Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

170th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA (hybrid session), 20-24 June 2022

Provisional Agenda Item 7.8

CE170/INF/8
14 April 2022
Original: English

PLAN OF ACTION TO REDUCE THE HARMFUL USE OF ALCOHOL: FINAL REPORT

Background

1. In 2010, the 63rd World Health Assembly endorsed the Global strategy to reduce the harmful use of alcohol (Resolution WHA63.13) *(1).* To facilitate implementation of the Global Strategy at the regional level, in 2011 the Pan American Health Organization (PAHO) adopted the Plan of Action to Reduce the Harmful Use of Alcohol (Document CD51/8, Rev.1) *(2)* through Resolution CD51.R14 (2011) *(3).* The purpose of the present document is to report on the results achieved from implementing the plan of action, 10 years after its adoption.

Analysis of the Progress Achieved

2. The following paragraphs report on the progress in the implementation of the plan of action by objective. The assessment of the indicators follows the criteria for rating outcome and output indicators at regional level as presented in Annex B of Addendum I to the Report of the End of Biennium Assessment of the PAHO Program and Budget 2018-2019/Final Report on the Implementation of the PAHO Strategic Plan 2014-2019 (Document CD58/5, Add. I) *(4)*.

Objective 1: To raise awareness and political commitment

3. Alcohol use was included in several global, regional, and national events and initiatives, including those related to noncommunicable diseases (NCDs), injury prevention, road safety, and the Sustainable Development Goals, consistent with its relevance as a health, social, and political priority. Across the Region of the Americas, numerous events were organized and technical tools shared. At the end of 2021, the Pan American Sanitary Bureau (PASB) launched the first regional alcohol-awareness campaign and the first digital health specialist—named Pahola—to inform the public about the impact of alcohol on health, assess individual risk of an alcohol use disorder, and advise on ways to reduce risk and gain access to treatment resources at country level.[1] The awareness campaign and Pahola potentially reached 115 million people between 19 November 2021 and mid-January 2022.

[1] To interact with Pahola, see www.paho.org/topics/alcohol.

Objective 1: To raise awareness and political commitment	
Indicator, baseline, and target	**Status**
Number of regional advocacy events integrating a link with alcohol-related issues Baseline: 0 Target: At least 2 events per year until 2021.	***Exceeded***. Over the past several years, and particularly the past 3 years, several advocacy events have been organized annually at the regional level.[2] **2017:** Caribbean subregional training on law and NCDs; Carmen Network meeting on NCDs and risk factors *(5, 6)*. **2018:** Comprehensive alcohol regulation in public health in the member States of the Central American Integration System (SICA); international workshop on health legislation; 15th Conference of INEBRIA *(7-9)*. **2019-2021:** Alcohol and Health webinar series *(10)*.

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

4. The knowledge base was expanded significantly and led to over 50 studies being carried out during the period by individual countries with technical support from PASB or coordinated by PASB, in several countries. PASB developed eight self-learning virtual courses, available in English and Spanish (as well as three in Portuguese), in which over 59,000 people from nearly 60 countries have participated.[3] PASB has published and disseminated numerous reports, policy briefs, and fact sheets, such as the Regional Status Report on Alcohol and Health in the Americas of 2015 and 2020 *(11, 12)*.

Objective 2: To improve the knowledge base on the magnitude of problems and on effectiveness of interventions disaggregated by sex and ethnic group	
Indicator, baseline, and target	**Status**
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	***Exceeded***. More than 50 studies were undertaken during the period of the plan of action, covering a variety of research areas.

[2] For information on events held between 2012 and 2016, see Plan of Action to Reduce the Harmful Use of Alcohol: Midterm Review (Document CE158/INF/13-D).

[3] The virtual courses are: Alcohol Policy Advocacy; Alcohol Policy and Public Health; Alcohol Use, Women's Health and Pregnancy: Comprehensive Approaches to Preventing Problems Associated with Prenatal Alcohol Exposure; ASSIST-SBI in Primary Health Care; AUDIT-SBI in Primary Health Care; Calculating Alcohol Per Capita Consumption; Drug Policy and Public Health; and SAFER initiative: cost-effective policies to reduce alcohol problems.

