only done through studies sponsored by the alcohol industry, which has a vested interest in such analyses and results.

Panel 9: Implementing Programs for Early Intervention and Treatment

The goal of early intervention programs is to delay the initial use of alcohol. These programs establish strong networks of community groups and schools to promote prevention programs with youth but they also establish a system through which screenings, brief interventions, and treatment referrals can be made. Panelists called for strengthening the capacity of health care systems to integrate and provide screening, brief interventions and treatment, centered in primary health care services, as well as in collaboration with schools, community groups, self-help groups and workplaces. Furthermore, it is necessary to update both the undergraduate and graduate academic training of health professionals to facilitate and accelerate the creation and improvement of community-based services, instead of psychiatric hospitals, as promoted in the region since the Declaration of Caracas.

Panel 10: The Role of Civil Society, Collaborating Centers and Non-Governmental Organizations

In order for civil society to have a large impact on reducing alcohol-related problems, society should recognize the autonomy of these associations, these groups should not take funds from the alcohol industry, and their policies should be evidence-based. Panelists encouraged network members to not only talk about the problems and solutions but to train and assist civil society on how to best implement solutions.

Panel 11: The Influence of the Alcohol Industry in Public Policies to Reduce Harmful Alcohol Consumption: How Can We Manage Conflict of Interest?

The alcohol industry promotes and supports groups and studies that encourage prevention policies that have little or no effect on reducing alcohol consumption or alcohol-related problems. They present false evidence to create confusion about the three most effective strategies (taxes, restrictions on physical availability, and restrictions on alcohol marketing). In addition to counter-advertising campaigns, panelists recommended PAHO's assistance on developing clear guidelines on interactions with the alcohol industry and conflicts of interest with public health.

Claudina Cayetano

Where We Are

In addition to the adoption of the "Plan of Action to Reduce the Harmful Use of Alcohol", network members are collaborating on several new research projects. Below is a list of current projects and participant countries:

- New studies on nonfatal injuries in Emergency Rooms: Costa Rica, Peru, and Belize.
- New general population studies based on the GENACIS (Gender, Alcohol and Culture: An International Study (GENACIS) questionnaire: Belize and Brazil.
- New STEP Survey participants: Colombia and Suriname.
- Grand Challenges in Mental Health Canada: Belize and Guyana.
- New proposals under development to International Development Research Centre (IDRC): Brazil, Peru, St Kitts and Nevis, Argentina and Uruguay.

Maria Elena Medina-Mora Icaza

Mexico Recommendations

The participants of the 1st Meeting of the Pan American Network on Alcohol and Public Health (PANNAPH) in Mexico City, Mexico, August 21-23, 2012 recommend that:

- As the leading risk for the burden of diseases in the Americas, alcohol needs to be considered a top priority in national and regional efforts aimed at improving public health. Alcohol is a causal factor to over 60 disease conditions, including intentional and non-intentional injuries, cancers, heart disease, neuropsychiatric conditions, in both men and women and across the life cycle.
- Effective policies need to be integrated into a national alcohol policy which brings the various sector of the government together with the goal of protecting and promoting public health.

There are a number of effective alcohol policies which are cost effective and have a population impact. These include taxes, restrictions on physical availability, and restrictions on alcohol marketing.

- PANNAPH represent the views of over 30 countries in the Region and the network should continue as a unified group with a unified technical voice.
- Brazil acts as Chair and Belize as Vice-Chair of the network from 2012 until the next meeting of the group.
- Actions be coordinated with other sectors of the government and within the Ministries of Health to ensure that evidence-based policies are promoted.
- Adult Per Capita consumption be the only feasible and technically sound indicator for the Non-Communicable Disease strategy at global and regional levels and should not be replaced by others indicators such as prevalence of heavy drinking.
- Actions of the network should be coordinated with the Global Coordinating Council through the national counterparts of each country and that they be the same as those participating in the Global Network.
- PAHO assist in the development of clear guidance on interactions with the alcohol industry and conflicts of interest with public health such as developing procedures and rules of engagement (who, with whom and how).
- PAHO assist in the development of a universal code of principles for the regulation of marketing of alcohol that is public health-oriented and that can be used by governments, regardless of self-regulatory codes (where they exist, these have been found to be insufficient).
- PAHO provide complete information to Ministers of Health and other relevant stakeholders about research being undertaken with the support of the alcohol industry in the Region.
- PAHO cooperate with collaborating centers, research institutions, and individual researchers to create and promote a Regional Network of Alcohol Policy Researchers, independent of the influence of the alcohol industry.
- PAHO cooperate with non-governmental organizations for alcohol policy advocacy, promoting the creation of a regional network and linking it with the Global Alcohol Policy Alliance (GAPA) and other relevant networks internationally.
- PAHO assist member countries in preparing case studies related to alcohol policy implementation and disseminating these studies at regional and global levels.
- PANNAPH write a letter to the government of Brazil, indicating its support for maintaining a ban on alcohol sales in stadiums during the 2014 FIFA World Cup.
- PAHO support a sub-regional meeting on alcohol policy with Caribbean countries.
- PAHO assist Member States in developing a definition of a standard alcoholic drink that is compatible with WHO recommendations and can improve the comparability of information across the Region.
- New members be integrated into the network.
- A regional laboratory for analysis of alcohol beverages be established.
- PAHO continue to support technical cooperation between countries.
- PAHO assist in building the capacity for alcohol policy through virtual courses and dissemination of information in English and Spanish to network members and others interested in public health.

