MINISTRY OF HEALTH AND SANITATION

National Alcohol Policy

Sierra Leone

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Contents

ACRONYM

AIDS	Acquired Immunodeficiency Syndrome
BAC	Blood Alcohol Concentration
CSO	Civil Society Organizations
DUI	Driving Under the Influence
GAPA	Global Alcohol Policy Alliance
GoSL	Government of Sierra Leone
HED	Heavy Episodic Drinking
HIV	Human Immunodeficiency Virus
LMICs	low- and medium-income countries
MDAs	Ministry, Department and Agencies
MICS	Multiple Indicator Cluster Survey
M&E	Monitoring and Evaluation
NAS	National AIDS Secretariat
NCD	Non-Communicable Diseases
NCDI	Non-Communicable Diseases and Injuries
NGOs	Non-Governmental Organizations
SBCC	Social and Behaviour Change Communication
SDG	Sustainable Development Goals
SLP	Sierra Leone Police
SLRSA	Sierra Leone Road Safety Authority
STEPS	STEP-wise approach to Surveillance
WHO	World Health Organization

GLOSSARY OF TERMS

Alcohol - is a toxic and psychoactive substance with dependency producing properties.

Alcoholism - a state of physical dependence on alcohol to the extent that stopping alcohol use will bring withdrawal symptoms.

Alcohol abuse - deliberate or unintentional use of alcohol which results in any degree of physical, mental, emotional, or social impairment of the user, the user's family, or society in general.

Alcohol Advertisement – the specific mention of, or any public notice, representation or activity with the intent to attract attention to and promote an alcoholic beverage or any other form of consumable alcohol.

Alcoholic beverage – any drink that contains more than 0.5% ethyl alcohol. Alcohol consumption - the general intake of alcohol.

Alcohol consumption - the general uptake of alcohol. Alcohol dependence - psychological and/or physical need for alcohol characterized by compulsive use, tolerance, and physical dependence manifest by withdrawal syndrome.

Alcohol dependence - psychological and/or physical need for alcohol characterized by compulsive use, tolerance, and physical dependence manifested by withdrawal syndrome.

Alcohol-related harm - a wide range of social and health problems for drinkers and nondrinkers at individual and collective level.

Alcohol misuse - unintentional or inappropriate use of alcohol resulting in the impaired physical, mental, emotional or social well being of the user.

Alcohol use - the consumption of alcohol within some socially prescribed or ritualistic context.

Drink driving – Driving under the influence of alcohol.

Good Manufacturing Practices (GMP) – the minimum set of requirements needed to ensure the safety and wholesomeness of alcohol during its manufacture or processing.

Harmful use of alcohol – Drinking that causes detrimental health and social consequences for the user, the family and the society at large. It relates to alcohol misuse and alcohol abuse.

Intoxication – a state in which a person's normal capacity to act or reason is inhibited by alcohol consumption.

On-License – a license permitting the sale of alcohol for consumption on or off the premises and is attached mainly to restaurants, pubs, and hotels.

Off-License – a license permitting the sale of alcohol for consumption off the premises and is mainly attached to supermarkets and shops.

Social harm – state of undermining the completeness of the physical, mental, and social well-being of an individual.

Vulnerable Group – Persons in need of special care, support or protection because of age disability or risk of abuse or neglect.

100% pure alcohol - This refers to 1 litre of pure alcohol got out of 20 litres of 5% beer as well as from 10 litres of 10% wine as well as from 2.5% of 40% gin.

Alcohol sachet - a disposable bag or pouch, made from plastic used to contain single-use quantity of beverage alcohol.

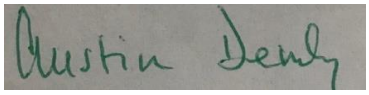
FOREWORD

Alcohol is one of the major risk factors of Non-communicable Diseases (NCDs), increasingly contributing to illnesses, disabilities, and deaths in Sierra Leone. Harm from alcohol is a public health priority and a development challenge that threatens the achievement of the Sustainable Development Goals. In addition to the NCD Policy (2020) that integrates alcohol harm, the Ministry of Health and Sanitation has prioritized the development of the first National Alcohol Policy to control the production, marketing, sale, and consumption of alcoholic beverages in the formal and informal sectors. The policy supplies key strategies and actions that reduce harm from alcohol in terms of harm to self and harm to others.

Our National Alcohol Policy is aligned with the World Health Organization (WHO) Global Strategy to Reduce the Harmful Use of Alcohol and the Global Alcohol Action Plan (GAAP) adopted by the World Health Assembly in 2010 and 2022 respectively. It also takes into consideration the WHO SAFER initiative. Through this Policy, the Ministry will intensify the implementation of multi-stakeholder and multi-sectoral actions that will enable the Government to meet its NCD-related health targets by 2030.

The Policy recognizes existing policy actions and regulations that control harm from alcohol in Sierra Leone such as The Road Traffic Act 2007 that prohibits drink driving, and the Finance Act that stipulates excise taxes on alcohol beverages. A new Alcohol Control Bill that will repeal the archaic 1924 Liquor Ordinance must effectively enforce the provisions in the policy. Therefore, this policy supplies guidelines for this legal reform process.

I thank the Directorate of NCDs and Mental Health for leading the policy development process. I thank WHO, Foundation for Rural and Urban Transformation (FoRUT) and the West African Alcohol Policy Alliance (WAAPA) for their financial and technical contribution and the Sierra Leone Alcohol Policy Alliance (SLAPA) for co-facilitating the consultations. I also appreciate the input from a wide range of stakeholders including relevant ministries, departments, and agencies (MDAs) and non- governmental organizations. I invite relevant MDAs and other stakeholders and the public to join the Ministry to effectively implement the policy at national and local levels.



Dr. Austin H. Demby
Minister of Health and Sanitation

ACKNOWLEDGEMENT

This National Alcohol Policy will serve as a blue print for a legal framework in reducing harm from alcohol in Sierra Leone. Alcohol is not an ordinary beverage since it is a drug that causes substantial medical, psychological and social harm by means of physical toxicity, intoxication and dependence. The policy offers the opportunity to review /enforce existing laws and/ or enact alcohol control laws, regulations that ensure effective control of the production, distribution, marketing, and consumption of alcohol in order to reduce the harm from alcohol to self and others.

A person who was exposed to alcohol before birth has a greater risk to develop into a condition called Fetal Alcohol Spectrum Disorder (FASD) - a collection of life long conditions that have physical, behaviorial and learning problems. This policy also sets the initiative for Brief Intervention and Screening in primary, secondary and tertiary health facilities to reduce alcohol-related problems.

The Policy recognizes the consequences of alcohol-related road traffic accidents and the need to enforce drink driving counter measures. Advancing and enforcing drink driving counter measures is one of the WHO SAFER strategies for addressing alcohol harm. The 2008 Road Traffic Act already provides such measures. The policy offers to strengthen the implementation of drink driving laws and also to review the Blood Alcohol Concentration to reflect WHO global recommendation of 0.05 percent.

The policy also offers to effectively regulate marketing of alcoholic products by enforcing comprehensive restrictions on alcohol advertising, sponsorship, and promotion as reflexive on one of the five strategies of the WHO-led SAFER Initiative. It prohibits all forms of alcohol advertisement that may impact on persons below 18 years of age and also recommends that outdoor advertisement should not be close to pre-primary, primary and secondary schools, sport clubs or other youth friendly areas and residential areas.

The Ministry of Health and Sanitation recognizes the efforts and contributions of Government Ministries, Departments and Agencies especially those in the Alcohol Control Technical Working Group that the ministry established in 2019. Their inputs, suggestions and recommendations have made this document a reality and a working one. Special thanks and appreciation to WHO Sierra Leone for co funding the policy development processes and also providing technical guidance in developing this policy. We honestly acknowledge the support and contribution of civil society organization members especially the Sierra Leone Alcohol Policy Alliance and FoRUT who has provided co funding and the Consultancy leadership for developing this national alcohol policy.

