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D. PLAN OF ACTION TO REDUCE THE HARMFUL USE OF ALCOHOL: MID-TERM REVIEW

Background

1. In 2010, the Sixty-third 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, in 2011 the Pan American Health Organization (PAHO) adopted the Plan of Action to Reduce the Harmful Use of Alcohol (Resolution CD51.R14) (2). The purpose of the present document is to report on progress made in the implementation of the Plan of Action, five years after its adoption.

Update on the Progress Achieved

2. Progress has been made on many objectives, as described in the Table below. A network of national counterparts and other stakeholders, the Pan American Network on Alcohol and Public Health (PANNAPH), was created; it uses face-to-face meetings and a mailing list to regularly share information on new studies, events, and activities at the regional and global levels. Alcohol use has been included in several regional initiatives, including those on noncommunicable diseases (NCDs), injury prevention, road safety, and the United Nations Sustainable Development Goals, consistent with its importance as a health, social, and political priority. Across the Region, numerous events have been held and technical tools shared. Information is regularly reported by Member States through the World Health Organization (WHO) Global Survey on Alcohol and Health and entered in the Regional Information System on Alcohol and Health of the Americas.¹ The Pan American Sanitary Bureau has developed four self-learning virtual courses, three of them available in both English and Spanish, in which approximately 6,800 people from nearly 60 countries have participated (3).² These courses are recognized as highly

¹ This system is an interface of the Global Information System on Alcohol and Health.

² The four courses are Alcohol Policy in Public Health (*Políticas sobre alcohol y salud pública*); AUDIT-SBI in Primary Health Care (*Capacitación AUDIT-DIT*); Drug Policy and Public Health (*Políticas sobre drogas y salud pública*); and *Capacitación ASSIST-DIT*.

valuable and have been adapted by individual countries (e.g., Uruguay and Mexico), and are now being used as models for other regions (e.g., WHO Headquarters and European Region). PAHO has published and disseminated several documents, including the Regional Status Report on Alcohol and Health in the Americas (2015) (4) and the PAHO Meeting on Alcohol Marketing Regulation: Final Report (2016) (5). Activities include building the capacity of the health services to screen for and intervene in patients' harmful use of alcohol and alcohol use disorders, often in coordination with other mental health intervention efforts (6). Technical cooperation was established with 25 countries.³ However, limited progress has been made on Objective 3, meant to support cost-effective public health policies to reduce the harmful use of alcohol.

3. Neither the WHO Global Strategy nor the Regional Plan of Action has established indicators to measure reductions in consumption and harmful use of alcohol. Since the adoption of these two resolutions, however, a 10% relative reduction in the harmful use of alcohol has been included as one of the outcome indicators of Category 2 in the PAHO Strategic Plan 2014-2019 (7). In addition, the PAHO Strategy and Plan of Action for the Prevention and Control of Noncommunicable Diseases sets an objective for the number of countries achieving a reduction in the harmful use of alcohol (8), and the Sustainable Development Goals call for stronger prevention and treatment of alcohol use disorders (9).

4. Countries have increased efforts to develop and update national policies, plans, and programs, although the most cost-effective policies have not been fully used to reduce the harmful use of alcohol. Such policies include price increases through taxation policies; limiting the physical availability of alcohol, or banning or effectively regulating alcohol marketing, sponsorship, and promotions. Several collaborations are under way, including in the area of research and program implementation. For example, the International Alcohol Control Policy Evaluation Study is currently being implemented in St. Kitts (with PAHO's collaboration) and in Peru, and emergency room studies have been carried out in several countries of the Region, resulting in a PAHO publication on alcohol-related injuries (10).

5. Despite these efforts, alcohol per capita consumption is still high in the Region, and predicted to increase if no additional measures are taken. Heavy episodic drinking and alcohol use disorders are prevalent in adults and adolescents, and alcohol-specific mortality rates are high (11). Of particular concern is that an estimated 3.2% of adult women in the Americas suffer from an alcohol use disorder, higher than in any other region of the world. Between 51% and 94% of children 13-15 years of age report initiation of alcohol consumption before age 14 (4).

³ Argentina, Belize, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Grenada, Guatemala, Guyana, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Suriname, Trinidad and Tobago, United States, and Venezuela.

