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NATIONAL ALCOHOL POLICY

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WORKING DEFINITIONS

The following terms appear in this Policy and are peculiar to the subject matter of the Policy:

Adult

- Anyone aged eighteen years or older.

Availability

- Determines access to beverage alcohol.
- This may be physical availability, such as when, where and under what conditions beverage alcohol may legally be purchased.
- It may also be economic availability, the extent to which consumers can afford to purchase beverage alcohol.

Dependence

- A clinical condition clearly defined by specific diagnostic criteria. It is not interchangeable with “misuse”; not all those who misuse alcohol are or become dependent.
- The dependence syndrome is a cluster of behavioural, cognitive and physiological symptoms that indicate a person has impaired control of psychoactive substance use and continues the use of the substance despite adverse consequences.
- Physical dependence on alcohol to the extent that stopping alcohol use will bring on withdrawal symptoms.

Drinking Patterns

Patterns describe numerous facets of drinking that include:

- How much people drink, particularly on a given occasion and how often these occasions are heavy;

- Where drinking takes place, whether at home, in bars and restaurants, or in other public venues;
- When people drink, whether with meals, at gatherings, and how drinking is spread out over time;
- Those with whom people drink: family, friends, peers, colleagues or others;
- Types of beverages consumed, including licensed commercially produced beverages of known quality and safety, illicitly produced beverages, and possibly toxic and adulterated drinks.

Drink Driving

- Driving a motor vehicle with a Blood Alcohol Concentration greater than the legal limit.

Drunk Driving

- Driving a motor vehicle while intoxicated.

Evidence-based

- The use of scientific and other relevant evidence to determine the most appropriate set of policies or strategies to put in place which will bring about a reduction in alcohol-related harms.

Harm minimisation

- Harm minimisation is an overarching strategy that aims to prevent and reduce the harms associated with the use alcohol in the community.
- It encourages responsible drinking patterns and discourages those that have been shown to have the potential for personal and social harms.

Intoxication

- It is not a drinking pattern but the outcome of certain patterns of drinking.

- A person is said to suffer from alcohol intoxication when the quantity of alcohol the person consumes exceeds the individual's tolerance level for alcohol and produces behavioural or physical abnormalities.

Litre of Pure Alcohol

- When undertaking estimates and international comparisons of levels of alcohol consumption the common approach is to take the available data on consumption and estimate the amount of pure alcohol. This calculation is based on the alcohol content of particular drinks and the volume sold of that drink over the measurement period.

Misuse

- Use of alcoholic beverages to excess, either on individual occasions (binge drinking) or as a regular practice.
- Consuming more than is safe, or in a manner that is considered unsafe in the circumstances, such as those requiring attention, skill and/or coordination.
- Dysfunctional alcohol use.

Moderate consumption

- It is difficult to lay down strict guidelines as to what constitutes 'moderate consumption' as this will depend on age, size, sex and health, not to mention how and when alcohol is consumed.
- Moderate consumption refers to alcohol consumption which is below the levels identified as risky or hazardous by national or international evidence based guidelines.

Negative drinking patterns

- Drinking patterns shown to be associated with an elevated risk of short or long term harms. For example, drinking and driving, drinking during pregnancy, drinking at work, drinking to intoxication.

Partnerships

- The inclusion of the public and private sectors, the industry, the community and civil society all working towards achieving a common goal.

Positive drinking patterns

- Drinking patterns that are complementary to a healthy lifestyle and are not associated with increased risk of alcohol related harms in the short or long term.

Sensible drinking

- This refers to drinking, socially and responsibly. It means being aware of the risks associated with the misuse of alcohol. It includes not drinking at all in situations where the effects of alcohol will put someone's safety or health at risk. It is a level of drinking that poses a low risk of alcohol-related problems, both for the drinker and for others.

Social harms

- Harms associated with the misuse of alcohol which impact at a community and or societal level. These can include harms associated with criminality, health care, social welfare, economic losses, absenteeism and diminished work performance.

Substance Abuse

- A maladaptive pattern of substance use leading to clinically significant impairment or distress.

Targeted interventions

- Interventions that address specific "at-risk" populations or occasions, potentially harmful situations and drinking patterns.

Underage drinking

- Consumption of alcohol products by people under the age of eighteen years.

1. FOREWORD AND RATIONALE

This National Alcohol Policy provides a framework within which the Government of Ghana in association with other key stakeholders can develop and implement targeted alcohol plans in the best interests of all the people of Ghana.

It recognises the role alcohol plays in Ghana, both in terms of its social and economic contribution to the country, and in terms of its capacity, when misused, to impose unacceptable costs (including health costs) on individuals and the community as a whole.

The Government acknowledges that alcohol enjoys popularity and a place of significance in Ghanaian society. It recognizes that the use of alcohol in certain cultural practices has the potential for harm, which must be minimised through appropriate measures.

Most people who consume alcohol do so without harmful outcomes. They drink to enhance pleasurable occasions. It is recognised that when used in moderation, alcohol has a positive role to play in socialisation, celebration and enhancing life style consistent with the culture of Ghana.

