



A Civil Society

SHADOW REPORT

on Ghana's implementation of the

***"Framework for Implementing the Global Alcohol Action
Plan 2022-2030 in the WHO African Region"***



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Abbreviations

AUDs	Alcohol Use Disorders
BAC	Blood Alcohol Concentration
CSO	Civil Society Organisation
CSR	Corporate Social Responsibility
GhanAPA	Alcohol Policy Alliance – Ghana
GRA	Ghana Revenue Authority
GHS	Ghana Health Service
GSA	Ghana Standard Authority
HPD	Health Promotion Division
INSLA	Institute of Leadership and Development
LI	Legislative Instrument
MICS	Multiple Indicator Cluster Survey
MHA	Mental Health Authority
MMDAs	Metropolitan Municipal and District Assemblies
MOH	Ministry of Health
NAP	National Alcohol Policy
NCDs	Non-communicable Diseases
NRSA	National Road Safety Authority
NSS	National Statistical Service
PI&A	Priority Interventions and Actions
UN	United Nations
VALD-Ghana	Vision for Alternative Development Ghana
WAHO	West African Health Organisation
WAAPA	West African Alcohol Policy Alliance
WHO	World Health Organization

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Special appreciation goes to Mr Luqman Usman who led the drafting of this Shadow Report and Coordinated Contributions from National Stakeholders. Finally, we acknowledge all individuals and partner organisations whose contributions, directly or indirectly, enriched this report.

Executive Summary

This shadow report presents a civil society perspective on Ghana's implementation of the 'Framework for Implementing the Global Alcohol Action Plan 2022–2030 in the WHO African Region'. It reviews progress made, highlights key challenges, and proposes practical recommendations to strengthen alcohol control in Ghana.

Alcohol consumption in Ghana remains a major public health and social concern. Although the 2016 National Alcohol Policy (NAP) provides a comprehensive framework to regulate production, distribution, marketing, and consumption, its implementation has been slow and fragmented. Alcohol use contributes significantly to road traffic crashes, underage drinking, non-communicable diseases (NCDs), mental health conditions, and social harms such as domestic violence. An estimated half of recorded alcohol consumption is brewed locally and produced informally, which further complicates regulation.

This report evaluates Ghana's performance across five selected Priority Interventions and Actions (PI&As) under the Global Alcohol Action Plan, which include Multisectoral coordination (PI&A 34), Harm reduction policies (PI&A 35), Legislation and regulation (PI&A 36), Illicit and informal alcohol (PI&A 38) and Reducing acceptability (PI&A 39).

On Multisectoral coordination (PI&A 34), it was discovered that Ghana has established a multi-sectoral coordination mechanism through the Ministry of Health and the reconstituted NCD Steering Committee, supported by WHO and civil society groups. However, coordination of the multi-sectoral frameworks remains inefficient and underfunded. With respect to Harm reduction policies (PI&A 35), the National Alcohol Policy (NAP) outlines clear objectives to promote abstinence, regulate production, availability and marketing, and reduce harmful use, but its effectiveness is undermined by the absence of a legislative instrument and weak enforcement. Regarding Legislation and regulation (PI&A 36), a draft Alcohol Control Legislative Instrument has been developed and validated but is yet to be presented to Parliament, while existing laws such as the Liquor Licensing Act (1970) and the Road Traffic Act (2004) remain fragmented and inconsistently enforced. In regards to illicit and informal alcohol (PI&A 38), informally produced beverages continue to dominate consumption due to their low price and widespread availability. Moreover, poor regulation coupled with limited surveillance and enforcement further expose consumers particularly low-income groups to serious health risks.

Finally, in relation to Reducing acceptability (PI&A 39), awareness campaigns and advocacy by civil society groups, the National Road Safety Authority, and faith-based groups have raised some visibility. However, persistent alcohol marketing, industry interference, and weak advertising restrictions are hindering progress.

Key recommendations include the urgent passage of the draft Alcohol Control Legislative Instrument to harmonize fragmented laws, alongside the establishment of a Ghana National Alcohol Commission to ensure sustained leadership and accountability. Strengthening enforcement of existing measures, particularly on drink-driving, underage sales, and marketing restrictions, remains essential. Again, expanding public education and social and behavior-change campaigns with dedicated funding will help reshape social norms. Finally, enhancing data collection on alcohol consumption patterns, illicit production, and alcohol-related harms is critical to guide evidence-based policies and strengthen national responses.

Civil society organizations, coordinated through the Alcohol Policy Alliance - Ghana (GhanAPA) and supported by the West African Alcohol Policy Alliance (WAAPA), remain committed to working with government, WHO, and other partners to advance alcohol control. This shadow report encourages greater political commitment, adequate resources, and multisectoral collaboration in order to achieve the Global Alcohol Action Plan's goals.

Background

Ghana, a lower-middle-income country in West Africa with an estimated population of about 34 million (2025 projection), has made significant progress in health and socio-economic development over the past decades. However, harmful use of alcohol remains a growing public health and social challenge.

According to the World Health Organization (WHO) Global Status Report on Alcohol and Health and Treatment of Substance Use Disorders (2024), Ghana's per capita alcohol consumption is estimated at 4.5 litres of pure alcohol per person aged 15+, based on the 2017 to 2019 average and including both recorded and unrecorded alcohol. The report highlights that patterns of drinking are of greater public health concern than volume, as harmful and heavy episodic drinking are strongly linked to accidents, violence, and long-term health complications. The prevalence of alcohol use disorders (AUDs) in Ghana stood at 4.1%, which is above the WHO Africa regional average of 3.7%, indicating a higher national burden.

