

EDITORIAL

ON THE ADVERTISEMENT OF ALCOHOLIC BEVERAGES AND THE OMISSION OF BRAZILIAN DOCTORS**Geilson Lima Santana, Bruno Mendonça Coelho, Yuan Pang Wang**

In November 2005, Brazilian National Health Surveillance Agency (ANVISA) published the 83rd Public Consultation, which wells upon the regulation of alcohol advertisement. Nevertheless, in spite of the relevance of this question and its impact on public health, the debate within the medical community has been expressionless.

According to the World Health Organization (WHO), the consumption of alcohol in Brazil increased 74.5% from 1970 to 1990. Presently, the beer market puts in circulation an annual amount of US\$ 12 billion and Brazil stands as fifth global market¹. This is a highly competitive niche and companies fight for the differentiation of their products sustained by aggressive and successful strategies: the relationship between investment on propaganda and alcohol consumption is well known by the industry, advertisers and mass media. Each additional dollar invested in the publicity of ethanol results in a 3% increase in its consumption by the youth². In 2001, US\$ 106 million were invested in the advertising of alcoholic beverages in Brazil and, since then, there was a 2% increase in the prevalence of alcoholism among those aged 12 to 17 years. A 7% prevalence of alcohol dependence is estimated for this population³.

Choosing youth as target for marketing is a strategic decision: alcohol advertising influences the initiation and continuation of ethanol ingestion by the underage, the amount and frequency of its ingestion and predicts further

dependence in adulthood². The effects of marketing are cumulative and, in this manner, the industry assures the perspective of a sustained growth.

However, this population is the most vulnerable to harmful consequences of alcohol. As demonstrated by Pechansky et al., this substance is more strongly associated with mortality among youths than all other drugs put together; being under the effects of alcohol augments the chance of sexual violence and unsafe sexual behavior; furthermore, ethanol poses an increased risk of neuropsychological dysfunctions and poor academic performance⁴.

In order to restore or, at least, soften this severe public health problem, ANVISA has proposed restrictions to the publicity of ethanol regarding its content and time for exhibition on media. It has been demonstrated that these constitute an efficient intervention: countries where the publicity of alcohol is partially prohibited present a 16% lower level of ethanol consumption and a 10% less frequent occurrence of fatal car accidents⁵. Moreover, in opposition to market arguments, publicity autoregulation has proved to be useless in the trimming of the abuses of ethylic products' communication.

Although these data are highly significant, the public debate on this question remains insufficient. It urges a more extensive discussion of such matter and the support of health care providers in favor of the restriction of the publicity of ethanol. More important than the financial health of the industry, what must be taken into account is the impressive impact of alcohol on public health. We must not shun our responsibility.

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