

Regional Plan of Action
for the reduction of
alcohol-related harm
in the Western Pacific
(2009-2014)



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foreword

There is general agreement among experts and policy-makers over the strategies to reduce alcohol-related harm. Due to a tremendous growth in the study of alcohol policy, we now know how to take appropriate action in the Western Pacific Region, even in countries with few resources and undeveloped policies. The evidence is there; now we need action.

WHO has been paying increased attention to alcohol-related harm in the Western Pacific Region in recent years. Consequently, a Regional Strategy to Reduce Alcohol-related Harm was endorsed by the WHO Regional Committee during its fifty-seventh session in September 2006. To carry that work forward, this Plan of Action highlights the priority areas for action, as suggested by the Regional Strategy, which would benefit from a regional approach.

Among the priority areas for action are information and evidence, awareness and advocacy, and competence and capacity. Before any action can be taken, local information and evidence is needed for raising awareness and advocating for public health-oriented policies. In those policies, the role of the health care sector is potentially very important. As such, capacity for screening and brief interventions in primary health care have to be strengthened. The Regional Office has already started this line of action and will further intensify its efforts in this direction.

This Plan of Action is designed to guide the actions of WHO and Member States for the coming five years. Successful implementation of the proposed actions is expected to contribute to a significant reduction of alcohol-related harm to public health and social welfare in the Region.



Shin Young-soo, MD, Ph.D.
Regional Director

introduction

Alcohol consumption is one of the leading risk factors for health and is linked to more than 60 types of disease and injury. Globally, harmful use of alcohol is responsible for 4% of disease burden and 3.2% of all premature deaths. In the Western Pacific Region, alcohol-related harm accounts for 5.5% of the burden of disease.¹ Alcohol use has been associated with increased risk of injury in a wide variety of settings, including traffic injuries (involving vehicles, bicycles and pedestrians), falls, fires, injuries related to sports and recreational activities, self-inflicted injuries and injuries resulting from interpersonal violence.² For the Western Pacific Region, alcohol-related traffic injuries and violence are of foremost concern. In this Region, mortality caused by traffic injuries was estimated to be 17.7 deaths per 100 000 population in 2002; more than 300 000 people die in traffic injuries annually.³ Harmful alcohol use is linked to different forms of interpersonal violence, such as youth violence, child maltreatment, intimate partner violence, elder abuse and sexual violence.⁴ In addition to its impact on public health, harmful use of alcohol is associated with significant social problems and economic loss. Harmful social consequences include problems with family and other relationships, problems at the workplace or at school, loss of productivity and public safety, crime and social marginalization.

While consumption levels are stabilizing and declining in some countries and areas in the Region, alcohol use is rising in many others. Further, changes in drinking patterns, such as increased binge drinking

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- 1 The World Health Report 2002: Reducing risks, promoting healthy life. WHO, Geneva, 2002.
 - 2 Global Status Report on Alcohol 2004. WHO, Geneva, 2004.
 - 3 World Report on Road Traffic Injury Prevention. WHO, Geneva, 2004.
 - 4 WHO Interpersonal Violence and Alcohol Policy Briefing (accessed at: http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/ft_violencealcohol.pdf).

and more frequent heavy drinking among young people, tend to lead to more harm. Despite the worsening situation, public health policy responses in many countries and areas are missing, limited and/or outdated.

In response to the growing problem, the fifty-seventh session of the Regional Committee for the Western Pacific endorsed, in September 2006, a Regional Strategy to Reduce Alcohol-Related Harm (WPR/RC57.R5). The Regional Strategy provides a framework for national action and regional cooperation. Furthermore, in May 2008, the Sixty-first World Health Assembly adopted a resolution (WHA 61.4) to develop a global strategy to reduce harmful use of alcohol.

This Plan of Action aims to identify the areas that would benefit from a regional approach, while addressing the main challenges to reducing alcohol-related harm as identified in the Regional Strategy. It is to be read in conjunction with the Regional Strategy and the resource book “How to Develop an Action Plan to Implement the Strategy”, and carried out in accordance with WHO’s Medium-term Strategic Plan for 2008–2013.

