



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



51st DIRECTING COUNCIL

63rd SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 26-30 September 2011

Agenda Item 4.5

CD51/8, Rev. 1 (Eng.)
29 September 2011
ORIGINAL: ENGLISH

PLAN OF ACTION TO REDUCE THE HARMFUL USE OF ALCOHOL

Introduction

1. The World Health Organization (WHO) endorsed the Global strategy to reduce the harmful use of alcohol (Resolution WHA63.13) (1) in May 2010. This document proposes to use the WHO's global strategy as the framework for action and includes a regional plan of action implementing the global strategy. The regional plan of action focuses on the global strategy's proposed ten policy action areas and five objectives.

Background

2. In 2010, the Sixty-third World Health Assembly endorsed, by consensus, (Resolution WHA63.13) a global strategy for reducing the harmful use of alcohol, following a comprehensive and inclusive worldwide consultation process.

3. The global strategy has five objectives: (a) to raise awareness and political commitment; (b) to improve the knowledge base on the magnitude of problems and on effectiveness of interventions; (c) to increase technical support to Member States; (d) to strengthen partnerships; and (e) to improve monitoring systems, surveillance and dissemination of information for advocacy, policy development and evaluation.

4. The strategy has ten target areas for policy action: (a) leadership, awareness, and commitment; (b) health services' response; (c) community action; (d) drinking and driving¹ policies and countermeasures; (e) alcohol availability; (f) marketing of alcoholic beverages; (g) pricing policies; (h) reduction of the negative consequences of drinking and alcohol intoxication; (i) reduction of the public health impact of illicit alcohol and informally produced alcohol; and (j) monitoring and surveillance.

¹ The term is a synonym to impaired driving, driving under the influence and/or driving while intoxicated.

Situation Analysis

5. According to WHO, alcohol consumption was the leading risk factor for the burden of disease in the Americas in 2004 (2). Harmful alcohol consumption was responsible for more than 347,000 deaths and for 9.6% of all DALYs lost in the Region from all causes and across all age groups, even when consideration is given to the modest protective effects, especially on coronary heart disease, of low consumption of alcohol for some people aged 40 years or older. Harmful use of alcohol affects men more than women and young people more than older people. The most prevalent pattern of alcohol consumption in the Region is that of heavy episodic drinking, mostly by males. This drinking pattern leads to acute and chronic problems, including intentional and unintentional injuries, mental disorders, cancers, cardiovascular diseases, hypertension, and diabetes. Harmful use of alcohol is also likely to affect others than the drinker, including intimate partners, the fetus, pedestrians, and victims of violence related to alcohol consumption.

6. The harm from alcohol consumption affects the poor disproportionately, given their limited access to education, information, health services, and other social services. In the context of social determinants of health, the harmful alcohol consumption has a negative impact on sustainable development. With increasing consolidation and expansion of the alcohol industry, new alcoholic beverages, marketing strategies and promotion campaigns are introduced in most of the Region's countries (3). Most countries in the Region have weak alcohol policy responses, and no country has a comprehensive and integrated policy that other countries can use as a best practice. There are, however, several examples of good practices (individual policies adopted at national or local levels which have proven to be effective) and that can be more widely disseminated and better documented.

7. In late 2010, WHO published the first atlas on substance use (4) on the countries' resources for the prevention and treatment of substance-use problems, which analyzed alcohol-related resources separately. In the Region of the Americas, 21 countries (58% of the Region's countries) responded to the survey, providing information about administrative and financial resources, health service resources, human resources, policy and legislative resources, and prevention and information resources. Early in 2011, WHO published the Global Status Report on Alcohol and Health (5), which updated information on the impact of alcohol globally and at the regional level. Country profiles from 36 countries in the Region were published. The data presented were based on questionnaires sent to all Member States in 2008 on alcohol and health, in addition to other sources such as surveys, global burden of disease statistics, and data from the alcohol industry from the Food and Agriculture Organization (FAO). No single country has an integrated and comprehensive set of effective policies in place. However, best practices exist at local or national level regarding individual policies, such as new and improved legislation on drinking and driving in Brazil and Mexico; municipal ordinances

to reduce hours of sale of alcoholic beverages in Peru, Brazil, Canada and United States; scaling up inclusion of screening and brief interventions for alcohol problems in primary health care settings in Bolivia and Chile; increased taxes and prices of alcohol in Venezuela, and state retail monopolies in Canada, United States and Colombia.

