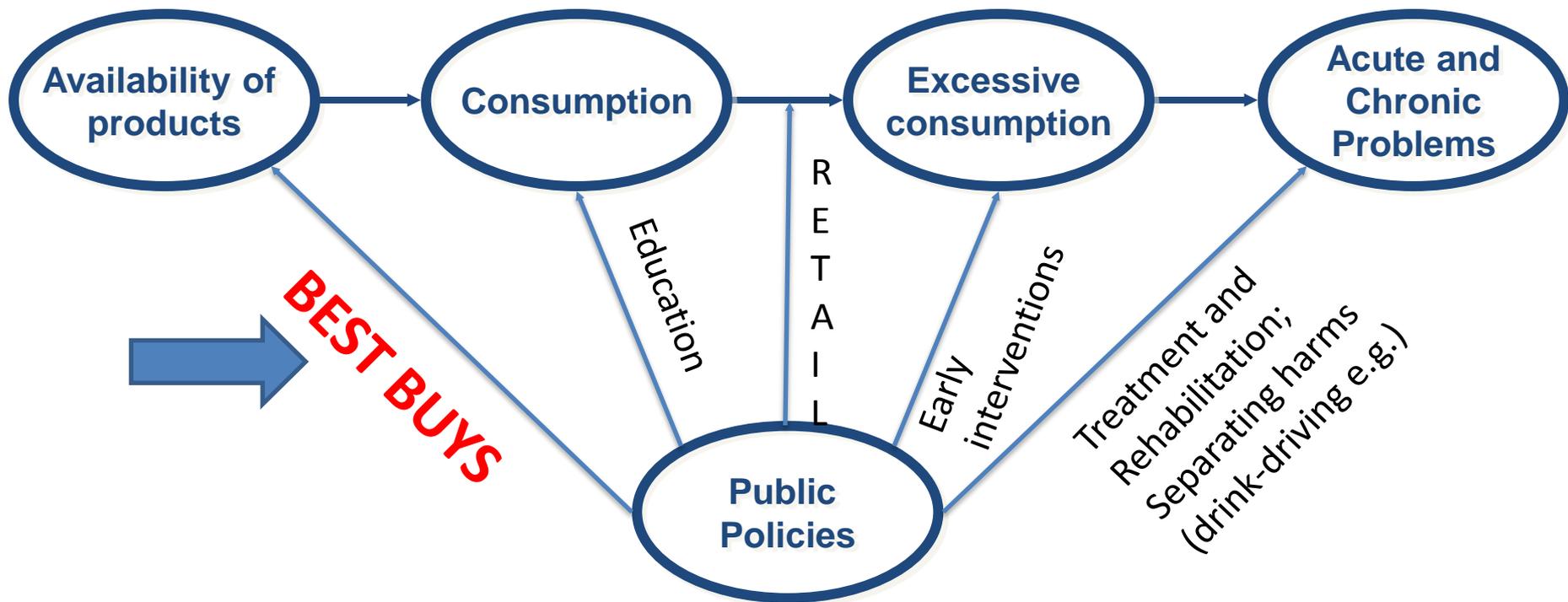
Antigua and Barbuda	A 2% relative reduction of harmful use of alcohol by 2019 (15+) (baseline 2017)
Argentina	10% reduction in harmful use of alcohol by 2025
Barbados	10% reduction in overall alcohol consumption (including hazardous and harmful drinking) by 2025 (baseline 2014)
Belize	10% reduction in alcohol per capita consumption, measured in liters of pure alcohol by 2023 (baseline 6 liters). 10% relative reduction in the age-standardized prevalence of heavy episodic drinking among adolescents and adults, as appropriate, within the national context by end 2023
Brazil	Reduce the prevalence of harmful alcohol consumption from 18% (2011) to 12% (2022)
Chile	10% relative reduction in the prevalence of harmful alcohol consumption among people aged 15 to 24 years old from 15.1% (2010) to 14.8% (2020)
Colombia	The harmful consumption of alcohol in general population is maintained below 12% by 2021
Cuba	10% reduction in harmful use of alcohol by 2025 , 1% reduction per year (baseline 2010 7.8%)
Dominica	10% reduction in the harmful use of alcohol by 2025 (baseline 2017)
Grenada	5% reduction in prevalence of heavy episodic drinking among adolescents and adults by 2019 . 2% reduction in the total (recorded and unrecorded) alcohol per capita (aged 15+ years old) consumption, in liters of pure alcohol by 2019 . (set 2015)
Guatemala	5% reduction in the consumption of alcohol by 2019
Guyana	8% reduction in harmful use of alcohol by 2020 (set 2013)
Honduras	Reduce the prevalence of harmful alcohol consumption to 42.3% by 2025 (baseline 47% 2014)
Jamaica	3% reduction in the harmful use of alcohol in persons aged 15+ years by 2018 (set 2013)
Paraguay	5% reduction in per capita consumption of alcohol by 2024 (2011 baseline). 5% relative reduction in the consumption of alcohol among adults by 2024 (2011 baseline). 10% relative reduction in heavy episodic drinking among adults by 2024 (2011 baseline). 5% relative reduction in heavy episodic drinking among youth by 2024
Saint Vincent and the Grenadines	5% reduction of harmful alcohol use among those aged 15+ years by 2025 (baseline 2017)
Suriname	Reduce prevalence of binge drinking among male adults to 44.6% by 2020 (baseline 47.9% 2009).
Trinidad and Tobago	10% reduction the harmful use of alcohol among persons 15+ years and among youth aged 13-15 years by 2021 (2017)
United States of America	Reduce proportion of adolescents using alcohol or illicit drugs in past 30 days to 16.6% by 2020 (baseline 18.4% 2008). Reduce proportion of adults binge drinking in past 30 days to 24.4% by 2020 (baseline 27.1% 2008)