This Plan of Action is to be implemented over the next five years and is expected to contribute to a significant reduction in alcohol-related harm to public health and social welfare in countries and areas in the Western Pacific Region.

vision

By 2014, all countries and areas in the Western Pacific Region will have successfully halted and reversed the upward trend of alcohol-related burden to public health and to the social welfare of their citizens and communities. Citizens and societies will be committed to freeing their health and socioeconomic development from the unnecessary burden of alcohol-related harm.

mission

Countries and areas in the Western Pacific Region will raise public and political awareness of the seriousness of alcohol-related harms; will mobilize health and welfare institutions to address these harms and to work with law enforcement, education, finance, community development and other sectors on the development and implementation of prevention, care and treatment programmes; will build up a strong response against alcohol-related traffic injuries, violence and other social problems related to alcohol; and will put together a comprehensive set of regulations and measures to protect their citizens, in particular those most vulnerable, from the threat of harmful alcohol use.

The WHO Regional Office will provide leadership and regional coordination, will act as a regional resource and conduit of technical expertise, will provide a regional depository of information and evidence, and will ensure synergy between this Plan of Action, other action plans and the draft global strategy to reduce harmful use of alcohol.

goal

To significantly reduce harmful use of alcohol and alcohol-related problems in the Western Pacific Region by 2014, as a result of strong coordinated responses in countries and at the regional level.

process

Responding effectively to alcohol-related problems entails a number of logical steps. The first step is to build a strong information and evidence base, supported by a reliable monitoring system and appropriate indicators for measuring progress of action plans in Member States. Indicators may include adult per capita pure alcohol consumption, road traffic injuries involving alcohol, family violence and gender-based violence referrals, emergency department admissions, convictions involving alcohol, and incidence of alcoholic psychosis. Ideally, monitoring systems should be coordinated at the global level to ensure that all countries report on the core indicators. Supplementary indicators could be adopted by countries that have added capacity and resources for data collection.

Advocacy and awareness are essential precursors for political action, namely, the development and adoption – at relevant administrative levels – of public health-oriented alcohol policies and programmes aimed at prevention, health promotion, treatment and protection. In this regard, consideration must also be given to issues concerning the promotion and the physical availability of alcoholic beverages.

Programmes for (introducing) early intervention and treatment for people with alcohol-use disorders in primary health care settings should be another integral part of the response. Additionally, where resources allow, care in specialist treatment facilities and support for family members of problem-drinkers should be provided within the health care system. Throughout, a programme for building competence and capacity should be put in place, not only for the health and social welfare sector (primary target group), but also for other relevant sectors such as education, law enforcement and police. At national and community levels, provisions for an organizational infrastructure and multidisciplinary cooperation have to be set up.

Effective responses will also require appropriate consultation with stakeholders – intergovernmental organizations, health professionals, nongovernmental organizations and economic operators (WHA 61.4) – to determine how they can contribute to reducing harmful alcohol use. International coordination and cooperation should support all these steps.

priority areas for action

The Regional Strategy to Reduce Alcohol-Related Harm, endorsed by the fifty-seventh session of the Regional Committee, identified the following challenges or priority areas for action to effectively reduce alcohol-related harm:

(1) Information and evidence

Although the body of research, information and anecdotal evidence is growing in some countries in the Region, very few are carrying out regular monitoring and surveillance of alcohol use and its harmful consequences. Likewise, there is a lack of information on the types of policy actions that have been implemented and the extent to which these actions have effectively resulted in reducing alcohol-related harm. Building a strong comparable information base at national and regional levels will support and facilitate evidence-based policies and programmes.

(2) Awareness and advocacy

Except for a few countries, there is limited awareness about potential and actual harm related to alcohol throughout the Region. The public at large and many policy-makers tend to underestimate alcohol-related risks and harm to public health and social welfare. Limited awareness, together with a relatively weak information base, contributes to the widespread absence of public health-oriented alcohol policies. Raising awareness and advocating for evidence-based interventions and good practices will lead to the development of effective policies and programmes. Awareness and advocacy are most effective when targeting a specific issue, such as traffic injuries or violence associated with alcohol.

(3) Public health-oriented alcohol policies

To date, few countries have adopted public health-oriented alcohol policies that deal directly with prevention, health promotion, treatment and protection. Existing pieces of legislation and policy, which touch upon the harmful use of alcohol, have generally been developed in other sectors such as public order,

finance, commerce and trade, without much regard to public health. A sound public health-oriented alcohol policy, endorsed by government, ensures proper direction, coordination and enforcement of action at the national and subnational levels. The Regional Strategy, together with the resource book “How to Develop an Action Plan to Implement the Strategy”, provide good guidance for designing overall national public health-oriented alcohol policies and programmes. Some specific forms of harmful use of alcohol justify special laws and regulations, such as those for drunk driving and the sale of alcohol to young people.

