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Ghana Non-Communicable Diseases Alliance

POLICY BRIEF
ON ALCOHOL REGULATION IN GHANA

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POLICY BRIEF

Alcohol taxation, regulation and treatment of alcohol dependence in Ghana

Burden of harmful use of alcohol

Harmful use of alcohol is increasingly being recognized not only as a major public health concern but an affront to the socio-economic development of the continent. This is attributed to the high consumption of alcohol in the African continent, where about 30% of the adult population reportedly drink alcohol, and where the adult population consume 13% more alcohol per capita than the global average. Globally, the harmful use of alcohol resulted in about 3 million deaths in 2016, representing 5.3% of all deaths, and 26.1 million disability-adjusted life-years connected to the harmful use of alcohol. In Ghana, although there is inadequate and inconsistent data on alcohol consumption, evidence shows about 23.3% of the adult population (15years and above) take alcohol, with 2.1% engaged in heavy drinking whilst majority (57%) take locally prepared alcoholic beverages.

In many African countries including Ghana, alcohol is the primary risk factor for a significant number of mortality and morbidity cases. Drinking alcohol has the potential to not only affect drinkers themselves, but also others who fall victim to drunk driving, domestic violence and alcohol-induced anti-social behaviour, not excluding the public health consequences of harmful drinking. For example, it is reported that about half of the global cirrhosis cases are associated with alcohol intake. Further, several non-communicable diseases (NCDs) such as diabetes, cancer, chronic respiratory diseases, cardiovascular diseases and mental health1, and certain infectious diseases, including TB, HIV/AIDS are associated with alcohol use. WHO reveals that low- and middle-income countries (LMIC), and especially Africa, have the highest age-standardised attributable deaths per 100 000 people, indicating greater harm per litre of alcohol consumed than in wealthier countries. Ghana ought to be wary of these statistics and take action to avert dire consequences.

Box 1. Key facts on the impact of harmful use of alcohol in Africa

- Low-middle-income countries, have the highest age-standardised attributable deaths per 100 000 people
- Harmful use of alcohol is among the leading risk factors for the global burden of disease
- Between 40% and 60% of all deaths from injury and violence are due to alcohol consumption.
- Cost-effective strategies and regulatory measures are needed to reduce the harmful use of alcohol
- Majority of African countries do not have legally binding regulations for alcohol marketing
- The most cost-effective ways to reduce alcohol- related harm is to make alcohol less available and more expensive and to prohibit alcohol advertising.

Rationale for the policy brief

Although a large body of evidence has highlighted the high burden of harmful use of alcohol, many African countries including Ghana have done very little to tackle this problem. As a result, alcohol-associated morbidity and mortality are on the rise, and NCDs precipitated by harmful use of alcohol have also been observed to be soaring. In Ghana, the aggressive marketing strategies of the alcoholic beverage companies only point to the looming burden of the harmful alcohol consumption, with the resultant effect on the already strained health system. A major gap amidst this public health challenge is the lack of preventive, treatment and rehabilitation interventions within existing healthcare systems to tackle alcohol-dependency.

There is a historical antecedent to this. Alcohol use disorders were historically seen as social problems and this has been noted to be an underlying reason for the current lack of investments in strengthening healthcare systems, especially primary health care to tackle alcohol dependency problems. In light of this, most policy interventions have paid little attention to improving access to screening of alcohol dependency, treatment and rehabilitation services. Consequently, people living with alcohol dependency problems or alcohol use disorder (AUD) often face challenges (e.g. geographical or financial access issues) to accessing treatment and rehabilitation services due to unavailability of services.

Further, an important premise for this brief is the lack of taxation and pricing policies to reduce access to alcohol use and to generate revenue for the state backed by the WHO Best Buys for NCDs prevention and control. Such revenues could also be ploughed back to support public health interventions or to support, treatment and rehabilitation of alcohol dependents across the population. In fact, the use of taxation and pricing strategies to reduce harmful use of alcohol has been enlisted among the WHO Best Buys for NCDs prevention and control. This notwithstanding, taxation and price regulation of alcoholic products are less enforced, aa situation which appears to inadvertently promote access and misuse of alcohol products increasing the health burden.

Aim of the policy brief

The purpose of this policy brief is to highlight the need to improve access to screening and treatment of alcohol related disorders through the taxation of alcoholic products and regulation of policies to tackle the harmful use of alcohol products.

