

Media Discussion Highlights on Alcohol Control

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INSLA
INSTITUTE OF
LEADERSHIP &
DEVELOPMENT
"STIMULATING DISCUSSIONS & ACTIONS"



**Federation of
Zongo Ladies**



Alcohol and Health effects

1. 3 million deaths every year
2. 6 death every six minutes
3. 100% of alcohol use disorders
4. 18% of suicides
5. 18% of interpersonal violence
6. 27% of traffic injuries
7. 13% of epilepsy
8. 48% of liver cirrhosis
9. 26% of mouth cancers
10. 26% of pancreatitis
11. 20% of tuberculosis
12. 11% of colorectal cancer
13. 5% of breast cancer
14. 7% of hypertensive heart disease

(Source: WHO)

Alcohol use disorders (AUDs)

1. Alcohol poisoning
2. Fetal Alcohol Spectrum Disorders (FASD)
3. Alcohol induced Mental Health syndromes (depression, anxiety, psychosis)

Fetal Alcohol Spectrum Disorders (FASD)

1. Small head
2. Small eye openings
3. Low nasal bridge
4. Flat midface
5. Smooth philtrum (Cupid's bow)
6. Thin upper lip
7. Low body weight
8. Problem with the heart, kidneys, or bones
9. Shorter than average height
10. Vision (eye) or hearing problems



11. Sleep and sucking problems as a baby
 12. Abnormal facial features
 13. Poor memory
- (Source: cdc.gov/fasd/about)

Cancer's attributed to alcohol consumption

1. Mouth and Throat
2. Larynx (Voice Box)
3. Esophagus
4. Colon and Rectum
5. Liver
6. Breast (In Women)



Note: The less alcohol you drink, the lower the risk of Cancer
 (Source: cdc.gov/cancer/dcp/c/prevention/other.htm)

Ghana's National Alcohol Policy 2016

1. Scientific evidence has proven that before the age of 25 years, the human brain is still undergoing development.
2. There is good evidence that children and youth with Fetal Alcohol Syndrome (FAS) have significantly lower health and quality of life outcomes than children and youth whose mothers did not consume alcohol during pregnancy.
3. The effects of loss of productivity due to the harmful use of alcohol cannot be overemphasized. The misuse of alcohol affects productivity in various ways.
4. It is estimated that 76.7% of Ghanaians aged 15 years and above are either lifetime abstainers or have abstained from drinking alcohol in the past 12 months.
5. This means that 23.3% of this population (aged 15 years and above) take alcohol.



6. It is also estimated that 2.1% of the population engage in heavy drinking among the same age group (15 years and above).
7. Alcohol consumption by sex: Findings from the 2008 Ghana Demographic and Health Survey (GDHS) indicate that more men than women drink alcoholic beverages and consumption varies substantially across the regions and subgroups.
8. It is estimated that 18 percent of women in Ghana drink alcoholic beverages.
9. The proportion of men in Ghana who drink alcoholic beverages (35%) is higher than the proportion of women.
10. Men who drink alcohol also tend to drink more frequently than women.

Interventions

1. Establish Multi-Sectoral Coordination Mechanisms
2. Develop Multi-Sectoral National Alcohol Policies (NAPs)
3. Develop and/or strengthen National Alcohol Control Legislation and Regulations.
4. Strengthen restrictions on alcohol availability
5. Advance and enforce drink driving counter measures
6. Facilitate access to screening, brief interventions and treatment
7. Enforce bans or comprehensive restrictions on alcohol advertising, promotion and sponsorship
8. Raise prices on alcohol through excise taxes, pricing policies and regularly review prices
9. Labelling and Health warnings
10. Reduce the public health impact of illicitly or informally produced alcohol
11. Prevent and/or delay initiation of alcohol use, especially among school-going children, adolescents and young people
12. Awareness campaigns on the effects of alcohol, both formally and informally produced on the individual and the community.
13. Resource Allocation
14. Support Capacity Building
15. National and sub-national Monitoring System
16. Protection from commercial and other vested interest