Participating Countries

Argentina	Guatemala
Antigua and Barbuda	Guyana
Bahamas	Honduras
Barbados	Mexico
Belize	Nicaragua
Bolivia	Panama
Brazil	Paraguay
Canada	Peru
Colombia	St. Kitts and Nevis
Costa Rica	St. Lucia
Cuba	Suriname
Dominica	Trinidad and Tobago
Dominican Republic	United States of America
Ecuador	Uruguay
El Salvador	Venezuela
Grenada	

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Area of Sustainable Development and Environmental Health (SDE)

Pan American Health Organization

Regional Office of the World Health Organization

Pan American Network on Alcohol and Public Health (PANNAPH)

First Regional Meeting, Mexico City, Mexico August 21–23, 2012

Summary Report and Recommendations

Maristela Monteiro Carlos Tena Tamayo

Background

The Pan American Health Organization (PAHO) has accelerated its efforts in recent years to increase awareness of the harm from alcohol consumption and support member countries' responses to reduce alcohol related problems. In 2005, it organized the first Pan American Conference on Alcohol and Public Policies, with the support of the Government of Brazil; 26 countries participated. PAHO subsequently prepared a technical report entitled "Alcohol and Public Health in the Americas: A Case for Action," which summarized the situation in the Region, described which policies are most effective, and proposed ten areas for national and regional action. PAHO translated, adapted, and/or disseminated several publications into Spanish to assist countries in implementing effective national response to alcohol problems. PAHO, also supported research on nonfatal injuries in emergency rooms and alcohol and gender issues, with a focus on intra-family violence. To that end, it published the book *Unhappy Hours: Alcohol and Partner Aggression in the Americas.* Finally, PAHO provided technical cooperation on alcohol policy issues and brief interventions in primary care to several countries in the Region.

In 2010, the Ministers of Health of the Member States of the World Health Organization (WHO) approved by consensus a global strategy to reduce alcohol-related problems. In February 2011, the WHO organized the first meeting between countries in Geneva, Switzerland, to discuss mechanisms and priorities for implementing the global strategy. Over 100 countries participated in the meeting, including 23 countries from the region of the Americas. Those 23 participating countries formed the Pan-American Network on Alcohol and Public Health (PANNAPH), led by Mexico and vice-chaired by Brazil. In 2011, Member States adopted a regional plan of action at the 51st Directing Council titled "Plan of Action to Reduce the Harmful Use of Alcohol," the plan calls for the implementation of the WHOGlobal Strategy to Reduce Harmful Use of Alcohol and promotes a public health and human rights approach aimed at lowering the levels of per capita alcohol consumption in the population, as well as reducing alcohol related harm in the Americas and Caribbean. The plan of action proposed that PAHO's role be to coordinate the regional response and to strengthen its technical cooperation for national activities based on the ten target policy areas proposed by the global strategy, for a period of ten years (2012 – 2021).

The plan of action contains five main objectives and describes both regional and national activities under each objective. The five main objectives are: (1) to raise awareness and political commitment; (2) to improve the knowledge base on the magnitude of problems and on effectiveness of intervention disaggregated by sex and ethnic group; (3) to increase technical support to Member States; (4) to strengthen partnerships and; (5) to improve monitoring and surveillance systems and dissemination of information for advocacy, policy development, and evaluation.

In order to facilitate communication with regional partners in the network, PAHO created a listserv, a logo for the group, a system for exchanging information, and continued to promote research collaboration and advocacy. A regional meeting was proposed by Mexico and the country provided logistical, technical and financial support. The 1st Meeting of the Pan American Network on Alcohol and Public Health took place in Mexico City, Mexico, from August 21 to 23, 2012.

Thirty countries participated in the meeting. In addition, thirteen regional and national PAHO advisors, three collaborating centers, six non-governmental organizations, a WHO representative, and Mexican and international experts participated in the meeting.

Objectives

The three main objectives of the meeting were to:

1) Update all partners on global and regional processes in place, such as the global strategy adopted in 2010 by the WHO and the regional action plan, the role of the collaborating centers, NGOs, and civil society, as well as to discuss the contributions of others.
2) Present scientific evidence regarding the policies that were adopted in the global strategy and the regional plan, and discuss ways in which regional countries have implemented these strategies and barriers encountered.
3) Discuss and agree on the highest priority areas for cooperation, according to needs, with PAHO and WHO. PAHO understands there are regional, national and subnational needs and can provide the necessary tools and training, seek resources, promote technical cooperation between countries, promote multi-country research, and share knowledge.