Alcohol-related harm in Ghana is associated with increased road traffic crashes, domestic violence, and reduced productivity. The youth population is particularly vulnerable, with growing evidence of early initiation of drinking and aggressive alcohol marketing strategies targeting young people. Culturally, alcohol use is embedded in many social and traditional activities, which complicates regulation and control.

In recognition of these risks, Ghana adopted the National Alcohol Policy (NAP) in 2016 to provide a framework for reducing harmful use of alcohol through legislative, regulatory, and public health interventions. However, effective implementation requires coordinated efforts across government institutions, civil society organizations, and international partners.

Introduction

Alcohol consumption is a long-standing feature of Ghanaian society, deeply rooted into cultural, social, and religious practices. From funerals and weddings to casual recreation, alcoholic beverages are widely available and commonly consumed. However, this normalization has also made alcohol misuse a growing public health and social concern. Recent national evidence from the WHO STEPS Survey Ghana 2023, shows that 22.6% of adults aged 18 to 69 are current alcohol users with significantly higher prevalence among men 30.6% compared to women 14.5% and higher levels of use in rural areas than urban areas. Studies, such as the 2016 Multiple Indicator Cluster Survey (MICS), reveal that underage drinking remains a pressing issue, with 22% of males and 19% of females aged 15–19 reported to have consumed alcohol. Early initiation of alcohol use is associated with negative outcomes including accidental deaths, poor academic performance, and a higher likelihood of dependence in adulthood.

The harmful use of alcohol is further reflected in road traffic accidents, alcohol-impaired driving, and rising youth-related violence. The World Health Organization (WHO) has repeatedly highlighted alcohol as a leading risk factor for non-communicable diseases (NCDs) such as liver cirrhosis, cardiovascular conditions, and neuropsychiatric disorders. In Ghana, civil society and public health advocates continue to emphasize the need for robust, evidence-based measures to mitigate these harms.

In response to fragmented and outdated laws that previously governed alcohol, Ghana introduced the National Alcohol Policy (NAP) in 2016 to serve as a unified framework for regulating production, sales, marketing, and consumption. This policy aligns with global best practices and promotes “best buy” interventions such as stricter marketing restrictions, higher taxation, reduced availability, and drink-driving countermeasures. Despite this, implementation has been inconsistent, with challenges such as industry interference, the absence of a dedicated Legislative Instrument (LI), and weak enforcement undermining progress.

Ghana’s alcohol industry includes both state-owned companies like GIHOC Distilleries and Ghana Breweries Company, as well as private giants such as Guinness Ghana Breweries PLC and Kasapreko Company Limited. This extensive production capacity has increased accessibility and affordability, making alcohol easily available across both formal and informal markets. Informally produced beverages, such as locally brewed spirits, continue to dominate consumption,

representing over half of recorded intake and posing additional regulatory difficulties due to lack of quality control.

These realities underscore the urgent need for comprehensive legislation, effective enforcement, and stronger multisectoral collaboration. The subsequent sections of this report examine Ghana's progress and gaps in implementing the 'Framework for the Global Alcohol Action Plan (2022–2030)', with particular focus on policy development, legislative reforms, coordination mechanisms, and strategies to reduce alcohol-related harm.

Section 1: Establish Partnerships and Multisectoral Coordination Mechanisms (PI&A 34)

Ghana has taken steps to create multisectoral mechanisms for alcohol control, with the Ministry of Health (MoH) at the forefront. The National Alcohol Policy (2016) (Appendix 3A) was developed through a wide collaboration, involving government ministries, civil society, traditional leaders, and international partners (Appendix 3B1-3B2). This effort consolidated fragmented alcohol laws into a national framework for action.

At the institutional level, the Multisectoral NCD Steering Committee was constituted under the MoH to coordinate non-communicable disease agenda including alcohol policy. The committee includes representatives from the Ministries of Finance, Trade, Education, Social Welfare, and Community Development, alongside technical agencies such as the Food and Drugs Authority and Ghana Standards Authority.



Inauguration of Multisectoral National Steering Committee for Non-Communicable Diseases (NCDs), November 2021

The WHO Country Office has played an important role by providing technical support, strategic guidance, and global tools to strengthen Ghana's alcohol response. As part of efforts to strengthen national coordination, the Ministry of Health, in collaborations with WHO and key agencies, also established the National Alcohol Control Regulations Technical Drafting Working Group serving as a specialized technical team tasked with the drafting and reviewing the draft Alcohol Control Regulation with membership from the MOH, FDA, WHO, Road Safety, Civil Society, etc. It has also advocated for evidence-based interventions and supported civil society groups like the Vision for Alternative Development (VALD) and the Alcohol Policy Alliance – Ghana (GhanAPA), who continue to seek accountability from government for a stronger legislative framework.

In addition to government, Civil Society Organizations, faith-based organizations, and academia have all actively contributed to public education, advocacy, and research through Partnerships. For example, VALD-Ghana, through GhanAPA and with support from the West African Alcohol Policy Alliance (WAAPA), has consistently engaged in pushing for the passage of an Alcohol Control Legislative Instrument.