The Government recognises the need to protect the reasonable expectations of the adult citizens of Ghana to purchase and consume alcohol in a safe and well regulated manner.

Alcohol and the alcohol beverage industry also play a significant role in the economy of Ghana, generating substantial employment, retail activity and providing considerable tax revenue, which assists the government to put in place wide ranging social services for the benefit of the entire community.

However, alcohol misuse is associated with significant harms, including illness and death, and imposes wide-ranging negative effects on individuals, families and communities. Not all members of society are aware of the dangers of the misuse of alcohol.

The Government has an over-riding duty of care to ensure that vulnerable members of the community (particularly people under the age of eighteen) are as far as possible protected against the impacts of alcohol misuse in all of its manifestations.

At the individual level, this policy aims to prevent underage drinking and offer protection from harm; increase understanding of the harms resulting from misuse and the benefits of moderate drinking; encourage positive drinking patterns for those who have made the decision to drink, while discouraging negative drinking patterns; improve the ability to make informed decisions through appropriate

social marketing; provide reasonable access to legally produced alcohol; and ensure personal choice and freedom without unduly impinging upon the freedoms of others.

At the societal level, this Policy aims to change behaviour by encouraging positive and discouraging negative patterns; create an informed society; reduce harm due to alcohol misuse; decrease the cost of alcohol misuse to society; provide effective treatment and support services; ensure public safety;; ensure product quality and integrity; and protect consumers from unsafe products.

This Policy pays particular attention to those areas where there is potential for positive and negative outcomes. These include public education; provision of evidence-based health care; reasonable access to alcohol, while protecting those at risk; responsible advertising and promotions; and responsible service of alcohol.

It is the role of the various key stakeholders to develop comprehensive action plans which will achieve the twin goals of encouraging moderation in the use of beverage alcohol and reducing the harms associated with the misuse of alcohol.

The Government will support and strongly encourage the public sector, the non-government sector and the private sector to work together in the best interests of all the people of Ghana. The need for a sensible and sustainable alcohol policy is well understood. The time for conflict over the best way forward is over.

On behalf of the Government of the Republic of Ghana, we commend this National Alcohol Policy as a firm foundation for promoting sensible drinking patterns, discouraging negative drinking patterns and reducing harms associated with alcohol misuse.

2. PREAMBLE

This National Alcohol Policy recognizes the role alcohol plays in Ghana, both in terms of its social and economic contribution and in terms of its capacity, when misused, to impose unacceptable costs on individuals and the community as a whole.

While most of those who drink do so responsibly and moderately to enhance pleasurable occasions, and without harming themselves or others, the misuse of alcohol may cause harm to both individuals and society.

The Government of Ghana recognises that it has a responsibility to balance the rights of adult members of the community who wish to and do purchase and consume alcohol in a moderate and responsible way, with its duty of care to protect the entire community (particularly those under the age of eighteen and other vulnerable people) against the effects of alcohol misuse.

The underlying causes of alcohol misuse are varied and complex. The harms associated with misuse are in nobody's interests; not individual Ghanaians, their families, the wider communities, nor the alcohol beverage and related industries. Encouraging and promoting positive patterns of drinking amongst those adults who have made the decision to drink, is the key challenge for this National Alcohol Policy.

This National Alcohol Policy is based on recognising alcohol's place in Ghanaian society, and on the recognition that Ghanaians wish to live in a society in which alcohol is available for adults who make an informed choice to drink in moderation. The implementation of a comprehensive and community endorsed National Alcohol Policy is essential, to ensure that alcohol is provided to the community with an appropriate level of regulation, and to protect those at most risk of harms associated with the misuse of alcohol.

The Government recognises the importance of appropriate public information and education programmes that raise the level of community understanding and literacy with regard to alcohol. A better informed society is one which is most likely to maximize the benefits associated with alcohol consumption whilst minimizing the harms associated with its misuse.

In many circumstances the misuse of alcohol is a symptom of broader issues at the individual and societal levels. Reducing the levels of social deprivation, including poverty, homelessness and unemployment will have a significant impact on the levels of alcohol related harm in the community.

The Government also recognises that for this Policy to be effective and sustainable, cooperation and creative partnerships across all sectors of society

are required. It acknowledges its role in facilitating cooperation and collaboration across all sectors of society for the benefit of the general public. While the Government will play its part, it is essential that all other key stakeholders commit themselves to making a consistent contribution to the common vision of a society in which moderate alcohol consumption is the common drinking pattern.

This Policy identifies six priority areas. It sets out the issues to be addressed and makes recommendations on how this can be achieved.

It also describes the partnerships and capacity building required and the action plans necessary to achieve successful implementation.

This National Alcohol Policy has been developed as a result of broad consultations including two national symposia attended by senior representatives of Government Agencies, Non-Governmental Organizations, the beverage alcohol industry and representatives of civil society.

Acknowledgements

The contribution of the following stakeholders to the development of this policy is acknowledged:

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Facilitating Entity: IMANI Center for Policy and Education

Ministry of Health,

Food and Drugs Board,

Ministry of Trade, Private Sector, Industry and President's Special Initiatives,

Ministry of Communication,

Ministry of Tourism,

Customs Excise and Preventive Service,

Ministry of Transport,

Ministry of Man Power, Youth and Employment

Ghana Police,

Church groups.