(4) Competence and capacity

The health care system, in particular primary health care, has the potential to play an important role in preventing and treating alcohol-related problems. In addition, the health sector can play a part in mobilizing other sectors – such as law enforcement, justice, social welfare and education – and collaborating with them to reduce alcohol-related harm. However, the level of knowledge and expertise to prevent and to respond to harmful use of alcohol and its consequences is generally low. While experience shows that screening and other interventions in primary health care are very effective, and that specialized substance abuse treatment services are needed as part of a comprehensive health care system, competence and capacity need to be strengthened. Courses on harmful use of alcohol and its consequences should be incorporated into medical school curricula and social welfare professional education and training. This applies to other sectors as well, in particular, law enforcement, community organization and education. Model training programmes for various categories of professionals exist and can be adapted to the needs and special circumstances of individual countries. Introducing pilot training programmes is one way to enhance competence and capacity at the national level.

(5) International coordination and cooperation

The Regional Strategy and the recently endorsed World Health Assembly resolution on the development of a global strategy provide a strong framework for cooperation between Member States and communities to reduce alcohol-related harm. Further, a number of Member States in the Region have extensive experience from which other countries can benefit. It is therefore recommended to establish effective mechanisms for information sharing, international communication and cooperation.

outcomes and actions

This Plan of Action addresses the challenges identified in the Regional Strategy inter alia information and evidence, awareness and advocacy, public health-oriented alcohol policies, competence and capacity, and international coordination and cooperation. It indicates what should be achieved (i.e. outcomes) in the period 2009–2014 and how they might be achieved (i.e. actions). It enumerates actions proposed to be undertaken at the country level (namely actions that would benefit from Regional cooperation) and actions to be carried out by WHO. Its performance will be measurable through the monitoring of indicators, as referred to above under Section 5: Process. The Regional Strategy, in combination with the resource book “How to Develop an Action Plan to Implement the Strategy”, comprise the comprehensive guide for national planning. This Plan of Action sets forth an ambitious programme that can be carried out if there is political will and if appropriate resources are made available for its implementation, ultimately resulting in financial savings and in improved public health and social and economic well-being.

PRIORITY AREA – Information and evidence	
OUTCOME 1 – Establishment of sound data and information base on harmful use of alcohol and responses in the Region	
PROPOSED ACTION BY MEMBER STATE	ACTION BY WHO
<p>Identify institutional capacity for monitoring, surveillance and evaluation of harmful use of alcohol, its consequences and the policy responses.</p> <p>Cooperate with WHO on the setting up of a system for monitoring and surveillance and participate in data collection and analysis exercises.</p> <p>Produce at regular intervals reports with data and analyses on harmful use of alcohol, its consequences and the policy responses.</p>	<p>Using the indicators and existing data-gathering tools developed by WHO, feed information on alcohol consumption into the global information system on alcohol and health (GISAH) in cooperation with national institutions.</p> <p>Work with Member States to accurately estimate unrecorded alcohol consumption, such as home-brewed, illegally imported and other sources of unrecorded alcohol consumption.</p> <p>Prepare a biannual report on harmful use of alcohol, its determinants and its consequences in the Region.</p> <p>Provide technical assistance to Member States to build an information and evidence base.</p> <p>Use the Global Survey on Alcohol and Health 2008 as a regional baseline review at the beginning of this Plan of Action and perform an evaluation review at the end.</p>

PRIORITY AREA – Awareness and advocacy	
OUTCOME 2 – A high level of awareness about harmful use of alcohol, in particular about alcohol-related traffic injuries, violence and local issues of particular concern	
PROPOSED ACTION BY MEMBER STATE	ACTION BY WHO
<p>Strengthen the knowledge base through research, information and data collection on harmful use of alcohol, its consequences and the policy responses, in particular concerning the role of alcohol in injury and violence, and local issues of particular concern.</p> <p>Support advocacy for awareness of the role of alcohol in traffic injuries, violence and local issues of particular concern, and possible solutions.</p> <p>Develop and implement customized campaigns that are culturally appropriate and consistent with the prevalence of harmful alcohol use in the country.</p> <p>Where needed, develop and implement training programmes for educators who teach children, young people and at-risk groups.</p>	<p>Make provisions for regional studies and reviews on the role of alcohol in injuries and violence and effective responses.</p> <p>Support regional cooperation mechanisms to strengthen action to reduce alcohol-related harm such as traffic injuries and violence.</p> <p>Organize training courses on harmful use of alcohol and public health advocacy.</p> <p>Advocate for the inclusion of harmful alcohol use and related issues on the agenda of regional high-level meetings for Member States.</p>

