Regional Alcohol Policy Advocacy Strategy

For NGOs and Civil Society Organizations

Eastern African Alcohol Policy Alliance Countries

Draft for Limited Circulation
March, 2011
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Definition of terms

“Binge drinking”
Means a pattern of heavy drinking that occurs during a single occasion, commonly defined as six alcoholic drinks (60g of alcohol) consumed on a single occasion.

“Advertising and promotion”
Means any form of commercial communication, recommendation or action with the aim, effect or likely effect of promoting an alcoholic product or alcohol use either directly or indirectly.

“Alcohol sponsorship”
Means any form of contribution to any event, activity or individual with the aim, effect or likely effect of promoting an alcoholic product or alcohol use either directly or indirectly.

“Alcohol products”
Means products that contain more than x% alcohol by volume which are manufactured to be orally consumed.

“Ilicit trade”
Means any practice or conduct prohibited by law and which relates to production, shipment, receipt, possession, distribution, sale or purchase including any practice or conduct intended to facilitate such activity.

“Alcohol industry”
Means alcohol manufacturers, wholesale distributors and importers of alcohol products and the social aspects organizations set up and funded by the alcohol industry.

“Alcohol policy”
Means a range of supply, demand and harm reduction strategies that aim, through law, rules and regulations, to improve the health of a population by reducing the harm done by alcohol.

Note: This document is adapted from:-
“A policy on alcohol for Europe: bridging the gap principles”

Acronyms

EAAPA - East African Alcohol policy Alliance
WHO - World Health Organization.
NGO - Non government Organization
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CHAPTER 1

Overview

Aware that the World Health Organization has recommended that countries need to consult but not to collaborate with economic operators in the alcohol market chain, it is desirable to note that governments consult with the economic operators but not allow them to influence the process of policy development in ways that compromise public health.

Stakeholders with significant financial conflicts of interest should declare these conflicts where appropriate and should not be involved in planning, development, or implementation of policies with a public health focus and impact, because of their inherent conflicts of interest and their lack of expertise in the area of public health.

We encourage governments to bring on board all other stakeholders (e.g., social welfare, judiciary, finance, enforcement agencies, NGOs, etc.) in order to have a comprehensive multi sectoral alcohol policy, and consult with industry as well as industry-sponsored trade and social aspect organizations to identify ways that industry can improve its production, packaging, product design, product safety and marketing practices in ways consistent with the public health objectives of national alcohol policies. Economic operators should also recognize that in many countries the majority of the population practices alcohol abstinence and for this reason all marketing activities should be respectful of social customs and religious beliefs.

WHO and other public interest international organizations should provide technical support to countries interested in improving their national alcohol policies. Resources should be provided to develop appropriate policy documents, including model legislation that can be used by countries. Donor nations should support the appointment of an Expert Committee that will advise WHO AFRO to review the evidence for effective alcohol policies, and propose model policies, especially with respect to illicit production.

Given the increasing level of harm caused by alcohol in East Africa, this document provides useful information for advocates to urge governments in the region and other African countries to treat as urgent the development and full implementation of evidence-based alcohol policies as provided in this document.

Comment

We need a Strategy that will strike a balance between public health and public safety, recognizing that reducing demand through a community-wide approach is critical to our success. Self regulation as advocated by the Alcohol industry would only thwart our efforts and increase the economic and social costs that result from greater alcohol acceptance and use.

CHAPTER 2

Context

2.1 Introduction

This advocacy strategy is the first to be developed by the East African Alcohol Policy Alliance (EAAPA) working group based on the EAAPA work plan. EAAPA secretariat was set up as result of the Alcohol Conference held in Arusha, Tanzania in January 2009.

EAAPA helps to monitor alcohol trends in the region, promote, guide and coordination of alcohol geared activities, build capacity, analyze documents, interpret policies, and recommend good practices geared towards addressing alcohol harm.

EAAPA also aims to publish and disseminate research publications and information packages and also build capacity of central and local levels for implementation.

EAAPA also helps in promoting strategic partnership with individuals, agencies and government, development partners, cultural and religious institutions at various levels.

Given the evidence that alcohol consumption represents a current and future threat to public health in Eastern Africa, and the need to promote alcohol policy measures that are evidence based, a conference on alcohol and alcohol policy was held in Arusha, Tanzania, from 13-14 January 2009. The conference was attended by 80 participants from 5 East African countries (Tanzania, Uganda, Kenya, Rwanda, and Burundi) and experts from Nigeria, Sri Lanka, USA and Sweden. Participants included government officials, parliamentarians, NGO leaders, alcohol policy experts, and public health practitioners, representatives of the recovering community, the clergy, and the media. The conference was organized by IOGT-NTO Movement (an international development organization that has a long tradition of working for temperance or moderation in alcohol use) and sponsored by SIDA and the Swedish Institute.
The meeting was called to find an appropriate policy response to alcohol-related problems in the East African region. By current estimates alcohol is among the most significant risk factors for death and disability in Sub-Saharan Africa. In some countries (e.g., Uganda, Burundi, Zimbabwe), per capita consumption is among the highest in the world. Although most of the African population (55%) chooses not to drink alcoholic beverages, heavy episodic drinking is typical among those who do drink. In 2002 more than two-thirds (70%) of all alcohol attributable injury deaths in men and more than half in women occurred in the 15-44 age group.

