

**Report on the  
WHO Regional Technical Consultation on a Global Strategy  
to reduce the harmful use of alcohol**

**Convened by the World Health Organization**

**Pan American Health Organization  
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# **Report on the WHO Regional Technical Consultation on a Global Strategy to reduce harmful use of alcohol**

Pan American Health Organization, Regional Office of the World Health  
Organization

6-8 May 2009, São Paulo, Brazil

## **INTRODUCTION**

### **OPENING SESSION**

Dr Pedro Gabriel Godinho Delgado welcomed participants on behalf of the Ministry of Health of Brazil, Mr. José Gomes Temporão, and expressed his satisfaction in having this timely meeting organized in Brazil. He indicated that alcohol misuse represents a major public health problem, affecting different social and economic areas in Brazil. This state of affairs calls for urgent action. Indicating some recent positive developments in his country, he stressed that the scope of this meeting, as indicated in its title, was to hold a technical discussion about the public health implications of alcohol consumption. He then declared the meeting open. The address by Dr Mirta Roses, Director of PAHO (delivered by Dr Maristela Monteiro, Annex 1), highlighted the health impact of alcohol particularly in the Region of the Americas. She also stressed that the nature of the meeting is a technical consultation, without political connotations. These will be taken into account later, by the competent bodies of both PAHO and WHO.

Participants were invited to introduce themselves (Annex 2) which was followed by the election of officers for the duration of the meeting. Ms Ellen Campbell Grizzle, Jamaica and Dr Pedro Gabriel Godinho Delgado, Brazil, were elected as Co-Chairs, and Ms Pamela Arnott, Canada, as Rapporteur. Dr José Manoel Bertolote, Temporary Advisor, was appointed Report Writer. The preliminary programme was adopted (Annex 3).

### **BACKGROUND AND CONTEXT OF THE REGIONAL CONSULTATION**

Dr Vladimir Poznyak, Co-ordinator, Management of Substance Abuse, Department of Mental Health and Substance Abuse, WHO-HQ, introduced the meeting as a response to the request in the Sixty-first World Health Assembly in Resolution 61.4 (Annex 4) for the preparation by WHO of “a draft global strategy to reduce the harmful use of alcohol”, in collaboration and consultation with Member States. Dr Poznyak said that in 2003 an estimated 2.3 million deaths were attributed to alcohol-related causes, accounting for 3.7% of the global mortality. The global disease burden attributed to alcohol in 2004 amounted to 4.4% of DALYs (disabilities adjusted life years). Dr Poznyak also described the broad and inclusive consultation process, that included; a web-based public hearing, (Oct/Nov 2008), a round table meeting with economic operators (06 Nov 2008), a round table meeting with representatives of NGOs, (24-25 Nov 2008) and six Regional Technical Consultations (March-May 2009).

Dr Maristela Monteiro, Senior Advisor, Alcohol and Substance Abuse, PAHO, Washington, presented a situational analysis pertaining specifically to the Region of the Americas. In this Region, alcohol-related problems are disproportionately higher, in

comparison to the global burden. In the Americas in 2002, alcohol was responsible for at least 323,000 deaths, 6.49 million years of life lost, 14.59 million DALYs, which represented between 8% and 15.9% (depending on the sub-region) of the total DALYs. This makes alcohol the leading cause of DALYs in this Region.

#### **OBJECTIVES AND SCOPE OF THE MEETING**

The technical details of the background, scope, aims and objectives of the meeting were presented by WHO to the meeting. The discussion paper prepared by the WHO secretariat "Towards a global strategy to reduce harmful use of alcohol"<sup>1</sup> was the basis for discussions and deliberations of the technical consultation. The main objective of the Technical Consultation was "to ensure the effective collaboration and consultation with Member States on developing a draft global strategy to reduce harmful use of alcohol". The proposed method of work, based on the discussion paper circulated to all participants, was organized around the following six main areas

- the background with a situational analysis;
- the scope and aims of a global strategy;
- the basic principles for action;
- the policy options and priority areas;
- implementation considerations and
- follow-up (e.g. assessment and re-examination of the actions taken).

Participants were divided into four working groups, organized by linguistic affinities. The outcome of the working group discussions were presented to the plenary, after each session with special attention to the questions outlined by the WHO in the discussion paper. This report provides a summary of the outcomes in the working groups and plenary discussions.

#### **SITUATIONAL ANALYSIS**

Mr Dag Rekve, Technical officer, Department of Mental Health and Substance Abuse, WHO-HQ, discussed two major challenges namely the increased alcohol-attributable harm in developing countries, and the need for actions in all relevant policy areas in the development of a global strategy. Participants identified additional challenges for the Americas region. The first challenge raised was the diversity of socio-cultural contexts, seen not only across Member States, but also within individual countries. The lack of internationally agreed definition of terms relevant to this area hampers the establishment of surveillance/monitoring systems. Therefore, information on consumption and its consequences by social, cultural and economic groups is needed, both within and across countries. A second challenge highlighted was the lack of regulatory mechanisms and effective policies in many Member States. In the few countries where mechanisms do exist, absence of appropriate enforcement is a major problem. The third challenge raised was the influence of the alcohol industry and the sophistication of its marketing and advertising strategies, as it often counteracts public health efforts. Participants said the constant changes and adaptations to the local situation employed by the industry makes it difficult for Member States to devise and implement policies that could counter the possible negative effects of that marketing.