'BEST BUYS', ESPECIALLY FOR LOW AND MIDDLE INCOME COUNTRIES FOR MEN AND WOMEN

<p>Harmful use of alcohol</p> <p>(> 50m DALYs; 4.5% global burden)</p>	<p>Restrict access to retailed alcohol *</p>	<p>Combined effect: 5-10 m DALYs averted (10-20% alcohol burden)</p>
	<p>Enforce bans on alcohol advertising *</p>	
	<p>Raise taxes on alcohol *</p>	

- very cost-effective (\$ per DALY prevented < GDP per person)
- very low cost in implementation and in principle feasible

How policy links to health

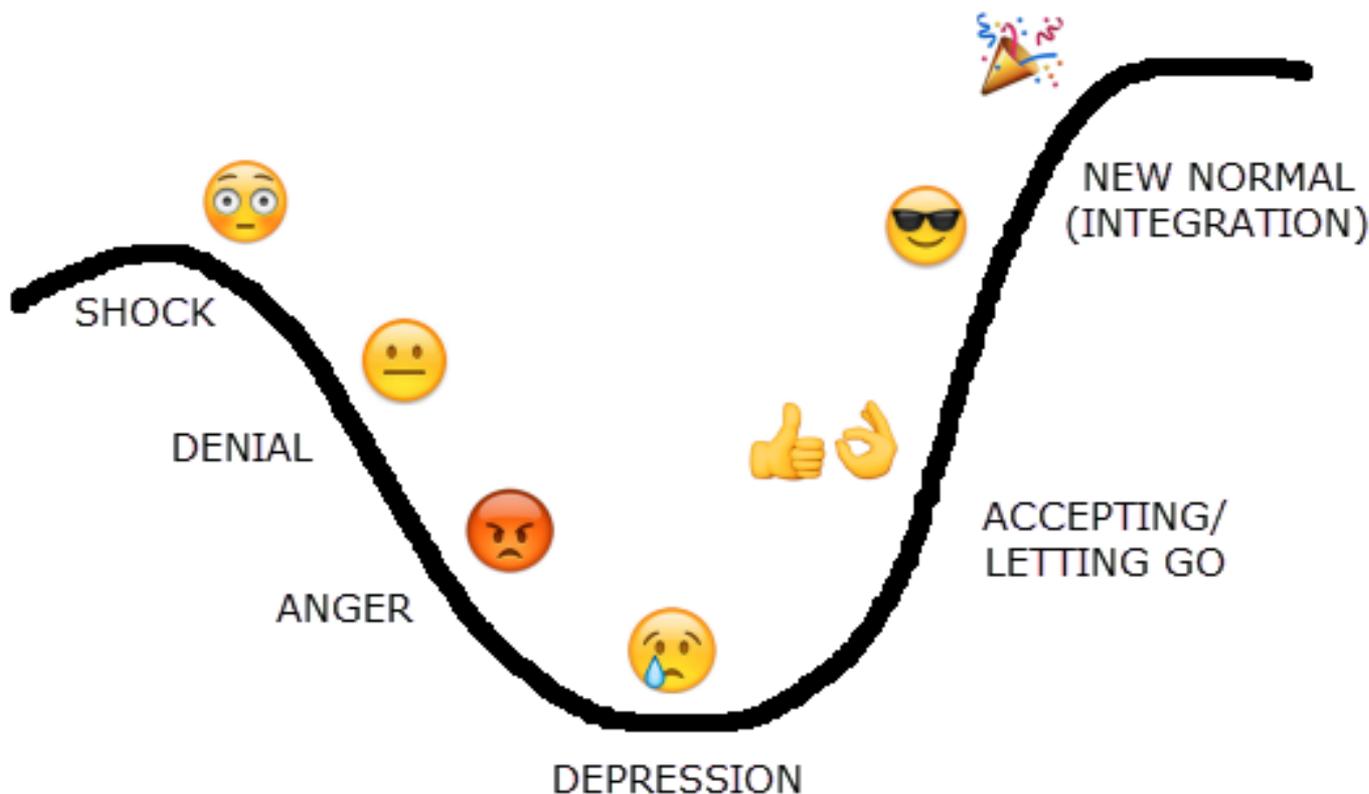


Common Arguments for No Action

- Regulation is seen as “prohibition”
- Regulation interferes with tourism, development or the economy
- Small countries can’t do by themselves
- Taxation will ruin economies, not supported by the population
- Without alcohol industry sponsorship, no cultural or sports events
- Powerful industry we can’t fight

“No Action” means same burden will continue and is likely to increase!

How to move forward?



Possible Ways Forward

- Step up advocacy and support the work of civil society to push for policy changes
- Inspire others; be a champion for alcohol policy
- Better disseminate findings to counteract “fake news”
- Join forces and learn from other risk factors
- Use **Health Law** to regulate alcohol like the other all risks
- Work with Parliaments, Regional Bodies- to increase the political commitment
- Without regulation, progress will not occur...