

Reducing harmful use of alcohol through health related laws

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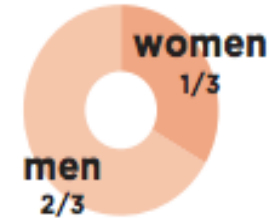


PAHO

Alcohol and health

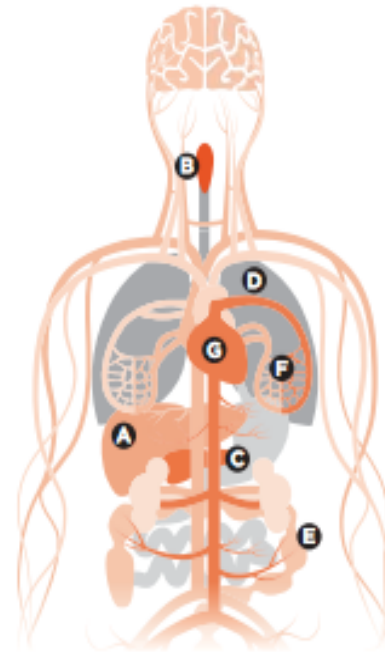


3.3 million **deaths**
6 deaths every minute
from harmful use of alcohol
every year



Harmful use of alcohol causes

- 100%** of fetal alcohol syndrome
- 100%** of alcohol use disorders
- 22%** of suicides
- 22%** of interpersonal violence
- 15%** of traffic injuries



- A** **50%** of liver cirrhosis
- B** **30%** of mouth and throat cancers
- C** **25%** of pancreatitis
- D** **12%** of tuberculosis
- E** **10%** of colorectal cancer
- F** **8%** of breast cancer
- G** **8%** of heart disease

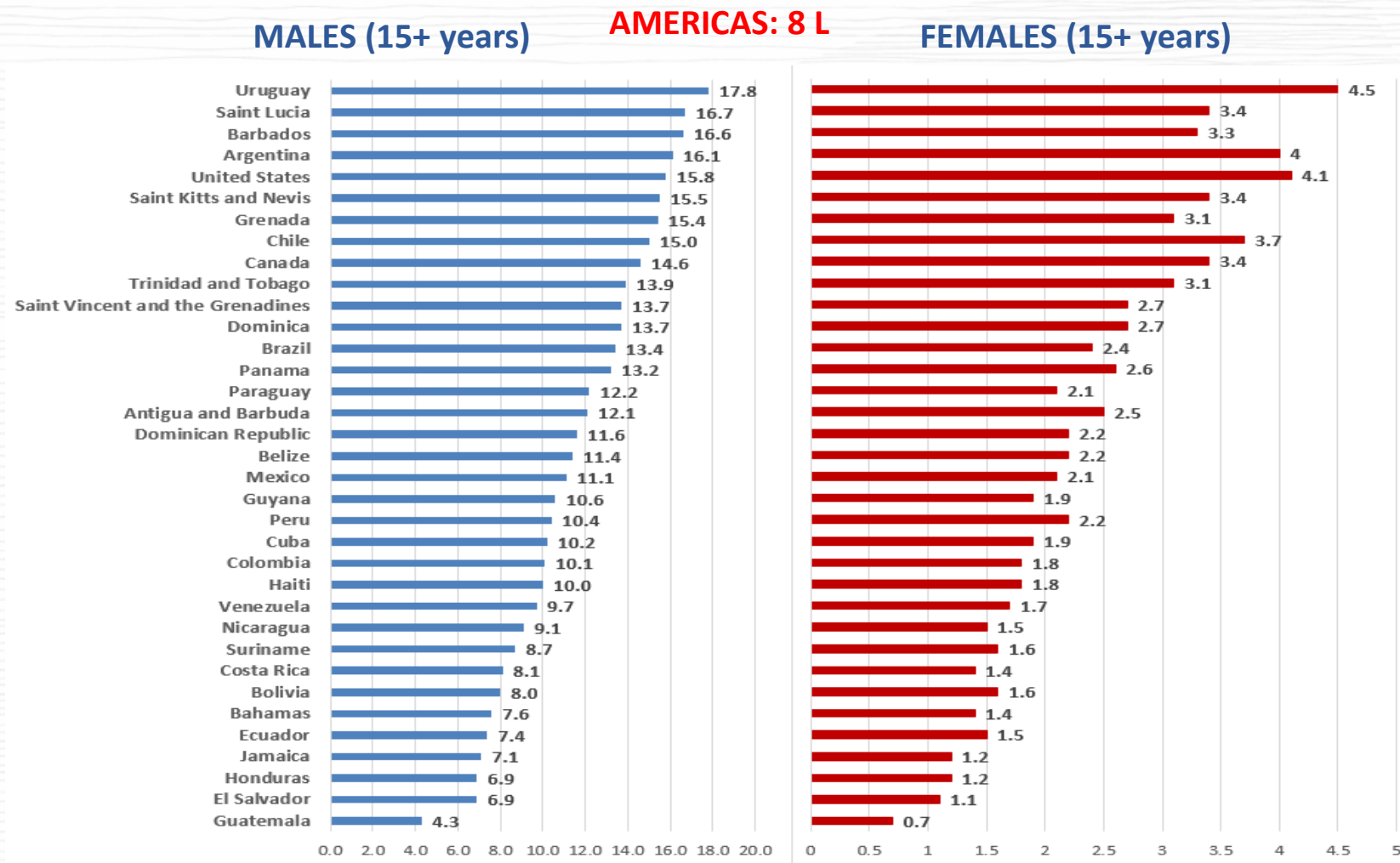
Global Status Report on Alcohol and Health 2018

- Developed in the context of SDG 2030 agenda
- Based on the data collected in the WHO Global Survey on Alcohol and Health 2016
- Contains alcohol-related statistics for 2016
- Special focus on SDG and NCD GMF indicators and trends since 2010.



Global status report
on alcohol and health
2018

TOTAL PER CAPITA CONSUMPTION IN THE GENERAL POPULATION PER YEAR (in liters of pure alcohol, by gender, aged 15+)



2016 estimates (L)

Source: WHO Global Status Report on Alcohol and Health, 2018



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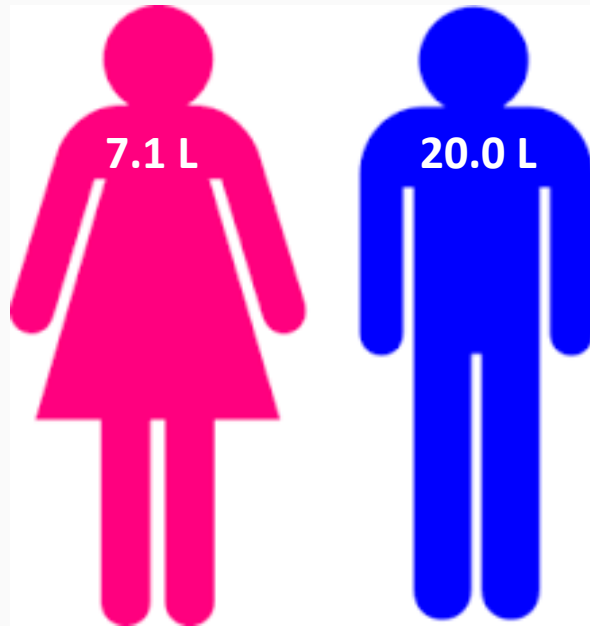