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<sup>1</sup> Towards a global strategy to reduce harmful use of alcohol - Discussion paper for regional technical consultation on harmful use of alcohol, Geneva, World Health Organization, 2009.([http://www.who.int/entity/substance\\_abuse/activities/msbdiscussionpaper.pdf](http://www.who.int/entity/substance_abuse/activities/msbdiscussionpaper.pdf) )

The challenge is how to reconcile powerful economic interests, the large number of jobs created by the different segment of alcoholic beverages production, distribution and sales, with the possible need for a reduction in consumption. Shop owners and local retailers are also important community agents, whose economic interests cannot be ignored. The existence of long lived and persisting pre-columbian drinking habits and traditions, particularly in Central America, poses challenges on how to modify those patterns (when harmful) without eroding the local culture. Many times, local authorities and politicians share the local permissive culture.

There was agreement that the time is now for concrete solutions to reduce harmful use of alcohol. However, special attention should be given to the translation of the global strategy into regional, sub-regional and local projects, with a clear indication of priorities and without losing its power and significance. Participants suggested that the negative effects of harmful use of alcohol on individuals other than the drinker, in particular children, should be a priority area and one which has wide acceptance. Lack of comparable standardized data is a major barrier, and the global strategy is an excellent opportunity to put in place a global information system shared by all, taking into account local realities and needs. This system should include not only more conventional data on consumption (amount and pattern) but also new information on recorded BAC in injuries and alcohol-related victimization (harm to others). The information collected should permit cost benefit analysis (the balance between economic advantages and disadvantages from alcohol consumption). As part of this effort, WHO could use its moral authority and recognized technical competence in defining a set of useful basic terms.

A perceived gap in the discussion paper was the absence of reference to the workplace as a space where prevention to reduce the harmful consequences of alcohol could take place. A greater consideration of promoting healthy lifestyles in the strategy would be helpful. The inclusion of prevention in addition to care and treatment would enrich the strategy and make it more comprehensive. The global strategy should give special attention to convincing politicians of the importance of alcohol as a public health priority. Some participants suggested a consideration of moving towards a Framework Convention would help and would also define limits for marketing and advertising practices. Lessons should be learned from other similar strategies that have already shown good results (e.g., smoking control, polio immunization, HIV/AIDS prevention, etc) and could save time and money in testing new approaches.

#### **SCOPE, AIMS AND OBJECTIVES OF A GLOBAL STRATEGY**

There was overall agreement with the proposed scope, aims and objectives as outlined in the discussion document, with some additional suggestions. In the scope section, a recommendation was to add to the end of first sentence *“Recognizing the importance and magnitude of harmful use of alcohol as a broad determinant for health, the ultimate goal for the strategy should be to improve the health and well-being of individuals, communities and societies by reducing health and non-health consequences of the harmful use of alcohol.”* Participants suggested that the strategy represents a political consensus on actions, not the creation of a consensus, and Prevention of morbidity and of mortality.

- Strengthening the resilience of populations to prevent and reduce harms from alcohol.
- The importance of continuity / sustainability of long-term efforts.
- A rationale for action on alcohol (Global burden of alcohol).
- Reduction of inequities by preventing alcohol harms, balancing the right of individuals against the protected of others from harm.
- An acknowledgement that civil society has a strong role in implementation, notwithstanding governments' responsibility for mobilizing.
- The responsibility of governments to create a legal framework.

**Participants suggested a third aim – to support and complement public action at all levels and in different sectors, not just public health policies.**

**While agreeing with the proposed objectives, participants suggested that Objective four should be split into two specific objectives, one of which would be the first objective. The newly rephrased objectives and proposed additional objectives (6,7) were:**

- Objective 1. To widen and deepen the knowledge base of Member States to encourage evidence-based policy making.
- Objective 2. To create support for – and provide guidance on – public health and other sectors policies that reduce harmful use of alcohol.
- Objective 3. To develop a set of relevant policy options and interventions that target the general population, vulnerable groups, indigenous groups, individuals and specific problems, accounting for diversity in age, gender, ethnicity, socio-economic groups, and national groups. This should include a set of proposed measures recommended for Member States to implement at the national and local level.
- Objective 4. To define the roles of stakeholders from different sectors and mobilize them to take appropriate and concerted action to reduce harmful use of alcohol.
- Objective 5. To secure effective and relevant dissemination of accurate information.
- Objective 6. To identify baseline indicators, targets and milestones for monitoring progress, before the implementation of the global strategy.
- Objective 7. To harmonize definitions and major concepts (e.g. alcoholic beverage, harmful use of alcohol) relevant to the policy development across the countries.

## **GUIDING PRINCIPLES**

**Suggested changes and additions (9-13) to the guiding principles were as follows:**

- Principle 2: Public health policies to reduce harmful use of alcohol should be intersectoral and comprehensive, target specific priority group and settings (e.g., individuals, families, communities, workplaces, young people and adults) and levels of action (from national to international).
- Principle 5: Children, young people and those who do not drink alcohol should be protected from factors that stimulate consumption to drink alcohol through marketing and advertisement.
- Principle 6: Policies and interventions should place a special emphasis on protection of individuals, pregnant women and women of child-bearing age, and communities from the harmful effects of drinking by self and by others.

- Principle 7: Effective promotion, prevention, treatment and rehabilitation services should be available and affordable for those affected by harmful use of alcohol.
- Principle 8: Stigmatization and discrimination of groups and individuals should be avoided in order to improve help seeking behaviour, the provision of needed services and social inclusion.
- Principle 9: The environment should be modified by strengthening protective factors and minimizing the risk factors for harmful use of alcohol.
- Principle 10: Life, as the basic right, should always be protected.
- Principle 11: Policies to reduce harmful use of alcohol should be supported by adequate education and implementation mechanisms at appropriate levels, including enforcement.
- Principle 12: The many branches of the alcohol industry (production, distribution and sales) should also abide by these principles.
- Principle 13: Policies should stress the importance of evidence-based interventions and actions, thus contributing to the reduction of inequities in knowledge and in alcohol harms.