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1 Introduction

Sierra Leone is a small country on the coast of West Africa, bordered by Guinea and Liberia. Sierra Leone's population is estimated at 7,092,113, where 40.9 percent are less than 15 years, and only 3.5 percent are 65 years and above. Out of the 5,030,016 population 10 years and over, 3.5 percent took alcohol, 2.6 percent took both tobacco and alcohol and 83.4 percent took neither tobacco nor alcohol.[1] Sierra Leone has five regions: the Northern, Eastern, Southern, North-Western, and Western Area, with 16 districts across the regions, and 190 chiefdoms in all the districts.

Sierra Leone scored low on the Human Development Index (0.477) and ranked 181 of the 195 countries in 2021.[2] In 2015, 51.4% of the population above 10 years was literate, with lower literacy levels in rural areas (37.3% vs urban 69.7%), in females (43.9% vs 59.4% in males), and in older people (15-19 years 70.3% vs 23.9% in 60 years and older).

Development and economic growth have been hampered by a decade long civil war (1991-2002) and in more recent years by emergencies: the Ebola outbreak (2014-2016) and the Freetown landslides (August 2017). This is compounded by an ongoing 2% population growth. Per capita income is an estimated at 506 USD in 2018, still below the pre-Ebola level of 660 USD.[3] The provisional poverty rate for 2018 is 56.7% as compared to 53.8% in 2011, with much higher poverty in rural areas (72.2%) than in urban towns (18.4% in Freetown).[4] Agriculture was the biggest contributor (50%) to the Gross Domestic product (GDP) for the period 2017, followed by services (such as retail trade, transport, banking, education and hotels and restaurant, 36%) and industries (Mining, manufacturing, utilities and construction, 9.7%).[5] The GDP share of industry reduced from 29.8% in 2014 to 9.3% in 2017 due to fluctuations in the outputs of iron ore and diamond mining.

About 62% of the people above 15 years in Sierra Leone are economically active, with only 2.7% of the population indicating that they were unemployed in 2015. Only a small part (10.5%) of Sierra Leonean employees were paid employees, the vast majority are self-employed (82.7%), with remaining small numbers as (un)paid apprentices or unpaid family workers.

[1] *2015 Population and Housing Census Report, page 21*

[2] Human Development Reports, United Nations Development Programme, http://hdr.undp.org/en/composite/GII, accessed 25th July 2019.

[3] The World Bank in Sierra Leone – Overview, https://www.worldbank.org/en/country/sierraleone/overview, accessed 25th July 2019.

[4] Provisional results of the 2018 Sierra Leone Integrated Household Survey, Statistics Sierra Leone

[5] Report on the 2016 and 2017 Real Gross Domestic Product (RGDP) Figures at 2006 Prices, Statistics Sierra Leone National Accounts Units, Statistics Sierra Leone, August 2018.

2 Situational Analysis

2.1 Global

Member countries at the Sixty-third World Health Assembly, adopted the Global Strategy to reduce the Harmful Use of Alcohol in May 2010.[6] The Global Strategy is the first global initiative that directly addresses alcohol-related harm. Evidence is available on the most cost-effective 'best buy' actions which include: increasing taxes on alcoholic beverages, enacting and enforcing bans or comprehensive restrictions on exposure to alcohol advertising across all types of media, and enacting and enforcing restrictions on the physical availability of retailed alcohol.[7] The WHO's SAFER Initiative and its Global Action Plan on the Prevention and Control of Non Communicable Diseases (NCDs) (2013-2021) are in line with the Global Strategy to Reduce the Harmful use of Alcohol.

According to WHO, in 2018 more than 3 million die as a result of harmful use of alcohol, this represent 1 in 20 deaths and more than three quarter of these deaths were among men. The harmful use of alcohol is a causal factor in more than 200 disease and injury conditions. Alcohol consumption causes death and disability relatively early in life. In the age group 20 – 39 years approximately 25 % of the total deaths are alcohol-attributable.[8] The harmful use of alcohol is one of the 5 key modifiable behaviours considered as risk factors of NCDs. The remaining risk factors are tobacco use, physical inactivity, unhealthy diets, air pollution and underlying determinants, unregulated driving under the influence of alcohol and drugs is one of the social determinants for NCDs. Alcohol is one of five major risk factors for NCDs. There is a causal relationship between alcohol use and a range of mental and behavioral disorders, such as cancer, cardiovascular disease, diabetes, as well as injuries.

2.2 Regional Context

The Regional Strategy on Reduction of the Harmful Use of Alcohol propose measures to reduce the harmful use of alcohol, including to children. According to the World Health Statistics 2022, 'drinking alcohol is associated with a risk of developing health problems such as mental and behavioral disorders, major NCDs such as liver cirrhosis, some cancers and cardiovascular disease, as well as injuries resulting from violence and road collisions. Around the world, almost one billion people are affected by mental, neurological and substance use disorders (MNS). This accounts for 10% of the global burden of disease and 25% of years lived with disability in 2019[9]

[6] 2010, The Global Strategy to Reduce Harmful Use of Alcohol WHO
[7] *2019, Harm From Alcohol And Drug Misuse, Major Threat to Child Development and Completion of School Education in Sierra Leone*
[8] *Alcohol | WHO | Regional Office for Africa*
[9] World Health Statistics 2022, Monitoring of the SDGs

2.3 Country Context

Sierra Leoneans have been making and imbibing alcoholic beverages from a wide array of fruits, grains and other natural substances since precolonial era, and continue to do so: ranging from palm-wine to spirit (Omolay).

The percentage of male and female who engage in heavy episodic drinking was also higher for men (14.3%) than for women (5.2%). 68.1% of respondents (M 59.4%, F 75.7%) are lifetime abstainers, while 10.2% (M 11.6%, F 9.1%) are past 12-month abstainers.[10] Alcohol use is one of the 7 NCD risk factors out of the top-10 of risk factors for death and disability (Disability Adjusted Life Years = DALYs) combined in Sierra Leone.[11]

According to WHO data published in 2018, alcohol deaths in Sierra Leone reached 120 or 0.15% of total deaths. The age adjusted Death Rate is 3.03 per 100,000 of population and ranks Sierra Leone #36 in the world. Early alcohol use was low in the Multi Indicator Cluster Survey (MICS 2017), with only 0.4% of women and 3.1% of men aged 15-49 years who had at least one alcoholic drink before age 15.[12] Current alcohol use was higher with 2.0% of the women and 11.3% of the men taking at least one alcoholic drink in the last month.

The harmful use of alcohol is one of the risk factors for NCDs, one of which is cardiovascular diseases (CVD),[13] and cancer. According to the WHO Noncommunicable diseases progress monitor, 2020 – in Sierra Leone the total number of NCD deaths was 29,700. This number of lives could be saved if Sierra Leone implements all the WHO best buys."

In 2015 and 2020, Ministry of Health and Sanitation (MoHS), Foundation for Rural and Urban Transformation (FoRUT) and Sierra Leone Alcohol Policy Alliance (SLAPA) organized a National Alcohol Conference and consultative meetings respectively to discuss around alcohol harm especially among women and children and the next steps in reducing harm from alcohol through policy reforms. Stakeholders at community, chiefdom, district and national levels participated in the consultative processes. The regional consultative meetings for the policy development processes in 2022 solicited recommendations and inputs from stakeholders that reflect the WHO SAFER Initiative.

2.4 Harm From Alcohol

2.4.1 Children and young People

The Child Rights Act (CRA) 2007 is the key national human rights instrument that promotes and protects the rights of children in Sierra Leone. The CRA draws from the United Nations Convention on the Rights of the Child (UNCRC), which the Government ratified in 1991. All the SDGs impact every aspect of a child's well-being, except SDGs 9, 14, and 15. The right of

[10] https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-6057-6
[11] https://ncdalliance.org/why-ncds/risk-factors-prevention/alcohol-use
[12] https://www.unicef.org/sierraleone/media/391/file/SLMICS-Report-2017.pdf.pdf
[13] Cardiovascular Diseases (CVDs) fact sheet, World Health Organization, 17 May 2017. https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds).

every child to learn is heavily dependent on the realization of other areas of well-being for every child that UNICEF uses to measure progress on children.