Despite these advances, the effectiveness of coordination mechanisms has been limited. The NAP also proposed the establishment of a Ghana National Alcohol Commission and a National Alcohol Taskforce to provide long-term oversight, but no roadmap have been developed to operationalize these structures . Weak enforcement, inadequate funding, and industry interference have hindered the translation of policy into practice.

Recommendations

- Government should operationalize the proposed Ghana National Alcohol Commission and National Alcohol Taskforce to provide dedicated oversight.
- Parliament should prioritize the passage of the Alcohol Control Legislative Instrument to give the NAP legal backing.
- The Ministry of Health should ensure sustained funding for multisectoral coordination, while protecting the process from alcohol industry influence.
- WHO and civil society should continue providing technical support, data, and advocacy to strengthen national capacity for implementation.

Section 2: Develop multisectoral alcohol harm reduction policies (PI&A 35)

The adoption of the National Alcohol Policy (NAP) in 2016 (Appendix 3A) marked Ghana's most comprehensive attempt to address alcohol-related harm. Before its adoption, alcohol regulation was fragmented across outdated laws such as the Liquor Licensing Act of 1970 (Act 331) and the Public Health Act of 2012 (Act 851), leaving enforcement weak and inconsistent.

The purpose statement of the NAP “The purpose of the Policy is to encourage and promote abstinence from alcohol, reduce harmful alcohol consumption and regulate production, marketing and sale of alcoholic beverages. This is in recognition that alcohol consumption can only be reduced if the government actively participates in and takes effective actions in ensuring that the general population complies with alcohol regulation.”

The NAP therefore sought to provide a single guiding framework in line with international standards, including WHO's “best buy” interventions (i.e. cost-effective and evidence-based strategies that have proven to reduce the burden of non-communicable diseases) which were further reinforced under WHO's SAFER Initiative, which focus on five key strategies on strengthening restrictions on availability, advancing drink driving countermeasures, facilitating access to screening and treatment, enforcing bans on advertising and raising prices through excise taxes .

The policy's main objectives include reducing harmful alcohol use, minimizing health and social costs, and regulating production, distribution, marketing, and consumption. Key priority areas cover taxation, restrictions on advertising, improved enforcement of age limits, drink-driving countermeasures, and public education campaigns. Importantly, the NAP also addresses informal alcohol production, which remains widespread in Ghana, by proposing measures for quality control and monitoring.

There has been some significant progress since the adoption of NAP. The policy has created a 'shared reference point' for multisectoral stakeholders, guiding the work of agencies like the Food and Drugs Authority (FDA) in regulating advertising and labelling. It has also stimulated advocacy by civil society groups such as VALD-Ghana and GhanAPA, who have used the NAP to hold government accountable for delays in passing a supporting Legislative Instrument (LI).

However, the absence of this LI has been a critical barrier to implementation. Without legal backing, many of the policy's provisions remain aspirational, leaving gaps in enforcement of restrictions on alcohol availability, pricing, and marketing. For example, alcohol advertising continues to be prominent during prime-time television and sporting events, often glamorizing consumption to young audiences in contradiction of policy goals.

Monitoring and evaluation have also been limited. The NAP outlined the establishment of a National Alcohol Control Commission to oversee implementation, but this body is yet to be operationalized. As a result, systematic tracking of alcohol-related harm, enforcement outcomes, and policy impact remains weak.

Although the NAP recognize monitoring and evaluation as a priority it does not outline a clear mechanism for nationwide data collection also implementation has not started due to the absence of the proposed Alcohol Commission.

Additionally, while the NAP aligns with WHO Best Buys and SAFER Initiative several gaps remains as there is no regulation to make its provisions enforceable and offers no clear protection from alcohol industry interference as it includes alcohol representatives in its implementation structure. There is no coordinated data collection or monitoring system and enforcement of advertising marketing and drink driving restriction remain weak. Provision for screening and treatment are limited.



***Launch of National Alcohol Policy for Ghana by
Minister of Health, Hon. Agyeman Manu (1st Pic: Middle)
[Credit: Graphic.com.gh and barakapolicy.org]***

Recommendations

- Parliament should urgently pass the Legislative Instrument to operationalize the NAP and give it enforceable authority.
- Government should establish the National Alcohol Control Commission to coordinate implementation and evaluation.
- Stronger measures should be introduced to regulate alcohol marketing, particularly exposure to minors through television, sports, and digital platforms.
- A coordinated national monitoring framework should be developed, with clear indicators and annual reporting on alcohol-related harms.
- Public education and social marketing campaigns should be scaled up to build awareness of the health and social risks of alcohol misuse.

Section 3: Develop and/or Strengthen Legislation and Regulations (PI&A 36)

A consolidated, enforceable legal framework is essential to translate policy into action. At present, Ghana lacks a single, modern alcohol control law. Regulation is instead scattered across older statutes and sectoral instruments, such as the Liquor Licensing Act (1970), the Road Traffic Act (2004), the Public Health Act (2012), and various secondary regulations [Appendices D, E]. The 2016 National Alcohol Policy (NAP) proposed stronger legal measures and institutional structures (including a Ghana National Alcohol Commission), but without a supporting Legislative Instrument (LI), the policy remains largely aspirational.

A comprehensive alcohol control law should aim to protect public health and safety by reducing harmful alcohol use, regulating production and distribution, restricting marketing and sponsorship, protecting minors and other vulnerable groups, and establishing clear enforcement and monitoring mechanisms. The law should also provide for a coordinating authority with powers to oversee implementation, collect data, and enforce sanctions.