Barriers to regulation of harmful alcohol use and treatment of alcohol dependency

Despite the existence of evidence-based strategies and policies to regulate the harmful use of alcohol globally, most countries especially those in Africa still lack clear policy directions and regulatory instruments to tax or enforce pricing of alcohol products, control the availability, distribution and use of alcohol. It has also been noted that access to safe, and quality approved medicines, treatment, care and support and counseling services for people living with NCDs especially those with heavy dependence on alcohol is a key challenge. Other areas of major concern are the lack of availability of screening at the primary health care level, lack of a coordinated/integrated approach linking prevention, treatment and care of alcohol use disorders and comorbid conditions; unavailability of comprehensive services for early detection, diagnosis, treatment, psychological, rehabilitative, palliative care for those with NCDs. Where some treatment and recovery services exist, there is also financial constraints, geographic accessibility, or a general lack of awareness of treatment availability. access to safe, and quality

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Box 2: Barriers to effective regulation of alcohol

- Lack of political imperative in regulating the availability and use of alcoholic beverages limiting allocation of resources to enforce existing policies such as, marketing restrictions and availability of alcohol products.
- The role of globalization and certain global, regional or continental free-trade policies which often seeks to promote competitions and remove any trade barriers eventually undermine the power of existing policies to regulate availability, sales and distribution of alcoholic beverages.
- Lack of collaboration and policy incoherence in efforts to regulate alcohol uptake. In countries such as the Philippines and Thailand where evidence of increased tax on alcoholic products to fund public health programs exist, different stakeholders including government agencies and CSOs played a role.
- Government interests in generating revenue from the alcohol industry and income generation sometimes reduce policy interest in regulating the alcohol industry. Where the sale of alcohol generates significant revenue and create jobs, non-regulation of alcohol policies is often lacking or slow.
- The availability of quality and reliable information on the harmful use of alcohol on population health and socio-economic development is often lacking, making it difficult for policy makers to appreciate the enormity of the burden posed by harmful use of alcohol.

Recommendations and policy options for governments

It is crystal clear from the above evidence that harmful use of alcohol poses a significant threat to population health, and socio-economic development of Ghana in many significant ways and should therefore be of high priority to policy makers and legislators. Four key recommendations are put forward by the Ghana NCD Alliance and other key stakeholders for policy consideration and action in the draft alcohol regulations

Taxation and regulation of alcohol products

The introduction of alcohol excise taxes has proven to be an effective measure to decrease the consumption of alcohol at the population level. There exists an inverse relationship between taxation and alcohol consumption. Whilst taxation of alcoholic beverages will reduce its consumption and the associated harm especially among the youth, it also generate additional revenue for government. Funds from these taxes could be channeled into NCDs prevention activities such as screening, treatment and rehabilitation of people with alcohol-dependency disorders. As done in other jurisdictions, independent institutions or foundations should be set up to manage such funds. The draft alcohol regulations should clearly state the institution to administer the sin taxes, penalties for the breach of alcohol regulations, and licensing of premises, products etc. and other internally generated revenues. Given that the NHIS does not have a full-blown package for the treatment and management of NCDs over a long duration, a percentage of taxes arising from alcohol taxation should support the NHIS to expand its treatment package for people living with NCDs. As highlighted in the Ghana Advocacy Agenda of People Living With NCDs, such taxes could be used towards the "Expansion of the National Health Insurance Scheme to cover no less than 50% of comprehensive services, treatment, training, counselling and support for people living with NCDs and disabilities on self-management". This will ensure financial risk protection, a fundamental principle of Universal Health Coverage (UHC) and the United Nations Sustainable Development Goals (SDGs). The Ministry of Health and Ministry of Finance are strongly recommended to work collaboratively to introduce such sin taxes and develop a road map on how the revenue from such taxes can be channeled towards improving access to alcohol dependency treatment. CSOs can play a key facilitating role and also monitor to ensure this is materialized.

Access to screening, treatment and rehabilitation services for alcohol use disorders

Similar to other LMICs, treatment and rehabilitation services of such persons are often neglected at the policy level thus, creating a major treatment and rehabilitation gap for people with alcohol use disorders in Ghana. Such persons have limited access to public health support services especially, at the primary health care level. This is symptomatic of the underfunded nature of healthcare systems in most resource-poor settings, including Ghana. As a result, health care professionals lack the requisite competences to screen, treat and provide rehabilitative services to support heavy alcohol dependents. As part of the policy regulation reforms, we recommend that comprehensive treatment services should be made available to include screening and early diagnosis services and supportive counselling, cognitive behaviour therapies, rehabilitation and community reintegration programmes. Screening for alcohol dependency at the various health facilities should be expanded to include screening for other chronic conditions such as assessments liver, kidney, oral health, neurological conditions, and mental health at both in-patient and out-patient services to be provided during consultations. To ensure successful implementation, healthcare professional bodies, patient groups and CSOs should be consulted broadly to ensure full implementation. As the case exists in Uganda, we encourage the government to include in the draft alcohol regulations and operationalize its national alcohol policy by establishing alcohol dependency treatment and rehabilitation centers across the country.