National and international partners have been working in Sierra Leone for decades to uphold the rights and well-being of all children across social protection, alcohol, drug misuse, education, social inclusion, emergencies, disabilities and adolescent development. SLAPA raises awareness on the harmful use of alcohol, including Fetal Alcohol Spectrum Disorders (FASD), drink driving and intimate partner violence (IPV). They lead advocacy for policy reforms and implementation that promote the holistic development and protection of the child.

School pupils at Forum for African Women Educationalist Secondary School Waterloo performing skits on harms from alcohol during World No Alcohol Day2022 Commemoration

In 2016, 10 global agencies collaborated to produce INSPIRE: Seven complementary and mutually reinforcing strategies and cross-cutting activities to help connect interventions across sectors for ending violence against children[14]. It is a global technical package for preventing and responding to violence against children. One of the seven strategies is the implementation and enforcement of laws. The objective is to 'ensure the implementation and enforcement of laws that prohibit and prevent child neglect and deprivation, violence against children, reduce excessive alcohol use, and limit youth access to firearms and other weapons.

2.4.2 Sexual Gender based Violence

Sierra Leone is a signatory to the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) 1988, and numerous other international conventions that protect the rights of women and children. The Government has taken several steps to domesticate the provisions of CEDAW through the passage of a range of laws that protect women and children. These include: the three "Gender Acts" in 2007, the Sexual Offences Act in 2012, the Amended

[14] https://www.end-violence.org/inspire

Sexual Offences Act of 2019 and the Gender Equality and Women's Empowerment Bill 2021. However, these instruments do not address alcohol induced IPV against women.

The relationship between alcohol abuse and the perpetration of sexual gender-based violence (SGBV) is of particular concern. For instance, women with male partners who "come home drunk frequently" are 4 to 7 times more likely to suffer violence and IPV perpetrators are 5 times more likely than non-perpetrators to consume alcohol.[15]

CSOs making inputs into the alcohol policy during consultations on 'Gender and Alcohol'.

[15] *Alcohol abuse is linked to gender-based violence, so why are increased alcohol prices not in the Liquor Amendment Bill? – Sonke Gender Justice*

2.4.3 Psychosocial and Mental and substance use disorders

The 2017 Global Burden of Disease (GBD) Study estimates that there are 832,000 people with an existing mental disorder in Sierra Leone (prevalence 11.1%), with 319,300 new disorders every year. The most common mental disorders are depressive disorders and anxiety disorders. The GBD study estimates 97,000 people (prevalence 1.3%) with an existing substance-use disorder, with 39,900 new disorders every year – mostly due to alcohol, opioid or cannabis use.

2.4.4 Alcohol, Poverty and Sustainable Development

One of the seven key messages of WHO's 2014 Global NCD Status Report is that NCDs "*act as key barriers to poverty alleviation and sustainable development."*[16] The excessive use of alcohol leads to loss of personal and household income. Responding to the health and social consequences of the harmful use of alcohol also lead to high cost of health care and loss of household income. Harm from alcohol, particularly in marginalized households deepens poverty as meagre household income are inappropriately diverted to alcohol misuse. NCDs contribute to further poverty through catastrophic health costs and loss of bread winners among others. All combined, NCDs lead to poverty at household level, which in turn leads to NCDs.[17]

The Sierra Leone Road Safety Authority Annual Report 2020 highlights 1, 604 injuries and 867 fatalities for which the causes are not unconnected to drunk driving, over loading, disobeying road signs and signals and fatigue.[18] The loss of is unacceptable as they would have positively contributed in the country's productivity and gross domestic product. This has a significant implication on the national agenda for human capital development and fighting poverty.

2.5 National Response to Alcohol Harm

2.5.1 Social and Behaviour Change Communication

There is limited health education for prevention of alcohol consumption. There is very limited social and behaviour change communication (SBCC) on alcohol-related harm. The number of stakeholders engaged in SBCC materials is also very few. Current messages focus mainly on drink-driving, FASD, community violence, and NCDs. There are however opportunities to integrate harm from alcohol in activities that prevent and manage cancer, liver cirrhosis, and other alcohol related illnesses.

[16] Global Status Report on noncommunicable disease 2014 – "Attaining the nine global noncommunicable diseases targets; a shared responsibility". World Health Organization. 2014.
[17] Global Status Report on noncommunicable diseases 2010. World Health Organization. 2011.
[18] Sierra Leone Road Safety Authority Road Accident Statistics 2020 – Sierra Leone Road Safety Authority (slrsa.gov.sl)

2.5.2 Health Service Delivery

Alcohol control service delivery is expected to be integrated in NCD service delivery in all the three levels of health care: Peripheral Health Units (PHUs) at the primary level, district hospitals at the secondary level and regional and national / referral hospitals at the tertiary level. Planning and implementing alcohol-related harm interventions is a major challenge due to limited budget allocation to the DNCD&MH.

Currently there is limited specific NCD interventions that impact on reducing alcohol harm at all levels. Alcohol related harm is considered mostly in relation to injuries from road traffic accidents (RTAs) where drink driving is not enforced and screening is very limited[19]. MoHS' programme for the prevention and screening for FASD is yet to be integrated into the primary health care. There are both an outpatient and in-patient care at the National Psychiatrist Teaching Hospital where alcohol dependency is treated.

[19] Sierra Leone Road Safety Authority Road Accident Statistics 2020 – Sierra Leone Road Safety Authority (slrsa.gov.sl)

2.5.3 M&E including surveillance and research

The National to DHMT ISSV form (A-1) collects Data on NCD&MH prevention and control from health facilities. The DHIS2.0 data tools also include NCD and mental health data. The most recent national NCD Risk Factor Survey, the STEPS Survey, was conducted in 2009. The next STEPS survey is delayed due to resource constraints. There is a dearth of data on alcohol as a risk factor to NCDs. The Demographic Health Survey (DHS) 2013 solicited alcohol in relation to spousal violence. The 2017 MICS report does not collect data on NCDs.

The DNCD&MH is yet to develop and maintain a results framework that can easily integrate results monitoring and reporting on the implementation of the Policy due to limited financial and human resources. A results framework, specific to the implementation of the Policy will have to be developed. The Health Management Information System is guided by the National Health Sector Information Strategic Plan 2017-2021 and the e-Health strategy.

2.6 Relevance to Global and National Instruments

This Policy document is in harmony with the global and regional alcohol control agenda as well as the national development agenda and legal and policy frameworks. It is in congruent with all the 16 of the 17 ADGs and the 169 targeted indicators.

2.6.1 Relevance to International Health and Development Agenda

All global responses to NCDs impact on reducing harm from alcohol. The Global Action Plan for the Prevention and Control of Non communicable Diseases (NCDs) 2013-2020 outlined the 'best buys.' The WHO Global Strategy to Reduce the Harmful Use of Alcohol in 2010 provides ten-point policy areas for reducing harm from alcohol. This document reflects a comprehensive action that focuses on public and social health interest that aims to tackle alcohol availability, drink driving, alcohol marketing and promoting health services response.

