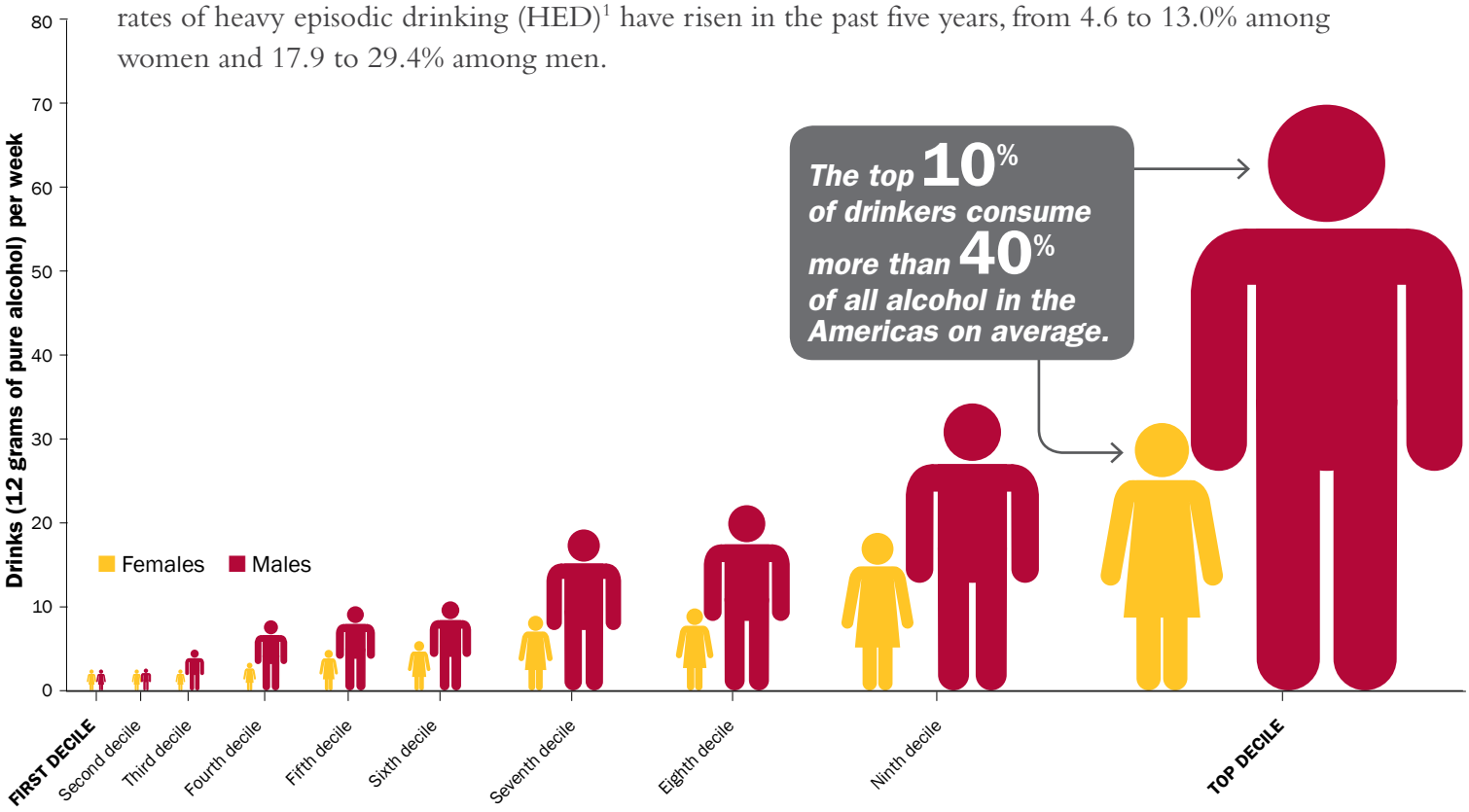
Regional Status Report on Alcohol and Health in the Americas: A Summary

Our current alcohol policies are harming people, whether they drink or not.

