PANNAPH

Pan American Network for Alcohol and Public Health

Summary Report and Recommendations

Second Regional Meeting
Cartagena, Colombia
9-11 April 2014

PANNAPH
Pan American Network for Alcohol and Public Health

Pan American Health Organization

World Health Organization
REGIONAL OFFICE FOR THE Americas

The **Pan American Network for Alcohol and Public Health (PANNAPH)** brings together national focal points in Ministries of Health responsible for alcohol issues as well as PAHO staff in country and in HQ, regional experts, and NGOs to:

Exchange information and experiences on alcohol policies and programs across countries and from around the world

Strengthen technical cooperation on reducing the harmful use of alcohol in the Region of the Americas

Promote research collaboration and advocacy

BACKGROUND

PANNAPH was founded in February 2011 at the first global meeting of WHO counterparts for implementation of the **Global Strategy to Reduce the Harmful Use of Alcohol**.

In September 2011, the Pan American Health Organization (PAHO) Member States adopted a **Regional Plan of Action to Reduce the Harmful Use of Alcohol** to coordinate regional actions and strengthen technical cooperation to achieve the ten target policy areas in the WHO global strategy.

The first PANNAPH meeting took place in **Mexico City** in August 2012, supported by the Mexican government, and attended by 30 countries and numerous regional experts.

The second PANNAPH meeting took place in **Cartagena** in April 2014, with support from the Colombian Ministry of Health and Social Protection. Participants included Ministry of Health representatives from 28 countries, Regional and Subregional PAHO advisors, international experts, and various NGOs.

MEETING OBJECTIVES

- Review progress on the *Regional Plan of Action to Reduce the Harmful Use of Alcohol*.
- Exchange information on national initiatives.
- Identify needs and priorities for national and regional technical cooperation.
- Discuss the preparation of a regional report on alcohol for 2014–2015.

An update on alcohol consumption and alcohol-attributable harms in the Americas

Alcohol plays a significant role in the **burden of death and disability** in the Americas and continues to be one of the leading risk factors. While men still have a higher prevalence of drinking as well as a higher average quantity consumed, in several countries the difference between men and women in both frequency and quantity of drinking is decreasing. **Unrecorded alcohol consumption is variable,** and in a few countries can represent up to 40% of average per capita consumption. Finally, the pattern of drinking is fairly detrimental, with high rates of heavy episodic drinking and other risky behaviors, which contributes to a greater proportion of alcohol-related harms, particularly injuries, cancers, gastrointestinal diseases, and alcohol use disorders.

Global Strategy on Alcohol and Regional Plan of Action

The Global Strategy and Regional Plan of Action to Reduce the Harmful Use of Alcohol were adopted in 2010 and 2011 respectively, and have played a role in the **reformulation of national strategies** in several countries. PAHO has provided support to a number of collaborative research projects in the Region, technical cooperation on the development or revision of policies and plans, and capacity building activities through its virtual campus. In addition, documenting the influence of the alcohol industry in areas such as policy formulation, education, and research has helped identify the need for clear principles for interaction with the industry to avoid conflicts of interest with public health.

Can We Work with the Alcohol Industry?

The alcohol industry has an inherent **conflict of interest** with public health goals. According to WHO Director General Dr. Margaret Chan, "The development of alcohol policies is the sole prerogative of national authorities. **In the view of WHO, alcohol policies must be protected from distortion by commercial or vested interests."** The rationale for avoiding such conflicts was presented and discussed.

WHO "Best Buys" – regulating alcohol: 1) prices, 2) marketing, and 3) availability

Although there are 10 policy areas of action recommended in the WHO Global Strategy on Alcohol and Regional Plan of Action, three of them are considered the most cost effective to reduce alcohol related harms and were presented in more detail.