## **POLICY OPTIONS**

The ten proposed policy options as outlined in the discussion document were discussed:

- 1. Raising awareness and political commitment**
- 2. Health-sector response**
- 3. Community action to reduce the harmful use of alcohol**
- 4. Drink-driving policies and countermeasures**
- 5. Addressing the availability of alcohol**
- 6. Addressing marketing of alcohol beverages**
- 7. Pricing policies**
- 8. Harm reduction**
- 9. Reducing the public health impact of illegal and informal alcohol**
- 10. Monitoring and surveillance**

## **RAISING AWARENESS AND POLITICAL COMMITMENT**

All groups stressed the importance of reliable and authoritative information as the basis for raising awareness and for agenda setting. Different types of information were identified such as alcohol-attributable burden, avoidable cost, alcohol-related problems and information on effective interventions. The impact of alcohol use disorders on children of affected families, as well as other consequences of alcohol use (e.g., fatal car accidents, family violence, HIV/AIDS), is considered important at the country level. Regular updates on information and the way in which information is disseminated can help keep harmful use of alcohol on the national and international agenda. Participants emphasized the importance of a national alcohol work plan with realistic and sustainable goals, based on the evidence, with clear targets and with community participation at all stages. A suggestion was to establish a dedicated day/week at the national level for an alcohol harm awareness/prevention focus. A second suggestion was to include alcohol in health promotion issues. To increase political commitment,



participants recommended the development of intersectoral co-operation and co-ordination, under the leadership of the health sector. In Brasil, however, alcohol policy is led by the National Secretary on Drugs, which articulates and coordinates activities with other sectors, including health.

The development of guidelines on procedures, mechanisms, norms and examples would be very helpful. Regular national reports on alcohol and public health, with some on particular issues with involvement of political leaders, NGOs and mass media was suggested. Public support for the strategy by political and community leaders could increase greater social awareness and give future momentum to the process. The development of sub-regional work strategies was also suggested.

At a global level, WHO leadership on the evidence of risk, best practices and effective policies is seen as vital. As part of the dissemination process, best practices from different parts of the world should be included. Participants suggested that recognition at the global level of positive achievements at Member State level would enhance and further motivate positive action. Some groups suggested a broadening of the responsibility base for health in all policies to include environmental, legal, economic and business sectors. A global forum with high level political representation as well as the establishment of regional and sub-regional fora with involvement of intergovernmental organizations was suggested as ways to enhance the global efforts to reduce harmful use of alcohol. Participants recommended the development of global mechanisms to report and disseminate information at the global level as well as across regions and countries, including country profiles.

#### **HEALTH SECTOR RESPONSE**

Participants suggested the development of information for all health workers on alcohol harms and for the development of set standards for education of health professionals. The dissemination of relevant information at the international and national levels, through dedicated channels such as web-sites and newsletters was suggested. Participants recommended the provision of interventions specific to harmful use of alcohol, based on sound epidemiological data, in key areas such as effective preventive intervention among health care workers; screening and brief intervention in all health care settings, including emergency rooms, and the development of guidelines and standards for treatment, taking into account the needs of special populations, such as indigenous groups. The groups recommended access to treatment for people with alcohol-induced. Support for self-help groups such as AA was also recommended.

At the global level, information on alcohol harms and treatment practices could be shared. A global strategy could build capacity at the international level, by organizing workshops and conferences to promote effective interventions in health care settings. A global strategy could also facilitate international research on implementation and scaling up of interventions in health care settings. Participants suggested the development of certified procedures at the international level to incorporate identification and management of alcohol-related risks and alcohol-related disorders. The promotion of social inclusion for people with alcohol use disorders was seen as very important.

## **COMMUNITY ACTION**

Participants recognize and support a community based approach. The strengthening of community understanding of risks and efforts to promote a cultural change around alcohol misuse and delaying the early onset of drinking is seen as important in shaping community norms. The mobilization of different stakeholders for community action maximizes co-ordination efforts across community and can link to other policy measures, including local legislative measures. Strong partnership with the health care sector and the mobilization of the research community to support research on community-based action provides opportunities to document best practice and collect the evidence base. Participants suggested that family-oriented strategies and peer-based work are important community building actions. The involvement of social and community networks in responsible sales practices can empower community responses. Information gathered at the local level on drinking patterns and risk factors, in particular for vulnerable groups (e.g. young people, pregnant women, drivers, etc) helps to understand the necessary prevention measures. Some groups said the right to be protected from alcohol related harms should not result in the stigmatization of those with alcohol related problems.

Participants suggested that the global strategy on harmful use of alcohol should establish links with the global poverty reduction strategies. The WHO could promote an integrative approach with prevention of other psychoactive substance use, like illicit drugs. As part of a global strategy, best practices from around the world should be disseminated and appropriate strategies for indigenous communities should be part of that process. A global strategy could address the potential conflict with economic interests in the communities.

## **DRINK-DRIVING POLICIES**

Participants suggested the establishment of a legal framework in Member States based on best practices and evidence-based interventions (e.g., BAC, age limits), with periodical evaluation of impact. A system of monitoring alcohol involvement in fatal traffic crashes and accidents would add to the knowledge base. Consistent enforcement of drink-driving policies and the application of sanctions are seen as important. Efforts to de-normalize drink-driving should target social and cultural change through education on the risks of drink-driving for the general population, drivers and traffic control agents. Shared responsibility for addressing drink-driving across several sectors would greatly expand efforts. Some groups suggested a ban on the sales of alcoholic beverages in gas stations, as well as along roads and highways.