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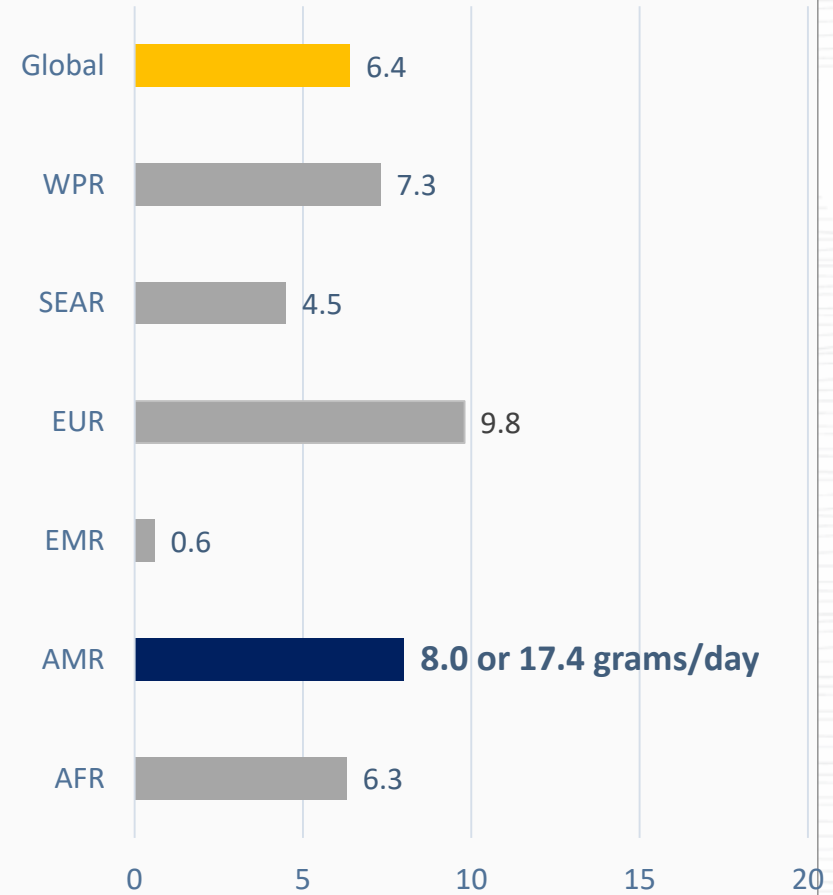
LEVELS OF CONSUMPTION

Total alcohol per capita consumption (APC) **among drinkers** (all drinkers and by gender, aged 15+ years, in liters of pure alcohol), 2016.

AMERICAS: 15.1 L or
32.8 grams/day



Total alcohol per capita consumption (APC) in the general population (aged 15+ years, in liters of pure alcohol), 2016.



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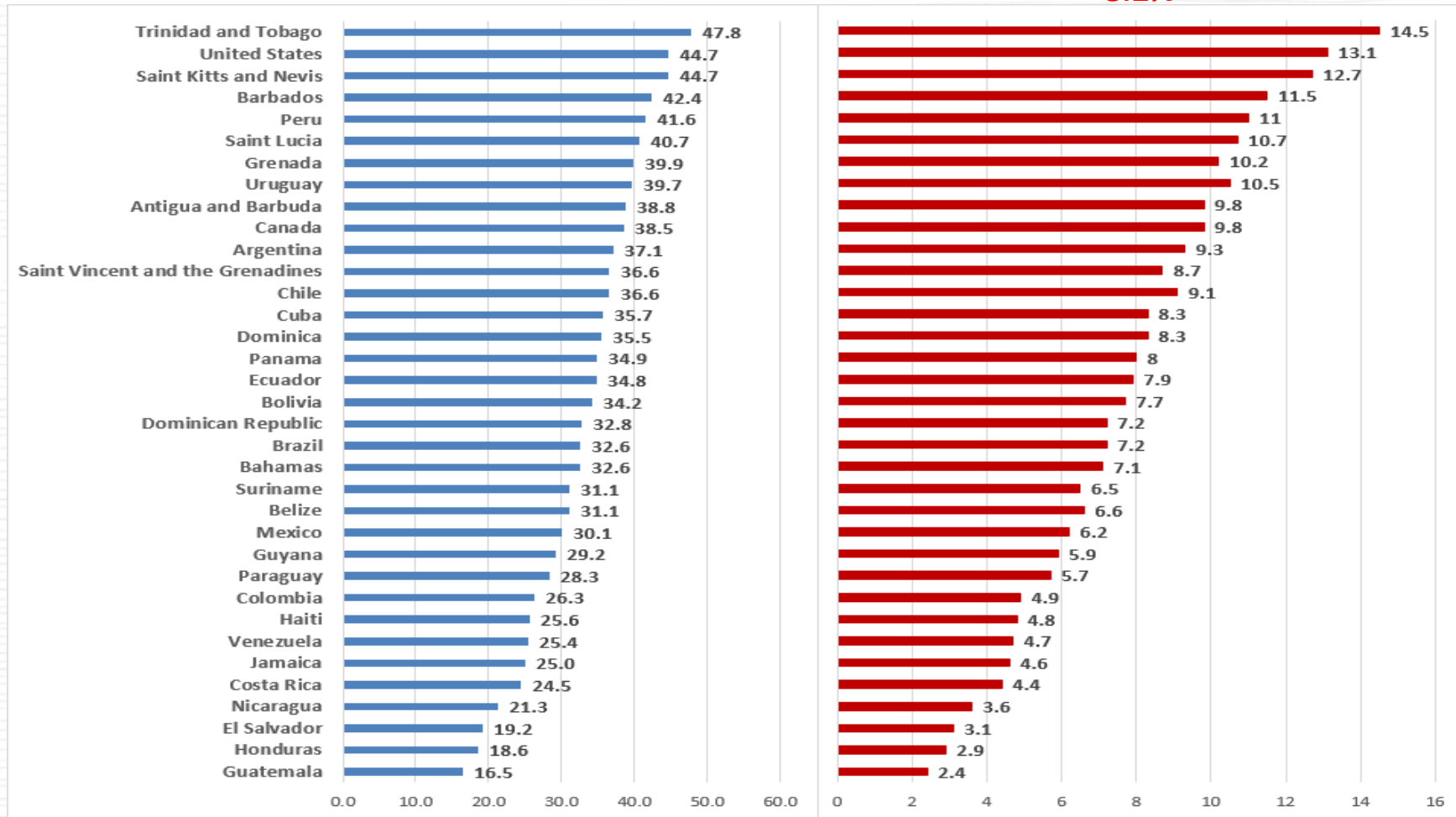


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AGE-STANDARDIZED PREVALENCE OF HEAVY EPISODIC DRINKING IN THE GENERAL POPULATION (by gender, aged 15+)

MALE (15+ years) AMERICAS: 22.3% FEMALE (15+ years)
35% 8.2%



2016 estimates %



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Source: WHO Global Status Report on Alcohol and Health, 2018

PREVALENCE OF HEAVY EPISODIC DRINKING IN THE GENERAL POPULATION

(by gender, aged 15-19 years)