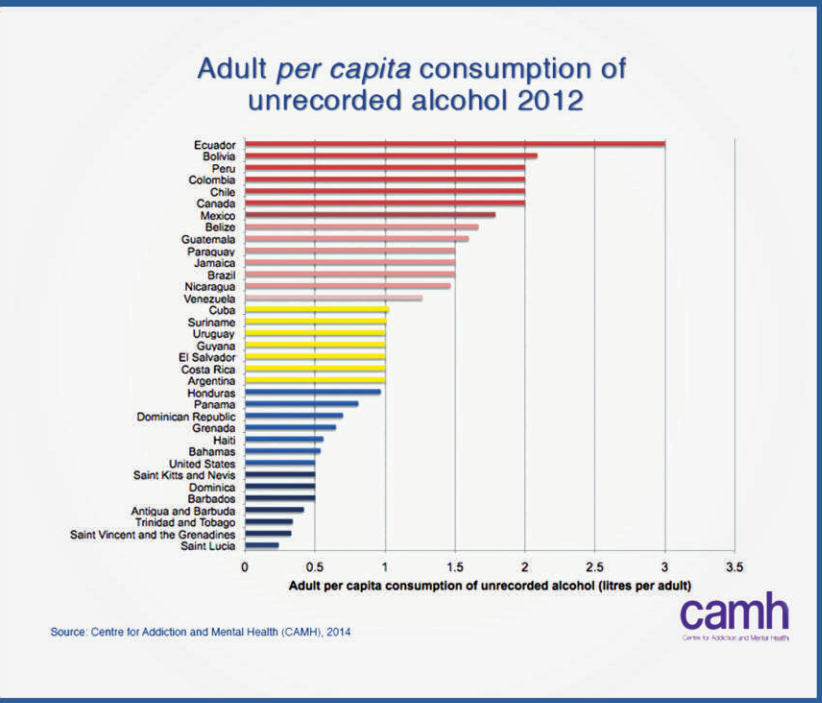
Alcohol taxation and price increase

Increased alcoholic beverage taxes and prices are related to **reductions in alcohol-related problems.** There are multiple ways to raise the price of alcohol, but **raising taxes** is the most effective strategy.

Besides lowering consumption, taxes can help raise **government income,** which can be used to provide services to the population. An excessive increase in alcohol taxes may lead to smuggling, expansion of the informal market, and illegal production; therefore, **control of the illegal/informal market** should be part of the country strategy to effectively implement these policies.

Control the physical availability of alcohol

Restrictions on alcohol availability have an especially large impact on **youth drinking**. There are a number of steps that must be taken to control availability, especially among young people. These steps include establishing alcohol availability laws and enforcing a minimum drinking and purchasing age; controlling the sale of commercial alcohol through legislation on hours, days, density, and location; and regulating retailers through monopolies or license systems. Critical to the success of these initiatives is a **focus on strengthening enforcement mechanisms,** which can be funded through permit fees from licensing systems or other regulatory measures. Most of these strategies are best implemented and enforced at local level and can reduce violence, crime, and other health-related harms.



Control alcohol marketing

Significant evidence exists, primarily from high-income countries, that marketing influences **young people's drinking and initiation** rates. Alcohol marketing regulations are **inexpensive** to implement (especially total bans) and have **population-wide** effects (including on cultural attitudes). Recommended strategies include: regulating the **content** and the **volume** of marketing; regulating direct or indirect marketing in certain or all **media**; regulating **sponsorship** activities that promote alcoholic beverages; restricting or banning promotions in connection with activities targeting **young people**; and regulating new forms of alcohol marketing techniques, such as through social media. Countries should also develop effective systems of surveillance of marketing of alcohol products and deterrence for **infringements** on marketing restrictions.

Indicators for Surveillance and Monitoring Alcohol Related Harms

Reducing the harmful use of alcohol can be monitored through many reliable indicators that have been recommended by WHO over the years. Three indicators have been adopted as part of the voluntary targets of the Global NCD Action Plan: **total per capita consumption,** prevalence of heavy episodic drinking by age and sex, and rates of mortality and morbidity attributable to alcohol. Out of the three, total per capita consumption is the most feasible indicator for all countries in the Region, as it is relatively inexpensive to collect on a regular basis.