A global strategy could support Member States in the development and implementation of national strategies/frameworks. Participants suggested a global strategy should disseminate the scientific information on effective interventions and practices. A global strategy could recommend minimum approaches while respecting distinct jurisdictional authorities (e.g., limit for drivers BAC).

## **ADDRESSING THE AVAILABILITY OF ALCOHOL**

Participants suggested a legal framework in each Member State, consistent with national jurisdiction, to limit availability taking into account alcohol outlet density (zoning issue), high risk situations and vulnerable populations. Participants recommended specific limits on access to alcoholic beverages in or near schools, sports

venues, hospitals, public spaces, especially when vulnerable groups are involved. Time limits for sales of alcoholic beverages (e.g., public holidays, Sundays, etc) and restrictions on sales along roads and in petrol stations, as mentioned in the drink-driving area, were also seen as important. A defined minimum legal age for alcohol consumption and purchase should be considered with penalties for people and establishments that supply alcohol to underage persons. Strict enforcement of such regulations is considered essential. Participants recognized the value of training for inspectors, custom officers and servers when combined with legal enforcement as effective measures. There is a need for adequate controls for informal and contraband markets and enforcement of these markets may need to be higher than for the illicit market. There are many vested interests in creating licensing systems including retailers and municipal authorities. The groups highlighted the importance of studies that measure the factors affecting availability of alcohol.

Participants suggested a global strategy could develop model policies as examples for Member States to regulate availability and to avoid pitfalls in these regulations. A global strategy could recommend to Member States to have a statement concerning alcohol availability in their national alcohol plans/policies. International research on the impact of availability restrictions is required for all regions. To reduce inequities in alcohol related health problems, the social determinants of health should also be addressed.

#### **ADDRESSING THE MARKETING OF ALCOHOL BEVERAGES**

Participants suggested a legal framework in each Member State, consistent with national jurisdiction, to regulate alcohol beverage marketing and sponsorship, in particular to protect youth, children and vulnerable groups. Elements could include a ban on TV advertisement during daily hours, restrictions on message content of marketing (for all media) to be defined by the public health sector, restrictions on promotion of activities that target people under the legal drinking age, regulation on new forms of marketing and warnings (on risks, harmful use and age limits) on bottle labels. Self-regulation of the alcohol industry is seen as an additional measure, not as an alternative, to state regulation. Participants suggested regional and inter-state collaboration in the regulation of marketing practices. Participants recommended research on new forms of marketing, gender issues in advertisements and the examination of advertisements and marketing campaigns from a public health perspective. The groups also suggested a ban on certain practices such as the use of alcohol as a form of payment, the use of free distribution of alcohol to those under age and under age workers in the alcohol trade.

A global strategy could continue to collect evidence on the cumulative effect of alcohol marketing on vulnerable groups and on the effectiveness of restrictions on alcohol marketing. Comparisons between policies in different countries would help increased the knowledge base. Participants recommended an examination of the global forces affecting alcohol marketing. A global strategy could support regional efforts in providing basic principles on the regulation of alcohol marketing and on ways that Member States can be protected from cross-border marketing. Participants suggested a global strategy could set minimum standards for a reduction in the overall exposure of the population to alcohol marketing. Regulating marketing techniques that promote the harmful use of alcohol (examples: use of role-models, association between brands

and sports, TV advertisements at certain hours, etc.) could also be addressed. The global strategy should recall the UN Convention on the Rights of Children and other international legal instruments in the global efforts to protect children from harm.

#### **PRICING POLICIES**

Participants recommended recognition of alcohol as a special commodity in developing pricing policies. A reiteration of the strength of the evidence on pricing mechanisms as highly effective in reducing overall alcohol consumption was seen as necessary and useful. Participants suggested several issues should be considered in the development of pricing policies, such as reduction of economic incentives to use alcohol, the issue of tax proportionate to the alcohol content, the use of pricing mechanism to full potential, the final sales price rather than simply taxation and the taxes and duties on alcohol purchases at international ports of entry. The groups recommended that pricing and taxation policies be accompanied by research on their economic impact at the country level and the effects on the informal market and illegal market. Tax increases accompanied by effective enforcement measures, including measures to tackle cross-border trafficking, could resource public health efforts to reduce harmful use of alcohol.

Participants suggested that a global strategy could support national efforts by addressing the need for international trade agreements to have due care with alcohol. Alcohol as a special commodity with potential negative public health consequences needs to be recognized. The need for balancing subsidization of alcohol industry with the public health interests is also important.

#### **HARM REDUCTION**

Participants named a number of strategies as harm reduction - to limit bar size of alcohol servings, water available in nightclubs, provision of food, water and other non-alcoholic beverages on the premises that sell alcohol, safer bar programs, closure of 'problem' bars, quality control of alcoholic beverages, provision of information on reducing risks when drinking and labeling. The groups suggested better monitoring of poisoning deaths related to alcohol use and the training of physicians and pharmacists on this issue. Participants suggested studies on the risk of accidents linked to the way alcohol is used and on the effectiveness of harm reduction strategies. Guidelines on harm reduction for high risk drinkers could be provided.

At the global level, a clear definition of harm reduction is considered necessary. A global strategy could support the development of regional networks to assess and implement harm reduction strategies. Harm reduction strategies should compliment other alcohol strategies. Participants suggested an important role of WHO is to recognize different capacity across countries and support Member States to implement harm reduction policies. The whole spectrum of diseases related to alcohol, not just alcohol dependence, is important.