There is increasing evidence linking alcohol consumption to health and social problems, including high risk sexual behavior resulting in HIV infection, domestic violence, crime, workplace problems, and child abuse. For these reasons, the usual amount of alcohol consumed and the pattern of drinking have serious public health implications in East Africa, and heighten the need for an appropriate policy response by governments that is designed to reduce both the total alcohol consumption in a country and risky drinking patterns.

2.2 Background

The Arusha conference on Alcohol and Alcohol policy held on the theme Alcohol an obstacle to development in Africa; noted that indeed Africa and East Africa in particular had a serious drinking alcohol problem compared to other countries. The trends continue to show the Alcohol production and consumption continues to take population and counties behind the development path and a great burden to public health.

Consumption of alcohol not only affects health with enormous costs, but has also begun affecting food production leading partly to famine; the encouragement of rural folks to produce products to feed the alcohol industry such as barely in disregard to food production. Scores of young people are seen in the morning drunk and many have taken to binge drinking. Violence and accidents have escalated and lives lost as a result. The social and health cost arising out alcohol consumption in East Africa may be difficult to contain unless serious inroads are put in place.

The Alcohol industry in spite that it is paying a lot of tax to national coffers and also in advertising revenue to media agencies, the targeted population for this massive profits are the children, who must get hooked to drinking. Excessive drinking is proving to be a liability to all sectors of economies and governments must be helped to see this problem.

Sectors

Education:

The education sector has increasingly been affected especially the teaching staff as well as students. Many teachers out of frustration and increased alcohol intake are failing to teach properly and many are found drunk early morning. There is increased massive failure of students in what formerly used to be good school especially in the rural areas. Again, many young people are in schools and these are now targets of alcohol industry for the need to trap them young. If take on to excessive drinking especially in binge style as exhibited during school parties and cerebrations at tertiary institutions.

Excessive drinking will lead to deterioration of health and absenteeism from school will affects their performance and consequently decline. Good schools in the country over time have seen their academic ranking decline at the sometime with violence and strikes have increased. General behaviors have deteriorated and students and other administrative staff have become un-manageable. East African states must protect students from hazardous drinking. No employer will take on an alcoholic and at the same time their performance will decline and eventual loss of income.

Health:

Alcohol is responsible for high death rates resulting from alcohol poisoning, cirrhosis, hemorrhagic stroke, pancreatitis, cancers of the oral cavity, pharynx, larynx, esophagus, liver, and breast cancers and suicide (WHO...
1999). Alcohol kills and disables at a very young age. Its impact on disability life years (DALYs) is relatively much higher than that of major causes of premature deaths. As much as alcohol can affect the users, it also adversely affects non-users in family and community settings arising from road accidents, crime and violence. Children and women also suffer domestic abuse and violence arising from the negative impacts of consuming alcohol; sometimes, violence associated with alcohol is socially accepted in some African cultures; thus victimizing the weak categories of people especially women and children. Alcohol also leads to dependency, mental and behavioral disorders as well as recognized family, social and economic problems.

### Agriculture

Agriculture is the backbone of all East Africa states. Many depend on subsistence agriculture to fend themselves and sell the surplus to get income which helps in meeting basic necessities in the home and also send children to school. Due to climatic changes many have begun experiencing a food shortage; this has been made worse because States have not advised them adequately about the climatic changes.

There have also been an over emphasis on growing barley among other cash crop at the expense of Food production. The recent example was when the Uganda Minister accused a particular c tribe for over drinking and negating agricultural production that is why they were now facing famine. Though, the area had gone through devastating flooding wiping out all homes and their household economy, and the resulting stress which shoot up drinking. The area also had been infiltrated by the alcohol industry encouraging them to grow barley at the expense of food production and the resultant profits were spent by men in terms of drinking.

### Security and law enforcement

Experience is showing that opening hour’s late and increased consumption of Local gin known as ‘Changa’ - Kenya, ‘Waragi’ in Uganda and Tanzania increase the cost of security in terms of manpower, time and cost because the law enforcement agencies must keep the places safe. Again local residents are also denied sleep and always disturbed by prolonged life. Where people fail to allow rest; you deny them to think and also making their bodies tired. Resources are diverted away to security because drunkards will interfere in other peace at night.

Incidents in Uganda have showed that prolonged night life has also been a cause of insecurity and it becomes difficult for the police in these areas. The recent outburst by an army man in Uganda, attached to the presidential guard who at wee hours of the night picked a gun and shoot bar over 5 bar revelers to death. This highlights the importance of prevention of crime, public disorder, nuisance and protection of harm o children. The cost of open ended hour opening of bars means cost are diverted else where to police these areas. The policy of liberalization is not good for Africa, neither cheap as it comes with better social environment for our people.