REGIONAL PLAN: PROGRESS ON REGIONAL AND NATIONAL EFFORTS

Objective 1: To raise awareness and political commitment

On a Regional level, the **PANNAPH** listserv is an important tool for sharing information. PAHO HQ has organized several events to increase awareness about the nature and impact of alcohol on health; **publications** in English and Spanish for ample dissemination; and **training opportunities**, freely available to any interested person, through the PAHO virtual campus. Most countries in the Region have participated in the global council meeting and supported more action on alcohol in 2011. Nationally, both **Colombia** and **Mexico** have shown leadership in building political commitment for alcohol policies.

Objective 2: To improve the knowledge base on the magnitude of problems and on effectiveness of interventions disaggregated by sex and ethnic group

PAHO HQ has supported various **research** projects on topics such as the effect of alcohol **policies**, alcohol **marketing, barriers** to alcohol policy, **harms to others,** alcohol and **injuries,** and **mortality** from alcohol related causes. National research efforts have been undertaken in many countries, including **Brazil, Canada, Chile, Grenada, Mexico, Peru,** the **United States,** and **Venezuela**.

Objective 3: To increase technical support to Member States

The ten alcohol policy areas recommended in the WHO Global Strategy are listed for national action under this objective. PAHO Regional and Subregional advisors regularly support countries through **policy formulation, evaluation, virtual training courses, regional reports,** and other efforts. In particular, efforts are being made to support countries in their efforts to implement **screening and brief intervention programs**, which have proven cost-effective in addressing alcohol-related harm. Several countries are taking advantage of the resources provided by PAHO to **promote** better policies, **train** health professionals, and **study** the patterns and effects of drinking within their borders. Those that have taken action to implement or improve their policies based on a public health approach, including expanding screening and brief intervention programs, include **Belize, Brazil, Chile, Costa Rica, Cuba, Guatemala, Honduras, Mexico, Paraguay, Peru, Suriname,** the **United States, Uruguay,** and **Venezuela**.

Objective 4: To strengthen partnerships

A number of global, regional, and subregional initiatives are in place to engage countries and promote information-sharing and research, including **PANNAPH, INEBRIA** (International Network on Brief Interventions for Alcohol and Drugs) and **INEBRIA Latina**; Optimizing Delivery of Health Care Interventions **(ODHIN)**; the Global Alcohol Policy Alliance **(GAPA)**; and the **Healthy Caribbean Coalition**. Collaborative research has been possible through grants from the **IDRC** (International Development Research Centre) of Canada. All PAHO/WHO collaborating centers have also participated in Regional and national initiatives.

Objective 5: To improve monitoring and surveillance systems and dissemination of information for advocacy, policy development, and evaluation

Efforts to **collect Regional data and improve data indicators** are underway in PAHO/WHO and the Centre for Addiction and Mental Health (CAMH) in Toronto. WHO **launched** its Global Status Report on Alcohol in May 2014, which will be followed by a regional report being produced by PAHO.

RECOMMENDATIONS

Strengthen the implementation of the Global Strategy to Reduce the Harmful Use of Alcohol.

- Produce a guide for health authorities on managing conflicts of interest related to the alcohol industry.
- Produce a guide on alcohol related indicators.
- Review and propose legislation relating to taxation, marketing, and physical availability of alcohol.
- Promote and support research collaboration.

Strengthen PANNAPH and other subregional networks to foster intersectoral efforts and share best practices.

- Share relevant documents and experiences via listserv.
- Organize virtual meetings and consider the inclusion of NGOs.
- Plan Subregional meeting on implementing WHO-approved policies in the Caribbean.
- Disseminate reports and improve communication.
- Support 2014 leadership, chaired by Colombia and co-chaired by Grenada.
- Consider the development of a plan or schedule of topics to increase member participation.

Promote alcohol-related health education and raise awareness of issues and available services.

- Establish a global awareness day.
- Organize national and local forums.

PARTICIPATING COUNTRIES

Antigua and Barbuda
Barbados
Belize
Brazil
Cayman Islands
Chile
Colombia
Costa Rica
Cuba
Dominica
Dominican Republic
Ecuador
El Salvador
Grenada
Guatemala
Honduras
Jamaica
Mexico
Nicaragua
Panama
Paraguay
Peru
St. Kitts and Nevis
St. Lucia
St. Vincent and the Grenadines
Suriname
United States
Uruguay

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