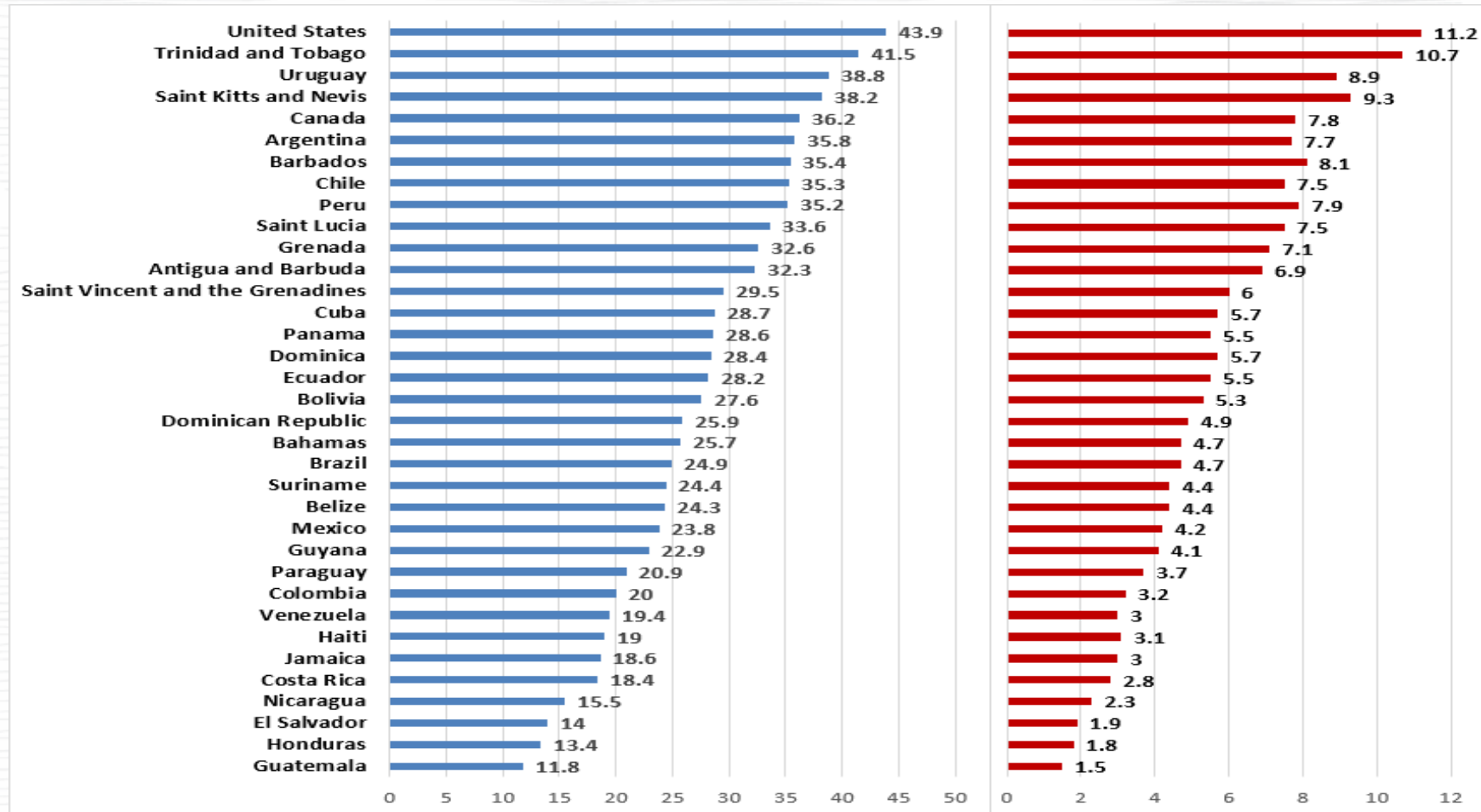
AMERICAS: 18.5%

MALES (15-19 years)

30.1%

FEMALES (15-19 years)

6.4%



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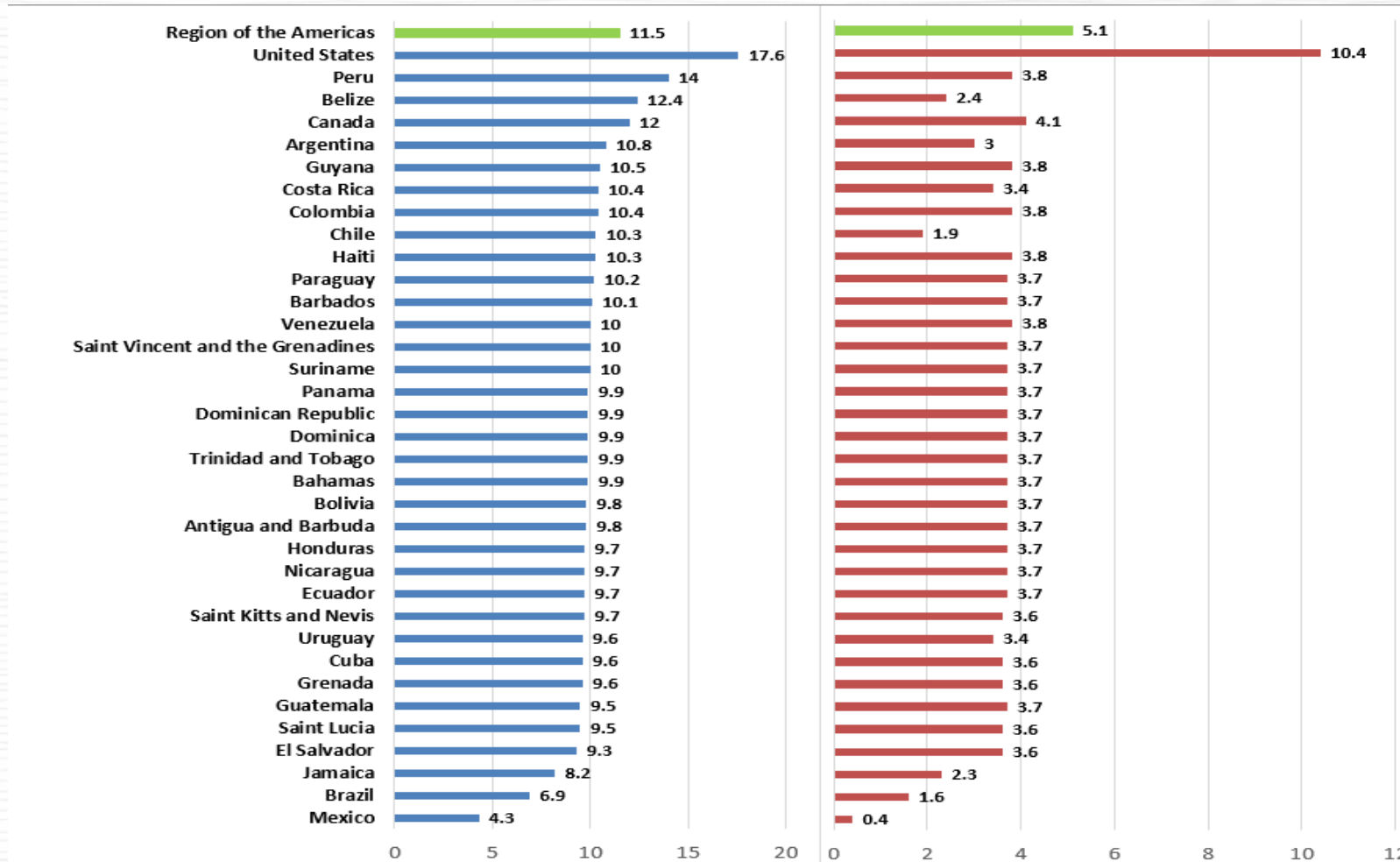
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PREVALENCE OF ALCOHOL USE DISORDERS IN THE GENERAL POPULATION (by gender, aged 15+)

AMERICAS: 8.2%

MALE (15+ years)

FEMALE (15+ years)