8. The Pan American Health Organization (PAHO) has accelerated its efforts in recent years to increase awareness of the harm from alcohol consumption and support the 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 (6). The Organization subsequently prepared a technical report entitled "Alcohol and Public Health in the Americas: A Case for Action" (7), which summarized the situation in the Region, described which policies are most effective, and proposed ten areas for national and regional action. PAHO also has translated, adapted, and/or disseminated several publications into Spanish to assist countries in implementing effective national responses to alcohol problems (8–11). Under an agreement with the government of Valencia, Spain, it is providing technical cooperation to six countries in the Region (Dominican Republic, Guatemala, Guyana, Honduras, Nicaragua, and Panama) for developing an alcohol policy, training on how to carry out screening and brief interventions for alcohol problems in primary health care (12), and conducting research. PAHO has also supported research on alcohol and gender issues, with a focus on intrafamily violence. To that end, it published the book *Unhappy Hours: Alcohol and Partner Aggression in the Americas* (13). Finally, PAHO has provided technical cooperation on alcohol policy issues and brief interventions in primary care to several countries in the Region, including Argentina, Bolivia, Chile, Costa Rica, Jamaica, Mexico, Paraguay, Peru, and Uruguay. Alcohol as a risk factor is integrated into other PAHO strategies, plans of action, and activities within the context of noncommunicable diseases, mental health, adolescent health, traffic safety, health promotion, intrafamily violence, violence prevention, and urban health, thus demonstrating the pervasive nature of alcohol related problems in the Region.

9. Harmful alcohol consumption and related disorders are included in the Health Agenda for the Americas 2008–2017 and the Strategic Plan 2008–2012. Member States have also recognized the need to address harmful alcohol consumption in the context of broader health concerns, including adolescent health (Document CD48/8 [2008]), road safety (Document CD48/20 [2008]), mental health (Document CD49/11 [2009]), human security (Document CD50/17 [2010]), and noncommunicable diseases (Document CD47/17 [2005]).

Proposal

10. The proposed regional plan of action calls for implementation of the WHO global strategy to reduce harmful use of alcohol, thus promoting 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. It proposes that PAHO's role be to coordinate the regional response and to strengthen its technical cooperation for national activities based on the ten target areas proposed by the global strategy, for a period of ten years (2012-2021).

Objective 1: To raise awareness and political commitment.

Indicator²: Number of regional advocacy events integrating a link with alcohol related issues. (Baseline: 0. Target: At least 2 events per year until 2021 [road safety; violence; health promotion; workers' health; mental health, human rights, violence against women; world day against drugs; world health day; cancer, cardiovascular disease, diabetes].)

Regional Activities

- 1.1 Involve, as appropriate, other relevant sectors, including education, labor, transportation, law enforcement, the criminal justice system, the private sector and civil society to increase public awareness about the harmful consumption of alcohol.
- 1.2 Promote alcohol policies which protect human rights and respect applicable human rights instruments, declarations, and recommendations of the inter-American and United Nations systems, and to protect, promote, and defend measures related to health.³
- 1.3 Coordinate a regional network of national counterparts for exchanging information and for monitoring and evaluating the regional plan and the implementation of the global strategy.

National Activities

- 1.4 Designate and support a focal person or agency within the Ministry of Health to coordinate activities and reporting mechanisms across government sectors, with other stakeholders, and with PAHO and WHO.
- 1.5 Include alcohol related topics in the celebration of existing days dedicated to topics such as violence, domestic violence, road safety, cancer, cardiovascular disease, diabetes, drugs, health promotion, workers' health, human rights and mental health.

² At the current time, there is only partial information for fully defining the baselines and targets for some indicators. At the conclusion of the first year of the plan's execution, a review will be conducted to complete the information, and at the same time, this plan will be aligned with the Strategic Objectives and Indicators of the Organization's Strategic Plan 2013-2017.

³ Pan American Health Organization. Strategy on substance use and public health [Internet]. 50th Directing Council of PAHO, 61st Session of the Regional Committee of WHO for the Americas; 2010 Sep27-Oct 1; Washington (DC), US. Washington (DC): PAHO'2010 (Resolution CD50.R2) [cited 2011 March 24]. Available from:
http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=8930&Itemid.

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

Indicator: Number of new research studies undertaken with a focus on alcohol and its impact on health. (Baseline: Not available. Target: At least 10 new studies completed between 2012–2021.⁴)

Regional Activities

- 2.1 Promote the inclusion of standardized questions related to alcohol consumption and its related harm into existing national health surveys, in order to regularly assess trends and changes in consumption and problems, disaggregated by sex and age groups.
- 2.2 Compile and disseminate information on the health and social consequences of the harmful use of alcohol to the public.
- 2.3 Promote country and regional research assessing the relationship between the harmful use of alcohol, in general, and excessive drinking, in particular, and the related adverse health and social consequences for men, women, and for diverse ethnic groups.