#### **REDUCING THE PUBLIC HEALTH IMPACT OF ILLEGAL AND INFORMAL ALCOHOL**

Participants called for an increase in anti-poverty efforts in order to counter the influence of illegal markets. Measures that promote the inclusion of informal establishments into the formal market were considered important. The groups recognized the supply of illicit alcohol and its use across sectors (e.g., hospitality sector, schools). Research on informal alcohol production and its effects of price increases on

legally produced alcohol is recommended. There is a need for regulation of the dangerous forms of distribution, the regulation of medical alcohol, the control of bootlegging, and the quality control of alcoholic beverages in the market.

A global strategy could place alcohol policy in a broader context of social determinants of health and its links to poverty and literacy issues. Participants recommended the need for controls of alcohol producers, for both domestic and export supply. It was suggested that in non-producing countries, the illicit alcohol market depends on the weaknesses of the controls in producing countries.

#### **MONITORING AND EVALUATION**

The Secretariat introduced the WHO Global Information System on Alcohol and Health, integrated with the regional information systems, as the existing monitoring tool for levels and patterns of alcohol consumption, alcohol-related harm and policy responses at the global and regional levels. Data is being collected from Member States through the global survey on alcohol and health and complemented by another global survey on treatment and prevention resources for substance use disorders. Draft country profiles were introduced at the meeting as examples of dissemination of collected and analyzed information.

The World Health Assembly resolution 61.4 urged Member States to develop national systems and to report regularly to WHO's regional and global information systems. The participants agreed that the WHO Global Information System on Alcohol and Health and its regional components is the established monitoring system that have all the necessary functions to monitor situation according to agreed indicators and using multiple sources of information. A global strategy could support further development of national monitoring systems and collection, collation, analysis and dissemination of comparable information using a common set of indicators with agreed definitions and supported by relevant technical tools.

#### **IMPLEMENTING THE STRATEGY**

##### **TOOLS TO HELP IMPLEMENTATION**

Participants identified an extensive list of possible tools that could support the implementation of a global strategy. The overarching essential tools recommended were a special centralized mechanism to guide, observe and evaluate the implementation of the Global Strategy; regional coordinating units or focal points, linked to the global coordinating body and fora at regional and sub-regional level also for monitoring the strategy implementation; the development of observatories at various levels (national, regional) and regular meetings of key people in order to assist countries in implementation. There was a range of recommended mechanisms that WHO could facilitate and help building capacity in Member States such as seminars, training workshops, links to interested NGOs and other relevant research institutions and the development of funding mechanisms to support the implementation of the strategy. The request for information included best practice guides, international tool on economic cost analysis, monitoring tools on harmful use of alcohol, alcohol advertising practices a.o., manuals on alcohol policy and legislation, manual on licit and illicit alcoholic beverages a web based interactive support tool, treatment guidelines

and manuals, standardized data indicators and glossary of alcohol related concepts and terms.

#### **DIFFERENT CONTEXTS**

Participants suggested that Member States could aspire to common goals and vision while explicitly allowing implementation of the strategy according to their resources, context and priorities. The translation of the aims and objectives of the strategy should reflect each Member States particular culture, religious communities and ethnic groups. The creation of regional and inter-country networks would help share best practices in a multicultural implementation of the Global Strategy. The recognition of similarities and proximity of other Member States without requiring harmonization of policies and approaches would foster implementation of the strategy. Different cultural practices should be taken into account when training professors, teachers and other relevant technical staff. Materials developed should be appropriate taking into account cultural and local needs, especially with indigenous groups. Families and communities should be included in the process of implementation and in the development of resources. The creation of a mechanism to account for diversity could foster contact between the various groups in different countries affected by alcohol related problems. The development of evidence based practices for different cultural context would be helpful. The WHO could facilitate links with potential funding bodies to help in data collection.

#### **STAKEHOLDERS**

Key stakeholders at different levels, international, regional and national, were identified and participants stressed the importance of a national plan that defines functions and roles of each stakeholder, covering both licit and illicit drugs. Participants recommended that WHO should lead on the implementation of the global strategy and play a leadership role in future evolution of the strategy. Global intergovernmental organizations such as UNICEF, FAO, ILO, UNESCO, WTO, media and global NGOs and professional associations such as the World Medical Association were seen as bodies who could contribute regarding data and experiences in the field. At national level, the government with its many departments/sections should play the leading role in decision making and have an office for coordinating and reporting on progress. Many other groups, such as regional intergovernmental organizations, global and regional groups and organizations of producers and distributors of alcoholic beverages were also mentioned. The groups suggested different levels of interaction in the process of strategy development and implementation, from sharing information and consultations to active collaboration, and concluded that the role of stakeholders should be decided by Member States. Participants said the responsibility of economic operators was not to undermine governments' public health objectives and to act accordingly.