Topics Discussed

Three plenary conferences opened the meeting, covering the burden of alcohol in Mexico, an overview of the evidence on the effectiveness of various alcohol policies globally, and a review of the global developments since the approval of the WHO global strategy for reducing alcohol problems.

The rest of the meeting was organized through eleven panels of discussion. Each panel topic began with a lead presenter followed by commentaries by three countries. A question and answer session followed the presentations. The eleven topic areas are summarized below.

Panel 1: Implementing Policies to Control Availability

Among the policies used to control availability, panelists mentioned restricting alcohol outlet density, restricting the types of alcohol beverages that can be sold or packaged, especially those types of products that appeal to youth (i.e. alcopops), and restricting hours and days of sales. The importance of community groups and youth in advocating and supporting restrictions were mentioned as key factors in encouraging public officials in implementing and enforcing polices to control availability.

Panel 2: Implementing Policies on Price and Taxation

Numerous studies have shown that increased alcohol taxes and prices are related to reductions in alcohol-related problems, including crime, traffic crashes, and mortality rates. Panelists encouraged network members to consider pricing and/or taxation of alcoholic beverages based on their alcohol content and to consider dedicating a portion of alcohol tax revenues to the prevention and treatment of alcohol-related problems.

Panel 3: Implementing Polices on Traffic Safety and Alcohol

Statistics show that in the Americas, the majority of alcohol-related traffic deaths are associated with drivers with medium and low levels of alcohol in their system. Panelists encouraged network members to establish and enforce a low legal maximum-blood alcohol concentration level for drinking and driving (.05 g/dL for many countries in the region). In the region, efforts that combine a public information campaign in conjunction with enforcement actions have shown reductions in alcohol-related traffic crashes and deaths.

Panel 4: What Works to Reduce Youth Drinking?

Establishing and enforcing a minimum legal drinking age for the purchase of alcohol is an important policy in reducing youth drinking. Panelists mentioned the need to combine campaigns seeking to influence social norms around youth drinking with policies that limit availability, increase alcohol prices, and encourage health care professionals to discuss alcohol issues with youth.

Panel 5: Alcohol and Violence

Alcohol use is related to intentional and non-intentional injuries, intra-familiar and interpersonal violence, child abuse, suicide, homicide and traffic crashes. Alcohol use is seen in domestic violence situations, where women are more likely to be physically and sexually assaulted by their partners and these issues have been seen in urban, rural and indigenous populations. Panelists mentioned the need to link gender equity policies and policies for the primary prevention of violence with those to reduce harmful use of alcohol at the population level , as well as to improve and strengthen treatment and care services to all those involved in alcohol-related violence.

Panel 6: Regulation of Alcohol Marketing and Sponsorship

The alcohol industry constantly promotes positive images of alcohol consumption and has increasingly sponsored community projects, sports teams, and prevention projects. The alcohol industry relies on self-regulating their own practices but, as has been constantly demonstrated, the alcohol industry frequently violates its own codes without any consequence. Panelists stressed the need for statutory regulations to restrict or ban, as appropriate, the marketing of alcoholic beverages, particularly to youth, and to establish a government agency to be responsible for monitoring and enforcing of alcohol marketing regulations. Several countries expressed concern with the pressure the alcohol industry and the International Federation of Association Football (FIFA for its French acronym) has put on Brazil to change the law prohibiting alcohol sales in soccer stadiums, as such change would influence policy decisions in their own countries, which look up to Brazil as a model. Several countries discussed the need for a code and guidelines on how to interact with the alcohol industry and discussed having PAHO take a lead role in developing such guidance to countries.

Panel 7: Law Enforcement

Public health should partner with law enforcement agencies to promote the proactive enforcement of alcohol laws to prevent alcohol-related harm. Multiple law enforcement strategies that can be used were described and an emphasis on building public awareness and support for law enforcement strategies was encouraged.

Panel 8: Unrecorded Alcohol Consumption

Unrecorded alcohol consumption includes alcoholic beverages that are produced legally but are not registered (taxes are not paid), alcohol that is not produced for human consumption, and alcohol that is produced illegally. Illegally produced alcohol may have increased risk because there is no standard alcohol level, it's cheap, and often contains toxic substances. Strategies to reduce unrecorded alcohol include abolishing the use of methanol to denature alcohol, treating certain products with bittering agents to make alcohol undrinkable (for alcohol that is not produced for human consumption), controlling medicinal alcohol sales, and testing illegally produced but available products. Countries expressed a need to have a regional laboratory which could analyze samples in a standardized and unbiased way, as currently such efforts are

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