

VISION FOR ALTERNATIVE DEVELOPMENT

*RAPID ASSESSMENT OF TOBACCO PRODUCTS,
ALCOHOL, AND SUGAR-SWEETENED BEVERAGES
(SSBS) IN THE GREATER ACCRA REGION*

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Executive Summary

Introduction

This study aimed to rapidly assess the affordability, availability, and pricing of tobacco, alcohol, and sugar-sweetened beverages of products in some communities in the Greater Accra region. The study hopes to provide evidence to support key recommendations for tax increases in the above products in reducing the negative health outcomes as a result of their uses.

Method

A cross-sectional study design was employed to conduct a rapid assessment among people age 18 years and above with a sample size of 280 participants. Three communities were conveniently selected namely Ga West Municipal; Achimota, Ayawaso East Municipal Assembly; Nima-Mamobi, and La Nkwantanang Madina Municipal District; representing 100 respondents (n=100) for Nima-Mamobi, 90 (n=90) each for Achimota and Madina environs.

Results:

There was 97.7 percent of the respondents who consented and fully participated in the survey; among them, 193 (68.9%) were males and 87 (31.1%) females, and more than half (54.6%) are in the age bracket 25-45 years. Close to 40% reported ever smoked cigarette even one puff; 25% of the respondents reported starting smoking before the age of 15 years and younger; more than 30% (85) are currently using some form of tobacco products, and daily expenditure on tobacco products ranges from 1 cedi to 5 cedis and as high as 15 to more than 20cedis. More than 10 % of respondents buy cigarettes in single sticks and cost ranges from 10 pesewas to 60 pesewas; Close to 90% of respondents believed children and the youth are exposed to tobacco products in their community because the products are highly accessible in their communities (63.4%) and low cost (60%). Key recommendations are to create awareness of the harmful effects of tobacco (55%), enforcement of the law (54.5%), and tax increment (39.3%). Regarding alcohol use, close to 70% have ever used while 17.5% are daily drinkers. The one who drinks reported spending between 10-15 cedis (60%) and 21-25 cedis on daily basis. About 30 % buy alcohol in a sachet which cost them only 1 cedi. However, only 23% buy alcohol in “tot”. Close to 85% believed children and the young ones below 18 years are exposed to alcohol in their communities, as a result of the high visibility of alcohol advertisements on TVs, radios, and even billboards (69%) and the product is very cheap to buy (40%). By that close to half of the respondents support an increase in taxes on all alcoholic beverages, and also restrict adverts (51.1%) and also ban outright (23.6%). More than half of respondents (51.1%) ever used SSBs either one or two times a week however, 10 % among them take in SSBs 5 times a week. However, close to 90% of the respondents are aware that SSBs are associated with negative health outcomes. More than half (53%) supported an increase in taxes to reduce the negative health outcomes, while 80% called for awareness creations about the harmful effects of SSBs and law enforcement.

Conclusions and Recommendations:

The study shows evidence of tobacco, alcohol, and SSBs use among the communities surveyed. This, therefore, not controlled, may potentially increase Ghana's public health issues. The findings also show that single sticks of cigarettes banned by the Public Health Act (ACT 851) are sold, indicating poor enforcement of the Tobacco Control Measures outlined in the Public Health Law. There was also evidence that the youth are exposed to tobacco and alcohol in the communities, predisposing them to have access and also may initiate the habit. The availability and exposure may also continue to keep anyone who started the habit of smoking and/or drinking unable to quit. It was also found out that, alcohol is also bought both in sachet and in "tot" at low as 1 cedi, which is very dangerous for the control of the habit, and a threat to public health.

It's therefore, recommended to;

1. Conduct further studies on the impact of cigarette, alcohol, and SSBs pricing on the initiation and continuous use, for effective policy directions.
2. Increase taxes on those products with a comprehensive prevention and control program for maximum effectiveness.
3. Effective implementation and enforcement of tobacco control act, alcohol policy, and enactment of laws to control SSBs.

Background

The negative health outcomes from the use of tobacco, alcohol, and sugar-sweetened products to the overall health of people is of increasing interest to researchers and policymakers, particularly in terms of consumption, availability, accessibility, and their low prices to the general public.

Even though tobacco use remains the single greatest cause of preventable death globally, it continues to kill close to half of its users, contributing to more than 8 million deaths every year. It is also known that there is no safe level of exposure to second-hand tobacco smoke however, this lifestyle product causes more than 1.2 million premature deaths every year as well as negative health outcomes including cardiovascular and respiratory diseases (WHO, 2020).

Within the African region, the prevalence of tobacco use is as high as 26.7% in Lesotho, 23.4% in Morocco, and in Ghana, close to 10% (GSS, 2014). Within the African region, single stick sales of a cigarette is a major marketing strategy the tobacco industry is employing to lure the youth into the harmful practice. The study conducted by African Tobacco Control Alliance (ATCA) in 10 African capital cities including Ghana revealed single stick sales of cigarettes (ATCA, 2018). However, parties to the WHO-FCTC under article 16 are obliged to ensure that the sale of single sticks or small packs of tobacco products is prohibited by passing and enforcing appropriate legislation. The finding from the ATCA is a clear indication of non-compliance of article 16, lack of comprehensive smoke-free, and also predisposing the youth to easy access to a cigarette.

Ghana is considered to be at beginning of the tobacco epidemic. However, every year, more than 5000 Ghanaians are killed by tobacco-related diseases. Again, more than 5000 children (10-14 years old) and 804000 adults (15+ years old) continue to use tobacco daily (Ghana-Tobacco-Atlas, 2017). Among the various strategies to control tobacco use, tobacco taxes are considered the most cost-effective way to reduce tobacco use and health care costs, especially among youth and low-income people, while also generating revenue for the government (WHO, 2020). Increasing tobacco prices by 10% lead to a 4 % reduction in tobacco consumption in high-income countries and about 5% in low- and middle-income countries (Ho *et al.*, 2018).

According to the World Health Organization 2018 report, 3 million deaths occur every year due to the harmful use of alcohol representing 5.3 % of all deaths globally. It has been documented that harmful alcohol use is a risk factor for more than 200 diseases and injuries. This accounts for an overall 5.1% of the global burden of disease and injuries as measured in disability-adjusted life years (DALYs) (WHO, 2018). Alcohol consumption leads to a high level of disabilities and early premature deaths especially in the age categories of 20-39 years. There is also a causal relationship between alcohol consumption and mental disorders, other NCDs, with the latest being between harmful drinking and incidence of infectious diseases such as tuberculosis and HIV/AIDS. Despite the health consequences, there are also significant social and economic losses to individuals and society at large as a result of alcohol consumption (WHO, 2018). Environmental factors such as economic development, culture, availability of alcohol, and the comprehensiveness and levels of implementation and enforcement of alcohol policies, among others have been identified as the key factors influencing alcohol consumption (Sudhinaraset, Wigglesworth and Takeuchi, 2016).

The harmful use of alcohol is a leading risk factor and has a direct impact on many health-related targets of the Sustainable Development Goals (SDGs), therefore, specifically mentioned under

health target 3.5: “Strengthen the prevention and treatment of substance use, including narcotic drug abuse and harmful use of alcohol”. Among the various strategies adopted by WHO, came out with the most cost-effective actions, or “best buys”, including increasing taxes on alcoholic beverages, enacting and enforcing bans or comprehensive restrictions on exposure to alcohol advertising across multiple types of media, and enacting and enforcing restrictions on the physical availability of retailed alcohol (WHO, 2018).

The global demand for sugar-sweetened beverages (SSBs) has grown rapidly over the last decades where consumption remains high in both middle- and high-income countries (Ferretti and Mariani, 2019). This menace has been projected to rise shortly, especially in fast-growing economies including Ghana. Studies indicate that the regular consumption of SSBs is associated with the prevalence of overweight and obesity (in both children and adults) and contributes considerably to the inception of other metabolic diseases, particularly, type 2 diabetes (Ferretti and Mariani, 2019).