#### **FOLLOW-UP**

Participants recommended the establishment of a regional or inter-state body to follow the implementation of the Global strategy. The body could report on implementation and best practices and this could happen across the globe. Monitoring and evaluation should be performed at the national level. Outcomes and results should be tracked with a shared set of indicators. One of the products could be a global report by Member States allowing international comparisons. These reports should be available on the

**web and presented to the World Health Assembly. The groups suggested that WHO could utilize the Multilateral Evaluation Mechanism (MEM). PAHO could provide technical assistance in the development and implementation of the regional strategy for validation of the global strategy.**

#### **REGIONAL PRIORITIES FOR ACTION**

The meeting also used the opportunity of the global consultation to elaborate on regional gaps and needs and possible regional priorities for action. Suggestions made by the groups on this were:

- Raise awareness and increase advocacy for the reduction of harm related to alcohol (by creating an Alcohol Awareness Day).
- Alcohol-specific data collection through a surveillance and monitoring system that uses common indicators and criteria.
- Evidence-based, universally available prevention and treatment programs, integrated into the Primary Health Care strategy. Ideally these programs should target vulnerable groups (e.g., youth, pregnant women, drivers).
- Capacity building for planning, developing and implementing the priority actions indicated above.
- In addition, the following priority actions were suggested by individual groups:
- Recognition by all Member States of harmful alcohol use as a general health problem with the goal of improving health outcomes across populations.
- Endorsement of the Global Strategy by Pan-American Ministers and subsequent PAHO meeting to agree to regional priorities and targets.
- Attain shared alcohol-related health outcomes in the implementation of Global Strategy in the Pan-American region.
- PAHO should encourage countries to implement strategic planning and monitoring (national alcohol strategy), including industry marketing practices.
- Sharing of implementation experiences in regional fora.
- Strengthening of technical and economic cooperation for the implementation of the Global Strategy.
- Promotion and support of research specific to alcohol-related harms.
- Inclusion of alcohol-related harms as one of the basic health indicators.
- Availability of a Regional Strategy with a clear indication of national focal points.

#### **CLOSING OF THE MEETING**

The consultation meeting was adjourned with expressions of gratitude to the main organizers of the meeting: Ministry of Health of Brazil, PAHO (HQ and country office), WHO and the support of 22 participating Member States in nominating a delegate who could attend. Compliments were also expressed from several delegates on the high level of organization, content, level of consensus and discussions held, encouraging PAHO and WHO to continue to work together and complementarily to reduce the negative impact of alcohol.





# ANNEXES

- Annex 1:** Message from Dr Mirta Roses Periago, Director,  
Pan-American Health Organization
- Annex 2:** List of participants
- Annex 3:** Programme
- Annex 4:** Resolution WHA61.4. Strategies to reduce the harmful use of alcohol



**Annex 1**  
**REGIONAL TECHNICAL CONSULTATION ON THE GLOBAL STRATEGY**  
**TO REDUCE THE HARMFUL USE OF ALCOHOL**

**São Paulo, Brazil**

**6- 8 May 2009**

**Message from Dr Mirta Roses Periago,  
Director, Pan-American Health Organization**

**(Delivered by Dr Maristela Monteiro,  
Senior Advisor, Alcohol and Substance Abuse, PAHO)**

**Dear Participants,**

**I am very pleased to welcome all of you to the regional consultation on the global alcohol strategy, following resolution WHA 61.4 of 2008, which requested the Director General to develop such strategy to be presented next year at the WHA.**

**It is estimated that more than 2.3 million people died worldwide of alcohol-related causes in 2002, and alcohol ranked as the fifth leading risk factor for premature deaths and disabilities in the world. Alcohol ranked first as risk factor for disease and disability in the region, contributing to traffic injuries, homicides, suicides, domestic violence and several chronic conditions, such as cancer, cardiovascular disease, liver disease, and neuropsychiatric conditions including alcohol dependence.**

**Alcohol is also a key social determinant of health, with low socio economic status groups experiencing a higher burden of alcohol-attributable disease, often despite lower overall consumption levels. Harmful use of alcohol worsens health, economic and social well being, and impacts the movement of families out of poverty. Marginalization and stigma impact access to health care and treatment for those in need. Therefore, to end social and gender inequality and inequity, effective measures to reduce harmful use of alcohol must be in place, otherwise alcohol harms will indeed increase as we develop.**

**As the report on social determinants state: "Alcohol use is an integral part of many cultures, and its production and sales play an important part in many economies. As a result, effective interventions to reduce alcohol-related harm in general, and inequities in particular, have been and will be met with considerable resistance. Concerted and bold actions at all levels of government are needed to tackle alcohol-related inequities worldwide. This will require increased awareness and acceptance of the public health issues and of the effectiveness of strategies among policy makers and in public discourse."**

**It is time to identify good practices from our countries, join forces for the development of a regional strategy, build the capacity for alcohol policy at country and regional levels, and effectively contribute to global efforts to control the harmful use of alcohol.**

**A global strategy will help inform what can be done at regional and national level, how to do it, and how to monitor progress. It is fundamental that we now bring together the**

**experience and realities of all countries into common grounds for action, best practices which can serve each other, and proposals to move forward in a productive way.**

**It is important to know that we are here these three days in a technical consultation and not a political debate. The impact of alcohol on health and social development has been demonstrated and accepted by Member States in previous World Health Assemblies. Effective interventions have been identified in a report of the Secretariat based on the current available evidence, approved by the Executive Board. Consultations with other stakeholders have been held, such as with economic operators, NGOs and the public worldwide through an internet based process. What we need to do now is to discuss how to move forward, considering what is already taking place in each country and region of the world, identifying specific needs, priority areas for global and regional actions and coordination, and best practices from your countries, at national or local levels.**

**I hope you will actively participate in all sessions and provide the perspectives and realities from your countries and conditions, following the various topics raised in the discussion paper provided to you. This is the opportunity to contribute to the global strategy and provide a regional perspective which can be reflected in the final document which will be developed and presented to the World Health Assembly next year.**

**I also hope that you will continue to be engaged in the future, so we can create a regional network as well as become part of a global network of focal points on alcohol, that will ensure our joint work in a sustainable manner in the coming years.**