The Global Action Plan In Reducing Harm from Alcohol

In May 2022, the 75th World Health Assembly adopted the WHO Global Alcohol Action Plan 2022-2030. The action plan is based on guidance provided by the global strategy with regard to global action, its key role and components, as well as on lessons learned from the implementation of the global strategy and regional strategies and action plans on alcohol from 2010 till date. The action plan aims to strengthen the implementation of the global strategy by accelerating actions at all levels and by supporting and complementing national responses to the public health problems caused by the harmful use of alcohol in the 10 target areas recommended by the global strategy for national action

The action plan proposes specific actions and measures to be implemented at the global level in line with key roles and components of global action, as formulated in the global strategy, and the latest available evidence on the effectiveness and cost-effectiveness of policy options for reducing the harmful use of alcohol. This Policy is also congruent with the WHO SAFER

Initiative 2018, which is the implementation framework for the Global Strategy in Reducing Harm from Alcohol.[20] The five areas of the framework are:

1. Strengthen restrictions on alcohol availability
2. Advance and enforce drink driving counter measures
3. Facilitate access to screening, brief interventions and treatment
4. Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion
5. Raise prices on alcohol through excise taxes and pricing policies

Alcohol is a major threat to achieving the United Nations Sustainable Development Goals (SDGs). Evidence shows that alcohol is a cross-cutting harmful factor in many areas of the SDGs.[21]

1) **SDG 3: Health and Wellbeing –** SDG 3 contains several targets in relate to reducing alcohol harm. The following are key SDG targets related to alcohol use:
   a) **SDG 3.1** and: By 2030, reduce the global maternal mortality ration
   b) **SDG 3.2:** By 2030, end preventable deaths of **newborn and children under five**
   c) **SDG 3.3:** By 2030, end the epidemic of **AIDS, TB** and malaria and NTDs and combat hepatitis, water-borne diseases and other communicable diseases.
   d) **SDG 3.4**: By 2030, reduce by one third premature mortality from **non-communicable diseases** through prevention and treatment and promote mental health and well-being.
   e) **SDG 3.5**: Strengthen the prevention and treatment of **substance abuse**, including narcotic drug abuse and harmful use of alcohol.
   f) **SDG 3.6** By 2020, halve the number of global deaths and injuries from **road traffic accidents.**
   g) **SDG 3.9** By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

2) **SDG 4: Ensure Inclusive and Equitable Quality Education** - Alcohol harm on children's education in poor households and vulnerable communities include neglect of parental responsibility to bear the cost of education, inadequate social emotional care, diversion of household income to, and health and social consequences of sexual, physical and verbal abuse, and proximity of alcohol sale outlets to school premises that influence children's uptake of alcohol. The relevant SDG target is:
   a) **SDG 4:** By 2030, ensure that all girls and boys complete equitable and quality primary and secondary education leading to relevant and effective learning outcomes.

3) **SDG 5: Achieve Gender Equality and Empower All Women And Girls** - Alcohol fuels SGBV, including sexual penetration, rape, and intimate partner violence. Relevant targets are:
   a) **SDG 5:1:** End all forms of discrimination against all women and girls everywhere
   b) **SDG 5.2:** Eliminate all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

[20] WHO SAFER Initiative
[21] IOGT Now Movendi International, Alcohol and Sustainable Development Goals

4) **SDG 8: Promote Sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all** - Alcohol use among children and youth increases the risk of completing school and having skills and qualifications for productive and secure work. Relevant target is:
   a) **SDG 8.6:** By 2030, substantially reduce the proportion of youth not in employment education and training (NEET)

5) **SDG 16:** Promote Peaceful and Inclusive Societies for Sustainable Development, Provide Access to Justice for All - Alcohol misuse promotes youth and communal violence, thus obstructing national development. Key SDG targets are:
   a) **SDG:16.1:** Significantly reduce all forms of violence and related deaths rates everywhere
   b) **SDG 16:2**: End abuse, exploitation, trafficking and all forms of violence against and torture of children

2.6.2 Relevance to National Legislations, Policies and Strategic Plans

The Policy is aligned with the Sierra Leone's Medium Term National Development Plan (MTNDP) 2019 – 2023 and other national regulations, policies and sector plans that tackle various aspects of alcohol harm.

Relevant to Medium Term National Development Plan (2019 - 2023)

This MTNDP is the government's new direction for improving people's lives through education, inclusive growth, and building a resilient economy. Sierra Leone's Medium-term National Development Plan (MTNDP) (2019-2023) prioritizes human capital development. [22] It is expected to provide a solid base to enhance human capital development and to facilitate the transformation of the economy.

The following are goals of the MTNDP relevant to the national agenda in reducing harm from alcohol:

1) **Goal 2: A nation with educated, empowered, and healthy citizens capable of realizing their fullest potential** - The Free Quality School Education Programme (FQSEP), the government's flagship programme, is a major investment for advancing human capital development. Relevant policy clusters are:
   a) Policy cluster 1.1 - Ensuring free quality basic and senior secondary education
   b) Policy cluster 1.2 - Strengthening tertiary and higher education
   c) Policy Cluster 1.3 - Accelerating health-care delivery; reducing maternal mortality ratio by 50 % and under-five death by 47 deaths per 1000 live birth

2) **Goal 4**
   a) Policy cluster 4.1 - Advancing political development for national cohesion
   b) Policy cluster 4.7 - Strengthening public service delivery;

[22] *Medium-Term National Development Plan (2019-2023) Government of Sierra Leone*

3) **Goal 5**
   a) **Policy cluster 5.1 -**Empowering women; 5.2 Increasing investment in children and adolescents; and
   b) **Policy cluster 5.3 -** Increasing investment in persons with disabilities

2.6.3 Policy and Legal Frameworks

No significant amendment has been made to the Liquor Act to reflect the growing concern of the proliferation of alcohol production, marketing and consumption in Sierra Leone. Over the years the country has developed laws and regulations that geared towards reducing harm from alcohol. The Palm Wine Act (1927), and Liqour Licensing Act (1960), the Public Order Act 1965, the Road Traffic Act 2007 and the Independent Media Commission (IMC) Media Code of Conduct 2007. However, these regulations do not comprehensively address contemporary alcohol harm issues.

Policies and Sector Strategic Plans	***Goal***	***Implication / Relevance***
The Liqour Ordinance of 1920 as amended in 1924	Provides regulation for alcohol sale and consumption	It is outdated and does not address the realities and challenges for controlling harm form alcohol.
National Policy on Radical Inclusion 2021	Providing access to quality education to the most marginalized: marginalized girls, especially pregnant girls and parent learners; children with disabilities; children in the rural remote areas; and children from poor/low-income backgrounds	Alcohol sale outlets around school premises is a significant risk factor for violence within and around school / learning environments, therefore it's a threat to achieving an inclusive learning environment
National Strategy for the Reduction of Adolescent Pregnancy and Child Marriage 2018-2022	End adolescent pregnancy and child marriage by ensuring all children complete school, and that all adolescents have access to comprehensive sex education	Excessive use of alcohol as an inducing factor to SGBV
National Policy on Integrated Early Childhood Development June 2021	Equitable access to quality early learning opportunities and pre-primary education for 3–5-year-olds to help the transition to primary education.	Maternal drinking causes Fetal Alcohol Spectrum Disorders that limits physical, emotional and intellectual and social development. Early alcohol exposure results in poor brain development.

Public Order Act 1965	Section 9, Drunkenness. Any person who shall be found drunk, or boxing or fighting in any public place, street, highway, or court or yard, or on any quay or wharf, shall on conviction thereof, be liable to a fine, not exceeding two Leones.	The law does not distinguish whether a person below 18 years or above found drunk, it generally classifies everybody. It makes no provision to treat and rehabilitate victims of alcohol use disorder
The Child Right Act 2007 (	Localizes the UN Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child	Gives the right to a child to be employed in a nonhazardous workplace and also serves as apprenticeship. It does not specifically prohibit the child from working in alcohol production firms Makes provision for working with and for the child in the 'best interest of the child.'
The Child welfare policy 2013)	Promoting the rights of the child through the Child Right Principles	Guides and shape the implementation of child protection programmes of both government and non-government actors in order to bring about a more protective environment for children.
The Road Traffic Act 2007	Section 102. Driving under influence of alcohol or drugs. It prescribes punishment in the form of fines and imprisonment for drivers that are under the influence of alcohol	The law does not adequately address drink driving counter measures as its specified fines and blood alcohol concentration level does not seem to prevent and or counter drink driving.
Independent Media Commission (IMC) Media Code of Conduct	Code of Practice Governing Radio and TV Stations operating in Sierra Leone, No. 7	The Code prohibits Radio/television stations to broadcast programmes before 11.00 p.m. each day that are violent, pornographic or obscene in character or will tend to lead children below the age of 18 to crime and anti-social behaviour or portray smoking, drinking or illegal drug taking as a way of life
The Code of Conduct For Teachers and Other Education Personnel In Sierra Leone	Principle 4: School Environment and Work Ethics	The Code guides Teachers and other education personnel not to be under the influence of alcohol, tobacco or any harmful drug during school hours and also not to give tobacco, alcohol, harmful drugs to any learner or colleague, or allow them to consume any harmful substances.
The Sexual Offences Act 2012 as Amended 2019	Gives the Chief Justice the sole responsibility to issue mandatory sentencing	Alcohol misuse fuels epidemic of violence against women. There is a strong nexus between alcohol abuse and