It is evident that illnesses and deaths resulting from NCDs occur mainly in adults however, the exposure to risks begins in childhood. There is also ample evidence associating the consumption of SSBs with multiple health risks for children, including diabetes, tooth decay, and obesity (Delli Bovi *et al.*, 2017).

Approximately in the year 2016 alone, more than 340 million children and adolescents globally aged 5–19 were overweight or obese, which most were associated with a high intake of sugar-sweetened beverages (SSBs) (WHO, 2015).

As a result of the surge in the use of SSBs and their concerns for public health, many countries are taking tax measures, as the most cost-effective means to control and reduce consumption of SSBs. At the end of 2018, more than 40 countries were enacting and levying some sort of tax to SSBs including South Africa (UNICEF, 2019). Within the sub-Saharan region, South Africa has the highest obesity record, and the Government took the bold policy decision to reduce this by 10 percent, by 2020. Hence, an SSBs tax is being implemented since 2018, regardless of opposition from the industry. In the policy, beverages with 4 grams or less of added sugar are exempted from the tax (UNICEF, 2019).

In Ghana, there is a lack of reliable and comparable nationally representative data on diseases such as overweight and obesity prevalence and SSBs sales and prices for effective policy direction.

These three main products; tobacco, alcohol, and SSBs, contribute to the high prevalence of non-communicable diseases (NCDs) and the main cause of death and disability, accounting for more than half of all deaths globally (Islam *et al.*, 2014). Essential to the increasing burden of NCDs is the rising prevalence of known risk factors such as obesity, cardiovascular diseases, hypertension, stroke, cancers, which are largely due to the consumption of tobacco, alcohol, and SSBs (Warren *et al.*, 2006; Addo J, Cook S, Galbete C, Agyemang C, Klipstein-Grobusch K, Nicolaou M, 2018; Hangoma *et al.*, 2020). This increasing burden of NCDs is fast on the rise in low-income and middle-income countries (LMICs) (Hangoma *et al.*, 2020).

Just as it is in many other LMICs, the burden in Ghana is becoming a public health concern and needs immediate public health attention. The prevalence of major NCDs and their risk factors are

on the rise over time and contribute significantly to the country's disease burden. Conditions like hypertension, stroke, and diabetes affect young and old, urban, and rural, and wealthy and poor communities coupled with the high cost of care drives the poor further into poverty(de-Graft Aikins *et al.*, 2012).

Regardless of the scarcity of data, the recent Ghana Demographic and Health Survey (GDHS), reported close to 10% of cigarette smoking among adults in the age bracket 15-49 years with women close to 1% of tobacco use(GDHS, 2014). Among the youth, the recent Global Youth Tobacco Survey (GYTS) also shows that close to 9% (boys= 8.9%; girls= 8.2%) of youth are currently using any form of tobacco products. The study also reported 3.1% (boys=2.5%; girls=3.7%)(Ghana-GYTS, 2017). The current finding in the GYTS was the uptake of shisha use among the youth was about 1.5% (boys= 0.4%; girls 1.7%) are currently using shisha(Logo *et al.*, 2020). Furthermore, GDHS 2008 also reported 2 in 10 women consuming an alcoholic beverage in Ghana (Addo J, Cook S, Galbete C, Agyemang C, Klipstein-Grobusch K, Nicolaou M, 2018). Regarding awareness of the negative health outcomes, a result of the use of substances of abuse, 21.1% of women and 57.3% of men and also 13.3% of women and 42.9% of men reported cutting down their alcohol intake and tobacco smoking respectively(GDHS, 2014).

It is however evident that the awareness and knowledge level of the general public are limited, health systems are weak, and there are few policy directions for the control and treatment of NCDs. These factors contribute to increased risk, morbidity, and mortality in Ghana. The greater challenge is the involvement of the youth in the abuse of tobacco, alcohol, and SSBs.

Against this background, this study aimed to rapidly assess the affordability, availability, and pricing of tobacco, alcohol, and SSBs in some communities in the Greater Accra region. The study hopes to provide evidence to support key recommendations for tax increment in the above products in reducing the negative health outcomes as a result of their uses.

It was proven that a 25% increase in tax on SSBs would avert 2526 deaths, and also generated an additional US\$5.46 million in revenue annually (Hangoma *et al.*, 2020). We are with the view that increasing taxes on tobacco, alcohol, and SSDs have the potential to significantly decrease the amount of disability-adjusted life years lost to lifestyle-related diseases, highlighting important health equity outcomes. Evidence also proves that an increase in tax on tobacco products reduces consumption among the youth and increases the quit rate (Bader, Boisclair, and Ferrence, 2011). Besides, an increase in taxes will provide the government with additional revenue that is earmarked for health could contribute to healthcare financing in Ghana.

Aim

Conduct a rapid survey among some selected communities in the Greater region to provide evidence to support some key recommendations to the government for the tax increase in the 2021 budget on tobacco, alcohol, and sugar-sweetened beverages.

Objective

1. Assess tobacco, alcohol, and SSBs affordability, accessibility, pricing in the community
2. Assess perception of the level of exposure of children and the youth to tobacco, alcohol, and SSBs

3. Document the selling of single sticks of cigarette, and buying of alcohol in sachet and in tot

Methods:

A cross-sectional study design was employed to conduct a rapid assessment among people age 18 years and above with a sample size of 280 participants. Three communities were conveniently selected namely Achimota, Nima-Mamobi, and Madina, representing 100 respondents (n=100) for Nima-Mamobi, 90 (n=90) each for Achimota and Madina environs. Since this was a rapid assessment, there was no application for ethical approval however, verbal consent was sought from all respondents before the start of an interview. Respondents were also assured of confidentiality and also made them aware not to answer questions they were not willing to answer. This was because they were informed that, participation was voluntary and they could decide to bow out if they were no longer interested.

The fieldwork was conducted within three days with three teams trained with a supervisor for each community. Data were collected electronically using the Kobo Collect tool and was transmitted electronically for analysis. Various relationships between variables were presented graphically and analyzed to ensure clarity and accuracy. Appropriate statistical tests were carried out to establish relationships between variables.

Results & Discussions

Demographics of Respondents

There was 97.7 percent of the respondents who consented and fully participated in the survey. Among them, 193 (68.9%) were males and 87 (31.1%) females, more than half (54.6%) are in the age bracket 25-45 years, and about 35% also between 18-25 years. Almost all the respondents (96.8%) are Ghanaians of which only less than a quarter (25.4%) are without formal education. Regarding employment, almost half (43.6%) of them reported unemployed.

Tobacco Control

The proportion of Respondents who Ever-used Cigarette

Just one puff of cigarette could lead the user to become a smoker for life (O'Loughlin *et al.*, 2002). It is known that nicotine reaches the brain within seconds after taking a puff, and its effects start to wear off within a few minutes. The smoker may tend to increase the amount of tobacco use, hence raises the amount of nicotine in the blood, therefore, will again need more tobacco to get the same effect. From the survey, close to 40% of the respondents said they have ever experimented with a cigarette even just one puff (figure 1). These findings agreed with other studies and it's a sign for Ghana to step up its awareness creation and other public health measures especially among the youth and the vulnerable.

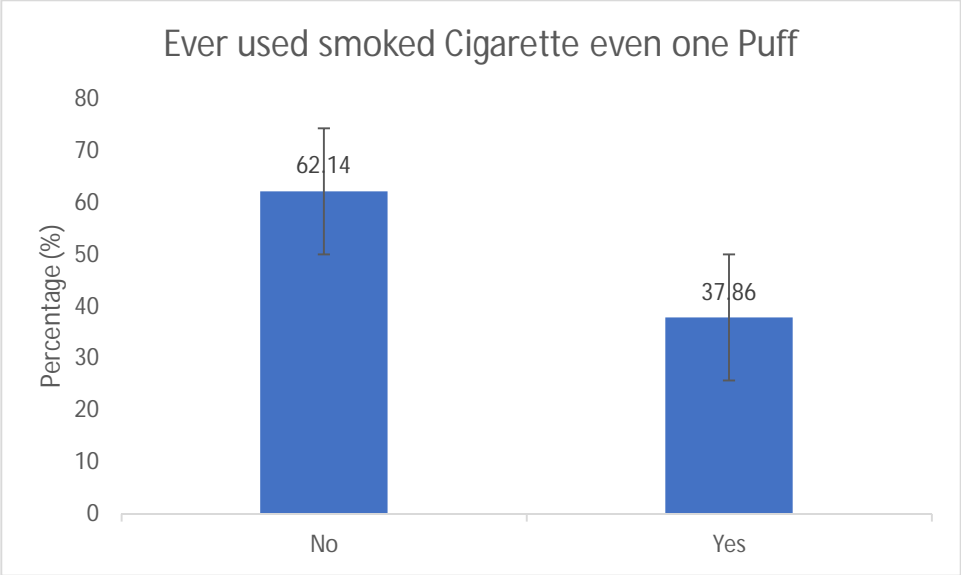


Figure 1. Ever smoked a Cigarette even one Puff

Age of Respondents First Experimented with Cigarette.