Association of Ghana Industries

West Africa Business Association, Ghana

Ghana Medical Association

NGOs

Accra Brewery Limited,

Guinness Ghana Breweries Limited,

West Coast Beverage Company Limited,

Cape Trading Company Limited,

Kasapreko Distilleries,

Baron Distilleries,

Paramount Distilleries,

Diageo Spirits,

Diageo Africa,

SABMiller Africa & Asia.

3. BACKGROUND

The availability of reliable data on alcohol consumption in Ghana is a problem, and highlights the necessity of obtaining consistently reliable information on levels and patterns of alcohol consumption, which will assist in determining appropriate areas for evidence-based targeted interventions.

Annual per capita consumption in Ghana is relatively low and is estimated to be approximately 1.54 litres of pure alcohol, ranked 132 out of 185 countries compared by the WHO. Given that illicit or unrecorded consumption comprises a large share of alcohol consumed in Ghana, the absence of accurate data is a significant hurdle which the government is determined to address.

The following table shows estimated annual per capita consumption of pure alcohol in selected regional countries:

Country	Position	Consumption
Nigeria	24 th	10.04 litres
Burkina Faso	89 th	4.38 litres
Cameroon	96 th	3.66 litres
Liberia	104 th	3.12 litres
Cote d'Ivoire	126 th	1.71 litres
Ghana	132nd	1.54 litres
Mali	158 th	0.49

[WHO Global Status Report on Alcohol 2004.]

Patterns of drinking and availability of alcohol represent major determinants or influences of behaviours that lead to alcohol-related harm. The most harmful of these behaviours is drinking to intoxication.

The impact of intoxicated behaviour is increasingly recognised as a major social problem, negatively affecting public safety and amenity.

Health outcomes of drinking at harmful levels, both in the short and long term, have been identified as a major preventable disease burden.

Certain sectors of the population are at greater risk of harm than others and require a special targeted focus to reduce that harm.

A strong evidence base is required to inform the strategies and action plans necessary for the implementation of measures which will appropriately address these issues.

3.1 Intoxication

Drinking to intoxication is a major cause of short term alcohol-related illness, injury and associated social harms, and produces substantial direct and indirect costs, often associated with the increased likelihood of risky behaviours, such as unsafe sex, drink and drunk driving, and intoxication-related offences.

Social harms, both for the individual drinker and for those around them, include injury, verbal abuse, violence, traffic crashes and other harmful outcomes.

Not all occasions of intoxication result in major social harm, but none of the health benefits of alcohol are delivered when it is consumed at levels causing intoxication. Preventing drinking to intoxication would significantly reduce the harm associated with alcohol misuse.

3.2 Public Safety and Amenity

Significant harms within the physical environment result from high risk consumption of alcohol. They include crimes against people and property, anti-social behaviour, public disorder and drink driving related offences.

The impacts of alcohol on public safety and amenity often result from drinking to intoxication and may be exacerbated by the nature of the drinking environment, which can play a major role in determining whether alcohol will be consumed in moderation or consumed inappropriately.

Alcohol misuse is a major contributing cause of road accidents and injury. Increased legislation enforcement and social marketing campaigns aimed at deterring drink driving, are required. Also of concern is the rate of alcohol involvement in fatalities from motor vehicle accidents involving intoxicated pedestrians.

A further concern is the impact of alcohol-related problems on the workplace, such as through absenteeism, reduced productivity and work injuries. Developing workplace programmes on the responsible use of alcohol is complex and requires consideration of health, ethical, legal and industrial relations issues. Government is keen to ensure that workplaces take seriously their duty to provide safe environments for their employees and to discourage alcohol consumption within the work environment.

3.3 Health Impacts

Harms and benefits

There are positive and negative health impacts from alcohol consumption.

When used to excess, alcohol can produce profoundly negative health and social outcomes. The adverse health outcomes range from short term problems, such as injuries from road accidents and violence, to long term health problems, such as liver disease, cancers and alcohol dependence. The risk of HIV/AIDS and other sexually transmitted diseases in Ghanaian society, arising from alcohol-related unsafe sex, is an issue requiring particular attention.

When consumed at low levels, there is evidence that alcohol can provide some health benefits for certain age and gender groups. These benefits include a possible reduction in cardiovascular disease from middle age onwards.

The social benefits include assisting in relaxation, enhancing social interactions, and contributing to traditions and cultural festivities.

Interventions and treatment

Health care professionals have extensive opportunities for patient contact and for imparting health information and advice. They comprise the largest profession at the front line of alcohol health issues. They have key roles in brief interventions, routine screening, assessments, treatment support and referrals. However, many have not had an opportunity to develop skills in alcohol nursing and have not had exposure to alcohol issues through education. They also currently lack the resources, support, and ongoing information and training required to effectively assess and treat patients with alcohol issues.