2016 estimates %



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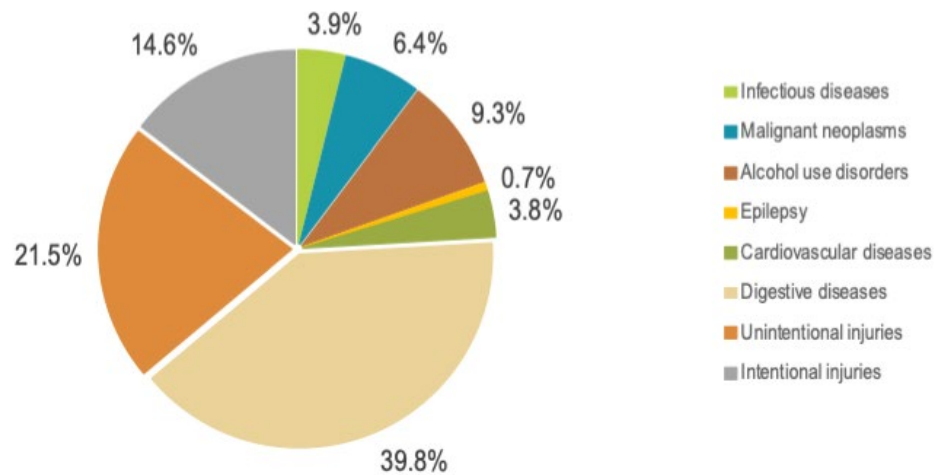


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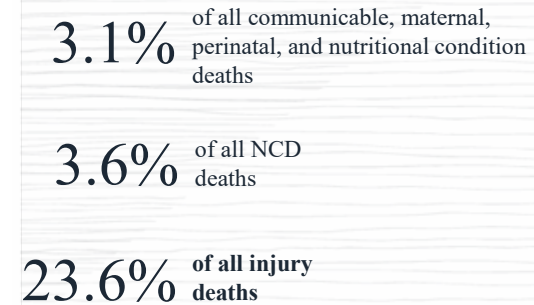
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Deaths Attributable to Alcohol in 2016 in the Americas, by cause

% of all AA deaths



% of all deaths



Total DEATHS: 371,974; 5.4% of All DEATHS



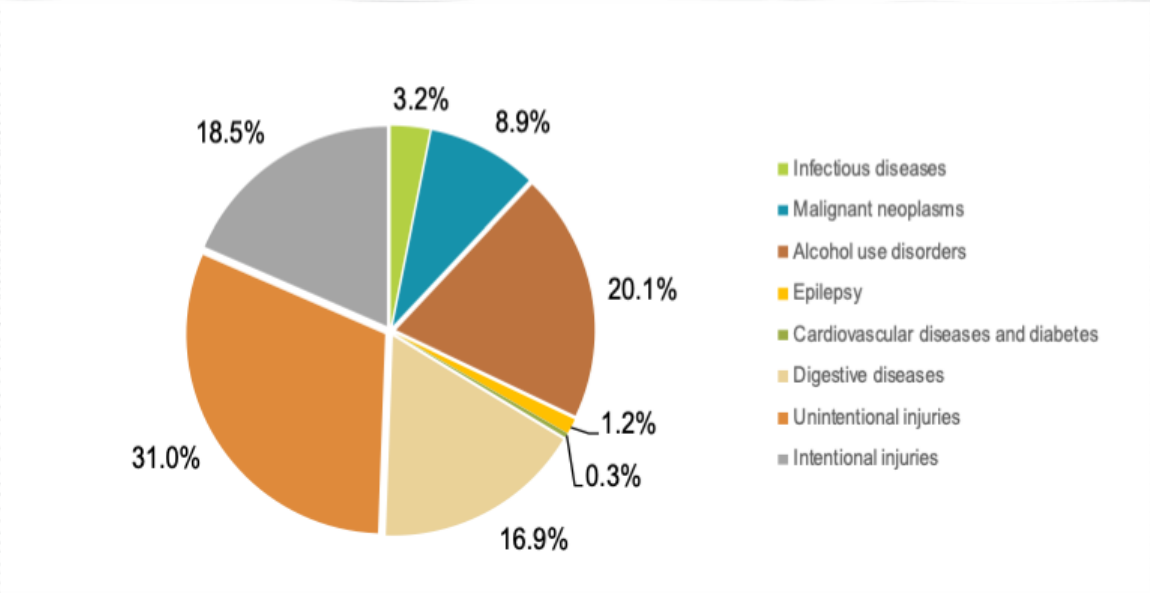
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Alcohol-attributable DALYs - 2016



18,901,659 DALYs; 6.7% of all DALYs



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Alcohol-attributable burden of disease

2016 burden of disease attributable to alcohol consumption

- 3.0 million deaths; 5.3% of all deaths globally
- 131.6 million DALYs; 5.1% of all DALYs global

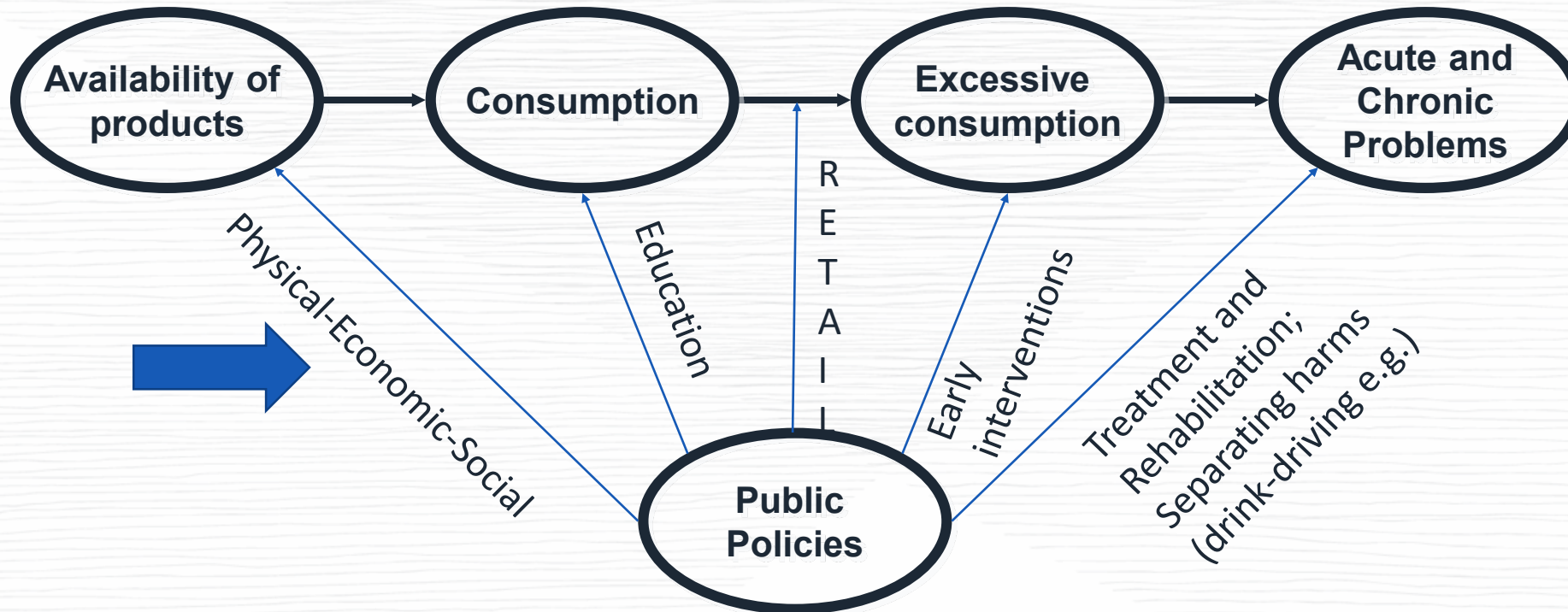
Change in the age-adjusted alcohol-attributable burden of disease: 2000 to 2016