Studies have shown that most smokers today started the habit in their teens. Nearly 9 out of 10 adult smokers who smoke cigarettes daily first tried smoking at the age of 18 years, while 99% first tried by age 26 (U.S Surgeon General, 2014). In another report, the American Lung Association reported 87% of adult smokers who smoked daily, had ever-tried their first cigarette by the time they were 18 years of age, and 95% at age 21 (American-Lung-Association, 2020). From the finding, close to 15% of the respondents said they first tried cigarettes between the ages of 16-20 (figure 2). It is rather alarming to notice that some even tried the habit as early as 9 years and younger. The ages at which respondents ever tried smoking supported literature as stated earlier.

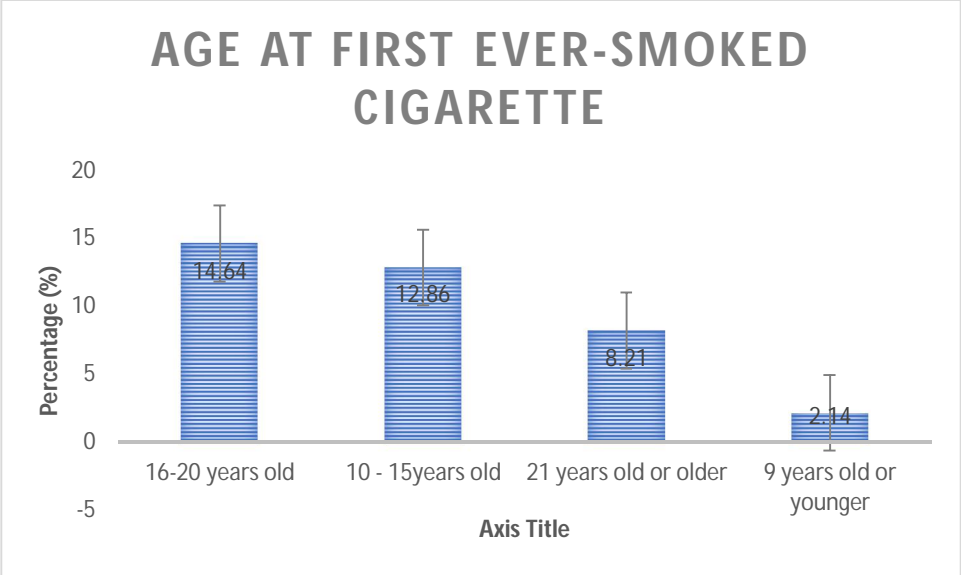


Figure 2. Age Respondent ever-smoked a Cigarette

The proportion of Current use of Tobacco Products

The most form of tobacco use is by inhalation of smoke especially from lighted cigarettes, waterpipe tobacco (shisha). Another form is smokeless tobacco and also heated tobacco such as electronic cigarettes (E-cigar). Studies have concluded that, there is no safe level for tobacco use and that all forms lead to diseases such as cardiovascular diseases, cancers, hypertension, stroke, and eventual death of the user. Respondents were asked the questions “do you currently use any of the following tobacco products; chewing tobacco or snuff, cigars, tobacco pipes (shisha), or any other tobacco products besides cigarettes?” More than 30% of them confirmed using one or more of the products (figure 3). This finding disagreed with the current national data of close to 10 % of adults aged 15-49 using any form of tobacco products (GDHS, 2014).

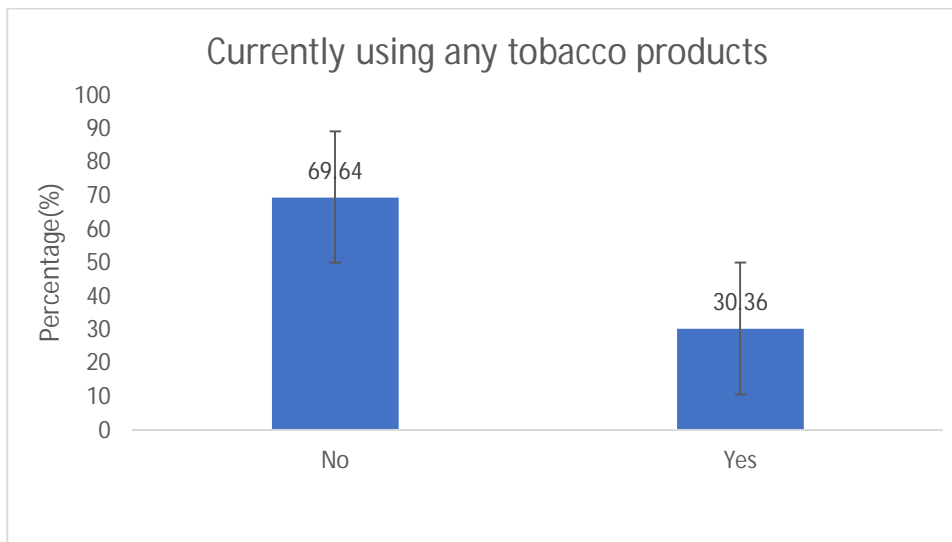


Figure 3. Respondents' Currently using any form of Tobacco Products

Money Spent on Tobacco Products on a Typical Day

As damaging as smoking can be to our health, it also has a considerable negative effect on household expenditure, where most smokers rather deprived the household of basic needs such as food and milk and use the money for tobacco products. It is rather deceptive to consider the use of money on a few packs of cigarettes to be harmless and not considering the cost of maintaining this habit's long-term effects.

Figure 4 depicts money spent by tobacco users on a typical day. The graph shows daily expenditure on tobacco products reported by current smokers of which the least money spent was between 1-5 cedis. However, about 3 % of the smokers also said they spent as high as 16-20 cedis. These people with the higher spending on tobacco could be classified as regular users or addicted as stated by other studies.

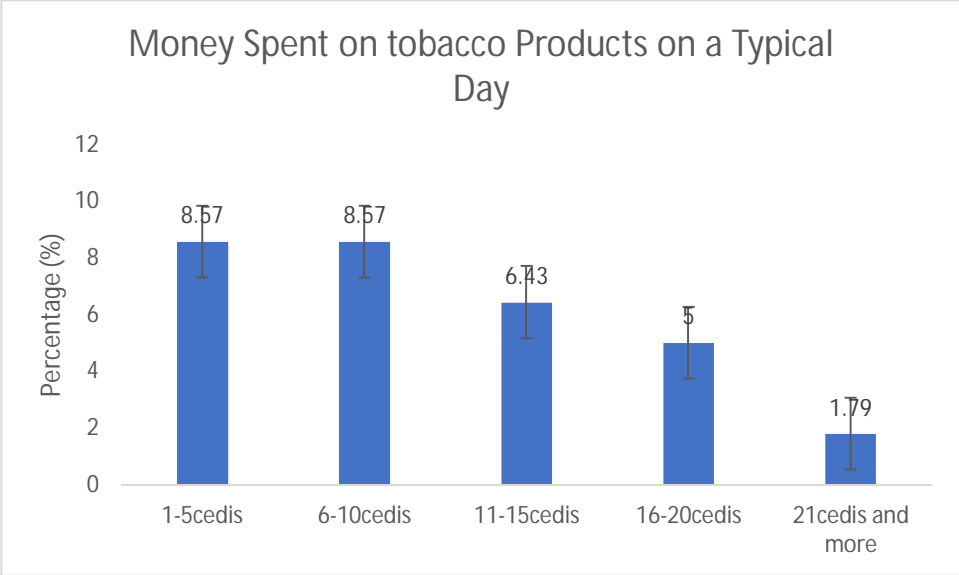


Figure 4. Money Spent on Tobacco Products on a Typical Day

The Sale of Single Stick of Cigarette:

The sale of single sticks of cigarettes has been identified as one of the devious strategies the tobacco industry uses to market its products especially to the youth and the vulnerable. A study conducted in ten African countries including Ghana confirmed the sale of single sticks of cigarettes in all of the ten countries (ATCA, 2018). However, from the WHO-FCTC, Article 16 entreats all parties to ban the sales of single sticks of cigarette as part of comprehensive tobacco control. From the graph (figure 5), it is very evident Ghana even though having passed the law banning sales of single sticks, lacks implementation and enforcement. Respondents said they could purchase a single stick as low as 10 pesewas. This could also be interpreted as a way to expose children, youth, and the vulnerable to the harmful effect of tobacco use.