The low uptake of some proven treatment options for alcohol dependence, such as early and brief interventions, despite their proven effectiveness and cost benefit is an important issue. Brief interventions are known to be effective in early detection and prevention of alcohol-related health problems.

There are opportunities for such interventions in primary health care settings and throughout the health care system. It is necessary that there are effective links between different parts of the health care system, including general practice, hospital accident and emergency departments, alcohol treatment services, and mental health services.

3.4 Patterns and Availability

Culture and patterns

In Ghana few question alcohol's cultural place or availability. The nation's drinking culture is driven by a mix of powerful intangible social forces, such as habits, customs, images and norms. It is also driven by other equally powerful tangible forces relating to the economic and physical availability of alcohol, such as promotion and marketing, price, outlets, hours of access and service practices.

It is not realistic or desirable to advocate for total abstinence from drinking for the whole population. A more sustainable approach is to cultivate those drinking patterns that embrace a harm minimisation approach.

Drinking patterns and the availability of alcohol are complex issues. The starting point is to identify the healthy and unhealthy aspects of current drinking patterns, and to identify responses known to be effective in fostering and reducing these, respectively. The key to success will be a multi-faceted approach involving community information and social marketing, as well as effective, consistent and sustained regulation and enforcement.

Promotions

Alcohol promotions must be regulated to ensure that public health and safety interests are upheld. In this regard, the alcohol beverage industry has introduced its own self-regulatory system. There is a need to communicate these guidelines while ensuring that community members who wish to object to specific alcohol communications are able to do so. The Government supports the need for self-regulation by the alcohol beverage industry and considers co-regulation as the most suitable way to manage marketing and promotions.

3.5 At Risk Populations

At risk populations, including people under the age of eighteen and pregnant women, require a particular targeted focus with regard to alcohol education.

Underage drinking

A concerning aspect of alcohol consumption is the supply of alcohol to minors. There is considerable pressure on parents from other adults and

young people to supply alcohol, and parents often do not know how best to prevent underage drinking. In addition, the influence of parents and other adults as role models is critical as their behaviours may be replicated by young people around them.

While prevention campaigns targeting young people can achieve positive results, as long as young people continue to witness adults' intoxicated behaviour and the social acceptance of drinking to excess, these positive results will be only temporary. There is a need to reduce the perception that drinking to intoxication is acceptable.

A wide range of responses to underage drinking is required. The most important strategies are those already proven to work, including stricter enforcement of the existing purchase age restrictions, and higher penalties for suppliers of alcohol to underage purchasers. The introduction of any system which provides proof of age would be of significant assistance. Other interventions include information, support and awareness programmes for parents, early interventions for at risk young people and harm reduction measures targeting underage drinking.

It is important that national social marketing campaigns that aim to prevent alcohol-related harms are planned in conjunction with other information initiatives, especially peer education and school-based education programmes that engage parents as well as young people.

Pregnant Women

There is conclusive scientific evidence that drinking during pregnancy can be particularly harmful to the unborn child. These drinking patterns generally include heavy drinking especially in the early stages of pregnancy.

It is the view of the Government that pregnant women and women who intend becoming pregnant should be discouraged from consuming alcohol. If pregnant women are currently drinking, every effort should be made to stop them from drinking, at least during pregnancy.

3.6 Research

Inconsistent or inadequate data inhibits the development of effective responses. The availability of reliable data on alcohol consumption in Ghana remains a problematic issue, due to the large quantities of unrecorded (and untaxed) sales. This lack of data and loss of revenue

have a negative impact on the capacity of the Government to implement appropriate social welfare and other programmes.

While data exists on certain harms arising from alcohol misuse, there is very little data on the patterns of drinking which lead to those harms. Responding to alcohol concerns requires ongoing development of the evidence base to inform policy and practice. It is necessary to conduct a comprehensive review of evidence on alcohol consumption and alcohol-related harms and strategies.

4. GUIDING PRINCIPLES

4.1 Vision

The Vision of this National Alcohol Policy is to bring about a harm-free drinking culture and environment by reducing the misuse of alcohol.

4.2 Mission

To encourage and promote patterns of drinking which have the effect of producing healthier and safer outcomes and to co-regulate the production, marketing and sale of alcohol beverages in such a way that the benefits of moderate consumption of alcohol are maximized and the harms associated with misuse are minimized.

4.3 Key Principles

This Policy is based on three basic rights:

- 4.3.1 The right of Ghanaians above the age of eighteen, who choose to do so, to purchase and consume alcohol responsibly;
- 4.3.2 The right of all Ghanaians, and in particular those under the age of eighteen, to be informed of and, wherever possible, protected from the harms arising from alcohol misuse.
- 4.3.3 The right of the alcohol industry to conduct legitimate and legal business in a responsible way;

4.4 Policy Goal and Objectives

The Government of Ghana will implement an alcohol policy whose overall objective is to prevent and minimise alcohol-related harm to individuals, families and communities in the context of developing safer and healthier patterns of drinking;

Specific Policy objectives are:

- 4.4.1 Reduce the incidence of intoxication among drinkers;
- 4.4.2 Reduce the misuse of alcohol