WHAT IS THE PROBLEM?

Consumption

Alcohol consumption in the Americas is higher on average than the rest of the world. In particular, rates of heavy episodic drinking (HED)[1] have risen in the past five years, from 4.6 to 13.0% among women and 17.9 to 29.4% among men.



[1] **Heavy episodic drinking (HED):** The proportion of a population that has consumed at least 60 grams (approximately 5 standard drinks) or more of pure alcohol on at least one occasion in the past 30 days. This indicator is often further specified by removing all non-drinkers (current abstainers) to get a clearer sense of the proportion of drinkers who are most likely at risk for harms caused by alcohol.

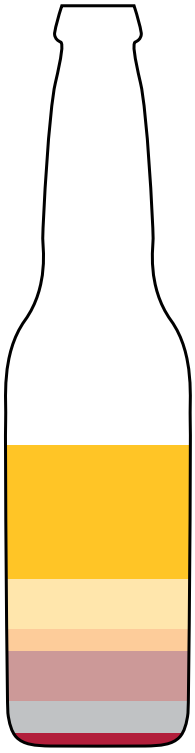
Mortality – deaths

Alcohol led to approximately one death every 100 seconds, on average, in the Americas in 2012. Alcohol contributed to more than 300,000 deaths in the Region—with more than 80,000 of those involving deaths that would not have occurred had alcohol not been consumed.

Morbidity – disease and injury

Alcohol use contributes to more than 200 diseases and injuries, including cancers, HIV/AIDS, and various mental disorders. Alcohol was the cause for more than 274,000,000 years of healthy life lost (DALYs)[2] in the Americas in 2012. About 5.7% of the Region's population reported suffering from an alcohol use disorder, although the number is likely higher.

Alcohol led to significant health harms in the Americas, including alcohol use disorders, injuries, and cancers.



Alcohol-attributable DALYs, Region of the Americas, 2012

Females

Noncommunicable diseases
- Alcohol use disorders (1,730,233)
- Cirrhosis of the liver (649,805)
- Breast cancer (282,863)
- Other noncommunicable diseases (683,681)

Injuries (363,593)

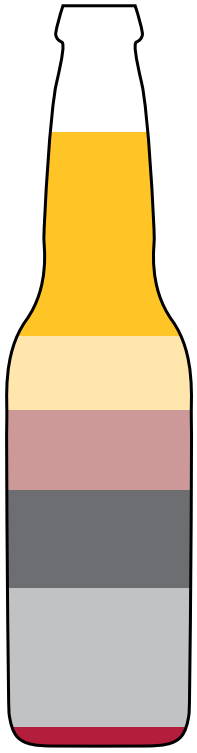
Communicable, maternal, perinatal, and nutritional conditions (208,754)

Males

Noncommunicable diseases
- Alcohol use disorders (5,108,836)
- Cirrhosis of the liver (1,889,830)
- Other noncommunicable diseases (2,037,629)

Injuries
- Interpersonal violence (2,487,856)
- Other injuries (3,573,300)

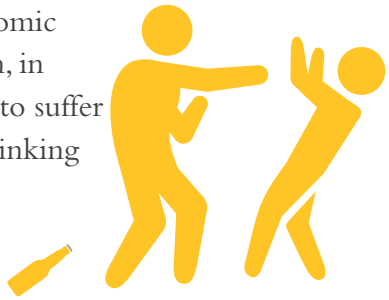
Communicable, maternal, perinatal, and nutritional conditions (542,113)



[2] **Disability-adjusted life years (DALYs):** DALYs attributable to alcohol are calculated as the sum of the *Years of Life Lost (YLL)* and the Years Lost due to Disability (YLD) due to alcohol consumption: One DALY can be thought of as one lost year of "healthy" life. The sum of DALYs across the population, or the burden of disease, can be thought of as a measurement of the gap between current health status and an ideal health situation where the entire population lives to an advanced age, free of disease and disability.