National Activities

- 2.4 Utilize existing data, including data on production and sale, as well as data from the health care and law enforcement systems, to enhance knowledge about trends in consumption, drinking patterns and harm by men and women.
- 2.5 Carry out research on priority areas for public health related to alcohol consumption disaggregated by sex and ethnic groups, such as: alcohol consumption in the general population, patterns of use, illicit or informal production of alcohol, social and economic costs of harmful alcohol consumption to society, including alcohol's impact on human capital and economic development, effectiveness of public health interventions to reduce harmful use of alcohol, marketing and marketing strategies of alcoholic beverages, especially those targeting underage drinkers and women, alcohol and child development, including on fetal alcohol spectrum disorders, alcohol and infectious diseases,

⁴ A study is a scientifically and ethically sound, peer reviewed research undertaken in one or more countries, such as a survey of the general population or high risk group of the population (such as adolescents, women, indigenous groups, etc.), cross sectional studies in emergency rooms, primary health care settings, clinical settings or at the community level, impact of policy changes on levels of use or harm related to alcohol use, secondary data analyses of datasets from research undertaken in the Region and other research with direct impact on the understanding of the dimension of alcohol problems on public health and on the impact of policies and interventions on alcohol consumption and related harms.

particularly HIV/AIDS and tuberculosis, effects of harmful alcohol consumption on persons other than the drinker, including its impact on children, women, and those who are injured by drinkers, alcohol and social determinants of health, harmful alcohol consumption among indigenous peoples, young people and other high risk groups.

Objective 3: To increase technical support to Member States.

Indicator: Number of countries with national and/or subnational⁵ alcohol action plans developed with PAHO's technical cooperation. (Baseline⁶: 5. Target: 15 by 2021.)

Regional Activities

- 3.1 Cooperate technically with countries on the development of policies, plans, and programs aimed at reducing the harmful consumption of alcohol, using evidence-based information.
- 3.2 Create a regional pool of expertise on public health-oriented alcohol policy and Program development.
- 3.3 Develop a regional training course on alcohol and public health.
- 3.4 Assist Member States in setting prevention priorities, taking into account existing capacity and infrastructure, existing public health surveillance systems, and the cost effectiveness of intervention strategies.

National Activities

(a) Leadership, awareness, and commitment

- 3.5 Develop a national and/or subnational plans of action for the implementation of the global strategy, using baseline and target indicators recommended by PAHO/WHO.
- 3.6 Establish or identify a national body or focal point to be responsible for developing and updating a national public health-oriented alcohol policy through intersectoral actions.
- 3.7 Provide adequate support to this national body or focal point through funding and public health-oriented expertise.
- 3.8 Without prejudice to the sovereign right of countries to determine and establish their taxation policies, to consider the establishment of funding mechanisms, such as dedicating a portion of alcohol taxation revenue, to support prevention,

⁵ Subnational plans are aimed at Member States with federal systems of government which do not have a national plan.

⁶ Based on information received from 16 countries.

treatment and reduction of alcohol-related harm and social protection for families harmed by alcohol related violence.

(b) Health services' response

- 3.9 Develop and support the introduction and implementation of screening and brief-intervention programs for high risk-drinkers, including pregnant women, within primary health care.
- 3.10 Build the capacity of health care providers to detect, prevent, treat, and rehabilitate men and women suffering from the harmful use of alcohol and alcohol use disorders in primary health care and across the health system, including pregnant women.
- 3.11 Build the capacity of health care providers who deal with victims of intrafamily and sexual violence to detect harmful alcohol use as a risk factor and intervening to reduce it, as appropriate, with brief interventions or referral to treatment of alcohol use disorders, along with other non alcohol related interventions.

(c) Community action

- 3.12 Promote community organization and mobilization for the development of local actions aimed at reducing the harmful consumption of alcohol.
- 3.13 Promote prevention and intervention programs in the workplace, in college campuses, and other settings with a high concentration of drinking and or alcohol related problems.
- 3.14 Promote public understanding of the harmful effects of alcohol, particularly during pregnancy, breastfeeding, childhood and adolescence.
- 3.15 Provide supportive environments in schools, communities, and other social settings that protect people from the harmful use of alcohol, ranging from family support programs, community and school system support programs, and increased access to non-alcoholic beverages.
- 3.16 Provide training in the hospitality sector and the retail sector for the responsible serving of alcohol, including enforcing compliance with the legal minimum age for the sale of alcoholic beverages.
- 3.17 Provide support to civic organizations, including relevant nongovernmental organizations, to prevent, identify, and respond effectively to the negative health and social consequences of the harmful use of alcohol.
- 3.18 Provide information at the local level on the links of intrafamily violence and sexual violence to the harmful use of alcohol, and promote integrated prevention and treatment of these problems.