- 4.4.3 Develop and implement a transparent self-regulatory system by which the alcohol beverage industry ensures that the production, promotion and marketing of its products are consistent with national requirements and meet international best practice standards for self-regulation;
- 4.4.4 Develop and implement a national plan to prevent underage drinking;
- 4.4.5 Develop and implement a comprehensive approach to age-appropriate education on alcohol within the Ghanaian school curriculum;
- 4.4.6 Develop and implement a coordinated public education campaign which educates the public about the harms arising from alcohol misuse, encourages moderation amongst those who choose to drink, and targets those drinking patterns which have been shown to increase the risk of harm to the individual, their family and/or the broader community;
- 4.4.7 Implement a strategy for nationwide dissemination of information to primary health care and other relevant workforces on strategies for reducing the harms associated with the misuse of alcohol;
- 4.4.8 Develop a national plan for ensuring that evidence-based assessment of prevention and treatment services for alcohol misuse and dependence are available throughout Ghana;
- 4.4.9 Develop and implement a national plan to address drink driving, workplace drinking and other alcohol-related social disorders;
- 4.4.10 Develop and implement a plan which reduces alcohol misuse by pregnant women;
- 4.4.11 Adopt measures to enhance public safety and amenity;
- 4.4.12 Establish an independent body, the Ghana National Alcohol Council (GNAC) to oversee the implementation of the relevant plans developed to achieve the strategies contained in this National Alcohol Policy; and to report as required to the President on progress in achieving the objectives of this National Alcohol Policy.

5. KEY ISSUES AND POLICY MEASURES

There are significant linkages between the issues identified in this National Alcohol Policy.

Patterns of drinking and availability represent major determinants or influences of behaviours that lead to alcohol-related harm. The most harmful of these behaviours is drinking to **intoxication**.

The impact of intoxicated behaviour is increasingly recognized as a major social problem, negatively affecting **public safety and amenity**, as well as imposing additional costs on law enforcement, welfare and health agencies.

Health outcomes of drinking at harmful levels, both in the short and long term, are identified as a major preventable disease burden.

Certain segments of the population are **at particular risk** from alcohol-related harms and require a special targeted focus to reduce that harm

Scientific evidence provided by **research** is required to inform the strategies and action plans necessary for the implementation of these measures.

The focus areas therefore are:

- Intoxication
- Public safety and amenity
- Health impacts
- Patterns and availability
- At risk populations
- Research

The Government shall ensure that measures to address these priority areas are implemented in partnership with appropriate stakeholders.

5.1 FOCUS AREA ONE: INTOXICATION

5.1.1 Policy Issue

Drinking to intoxication is a major cause of short term alcohol-related illness, injury and associated social problems.

5.1.2 Policy Objectives

5.1.2.1 Reduce the incidence of intoxication among drinkers;

5.1.2.2 Reduce misuse of alcohol

5.1.3 Measures

To reduce the incidence of intoxication, responsible service practices in licensed environments are recommended, but need to be accompanied by formal, strict and consistent law enforcement which leads to the reduced serving of intoxicated people on licensed premises. In this regard there is a need to review alcohol legislation, and particularly the penalties imposed in terms thereof.

This will be accompanied by public awareness initiatives and strategies to reduce the prevalence of intoxication and the associated harm.

5.1.3.1 **Increase public awareness and understanding of the extent and impacts of intoxication:**

- To reduce alcohol-related social disorder, programmes will be introduced to improve public awareness of alcohol and its effects, as well as the laws regulating the sale of alcohol;
- Educational programmes will include such information as the age of legal consumption and purchase, availability and hours of operation;
- Responsibility and moderation messages will accompany all promotional communications;
- Drinking guidelines will be provided with balanced information on low risk and potentially harmful drinking levels and patterns;

5.1.3.2 **Implement strategies to reduce the outcomes of intoxication and associated harm in and around licensed premises:**

- Bar staff training will be developed and implemented in conjunction with the alcohol industry to reduce serving to intoxicated individuals and to stop serving those below the legal drinking age;

- All managers and staff of liquor outlets will undergo training in the responsible sale and serving of alcohol;
- Bar staff will be trained on handling intoxicated patrons, and using judgment to reduce incidents such as drunk driving.

5.1.3.3 Improve licensee’s compliance with the law, and licensed premises:

- Management practices will comply with legislative requirements to reduce the risk of harm;
- Bar staff and management must understand their legal obligations;
- Bar staff must understand and will deliver responsible server practices;
- There will be regular appraisals of compliance with legislation, regulations and good practice in liquor outlets, and in particular intoxication and the enforcement of underage drinking laws;
- Premises must be designed in a way that minimises the potential for harm;
- Licensed premises must be promoted in ways that do not encourage excessive consumption.

5.1.3.4 Ensure appropriate legislation

- Current alcohol legislation will be reviewed and amended to ensure appropriateness to current circumstances;
- Offences relating to intoxication, serving practices and trading hours will be clearly defined;
- Penalties for contravening the legislation will be clearly defined and appropriate to the objectives being pursued.