Table: Progress toward Achievement of Each Objective of the Plan of Action

Objective	Indicator	Baseline and Target	Status
1. To raise awareness and political commitment.	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).	<p>2012: PANNAPH meeting; International Men's Day celebration; e-SBI seminar (12-14)</p> <p>2013: Caribbean alcohol policy meeting; alcohol policy, underage drinking prevention, and social change webinar; alcohol control, state systems, and public health webinar; National Alcohol Awareness Month: alcohol and health webinar; International Men's Day celebration webinar; health systems and addiction recovery event; International Day against Drug Abuse and Illicit Trafficking event (15, 16).</p> <p>2014: PANNAPH meeting; alcohol and cancer meeting; changing the practices of the tobacco, alcohol, automotive, and food industries to prevent NCDs webinar; conflicts of interest webinar; alcohol epidemiology in the Americas webinar (17, 18).</p> <p>2015: Regional Conference on Mental Health; Forum of Key Stakeholders on NCDs: Advancing the NCD Agenda in the Caribbean (19, 20).</p> <p>2016: World Cancer Day; 4 PANNAPH webinars (on marketing control, availability, taxes, monitoring indicators).</p>
2. To improve the knowledge base on the magnitude of problems and on	Number of new research studies undertaken with a focus on alcohol	Baseline: Not available Target: At least 10 new studies completed between 2012-2021	10+ studies undertaken (e.g., 21-34).

Objective	Indicator	Baseline and Target	Status
effectiveness of interventions disaggregated by sex and ethnic group.	and its impact on health.		
3. To increase technical support to Member States.	Number of countries with national and/or subnational alcohol action plans developed with PAHO's technical cooperation.	Baseline: 5 Target: 15 by 2021	8 (Colombia, Mexico, Paraguay achieved the objective after the adoption of the Plan of Action and have been added to the 5 baseline countries after the adoption of the Plan of Action). More detail on specific national policies, as detailed under Objective 3, can be found in the Annex. Note that this target only includes countries that have received PASB's technical cooperation.
4. To strengthen partnerships.	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	2012: PANNAPH created; mailing list created (currently 171 subscribers, including PAHO focal points, ministry of health counterparts, collaborating centers, selected researchers, and NGOs); approximately 700 emails sent as of February 2016 (12).
5. To improve monitoring and surveillance systems and dissemination of information for advocacy, policy development, and evaluation.	Number of countries that provide country-specific data to the regional alcohol information system.	Baseline: 35 Target: 35	35 countries (including St. Maarten but not Haiti) responded to the 2012 Global Survey on Alcohol and Health; 30 (all Member States except Argentina, Dominica, Guyana, Haiti, and Paraguay) responded to the 2015 Global Alcohol Policy Survey. All 35 Member States plus Puerto Rico have country profiles with at least partial data in the 2011 and 2014 editions of the Global Status Report on Alcohol and Health (35, 11).

Challenges and Lessons Learned

6. Alcohol is a risk factor for over 200 International Classification of Diseases (ICD) codes, including those related to injuries, violence, mental health, noncommunicable diseases, and communicable diseases. Vertical approaches to reducing alcohol problems have had a limited impact on public health. Therefore, it is a challenge to promote the need for and value of population-based policies, even those recognized as cost-effective, in the absence of an understanding of alcohol consumption as a public health threat.
7. Alcoholic beverages enjoy broad cultural acceptance, and there is limited support in society for reducing overall per capita consumption. There is even a widespread belief that alcohol consumption has net health benefits, when in fact the evidence shows that the positive effects of alcohol are limited and are surpassed by the harms in all countries of the world.
8. Changing such perceptions in order to gain political support for population-based policies would require Member States to invest prohibitively large amounts of financial and human resources in programs to compete with the private sector's alcohol marketing strategies.
9. The limited advocacy and organization carried out by the nongovernmental sector and civil society at regional and national levels competes for political space and influence with a strong, well-organized, and influential alcohol industry that is only weakly regulated.
10. 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 (36).
11. There are several barriers to wider utilization of evidence-based public policies on alcohol, including a lack of studies on alcohol policy in countries of the Region as well as a lack of standards against which a country can assess the effectiveness of its policies in reducing the harmful use of alcohol.
12. Revenues from increased taxes on alcoholic beverages can help make resources available for health system reforms aimed at achieving universal access to health and universal health coverage. At the same time, a resultant decrease in alcohol consumption can prevent a significant percentage of acute and chronic problems that often threaten to overwhelm health care services.
13. Stricter measures to counter drink-driving have been adopted in several countries with relative success, but experience to date also indicates the need to strengthen enforcement of laws and regulations to make them more effective.