Harms to others

Alcohol contributes to much harm, not only to those who drink to excess, but also to those around them. Harms to others include fetal alcohol spectrum disorders, violence (interpersonal and domestic), injuries (including traffic crashes or workplace injuries), emotional distress, and economic instability. Women, in particular, appear to suffer more from the drinking of others.



Economic costs

Alcohol is the leading risk factor for death and disability among people aged 15–49 in the Americas and worldwide. This is the age range in which people are typically at their most productive. A 2006 U.S. study estimated that the harmful use of alcohol cost that country approximately $224 billion (an average of $750 per person), 72% of which was attributed to lost workplace productivity. Other substantial costs to society exist, including when drinking leads to arrest, property damage, job loss, or health service visits.

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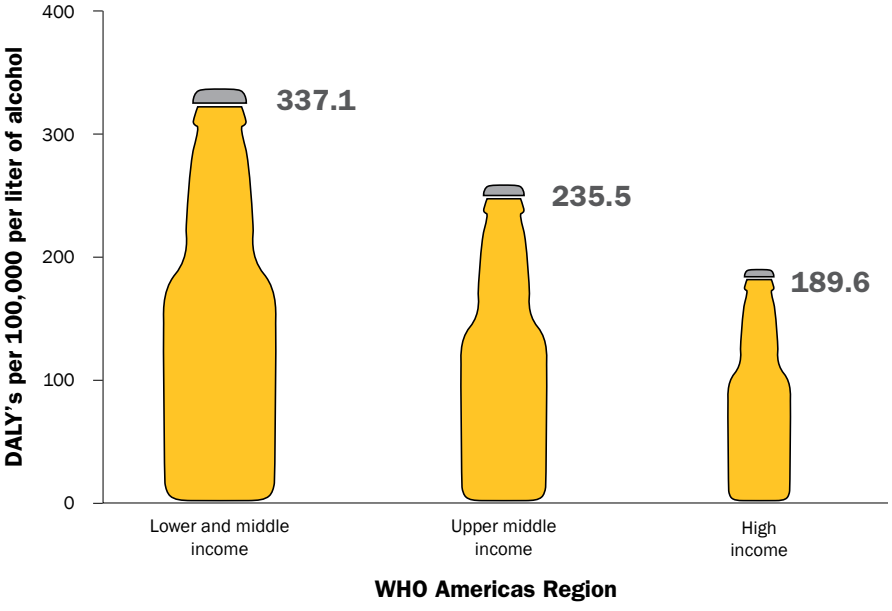
Income and inequality

As countries in the Americas develop economically, we can expect to see an increase in alcohol consumption and related harms in the absence of effective policies to prevent them. Evidence also suggests that the socioeconomically disadvantaged often experience more harm from the same levels of consumption than their wealthier counterparts, possibly due to the lack of access to health care resources or greater social exclusion.