- -18.1% for deaths
- -14.6% for DALYs

Change in the age-adjusted burden of disease: 2000 to 2016

- -23.7% for deaths
- -25.2% for DALYs

How alcohol policy links to health

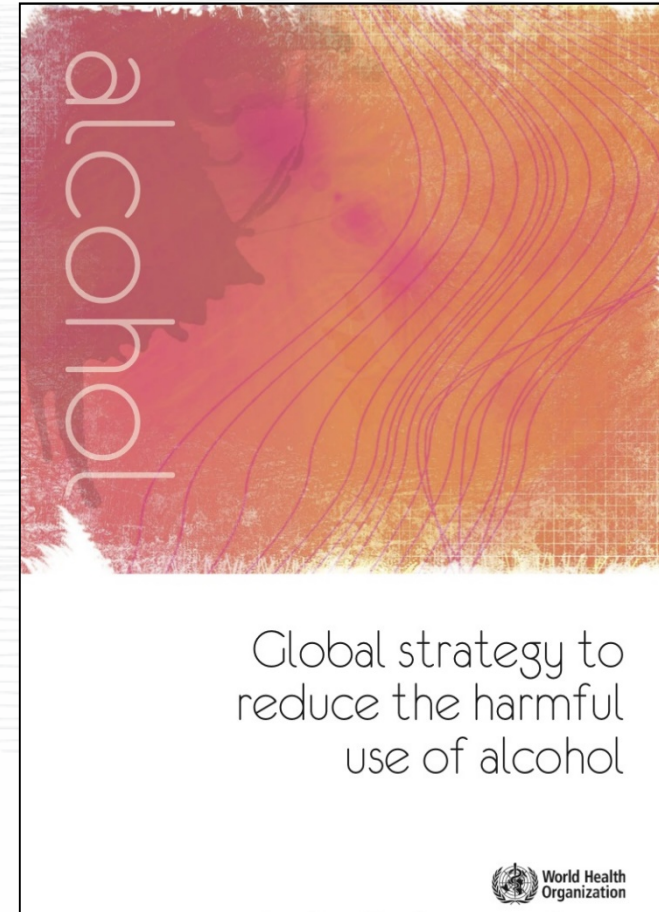


WHO Global strategy to reduce the harmful use of alcohol (2010)



The global strategy:

- complements and supports public health policies in Member States;
- gives guidance for action at all levels;
- sets priority areas for global action;
- contains a portfolio of policy options and measures that could be considered for implementation and adjusted as appropriate at the national level



Recommended ten target areas for policy measures and interventions



1. Leadership, awareness and commitment
2. Health services' response
3. Community action
4. Drink-driving policies and countermeasures
5. Availability of alcohol
6. Marketing of alcoholic beverages
7. Pricing policies
8. Reducing the negative consequences of drinking and alcohol intoxication
9. Reducing the public health impact of illicit alcohol and informally produced alcohol
10. Monitoring and surveillance

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

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

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

Global and Regional Mandates and Commitments on NCDs



Timeline – Harmful use of Alcohol

- Targets and Indicators





3 GOOD HEALTH AND WELL-BEING



- **3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol**
 - 3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders
 - 3.5.2 Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol

Regional Plan of Action Resolution CD51/8 (2011)



Urge Member States to:

- Identify **underage and harmful alcohol consumption** as a public health priority and develop plans and/or **introduce measures to reduce its public health impact**
- Recognize that **harmful use of alcohol occurs among non-dependent and dependent people alike and reduce the burden requires a mix of population wide policies, and targeted interventions**
- Promote public policies that **protect and preserve public health interests**
- Promote programs that educate children, young people, and those who choose not to drink alcohol about how to **resist social pressure to drink, protect them from such pressure, and support their choice not to drink;**
- Promote policies and interventions that are **evidence-based, equitable** and supported by sustainable implementation mechanisms
- Allocate financial, technical and human resources towards the implementation of national activities

Update of the list of effective measures (Appendix 3) on alcohol for the Global NCD Action Plan (endorsed by WHA70)



- **Increase excise taxes on alcoholic beverages**
- **Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)**
- **Enact and enforce restrictions on the physical availability of retailed alcohol (via reduced density of retail outlets and reduced hours of sale)**
- **Enact and enforce drink-driving laws and blood alcohol concentration limits via sobriety checkpoints**
- **Provide brief psychosocial intervention for persons with hazardous and harmful alcohol use**
- Carry out regular reviews of prices in relation to level of inflation and income
- Establish minimum prices for alcohol where applicable
- Enact and enforce an appropriate minimum age for purchase or consumption of alcoholic beverages
- Restrict or ban promotions of alcoholic beverages in connection with sponsorships and activities targeting young people
- Provide prevention, treatment and care for alcohol use disorders and comorbid conditions in health and social services
- Provide consumer information about, and label, alcoholic beverages to indicate, the harm related to alcohol.



SAFER

Strengthen
restrictions
on alcohol
availability

Advance &
enforce drink
driving
counter-
measures

Facilitate
access to
screening,
brief
interventions
& treatment

Enforce bans/
comprehensive
restrictions on
alcohol
advertising,
sponsorship &
promotion

Raise prices
on alcohol
through
excise taxes
& pricing
policies

“We are proud to introduce SAFER – a package of proven interventions to reduce the harms caused by alcohol, and a new partnership to catalyze global action. We need governments to put in place effective alcohol control policy options and public policies to reduce the harmful use of alcohol.”

Dr Tedros Adhanom Ghebreyesus,
Director-General of WHO

Geneva, 28 September 2018

The SAFER strategies

- 1. Implement:** Advocacy, resource mobilization, technical capacity building and programmatic action at country level are key components in the *implementation* of SAFER.
- 2. Monitor:** SAFER implementation must be supported by strong *monitoring* systems, to enable accountability and progress tracking. Such systems, at country level, should include monitoring of sales, consumption, health and social harms, economic impact, and industry practices. WHO will incorporate SAFER monitoring into its global monitoring and surveillance system.
- 3. Protect:** SAFER will support countries by ensuring that alcohol control measures are guided and formulated by public health interests and as such are *protected* from industry interference and commercial interests.