Actions Necessary to Improve the Situation

- a) Give higher priority to alcohol as a public health problem and increase its visibility in the Region across technical areas and sectors.
- b) Convene a task force to review progress made to date on the regional plan, review cost effective policies applicable for the Region, establish appropriate indicators, identify barriers to the implementation of national policies, and recommend further actions that can strengthen technical cooperation to achieve significant progress on reducing the harmful use of alcohol.
- c) Develop and revise national alcohol policies and plans that can lead to a relative reduction in the harmful use of alcohol by at least 10%, which can be best achieved by enacting or updating laws and regulations on alcohol taxes, physical availability, and alcohol marketing control.
- 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 action at the local or municipal level to reduce alcohol availability as a means to improve public safety and promote healthy environments.
- g) Support advocacy efforts in the Region, particularly focused on young people, social determinants, and gender. Establish a day to raise awareness about the need to reduce alcohol problems and to protect young children from pressures to drink, including from exposure to alcohol marketing. In this respect, the Healthy Caribbean Coalition (a nongovernmental organization in official relations with PAHO) will establish, starting in 2016, a subregional alcohol awareness day.
- h) 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.
- i) Improve tools and processes for collecting and using data to inform policies and programs at regional and national levels.
- j) Develop alcohol policy standards that can be adopted by Member States to enable monitoring of progress on reducing the harmful use of alcohol.
- k) Strengthen research on alcohol's impact 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 Directing Council

14. The Directing Council is invited to take note of this progress report and offer any recommendations it deems necessary.

Annex

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Annex

Status of national activities undertaken between 2011 and 2014 by Member States¹

Adopted written national policy on alcohol	<u>2011 and after</u> : Colombia, Mexico, Paraguay, United States of America <u>Pre-2011</u> : Argentina, Bahamas, Brazil, Chile, Colombia, Cuba, Venezuela
Under development/not yet approved	Belize, Bolivia, Colombia,* Costa Rica, Dominican Republic, Ecuador, Grenada, Guyana, Honduras, Jamaica, Panama, Suriname, Trinidad and Tobago

*Colombia is updating its national plan.

COUNTRY	YEAR	MILESTONE
Bahamas	2014	Value-added tax introduced (1).
Bolivia	2011	Alcohol law implemented.
Canada	2011	The National Alcohol Strategy Advisory Committee advanced the implementation of recommendations in the priority area of risky drinking by youth. The Canadian Post-Secondary Education Collaborative on Reducing Alcohol-related Harms has been developed by approximately 30 institutions to address binge drinking and related harms on post-secondary campuses across the country. A charter has been developed (pending final approval), as well as a framework and a data measurement framework based on the strategic areas in Canada's National Alcohol Strategy. In addition, the Canadian Centre on Substance Abuse (CCSA) produced materials to increase awareness of the risks of combining alcohol and caffeine, a common practice among youth. Collaborative documents are undergoing final revision and will be available in 2016 (2).
		To better understand the impact of alcohol-impaired driving, CCSA produced a report comparing drug- and alcohol-related motor vehicle driver fatalities, based on national data. This led to further work on drug-impaired driving and increased engagement with provincial ministries of transport, helping to keep impaired driving on the provincial agenda (3).
Chile	2011	Broad incorporation of the National Health Strategy (4).
		Brief alcohol interventions in primary health care program initiated (5).
	2012	Enactment of legal measures and changes regarding drinking and driving (Zero Tolerance Law and Emilia's Law) (6).
	2014	Enactment of tax reform, increasing alcohol taxes.

¹ The policies outlined here fall under the 10 areas of national activities outlined in Objective 3: a) leadership, awareness, and commitment; b) health services' response; c) community action; d) drinking and driving policies and countermeasures; e) availability of alcohol; f) marketing of alcoholic beverages; g) pricing and/or taxation policies; h) reducing the negative consequences of drinking and alcohol intoxication; i) reducing the public health impact of illicit alcohol and informally produced alcohol; j) monitoring and surveillance.

