

EXECUTIVE SUMMARY:
CIVIL SOCIETY REPORT ON HARMFUL USE OF ALCOHOL
Mexico Salud-Hable Coalition, March 2020

The Mexico Salud-Hable Coalition launched its first *Civil Society Report on Harmful Use of Alcohol* in a press conference with media on 12 March 2020, which emphasises that more than 3 million people die every year due to the harmful use of alcohol, that in Mexico alcohol-related problems are increasing and affecting youth the most, and that alcohol consumption is one of the main risk factors of noncommunicable diseases worldwide and in the country.

The purpose of this report by the member organisations of the Mexico Salud-Hable Coalition is to monitor yearly progress, stagnation, opportunities and obstacles in the application of public policies to prevent and control the harmful use of alcoholic beverages in the country. Other organisations and coalitions do similar exercises in the areas of tobacco control, obesity and overweight. The report includes a series of public health recommendations to face the harmful use of alcohol, which were developed with a people-centred perspective, in order to critically and purposefully contribute to the efforts of authorities, specialists and health professionals, and other areas of public policy.

The *Civil Society Report on the Harmful Use of Alcohol* presents an analysis based on the five pillars of recommended alcohol control policies included in the World Health Organization's SAFER technical package:

- S – Strengthen restrictions on alcohol availability
- A – Advance and enforce drink driving counter measures
- F – Facilitate access to screening, brief interventions and treatment
- E – Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion
- R – Raise prices on alcohol through excise taxes and pricing policies

I. S – Strengthen restrictions on alcohol availability

Alcoholic beverages are readily available at any time and even outside schools³. As a result, 17% of elementary school children have already used alcohol and 2.4% show excessive consumption levels. Men between 18-29 years old and women between 12-17 years old show the highest levels of consumption; on average they drink 4 to 5 glasses in 'pre-drink' circumstances (e.g. before going out) and most will continue drinking after this at a party, gathering, etc. Therefore, we recommend:

- Reduce the density of alcohol outlets and points of sale.
- Regulate their number and location, to prevent them from operating near schools.
- Apply with rigor the prohibition to sell alcohol to minors, with severe penalties to offending vendors.
- Restrict and reduce hours of points of sale.

- Avoid selling alcohol to intoxicated people.
- Promote shared responsibility with owners, managers and workers of establishments that sell or serve alcoholic beverages to drunk people.
- Eliminate the availability of alcoholic beverages sold or distributed informally or illegally.
- Regulate the production, distribution and sale of artisanal alcoholic beverages.

II. A – Advance and enforce drink driving counter measures

The Mexican legislation that prohibits drinking alcohol and driving is not always applied and is permissive⁵, this is why the use of breathalyser tests are not utilised in all the 32 federal states of the country. There is no systematic data collection of traffic accidents in all states and cities in the country, which would allow to identify which of these accidents were due to driving under the influence of alcohol⁶. Therefore, we recommend:

- Standardise the provisions on prevention and control of accidents under the influence of alcohol in the traffic regulations of the 32 states.
- Establish, standardize and demand compliance with a maximum and unique limit of alcohol concentration higher than the current limit (WHO recommends a limit of blood alcohol content of not more than 0.05g/dl for the general population and 0.02g/dl in young or new drivers).
- Carry out regular and random blood alcohol tests on drivers, not only during holiday seasons.
- Establish checkpoints to verify the sobriety of suspicious drivers of being intoxicated.
- Increase daily breathalyser check points and hours, mainly during weekends and holidays.
- Temporarily suspend or withdraw driving licenses to those who drive with blood alcohol above the established limit, and definitively cancel the licenses to repeat offenders.

III. F – Facilitate access to screening, brief interventions and treatment

Related to drug abuse and treatment, alcohol has been the main substance for which treatment has been offered between 2013 to 2018 in Mexico. Users identify alcohol as the main cause of problems in their lives⁷. Most of in-patient health services for harmful use of alcohol are offered by private and social establishments, mainly mutual aid groups⁸. Therefore, we recommend:

- Train primary health care (PHC) personnel to provide brief advise on the impact of harmful use of alcohol to patients and families.
- Train PHC professionals to apply screening and early detection tests of harmful use of alcohol and to promptly refer detected cases.
- Develop permanent programmes in health institutions for the treatment and rehabilitation of disorders related to alcohol intake.