PRIORITY AREA – Public health-oriented alcohol policies	
OUTCOME 3 – Public health-oriented national policies on reducing harmful use of alcohol that deal directly with prevention, health promotion, treatment and protection	
PROPOSED ACTION BY MEMBER STATE	ACTION BY WHO
<p>Identify or establish a body responsible for the development or strengthening of national public health-oriented alcohol policies and adopt an action plan with time frame identifying start time, actions and milestones.</p> <p>Introduce and evaluate the effectiveness of policies and programmes, such as preventing drunk driving, controlling violence associated with alcohol and protecting young people and other risk groups.</p> <p>Introduce and evaluate the effectiveness of regulation on the accessibility and availability of alcoholic beverages (including possible effects on the illegal or informal market), and on the restriction of alcohol marketing including sponsorship.</p> <p>Strengthen intra-governmental collaboration and coordination to address the range of possible policy measures, including trade-related policies, domestic regulation and education, to reduce alcohol-related harm.</p>	<p>Review and report on alcohol policies in the Region. Prepare special reports on issues of particular concern, such as the link between alcohol consumption and traffic injuries and violence, and the prevention of alcohol use among young people and other risk groups.</p> <p>Review and summarize available evidence on policy measures designed to reduce harmful use of alcohol. Where there are current gaps in knowledge, deduce information from experiences with trade-related policies, instruments and domestic regulation.</p> <p>Assist Member States with policy development by providing expert advice and organizing subregional workshops to promote public health-oriented alcohol policies.</p>

PRIORITY AREA – Competence and capacity	
OUTCOME 4 – Effective capacity in health and welfare institutions, as well as other relevant sectors, to address harmful use of alcohol and its consequences	
PROPOSED ACTION BY MEMBER STATE	ACTION BY WHO
<p>Identify appropriate agencies, including academic institutions and nongovernmental organizations that can plan a role in reducing harmful use of alcohol.</p> <p>Ensure adequate resources for these institutions and facilitate appropriate partnerships according to national capacity and priorities.</p> <p>Ensure that the reduction of harmful alcohol use and its consequences is an integral task in the primary health care system.</p> <p>Develop affordable, accessible and cost-effective treatment and rehabilitation for people with alcohol use disorders and associated health problems.</p> <p>Update the curricula of medical schools and other institutions to include lessons on the harmful use of alcohol, its prevention and possible responses to it. Use the updated materials to train health and welfare personnel as well as law enforcement and education professionals.</p>	<p>Provide model training programmes for different stakeholder groups on prevention of harmful use of alcohol and on treatment and rehabilitation.</p> <p>Provide technical assistance to Member States in order to build capacity and competence.</p> <p>Engage in consultation with the nongovernmental sector to support their involvement in reducing harmful use of alcohol.</p>

PRIORITY AREA – International coordination and cooperation	
OUTCOME 5 – Establishment of effective regional cooperation mechanisms for mutual support in policy and programme development	
PROPOSED ACTION BY MEMBER STATE	ACTION BY WHO
<p>Provide support for National Focal Point on reduction of harmful use of alcohol.</p> <p>Identify and involve relevant stakeholders such as governmental institutions, scientific community and nongovernmental organizations.</p>	<p>Establish mechanisms for regional, inter-regional and subregional communication, coordination and cooperation with and between National Focal Points, and, as appropriate, with governmental agencies, nongovernmental organizations and other stakeholders.</p> <p>Develop a programme of cooperation between WHO collaborating centres and Member States that request external expertise and technical support on reducing harmful use of alcohol.</p> <p>Organize a regional conference aimed at high-level policy-makers on approaches to reducing harmful use of alcohol in the Region mid-way through this Plan of Action.</p> <p>Integrate prevention of harmful use of alcohol with other relevant programmes such as accident and injury prevention, family and adolescent health, noncommunicable diseases, health promotion, healthy schools and healthy cities, and ensure for concrete synergies between this plan of action and other regional activities such as the regional action plan for noncommunicable diseases.</p>

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