(d) Drinking and driving policies and countermeasures

- 3.19 In line with the best international practices, set a low legal maximum blood-alcohol level for drinking and driving violations.

- 3.20 Develop and enforce, where appropriate, a system of frequent random breath alcohol testing.
- 3.21 Develop and enforce a system of administrative driving license suspensions or revocations, to ensure quick and effective consequences for those caught driving with blood alcohol levels above the legal limits.

(e) Availability of alcohol

- 3.22 Establish and enforce a minimum legal age for the purchase and sale of alcoholic beverages and a ban on the sale of alcohol to intoxicated persons.
- 3.23 Regulate the sale of alcohol to limit the places and times that alcoholic beverages can be sold.
- 3.24 Develop and enforce a commercial licensing system to regulate the production, importation, and wholesale and retail sale of alcoholic beverages.

(f) Marketing of alcoholic beverages

- 3.25 Designate a government agency to be responsible for enforcement of marketing regulations.
- 3.26 Encourage statutory regulation to restrict or ban, as appropriate, the marketing of alcoholic beverages, particularly to youth and vulnerable groups.
- 3.27 Encourage greater responsibility among commercial interests, for example through transparent codes of conduct for the sale and marketing practices.
- 3.28 Where such codes exist, establish government monitoring of industry compliance with codes of conduct.

(g) Pricing and/or taxation policies

- 3.29 Develop or revise an alcohol pricing and/or taxation system as an effective mechanism to decrease the harmful use of alcohol.
- 3.30 Consider pricing and/or taxation of alcoholic beverages based on their alcohol content and administer special taxes for alcoholic beverages targeted at vulnerable groups, such as young people.
- 3.31 Consider dedicating a portion of alcohol tax revenues to the prevention and treatment of alcohol-related problems, including public health counter-advertising.

(h) Reducing the negative consequences of drinking and alcohol intoxication

- 3.32 Promote bar-owner liability for alcohol related violence and injuries resulting from alcohol intoxication that takes place in their premises.

- 3.33 Restrict or ban the promotion of harmful alcohol consumption in bars and restaurants and other venues (such as two drinks for the price of one, single price for all night drinking).
- 3.34 Revise legislation to include harmful consumption of alcohol as an aggravating factor in violence against women and children, and link criminal justice sanctions against perpetrators to treatment of alcohol use disorders.
 - (i) Reducing the public health impact of illicit alcohol and informally produced alcohol
- 3.35 Ensure that there is licensing and regulation of alcoholic beverages to avoid illegal production, distribution, and importation.
- 3.36 Establish minimum standards for the production of alcoholic beverages to ensure that alcoholic beverages being produced and imported meet beverage safety requirements and that home-brewed and home-distilled alcoholic beverages are either prohibited from commercial sale or strictly controlled.
 - (j) Monitoring and surveillance
- 3.37 Collaborate with PAHO/WHO on the implementation and monitoring of the global alcohol strategy, using internationally agreed indicators in the format of the PAHO/WHO information systems on alcohol and health.
- 3.38 Assign a lead agency to develop an alcohol information system and to analyze information for policy development—this could be the main task for a new, specialized institution, or a new task for an existing agency with a broader scope of activities, such as a national public health institute.

Objective 4: To strengthen partnerships.

Indicator: A regional network of national counterparts with countries and other stakeholders formed and functioning. (Baseline: 0. Target: One network formed in 2012 and regularly functioning throughout the period until 2021.)

Regional Activities

- 4.1 Establish a regional network of national counterparts, nominated by governments of Member States, for the exchange of information and support for implementation of the global strategy.
- 4.2 Collaborate and coordinate with WHO on the implementation of the global strategy.

National Activities

- 4.3 Establish sustainable national and subnational mechanisms that allow for appropriate intersectorial government cooperation involving ministries of finance, of health, and of trade, and that include relevant community groups, youth, and research institutions, to ensure effective coordination and implementation of the policy.
- 4.4 Promote close collaboration between the health and the law enforcement sectors to be able to put in place a public health and public safety approach to the harmful use of alcohol.
- 4.5 Encourage the law enforcement sector to step up the enforcement of existing and new legislation to respond to the harmful use of alcohol.
- 4.6 Ensure that enforcement agencies appropriately enforce the regulation of alcoholic beverages.