### Individual and family

At individual Alcohol appear to be awful, in spite the little benefits one can get as a result of moderate drinking, but overall drinking alcohol its self come s with a lot negative effects. It affects ones health and lead to body sickening which eventually undermines performance. The increased drinking can lead to accidents, violence in homes, and dysfunctional of individuals which all comes with a huge cost to the family economy and children are severely more affected. The initial benefits are eroded away and the family begins to disintegrate.

### 2.3 The myths surrounding Legalization and Self Regulation of Alcohol.

Self regulation can never work because its implementation runs against facts which the Alcohol industry never want to discuss because of inability to address them. Advocates argue that we deal away with all controls and restrictions altogether. But who again will protect the young ones especially children from taking dangerous alcohol.

Self regulation its self is ineffective and likely to be counterproductive; it does not provide all answers to Alcohol problems now considered number five in terms of mortality at per with Tobacco in the world and defeats the analysis of facts associated with alcohol harm. The argument, that alcohol consumption is an individual choice and only those with serous alcohol problems should seek treatment. Is to fail to understand that once an individual develops an alcohol problem the whole family and working and social environs get affected. The brewery itself had also violated its own code of conducts, failed the distribution chains and marketing regulations as well adverts; since many times is driven by the profit margin and target children in order to expand its clientele.

The negative impact of alcohol cannot be substituted by a freedom to drink every time and increase of density of places which sell alcohol. Allowing self regulation will be to exacerbate the drinking culture and its associated problems. Parents with the duty to bring up children are going to be confronted by children coming home drunk. The Law limits density distributions and requires local municipalities to issue Licenses in this regard but this is violated by the brewery distribution outlets, the amount time, and potent of the alcohol substances. Allowing self regulation will imply also allowing people who smoke drugs to do it freely. Legalization at no time will it kill the business, employment and taxation; rather prohibition will save governments the huge costs which comes with crime, accidents, violence, and treatment facilities to deal with harm that arise out alcohol abuse. In other wards
the income generated from revenue is far less than the social economic as well public health costs that arise out the negative effects of alcohol. Liberisation of alcohol industry has come with huge costs in Sweden and England all these have had to reverse.

Self regulation is also the root of all evils; because they had to reverse their earlier position. It ignores those who do not drink and needs to be kept safe from the harm associated with alcohol covering up symptoms is cheaper than treating a problem we need to free the people taken hostage and avoid the terror caused by drinking. If our government adopts self regulation it will have surrendered to the alcohol industry and allow its citizen to be held hostage and dance till the situation goes out of hand which in the long run may be difficult to handle. Alcohol in most countries is controlled and health insurance becomes difficult where individuals take alcohol regularly.

In conclusion, Self regulation does not aim at improving the well being and public health of our people, but rather will cause an explosion in terms of drinking and its associated harm as discussed already. What will our people gain if the numbers of people drinking doubles and our government explanations in the increase in crime break down in law and order? Self regulation is going to be expensive, create more problems than it will solve. Our children should not pay the price of this crazy dream of alcohol self regulation which heads our state to destruction. Thus controls and regulation of alcohol production, distribution and marketing must be put in place to protect the young generation.

Rationale for the Development of Regional Alcohol Policy Advocacy strategy

In absence of good practice based on sound evidence to regulate alcohol and also drawing lesson from effective policies which have controlled alcohol else where in other continents; It is important to address regulation of alcohol as an obstacle to development, if we are to move towards improving the public health and other social and economic goals in our population and the subsequent burden it places on our economy. When alcohol effects begin to manifest in an individual; it affects the whole family and children are far worse off because they may not fully understand the drastic changes inflicting their family.

It becomes both a family and a society problem where individuals affected fail to perform their family and societal roles and society has to help, not as an individual as the alcohol industry would like us to believe.

CHAPTER 3

Purpose and means of Implementation of the Advocacy Process

The strategy is premised on the vision that East African countries will begin to develop evidence based alcohol regulation policies to help those who don't drink remain sober and also those who are drink to move towards a situation of abstinence in order to reduce the burden which comes with alcohol. It is our convictions that in good practices are in both policies and laws are put in place to contribute to national development and create a favorable climate in households and society at a large.

The specific Goal of this document is to ensure systematic and harmony in approach to designing and implementing Alcohol advocacy initiatives by providing a common frame of reference to all the stakeholders. This document will assist stakeholders conceptualize, plan and conduct lobbying and Alcohol advocacy interventions within your areas. It will in also include development of effective messages, production of relevant materials, choosing cost effective channels and evaluation.

3.1 Using this Alcohol Policy Strategy document

The document is premised on the foundation that Alcohol Advocacy and lobbying involves strategically targeted actions, directed at influencing the Alcohol policy agenda in support of a specifically identified cause of issue. It is a resource to be used where you can pick a few activities to undertake and not an instructional manual. The document is a result of analytical. Consultations and consensus building processes by many stakeholders and it is a follow up of the Arusha Alcohol conference, January, 2009.

**Box definition of a Strategy:**

A broad approach to understanding and dealing with fundamental issues relating to alcohol.