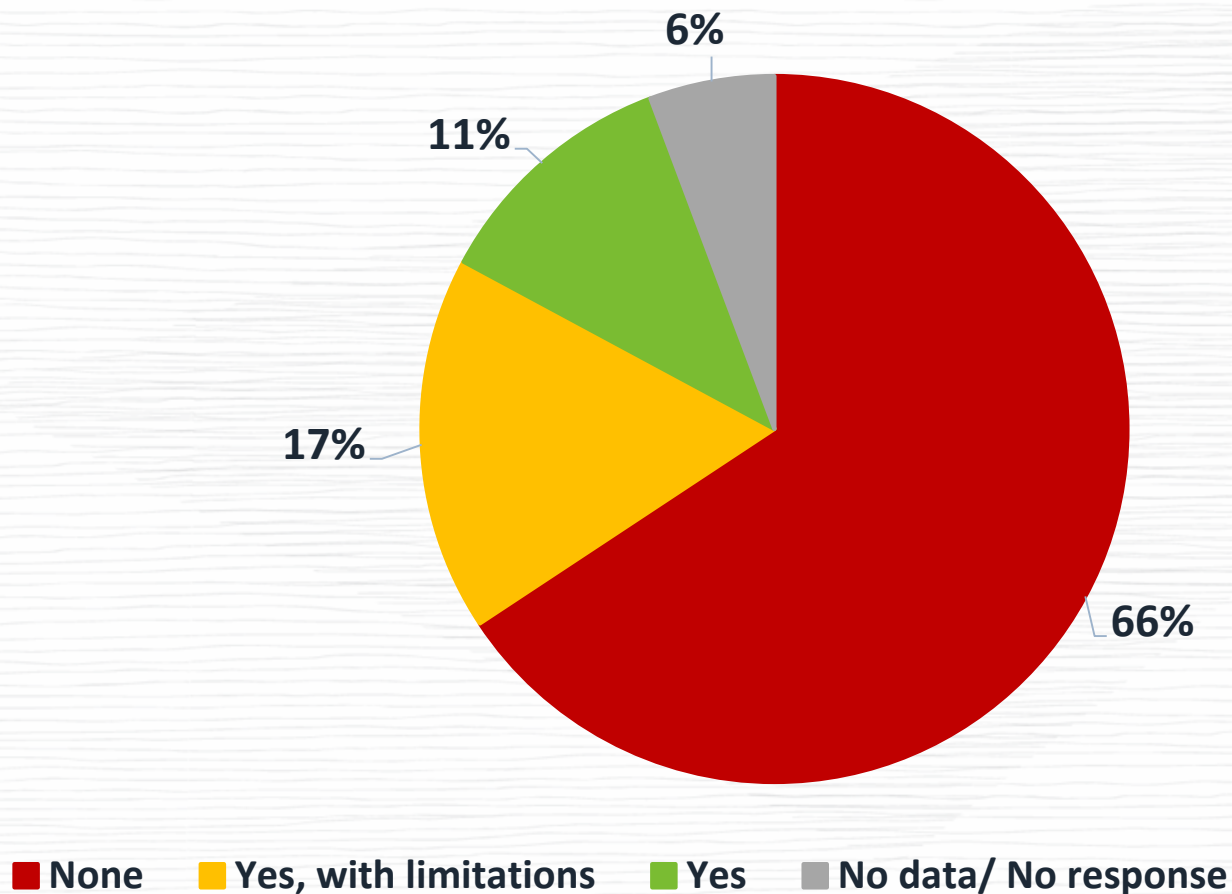


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WRITTEN NATIONAL POLICY ON ALCOHOL



An adopted written national policy on alcohol is defined as a written organized set of values, principles and objectives for reducing the burden attributable to alcohol in a population.

Source: WHO Global Status Report on Alcohol and Health, 2018

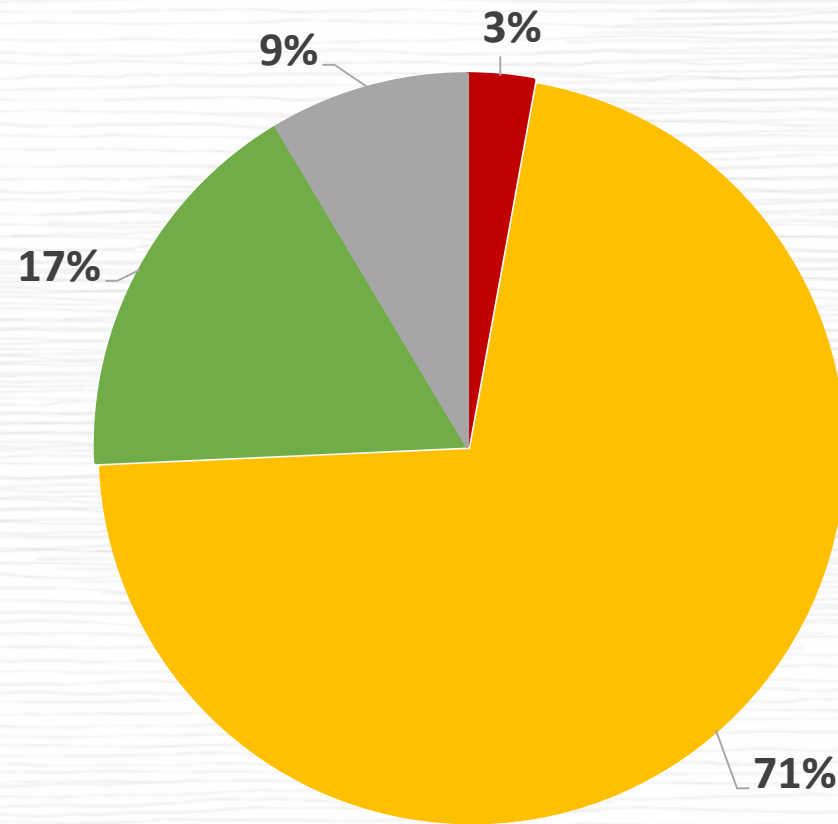


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Taxation



■ No excise tax ■ Excise tax, no adjust for inflation ■ Excise tax adjusted for inflation ■ No data available

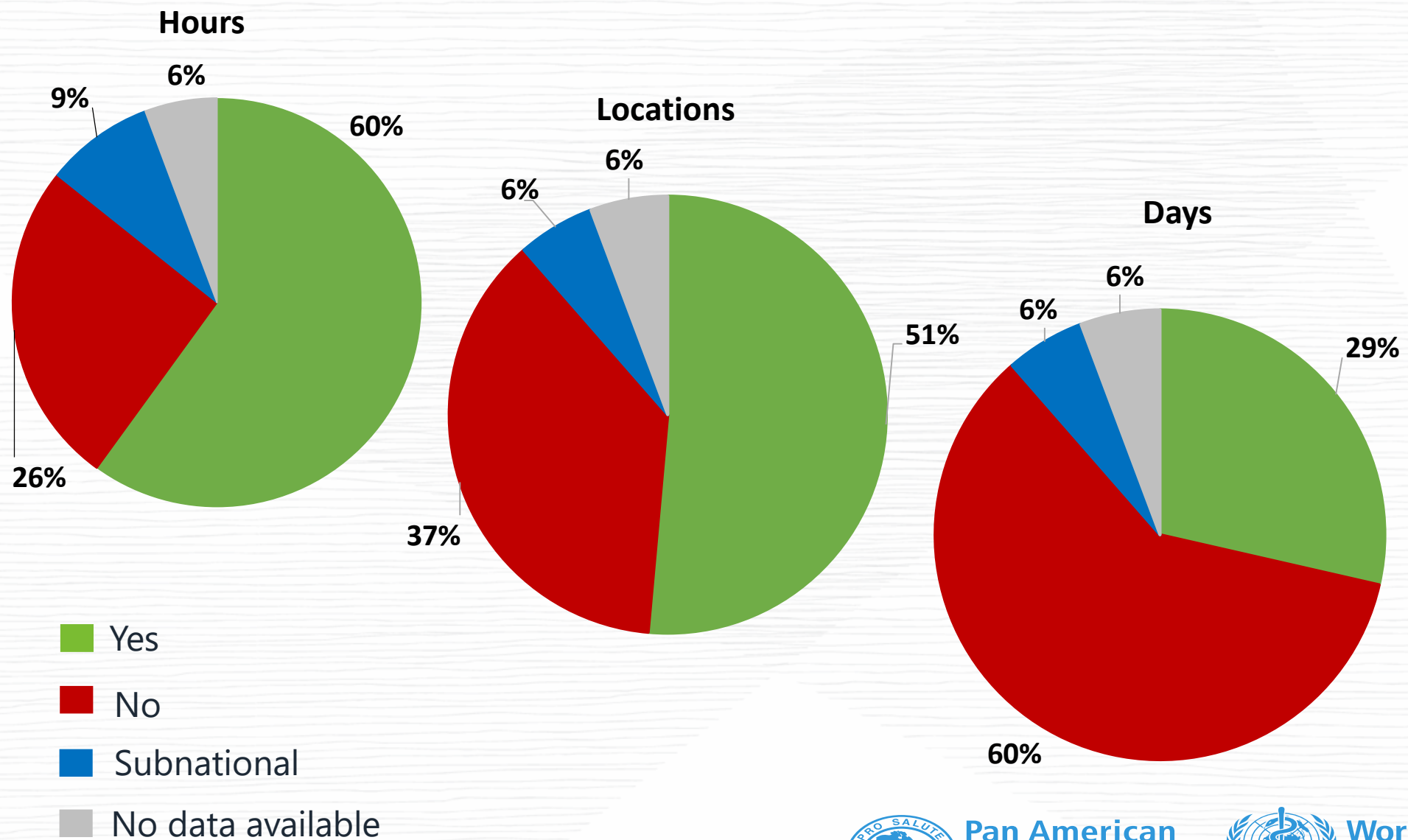


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Restrictions for on-/off- premise sales of alcoholic beverages: hours/locations/days