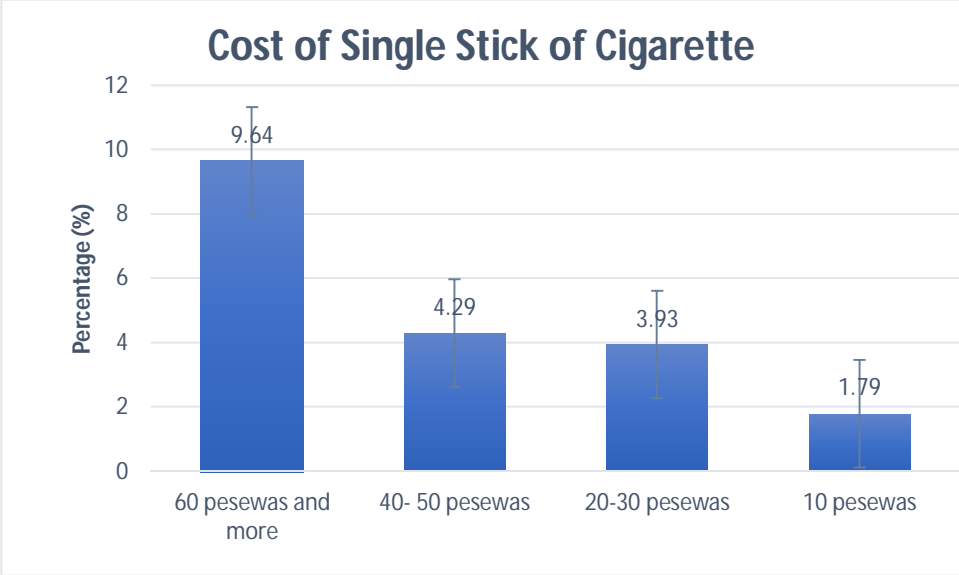


Figure 5. Cost of Single Stick of Cigarette

Exposure of the Youth to Tobacco Products

The absence of significant restriction of tobacco advertisement at the stores or point of sales is becoming a public health concern especially, its effect on the youth. This study is seeking the perception of the respondents on the youth's exposure to tobacco products in their communities. This finding supports the recent GYTS findings where the youth stated that they have been exposed to tobacco products or smoked both indoor and outdoor public places (Ghana-GYTS, 2017).

From the graph (figure 6), close to 90% reported the exposure of their youth to tobacco products. This is a threat to public health hence needs immediate attention.

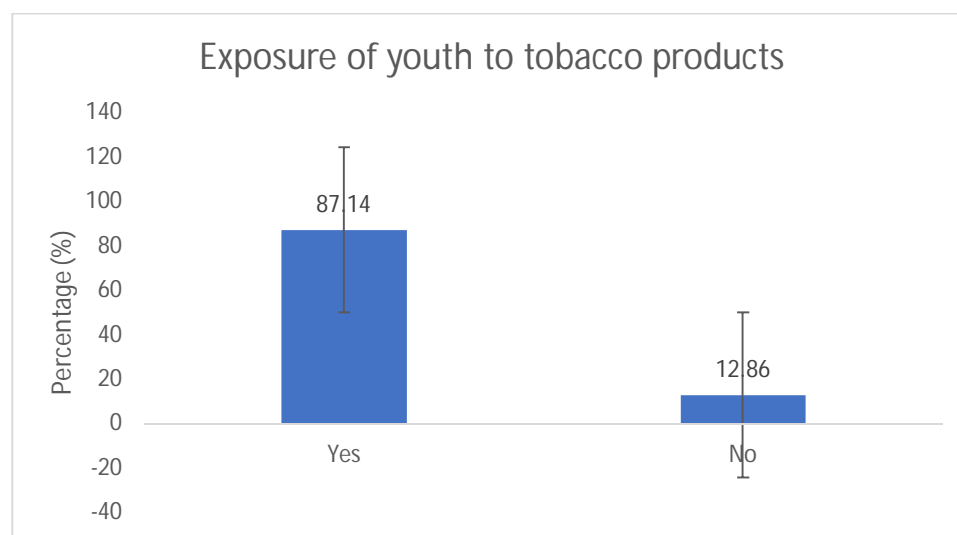


Figure 6. Exposure of the youth to tobacco products

Factors Contributing to Youth Exposure to Tobacco Products

There are several factors studied by researchers that are considered to influence tobacco use including (1) individual factors (perceptions, self-image, and peers); (2) social factors (societal norms); (3) environmental factors, such as advertising and economics; and (4) cultural factors, such as traditional uses of tobacco and many more. Among these factors, the tobacco industry is considered to be associated with them. These factors, affect behavior and patterns of tobacco use from their complex interplay, which is difficult to study and measure (U.S Surgeon General, 2014).

Findings from this study (figure 7) agreed with the stated factors as the key factors predisposing the youth in their communities to tobacco products. Among them, the most reported factor has to do with the easy accessibility of tobacco products as a result of the display at the point of sales. The good news is that Ghana banned all forms of tobacco advertisement even before the inception of the Public Health Act Law (Act 851) where part six deals with tobacco control measures. It was also reported that tobacco products are highly affordable (60%) in the community. This is a huge public health concern and needs prompt action including tax measures to reduce consumption especially among the youth.

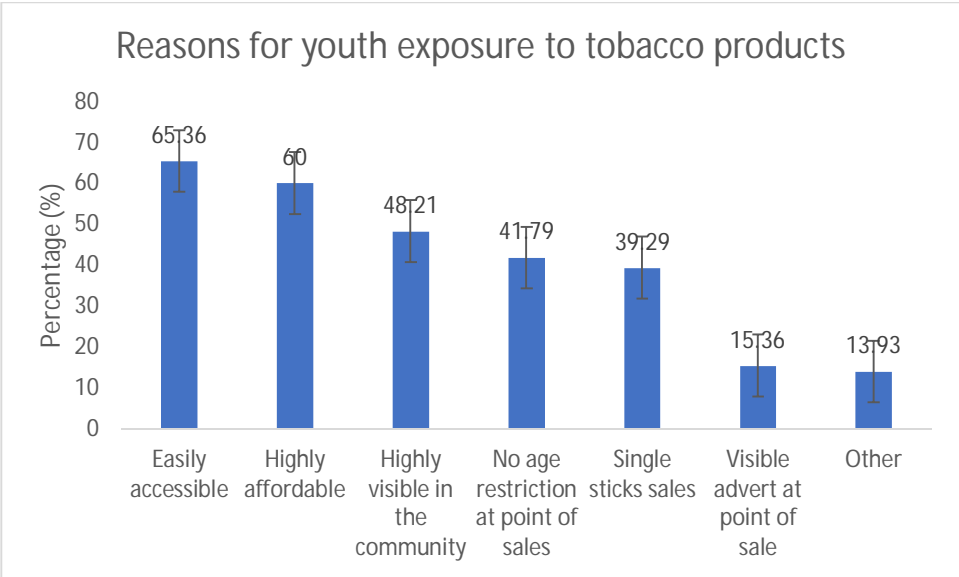


Figure 7. Reasons for youth exposure to tobacco products

Will Increase in Price make the Smoker decide to Quit Smoking?