	guidelines to be applied by all courts in the land, for every case relating to the sexual offences.	intimate partner violence and sexual assault.
The Finance Act 2022	Reduce excise tax rates for the use of local raw materials in the production of beer	There are very strong arguments, for example in the SAFER Technical Package about the benefits from implementing alcohol levy/taxes to both promote healthy behaviour and to increase the revenue from alcohol sales. .
The National Mental Health Policy 2012	Improving mental health in Sierra Leone through care and compassion	The Policy sets clear guidelines for the delivery of mental health care and services and offers a blue print for a legislative mechanism in promoting mental health in Sierra Leone.
The Education Act 2004	Reforming the education system, including provision for pre-primary education, technical and vocational training, adult and non-formal education and the role of universities.	Alcohol is accessible to children and young people everywhere including around school and other learning institutions. An increase in alcohol consumption especially among learners is a significant threat to achieving the learning outcomes of the Free Quality School Education Programme.
The Three Gender Acts 2007	Protect people, especially women and children, from abuse in the home and also providers how men and women could inherit equally from each other	Intimate Partner Violence against women is a significant public health problem which impacts women, men, and children. Tackling alcohol harm will implicitly tackle intimate partner violence against women.
National HIV/AIDS Commissions Act 2011	Making policies for the prevention, management and control of HIV and AIDS, to provide for the treatment, counselling, support and care of persons infected with, affected by or at risk of HIV and AIDS and for other related matters.	Alcohol misuse is a risk factor for contracting sexually transmitted diseases including HIV and AIDS.

The recent initiative to reduce harm from alcohol at national level was in 2015 when the Ministry of Health and Sanitation (MoHS) and Foundation for Rural and Urban Transformation (FoRUT) co-hosted a One-Day Conference on Alcohol Control to demonstrate the need for alcohol control in Sierra Leone. Consistent with the WHO guidelines, and in line with the recommendations of the National Conference on Alcohol Control, an inclusive multi sectorial body that adopts a well-coordinated approach that addresses all the relevant linkages to the

harmful use of alcohol was establishment in 2019 called the Alcohol Control Technical Working Group (ACTWG). The Working Group's recommendations reflect the marginal integration of alcohol control measures into the National NCD Policy and Strategic Plan 2020.

Dr. Santigie Sesay, MoHS addressing participants during regional consultations in the alcohol policy development process

3 Justification for a National Alcohol Policy

Sierra Leone has taken numerous actions in tackling alcohol harm through policy and legislative frameworks. The key actions have been in the form of legislations that exclusively focus on regulating alcohol production, marketing and consumption. The maiden action could be traced back in 1920 during colonial era when the Spirituous Liquor Ordinance was promulgated. In 1924, a new ordinance repealed the Spirituous Liquors Ordinance, which set the pathway for the better implementation of the law with respect to Freetown and the Provinces of Sierra Leone.

Alcohol control measures are integrated into other government Ministries, Departments and Agencies' laws and policies, but do not comprehensively address control measures in reducing harm from alcohol. For instance, the Road Traffic Act 2007 prescribes punishment in the form of fines and imprisonment for drivers that are under the influence of alcohol but does not provide initiatives for the rehabilitation of such drivers and how revenue derived from such fines could be used to treat and rehabilitate persons with alcohol use disorder.

This policy clearly lays out the blueprint and broad directions for a robust and comprehensive national alcohol legislation for Sierra Leone. It includes strategic actions of government including the local government's roles in reducing harm from alcohol. It also outlines the implementation framework of State and non-state institutions including civil society organizations and groups in tackling alcohol harm.

4 Policy Goals and Directions

MoHS and CSOs during consultations in reducing harms from alcohol in Port Loko

4.1 Guiding Principles

The Policy recognizes that implementation enforcement shall hinge on the political commitment as well as the general public's support that could be influenced by culture and several other factors.

This Policy shall be guided by the following principles:

i. **Ownership and accountability**: This policy recognizes the leading role of government through the Ministry and Health and Sanitation (MoHS) in the development and implementation of and accountability for this policy. It also acknowledges the significant role the following MDAs have played and is expected to play in the implementation of this policy; The Ministry of Internal Affairs, the Ministry of Finance, the Ministry of Trade and Industry, the Ministry of Basic and Senior Secondary Education, the Ministry of Social Welfare, the Ministry of Gender and Children's Affairs, the Sierra Leone Standards, the Law Officers' Department of the Ministry of Justice, the Independent Media Commission, the Pharmacy Board of Sierra Leone, the National Drug Law Enforcement Agency, the Sierra Leone Policy,

ii. **Human rights-based approach:** This policy seeks to protect the rights of all persons, particularly those vulnerable groups from alcohol-related harm such as children, women, and persons with alcohol use disorders

iii. **Cost-effective evidence-based interventions**: The WHO "Best Buys,"[23] the SAFER Initiative, and other cost-effective evidence-based interventions will guide interventions that address the specific needs of target groups and assist with reducing preventable morbidity and mortality from alcohol harm and its negative socioeconomic consequences.

iv. **Multisectoral partnerships:** This policy recognizes the multi-dimensional nature of harm from alcohol and seeks a multi-sectorial approach in the design, implementation,

[23] Source: WHO Best Busy, accessed 13th June 2019 see: https://www.who.int/ncds/management/best-buys/en/

monitoring and evaluation of programmes to addressing alcohol-related issues and harm at the local and national levels. It will promote new and strengthen existing multisectoral partnerships (governmental and non-governmental including private partners) to adequately prevent and mitigate harm from alcohol.

v. **Encompassing the entire continuum of care**: This policy affirms the importance of a balanced and interconnected approach to NCDs treatment interventions from primary prevention to tertiary and palliative care. Addressing alcohol-related harm in this manner contributes to the overall approach to preventing and treating NCDs.

4.2 Policy Goal

The goal of the policy is to reduce harm from alcohol use

4.3 Policy Objectives

This Policy has the following objectives

i. Ensure effective regulation of the production, distribution, and supply of alcohol
ii. To ensure effective regulation of the availability and accessibility of alcohol products.
iii. To promote health services and other sectors' response to harmful use of alcohol.
iv. To ensure reduced demand for alcohol products through behavior-change related interventions, particularly among children and young people.
v. To reduce the impact of alcohol on the prevalence of communicable and non-communicable diseases including sexually transmitted diseases such as HIV and its co-morbidity like tuberculosis.
vi. To reduce gender-based violence due to inappropriate and/or excessive use of alcohol.
vii. To promote monitoring, surveillance, and research on harmful use of alcohol among the population.
viii. Promote the development of effective legal and regulatory instruments and frameworks for alcohol
ix. Reducing the pressure on national resources by socioeconomic and health problems caused by consumption of alcohol.

4.4 Policy Intervention Areas

The intervention areas of this policy are consistent with the policy intervention areas outlined in the Global Strategy to Reduce the Harmful Use of Alcohol and provide evidence for the adherence of the national policy to the standards in the strategy.

The policy will focus on:

i. Leadership and Coordination
ii. Legislation to control accessibility to and availability of alcohol
iii. Alcohol taxation
iv. Alcohol advertising, promotion, and sponsorship control measures
v. Education, training, communication, and awareness campaigns
vi. Public health services including screening, brief intervention and treatment
vii. Alcohol products quality and standards

viii. Drink driving control measures
ix. Monitoring and evaluation, research, and development

4.4.1 Leadership and Coordination

The following policy interventions for effective leadership and coordination around alcohol control are:

i. Strengthen / the Non-communicable Disease and Injuries Poverty Commission that meets quarterly.
ii. Establish local council/District Alcohol Control Committees (LC/DACC) as appropriate.
iii. Convene bi annual consultative meeting on the implementation of the Policy to review progress on alcohol control interventions.
iv. Strengthen leadership in all relevant MDAs for effective guidance and monitoring of progress in integrating alcohol control to meet their respective mandates.