- Open treatment spaces in general hospitals for patients with harmful use of alcohol and their associated illnesses, since nowadays only some mental health units receive them.
- Eliminate social, economic, cultural and administrative barriers that stigmatise alcohol users, especially women, to encourage them to go to treatment and adhere to it.
- Deploy annual national awareness campaigns aimed at families to prevent consumption, detect behaviours and attitudes in minors, done by health institutions, the Ministry of Public Education and Parents' Associations.
- Apply a gender perspective strategy to prevent and stop alcohol consumption and its consequences in women of all ages.
- Strengthen the collaboration between the Health Sector with mutual aid groups and advance in the registration and certification of residential establishments of alcohol users to respect human rights.

IV. E – Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion

In Mexico, there are solid and broad links between the alcohol industry, sports teams⁹ (especially at the professional level) and showbusiness companies (especially in concerts). The Mexican health legislation on advertising allows companies that produce or market low content alcoholic beverages to sponsor sports and recreational activities. Therefore, we recommend:

- Update the legal framework on advertising, sponsorship and promotion of alcoholic beverages, without the interference or support of alcohol industry representatives, and with the participation of scientific entities, health specialists and civil society, ensuring that public servants do not incur in conflict of interest.
- End industry self-regulation on the production, distribution and marketing of alcoholic beverages, and in the generation and dissemination of messages to the general population and especially to minors.
- Avoid exposing children and adolescents to the marketing of alcoholic beverages, by eliminating external advertisements on public roads and the sponsorship of any type of sports or artistic activity, including those broadcasted on radio and television.
- Promote and apply comprehensive bans or restrictions on alcohol digital marketing.

V. R – Raise prices on alcohol through excise taxes and pricing policies

Despite the fact that the sale of alcoholic beverages to minors is prohibited, they can easily and inexpensively purchase them, especially beer and other canned beverages, which are highly preferred by young people¹⁰. Promotions that offer gifts to young consumers are allowed, in addition to the persistence of commercial practices such as '2 x 1' or 'happy hours', which stimulate excessive alcohol consumption. Therefore, we recommend:

- Increase excise taxes on all alcoholic beverages, national or imported, regardless of their ethanol content, to avoid consumption among children and adolescents and, at the same time, generate resources to the public treasury.
 - Integrate a group of specialists from the ministries of Health, Economy, Finance and Public Credit, as well as Agriculture and Rural Development, as well as fiscal experts, economists and constitutional law experts without conflict of interest, to modify the law on excise taxes on alcoholic beverages.
 - Legislate in favour of health in both chambers of the Congress so that, once the group of specialists referred to in the previous paragraph has defined a suggested percentage of tax increase, legislators can approve the automatic annual adjustment to the tax.
 - Control informal alcoholic beverage markets, as well as the import, distribution and marketing of illicit alcoholic beverages.
 - Establish a minimum price policy for alcoholic beverages, to inhibit consumption in minors and vulnerable sectors of the population.
 - Prohibit sales of alcoholic products with costs under minimum price levels and eliminate discounts on bulk purchases.
 - Truly prohibit deceptive practices that encourage heavy and harmful use of alcohol, such as '2 x 1', 'happy hours', low prices for women, contests, etc.
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 2. ENCODAT 2016-2017. *Consumo de alcohol: prevalencias globales, patrones de consumo y variaciones estatales*
 3. ENCODAT Alcohol 2017. *Encuesta Nacional de Consumo de Drogas, Alcohol y Tabaco 2016-2017. Reporte de Alcohol*.
 4. Encuesta Nacional de Consumo de Drogas en Estudiantes 2014. Reporte de Alcohol.
 5. PAHO (2009). *Informe sobre el Estado de Seguridad Vial en la Región de las Américas*. Washington D. C., PAHO.
 6. OPS México. *Un problema de salud pública. Muertes, discapacidades y traumatismos causados por el tránsito*. Available at: https://www.paho.org/mex/ndex.php?option=com_content&view=article&id=490:marcoconceptual&itemid=380
 7. Programa contra la Farmacodependencia 2015-2018
 8. OAE (2014). *México, informe de evaluación sobre el control de las drogas*.
 9. PAHO (2016). *Reunión de la OPS sobre Reglamentación de la comercialización del alcohol, Informe final*. Washington D.C., PAHO.
 10. ENCODAT Alcohol 2017, Encuesta Nacional de Consumo de Drogas, Alcohol y Tabaco 2016-2017: reporte Alcohol