5.1.3.5 Improve the enforcement of alcohol licensing regulations:

- Increase the capacity of the police to enforce alcohol licensing laws, particularly those relating to serving people who are intoxicated or under the legal drinking age;
- Action will be taken for breaches of alcohol and other legislation;
- Police will receive training as part of their formal in-service induction and ongoing education on the need to strictly enforce the alcohol legislation, and the consequences of alcohol misuse.

5.1.3.6 Increase awareness of management of intoxication by healthcare workers and law enforcement:

- There will be a focus on increased understanding of the effects of intoxication as part of the training of healthcare and related workers;
- There will be a special emphasis on the training of law enforcement and emergency department workers in managing intoxication.

5.2 FOCUS AREA TWO: PUBLIC SAFETY AND AMENITY

5.2.1 Policy Issue

There are significant social harms and harms to the physical environment that result from high risk consumption of alcohol, such as crimes against people and property and harms resulting from reckless acts and accidents.

5.2.2 Policy Objectives

5.2.2.1 Enhance public safety and amenity.

5.2.2.2 Develop and implement a national plan to address drink driving, workplace drinking and alcohol-related social disorders.

5.2.3 Measures

5.2.3.1 **Prevent and reduce alcohol-related injuries through the following measures:**

- Investigate the current evidence base to reduce alcohol-related injury;
- Review Blood Alcohol Content (BAC) limits for all drivers;
- Provide alcohol-related brief interventions, treatment and rehabilitation support for drink drive and alcohol-related offenders;
- Introduce public education programmes aimed at educating the public about the dangers of drink driving, and drinking where skills and judgment are required, such as in the workplace;
- Introduce drink drive programmes;
- Develop a plan to address commercial drivers and the amenities at lorry stations;
- Introduce strategies in the workplace to prevent and reduce alcohol-related harm by introducing awareness initiatives and employee assistance programmes;
- Partner with industry to introduce alcohol policies in the work place incorporating random alcohol-testing.

5.2.3.2 **Develop and communicate best practice guidelines on “safer” drinking establishments which will include:**

- Environmental design and management to reduce alcohol-related harm on and around licensed premises;
- Cleanliness and maintenance;
- Adequate ventilation;
- Sufficient lighting and moderate noise level;
- Availability of seating;

- Crowd control and adequate security;
- Availability of food and non-alcoholic beverages.

5.2.3.3 Develop and communicate best practice guidelines on:

- Creating partnerships between enforcement, the retail trade and communities to ensure that the environment in and around serving establishments remains safe;
- Management of alcohol-related issues at public events;
- Management of alcohol-related issues in the workplace;
- Harm minimisation and health promotion in settings where alcohol-related harm occurs;
- Provision, management and promotion of late night transport options from licensed premises, including taxis and designated drivers.

5.3 FOCUS AREA THREE: HEALTH IMPACTS

5.3.1 Policy Issue

There are positive and negative health impacts from alcohol consumption. When consumed at low levels, there is evidence that alcohol can provide some health benefits for certain age and gender groups. When used to excess, alcohol can produce profoundly negative health and social outcomes.

The low uptake of some proven treatment options for alcohol dependence, such as early and brief interventions, despite their proven effectiveness is an issue. Many health professionals currently lack the resources, support, and ongoing information and training required to effectively assess and treat patients with alcohol issues.

5.3.2 Policy Objectives

- 5.3.2.1 Disseminate nationwide information to primary health care and other relevant workforces on strategies for reducing the harms associated with the misuse of alcohol;

- 5.3.2.2 Develop and implement a national plan for ensuring that evidence-based assessment and treatment services for alcohol misuse and dependence are available throughout Ghana.

5.3.3 Measures

5.3.3.1 Initiate a national effort to enhance the capacity of the health care and related professions in addressing alcohol-related health problems:

- Alcohol education will be included in all undergraduate health care curricula and in-service training;
- Through education, patients will be encouraged to cooperate with health care professionals to assess levels of consumption of alcohol;
- Health care professionals will be supported with resources for alcohol-related screening and early interventions in primary care settings, including hospital accident and emergency departments, general practice and mental health services.

5.3.3.2 Promote primary health care settings as an accessible and non-stigmatising opportunity for health promotion, prevention and treatment of alcohol use problems:

- Increase the uptake of pharmacotherapy treatment for alcohol dependence specialist alcohol treatment services.

5.3.3.3 Improve capacity and encourage a system-wide health response to people at risk of short-term and longer-term alcohol-related health problems:

- Identify programmes that show promise in preventing and responding to alcohol-related harm issues;
- Establish a profile of the spread and treatment funding allocations to mainstream and targeted services;
- There will be an increase in the feedback and referral for alcohol-related assessment and treatment from hospital accident and emergency departments to specialist

alcohol services, and to primary healthcare doctors and other health workers;

- Consider the establishment of specialist alcohol treatment services in urban and rural settings.

5.3.3.4 Initiate a comprehensive programme to reduce the harms from illicit alcohol:

- Appropriate legislation will be enacted to define illicit and licit alcohol
- Capacity will be enhanced to ensure the law is enforced;
- Quality and purity standards for non-commercial licit products will be enacted, communicated and enforced, which will include random testing of products;
- Through appropriate communication, raise awareness of the dangers of poor quality illicit products.