To achieve the best result in advocacy towards policy development to control and regulate alcohol these steps may be helpful

♦ Identifying key issues related to Alcohol.
Development of National Alcohol Advocacy Strategy

- Identify the goals; translate them into clear measurable advocacy objectives and the expected outcome.
- Select the targeted audience and how they affect the policy environment.
- Agree on the individuals to promote the activities.
- Develop a monitoring and evaluation tool to ascertain that activities were carried out.

Bear in mind the importance of:
- Research and needs assessments.
- Analysis of existing policy and legal frame work.
- Organization and capacity of stakeholders to promote advocacy.

The Advocacy techniques which are equally relevant may include;

3.2 The Alcohol Policy Advocacy Process

The process aims to motivate and persuade key stakeholders to take the necessary action. The process itself is to contribute to increased commitment of key policy makers to see the alcohol problem and support activities geared towards regulation and control at all levels. This can be exemplified in the debates that take place, the strategies and, policies/programmers put in place.

An advocacy activity should consider the following:
- An alcohol issue to be addressed
- Set the goals to achieve desired change. For example not to sell alcohol to minors, increase alcohol taxes, reduce time of adverts and frequency, drinking age, regulating density outlets, etc.
- The type of audience to be reached.
- Building support through networks and coalitions.
- Developing key messages.
- Classifying channels of communications.
- Resource and fund mobilization
- Implementation modalities
- Plan how to Monitor and evaluate activities.
- How to follow up and collect information to assess change.

3.3 How to Approach a successful Advocacy Strategy

a) Capacity building of Actors in Alcohol Policy Development.

The recent Arusha workshops serves a good practice where gathered participants and experts across the board including Member of Parliament, Civil society, government, treatment and private practitioners to enable them acquire the knowledge and information related to Alcohol policy development. Subsequent workshops, conferences by Government departments and trainings have also been undertaken by government, WHO and other NGOs including IOGT-NTO and alcohol and development (ADD) in East African region to help increase information geared towards addressing alcohol.
Foregoing partnership with local actors from all segments of life is very important. In Uganda the Anti Alcohol Coalition has continued to meet and as a network undertaken training of its key members, asked experts in the field to speak to them on actions and strategies to take on in order for Uganda to develop an Alcohol Policy geared towards the needs and issues of Ugandans.

The network also has mounted pressure on key government departments especially Ministry of Health not to develop a flawed policy with limited public participation and largely financially sponsored by the Alcohol brewery.

**Case study of Anti Alcohol Coalition in Uganda:**

In Uganda an anti Alcohol coalition network was formed in 2008 to help high the shortfall in the current Alcohol policy development. Issue with the draft policy was the designing of an ineffective alcohol policy driven by the alcohol Industry; limited participation of key actors, and weakness of Ministry of Health in terms of enforcement. Promotion of self regulation at the cost of public health issues. The coalition submitted a petition highlighting these, weaknesses, held public dialogue and continue to lobby parliament not to pass a weak policy that will harm young people and compromise public health.

b) Partnerships, Coalitions and Network Development

In order for an Alcohol policy and advocacy to be effective, there is a need for broader participation and these can be achieved through networking and developing partnership among key actors Civil society, Faith based, academic institutions, traditional entities, government and those in business sectors. The network needs to have an agency to coordinate it and because advocacy is mainly driven by NGO they are very suitable to handle it.

Coalition and networks should facilitate

- Identify key issues for advocacy e.g. children
- Explore strength of actors and those best suited to be front runners.
- Build capacity to enable actors move on the same line.
- Allow smooth flow of information and other tools to assist in advocacy. Including Development and dissemination of alcohol advocacy materials like stickers video documentaries fact sheets, brochures and use of media articles and stories.
- Mobilize funds and others resources and sources give direction on how to mobilize funds to help enhance the Alcohol strategy in the area.
c) **Follow up actions**

Remember follow up and proper documentation of activities are key and these may include:-