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

Indicator: Number of countries that provide country specific data to the regional alcohol information system. (Baseline: 35. Target: 35.)

Regional Activities

- 5.1 Strengthen the regional alcohol information system for the collection and analysis of data on alcohol consumption and its health and social consequences.
- 5.2 Incorporate indicators of harmful alcohol consumption into the core regional information system.

National Activities

- 5.3 Incorporate indicators of harmful alcohol consumption and harms into the core national health information system.

11. Governments may apply or consider applying activities, including those which are not specifically mentioned, depending on available opportunities and specific situations, and as appropriate to their individual national contexts.

12. While the inclusion of all the activities listed is not a requirement for an effective strategy to reduce all alcohol-related problems, it is important to realize that the implementation of isolated measures is unlikely to be effective. The effectiveness of the regional plan of action largely depends on combining as many measures as possible at the national level, giving priority to those strategies that have the highest potential benefits and the lowest costs.

Monitoring, Assessment, and Evaluation of the Plan

13. This Plan of Action contributes to the achievements of PAHO's Strategic Plan's Strategic Objectives 3⁷ and 6⁸. The specific Region-wide Expected Results to which this Plan of Action contributes are detailed in Annex B. The monitoring and assessment of this Plan will be aligned with the Organization's results-based management framework as well as its performance, monitoring and assessment processes. In this regard progress reports will be developed based on information available at the end of a biennium.

14. With a view to determine strengths and weaknesses of the overall implementation, causal factors of successes and failures, and future actions, both a midterm and final evaluation will be conducted.

Action by the Directing Council

15. The Directing Council is requested to identify the reduction of harmful consumption of alcohol as a public health priority and to support measures designed to strengthen regional and national responses to the problem. The Committee is also requested to review the information contained in this plan of action and consider adoption of the resolution in Annex A.

References

1. World Health Organization. Global strategy to reduce the harmful use of alcohol. Geneva, Switzerland: WHO; 2011 [cited 2011 April 7]. Available from: http://www.who.int/substance_abuse/msbalcstragegy.pdf.
2. World Health Organization. Global health risks: mortality and burden of disease attributable to selected major risks. Geneva, Switzerland: WHO; 2009 [cited 2011 March 24]. Available from: http://www.who.int/healthinfo/global_burden_disease/global_health_risks/en/index.html.
3. Jette S, Sparks R.E.C., Pinsky I, Castaneda L, Haines RJ. Youth, sports and the culture of beer drinking: global alcohol sponsorship of sports and cultural events in Latin America. In: Sport, beer and gender: promotional culture and contemporary

⁷ SO 3: To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries.

⁸ SO 6: To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions.

social life. Wenner L, Jackson S, editors. New York: Peter Lang International Academic Publishers; 2009. XII, 317 pp.

4. World Health Organization ATLAS on substance use (2010): resources for the prevention and treatment of substance use disorders. Geneva, Switzerland: WHO; 2010 [cited 2011 March 24]. Available from:
http://www.who.int/substance_abuse/publications/treatment/en/index.html.
5. World Health Organization. Global status report on alcohol and health. Geneva, Switzerland: WHO; 2011 [cited 2011 March 24]. Available from:
http://www.who.int/substance_abuse/publications/global_alcohol_report/en/index.html.
6. Pan American Health Organization. Brasilia declaration on alcohol public policies. Approved at the First Pan American Conference on Alcohol Public Policies; Brasilia, Brazil, 2005 Nov. 28-30. PAHO: 2005 [cited 2011 March 24]. Available from:
http://www.who.int/substance_abuse/activities/brasilian_declaration_alcohol_policies.pdf.
7. Monteiro M. Alcohol and Public Health in the Americas: a case for action [Internet]. Washington (DC), US: Pan American Health Organization; 2007. Available from:
<http://new.paho.org/hq/dmdocuments/2009/A&PH.pdf>.
8. Babor T, Caetano R, Casswell S, Edwards G, Giesbrecht N, Graham K, et al. Alcohol: no ordinary commodity - research and public policy. New York: Oxford University Press Inc.; 2010 (second edition).
9. World Health Organization. International Guide for Monitoring Alcohol Consumption and Related Harm. [Internet]. Geneva, Switzerland. WHO; 2000 [cited 2011 March 24]. Available from:
http://whqlibdoc.who.int/hq/2000/who_msd_msb_00.4.pdf.
10. Babor, TF, Higgins-Biddle JC, Saunders JB, Monteiro MG. AUDIT: Cuestionario de identificación de los trastornos debidos al consumo de alcohol: Pautas para su utilización en atención primaria [Internet]. Geneva, Switzerland. World Health Organization; 2001 [cited 2011 March 24]. Available from:
http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=2442&Itemid=.
11. Babor, TF, Higgins-Biddle JC. Intervención breve para el consumo de riesgo y perjudicial de alcohol: un manual para la utilización en atención primaria [Internet]. Geneva, Switzerland. World Health Organization; 2001 [cited 2011 March 24]. Available from:

http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=2386&Itemid=.