**My best wishes for a very productive meeting,**

**Mirta Roses Periago  
Director**

**Annex 2**  
**REGIONAL TECHNICAL CONSULTATION ON THE GLOBAL STRATEGY**  
**TO REDUCE THE HARMFUL USE OF ALCOHOL**

**São Paulo, Brazil**

**6- 8 May 2009**

**LIST OF PARTICIPANTS**

**Argentina**

**Dr. Antonio Di Nanno**

**Belize**

**Mr. Esner Vellos**

**Brasil**

**Dr. Pedro Gabriel Godinho Delgado**

**Dr. Francisco Cordeiro**

**Dra. Marcia Aparecida Ferreira**

**Sr. Felipe Dornelles**

**Dra. Flávia Mayrink**

**Dra. Carla Dalbosco**

**Sra. Maria José Fagundes Delgado**

**Sra. Fernanda Horne**

**Canada**

**Ms. Pamela Arnott**

**Mr. Frank Cesa**

**Chile**

**Dr. Alfredo Pemjeam**

**Colombia**

**Sra. María Mercedes Dueñas Tobón**

**Cuba**

**Dra. Carmen Borrego Calzadilla**

**Dominica**

**Ms. Jacinta Bannis**

**El Salvador**  
**Dr. Moisés Orlando Guardado Rodríguez**

**Haiti**  
**Ms. Judith Roche**

**Honduras**  
**Lic. Leyla Mejía**  
**Dr. Henocho Rivera**

**Jamaica**  
**Ms. Ellen Campbell Grizzle**

**México**  
**Dra. Alma Rendón Cárdenas**

**Nicaragua**  
**Dr. Francisco Landero**

**Panamá**  
**Dr. Miguel Cedeño,**

**Paraguay**  
**Dr. Manuel Ángel Fresco Ortiz**

**Perú**  
**Dr. Richard Ruiz**

**República Dominicana**  
**Dr. José Mieses Michel**

**Saint Lucia**  
**Mr. Clement Edward**

**Saint Vincent and the Grenadines**  
**Ms. Patsy Wyllie**

**Uruguay**  
**Dr. Gabriel Rossi**

**United States**  
**Dr. Ralph Hingson**

**Venezuela**  
**Dr. Saribay Negrin**

**SECRETARIAT**

**Dr. Vladimir Poznyak**

**Mr. Dag Rekve**

**Dr. Maristela Monteiro**

**Ms Linda Castagnola**

**Ms Janete Silva**

**Temporary advisor**

**Dr. José Manoel Bertolote**

### Annex 3

## REGIONAL TECHNICAL CONSULTATION ON THE GLOBAL STRATEGY TO REDUCE THE HARMFUL USE OF ALCOHOL

São Paulo, Brazil

6- 8 May 2009

### PROGRAMME

Wednesday, 6 May 2009		
08:30-09:00	Registration	
09:00-09:30	Welcome address	Dr. Pedro Godinho Delgado General Coordinator, Mental Health, Alcohol and Drugs On behalf of the Minister of Health of Brazil
09:30-10:00	Opening session <b>Opening remarks</b> <b>Introduction of participants</b> <b>Election of officers</b>	Dr. Maristela Monteiro Senior Advisor on Alcohol and Substance Abuse On behalf of Dr. Mirta Roses Periago Regional Director  Dr. Vladimir Poznyak Coordinator, NMH/MSD/MSB WHO Headquarters
10:00-10:30	Coffee break	
10:30-11:30	Introduction (plenary) <ul style="list-style-type: none"><li>- Aims and objectives</li><li>- Program and methods of work</li><li>- Background and context of the consultation</li><li>- Outcomes of the previous consultation process</li><li>- Introduction of a consultation paper</li></ul>	Dr. Maristela Monteiro Dr. Vladimir Poznyak Mr. Dag Rekve
11:30-12:30	The situational analysis (plenary) <ul style="list-style-type: none"><li>- Ongoing and emerging regional and subregional processes</li><li>- Challenges</li><li>- Added value of a global strategy</li></ul>	Mr. Dag Rekve Dr. Maristela Monteiro
12:30-13:30	Lunch break	



13:30-15:30	Scope, aims and objectives of the global strategy (discussions in small groups following a short introductory plenary) <ul style="list-style-type: none"> <li>- Aims and objectives</li> <li>- Scope</li> <li>- Guiding principles</li> </ul>	
15:30-16:00	Coffee break	
16:00-18:00	Scope, aims and objectives of the global strategy (small groups followed by a plenary with reporting from the groups)	
<b>Thursday, 7 May 2009</b>		
08:30 - 08:45	Report from rapporteur of day 1	
08:45 -10:00	Proposed policy options Part I (discussions in small groups following a short introductory plenary) Proposed target areas Policy options in particular target areas (including evidence, best practices, resources, contexts) <ul style="list-style-type: none"> <li>- Raising awareness and political commitment</li> <li>- Health sector response</li> <li>- Community action</li> <li>- Drink-driving policies</li> </ul>	Dr. Vladimir Poznyak
10:00-10:30	Coffee break	
10:30-12:30	Proposed policy options Part I (continued in small groups followed by a plenary with reporting from the groups) Proposed target areas Policy options in particular target areas (including evidence, best practices, resources, contexts) <ul style="list-style-type: none"> <li>- Raising awareness and political commitment</li> <li>- Health sector response</li> <li>- Community action</li> <li>- Drink-driving policies</li> </ul>	
12:00-13:30	Lunch break	
13:30-15:30	Proposed policy options Part II (discussions in small groups following a short introductory plenary) Policy options in particular target areas (including evidence, best	Mr. Dag Rekve