5.4 FOCUS AREA FOUR: PATTERNS AND AVAILABILITY

5.4.1 Policy Issue

Drinking patterns and the availability of alcohol is a complex issue. A starting point is to identify which patterns are desirable.

Alcohol promotions must be self-regulated to ensure public health and safety interests are upheld.

5.4.2 Policy Objectives

5.4.2.1 Develop and implement a transparent self-regulatory system by the alcohol beverage industry;

5.4.2.2 Develop and implement a coordinated public education campaign which encourages moderation and targets those drinking patterns which have been shown to increase the risk of harm.

5.4.2.3 Educate the public about the harms arising from alcohol misuse;

5.4.3 Measures

5.4.3.1 Physical availability of alcohol:

- Trading hours of on-premise outlets will be reasonable and will be supported by appropriate and enforced sanctions for transgressors.

5.4.3.2 Alcohol commercial communications:

- Alcohol promotions that encourage rapid or high levels of alcohol consumption shall not be allowed;
- Moderation messages and underage messages will be included in all commercial communications;
- No communications or promotions shall be targeted at under 18 year olds;
- All commercial communications will comply with current regulatory requirements.

5.4.3.3 Develop and implement education and awareness campaigns to reduce alcohol-related harms:

- An education and awareness campaign will be developed with the aim of encouraging positive drinking patterns and discouraging negative patterns, and reducing the perceived acceptability of intoxicated behaviour;
- There will be appropriate participative research and thorough consultation to inform the development of education and awareness campaigns;
- There will be comprehensive education and awareness campaigns, targeted and well coordinated, and developed with thorough participative consultation with key partners, including the alcohol and hospitality industry, the health sector, law enforcement, school-based education programmes, young people and local communities.

5.4.3.4 Develop a shared vision for long-term pattern change with the aim of reducing alcohol related harm and developing safer and healthy drinking cultures:

- There must be an annual national alcohol policy audit with an accompanying forum to promote implementation and to ensure accountability of all parties.

5.5 FOCUS AREA FIVE: AT RISK POPULATIONS

5.5.1 Policy Issue

Individuals who are at increased risk from alcohol-related harm require special attention with regard to prevention and intervention measures.

At risk populations include a variety of people susceptible to the effects of alcohol. They represent a particular cause for concern and also specific targets for interventions.

Young people and pregnant women are particularly susceptible to harm from alcohol consumption and are a primary target for alcohol education.

5.5.2 Policy Objectives

- 5.5.2.1 Develop and implement a comprehensive approach to age-appropriate education on alcohol for school children;
- 5.5.2.2 Develop a national plan to prevent underage drinking;
- 5.5.2.3 Develop and implement a national plan to reduce alcohol misuse by pregnant women and other at risk populations.

5.5.3 Measures

5.5.3.1 Collect detailed information on underage drinkers and pregnant women

- Initiate research to enable evidence based programmes to be put in place to target underage drinkers, pregnant women and other at risk populations.

5.5.3.2 Establish marketing and communication standards around young people to ensure:

- Commercial communications do not target those under the legal drinking age;
- Voluntary codes and self-regulation are adopted by the industry;
- Public awareness of the legal drinking age and the punitive measures for non-compliance.

5.5.3.3 Develop and communicate best practice on:

- Adult responsibilities, particularly for parents, in partnership with police, schools, local government and family groups;
- The provision of antenatal care.

5.5.3.4 Establish programmes and produce material to:

- Educate those who provide interventions, such as health professionals and social workers on the issues they are expected to address and how to communicate them;
- Educate adults and under age drinkers on the potential for alcohol-related harm arising from underage consumption;
- Equip educators – parents, teachers, youth workers, religious and community leaders – with the knowledge and skills for their roles as educators;
- Identify and target venues frequented by those at risk, such as social or athletic clubs, youth groups, shelters for the homeless or abused, emergency rooms and the like;
- Enforce the laws which prohibit underage drinking;
- Prohibit the employment of those under age in licensed premises;
- Educate pregnant women not to drink during pregnancy. Most guidelines recommend abstinence of alcohol consumption by pregnant women;

- Inform and assist other at risk groups such as socially marginalized people, the indigent and homeless, as well as those who may be outside the mainstream of healthcare.

5.6 FOCUS AREA SIX: RESEARCH

5.6.1 Policy Issue

Responding to alcohol concerns requires ongoing development of the evidence base to inform policy and practice. It is necessary to conduct a comprehensive review of evidence on alcohol consumption and alcohol-related harms and strategies.

Inconsistent or inadequate data inhibits the development of effective responses, and data collection needs to be strengthened.

5.6.2 Policy Objective

Develop a national plan for ensuring that evidence-based assessment of prevention and treatment services for alcohol misuse and dependence are available in urban and rural Ghana.

Consistent and reliable data will inform the strategies required to achieve the objectives contained in Section 4.