### 3.4 Result based monitoring and evaluation frame work.

<table>
<thead>
<tr>
<th>Focal area</th>
<th>Objective Verifiable Indicators (OVI)</th>
<th>Means of verification (MOV)</th>
<th>Results</th>
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<tbody>
<tr>
<td>Price and tax measures to reduce the harm done by alcohol</td>
<td>Number of lobby meetings held with relevant line ministries, policy makers &amp; other stakeholders</td>
<td>Reports on the different lobbying meetings held with relevant line ministries, policy makers &amp; other stakeholders</td>
<td>Increase in alcohol taxes and prices as intended.</td>
</tr>
<tr>
<td>Illicit trade in alcoholic products</td>
<td>Number of capacity building trainings &amp; follow ups held with Local Government Councils</td>
<td>Local Governments enact by laws &amp; ordinances to curb illicit trade in alcoholic products.</td>
<td>All forms of illicit trade in alcoholic products eliminated.</td>
</tr>
<tr>
<td></td>
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<td>The enacted by-laws are enforced.</td>
<td></td>
</tr>
<tr>
<td>Availability of alcohol</td>
<td>Number of lobbying meetings held with Ministry of Trade to review the Trade Licensing Act &amp; schedules</td>
<td>Reviewed &amp; updated Trade Licensing Act</td>
<td>Reduced number and density of outlets, the days and hours of opening of bars.</td>
</tr>
<tr>
<td>Packaging and labeling of alcohol products</td>
<td>Number of lobbying meetings held with Ministry of Trade &amp; Industry</td>
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<td>Alcoholic drinks packaged in glass bottles of 250ml and above.</td>
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<td>Warnings describing the harmful effects of alcohol placed on each unit package of alcoholic beverage.</td>
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<td></td>
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</tr>
<tr>
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<td>Regulated alcohol Advertising, Promotion and Sponsorship in the country following the guidelines.</td>
</tr>
<tr>
<td>Reduction in drink driving</td>
<td>Number of adverts, billboards &amp; sensitization seminars held with the hospitality industry &amp; other stakeholders</td>
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<td>Drink driving enforced by police</td>
</tr>
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<td>Education, communication, training and public awareness</td>
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<td>Reports of these seminars, public dialogues in place.</td>
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<tr>
<td>Interventions for hazardous and harmful alcohol consumption and alcohol dependence.</td>
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<td>NGOs, government, &amp; other stakeholders implementing interventions for hazardous and harmful alcohol consumption and alcohol dependence.</td>
<td>Reduced hazardous and harmful alcohol consumption and alcohol dependence among the general population.</td>
</tr>
</tbody>
</table>
Focal areas for Alcohol Policy Actions, Principles and Recommendations

Introduction

Measures below need to be implemented expeditiously in order to build a comprehensive system of legal regulatory, educational and treatment measures to deal with alcohol-related problems from a public health perspective.

Given the evidence that alcohol consumption represents a current and future threat to public health in Africa, and the need to promote Alcohol Policy measures that are evidenced based, the following document is designed to serve as a reference for evaluating the adequacy of local and national policies in the countries of East Africa, to suggest how to improve current policies that may not be effective, and to build a comprehensive system of legal, regulatory, educational and treatment measures to deal with alcohol-related problems.

Focal area 1

4.1 Price and tax measures to reduce the harm done by alcohol

1. Recognizing that price and tax measures are a highly cost-effective and important means of reducing the harm done by alcohol by all segments of the population, including young people and heavier drinkers;
2. Tax policies and, where appropriate, price policies, on alcohol products should be introduced so as to contribute to the health objectives aimed at reducing the harm done by alcohol;
3. Tax policies and tax levels should take into account the following principles;
   - The price of alcohol should take into account the external costs of consumption, the inadequate knowledge that consumers have about the harm done by alcohol and its dependence producing properties;
   - The price of alcohol should be increased above levels of inflation;
   - Taxes should be proportional to the alcoholic content of alcoholic beverages, including all beverage types and with no threshold. Countries with higher taxation should not reduce their taxation levels; and
   - A proportion of alcohol taxes should be earmarked (hypothecated tax) to fund programmes to reduce the harm done by alcohol, including treatment, prevention, and research and policy evaluation.

Focal area 2

4.2 Illicit trade in alcoholic products

1. The elimination of all forms of illicit trade in alcoholic products, including smuggling, illicit manufacturing and counterfeiting are essential components of alcohol policy.
2. Effective legislative, executive, administrative or other measures should be implemented to ensure that all unit packages of alcoholic products and any outside packaging of such products are marked to assist in determining the origin of alcoholic products and any point of diversion and to monitor, document and control the movement of alcoholic products and their legal status.
**Focal area 3**

**Availability of alcohol**

1. Recognizing that reducing the number and density of outlets, changing the location of outlets and reducing the days and hours of opening can all reduce the harm done by alcohol;
2. Countries that regulate outlets through number and density, location and hours and days of sale should not relax their regulations;
3. Countries without such regulations or with very liberal regulations should consider:

**Focal area 4**

### 4.3 Packaging and labeling of alcohol products

1. Recognizing the importance of appropriate packaging and labeling of alcohol products;
2. Effective legislative, executive, administrative and other measures necessary to ensure appropriate packaging and labeling should be implemented;
3. Packaging and labeling policy should take into account the following principles:
   - Alcohol product packaging and labeling should not promote an alcoholic product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics or health effects, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular alcoholic product is more attractive or healthier than other alcoholic product;
   - Each unit package of alcoholic beverage should carry warnings describing the harmful effects of alcohol when driving or operating machinery, or other appropriate messages;
   - Each unit packet and package of alcoholic products and any outside packaging and labeling of such products should, in addition to health warnings, contain information on its alcohol concentration (% by volume) and alcohol content (grams of alcohol).