Objective 3: To increase technical support to Member States

5. Technical cooperation was established with 27 countries over the period. Activities included the development of national alcohol policies and plans, building the capacity of the health care services to screen for and intervene in alcohol use disorders and fetal alcohol spectrum disorders, support for alcohol research and data analysis, national awareness events, and assisting countries in responding to alcohol industry arguments against effective alcohol policies. Objective 3 was the only one not to have been fully achieved, reflecting the impact of interference by the alcohol industry on decision-making processes, as reported by Member States, which limited the ability of governments to adopt national alcohol policies and plans. Additionally, there were reports of misinformation about alcohol-related benefits being disseminated, the industry funding research aimed at promoting the benefits of alcohol, and corporate social responsibility programs undermining scientific knowledge about alcohol harms. Currently, eight countries have plans that were developed and adopted with PASB's technical cooperation, while 11 countries developed drafts that were not approved or implemented.

Objective 3: To increase technical support to Member States	
Indicator, baseline, and target	**Status**
Number of countries with national and/or subnational alcohol action plans developed with PAHO's technical cooperation Baseline: 5 Target: 15	***Partially achieved***. A total of eight countries in the Region currently have national and/or subnational plans developed with PAHO's technical cooperation.

Objective 4: To strengthen partnerships

6. A network of national counterparts and other stakeholders, the Pan American Network on Alcohol and Public Health (PANNAPH), was created in 2012 and remains functional. PANNAPH includes PASB focal points, ministry of health counterparts, collaborating centers, selected researchers, and nongovernmental organizations (NGOs), communicating through a LISTSERV e-mail list with over 200 subscribers and over 2,000 e-mails exchanged. Face-to-face meetings were organized in 2012, 2014, 2018, 2019 and 2020. PAHO/WHO Collaborating Centers were mobilized to contribute to technical cooperation efforts with countries and the Regional Office for the Americas. PASB also strengthened its partnership with the World Health Organization (WHO) Regional Office for Europe and WHO Headquarters in Geneva over the period. Dialogues with economic operators were held in conjunction with WHO Headquarters, but no partnerships were developed.

Objective 4: To strengthen partnerships	
Indicator, baseline, and target	**Status**
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	***Achieved***. The Pan American Network on Alcohol and Public Health (PANNAPH) was formally established in 2012 and is functional.

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

7. All Member States had country profiles with at least partial data in the 2011, 2014, and 2018 editions of the WHO Global Status Report on Alcohol and Health *(13)*, as well as in the PASB Regional Status Reports on Alcohol and Health of 2015 and 2020 *(11, 12)*. WHO developed the Global Information System on Alcohol and Health (GISAH), with an interface for the Region of the Americas, the Regional Information System on Alcohol and Health of the Americas (AMRISAH). Information was collected and reported to the WHO Global Survey on Alcohol and Health and used in the ENLACE platform as the PAHO Core Health Indicators Database.[4]

Objective 5: To improve monitoring and surveillance systems and dissemination of information for advocacy, policy development, and evaluation	
Indicator, baseline, and target	**Status**
Number of countries that provide country specific data to the regional alcohol information system Baseline: 35 Target: 35	***Achieved***. All 35 Member States regularly provide available data on policies, consumption, and harms related to alcohol.

[4] The ENLACE data portal on noncommunicable diseases, mental health, and external causes provides data on a comprehensive set of indicators relevant to the technical programs (https://www.paho.org/en/noncommunicable-diseases-and-mental-health/enlace-data-portal-noncommunicable-diseases-mental). The PAHO CORE indicators database draws on the latest data available for 49 countries and territories of the Region of the Americas from 1995 to 2021 (https://opendata.paho.org/en/core-indicators/core-indicators-dashboard).

Lessons Learned

8. Alcohol is a risk factor for conditions linked to over 200 International Classification of Diseases codes, including those related to injuries, violence, mental health, noncommunicable diseases, and communicable diseases. Vertical approaches to reducing alcohol-related problems have had limited public health impact but continue to be prioritized over population-based policies, which are known to be cost-effective, owing to a limited understanding of alcohol consumption as a public health threat.