5.6.3 Measures

5.6.3.1 Initiate and implement a comprehensive range of research to develop an understanding of the role of alcohol in our society, and of the extent of alcohol-related harm:

- Obtain relevant data on drinking patterns and trends;
- Explore opportunities for the collection of data for use in targeted interventions;
- Develop a national approach to the collection of alcohol-related offence information and best practice response procedures in collaboration with law enforcement;

- Explore opportunities for data collection by hospitals and emergency departments in relation to alcohol-related admissions;
- Obtain information on the personal, social and economic harms associated with alcohol misuse;
- Audit services for those with alcohol-related problems;
- Address training and education needs of the health and welfare workforce.

6. GUIDELINES FOR IMPLEMENTATION

6.1 Strategy formulation

The Government will establish a Ghana National Alcohol Council (GNAC) to oversee all aspects of the implementation of the policy.

GNAC will report to the Office of the President of Ghana, and will publish an annual report on progress. It will draw its membership from Government Officials, representatives of the academic and Public Health Community, representatives of the Non-Government Sector and Civil Society and representatives from the Beverage Alcohol Industry.

It will monitor and where appropriate support the annual work plans for the relevant Government Ministries, Departments and Agencies (MDAs).

GNAC will review this National Alcohol Policy every five years and may propose appropriate changes which will enhance the Government's ability to achieve the Vision of the Policy.

6.2 Policy Responsibilities

This is critical to the success of the National Alcohol Policy. Mechanisms include:

- Disseminating, communicating and promoting the National Alcohol Policy to key stakeholders;
- Building partnerships including partnerships between government, industry and communities;
- Coordinating activities and outcomes through strategies and planning.

Responsibility for action in related areas of law enforcement, criminal justice, health and education rests with government agencies at all levels, the community sector, business and industry, the media, research institutions and individuals.

It is the expectation of Government that there will be national alcohol action plans, supported by appropriate budgets, in place within twelve months of the publication of this policy. These national action plans will form part of the annual work plan for the relevant Government MDAs and will include action plans for:

- 6.2.1 Improving early detection, prevention and treatment of alcohol related harms;
- 6.2.2 Increasing alcohol related curriculum content in schools;
- 6.2.3 Eliminating sales of alcohol to minors;
- 6.2.4 Reducing the supply of unregulated alcohol;
- 6.2.5 Increasing community awareness of the benefits of moderate consumption and the harms associated with misuse;
- 6.2.6 Addressing alcohol-related harms;
- 6.2.7 Addressing alcohol-related road traffic injuries.

6.3 Monitoring and Evaluation

The implementation of the National Alcohol Policy requires effective monitoring and evaluation with appropriate feedback mechanisms amongst all stakeholders in order to ensure proper service delivery and capacity building.

The Government will encourage active participation by all levels of the beverage alcohol industry as a key partner in the policy formulation and implementation process. The beverage alcohol industry has a vested interest in ensuring that alcohol misuse is substantially reduced, and has a unique capacity to access those responsible for promoting and selling alcohol as well as to those who consume their products.

6.4 Legislation

There shall be a thorough review of all national policies to ensure complementarity and compatibility with this National Alcohol Policy. Likewise, a review of education and training curricula is necessary to ascertain the extent to which changes need to be made to give effect to this Policy. Finally, existing legislation regulating the trade and the alcohol industry must be reviewed.

6.5 Resource mobilisation

6.5.1 Partnerships

The success of the National Alcohol Policy will depend on the partnerships forged between all key stakeholders, in particular:

- Law enforcement agencies
- The judiciary
- Liquor licensing authorities
- Alcohol NGOs
- Civil society
- Health providers
- Welfare, housing and other social services
- Alcohol producers, wholesalers and retailers
- The hospitality industry
- Parent groups, e.g. PTAs
- Educators
- Road traffic authorities
- District Assemblies
- Allied government departments
- Parliament
- Religious leaders and faith groups
- Individuals
- Media
- Private sector
- Trade Unions
- Consumer Associations.

6.5.2 Capacity

Special attention must be given to:

- The inclusion of alcohol education in all undergraduate healthcare professionals' curricula, and in-service training programmes;
- The development of a health care practitioner programme in relation to alcohol;
- Increasing the capacity of the mental healthcare workforce to respond to alcohol and mental health disorders;
- Increasing the capacity of police and other law enforcement agencies in responding to alcohol issues;
- The inclusion of alcohol education in all undergraduate teachers' and welfare professionals', education curricula and training programmes.

6.6 Government Commitment

Government accepts that effective alcohol policy relies on combining reasonable and appropriate population-level approaches with measures targeted at particular drinking patterns and risks for harm at an individual, community and population level. The Government's National Alcohol Policy will balance these two approaches, offsetting benefits against harm, and protecting individual freedoms, while at the same time safeguarding public health and social well-being.

This Policy requires comprehensive planning and implementation across a wide spectrum, ranging from education of the public, the retail trade, teachers and healthcare workers, to responsible serving practices, to improving enforcement capacity, to treatment.

The extent to which the plans outlined above are put in place will determine the successful achievement of the objectives. The degree of reduction of harms associated with alcohol misuse will be the ultimate measure of success.