It has been proven and well documented that on average, a 10% rise in tobacco will lead to a 4% reduction in tobacco consumption among smokers in high-income countries and by around 5% reduction in LMICs. Chaloupka et al, suggested that significant increases in tobacco taxes are a highly effective tobacco control strategy and would lead to significant improvements in public health (Chaloupka, Yurekli, and Fong, 2012). From this study, close to 60% of the respondents (figure 8) were of the view that an increase in the price of tobacco products (cigarettes) would make the smoker decide to quit smoking, therefore, supporting literature.

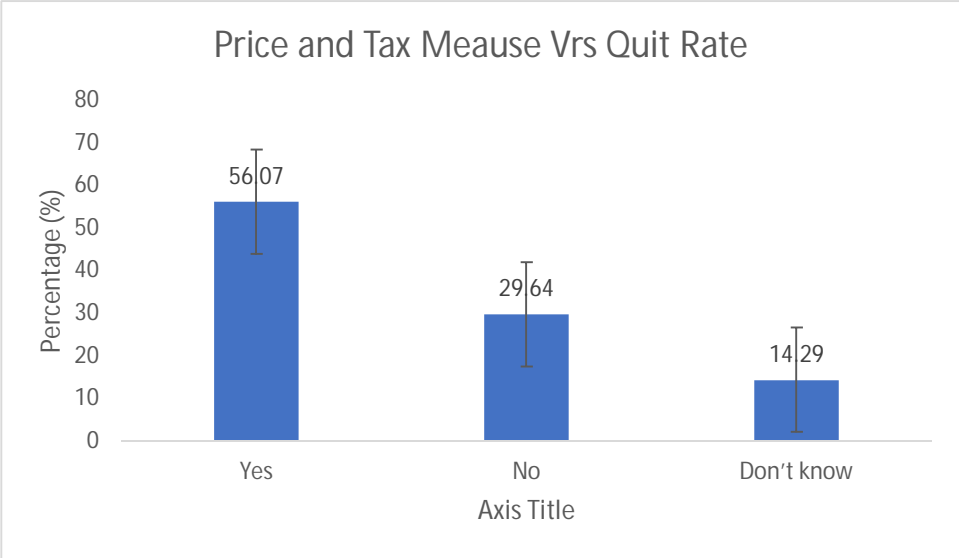


Figure 8. Tobacco Price and Tax measures and Quit Rate

Measures for Effective Tobacco Control

Among key recommendations slated as measures for tobacco control, the World Health Organization Framework Convention for Tobacco Control (WHO-FCTC) considered and recommended price and tax measures as the most cost-effective approach to reducing demand consumption of tobacco products. This is because it is a win-win situation for both government and public health. The government, therefore, would be able to generate revenue to take care of health care costs, while there is a reduction in demand and consumption leading to fewer disease burdens. It also protects the youth from indulging and also helps them to quit since they may not be able to afford the high prices. This finding also agrees with other findings that support increase in taxes, where respondents close to 40% proposed price and tax measures as means to effective control demand and consumption for tobacco control (Figure 9)

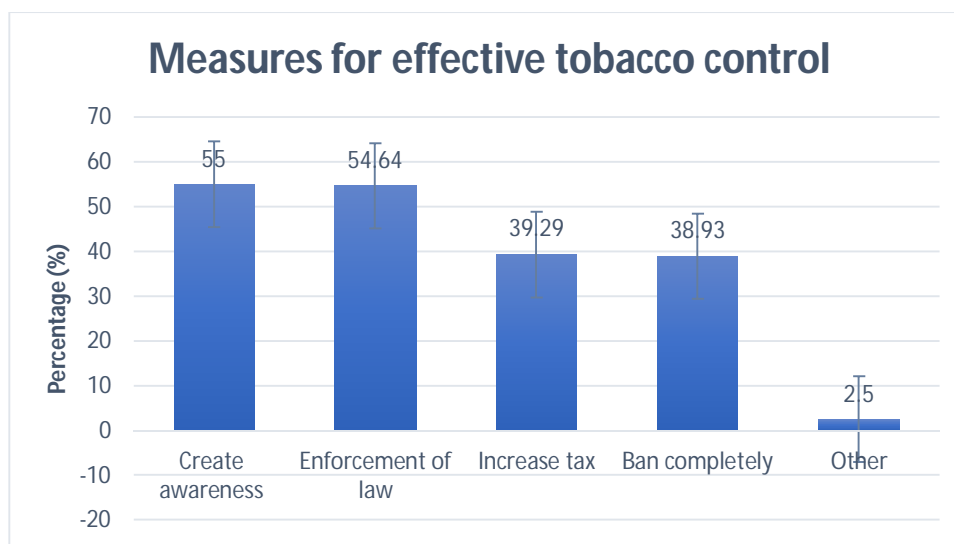


Figure 9. Tobacco Price and Tax measures and Quit Rate

Alcohol

The proportion of Ever-used, and Current Rate of Consumption of Alcohol

Excessive use of alcohol is associated with serious health problems, including cancers, heart and central nervous system damage, cirrhosis, loss of appetite, serious vitamin deficiencies, stomach ailments, heart, and central nervous system damage, memory loss, and increased risk of impotence. Among the youth, it has also been reported that 80% of high students have ever tried alcohol as a result of the high level of experimentation among the youth (Kids-Health, 2020). From this study, close to 70% of the respondents reported ever used alcohol. Even though about 40% of them reported only occasional use of alcohol, the rest are at varying stages of alcohol which is of much public concern. This is because, among them, close to 20% (figure 10) reported drinking alcohol every day.

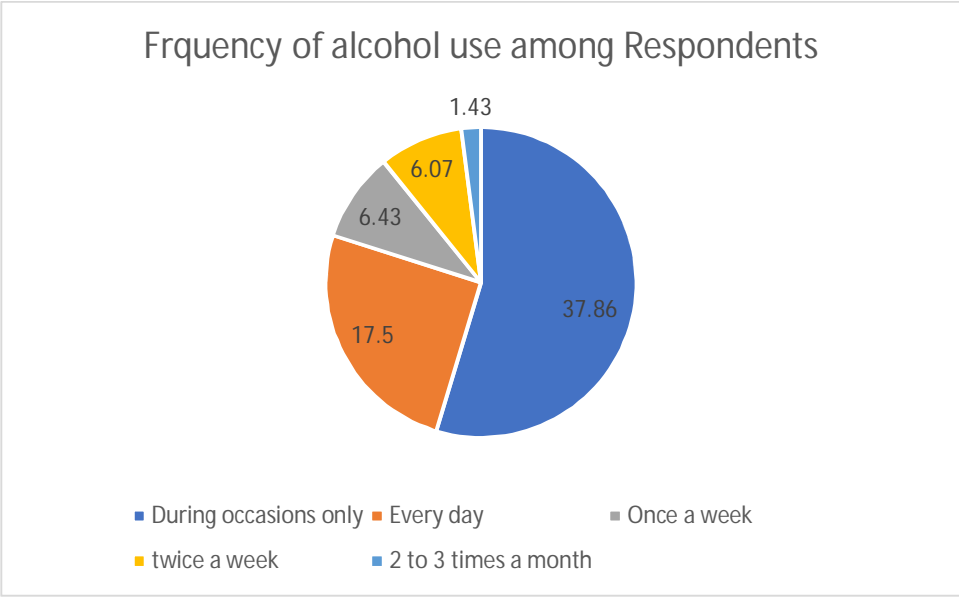


Figure 10. Frquency of Alcohol use among Respondents

Money Spent on Alcohol Consumption on a Typical Day

It has been reported by the Bureau of Labor Statistics, that Americans spend about 1 percent of their gross annual income on alcohol only. It also stated that for an average household, \$565 is spent on alcohol which could be used on other health commodities. The situation in Sub-Saharan African is even worst as compared to developed countries. Our study found out that average, more than 20% of respondents spend between 10-15 cedis daily on alcoholic beverages whiles about 5% also spend as high as 25 cedis in a day.