12. Monteiro MG. Alcohol y atención primaria de la salud: informaciones clínicas básicas para la identificación y el manejo de riesgos y problema [Internet]. Washington (DC), US. ISBN 978-92-75-328569. Pan American Health Organization; 2008 [cited 2011 March 24]. Available from:
http://www.paho.org/Spanish/DD/PUB/Alcohol_Aten_prim_web.pdf.
13. Pan American Health Organization. Unhappy hours: alcohol and partner aggression in the Americas. In: Scientific Publication No. 631. Graham K, Bernards, S, Munné M, y Wilsnack, SC, editors. Washington (DC), US; PAHO; 2010 (ISBN 978-92-75-11631-9).



PAN AMERICAN HEALTH ORGANIZATION
WORLD HEALTH ORGANIZATION



51st DIRECTING COUNCIL

63rd SESSION OF THE REGIONAL COMMITTEE

Washington, D.C., USA, 26-30 September 2011

CD51/8, Rev. 1 (Eng.)
Annex A
ORIGINAL: ENGLISH

PROPOSED RESOLUTION

PLAN OF ACTION TO REDUCE THE HARMFUL USE OF ALCOHOL

THE 51st DIRECTING COUNCIL,

Having reviewed the *Plan of Action to Reduce the Harmful Use of Alcohol* (Document CD51/8);

Recognizing the burden of morbidity, mortality, and disability associated with the harmful use of alcohol in the world and in the Region of the Americas, as well as the existing gap in treatment and care for persons affected by harmful alcohol consumption;

Considering the context and framework for action offered by the Health Agenda for the Americas, the PAHO Strategic Plan 2008–2012, and the World Health Assembly's Resolution WHA63.13 (2010) on a global strategy to reduce the harmful use of alcohol, which reflect the importance of the issue of harmful alcohol use and establish objectives for addressing it;

Observing that the *WHO Global Strategy to Reduce the Harmful Use of Alcohol* sets out the principal areas of work to be addressed and identifies areas for technical cooperation to address the varying needs of Member States with regard to harmful alcohol consumption;

Considering the recommendations from the WHO meeting of national counterparts for the implementation of the global strategy for reducing harmful alcohol consumption and the consultation meeting on the draft regional plan of action;

Recognizing the need for regional coordination and leadership in support of national efforts to reduce the harmful use of alcohol,

RESOLVES:

1. To implement the *WHO Global Strategy for Reducing the Harmful Use of Alcohol* through the proposed regional plan of action, within the context of each country's specific conditions, in order to respond appropriately to current and future needs in relation to underage and harmful use of alcohol.
2. To urge Member States to:
 - (a) identify underage and harmful alcohol consumption as a public health priority and develop plans and/or introduce measures to reduce its public health impact;
 - (b) recognize that harmful alcohol consumption occurs among non-dependent and dependent individuals alike, and that reducing alcohol-related problems requires a mix of population-wide policies, and targeted interventions, as well as access to quality health services;
 - (c) promote public policies that protect and preserve public health interests;
 - (d) promote policies and interventions that are evidence-based, equitable, and supported by sustainable implementation mechanisms involving different stakeholders;
 - (e) promote programs that educate children, young people, and those who choose not to drink alcohol about how to resist social pressure to drink, protect them from such pressure, and support their choice not to drink;
 - (f) ensure that effective prevention, treatment, and care services are available, accessible, and affordable to those affected by the harmful use of alcohol;
 - (g) allocate financial, technical, and human resources towards the implementation of national activities outlined in the plan of action.
3. To request the Director to:
 - (a) monitor and evaluate the implementation of the regional plan of action at year five and at the end of the implementation period;
 - (b) support Member States in the implementation of national and subnational plans and/or interventions to reduce the harmful use of alcohol, within the framework of their public health and social policies, taking into account the *WHO Global Strategy for Reducing the Harmful Use of Alcohol*;

- (c) collaborate in the assessment of alcohol policies and services in the countries, with a view to ensuring that appropriate, evidence-based, corrective measures are adopted;
- (d) facilitate the dissemination of information and the sharing of positive, innovative experiences, and promote technical cooperation among Member States;
- (e) promote partnerships with international organizations and WHO, governmental and nongovernmental organizations, and civil society, taking into consideration any conflicts of interest that some nongovernmental organizations may have;
- (f) establish a dialogue with the private sector on how it can best contribute to the reduction of alcohol-related harm; due consideration will be given to the commercial interests involved and their potential conflict with public health objectives.