Whole of government/whole of society approach to regulate harmful use of alcohol

Given that the high burden of harmful alcohol use is underpinned by multiple factors, with both public health and socio-economic ramifications, policy responses should be multifaceted in nature to include CSOs and relevant private sector. It is therefore important to build a solid partnership base across different sectors and groups in the society to ensure a robust response is

needed to tackle the high burden of harmful alcohol intake which has the potential to not only undermine population health but also undermine existing gains made towards the achievement of SDGs and UHC.

Increased investment for 'best buys' in alcohol control

Inspired by the recent WHO Executive Board decision for urging member states to accelerate action on alcohol control, we strongly recommend policy action through adequate resource allocation, provision of technical support to ensure regulation of harmful use of alcohol in Ghana. The Addis Ababa Action Agenda 2015 recognizes that tax measures on tobacco can be an effective means to reduce tobacco consumption and health-care costs, and represent a revenue stream for financing for development. In the WHO saving lives spending less on NCDs, it is estimated that US$1 investment will yield a substantial return of US$9.13, underscoring the need to invest more in alcohol control policies and interventions

Regulation on sponsorship, promotion and marketing of alcohol

In the wake of aggressive marketing and advertisement by the alcohol industry in Ghana, as witnessed in many other countries in the African continent, new stricter regulations on alcohol marketing are pivotal to minimizing the aggravating effects of the harmful use of alcohol to public health and socio-economic development. Further restrictions should be enacted and enforced to ban physical availability of alcohol in sales outlets via reduced hours of sale and on exposure to alcohol advertising across multiple types of media. We currently consider government restrictions on alcohol promotion, advertisement, marketing and sponsorship as mild, not deterrent enough, and appear friendly towards the alcohol industry players. The Ghana alcohol regulations specify that alcoholic beverages may be advertised in the electronic and print media. However, it does not specify the list of media outlets that could be used for alcohol advertising and marketing. There are lots of media outlets and the activities of some of them are difficult to control. For instance, social media has become a powerful medium of alcohol marketing and advertising; it poses a serious threat to the control of alcohol consumption among the youths and adolescents who are on different social media platforms.

Availability and accessibility of alcoholic beverages

Evidence from our grassroots work reveals the current timing for the advertisement of alcoholic beverages are counterproductive to efforts towards regulating the harmful use of alcohol. We therefore recommend that the time of alcohol advertisement should be restricted to 5 am and 11pm. This has been done in other contexts (e.g. Lithuania and Poland) and proved to be effective in reducing alcohol consumption among the underage. To further restrict access, we recommend that retail outlets for alcohol should not be sited within 300metres of existing 1st and 2nd cycle educational facilities, hospitals and alcohol rehabilitation centres. This should also be extended to include lorry/bus terminals and stadiums.

Box 3: Global Best Practices in Alcohol Regulation and Potential Impact

- Uganda and Kenya recently in their tobacco control laws introduced a special levies on tobacco
- products for specific health interventions.

  Russia introduced a sweeping reform in regulating the alcohol to minimise the harm caused by misuse of alcohol and this resulted in a 43% reduction in the consumption and improved life expectancy of over 10 years.
- In Thailand, a 2% surcharge level on alcohol and tobacco was introduced and earmarked for an independent Health Promotion Foundation (ThaiHealth). The evidence shows a massive reduction in the total per capita consumption of alcohol from 8.1 litres in 2005 to 6.9 litres in 2014. This has to reduced NCDs related mortality and
- morbidity

  Sin tax' reform bill in 2012 in the Philippines increased taxes on tobacco and alcohol. Two years following the passage of the law, the Philippines Department of Health budget rapidly increased from US$ 1.25 billion to nearly US$ 2 billion and in 4 years, Health care population health coverage increased from 74% to 82%.

Conclusion

In summary, effective implementation of alcohol regulatory policies have a wide range of significant socio-economic and public health benefits, and so, we make a clarion call on the government to implement the above evidence-based policies and strategies to regulate the harmful use of alcohol. Policy attention should specifically focus on strategies to improve uninhibited access to prevention, treatment and rehabilitation services as these are currently limited. Taxation and pricing of alcohol products should be rigorously pursued and implemented.

This can only be successful through concerted efforts and strong political will to institute and implement such policies. Government and all relevant stakeholders to be conscious of the potential barriers which could compromise any successful implementation and enforcement of these policies. With Ghana being the secretariat to the African Continental Free Trade Agreement, we beckon the government not to remove or withhold taxes on alcoholic products or liberalize trade agreements to make Ghana an attractive destination for the alcohol industry. Every effort should be made to improve the health of Ghanaians.