**Focal area 5**

### 4.4 Reducing harm in drinking environments

1. Recognizing that drinking environments can impact on the harm done by alcohol, legislative, executive, administrative and other measures necessary to improve drinking environments to reduce the harm done by alcohol should be implemented;
2. Measures to improve drinking environments should take into account the following principles:
   - Introduction and strengthening of alcohol sales laws which prohibit the sales of alcohol to minors and intoxicated persons;
   - Adequate policing and enforcement of alcohol sales laws;
   - Effective and appropriate training for the hospitality industry and servers of alcohol to reduce the harmful consequences of intoxication, harmful patterns of drinking and the risk of drinking and driving;
   - Server training programmes can be backed up by civil liability for subsequent alcohol related traffic accidents to increase their effectiveness.

**Focal area 6**

### 4.5 Sales to minors

1. Recognizing that alcohol consumption, the harm done by alcohol and binge drinking amongst young people is increasing at an alarming rate in many African countries, effective legislative, executive, administrative and other measures necessary to restrict sales to minors should be implemented;
2. Measures to restrict sales to minors should take into account the following principles:
   - The sales of alcoholic products to persons under the age set by domestic law, national law or eighteen years should be prohibited
   - All sellers of alcoholic products should place a clear and prominent indicator inside their point of sale about the prohibition of alcohol sales to minors and, in case of doubt, request that each alcohol purchaser provide appropriate evidence of having reached full legal age;
   - The manufacture and sale of alcoholic sweets, snacks, toys or alcoholic snacks, toys or alcoholic drinks such as “alcopops” designed as soft drinks, or any other objects which appeal to minors should be steadily reduced and prohibited within
The distribution of free alcoholic products (including brand related paraphernalia such as t-shirts, ashtrays, glasses, caps, etc.) should be prohibited to minors.

Penalties against sellers and distributors, in order to ensure compliance with relevant measures should be implemented.

Focal area 7

4.6 Alcohol Advertising, Promotion and Sponsorship

1. Recognizing that a comprehensive ban on advertising, promotion and sponsorship would reduce the harm done by alcohol, and that self-regulation is an ineffective mechanism to reduce the harm done by alcohol, effective legislative, executive, administrative and other measures necessary to strictly regulate advertising, promotion and sponsorship of alcohol products through statutory controls should be introduced both within and across borders;

2. Regulation of advertising, promotion and sponsorship should take into account the following principles:

   - All forms of alcohol advertising, promotion and sponsorship that promote an alcoholic product by any means that are false, misleading or deceptive or likely to create an erroneous impression about its characteristics, health effects, or hazards should be prohibited;
   - Appropriate health warnings or messages should accompany all alcohol advertising and, as appropriate, promotion and sponsorship;
   - The use of direct or indirect incentives that encourage the purchase of alcohol products (sales promotion) should be prohibited;
   - Expenditures by the alcohol industry on advertising, promotion and sponsorship should be disclosed to relevant governmental authorities;
   - All alcohol advertising, promotion and sponsorship on radio, television, print media and, as appropriate, other media, such as the internet, should be restricted to information about the product only, and should not include images; to the extent that image advertising is permitted under current self-regulation guidelines promoted by the alcohol industry, an independent board should be constituted to review complaints about violations of industry self-regulation codes for responsible marketing.
   - Technologies and other means necessary to regulate cross-border advertising, promotion and sponsorship should be developed.

Focal area 8

4.7 Reduction in drink driving

1. Recognizing the heavy burden that drinking and driving places on premature mortality, harm to people other than the driver and economic costs to society;

2. Effective legislative, executive, administrative and other measures necessary to reduce drinking and driving should be implemented;

3. Drinking driving policies should take into account the following principles:

   - A maximum blood alcohol concentration limit of 0.5 g/L (and breath equivalent) should be introduced throughout Africa with immediate effect; a lower limit of 0.2 g/L should be introduced for novice drivers and drivers of public service and heavy goods vehicles, with immediate effect; countries with existing lower levels should not increase them.
   - Unrestricted powers to breath test, using breathalyzers of equivalent and agreed standard, should be implemented in countries with high rates of alcohol-related motor vehicle injuries;

Focal area 9

4.8 Education, communication, training and public awareness

1. Recognizing that, unfortunately, in general it is difficult to show any lasting effects of education in reducing the harm done by alcohol, but that education and information approaches can be effective in mobilizing public support for alcohol policy measures;

2. Effective education, communication, and training programmes should be implemented to raise public awareness;
3. Education, communication, and training programmes should take into account the following principles:-
   a. Public awareness of alcohol policy issues should be strengthened and promoted using all available communication tools
   b. Broad access to effective and comprehensive educational and public awareness programmes on the health risks including the intoxicating and addictive characteristics of alcohol consumption should be provided
   c. Public awareness about the benefits of reducing hazardous and harmful alcohol consumption should be increased
   d. Public access, in accordance with national law, to a wide range of information on the alcohol industry as relevant to the implementation of alcohol policy should be provided
   e. Effective and appropriate training or sensitization and awareness programmes on alcohol policy to persons such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons should be addressed.
   f. Awareness and participation of public and private agencies and nongovernmental organizations not affiliated with the alcohol industry in developing and implementing intersectoral programmes and strategies for alcohol policy should be promoted.