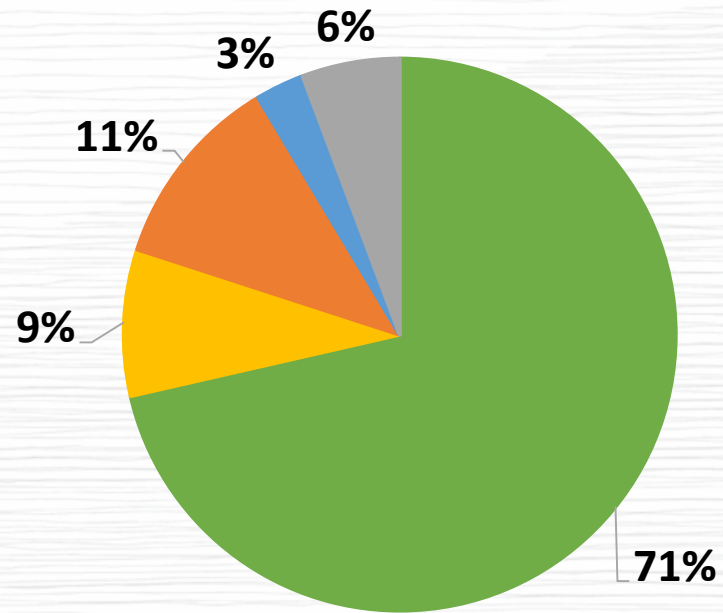


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Minimum drinking age



- ≥18
- 16
- 18 off premise & 16 on premise or none off premise & 16 on premise
- Subnational
- No data available

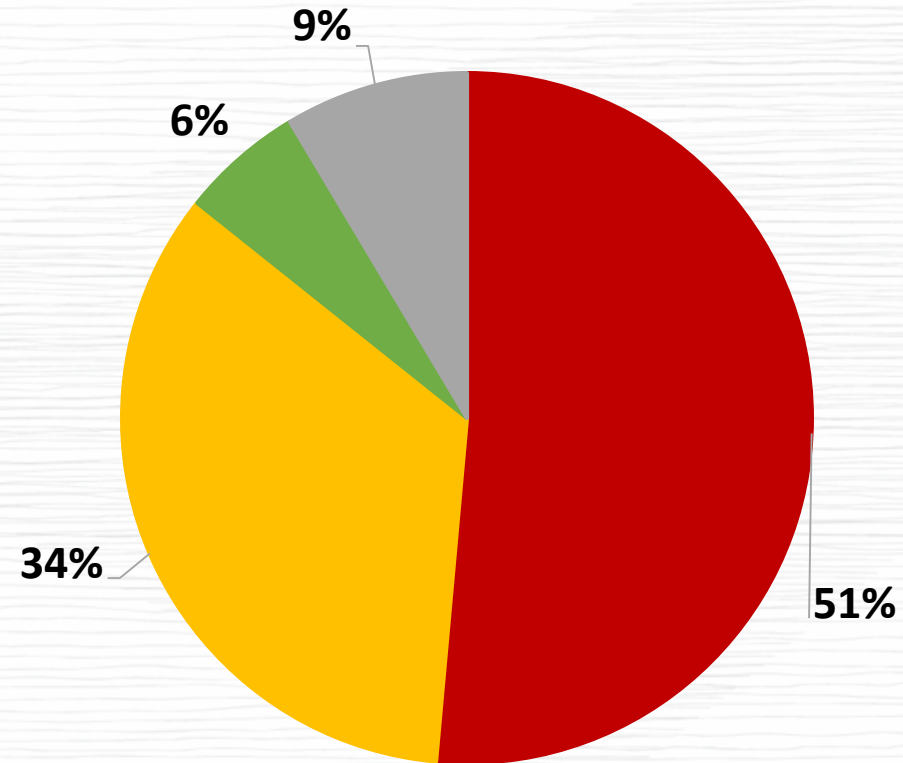


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Advertising restrictions on national television



■ No restrictions or Voluntary/self-restricted **■ Partial restriction or ban only for spirits**
■ Ban **■ No data available**

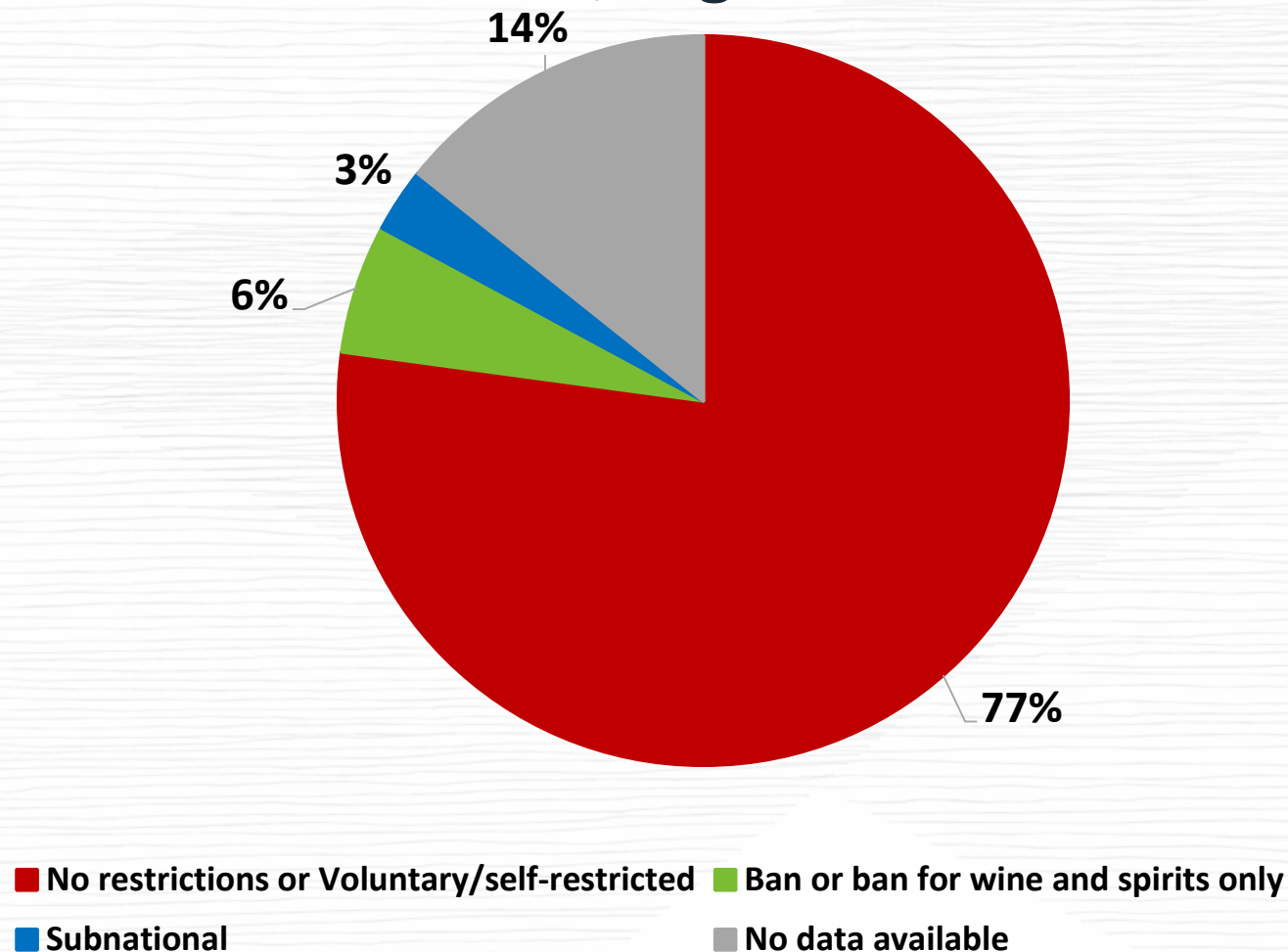


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Restrictions on alcohol industry sponsorship of youth events, e.g. concerts