However, current regulations are fragmented, as there are multiple independent alcohol control laws that create loopholes and inconsistent enforcement. It is against this backdrop that the NAP calls for an integrated LI to oversee alcohol regulation in the country.

As such, the NAP's provisions for setting up an Alcohol Control Commission and regional or district taskforces are yet to be fully operationalized through a Legislative Instrument under the Public Health Act (Appendix 3C), although the process is currently underway, leaving key measures unenforceable.



***Meeting of the Alcohol Regulations draft (LI) technical working group,
May 2021***

Below are some of the weaknesses or gaps in existing alcohol regulation in Ghana:

- Agencies with regulatory roles (such as the FDA, GSA, Police, and NRSA) operate without a single coordinating body or dedicated funding stream.
- Ghana's statutory BAC limit (0.08%) is higher than many international recommendations (0.05% or lower), which reduces the deterrent effect.
- The absence of strict, enforceable rules allows pervasive marketing (including digital media and event sponsorship) that targets youth.
- Existing laws focus on formal producers and retailers, leaving informal and locally brewed alcohol largely outside the regulatory net.

These weaknesses contribute to persistent underage drinking, alcohol-impaired driving, aggressive marketing and easy availability, and poor oversight of informal production, all of which undermine public health objectives.

Regarding the progress of a Legislative Instrument, the Multi-Sectoral Coordinating Mechanism championed by the Ministry of Health has developed a draft Alcohol Control Legislative Instrument, which has been validated and reviewed by legal advisors but has not yet been laid before Parliament. Civil society groups are therefore impressing upon the government to push for the passage of the integrated alcohol LI.



GhanAPA, Alliance of Civil society groups call on government to pass the alcohol control LI

Recommendations

- The Ministry of Health, in collaboration with the Attorney-General's Department and Parliament, should urgently present and secure passage of the Alcohol Control LI to give legal effect to the NAP.
- Harmonize existing statutes into a coherent legal framework that covers production, distribution, pricing, advertising, sponsorship, age limits, labeling, licensing and penalties.
- Create an independent, well-resourced coordinating body with mandates for regulation, enforcement, monitoring, and stakeholder engagement (i.e. Establish a statutory National Alcohol Commission as proposed in NAP)
- Lower the legal BAC limit to 0.05% (or adopt an evidence-based alternative) and reinforce enforcement with routine roadside testing and sanctions.
- Enact clear prohibitions and controls on alcohol advertising, digital promotions and event sponsorships, with specific protections for youth-oriented content and venues.

- Introduce licensing, quality-control support, and graduated compliance pathways for local producers to bring informal markets under safer regulatory practices.
- Implement conflict-of-interest rules to protect policy processes from alcohol industry interference, consistent with public-health principles.
- Allocate dedicated budget lines for enforcement agencies and build institutional capacity (legal, laboratory, inspection) to implement the new law effectively.

A modern, consolidated legal framework, supported by an empowered national commission and clear enforcement mechanisms, is a yardstick for translating Ghana's policy commitments into measurable reductions in alcohol-related harm.

Section 4: Reduce the Public Health Impact of Illicit or Informal Produced Alcohol (PI&A 38)

Illicit and informal produced alcohol continues to pose a major public health and regulatory challenge in Ghana. Locally brewed spirits such as akpeteshie and other home-distilled beverages are widely available, cheap, and deeply embedded in local economies and traditions. It is estimated that more than half of total alcohol consumed in Ghana originates from informal or unrecorded sources. While these beverages contribute to household income for many small-scale producers, their unregulated nature poses significant health risks, including methanol poisoning, adulteration, and inconsistent alcohol content.



Production of locally distilled gin (popularly known as akpeteshie) in Ghana

Regulatory oversight remains weak due to resource constraints and overlapping mandates among enforcement agencies. The Food and Drugs Authority (FDA) and Ghana Standards Authority (GSA) share responsibility for product regulation but lack adequate reach in rural areas, where most informal production occurs. In addition, limited laboratory capacity for testing alcoholic content, coupled with logistical challenges in rural surveillance, further constrain enforcement.

The lack of a comprehensive traceability system also facilitates the illicit importation of alcoholic products through porous borders. The Customs Division of the Ghana Revenue Authority (GRA) occasionally intercept unregistered beverages and counterfeit imports, however, penalties are often minimal and enforcement is inconsistent.

Civil society organizations, such as VALD-Ghana and the Alcohol Policy Alliance – Ghana (GhanAPA), have raised awareness about the public health implications of informal alcohol and advocated for stronger local monitoring mechanisms. Yet, interventions remain ad hoc and underfunded, and there is limited integration between law enforcement and public health agencies to address the issue holistically.

There is also no dedicated national data collection system to track the production, distribution or health impacts of illicit and informally produced alcohol with the existing information drawn from research limiting evidence for policy making

The Metropolitan, Municipal and District Assemblies (MMDA's) have a key role in providing permit or license and local enforcement, strengthening their involvement will ensure that community level regulation, surveillance and compliance with national alcohol control laws are effectively implemented.