4.4.2 Taxation

Taxation is one of the WHO best-buy measures that reduces the demand for alcohol while also generating revenue for the Government. Increasing taxation progressively increases the price of alcohol products and reduces affordability. This policy intervention is challenging to implement since alcohol products sold in sachets can remain affordable to the poorest who could be worst affected by the harmful use of alcohol. The following policy interventions are recommended to reduce demand for alcohol through increases in taxation:

i. Implement appropriate excise taxes and levies on alcoholic beverages that discourage and controls harmful alcohol use.
ii. Institute digital tracking and tracing system on alcohol products to control the supply chain system and enhance revenue collection.
iii. Strengthen surveillance system to control illicit trade in alcoholic beverages.
iv. Allocate a proportion of alcohol excise tax and levies to fund alcohol control programme /activities.

4.4.3 Legislation to Control Accessibility to and Availability of Alcohol

It is imperative to enforce review /enforce existing laws and/ or enact alcohol control laws, regulations that ensures effective control of the production, distribution, marketing, and consumption of alcohol in order to reduce the harm from alcohol to self and others.

The following policy interventions are recommended:

i. Ban children, that is anybody 18 years and below, from handling, selling, buying, and consuming alcohol.
ii. Ensure strict enforcement of drink-driving legislations.
iii. Review restrictions on operating hours for the sale of alcohol in all retail outlets including bars and pubs.
iv. Prohibit sale outlets of alcoholic products in or near any pre -primary, primary and secondary schools.
v. Regulate the sales of alcoholic products in tertiary institutions

vi. Institute licensing of alcohol businesses to monitor and regulate alcohol production, supply and marketing activities.
vii. Create designated alcohol selling points in supermarkets or other related outlets.
viii. Develop/review standards for labeling and packaging of alcoholic products and ban packaging in sachets and ensure compliance with the prescribed standards.
ix. Ban sale of alcoholic products via the vending machines, internet, or any online platforms.
x. Develop a comprehensive National Alcohol Control Bill for enactment by parliament to fully address alcohol production, distribution, marketing, and consumption.

4.4.4 Alcohol Advertisement, Promotion, and Sponsorship

Regulated marketing of alcoholic products is one of the best buy strategies in addressing alcohol related harm. Enforcing comprehensive restrictions on alcohol advertising, sponsorship, and promotion is also one of the five strategies of the WHO-led SAFER Initiative. Alcohol marketing strategies cover both print and electronic media. Innovative emerging techniques such as internet/e-mails, SMS, social media, and other emerging strategies subtly target children and young people, and women. Alcohol advertisement, promotion and sponsorship protect not only the entire population but more especially young people that are more aggressively targeted.

Policy Statement:

The government shall ensure comprehensive regulation of marketing of alcohol products keeping in mind the ultimate responsibility to protect the vulnerable as well as the socioeconomic implications of alcohol misuse arising out of disguised marketing strategies.

The following policy interventions are recommended:

i. Prohibit all forms of alcohol advertisement that may impact on persons below 18 years of age.
ii. Institute ban on all forms of promotion of alcoholic beverages, for example the use of ‘drink and win’ promo, street dance, etc.
iii. Ensure that advertisement of any alcoholic products whether outdoor or indoor, gives only evidence-based information. Advertisement and promotion of alcoholic drinks for adults must be done in a responsible manner that clearly does not deceive consumers.
iv. Outdoor advertisement should not be close to pre-primary, primary and secondary schools, sport clubs or other youth friendly areas and residential areas
v. Materials/toys associated with persons below 18 years should not be used in advertisement.
vi. Review and enforce the Independent Media Commission Code of Conduct for media houses that restricts exposure to alcohol advertising in all media in relation to duration, timing and frequency of advertisement in order to protect the public from the potential negative influence of alcohol beverage advertisements.
vii. Prohibit manufacturers of alcoholic products or any persons/entities from sponsoring or conducting promotional programmes and events targeting persons below 18 years.
viii. Develop and enforce mandatory standards to label all alcoholic beverages and product for sale and displaying their ingredients.
ix. Develop monitoring standards to address challenges regarding alcohol industry’s adherence to marketing guidelines.

x. Review marketing guidelines that reflect alcohol control measures

4.4.5 Public Health and Psychosocial Services

The Policy recognizes three major alcohol-attributable public health conditions namely toxicity, intoxication and dependence that lead to the risk and burden of non-communicable diseases, infectious diseases (such as HIV/AIDS and TB), violence, injuries, and deaths.

The Policy recognizes the need to establish and strengthen the health system to respond to harm associated with alcohol use at an individual-level among those at risk of or with alcohol-use disorders and other conditions (e.g. NCDs) caused by harmful use of alcohol.

Policy Statement: The government in collaboration with other stakeholders shall ensure the provision of appropriately adapted interventions for the prevention and treatment of individuals and families at risk of or affected by alcohol use disorders and any associated medical conditions.

Recommended policy interventions are:

i. Integrate alcohol control activities in tertiary/secondary and primary health care centres, thus promoting screening, brief intervention and treatment of alcohol use disorders, and preventing FASD.
ii. Train healthcare workers, law enforcement agencies, civic education tutors, social workers, community leaders, policy makers, and relevant stakeholders on appropriately addressing the harmful use of alcohol in their respective sectors and areas.
iii. Strengthen frontline healthcare institutions to offer service for detoxification, dependence and rehabilitation so as to prevent avoidable morbidity and mortality arising out of alcohol related violence and injury.
iv. Integrate harm from alcohol in both pre-service and in-service training of all officers of relevant sectors.
v. Provide adequate facilities and information to counsel, screen, treat, rehabilitate and integrate people affected by alcohol addiction.
vi. Support programmes that strengthen community mobilization, development and leadership for the prevention of alcohol-related problems.
vii. Ensure that persons convicted of alcohol-related offences such as drink-driving, are provided treatment and rehabilitation while they serve their terms of punishment.
viii. Ensure that treatment is evidence-based, effective and flexible enough to respond to developments in scientific knowledge and treatment technology.
ix. Ban the use of alcohol during work hours in public, private and other institutions.

Provide guidance and support for community care and services for persons and families affected by alcohol harm.

4.4.6 Education, Training, Social and Behaviour Change Communication

The Policy recognizes that alcohol consumption patterns vary with respect to age, sex, culture, income level, and type of alcohol. The Policy seeks to bring about a positive change in behavior patterns through reducing consumption across the different demographics.

The Policy recognizes that social and behaviour change communication (SBCC) through education, training, SBCC promotional materials, and sensitization that increases awareness of

the harm from alcohol and challenges social norms around alcohol use is crucial to reducing alcohol consumption and its negative consequences.

The Policy recognizes that partnership and collaboration with local actors including local councils and local authorities are required to influence an understanding of the social, economic and cultural contributors to alcohol expectancies and the development of effective local actions to prevent and reduce harm from alcohol in all the policy areas. These actions impact on the safety, wellbeing and development of various populations in the communities such as women and children.

Cross section of CSOs and MDA staff after validation of the National Alcohol Policy

Policy statement: The government shall promote education and training on effects of harmful use of alcohol in formal, non-formal and informal education sectors using a multi-sectoral approach and targeting different demographic and social groups.