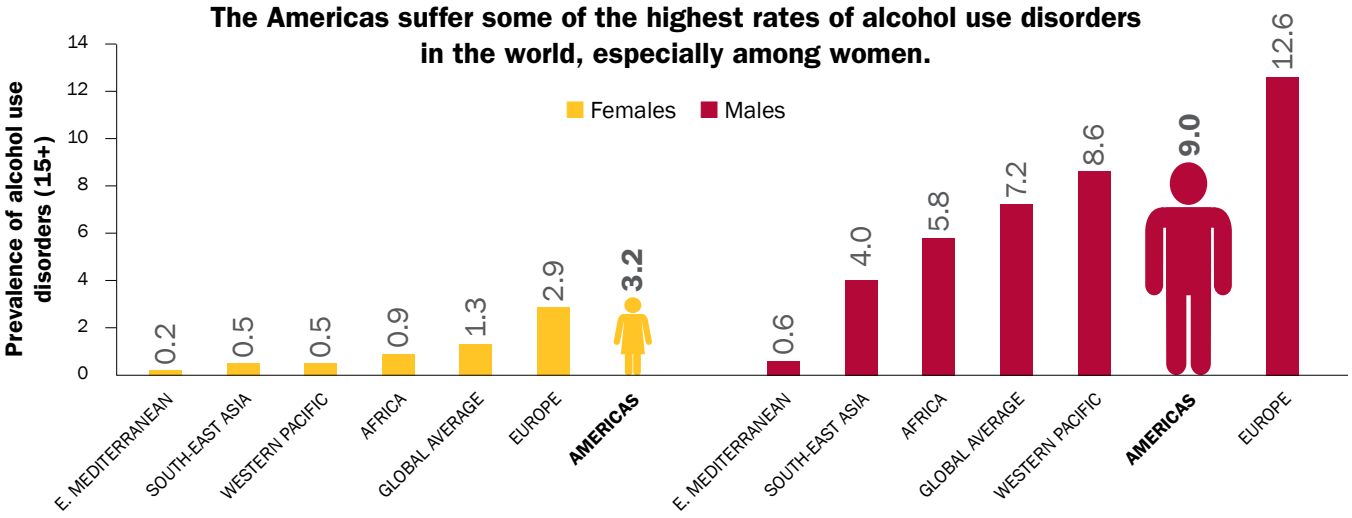
Less economically developed countries suffer a higher burden of death and disablity per liter of alcohol consumed.



Women and alcohol

Women are drinking more and more often, catching up to their male counterparts in many countries. "Equality" in consumption, however, means more gender inequity in health outcomes.

Women in the Americas have the highest prevalence of alcohol use disorders in the world.



Indigenous peoples

Indigenous peoples account for some 13% of the Region's population.

Major gaps exist in understanding to what extent and in what ways alcohol affects these diverse and vulnerable groups. Some case studies and anecdotal reports indicate that indigenous peoples suffer substantial harms from consumption but have limited access to care and other interventions.

Youth and alcohol

Adolescents, on average, drink less frequently, but consume more per occasion when they do drink. Most students surveyed in the Americas had had their first drink before the age of 14.

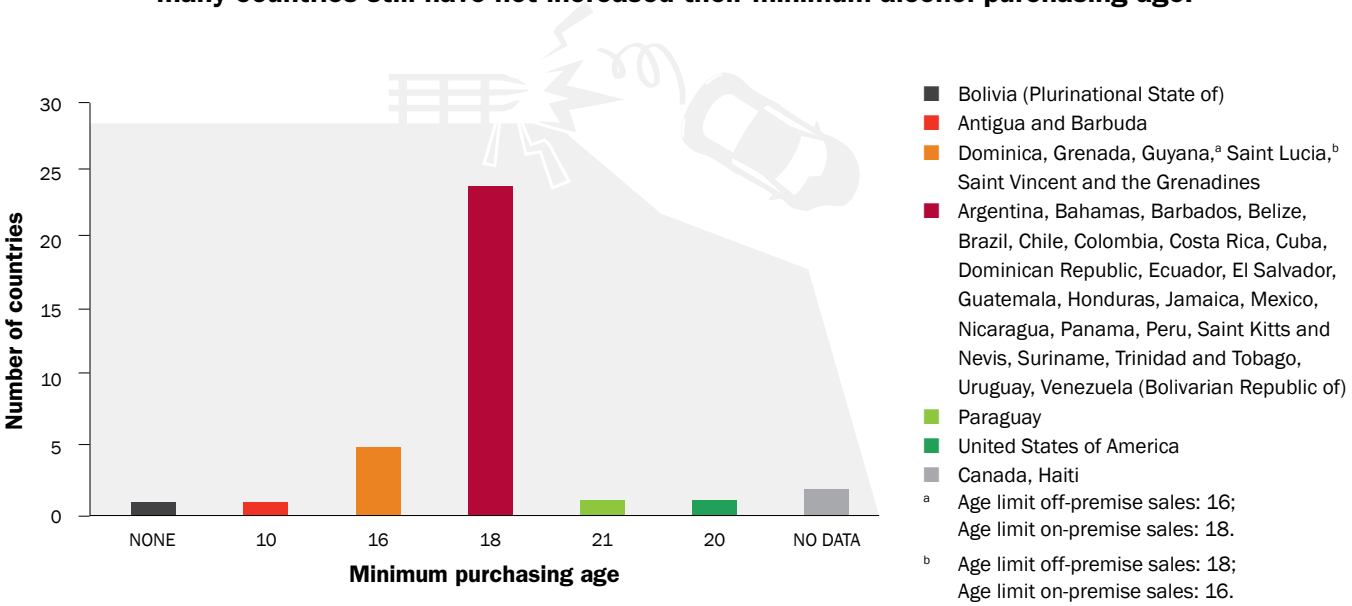
Around 14,000 deaths of children and youth under 19 in the Region were attributed to alcohol in 2010.

