Alcohol as a Public Health Priority

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As required by the Alcohol Policy 18 Conference, I/we have signed a disclosure statement and note the following conflict(s) of interest:

I Declare no Conflict of Interest

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AP 17- How to move forward?

- Shock
- Denial
- Anger
- Depression
- Accepting/Letting Go
- New Normal (Integration)
A positive outlook

Increased support from:

- Media worldwide
- GAPA, EUCAM, EUROCARE, CAMY, IOGT
- Healthy Caribbean Coalition, National NGOs
- NCD Alliance, CLAS, PANNA PH, CARMENET
- WHO/PAHO Collaborating Centers
- Scientists, Journal Editors and the General Public
- Faith communities
- US Alcohol Policy Alliance!
Harmful use of Alcohol
Mandates and Commitments
Alcohol Targets and Indicators ARE THERE!

PAHO
OMS
UN

PAHO Regional Plan of Action on harmful use of alcohol
1st UNHLM on NCDs 2013-2019
PAHO Regional Plan of Action on NCDs 2013-2020
PAHO Strategic Plan 2014-2019
Global Action Plan on NCDs 2013-2020
2nd UNHLM on NCDs Outcome Document

“Best Buys” Policies
3rd UNHLM on NCDs Reporting Progress
#beatNCDs
Annex

Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development

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

## Alcohol consumption – Population level

### Performance Indicators – Alcohol TARGET

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Data Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>APC - ALCOHOL PER CAPITA CONSUMPTION</td>
<td>Total (recorded and unrecorded) alcohol per capita (15+ y.o) consumption within a calendar year in liters of pure alcohol.</td>
<td>Administrative reporting and survey data</td>
</tr>
<tr>
<td>HED – HEAVY EPISODIC DRINKING</td>
<td>Age-standardized prevalence of heavy episodic drinking among adolescents and adults.</td>
<td>Population-based survey</td>
</tr>
<tr>
<td>AUD – ALCOHOL USE DISORDER</td>
<td>Adults (15+y.o) who suffer from disorders attributable to consumption of alcohol (ICD-10: F10.1 Harmful use of alcohol F10.2 Alcohol dependence), calendar year</td>
<td>Population-based survey using validated instruments</td>
</tr>
</tbody>
</table>

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

All were included in the PAHO Strategic Plan 2014-2019
INDICATORS OF THE PAHO STRATEGIC PLAN 2014-2019

Number of countries and territories with a national alcohol policy or plan for the prevention and treatment of alcohol use disorders in line with the Regional Plan of Action/Global Strategy to Reduce the Harmful Use of Alcohol

• Baseline: 10   Target 2019: 17

Assessment: No progress (6 achieved + 8 partially achieved)

Total (recorded and unrecorded) alcohol per capita (APC)

• Assessment: No progress

Age-standardized prevalence of heavy episodic drinking (HED)

• Assessment: No progress

Prevalence of alcohol use disorders in the general population

• Assessment: No progress
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.
Change takes time but happens

• APC has not increased wildly everywhere
• In some countries and regions it has decreased significantly
• Alcohol as a risk factor can no longer be denied, and “lack of progress” triggers society’s actions and increase activism
• Just like the alcohol industry learned from other industries, civil society and governments are learning from policies on other risk factors!
INCREASED ACTION IN THE REGION OF THE AMERICAS

PAHO

TAG on alcohol policy

Study on Alcohol, Drugs and Traffic Injuries

PANNAH network

PAHO Regional Plan

Regional Status Report

Alcohol marketing regulation

1st Pan American Conference on Alcohol

Alcohol and Public Health in the Americas

Guide to Alcohol Epidemiology

Alcohol: No Ordinary Commodity

ASSIST

1st Regional meeting PANAPPH

2nd Regional meeting PANAPPH

Global Strategy

Cooperation Agreement PAHO/Valencia

Mid-Term review Plan of Action

Virtual courses
Lessons learned from FCTC

• Simple, population-wide policy interventions work! (marketing bans, smoke-free spaces, warning labels, taxation)
• These policies spread to countries where nobody had really done effective tobacco control before that
• Enabled the creation of coalitions globally, regionally and nationally
• Helped to build momentum for action
• Recognized industry interference (COI) as THE major obstacle
1162 members
153 organizations
+350 people trained in Advocacy
Regulating unhealthy commodity industries: major opportunity

- Promote coherent approach across NCDs (Collin 2012)
- Redress “reluctance to tackle the more structural drivers of change” (Hawkes 2006)
- Unhealthy commodity producers as “modifiable social determinants of health”: regulation is key to reducing inequalities (Freudenberg & Galea 2008)
- Opportunity to develop effective upstream interventions, shifting focus towards prevention
Tackling commercial determinants of health? Uruguay meeting, October 2017

DRAFT - 30. We call on WHO to consider establishing a commission to address the commercial determinants of health that have a bearing on the prevention and control of NCDs.

PJ/JC)
“There was also evidence of softening of language towards industry. Taxation of sugar sweetened beverages and alcohol were included as possible options in the draft version but dropped from the final version (only tobacco taxation remained). Private sector entities, primarily representing the food and drink industries, were the only group to claim that taxing harmful products is inefficient and ineffective. For example, four submissions stressed that taxes on sugar sweetened drinks in Mexico were not improving public health—despite evidence of a sustained reduction in consumption, particularly among the poorest people.”
Critical Thinking Forum

Regulating unhealthy commodities: Increasing coherence across alcohol, tobacco, and nutrition policies

6 March 2018, Cape Town, South Africa
#criticalNCDs
Working Together

• Civil society organization and activism at all levels are needed to push governments and international organizations to do more
• We need a single voice promoting alcohol as a public health priority, based on health as a HUMAN RIGHT: FOR ALL
• Several social movements are effectively mobilizing youth, women and vulnerable groups into action; opportunity to sparkle interest in alcohol policy
• Joining forces with other efforts to regulate other harmful products- there is a common bottom line. The private sector has already merged and/or joined efforts to prevent that too... Not easy but unavoidable!
• INACTION does not work so the only alternative is to keep trying, change will eventually happen. Set backs should be the fuel for more advocacy, public awareness and mobilization.
• #DONTFOOLME, #STOPIT, #NOTAGAIN,
Thank You!
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