9. Neither the WHO global strategy nor the regional plan of action established indicators to measure reductions in consumption and the harmful use of alcohol. Since the adoption of these two documents, however, a 0% relative increase in average annual alcohol per capita consumption (APC) has been included as one of the targets of the outcome indicators of the PAHO Strategic Plan 2020-2025 (*Official Document 359*). In the PAHO Strategic Plan 2014-2019 (*Official Document 345*), the relative reduction of 10% in the harmful use of alcohol was not achieved, and WHO predicted an increase in APC by 2025 if no action was taken *(13)*. In addition, the Sustainable Development Goals call for stronger prevention and treatment of alcohol use disorders and include a specific target indicator (3.5.2) related to APC *(14)*. Finally, in 2018, WHO launched a new initiative, the SAFER technical package,[5] to support country implementation of the most cost-effective measures *(15)*.

10. Despite these efforts, alcohol per capita consumption is still high in the Region and is predicted to increase if no additional measures are taken. Heavy episodic drinking is prevalent in adults (25%) and adolescents (18.5%), and alcohol-specific mortality rates are high and rising *(14, 16)*. Of particular concern is the fact that an estimated 3.2% of adult women in the Americas have an alcohol use disorder, the highest in the world *(13)*. Between 51% and 94% of children aged 13-15 years report initiation of alcohol consumption before the age of 14 *(12)*.

11. The COVID-19 pandemic led to an increase in alcohol sales and online marketing. The increase in alcohol consumption appears to be linked to pandemic-related stress, a finding reported in the PAHO regional survey conducted in 2020, covering over 20,000 individuals from 33 countries *(17, 18)*. Liberalization of pre-pandemic alcohol policies provides incentives to alcohol producers and marketers, which will likely lead to increased consumption and related harm.

12. The advocacy efforts carried out by NGOs and civil society were largely countered by a well-organized, highly financed, and influential alcohol industry. Efforts made by PAHO at the end of 2021, including the launch of the alcohol campaign entitled "Live Better, Drink Less" and the digital health specialist Pahola, were very effective and require sustained investment to become a regional public health good.

[5] For more information about this technical package, see https://www.who.int/publications/i/item/the-safer-technical-package.

13. It is important to strengthen the institutional capacity of the health authority to effectively regulate alcohol consumption through improved governance, transparency processes, accountability, and appropriate management of conflicts of interest. Member States have identified the influence and interference of the alcohol industry on policy-making as the greatest barrier to the implementation of effective control policies and policy coherence within government and across sectors, resulting in commercial interests being placed above public health.

14. Revenues from alcohol taxes can provide the resources for health system reforms aimed at achieving universal access to health and universal health coverage. A decrease in alcohol consumption can also prevent a significant percentage of acute and chronic alcohol-related health problems.

Action Needed to Improve the Situation

15. In the light of the achievements and challenges described in the present report, the following actions are presented for consideration by the Member States:

a) Give higher priority to alcohol as a public health problem and increase its visibility in the Region across technical areas and sectors.

b) Increase synergies and facilitate cross-sector dialogue on topics related to mental health and noncommunicable diseases to integrate the work on alcohol.

c) Adopt the WHO action plan (2022-2030) to effectively implement the global strategy to reduce the harmful use of alcohol as a public health priority as the guidance document for technical cooperation with Member States and non-State actors. Align the regional plan on alcohol with the WHO plan and indicators.

d) Promote alcohol marketing control to protect young people from pressures to drink and change cultural norms regarding alcohol consumption.

e) Promote fiscal policies as an effective way to reduce the harmful use of alcohol, as well as to increase revenues for governments.

f) Support advocacy efforts in the Region using innovation and social media. Establish a day to raise awareness about the need to reduce alcohol use and to protect children and adolescents from pressures to drink, including from exposure to alcohol marketing.

g) Promote strengthening of primary health care services to include screening, brief interventions, and management of alcohol use disorders as part of an essential package of primary health care services for achieving universal health coverage, using digital health tools.

h) Develop tools and processes for collecting and using data to inform policies and programs at regional and national levels.

i) Develop models of alcohol policies and plans that can be adopted by Member States to facilitate progress on reducing harmful use of alcohol.

j) Strengthen research collaborative efforts on the impact of alcohol on health, on policies and programs aimed at reducing alcohol-related harm, and on the net impact of alcohol on the economy to provide justification for public policies and gain the support of sectors beyond health.

Action by the Executive Committee

16. The Executive Committee is invited to take note of this report and provide any comments it deems pertinent.

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