WHAT ARE THE SOLUTIONS?

Limit availability

In most countries of the Americas, alcohol is produced and sold by private entities, and governments may or may not regulate and monitor these activities in the interest of public health. There are many actions that governments can take to control access to alcohol, including government monopolies, limiting hours and days of sale, and enforcement of minimum purchasing ages.

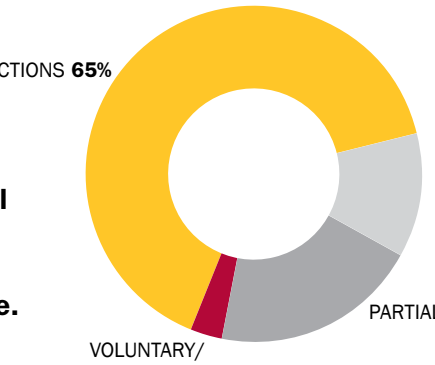
Despite evidence that minimum age requirements are effective in reducing traffic fatalities and other harms with minimal enforcement, many countries still have not increased their minimum alcohol purchasing age.



Restrict marketing

Alcohol marketing restrictions are likely to have a large impact on women, who are less prone to have started drinking than are men, and an even greater effect on youth, who are more susceptible to advertising. Total bans are the most effective type of marketing regulation and are relatively inexpensive to enforce.

Almost 70% of the Region's countries have no regulations in place on marketing alcohol on national television or have only self-regulation by the alcohol industry. Voluntary self-regulation codes are largely ineffective.



Percentage of countries that have restrictions on the marketing of the most popular alcoholic beverages on national television, by type of restriction, Region of the Americas, 2012.

Increase prices through taxation

Reducing the affordability of alcohol has an effect on all aspects of drinking, including prevalence of drinking, frequency, and intensity of consumption, as well as on many of the consequences of excessive drinking. Alcohol taxes are an efficient way to raise government revenue. They require relatively little additional enforcement mechanisms and the revenues can be used to provide health and social services, further improving equity at the population level.

Among other tax practices, excise taxes based on the quantity of alcohol (specific) are ineffective without adjustment for inflation.
Only nine countries in the Region have policies that require both.

35 PAHO Member States, 2012

Antigua and Barbuda	Belize	Guatemala	Paraguay	Barbados	Brazil	Canada
Chile	Dominica	Dominican Republic	El Salvador	Granada	Guyana	Jamaica
Mexico	Nicaragua	Peru	Saint Lucia	Saint Kitts and Nevis	Suriname	St. Vincent and the Grenadines
Trinidad and Tobago	Argentina	Bahamas	Colombia	Costa Rica	Ecuador	Honduras
Panama	Uruguay	Venezuela	Bolivia	Cuba	Haiti	United States

No specific excise tax
Specific excise tax not adjusted for inflation
Specific excise tax adjusted for inflation
Data not available/subnational