The policy interventions are:

i. Develop and implement a comprehensive communication plan that includes education on the most effective interventions to reduce/prevent alcohol harm as per WHO best buys/SAFER framework to promote public support for the implementation of the policy and dissemination of information on harmful use of alcohol.
ii. Develop comprehensive SBCC strategy on alcohol harm that build understanding about health and socio-economic effects of the harmful use of alcohol and challenge alcohol expectancies and social norms and support/collaborate with partners and relevant MDAs to use them a community level
iii. Establish and equip/strengthen community-based resource centers, libraries, and public spaces (where applicable) with adequate and relevant SBCC materials on harmful use of alcohol, treatment and rehabilitation.
iv. Develop educational programmes designed to prevent harmful use of alcohol and support addicts to quit alcohol use, especially among vulnerable groups like young people, prisoners and pregnant women.

v. Integrate alcohol harm in the curriculum at all levels of educational system to address safety, health, human rights and development challenges associated with the harmful use of alcohol.
vi. Provide and expand life skills education for adolescents and young people to delay the alcohol use and or harmful drinking habits such as binge drinking.
vii. Provide proven approaches to effective community-based interventions and build capacity at community level for their implementation.
viii. Strengthen the capacity of local authorities to mobilize and coordinate community actions for adopting local measures to reduce harmful use of alcohol. This would include community/chiefdom instituting by-laws and and/or enforcing laws prevent the selling, buying and consumption of alcohol by children, and promote alcohol-free school and social environments for children and young people.
ix. Foster partnerships and collaboration between MDAs, local councils, non-governmental organizations and community-based organizations and networks to design and implement appropriate and cost-effective interventions that reduce harm from alcohol.

4.4.7 Alcohol Products, Quality, Safety, and Standards

The Policy recognizes the need to identify gaps and strengthen existing laws, standards and regulations relating to licensing for production, standards, and safety of alcoholic products. It also acknowledges the inadequate enforcement of existing laws on production, quality, safety, and standards. revise this section

The policy also recognizes the tremendous health, social, and development challenges associated with the production and packaging of cheap alcoholic products with high ethanol contents in sachets, particularly among children and young people.

This Policy also recognizes the huge health risks and the lack of regulatory framework for informal production of traditional alcoholic products such as ‘omole’ and ‘poyo’. The development of local quality standards and their application will assure the control of quality, percentage of alcohol content, and the safety of raw materials, thereby protecting the population from navoidable health risks.

Policy Statement: The Policy will ensure the establishment, review and enforcement of regulations over commercial production, distribution and sales system of alcohol products, including the informally produced alcohol.

Policy interventions include:

i. Periodically review alcohol products standards, disclosure, labeling of ingredients and issuance of licensing in line with international best practices.
ii. Build capacity of regulatory agencies and adequately resource them for enhanced continuous compliance with standards of alcohol production standards.
iii. Strengthen enforcement agencies on alcohol quality and content
iv. Regulate the packaging of alcohol products and ban the use of sachets that makes it easier for children and young people to access.

v. Ensure availability and access to quality standards and information by alcohol beverages' manufacturers, law enforcement agencies, other industry players and the members of the public.
vi. Develop and implement community-based enforcement system for regulating informal or local production of alcoholic products at the community level.
vii. Support alternative sources of livelihood for local producers.

4.4.8 Drink driving Counter Measures

The Policy recognizes the consequences of alcohol-related road traffic accidents and the need to enforce drink driving counter measures. Advancing and enforcing drink driving counter measures is one of the SAFER strategies for addressing alcohol harm. The 2008 Road Traffic Act already provides such measures.

Policy Statement: The government shall ensure that alcohol related road traffic laws are comprehensively enforced.

Policy interventions are:

i. Organize awareness campaigns among members of transport unions and other relevant stakeholders.
ii. Review maximum blood alcohol concentration (BAC) level for motor vehicle drivers, motor cyclists from 0.08 percent to 0.5 percent
iii. Establish BAC for operators of heavy machinery and any other related operators.
iv. Ensure that SLRSA, SLP and other law enforcement agencies regularly carry out random alcohol tests on motor vehicle drivers, motor cycle riders, sailors, pilots, operators of heavy machinery and any other related operators.
v. Apply the use of combined intoxication guidelines of speech, balance, coordination, and behaviour to assess drink driving in the absence of breathalyzers.

The security sector making contribution during consultations on the development of the National Alcohol Policy

4.4.9 Monitoring, Surveillance, and Evaluation, Research, and Development

Tracking progress in the successful implementation of the policy through monitoring, surveillance and research requires an integrated coordinated government wide approach in monitoring alcohol harm across all relevant sectors. Data generated from monitoring, surveillance and research on the magnitude and trends of alcohol-related harms are needed to make evidence-based decisions on appropriate prevention and treatment responses and resource allocation, to assess impact of interventions, undertake mid-term review and end-term evaluation of the policy, report progress on relevant SDG targets, and advocacy for action.

A comprehensive monitoring, surveillance and research system requires coordination, information exchange and collaboration with all partners. It will rely on the strengthening of national statistics and health information systems that is compatible with WHO's global and regional information systems for acceptable reporting and comparative analysis subregional, regional and global levels.

Policy Statement: The Government will promote evidence-based interventions on alcohol-related social and public health harms to inform decisions and responses.

The policy interventions are:

i. Develop an effective monitoring, research and evaluation mechanism that will be used to assess the implementation of the policy and the impact of the policy interventions and programmes to reduce the harmful use of alcohol.

ii. Implement monitoring and surveillance activities including periodic national surveys on alcohol consumption and alcohol-related harm and a plan for exchange and dissemination of information. This mechanism will ensure an annual review of the progress and impact of the implementation of the policy with the publication of a national review report.
iii. Ensure that all national and international indicators, including the SDG indicators of harmful use of alcohol for monitoring the full implementation of the policy interventions are fully integrated into the health management information system
iv. Conduct periodic health impact assessments to evaluate the effect of alcohol industry interference on public health.
v. Establish partnership to support research programmes on patterns, trends and effects of alcohol consumption and effectively disseminate research findings.
vi. Evaluate alcohol control intervention programmes, policies, and laws.

5 Implementation

5.1 Implementation Arrangements

The Policy recognizes the institutional multi-sectoral roles and responsibilities spreading across the different ministries, departments, and agencies. It also recognizes the support from development partners in all relevant sectors, whose support is necessary for implementation of policy interventions to prevent and reduce and harm from the excessive use of alcohol. The Policy, therefore, calls for the institutionalization of alcohol programmes at all levels to ensure sustainable Government and public support.

5.2 Stakeholder Roles

5.2.1 Ministry of Health and Sanitation

The Ministry of Health and Sanitation has direct responsibility for the implementation of the Policy. The Directorate of NCDs and Mental Health (DNCD&MH) will provide overall coordination for the implementation of the policy. This will require strengthening and expanding staff at both the DHMTs and hospitals at the district level and integrating alcohol harm in the response to NCDs, Mental Health and Rehabilitation. There are no NCD focal points at district level. Each district has one (1) mental health nurse, based at the hospital.

5.2.2 Ministries, Departments and Agencies

The policy areas and interventions have implications for the work of several MDAs. These MDAs will implement aspects of the policy relevant to their mandate. The representation of these MDAs in the ACTWG enables them to fully participate in the implementation of the policy as well as be accountable for the results of their interventions.

The Minister of Health and Sanitation is responsible to elevate the importance of the implementation of the policy in Cabinet. Ministry of Health and Sanitation - will coordinate the implementation of the Policy as well as implement interventions for reducing alcohol-related harm programmes; however, the following Ministry, Department and Agencies of government will play significant role in the implementation of this policy. They are list below.