Recommendations

- The Government should strengthen enforcement of existing laws to curb illicit alcohol trade, particularly by empowering the FDA and GSA to extend surveillance to rural and border areas.
- Introduce mandatory registration and licensing for all local alcohol producers, with incentives for compliance such as access to quality testing and certification services.
- Enhance border control operations and cross-agency collaboration between GRA, Customs, and the Police Service to detect and confiscate unregistered alcoholic imports.

- Develop community-level education programs highlighting the health risks of informal and adulterated alcohol, in partnership with civil society and traditional leaders.
- Establish a national product traceability and tax-stamp system to monitor production, importation, and sales of alcoholic beverages.
- Empower MMDA's to enforce local permit or licensing requirements and monitor informal alcohol outlets
- Review local assembly bylaws to conform with National Alcohol Policies
- Integrate alcohol control laws into the environmental health and sanitation responsibilities of MMDA's to enhance local level implementation

Section 5: Enforce Measures to Reduce the Acceptability of Alcohol (PI&A 39)

Reducing the social acceptability of alcohol use is critical to achieving long-term public health outcomes. In Ghana, cultural norms often associate alcohol with celebration, masculinity, and social belonging, making behavioral change efforts complex. The prevalence of alcohol advertising across television, radio, billboards, and digital media reinforces these norms and contributes to high youth exposure.

Civil society, faith-based organizations, Ministry of Health (MoH), Ghana Health Service (GHS) specifically the Health Promotion Division (HPD), Food and Drugs Authority (FDA), Mental Health Authority (MHA), Ghana Standards Authority (GSA), World Health Organization (WHO) have made notable efforts to shift perceptions through advocacy and community sensitization. Campaigns led by VALD-Ghana, WAAPA, INSLA and the National Road Safety Authority (NRSA) have focused on the dangers of drink-driving, underage drinking, and alcohol-related violence. However, these efforts are often sporadic, donor-dependent, and lack sustainable national funding.

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Advocacy initiatives by Institute for Leadership and Development (INSLA) to reducing acceptability of Alcohol in Ghana (www.inslad.org)

Meanwhile, the alcohol industry continues to influence public perception through corporate social responsibility (CSR) initiatives that frame alcohol companies as community partners. Activities such as sponsorship of youth events and educational programs indirectly normalize consumption, pecially among impressionable populations. The absence of comprehensive advertising restrictions or mandatory health warnings exacerbates this problem.



Guinness Ghana sponsoring skill training (Corporate social responsibility) and events (Credit:www.ghanamusicawards.com and Citi News Room respectively)

Among the measures recommended by the World Health Organization for reducing alcohol's social appeal at the population level are legislation, taxation, and mass media campaigns. Even though Ghana's NAP recognizes the need for such interventions, implementation has been slow due to insufficient enforcement capacity and competing policies. To ensure the implementation of the National Alcohol Policy, GhanAPA in November 2025 organized its 2nd High-Level Stakeholders Meeting on the implementation of Ghana's National Alcohol Policy (NAP) 2016, which among its objectives is to ensure the enforcement of measures to reduce the acceptability of alcohol.



2nd High-Level Stakeholders meeting on the implementation of Ghana's National Alcohol Policy (NAP) Organized by GhanaPA

Recommendations

- Adopt comprehensive restrictions on alcohol advertising, promotion, and sponsorship across all media, particularly those targeting minors and youth audiences.
- Introduce mandatory health warnings on alcohol packaging and advertisements, in line with global public health standards.
- Increase government funding for sustained nationwide public awareness campaigns highlighting alcohol-related harms.
- Engage traditional leaders, schools, and youth groups in community-driven initiatives to challenge social norms that glamorize drinking.

- Monitor and regulate alcohol industry CSR activities to prevent indirect promotion of consumption under the guise of public benefit.

Conclusion

Ghana has demonstrated commendable intent through the adoption of the National Alcohol Policy (NAP) and participation in the WHO Global Alcohol Action Plan (2022–2030). However, implementation remains fragmented, underfunded, and hampered by weak enforcement mechanisms, industry interference, and insufficient data systems. A coordinated and adequately resourced national response is therefore critical.

The government must expedite the passage of the Alcohol Control Legislative Instrument to provide a strong legal foundation for enforcement. Establishing the Ghana National Alcohol Commission, as envisaged in the NAP, would ensure institutional leadership, accountability, and coordination. Furthermore, sustained investment in monitoring, public education, and community-level interventions will be essential to reduce the social and health burden of alcohol misuse.

Civil society, academia, and international partners such as WHO and WAAPA have demonstrated their commitment to supporting national efforts. By harnessing these partnerships and prioritizing public health over commercial interests, Ghana can make significant strides toward achieving the objectives of the Global Alcohol Action Plan and safeguarding the well-being of its population.

Table 1: Summary of Ghana's Progress and Gaps Across Key Alcohol Control Area

Section/Area (PI&A)	What Ghana Has	What is Lacking
Establish partnerships and multisectoral coordination mechanisms (PI&A 34)	<ul style="list-style-type: none"> ● National Alcohol Policy established various multisectoral coordination mechanisms ● NCD committee ● Technical drafting ● FDA's Tobacco and Substances of Abuses directorate 	<ul style="list-style-type: none"> ● Available ● Available ● Available ● Available
Develop multisectoral alcohol harm reduction policies (PI&A 35)	<ul style="list-style-type: none"> ● National Alcohol Policy (2016) ● National NCD Policy 2022 	<ul style="list-style-type: none"> ● Available ● Available
Develop and/or strengthen legislation and regulations (PI&A 36)	<ul style="list-style-type: none"> ● Public Health Act ● National Alcohol Control Regulation 	<ul style="list-style-type: none"> ● Available ● Not Available
Reduce the public health impact of illicitly or informally produced alcohol (PI&A 38)	<ul style="list-style-type: none"> ● National Data Collection System 	<ul style="list-style-type: none"> ● Not Available