PAN AMERICAN HEALTH ORGANIZATION

Pan American Sanitary Bureau, Regional Office of the



WORLD HEALTH ORGANIZATION

CD51/8, Rev. 1 (Eng.)
Annex B

Report on the Financial and Administrative Implications for the Secretariat of the Proposed Resolution

1. Agenda item: 4.5 Plan of Action to Reduce the Harmful Use of Alcohol

2. Linkage to Program Budget 2012-2013:

(a) Area of work: Sustainable Developmental and Environmental Health

(b) Expected result:

RER 6.4: Member States supported through technical cooperation to develop evidence-based and ethical policies, strategies, programs, and guidelines for preventing and reducing alcohol, drugs, and other psycho-active substance use and related problems.

RER 3.1: Member States supported through technical cooperation to increase political, financial, and technical commitments to address chronic non-communicable conditions, mental and behavioral disorders, violence, road safety, and disabilities.

RER 3.2: Member States supported through technical cooperation for the development and implementation of policies, strategies, and regulations regarding chronic non-communicable conditions, mental and behavioral disorders, violence, road safety, disabilities, and oral diseases.

RER 3.3: Member States supported through technical cooperation to improve capacities to collect, analyze, disseminate and use data on the magnitude, causes, and consequences of chronic non-communicable conditions, mental and behavioral disorders, violence, road traffic injuries, and disabilities.

RER 3.4: Improved evidence compiled by the Bureau on the cost-effectiveness of interventions to address chronic non-communicable conditions, mental and behavioral disorders, violence, road traffic injuries, disabilities, and oral health.

RER 3.5: Member States supported through technical cooperation for the preparation and implementation of multisectoral, population-wide programs to promote mental health and road safety and prevent chronic non-communicable conditions, mental and behavioral disorders, violence, and injuries, as well as hearing and visual impairment, including blindness.

- RER 3.6: Member States supported through technical cooperation to strengthen their health and social systems for the integrated prevention and management of chronic non-communicable conditions, mental and behavioral disorders, violence, road traffic injuries, and disabilities.
- RER 4.6: Member States supported through technical cooperation for the implementation of policies and strategies on adolescent health and development.
- RER 6.1: Member States supported through technical cooperation to strengthen their capacity for health promotion across all relevant programs; and to establish effective multisectoral and multidisciplinary collaborations for promoting health and preventing or reducing major risk factors.
- RER 6.2: Member States supported through technical cooperation to strengthen national systems for surveillance of major risk factors through development and validation of frameworks, tools, and operating procedures and their dissemination.
- RER 7.2: Initiative taken by PAHO/WHO in providing opportunities and means for intersectoral collaboration at national and international levels in order to address social and economic health determinants and to encourage poverty reduction and sustainable development.
- RER 7.4: Ethics-and human rights-based approaches to health promoted within PAHO/WHO and at national, regional, and global levels.
- RER 7.5: Gender analysis and responsive actions incorporated into PAHO/WHO's normative work and technical cooperation provided to Member States for formulation of gender sensitive policies and programs.
- RER 7.6: Member States supported through technical cooperation to develop policies, plans, and programs that apply an intercultural approach based on primary health care and that seek to establish strategic alliances with relevant stakeholders and partners to improve the health and well-being of indigenous peoples and racial/ethnic groups.
- RER 11.2: Member States supported through technical cooperation for improving health information systems at regional and national levels.
- RER 11.3: Member States supported through technical cooperation to increase equitable access to, and dissemination and utilization of, health-relevant information, knowledge, and scientific evidence for decision-making.
- RER 11.4: Member States supported through technical cooperation for facilitating the generation and transfer of knowledge in priority areas, including public health and health systems research, and ensuring that the products meet WHO ethical standards.

RER 13.1: Member States supported through technical cooperation to develop human resources plans and policies to improve the performance of health systems based on primary health care and the achievement of the Millennium Development Goals (MDGs).

3. Financial implications: The strategy has financial implications for the Organization.

- (a) **Total estimated cost for implementation over the lifecycle of the resolution (estimated to the nearest US\$ 10,000, including staff and activities):** US\$ 500,000 per year for 10 years, totaling \$5,000,000.
- (b) **Estimated cost for the biennium 2012-2013 (estimated to the nearest US\$ 10,000, including staff and activities):** \$300,000.
- (c) **Of the estimated cost noted in (b), what can be subsumed under existing programmed activities?** \$180,000.