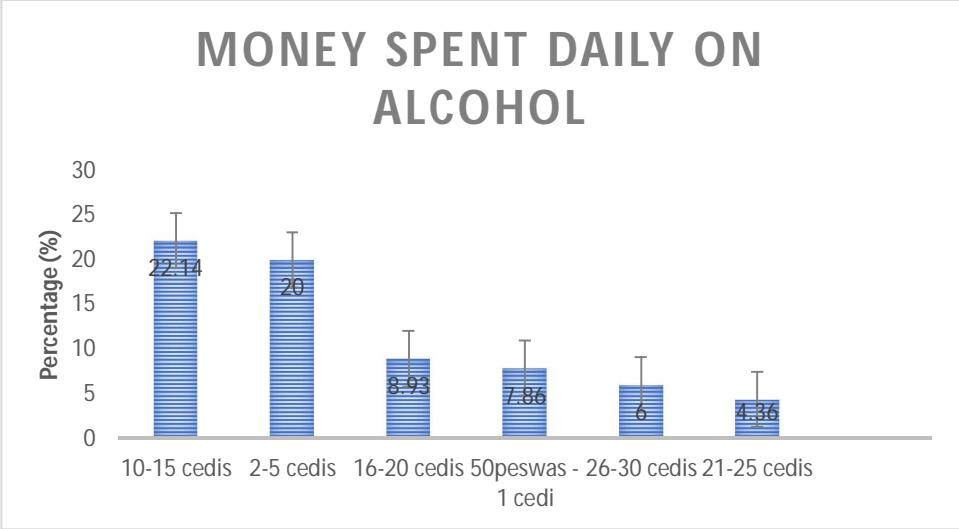


Figure 11. Money spent on Alcohol daily

Sales of Alcohol in Sachet and also in “tot”

One key strategy being adopted by the alcohol industries is how to effectively and concisely produce their harmful products which can easily be accessible and affordable. The alcohol industries are also easily copying from the tobacco industry where they decide to hook the youth to the harmful practice through the sales of single sticks, just as the alcohol have adopted sales in a sachet. This is obviously to attract the youth and the vulnerable. From the study, close to 30% of respondents who drink also reported buying alcohol in sachets and also in “tot” and 25% buy a sachet which cost them only 1 cedi as shown in the graphs (figures 12 & 13).

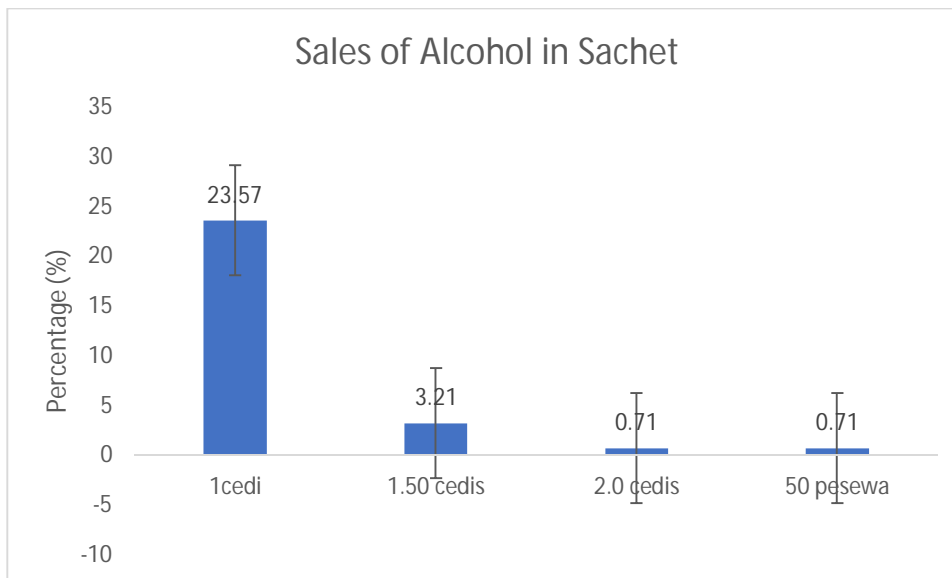


Figure 12. Sales of Alcohol in Sachet

Again, among the respondents who drink alcohol, 17.5% said they buy alcohol in “tot” which cost them only 1 cedi. Some also reported buying “tot” for 1.50 pesewas (fig.12)

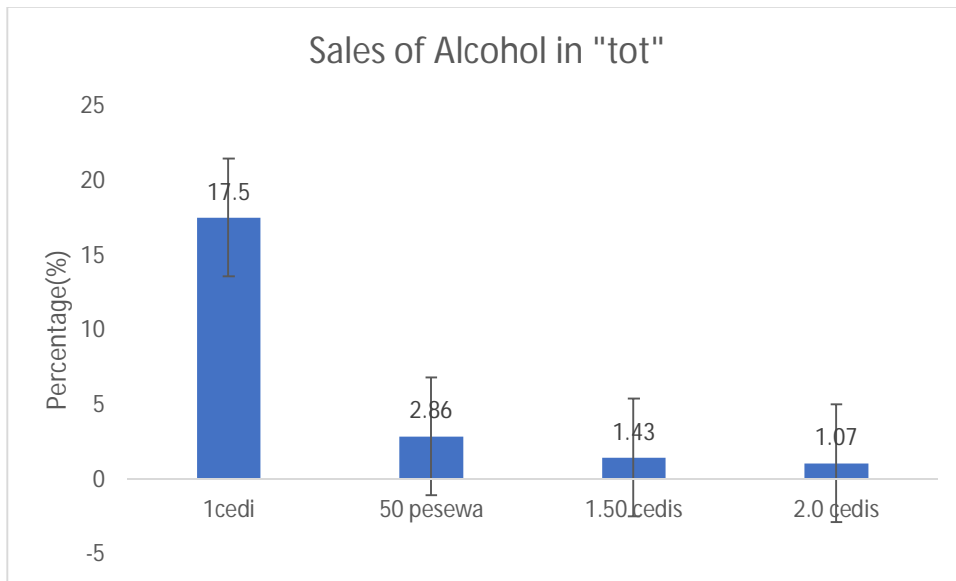


Figure 13. Sales of Alcohol in “tot”

Exposure of Youth to Alcohol Beverages

Ghana currently has no national law to control alcohol, but only depending on rather a weak alcohol policy. In the case of tobacco, the youth are somehow protected from deceptive tobacco adverts in all forms, which are opposite to alcohol.

From the study, respondents’ opinions were sought to find out if children and youth under 18 years are generally exposed to alcohol in their communities which close to 85% affirmed (figure 14).

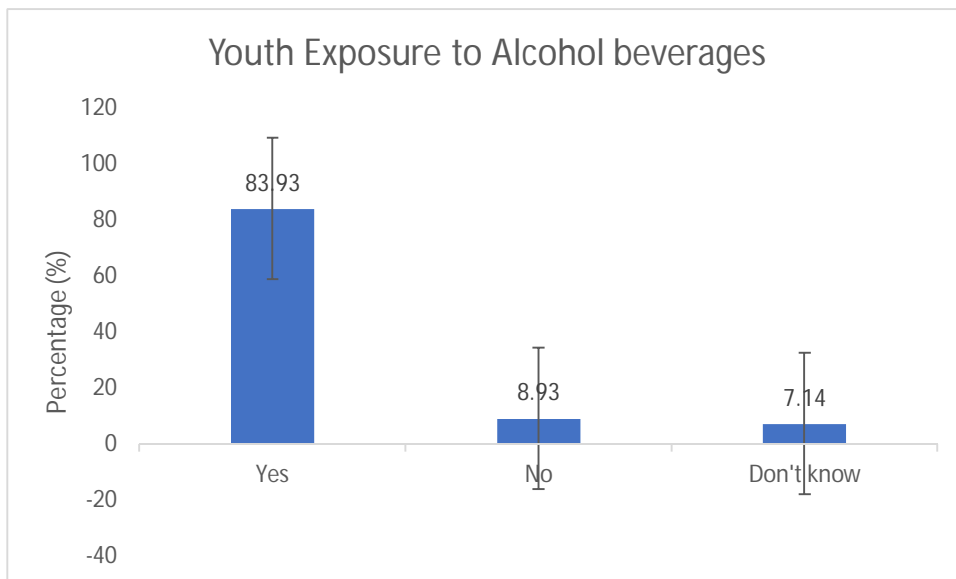


Figure 14. Youth Exposure to Alcoholic Beverages

Factors Contributing to Youth Exposure to Alcohol

These factors reported by respondents as leading to children and youth exposure were similar to tobacco products exposure except the visible adverts of alcoholic beverages on TVs, radio. This is a result of the ban on tobacco advertisements, promotion, and sponsorship in Ghana by law. The fact that almost 70% of the respondents said visible advertisement on TVs, radio, and billboard, will let you understand the level of youth exposure in Ghana to alcohol and public health implication (Table 1). Among them also, it has been reported of no age restriction (31%) observed whiles buying alcohol from any shop.