COUNTRY	YEAR	MILESTONE
Colombia	2011	National Road Safety Education Act (Law 1503) (7).
	2012	National Road Safety Plan 2011-2016 adopted (Resolution 1282) (8).
		Establishment of rules to ensure comprehensive care for psychoactive substance users; creation of national award for an “entity committed to the prevention of psychoactive substance consumption, abuse and addiction” (Law 1566) (9).
		Establishment of technical regulations on health requirements for the manufacture, processing, hydration, packaging, storage, distribution, transport, marketing, sale, export, and import of alcoholic beverages intended for human consumption (Decree 1686) (10).
	2013	Guide to the development of strategic plans for promoting responsible alcohol consumption (11).
		Clinical practice guidelines for health professionals for early detection, diagnosis, and treatment of acute intoxication in patients with alcohol abuse or dependence (12).
		Clinical practice guidelines for patients and families for early detection, diagnosis, and treatment of acute intoxication in patients with alcohol abuse or dependence (13).
		Definition, clarification, and update of the Mandatory Health Plan (Resolution 5521) (14).
		Criminal and administrative sanctions for driving under the influence of alcohol or other psychoactive substances (Law 1696) (15).
	Costa Rica	2012
Unification of laws regulating alcohol sales licensing, hours of operation, and advertising, with penalties for infringement (Law 9047) (17).		
Health sector policy for treatment of people with problems resulting from consumption of alcohol, tobacco, and other drugs (18).		
National Survey on Drug Use in the Secondary Education Population (19).		
2013		Modification of regulation and control of commercial advertising related to the sale of alcoholic beverages (20).
		Workshop on use of information for developing alcohol policies and programs, in collaboration with PAHO/WHO.
Cuba		2011
	2012	National workshops on implementation of Alcohol Use Disorders Identification Test (AUDIT).
	2013	Master’s in drug prevention offered by University of Havana.
		National Road Safety Plan.
2014	Random breath testing for motorists.	

COUNTRY	YEAR	MILESTONE
Dominican Republic	2011	Publication of alcohol and gender survey results.
	2012	Guide and protocol on alcohol and drugs.
		Center opened for comprehensive care of substance dependence in Santo Domingo (21).
		Center opened for substance abuse patients in Barahona.
		Human resources for health training on AUDIT at Hospital Cabral y Baez in Santiago.
	2013	Center opened for substance abuse patients in San Juan hospital.
		Publication of guide for parents on reducing alcohol consumption.
2014	Strengthening of Alcohol Cluster.	
	Development of draft law regulating hours of sale of alcoholic beverages.	
El Salvador	2013-2014	Solidarity Fund for Health (FOSALUD) educational campaign on the health effects of harmful use of alcohol aimed at children and adolescents, health professionals, and risky drinkers (“El alcohol te está ganando la batalla”).
		FOSALUD increases service coverage for addiction prevention and cessation.
	2013-2014	Activity and accountability report (FOSALUD Annual Report) (22).
	2013	Certification of health care providers as therapeutic partners (23).
		Penal Code (Art. 147e) reformed to change the criminal classification from reckless driving to dangerous driving (under the influence of alcohol) and increase the penalty from 3 to 5 years in prison (24).
		New technical guidelines for psychoactive substance abuse prevention services (25).
Grenada	2011	Alcohol taxes increased.
	2013	Regional Meeting organized by PAHO on policy formulation.
	2014	National Policy on Alcohol drafted.
Alcohol taxes increased.		
Jamaica	2013	Cabinet approval of a National Strategy and Action Plan for Prevention and Control of NCDs, including strategy for addressing harmful use of alcohol (26).
Mexico	2011	National Addiction Survey 2011: Alcohol Report (27).
	2011-2012	Program against alcohol and alcohol abuse: 2011-2012 update (28).
	2013	Amendment to Art. 220 of the general health law, which equates supplying alcohol to minors with the crime of corruption (29).
Nicaragua	2014	Incorporation of reforms to Law 431, regulating vehicular traffic rules and transit breaches (30).
		Strategy for human and citizen security (31).
Panama	2013	New excise tax on alcoholic beverages established.
	2014	Liquor tax law approved by the National Assembly and agreed by the beverage industry, with technical support from the Ministry of Economy and Finance. Law states that a 20% tax will be directed to the Social Security Fund’s Program on Disability, Old Age and Death.
Peru	2014	Mental health control and prevention (PP 131).