4. Administrative implications

- (a) **Indicate the levels of the Organization at which the work will be undertaken:** Regional, subregional, and country levels.
- (b) **Additional staffing requirements (indicate additional required staff full-time equivalents, noting necessary skills profile):** A professional-level post (requiring a master's degree in public health) to provide technical support and coordinate and monitor the implementation of country-specific projects.
- (c) **Time frames (indicate broad time frames for implementation and evaluation):** 2012-2021.



PAN AMERICAN HEALTH ORGANIZATION

Pan American Sanitary Bureau, Regional Office of the



WORLD HEALTH ORGANIZATION

CD51/8, Rev. 1 (Eng.)
Annex C

ANALYTICAL FORM TO LINK AGENDA ITEM WITH ORGANIZATIONAL MANDATES

1. Agenda item: 4.5 Plan of Action to Reduce the Harmful Use of Alcohol.

2. Responsible unit: Sustainable Development and Environmental Health (SDE/AD).

3. Preparing officer: Maristela Monteiro

4. List of collaborating centers and national institutions linked to this Agenda item:

National Reference Institutions

- Health Canada, International Affairs Directorate
- ANVISA
- National Institute on Alcohol and Drug Abuse (NIDA-NIH), Maryland, USA
- Pacific Institute on Research and Evaluation (PIRE)
- Department of Community Health, University of Connecticut, USA
- Mercer University, Atlanta, USA
- Fundação Fiocruz, Rio de Janeiro, Brazil
- American Medical Association (AMA), USA
- American Public Health Association (APHA), USA
- Canadian Public Health Association, Canada
- CAMY- Bloomberg School of Public Health at John Hopkins University, Maryland, USA
- Centers for Disease Control and Prevention (CDC), Georgia, USA
- Instituto de Alcoholismo y Farmacodependencia (IAFA) Costa Rica

Collaborating Centers

- Dept Psychobiology, Federal University of São Paulo, Brazil
- National Institute of Psychiatry, Mexico
- Centre for Addiction and Mental Health, Toronto, Canada

5. Link between Agenda item and Health Agenda for the Americas 2008-2017:

Alcohol consumption is linked to over 60 health conditions, being the leading risk factor for the burden of disease in the Americas. It is a gender issue, related to inequalities and inequities, non communicable diseases, injuries, violence and mental health disorders. It is a health determinant and health outcome and tackling alcohol problems requires reducing the availability of alcohol through regulation of sales and prices, regulating marketing, and increase access to quality health services. Building the capacity of health

workers is also fundamental to an effective response to harmful use of alcohol.

6. Link between agenda item and Strategic Plan 2008-2012:

Strategic Objective 3: To prevent and reduce disease, disability and premature death from chronic non-communicable conditions, mental disorders, violence and injuries.

Strategic Objective 6: To promote health and development, and prevent or reduce risk factors such as use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex, which affect health conditions.

7. Best practices in this area and examples from countries within the Region of the Americas:

- Increased legal age for drinking and buying alcohol to 21 years in the United States.
- Expansion of treatment services for alcohol related disorders in Brazil and the United States, as part of these countries' national health systems.
- Integration of screening and brief interventions for alcohol problems in primary health care and other non-specialized settings in Bolivia, Brazil, Canada, Chile and Mexico.
- Considering harmful consumption of alcohol as public health problem in the national public health policy in Venezuela.
- Zero tolerance laws for drunk driving in Brazil.
- Liability of bar owners for selling alcohol to intoxicated patrons and training programs for serving staff in Canada.
- Municipal ordinances to reduce the hours of alcoholic beverages sales in Brazil, Colombia Dominican Republic and Peru.
- Civil society organizations to prevent alcohol related problems and advocate for legislative changes in the United States and Canada, including Mothers Against Drunk Driving, Coalition for Drug Free America.
- Professional organizations which advocate for legislative changes and a effective alcohol policies, including as the Brazilian Medical Association, American Public Health Association, Canadian Public Health Association and Mexican Public Health Association.
- Government control of alcohol advertising in Costa Rica and Venezuela.
- Increase the price and taxes on alcoholic beverages and allocation of taxes dedicated to alcohol.
- Prevention and treatment in Venezuela.
- State monopolies for alcohol retail sale in parts of Canada, Colombia, and the United States.
- Regulating the density of alcohol outlets in municipalities of the United States.

8. Financial implications of this agenda item:

Total of \$5,000,000 (see Annex B for detailed information).