FRAMEWORK FOR IMPLEMENTING THE GLOBAL ALCOHOL ACTION PLAN,
2022–2030 IN THE WHO AFRICAN REGION

Report of the Secretariat

EXECUTIVE SUMMARY

1. Alcohol is a toxic and psychoactive substance with dependence-producing properties. The "harmful use of alcohol" is defined as "drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, as well as patterns of drinking that are associated with increased risk of adverse health outcomes". Harmful use of alcohol is a causal factor in more than 200 diseases and injuries.
2. In 2010, the Regional Committee endorsed "Reduction of the harmful use of alcohol: A strategy for the WHO African Region". The 2010 Strategy aimed "to contribute to the prevention or at least reduction of harmful use of alcohol and related problems in the African Region". Progress has been made, with up to 15 countries either revising their alcohol policies or developing them. Alcohol per capita consumption has reduced.
3. A number of issues and challenges hampered the implementation of the 2010 African Region alcohol strategy, including lack of multisectoral coordination, with only nine countries having an entity for that purpose; limited legislation and poor enforcement of laws and regulations; weak health care systems; alcohol industry interference as reflected in unrestricted advertising, sponsorship of sporting and youth activities, and intrusion in the process of policy development. Drug use is a growing problem in the Region, and linked to alcohol use.
4. This Framework builds on the previous Regional strategy, while drawing from the Global alcohol action plan to strengthen the implementation of the strategy to reduce the harmful use of alcohol (WHA75(11), 2022). The goal of this Framework is to significantly reduce morbidity and mortality due to alcohol consumption in the African Region. Its objectives are to: (i) increase implementation and enforcement of high-impact policy options and interventions to reduce the harmful use of alcohol in the African Region; (ii) strengthen multisectoral actions through effective governance, enhanced political commitment, leadership, dialogue, and coordination; (iii) enhance the capacity of health and social care systems to prevent and treat disorders due to alcohol use as an integral part of universal health coverage (UHC) and in alignment with the 2030 Agenda for Sustainable Development and its health targets; (iv) raise awareness of the risks and harms associated with alcohol consumption and its impact on the health and well-being of individuals, families, communities and nations; (v) strengthen information systems and research for monitoring alcohol consumption, alcohol-related harm, their determinants and modifying factors, and policy responses at all levels; and (vi) increase the mobilization of resources required for appropriate and sustained actions

Resetting Ghana: BUILDING THE GHANA WE WANT TOGETHER

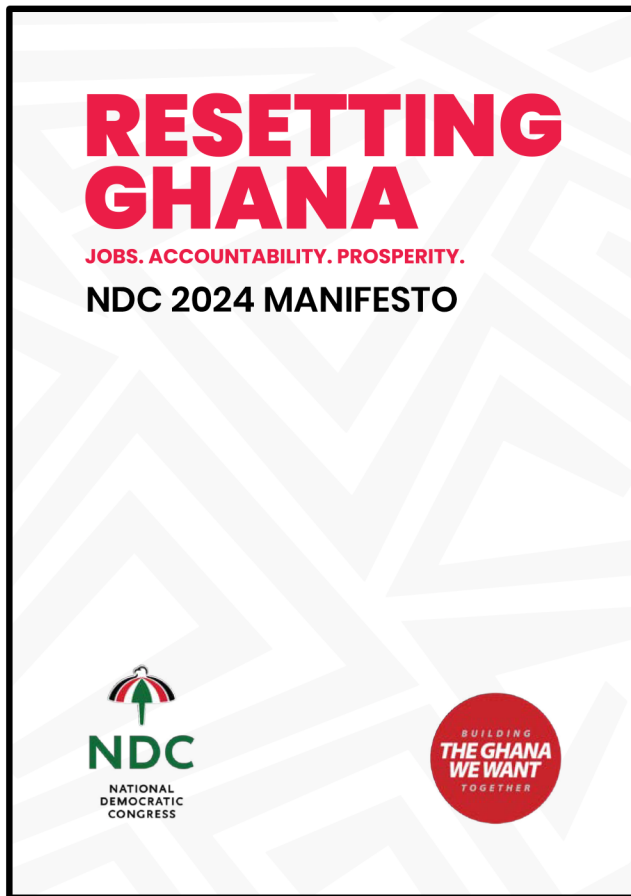
Section 5.2.1 Preventing diseases and promoting health and wellness:

The NDC government will initiate sustained public health education programmes focused on encouraging **healthy lifestyles, reducing health risks**, and promoting regular health screenings **to promote a culture of health and wellness in the country.**

Specifically, we will;

1.;
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7. **mandate the integration of Occupational Health and Safety practices in workplaces to enhance employee well-being and a safe work environment;**
8.
9. **embark on public health education to promote a healthy lifestyle and regular screening to mitigate health risks, and provide education on the prevention of communicable and non-communicable diseases.**



Reference Materials to take along:.

1. Ghana National Alcohol Policy (NAP) 2016
2. WAAPA's Key Elements of Alcohol Control Legislations 2025
3. Resetting Ghana: BUILDING THE GHANA WE WANT TOGETHER
4. Global Status Report on Alcohol and Health 2014
5. Global Status Report on Alcohol and Health 2018
6. Framework for implementing the Global Alcohol Action Plan 2022 to 2030 in the WHO African Region 2022
7. Alcohol, Health effect and Prevention
8. Alcohol and Cancer CDC

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