Introduction

Alcohol is a major risk factor for death and burden of disease globally (Ezzati et al. 2002; 2004; WHO 2002; Lopez et al. 2006; for details on alcohol see Rehm et al. 2006a; b; 2004). This has also been found to be the case in the region of the Americas where, in 2000, alcohol ranked first among contributors to burden of disease for both AMR B (e.g. Mexico, Brazil) and AMR D (e.g. Peru), and ranked second behind smoking for AMR A (e.g. United States, Canada; (Rehm & Monteiro 2005; WHO 2002). 1

Both average (per capita) volume of alcohol consumption and different patterns of drinking contribute to this disease burden (Rehm et al., 2003c; 2004; Greenfield, 2001). Patterns of drinking are conceptualized here as a moderator variable, which determines the level of harm associated with a constant volume of exposure, and, in the case of disease outcomes such as CHD, even whether the effect of alcohol is beneficial or detrimental (Rehm et al., 2003d).

In addition to alcohol-related disease burden, there are marked social consequences stemming from alcohol use, e.g., family and personal relationships, violence, work, economic problems, child abuse and neglect (Klingemann & Gmel, 2001; Room et al., 2002, 2003). While in some established market economies, the costs of alcohol-related social problems outweigh the costs of alcohol-related health problems, we have no knowledge about this relationship for developing countries.

Alcohol is also a gender issue. There are known differences between men and women in how much and how they drink, and the type and extent of resulting health and social consequences (Rehm et al., 2004). In addition, women are more likely than men to suffer not only from their own drinking behaviour but also from their partner’s drinking behaviour and harmful consequences of their partner’s behaviour, including domestic violence, traffic injuries and economic burden (Room et al, 2002).

Despite the alarming estimates by WHO, alcohol-related issues continue to be a low priority in the health agendas of most countries in the region of the Americas, and epidemiological information on alcohol consumption and related problems among men and women is scarce. Many countries in the region have never had national or large surveys on alcohol consumption, patterns of alcohol use, and related consequences, and have not undertaken a gender analysis of these variables.