Table 1. Reasons for Youth Exposure to Alcohol Beverages

Values	Frequency	Percentage
visible adverts on TVs, Radios, billboards	193	68.93
Easily accessible	147	52.5
Highly affordable	109	38.93
No age restriction at point of sales	86	30.71
Highly visible in the community	82	29.29
Sold in sachet	69	24.64
Other	21	7.5

Regarding the increase in the price of alcoholic beverages, close to 45% of the respondents said it will be the most incentive to make persons who drink alcohol quit. Among the recommendation for effective alcohol control in the country, more than 60% of the respondents said awareness creation about the negative health outcomes and enforcement of available laws will be the best approach. A Total ban on all forms of advertisements (51.1%) was also called for in the country (Table 1).

Measures for Effective Alcohol Control

The recommendations provided by respondents for alcohol control, were not different from those provided for tobacco control, except that Ghana, currently does not have a national alcohol control law. The respondents believed, if there is such a law, it will lead to a ban on most forms of advert (51.1%) which lure the youth especially into indulging in the bad practice. Awareness creation about the harmful effects of alcohol was recommended (62.2%) as the best means of control. Price and tax measures (35%) were also proposed (Table 2).

Table 2. Recommendations for Effective Alcohol Control

Values	Frequency	Percentage
Awareness and enforcement	174	62.14
Ban all adverts	143	51.07

Increase tax	96	34.29
Ban completely	66	23.57
Other	7	2.5

Sugar-Sweetened Beverages (SSBs)

Consumption of sugar-sweetened beverages (SSBs) has been linked to risks of obesity, diabetes, and heart disease, making an undoubted cause for reduced consumption. Price and tax measures have also been considered as the most cost-effective means to reducing intake and thereby lowering health care costs, as well as for generating revenue that governments can use for health programs (Brownell *et al.*, 2009). From the study, more than half of the respondents reported drinking SSBs one or two times a week, while 10% said reported 5 times in a week (Fig. 15). However, close to 90% of the respondents said they are aware that sugary drinks are associated with negative health outcomes including diabetes, heart diseases, obesity, and poor dental.

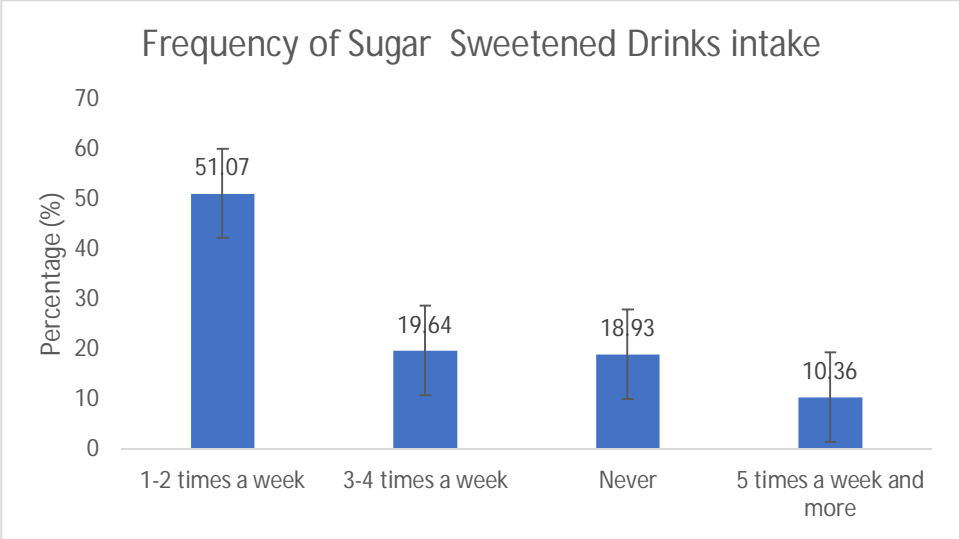


Figure 15. Frequency of Sugar-Sweetened Drinks Intake

Respondents, therefore, were asked about their reaction when taxes are increased on sugar-sweetened drinks to help reduce the negative health outcomes where more than half (52.9%) pledged their support for a tax increase since it would be the most appropriate means to reducing negative health outcomes as a result of SSBs. In addition to the increase in taxes for SSBs, respondents suggested effective awareness creation (80%) about the harmful effects of SSBs consumption, and also advertisement restriction (20%) on such products to the general public (Table 3).

Table 3. Recommendations for Effective control of SSBs

Values	Frequency	Percentage
Awareness creation	224	80
Increase tax	92	32.86
Restrict advertisement	55	19.64
Ban advertisement	39	13.93
Other	24	8.57

Conclusion and Recommendations

From the survey, the overwhelming majority made four main recommendations for the control of tobacco, alcohol, and SSBs in Ghana, namely, Awareness creation about the negative health and economic implications; tax increases to reduce demand and consumption; restrict advertisement to reduce youth exposure and as well as ban advertisement for such products. The findings from this rapid survey agree with existing literature on the prevalence of tobacco, alcohol, and SSBs use among Ghanaians including the youth, which has the potentials of increasing our public health issues. There is also evidence to support the fact that single sticks of cigarette which is banned by our Public health act (Act 851) are loosely enforced; and also, the youth are not fully protected by the Public Health law.

Tobacco Control:

Effective tobacco control which supports public health is realized when parties to the WHO-FCTC comply with the key provisions in the articles including a comprehensive smoke-free and strong tax regime.

It is therefore recommended to:

1. To increase tobacco taxes and also implement a specific tax regime or combined specific and ad-valorem tax regime. This is because effective Tobacco taxes are the most cost-effective way to
 - a. reduce tobacco use and health care costs
 - b. prevent the youth from initiating the habit or quit because of the high cost
 - c. generate revenue for the government.
 - d. Provide a win-win for both government and public health.
 - e. decrease demand and increases quitting rate among smokers
2. It is highly recommended to effectively implement and enforce the existing national smoke-free law to effectively prohibit smoking in all indoor areas of workplaces and public places, including restaurants and bars, to prevent involuntary exposure to secondhand smoke as stated in the Public Health Act
3. The Health Promotion Division of the Ghana Health Service and Ministry of Health must work to develop mass-reach health communications campaigns that use multiple media formats; include hard-hitting or graphic images; which will be intended to change knowledge, beliefs, attitudes, and behaviors affecting tobacco use; and providing tobacco users with information on resources on how to quit
4. As enshrined in part six of the Public Health Act, under Tobacco Control measures, and also in-line with the WHO-FCTC Article 16, the government must enforce the law to prohibit sales of single sticks of cigarettes.

Alcohol Control:

The socioeconomic, health, and safety problems as a result of alcohol consumption can be effectively reduced through concerted efforts. Key among them will be prioritizing the formulation, implementation, monitoring, and evaluation of public policies to reduce the harmful use of alcohol.