Enforce measures to reduce the acceptability of alcohol (PI&A 39)

- Ban of celebrities
- Ban on Radio and Television
- Sensitization

- Available
- Available
- Available

Call to Action

The fight against alcohol-related harm requires collective commitment beyond national boundaries. The Government of Ghana must demonstrate strong political will by enacting and enforcing comprehensive alcohol legislation. Civil society organizations, including GhanAPA, VALD Ghana and WAAPA, should sustain their advocacy and community-level sensitization efforts. Regional organizations such as West African Health Organisation (WAHO) can promote policy harmonization, while international development partners must continue to provide financial and technical assistance. At the global level, stakeholders must resist industry interference and support evidence-based interventions in line with WHO “best buys” for reducing alcohol harm.

Role of WHO Country Office

Since the adoption of the Global Alcohol Action Plan in 2023, the WHO Country Office in Ghana has been instrumental in supporting alcohol control efforts. It provided technical assistance during the development of the draft Alcohol Control Legislative Instrument, facilitated multisectoral policy dialogues, and partnered with the Ministry of Health and civil society to strengthen national coordination. The WHO also supports capacity-building initiatives, data collection on alcohol-related harm, and advocacy for best-practice interventions such as increased taxation and stricter marketing controls. Continued WHO guidance will remain critical in aligning Ghana’s efforts with regional and global targets under the 2022–2030 framework.

In summary, Ghana has laid the foundation for effective alcohol control, but stronger legislative action, enforcement, and collaboration are needed to safeguard public health and achieve the goals of the Global Alcohol Action Plan.

Alcohol Policy Alliance – Ghana (GhanAPA)

Introduction/status:

The Alcohol Policy Alliance – Ghana (GhanAPA) is an amalgamation of organisations working towards advancing a healthy nation through policy development and advocacy with the vision of contributing to the elimination of alcohol related harms in Ghana. GhanAPA was formed in Ghana in the year 2018 at an initial meeting called by Issah Ali, the Head of WAAPA Secretariat. Four different organisations joined hands to start the Alliance which now has a membership of nine organizations namely; Vision for Alternative Development (VALD), Institute of Leadership and Development (INSLA), Federation of Youth Clubs (FYC), Action for Integrated Development (FYC), Aid for Needy Children Foundation, Blue Cross Ghana, EL Yahweh Foundation, Community Focus Foundation (CFF) Ghana –Network, Mothers Club Development and Federation of Zongo Ladies.

Aims/Objectives:

- To help prevent people from taking to the use of alcohol.
- To get person's dependence on alcohol to quit the habit and rehabilitated.
- To create a forum for networking among members.
- To bring together Organizations working in the area of health and advocacy for a coordinated programming
- To create a community free from Alcohol related harm and an empowered population.
- To provide leadership and further skills training to the various organizations.
- To promote and compliment government efforts in the general welfare of the public.

Structure:

GhanAPA is headed by the National General Assembly which serves as the highest decision making body. It is responsible for setting policy direction, approving strategic plans and reviewing the overall performance Alliance. The National Board of Directors provides supervision and strategic oversight ensuring that the decisions of the General Assembly are implemented effectively. The National Secretariat handles the day to day administration, coordination of programs and implementation of activities in line with the Alliance Action Plan and Budget.

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Website: www.alcoholpolicyghana.org

West African Alcohol Policy Alliance (WAAPA)

Introduction/status:

The West African Alcohol Policy Alliance (WAAPA) is a regional network of civil society organizations and public health professionals committed to advocating for effective alcohol control policies across West Africa. WAAPA works to support the development, adoption, and implementation of evidence-based alcohol policies that reduce alcohol-related harm in the region. It collaborates with national alliances, governments, and international organizations to promote public health and social well-being.

Objectives:

- Advocate for comprehensive alcohol policies and regulations in West African countries.
- Promote and facilitate information sharing on alcohol and alcohol-related issues.
- Initiate, facilitate and conduct research on alcohol prevention, policies, and programs.
- Strengthen and support the capacities of civil society organizations, national alliances and development professionals involved in alcohol policies and programs.

- Encourage, support and strengthen partnerships between member organizations, governments and development partners for the effective implementation of alcohol policies and programs.
- Promote and advocate for national, regional, and continental policies, programs and regulatory frameworks on alcohol-related issues.
- Mobilize and facilitate access to financial, human and technical resources needed for the development, implementation, and evaluation of alcohol policies and programs.
- Engage with policymakers, stakeholders and communities to raise awareness about alcohol control measures.
- Collaborate with regional intergovernmental organizations on alcohol policies and programs.

Structure:

WAAPA is headed by the General Assembly as the highest decision making organ and is supervised by the Regional Board of Directors. The Regional Secretariat is responsible for the day-to-day administration and coordination of initiatives. National General Assembly's are responsible for decision-making at the National Levels with the National Board of Directors supervising the National Secretariat which is responsible for the day-to-day administration. Standing and Adhoc committees or working groups are established to assist in the operation of the organization.