COUNTRY	YEAR	MILESTONE
Saint Lucia	2012	Survey on various health indicators, including prevalence of alcohol use among women (Multiple Indicator Cluster Survey) (32).
		Alcohol taxes increased (government tax review and implementation of VAT) (33).
	2014	Survey of secondary school population (Secondary School Standardised Survey).
Suriname	2011	Excise taxes increased on most imported and domestically produced alcohol products (SB 129) (34).
		NCD Action Plan 2012-2016 formalized. Objective 2.1 defined: “Promote and support reduction of risk factors related to tobacco and alcohol use” (Ministry of Health Suriname, National Action Plan for the Prevention and Control of Noncommunicable Diseases, 2012-2016).
	2014	<i>Ya no mi basi!</i> information campaign on dangers of alcohol launched by the Ministry of Health.
Uruguay	2011	Campaign (“La sed sácatela con agua”) implemented for risk and harm reduction aimed at youth and adult audiences (35).
		Program for responsible serving of alcohol implemented as intervention in risk and harm reduction for staff and managers of nightclubs and pubs in two interior states (35).
		Fifth national household survey on drug consumption (36).
	2012	WHO Global School-based Student Health Survey (37).
		Alcohol-related risk and harm management program (“Cuidándote vos, disfrutamos todos”) implemented in nationwide festivities, designed and managed in coordination with El Abrojo, Carnival Museum, National Road Safety Unit (UNASEV), Ministry of the Interior, ANTEL, and Banco de Seguros del Estado (38).
		Review, update, and printing of guide to prevention of alcohol and drug use in the workplace (38).
		Audiovisual program “Consumo cuidado” for use in workshops on risk management for problem drinking (38).
		Training and dissemination of methodology on brief interventions for public and private health care workers (38).
		Training of armed forces health workers and officials working with prisoners on new methodologies in managing drugs (“Intervenciones breves y prosociabilidad”) (38).
		Development of National Strategy to Reduce Problematic Alcohol Use, aimed at strengthening alcohol policy related to regulation, processing controls, distribution and sales, awareness and prevention, creation of a national system of services for problem alcohol users, and clear regulation of advertising; this included a period of consultation with civil society during its drafting (38).
	2013	Eight local diagnoses on drug use in the Montevideo metropolitan area (39).
		Campaign for preventing alcohol and other drug use when driving (“Si tomó no dejes que maneje”) in conjunction with the National Road Safety Unit (UNASEV), National Highway Police (DNPC), Congreso Nacional de Intendentes, and National Drug Board (JND); and the campaign

COUNTRY	YEAR	MILESTONE
		“Disfrutá de principio a fin, si tomó no dejes que maneje” during the noche de la nostalgia (39).
		Summer campaign “Estás aquí, cuidate y disfrutá” launched to raise awareness of the problematic use of alcohol during the tourist season (39).
		Virtual course for primary health care professionals on ASSIST-SBI (brief interventions for alcohol and other psychoactive substances), as part of institutional strengthening actions aimed at construction of a national system of services for clients with problems related to alcohol consumption, held in conjunction with the Ministry of Public Health, PAHO, and WHO (39).
		Campaign “Todo consumo de drogas tiene riesgos” launched in two parts, one dealing with alcohol and the other marijuana (39).
		Studies funded by the International Development Research Centre (IDRC): “Monitoring, Analysis, and Comparison of Corporate Social Responsibility Practices by the Alcohol Industry in Uruguay” and “Public Health Implications of Alcohol Industry Corporate Social Responsibility Programs (Latin America)” (39).
	2014	“First International Symposium on New Approaches to Alcohol Problems” held in Montevideo, organized by JND and University of the Republic Faculty of Medicine (40).
		Inauguration of Alcohol Disorders Unit of the Psychiatric Clinic of the Faculty of Medicine, Medical Clinic “C”, and ASSE National Addiction Treatment Network, under the auspices of JND (40).
		Blended learning course and regional workshops on “AUDIT and ASSIST Brief Interventions and Tools” organized jointly by the Public Health Ministry with the support of PAHO and WHO (40).
		Sixth National Survey on Drug Use in Middle School Students.

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