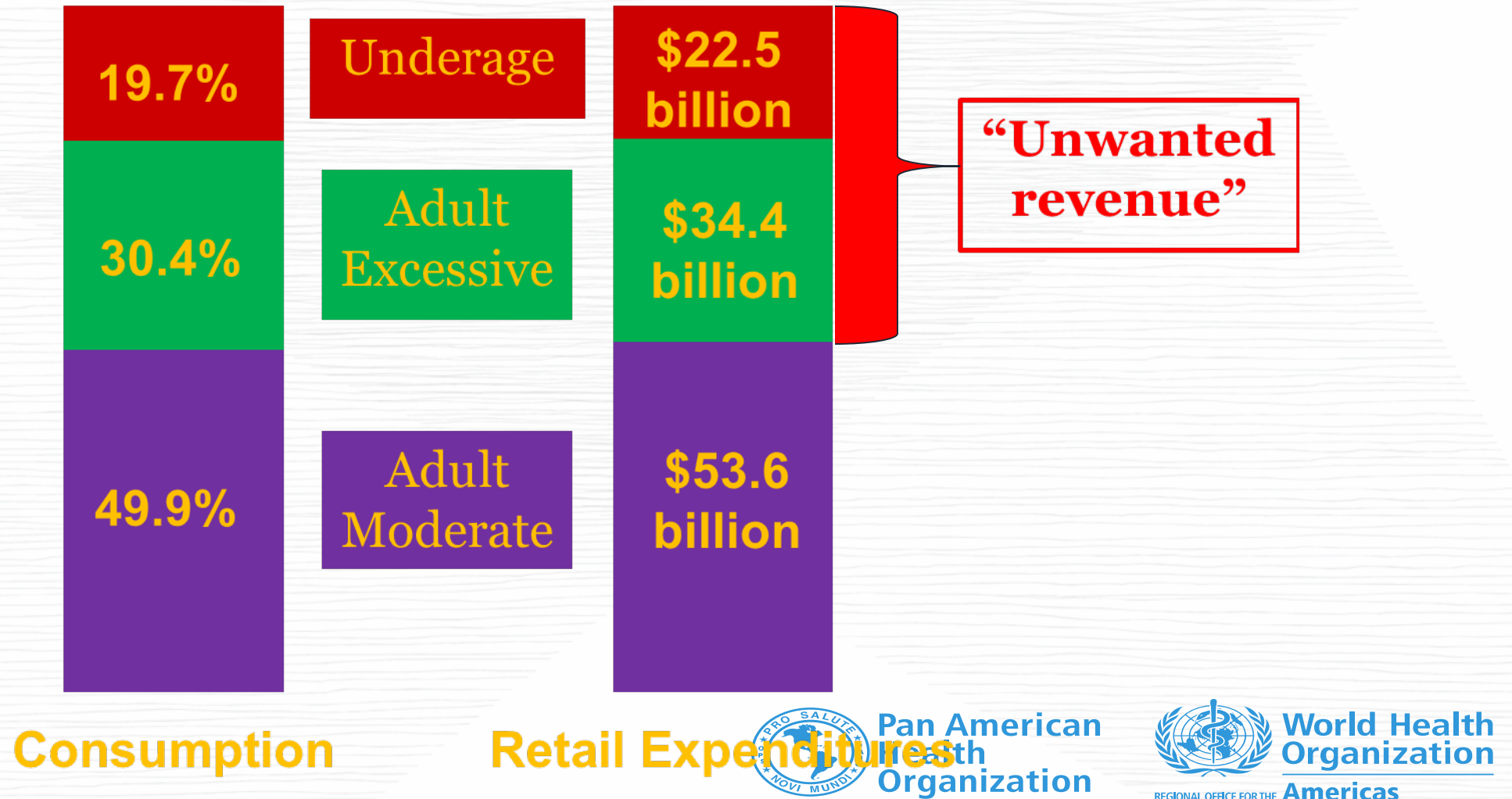


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Alcohol Industry “unwanted” consumption and sales, U.S. 1999



Source: Foster 2003

Industry political pressure and interference

- **Aim:** operate to protect their primary interests.
- **Tactics:**
 - Oppose any sort of regulation that limits their operation or results.
 - Pledge self-regulatory measures.
 - Fund biased studies regarding best policy options
 - Encourage public-private partnerships so they can influence the policy-making.
 - Defend isolated, individual-centered, non-regulatory alternatives, such as providing information, as the best options.
 - If the regulation cannot be stopped:
 - Try to weaken it;
 - Legal challenges;
 - Delay implementation.



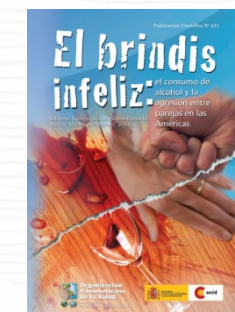
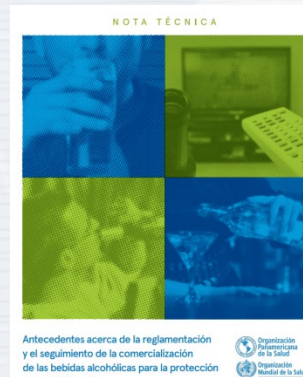
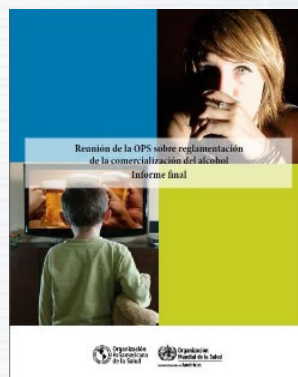
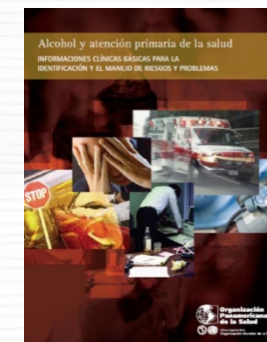
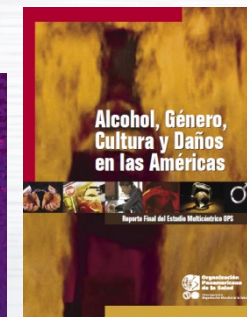
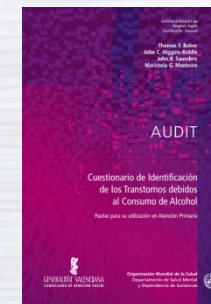
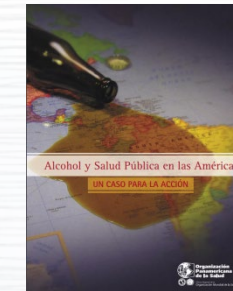
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Information for Policy Action

- Monitoring Alcohol Consumption
- Alcohol in Primary Health Care
- Alcohol Policy Scoring
- Alcohol in developing countries
- Prevention of Alcohol Related Injuries
- Alcohol policy and public health
- Alcohol and partner violence
- Alcohol marketing regulation



Virtual courses

<http://www.campusvirtualsp.org/>

AUDIT-SBI (E,S)

ASSIST-SBI (E,S)

Alcohol policy and public health (E, S)

Drug policy and public health (E, S)

Advocacy for Alcohol Policy (P,E,S)





Alcohol and Pregnancy (P, E,S)





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#HealthForAll
#MentalHealth
#GetVax
#pahowho
#BeatNCDs
#UniversalHealth

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