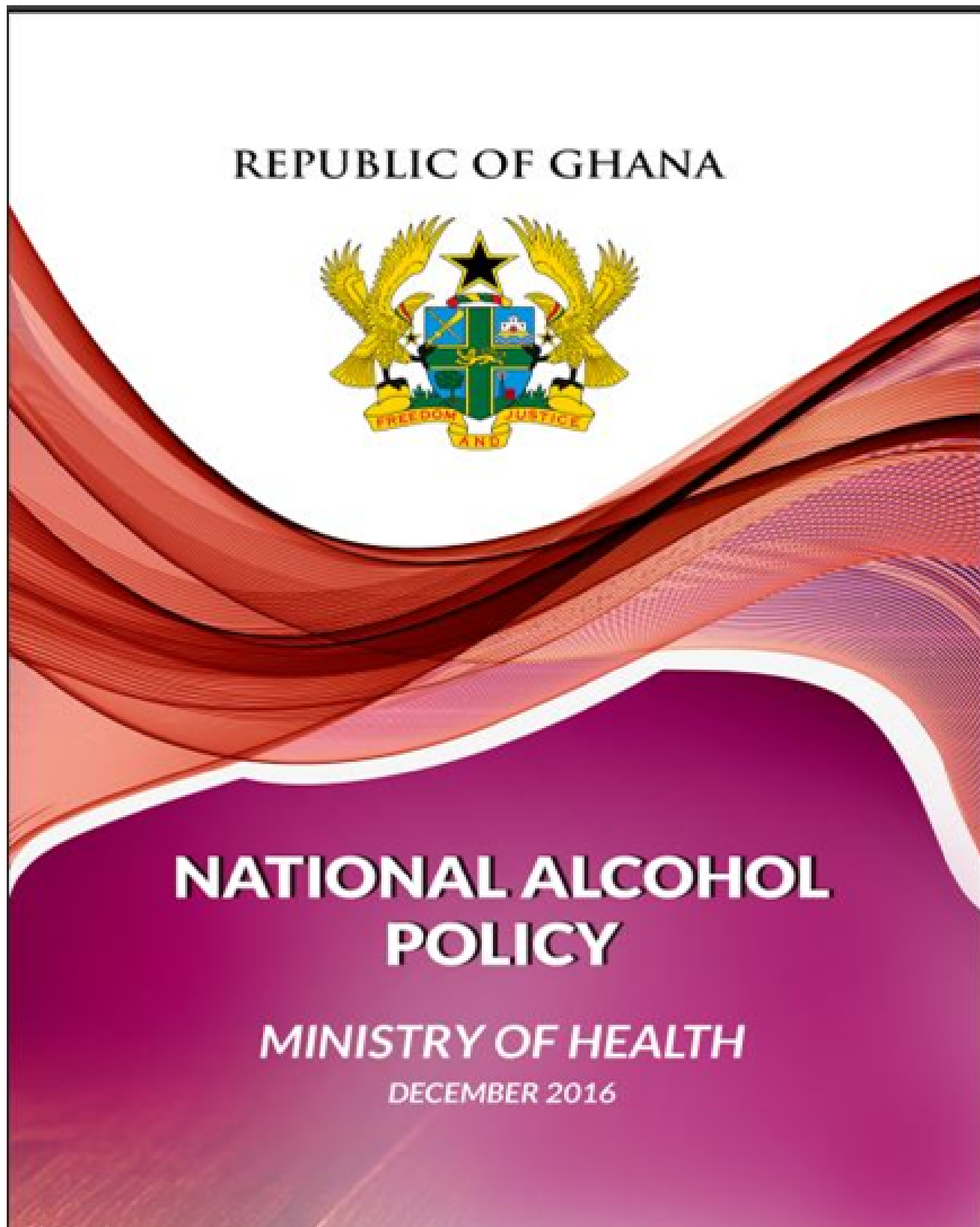
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Website: www.waapalliance.org

Appendix 3:

Appendix 3A (The National Alcohol Policy (NAP) of Ghana launched in 2017)



ACKNOWLEDGEMENTS

The Ministry of Health as the coordinating body of this National Alcohol Policy is grateful for the participation, material and technical support of the following institutions:

1. Ghana Health Service
2. Food and Drugs Authority
3. World Health Organization (WHO)
4. Ghana Standards Authority
5. United Nations Development Programme (UNDP)
6. Baraka Policy Institute
7. Ghana Coalition of NGO's in Health
8. Vision for Alternative Development (VALD)
9. Christian Council of Ghana
10. Office of the National Chief Imam
11. Ghana Revenue Authority, Customs Division
12. Ghana Police Service
13. Parliamentary Select Committee On Health
14. The President of the National House of Chiefs
15. Ministry of Education
16. Ghana Education Service
17. Parliamentary Select Committee On Trade and Industry
18. Ministry of Children, Gender and Social Protection
19. Ministry of Communications
20. National Communications Authority

21. Ghana Medical Association
22. Ghana Independent Broadcasters' Association
23. Attorney General's Department
24. National Council of State
25. National Media Commission

However, special thanks go to Mr. Alex Segbefia (the Hon. Minister of Health), Dr. Afisah Zakariah (the Chief Director), Dr. Emmanuel Odame (the Acting Director PPME), Mr. Kofi Adusei (Head of RHNP) and Dr. Akwasi Osei (CEO of Mental Health Authority) for providing leadership in the formulation of this policy.