It is therefore recommended as follows;

1. Effective regulating and restricting the availability and display of alcohol to protect particular to younger people exposure

2. The government must ensure that the sale of alcohol in a sachet or small bottles (tots) is prohibited by passing and enforcing appropriate legislation
3. Effective implementation and enforcement of the existing alcohol policy, with particular attention on proper drink-driving policy.
4. Reducing demand through taxation and pricing mechanisms
5. Creating public health awareness of the harmful effects of alcohol use
6. Cessation and intervention programs for the treatment of addictions, and disorders in the health services.

Sugar-Sweetened Beverages (SSBs):

Since SSBs carry no nutritional value and pose health risks to a consumer, many public health advocates have argued to tax them like cigarettes or alcohol.

It is highly recommended:

1. To develop an effective policy for SSBs which will protect the public especially children and the youth.
1. Immediate and concerted effort to regulate and/or ban advertisements of SSBs targeting vulnerable children, through television, radio, billboards, the internet, or other media should be considered an important strategy in reducing consumption.
2. That the Food and Drugs Authority (FDA) should make it mandatory for companies to list the number of calories per bottle or can on the front of beverage containers. This in effect will create some level of awareness about the harmful effects of the product.
3. To the individuals to prefer beverages with few or no calories where water is best.
4. Beverage manufacturers should be compelled to produce drinks more healthfully by creating fewer sweet beverages. Beverages that have not more than 1 gram of sugar per ounce, and are free of non-caloric sweeteners.

In conclusion, we propose a nationwide study on the impact of cigarette, alcohol, and SSBs pricing on the initiation and continuous use.

Reference:

Addo J, Cook S, Galbete C, Agyemang C, Klipstein-Grobusch K, Nicolaou M, et al. (2018) ‘Differences in alcohol consumption and drinking patterns in Ghanaians in Europe and Africa: The RODAM Study’, *PLoS ONE*, 13(11). doi: /doi.org/10.1371 /journal.pone.0206286.

American-Lung-Association (2020) *Tobacco Use Among Children and Teens*. Available at: <https://www.lung.org/quit-smoking/smoking-facts/tobacco-use-among-children>.

ATCA (2018) *SALE OF SINGLE STICKS OF CIGARETTES IN AFRICA Survey Report from 10 Capital Cities*. Nigeria. Available at: <http://atca-africa.org/en/the-sale-of-single-sticks-of-cigarettes-in-africa>.

Bader, P., Boisclair, D. and Ferrence, R. (2011) ‘Effects of tobacco taxation and pricing on smoking behavior in high risk populations: a knowledge synthesis’, *International journal of*

- environmental research and public health*. 2011/10/26. Molecular Diversity Preservation International (MDPI), 8(11), pp. 4118–4139. doi: 10.3390/ijerph8114118.
- Brownell, K. D. *et al.* (2009) ‘The public health and economic benefits of taxing sugar-sweetened beverages’, *The New England journal of medicine*. 2009/09/16, 361(16), pp. 1599–1605. doi: 10.1056/NEJMp0905723.
- Chaloupka, F. J., Yurekli, A. and Fong, G. T. (2012) ‘Tobacco taxes as a tobacco control strategy’, *Tobacco Control*, 21(2), pp. 172 LP – 180. doi: 10.1136/tobaccocontrol-2011-050417.
- de-Graft Aikins, A. *et al.* (2012) ‘Ghana’s burden of chronic non-communicable diseases: future directions in research, practice and policy’, *Ghana medical journal*. Ghana Medical Association, 46(2 Suppl), pp. 1–3. Available at: <https://pubmed.ncbi.nlm.nih.gov/23661810>.
- Delli Bovi, A. P. *et al.* (2017) ‘Obesity and Obesity Related Diseases, Sugar Consumption and Bad Oral Health: A Fatal Epidemic Mixtures: The Pediatric and Odontologist Point of View’, *Translational medicine @ UniSa*. Università di Salerno, 16, pp. 11–16. Available at: <https://pubmed.ncbi.nlm.nih.gov/28775964>.
- Ferretti, F. and Mariani, M. (2019) ‘Sugar-sweetened beverage affordability and the prevalence of overweight and obesity in a cross section of countries’, *Globalization and Health*, 15(1), p. 30. doi: 10.1186/s12992-019-0474-x.
- GDHS (2014) *Ghana Demographic and Health Survey*. Accra, Ghana. Available at: <https://dhsprogram.com/pubs/pdf/FR307/FR307.pdf>.
- Ghana-GYTS (2017) *Centers for Disease Control and Prevention. Global Youth Tobacco Survey*. Accra, Ghana. Available at: <https://nccd.cdc.gov/GTSSDataSurveyResources/Ancillary/DataReports.aspx?CAID=1>.
- Ghana-Tobacco-Atlas (2017) *Ghana Fact Sheet Tobacco Atlas*. Accra, Ghana. Available at: <https://tobaccoatlas.org/wp-content/uploads/pdf/ghana-country-facts.pdf>.
- GSS (2014) *Main report. In Ghana Living Standards Survey Round 6 (GLSS 6)*. Accra. Available at: <https://www2.statsghana.gov.gh/nada/index.php/catalog/72/study-description>.
- Hangoma, P. *et al.* (2020) ‘The potential health and revenue effects of a tax on sugar sweetened beverages in Zambia’, *BMJ Global Health*, 5(4), p. e001968. doi: 10.1136/bmjgh-2019-001968.
- Ho, L.-M. *et al.* (2018) ‘Raising cigarette excise tax to reduce consumption in low-and middle-income countries of the Asia-Pacific region: a simulation of the anticipated health and taxation revenues impacts’, *BMC Public Health*, 18(1), p. 1187. doi: 10.1186/s12889-018-6096-z.
- Islam, S. M. S. *et al.* (2014) ‘Non-communicable diseases (NCDs) in developing countries: a symposium report’, *Globalization and health*. BioMed Central, 10, p. 81. doi: 10.1186/s12992-014-0081-9.
- Kids-Health (2020) *Kids and Alcohol*. Available at: <https://kidshealth.org/en/parents/alcohol.html>.
- Logo, D. D. *et al.* (2020) ‘Waterpipe use among the youth in Ghana: Lessons from the Global Youth Tobacco Survey (GYTS) 2017’, *Tobacco Induced Diseases*, 18(May). doi:

10.18332/tid/120937.

O'Loughlin, J. *et al.* (2002) 'The hardest thing is the habit: a qualitative investigation of adolescent smokers' experience of nicotine dependence', *Nicotine & Tobacco Research*. Society for Research on Nicotine and Tobacco, 4(2), pp. 201–209.

Sudhinaraset, M., Wigglesworth, C. and Takeuchi, D. T. (2016) 'Social and Cultural Contexts of Alcohol Use: Influences in a Social-Ecological Framework', *Alcohol research : current reviews*. National Institute on Alcohol Abuse and Alcoholism, 38(1), pp. 35–45. Available at: <https://pubmed.ncbi.nlm.nih.gov/27159810>.

U.S Surgeon General (2014) 'U.S. Department of Health and Human Services. The Health Consequences of Smoking —50 Years of Progress: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center'.

UNICEF (2019) *United Nations Children's Fund, 'Implementing Taxes on Sugar-Sweetened Beverages: An overview of current approaches and the potential benefits for children'*,. geneva.

Warren, C. W. *et al.* (2006) 'Patterns of global tobacco use in young people and implications for future chronic disease burden in adults', *The Lancet*, 367(9512), pp. 749–753. doi: [https://doi.org/10.1016/S0140-6736\(06\)68192-0](https://doi.org/10.1016/S0140-6736(06)68192-0).

WHO (2015) *World Health Organization, 'Information Note about Intake of Sugars Recommended in the WHO Guideline for Adults and Children'*,. Geneva. Available at: www.who.int/nutrition/publications/guidelines/sugars_intake/en.

WHO (2018) *World Health organization Alcohol Report*. Available at: <https://www.who.int/news-room/fact-sheets/detail/alcohol>.

WHO (2020) *Tobacco - World Health Organization;tobacco fact sheet from WHO providing key facts and information on surveillance, second-hand smoke, quitting, picture warnings, ad bans, WHO Newsroom/Factsheet*. Available at: www.who.int/news-room/fact-sheets/detail/tobacco
WHO 2020 (Accessed: 30 August 2020).