Implement and enforce restrictions on drinking and driving

A blood alcohol content BAC above 0.04 g/dL significantly increases the risk of being involved in a traffic crash;

Blood alcohol limits, when enforced through interventions to combat drink driving such as sobriety checkpoints and random breath testing, are cost-effective and can greatly reduce injuries caused by alcohol. A blood alcohol content BAC above 0.04 g/dL significantly increases the risk of being involved in a traffic crash; still, only five countries in the Americas (Brazil, Chile, Colombia, Ecuador, and Uruguay) have capped the legal limit at this amount.

Limiting availability, restricting marketing, and increasing prices through taxation are three of the "Best Buys" recommended by the World Health Organization (WHO) to reduce the burden of noncommunicable diseases through cost-effective interventions. These policies, along with measures to counter drinking and driving, are part of WHO's *Global Strategy to Reduce the Harmful Use of Alcohol*. A number of other effective actions also exist, and countries should prioritize as many of these interventions as possible (see box: 'Target Areas of the Global Strategy to Reduce the Harmful Use of Alcohol').

WHAT CAN COUNTRIES DO?

Raise awareness and political commitment

- Share the findings in the *Regional Status Report on Alcohol and Health in the Americas* to raise awareness about:
  - The **burden of alcohol** within countries
  - **Gaps in monitoring** the data
  - Evidence-based **policies available**
- Give policymakers the tools to **save lives**, protect **young people**, and **reduce the societal costs** of alcohol
- Promote **collaboration** between different sectors including health, finance, security, labor, transportation, and education
- **Prioritize** public health and wellbeing over commercial interests and place health in the center of all policies

Use the knowledge base about the magnitude of alcohol-related problems and the effectiveness of interventions to address them

- Invest in improving health and economic wellbeing, using resources **responsibly** and **effectively**
- Document the effects of alcohol on **vulnerable subgroups**, such as youth, indigenous, or low-income individuals or groups
- Help policymakers **justify taking action**

Increase national action

- Prioritize WHO "Best Buys" – **cost-effective policies** to reduce the harms from alcohol by:
  - Limiting physical availability
  - Restricting marketing and promotion
  - Increasing prices through taxation
- Develop integrated and evidence-based national action plans, policies, and interventions based on the ten target policy areas of the Global Strategy to Reduce the Harmful Use of Alcohol (next page)

TARGET AREAS OF THE GLOBAL STRATEGY TO REDUCE THE HARMFUL USE OF ALCOHOL

- Leadership, awareness and commitment
- Health services' response
- Community action
- Drink-driving policies and countermeasures
- Availability of alcohol*
- Marketing of alcoholic beverages*
- Pricing policies*
- Reducing the negative consequences of drinking and alcohol intoxication
- Reducing the public health impact of illicit alcohol and informally produced alcohol
- Monitoring and surveillance

* WHO "Best Buy"

Strengthen partnerships

- Join forces with **policymakers** and **officials** from all government sectors, as well as **researchers**, **civil society** and **professional organizations**, and **healthcare providers**
- Learn from and collaborate with experts on other risk factors and conditions for health such as tobacco, nutrition, tuberculosis, HIV, and violence prevention
- Ensure that partners prioritize public health above financial gain and avoid conflicts of interest

Improve monitoring systems, surveillance, and dissemination of information for advocacy, policy development, and evaluation

- Utilize WHO basic indicators to **collect standardized**, **evidence-based data** on the burden of alcohol:
  - Recorded alcohol per capita consumption (APC)
  - Rates of heavy episodic drinking (HED)
  - Prevalence of alcohol use disorders (AUDs)
- Improve collection of data on relevant information such as **unrecorded consumption** and **alcohol policies**
- Disseminate information on the harms caused by alcohol to **combat the extensive lobbying power** of the alcohol industry

Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

www.paho.org

The full report is available at the following web address: www.paho.org/alcoholreport2015