We will like to appreciate the efforts of Dr. Ann Dzadey (Pantang Hospital) and Mr. Hamidu Adakurugu (Director Legal) for providing their technical guidance.

The process has been long and we will like to remember Mr. A.S.K Bagbin (former Minister of Health), Ms. Sherry Ayitsey (former Minister of Health), Dr. Sylvester Anemana (former Chief Director) and Mr. Owusu Ansah (former Ag. Director PPME) who were also very instrumental in the policy development process.

Last but not the least, is the Regenerative Health and Nutrition Programme (RHNP) team, which provided administrative, secretarial and technical support including Mr. Mark Atuahene, Ms. Cecilia Ampadu, Mrs. Rebecca Saka and Prince Adomako.

Appendix 3C (Establishment of Alcohol LI through the Public Health Act 2012)

Collaboration

173. (1) The Ministry of Health shall collaborate with relevant bodies in carrying out the provisions of this Act.

(2) Where there is a public health emergency the Ministry shall co-operate with the National Disaster Management Organisation and other relevant public agencies.

(3) The Minister may in collaboration with relevant bodies, by legislative instrument provide for public health matters in respect of

- (a) environmental sanitation, waste management and pollution;
- (b) mortuaries and funerals homes;
- (c) housing;
- (d) road construction;
- (e) water;
- (f) harmful use of alcohol;
- (g) restaurants and food distribution;
- (h) occupational health;
- (i) health impact assessment;
- (j) regulation of zoonotic diseases;
- (k) mining operations;
- (l) swimming pools;
- (m) oil and gas;
- (n) plastic waste;
- (o) agro or bio chemicals; and
- (p) any other matters of public health importance.



THE SEVEN HUNDRED AND SIXTY-FIRST

ACTOF THE PARLIAMENT OF THE REPUBLIC OF GHANA
ENTITLED**ROAD TRAFFIC (AMENDMENT) ACT, 2008**

AN ACT to amend the Road Traffic Act, 2004 (Act 683) to reduce the penalties for motor traffic offences and for related matters.

DATE OF ASSENT: 29th September, 2008.

ENACTED by the President and Parliament:

Road Traffic Act amended

The Road Traffic Act, 2004 (Act 683) is amended by the substitution for the penalties for the offences specified in that Act and listed in column 1 of the Schedule to this Act, of the penalties specified in column 2 of the Schedule to this Act.

Road Traffic (Amendment) Act, 2008

Act 761

Column 1			Column 2
Section	Nature of Offence	Summary of Details	Revised Penalty Units and Fines
		Where (a) bodily injury does not occur, or (ii) a minor bodily injury occurs to a person other than the driver (b) bodily injury of aggravated nature occurs to a person other than the driver (c) death occurs	A fine not exceeding fifty penalty units or a term of imprisonment not exceeding four months or both. A minimum fine of twenty-five penalty units and not more than fifty penalty units or a term of imprisonment of not less than eight months and not exceeding sixteen months or both. A fine of not less than one hundred penalty units and not exceeding two hundred penalty units or a term of imprisonment for not less than two years and not exceeding forty months or both.
5	Driving when alcohol concentration is above prescribed limit	A person who drives or attempts to drive a motor vehicle after consuming a quantity of alcohol to the extent that the proportion of alcohol in the person's blood or urine exceeds the prescribed limits.	A fine of not less than fifty penalty units and not exceeding two hundred penalty units or to a term of imprisonment not exceeding forty months or both.
7	Failure to provide breath for test	A person who without reasonable excuse fails to provide specimen of breath.	A fine not exceeding fifty penalty units or to a term of imprisonment not exceeding sixteen months or to both

Appendix 3E (Liquor Licencing Act)

LIQUOR LICENSING ACT, 1970 ACT 331

ARRANGEMENT OF SECTIONS

Manufacture of Spirits

1. Licence to manufacture spirits.
2. Inspection of stills.
3. Regulations.
4. Offences.
5. Licence to sell spirits.
6. Akpeteshie.
7. Stock book to be kept.
8. Invoices.
9. Storage of spirits.
10. Regulations.
11. Offences.

Sale of Spirits

Sale of Wine and Beer

12. Licence to sell wine and beer.
13. Regulations.
14. Offences.

Miscellaneous

15. Exclusion of young persons.
16. Power to demand name and address.
17. Police officers.
18. Offences.
19. Liability of employer.
20. Limitation of actions.
21. Sale without licence in special cases.
22. Interpretation.
23. Repeals and savings.

SCHEDULES

First Schedule Fees

Second Schedule Fees

Third Schedule Duty per Gallon

Fourth Schedule Fee

ACT 331

LIQUOR LICENSING ACT, 1970(1)

AN ACT to consolidate the law relating to liquor licensing.

1.4 Purpose

The purpose of the Policy is to encourage and promote abstinence from alcohol, reduce harmful alcohol consumption and regulate production, marketing and sale of alcoholic beverages. This is in recognition that alcohol consumption can only be reduced if the government actively participates in and takes effective actions in ensuring that the general population complies with alcohol regulation.

Appendix 3G: (National Forum on Alcohol, Drugs and Mental Health - Organised by GhanAPA)





**Federation of
Zongo Ladies**

AID



INSLA

INSTITUTE OF
LEADERSHIP &
DEVELOPMENT

"STIMULATING DISCUSSIONS & ACTIONS"