	practices, resources, contexts) <ul style="list-style-type: none"> <li>- Addressing the availability of alcohol</li> <li>- Addressing the marketing of alcohol beverages</li> <li>- Pricing policies</li> <li>- Harm reduction</li> <li>- Reducing public health impact of illegal and informal alcohol</li> </ul>	
15:30-16:00	Coffee break	
16:00-18:00	Proposed policy options Part II (continued in small groups followed by a plenary with reporting from the groups) <ul style="list-style-type: none"> <li>- Addressing the availability of alcohol</li> <li>- Addressing the marketing of alcohol beverages</li> <li>- Pricing policies</li> <li>- Harm reduction</li> </ul> Reducing public health impact of illegal and informal alcohol	
<b>Friday, 8 May 2009</b>		
08:30 - 08:45:	Report from rapporteur of day 2	
08:45 - 10:00	Implementing the strategy (discussions in small groups following a short introductory plenary) <ul style="list-style-type: none"> <li>- Implementation at global, regional and national levels</li> <li>- Role of global, regional and national frameworks</li> <li>- National policy development, implementation and evaluation</li> <li>- Role of national contexts</li> <li>- Role of different stakeholders in policy development and implementation</li> <li>- Technical tools</li> <li>- Assessing and re-examining action, indicators and targets</li> </ul>	
10:00-10:30	Coffee break	
10:30-12:30	Implementing the strategy (continued discussions in small groups followed by a plenary with reporting from the groups) Implementation at global, regional and national levels <ul style="list-style-type: none"> <li>- Role of global, regional and national frameworks</li> </ul>	

	<ul style="list-style-type: none"> <li>- National policy development, implementation and evaluation</li> <li>- Role of national contexts</li> <li>- Role of different stakeholders in policy development and implementation</li> <li>- Technical tools</li> <li>- Assessing and re-examining action, indicators and targets</li> </ul>	
12:30-13:30	Lunch break	
13:30-15:30	<p>Global and regional information systems on alcohol and health</p> <ul style="list-style-type: none"> <li>- Monitoring and surveillance</li> <li>- National monitoring systems and priority</li> <li>- Regional implications</li> </ul>	Dr. Vladimir Poznyak
15:30-16:00	Coffee break	
16:00-17:30	<p>Final discussion and closure of the consultation</p> <p>Regional network of WHO national counterparts</p> <p>Conclusions and next steps</p>	

## Annex 4

### RESOLUTION WHA61.4

#### **Strategies to reduce the harmful use of alcohol**

The Sixty-first World Health Assembly,

Having considered the report on strategies to reduce the harmful use of alcohol and the further guidance on strategies and policy element options therein;

Reaffirming resolutions WHA32.40 on development of the WHO programme on alcohol-related problems, WHA36.12 on alcohol consumption and alcohol-related problems: development of national policies and programmes, WHA42.20 on prevention and control of drug and alcohol abuse and WHA57.16 on health promotion and healthy lifestyles;

Recalling resolution WHA58.26 on public-health problems caused by harmful use of alcohol and decision WHA60(10);

Noting the report by the Secretariat presented to the Sixtieth World Health Assembly on evidence-based strategies and interventions to reduce alcohol-related harm, including the<sup>1</sup> addendum on a global assessment of public health problems caused by harmful use of alcohol;

Noting the second report of the WHO Expert Committee on Problems Related to Alcohol Consumption<sup>2</sup> and acknowledging that effective strategies and interventions that target the general population, vulnerable groups, individuals and specific problems are available and should be optimally combined in order to reduce alcohol-related harm;

Mindful that such strategies and interventions must be implemented in a way that takes into account different national, religious and cultural contexts, including national public health problems, needs and priorities, and differences in Member States' resources, capacities and capabilities;

Deeply concerned by the extent of public health problems associated with harmful use of alcohol, including injuries and violence, and possible links to certain communicable diseases, thereby adding to the disease burden, in both developing and developed countries;

Mindful that international cooperation in reducing public-health problems caused by the harmful use of alcohol is intensifying, and of the need to mobilize the necessary support at global and regional levels,

- 1) to collaborate with the Secretariat in developing a draft global strategy on harmful use of alcohol based on all evidence and best practices, in order to support and complement public health policies in Member States, with special emphasis on an integrated approach to protect at-risk populations, young people and those affected by harmful drinking of others;

<sup>1</sup> Documents A60/14 and A60/14 Add.1.

<sup>2</sup> WHO Technical Report Series, No. 944, 2007.

- 2) to develop, in interaction with relevant stakeholders, national systems for monitoring alcohol consumption, its health and social consequences and the policy responses, and to report regularly to WHO's regional and global information systems;
- 3) to consider strengthening national responses, as appropriate and where necessary, to public health problems caused by harmful use of alcohol, on the basis of evidence on effectiveness and cost-effectiveness of strategies and interventions to reduce alcohol-related harm generated in different contexts;

## 2. REQUESTS the Director-General:

- 1) to prepare a draft global strategy to reduce harmful use of alcohol that is based on all available evidence and existing best practices and that addresses relevant policy options, taking into account different national, religious and cultural contexts, including national public health problems, needs and priorities, and differences in Member States' resources, capacities and capabilities;
- 2) to ensure that the draft global strategy will include a set of proposed measures recommended for States to implement at the national level, taking into account the national circumstances of each country;
- 3) to include full details of ongoing and emerging regional, subregional and national processes as vital contributions to a global strategy;
- 4) to collaborate and consult with Member States, as well as consult with intergovernmental organizations, health professionals, nongovernmental organizations and economic operators on ways they could contribute to reducing harmful use of alcohol;
- 5) to submit to the Sixty-third World Health Assembly, through the Executive Board, a draft global strategy to reduce harmful use of alcohol.

Eighth plenary meeting,  
24 May 2008 A61/VR/8