

Brazilian advancements in alcohol consumption monitoring in the age of disinformation

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It is estimated that 4.7% of all deaths worldwide are attributable to alcohol consumption, primarily due to noncommunicable diseases, injuries, and mental health disorders. The Americas rank third in alcohol-attributable mortality, with a rate of 32.7 deaths per 100,000 inhabitants.¹ As in other regions, mortality rates entirely attributable to alcohol are associated with social vulnerability, i.e., high-income countries exhibit higher alcohol consumption levels, but the burden of alcohol-related consequences disproportionately affects low- and middle-income countries (LMICs).²

Addressing the harmful use of alcohol is a priority within international frameworks such as the Sustainable Development Goals (SDGs)³ and the World Health Organization (WHO) Non-Communicable Diseases Global Monitoring Framework, and the WHO Global Action Plan on the Public Health Response to Dementia 2017–2025. Additionally, WHO member states have endorsed the Global Alcohol Action Plan 2022–2030,⁴ underscoring the global commitment to mitigating alcohol-related harm. To monitor progress, countries are required to assess two key indicators: alcohol per capita consumption (APC) in liters of pure alcohol and the prevalence of heavy episodic drinking (consumption of 60 g of pure alcohol on a single occasion).

As one of the most populous countries in the Americas, Brazil ranks third in alcohol-attributable mortality, reporting 351,372 deaths entirely attributable to alcohol between 2003 and 2023.⁵ Despite this alarming figure, alcohol research in the country has been hampered by a lack of reproducibility, with indicators varying according to differing definitions used across studies.⁶ This inconsistency poses a significant challenge to public health, as it creates confusion among policymakers, stakeholders, and the general population, ultimately jeopardizing prevention efforts, treatment strategies, and advocacy initiatives.

In this context, two recent developments spearheaded by the Brazilian Ministry of Health represent critical advancements. The first is the calculation of APC using national data rather than relying on WHO

estimates derived from alcohol industry reports and international agency data. By employing the methodology proposed for SDG indicators, Brazil has established a robust, internationally comparable measure that has been adopted as the national gold standard. The results, publicly available at <https://odsbrasil.gov.br/objetivo3/indicador352>, indicate that alcohol consumption levels in Brazil are higher than previously estimated.⁷

The second milestone is the publication of Technical Note No. 263/2024, which officially establishes a standard alcohol dose in Brazil as 10 g of pure alcohol.⁸ This document provides a crucial benchmark for defining alcohol consumption patterns and their health implications, thereby strengthening epidemiological surveillance, offering guidance to healthcare professionals, and informing public policy development.

These advancements are of paramount importance in fostering a unified scientific narrative. In Brazil, as in many other nations, researchers are increasingly concerned about the proliferation of health misinformation and disinformation, exacerbated by the widespread use of digital communication technologies.⁹ Online platforms facilitate the rapid dissemination of information, which, when inaccurate or misleading, can confuse the public and obstruct access to credible, evidence-based health guidance.

Alcohol-related health communication is further complicated by the strategic efforts of the alcohol industry to promote consumption.¹⁰ The distinction between misinformation (the unintentional spread of false or misleading information) and disinformation (the deliberate dissemination of falsehoods intended to deceive) is particularly relevant in this context. Misleading narratives regarding alcohol consumption, whether intentional or not, have severe consequences for public health. Therefore, there is an urgent need to implement effective communication strategies and enhance access to reliable, evidence-based information on alcohol-related harms.

By establishing a standardized language for alcohol consumption metrics—grounded in national data yet aligned with international monitoring frameworks—Brazil can enhance public health messaging and empower individuals to make informed choices regarding alcohol use. Much like the myth of the Tower of Babel, achieving a common language in public health discourse can facilitate collective progress towards a healthier society.

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Contributors

RBDB conceptualized and supervised this study, writing—original draft, review & editing, APC writing—original draft, review & editing, NS writing—original draft, review & editing, and RR writing—original draft, review & editing. RBDB was responsible for the decision to submit the manuscript.

Declaration of interests

The authors declare no competing interests.

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