Institution	**Function**
Ministry of Finance	Work with relevant partners on the implementation of the enforcement of the Policy especially on alcohol taxation
Ministry of Internal Affairs	Ensure the implementation of the enforcement strategy of the Policy;
Ministry of Basic and Senior Secondary Education	Ensure that public education programmes for alcohol consumption reduction are implemented in accordance with the objects of achieving national development;
Ministry of Technical and Higher Education	Support the universities and tertiary educational institutions in conducting research regarding alcohol harm and the implementation of the policy at university and tertiary educational levels
Ministry of Social Welfare	Work with other partners to tackle alcohol harm among youngsters
Ministry of Gender and Children's Affairs	Work with partners in the implementation of the relevant policy areas on gender and children's health and wellbeing

Ministry of Youth Affairs	Collaborate with partners in the implementation of the relevant policy areas on youths' protection and wellbeing
Ministry of Agriculture and Forestry	Encourage every farmer to give more preference in growing food and cash crops that could not be used for alcohol production
Ministry of Labour and Social Security:	Ensure that children under 18 years are not employed in any alcohol production firm and
Ministry of Transport and Aviation:	collaborate with relevant MDAs to enforce drink driving counter measures
Ministry of Local Government	coordinate the implementation of alcohol-related harm reduction activities at district level in partnership with other stakeholders;
Ministry of Trade and Industry	Ensure compliance with quality standards of alcohol products through the Sierra Leone Standards
Ministry of Youth Affairs	Coordinate the implementation of alcohol-related harm reduction activities through the youth groups
Ministry of Sport	Work with relevant partners on the implementation of the policy through sporting activities at local and national levels.
Ministry of Information and Communications	Coordinate the communication and information component of the alcohol related strategies
Sierra Leone Police	Work with relevant partners including the Ministry of Trade and Industry, Sierra Leone Standards and the National Drug Law Enforcement Agency on the implementation of the policy
National Commission for Civic Education	Work with partners to promote the civic education component of the alcohol prevention and response.
Pharmacy Board of Sierra Leone	Provide specific directions in implementing appropriate regulatory initiatives in reducing harm from alcohol
National Drug Law Enforcement Agency	Collaborate with other state actors including the Ministry of Trade and Industry, Sierra Leone Standards and the National Drug Law Enforcement Agency and civil society for the implementation and enforcement of policy
Independent Media Commission	Regulating the operations of the print and electronic media will ensure that media institutions comply with the Media Code of Conduct relating to alcohol advertisement
Ministry of Justice, Law Officers' Department	Provide technical inputs in the development of legislative instruments that will ensure that regulations in reducing harm from alcohol are in line with the spirits of the laws of Sierra Leone.
Sierra Leone Road Safety Authority	Collaborate with relevant state and non-state actors on the implementation and enforcement of policy regarding drink driving counter measures and other provisions of the policy

5.2.3 Non-Governmental Organizations and Private Sector

The Policy recognizes the crucial role of the private sector and NGOs in the design and implementation of community programmes that reduce alcohol-related harms. Public-private partnerships can be forged to achieve some of the expected results of the Policy. However, this must not include partnership with representatives of alcohol companies or front groups representing them, due to their inherent conflict of interest.

5.2.4 International Partners

Regional and global partners are critical to the adoption and implementation of the National Alcohol Policy. MoHS will continue to collaborate with relevant international partners, including World Health Organization, the United Nations Office on Drug and Crime, United Nations Children's Fund and other UN agencies, international organizations, and development partners for technical and financial support to implement the policy.

6 Institutional arrangements/Structures in Support of Implementation

6.1 Membership and functions of the NCD and Injuries Poverty Commission

The NCD & Injuries Poverty Commission, a multi-sectoral body already exists under the leadership of MoHS and hosted in the Directorate of Non-Communicable Disease and Mental Health (DNCD&MH.) The DNCD&MH is the Chair of the NCD&I commission and co-chaired by an NGO representative, which is currently Partners in Health (PIH).

6.1.1 Roles, functions, and Powers of the NCD&IC

The NCD&IC will:

i. Provide leadership, oversight and on the progress of national Alcohol Policy
ii. Coordinate the implementation of the National Alcohol Policy strategies and activities
iii. Document innovative local policies and service delivery models
iv. Publish all annual reports on progress in the implementation of the policy.

6.2 Membership and Functions of the National Alcohol Control Technical Working Group

The Alcohol Control Technical Working Group (ACTWG) is already in existence within the DNCD&MH since May 2019. It has coordinated the development of the alcohol policy. It specifically agreed on the process, reviewed the draft policy and participated in its validation. Under the direction of the NCD&IC, the ACTWG will provide operational coordination for the implementation of the Policy.

6.2.1 Membership of the National Alcohol Technical Working Group

The ACTWG comprises representatives of key MDAs, NGOs and alliances, and partners. They are:

The DNCD&MH within MoHS coordinates the activities of the ACTWG and therefore serves as secretariat for its operations. The DNCD&MH has currently delegated the role of the secretariat to FoRUT for now. This role covers taking minutes of meetings, sending notices and reminders for meetings and supports the planning of activities of the ACTWG.

6.2.2 Roles, functions, and Powers of the Alcohol Control Technical Working Group

The ACTWG has the following responsibilities:

i. Leads the development of comprehensive strategic and annual plans of action for implementing the Policy;
ii. Coordinates alcohol-related programmes including the implementation of the plans of action in line with the Policy implementation strategy;
iii. Liaise with relevant MDAs such as the Sierra Leone Road Safety Authority, the National Revenue Authority, the National Drug Law Enforcement Agency in tackling alcohol harm at district and national level
iv. Support relevant MDAs and other stakeholders to develop the requisite competences on alcohol related issues, including for the enforcement of laws and adherence to policies;
v. Submit Quarterly and Annual Reports to the NCD&IC on the progress of the national alcohol response in line with the Policy monitoring and evaluation strategy.

6.3 Local Council/District Alcohol Control Committee

The DNCD&MH will assess the need for the establishment of the District Alcohol Control Committee (DAC) in consultation with the NCD&I Commission. The LC/DAC will be responsible for mobilizing community support in reducing harm from Alcohol use. They will coordinate with civil society organizations government ministries, departments and agencies including schools and universities for raising awareness about alcohol harm and the implementation of the provisions of the policy. The MoHS through MoHS will develop clear terms of reference for the operations of the LC/DAC.

CSOs, MDAs and WHO after a regional consultative meeting in Bo District.

Children and young people representative contributing children and young people's perspective on the National Alcohol Policy during consultations on the development of the Policy

6.4 Development of a Strategic Plan and an Alcohol Bill

This Policy cannot be fully implemented without a strategic plan and the required legal framework. In this regard, the following will be put in place:

i. A National Alcohol Strategic Plan and an Annual Action Plan will be developed to guide the implementation of this policy.
ii. A roadmap for the development of the Comprehensive National Alcohol Control Bill will be adopted and implemented.
iii. A new generation Alcohol Control Bill that will replace the Liqour Act (1924) will be proposed and enactment by Parliament.

6.5 Resource Mobilization

1. The Policy acknowledges that the budget allocation to the DNCD&MH in the MOHS is quite inadequate to fully coordinate/implement this policy both in terms of scope and national coverage. Therefore, mobilizing both technical and financial resources is crucial for the effective implementation and coordination of the interventions.

2. A framework for resource mobilization including domestic funding and tapping from related sectors will be developed and implemented. Resources from the alcohol industry will not be used to fund ant part of the policy.

3. Funding of this policy will also come from taxes, fines, and support from donor organizations with no vested interest in the alcohol industry.

4. The Policy particularly recognizes the need for taxes including excise and sales taxes, fines and levies relating to the production, sales and marketing of alcoholic beverages to contribute to responses that reduce harm from alcohol. In that regard, there will be a legislation that would mandate the establishment of an Alcohol Control Fund and the allocation of a proportion (to be specified) of resources from taxes, fines and levies to finance the programme and operations of this policy.

6.6 Monitoring, Evaluation, and Reporting

The Policy acknowledges the need for establishing a robust national monitoring and evaluation framework for tracking and reporting progress in implementing the national alcohol control response. The results framework will outline results at the output, outcomes and impact levels and the appropriate indicators to measure and track the results at the appropriate time from the implementation of the policy interventions policy in all the policy areas.

The DNCD&MH will produce annual timely progress report on the implementation of the policy, including on lessons learned, and soliciting and acting upon recommendations following the publication and review of the annual reports. these recommendations will be tracked at the monthly meetings of the ACTWG and the quarterly meetings of the NCD&IC.

6.7 Policy Review

The policy will be reviewed every five years, with a mid-term review after two years. The review will take into consideration emerging threats and trends in harm form alcohol, in line with global best practices and responding to the needs of society and evidence from health research. Therefore, the NCDI Commission will be charged with the responsibility of periodically evaluating the implementation of this policy in relation to each policy area.