Focal area 10

4.9 Interventions for hazardous and harmful alcohol consumption and alcohol dependence

1. Recognizing the heavy burden that hazardous and harmful alcohol consumption and alcohol dependence place on the health care sector, individuals, families and societies, and recognizing that brief interventions for hazardous and harmful alcohol consumption are amongst the most cost effective of all health sector interventions, effective legislative, executive, administrative and other measures necessary to promote the widespread delivery of interventions for hazardous and harmful alcohol consumption and alcohol dependence should be implemented;

2. The following principles should be taken into account:
   - Appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices to promote reductions in hazardous and harmful alcohol consumption and adequate treatment for alcohol dependence should be developed, disseminated and implemented.
   - Effective programmes aimed at promoting the reduction in hazardous and harmful alcohol consumption, in such locations as educational institutions, health care facilities and workplaces should be designed and implemented.
   - The identification and management of hazardous and harmful alcohol consumption should be included in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers as appropriate.
   - Programmes for diagnosing, counseling, preventing and treating hazardous and harmful alcohol consumption.

Focal area 11

4.10 Implementing Policies

1. Each country (and, where relevant, region within a country), and the African continent as a whole, should develop, implement, periodically update and review comprehensive multi-sectoral alcohol policy strategies, plans and programmes;

2. When developing and implementing comprehensive multisectoral alcohol policy strategies, plans and programmes, the following principles should be taken into account:
   - Regional and country coordinating mechanisms or focal points for alcohol policy should be established or reinforced and financed;
   - Effective legislative, executive, administrative and or other measures in developing appropriate policies for preventing and reducing the harm done by alcohol, and the harm done by other people's drinking should be adopted and implemented.
   - In setting and implementing public health policies with respect to alcohol policy, such polices should be protected from commercial and other vested interests of the alcohol industry;
   - Cooperation, as appropriate, should be made with competent international and regional intergovernmental organizations and other bodies to achieve the implementation of policies, plans and programmes to reduce the harm done by alcohol, including the World Health Organization.
Focal area 12

4.11 Research, Surveillance and Exchange of Information

1. Research and research programmes, surveillance, and exchange at the regional and country levels in the field of alcohol policy should be developed and promoted.

2. Principles should include:
   - The promotion and strengthening of training and support for all those engaged in alcohol policy activities, including research, implementation and evaluation.
   - Establishment of programmes for regional and country surveillance of the magnitude, patterns, determinants and consequences of alcohol consumption and the harm done by alcohol. Alcohol surveillance programmes should be integrated into health surveillance programmes so that data are comparable and can be analyzed at the appropriate levels.
   - Cooperation should be made with the World Health Organization in the development of general guidelines or procedures for defining the collection, analysis and dissemination of alcohol-related surveillance data.
   - The exchange of publicly available scientific, technical, socioeconomic, commercial and legal information, as well as information regarding practices of the alcohol industry should be promoted and facilitated.
   - An updated database of laws and regulations on alcohol policy and, as appropriate, information about their enforcement, as well as pertinent jurisprudence, and cooperation in the development of programmes for regional and country alcohol policy should be established and maintained.
   - An Africa-wide system to regularly collect and disseminate information on alcohol production, manufacture and the activities of the alcohol industry which have an impact on alcohol policy activities should be established and maintained.

Chapter 5

The Global Alcohol Strategy to reduce the harmful use of Alcohol

The Global Strategy to reduce the harmful use of Alcohol was endorsed by the Sixty Third World Health Assembly in May 2010. The discussion paper for the alcohol strategy was formulated on the basis of deliberations of WHO’s governing bodies and several regional committee sessions as well as the similar outcomes of those bodies pertaining to other related areas such as; non communicable diseases, mental health, violence and injury prevention, cancer, family and community health, social determinants of health, HIV/AIDS, trade and health. In preparing a working document for developing the alcohol strategy, the WHO Secretariat built on the outcomes of the regional consultations with Members States and took into consideration the outcomes of the previous consultative process with all stakeholders on ways in which they could contribute to reducing the harmful use of alcohol. Hence the World Health Assembly urges Members States of which Uganda is part to;

1. To adopt and implement the global strategy to reduce the harmful use of alcohol as appropriate in order to compliment and support public health policies in Member States to reduce the harmful use of alcohol, and to mobilize political will and financial resources for that purpose.

2. To continue implementation of the resolutions WHA61.4 on the strategies to reduce the harmful use of alcohol and WHA58.26 on public – health problems caused by harmful use of alcohol.

3. To ensure that implementation of the global alcohol strategy strengthens the national efforts to protect at-risk populations, young people and those affected by harmful drinking of others.

4. To ensure that implementation of the Global Alcohol Strategy is reflected in the national monitoring systems and reported regularly to WHO’s information system on alcohol and health.

The Global Alcohol Strategy points out that the harmful use of alcohol can be reduced if effective actions are taken by countries to protect their populations. It also observes that all countries will benefit from having a national strategy and appropriate legal frameworks to reduce harmful use of alcohol, regardless of the level of resources in the country. The strategy presents comprehensive lists of policy options in ten areas;

a. Leadership, awareness and commitment
b. Health services’ response
c. Community action
d. Drink-driving policies and counter measures  
e. Availability of alcohol  
f. Marketing of alcoholic beverages  
g. Pricing policies  
h. Reducing the negative consequences of drinking and alcohol intoxication  
i. Reducing the public health impact of illicit alcohol and informally produced alcohol; and  
j. Monitoring and surveillance  

Suggested interventions include e.g. specific alcohol taxation and an effective enforcement system, regulating the content and the volume of alcohol marketing, regulating the number of alcohol outlets and days and hours of sale. The recommendation is that such control policies are combined with community mobilization, information and awareness raising and early interventions.

The WHO document stresses the need for strong leadership and a solid base of awareness and political will if actions shall be sustainable. “The commitments should ideally be expressed through adequately funded comprehensive and intersectoral effective national policies that clarify the contributions, and division of responsibility, of the different partners involved”. It goes on to point out that “The engagement of civil society is essential”.

**Note:** Additional information can be acquired from the World Health Organization (WHO) Website below:-

http://www.who.int

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### Eastern African Alcohol Policy Alliance Plan 2011 - 2012

<table>
<thead>
<tr>
<th>Nature of activity</th>
<th>Duration of 3 month (Quarters)</th>
<th>Expected outcome</th>
<th>Resources and person responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop regional operational manual on advocacy, lobbying and interventions for alcohol</td>
<td>Q1 Q2 Q3 Q4</td>
<td>A tool to promote advocacy is in place</td>
<td>IOGT support EAAPA members.</td>
</tr>
<tr>
<td>Train NGOs in Lobbying and advocacy skills in alcohol</td>
<td></td>
<td>Increased capacity of EAAAPA NGOs in advocacy and lobbying skills for alcohol control</td>
<td>EAAPA- IOGT regional Rep.</td>
</tr>
<tr>
<td>Support dissemination of 2009 Arusha recommendations.</td>
<td></td>
<td>States and key stakeholders become aware of harm related to alcohol use</td>
<td>EAAPA chairman and IOGT regional Rep.</td>
</tr>
<tr>
<td>Train in resource mobilization activities.</td>
<td></td>
<td>Increased capacity of Actors to raise funds and run activities.</td>
<td></td>
</tr>
<tr>
<td>Build synergies for formation of country networks and coalitions and Formation of alcohol think tanks.</td>
<td></td>
<td>Country coalitions and think tank are in place and functioning</td>
<td>EAAPA chairman and IOGT regional Rep.</td>
</tr>
<tr>
<td>Hold meeting for Executive Committee Members of EAAPA meet at least once to review progress and share plans.</td>
<td></td>
<td>Support strategic directions provided to members</td>
<td>IOGT regional office.</td>
</tr>
<tr>
<td>Task</td>
<td>Outcome</td>
<td>Responsible Party</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------</td>
<td>------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Develop tools for collecting data on informal sources of alcohol in the region</td>
<td>Skills of data collection raised and data tools in place</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compile a regional data base on Informal alcohol</td>
<td>Data for advocacy available in the countries</td>
<td>EAAPA - IOGT regional Rep.</td>
<td></td>
</tr>
<tr>
<td>Document NGO good practices and develop a compendium of actors on alcohol in EAAPA countries</td>
<td>A document of activity in the region on alcohol is available and disseminated to key stakeholders</td>
<td>EAAPA members</td>
<td></td>
</tr>
<tr>
<td>Solicit articles related to alcohol and post them on IOGT NTO website link it.</td>
<td>More information on alcohol use is available in the region</td>
<td>EAAPA members</td>
<td></td>
</tr>
<tr>
<td>Organize country/regional alcohol conferences.</td>
<td>Experience shared regularly among members disseminated info to other stakeholders</td>
<td>EAAPA members and support from IOGT</td>
<td></td>
</tr>
</tbody>
</table>

- Document NGO good practices in the region on alcohol activities for dissemination and arguing our case.
- Training Lobbying and advocacy to see that Alcohol policies are pushed for in the region.
- Training NGO staff and partners in Alcohol related work at country levels.
- Build synergies for formation of country networks and coalitions and information sharing.
- Train in resource mobilization and fundraising activities
- Documentation and research related to alcohol.
- Formation of alcohol think tanks in the countries.
- Organize country and annual regional alcohol conferences/ training workshop.
- Development of regional operation manual on advocacy, lobbying and interventions.

**References**

3. The Enguli Act, 1964
4. Diyanath Samarasinghe, Strategies to address alcohol problems. Forut, 2005
Stay Alive, Say NO to Alcohol

Problems of taking Alcohol could be:-

- Legal problems, Family break-up & Sexual impotence
- Vomiting blood, Liver disease & Stomach burns
- Exposure to STIs, HIV/AIDS and Domestic Violence
- Depression, Damage to the Brain & unborn babies
- Unexplained injuries and Accidents
- Child Abuse and Poverty
- Blackouts, Sleep difficulties & Withdrawal

ALCOHOL seriously damages ones health!

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