



REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH

NATIONAL ALCOHOL POLICY

2018

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FOREWORD



Zambia's transformation agenda is moving towards the attainment of the Vision 2030 that involves ensuring that the country becomes a prosperous middle-income nation. In the quest to fulfill this vision, harmful use of alcohol has been identified as a serious obstacle to this critical national development agenda. The current rise in the middle-income group among the Zambian population is resulting in many people using part of their increasing disposable incomes on harmful use of alcohol, thereby affecting short, medium and long term national development goals.

This National Alcohol Policy therefore provides a framework within which the Government of the Republic of Zambia, in association with stakeholders, will develop direction for the mitigation of harmful use of alcohol at all levels. It recognises the consequences of its misuse and the unacceptable direct and indirect costs imposed on individuals, families and the community.

Government has a role in ensuring that people are provided an enabling environment to embrace positive changes and, at the same time, helping reduce the risk of any potential harm associated with the shifting consumer demands which includes alcohol consumption. The Government also recognises its responsibility to balance the rights of the adult members of the community to purchase and consume alcohol, with the equally important rights of the entire community to be protected against alcohol related harms.

It is within this context that the National Alcohol Policy should be seen and measured in terms of its impact. The underlying causes of alcohol related harm are varied and complex. Therefore, effective policies to prevent or reduce alcohol related harms to society as well as to the individual must be multi-faceted and interdisciplinary. The Whole-of-Government principles and approaches, as espoused in Health-in-All Policies model must be applied. Combined in this regards, are population-level approaches with measures targeted at particular drinking patterns and risks of harm at individual, family and community levels.

A handwritten signature in black ink, appearing to read 'Chitalu Chilufya'.

Honourable Dr. Chitalu Chilufya, (MP)

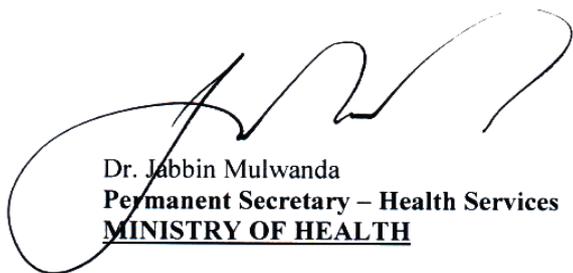
MINISTER OF HEALTH

ACKNOWLEDGEMENT



This National Alcohol Policy has been developed as a result of broad consultations involving senior representatives of government ministries, bilateral and multi-lateral partners, non-governmental organisations, training institutions and academia, the alcohol beverage industry, representatives of civil society and the community at large.

The Ministry of Health wishes to thank all the individuals and institutions for their support and contributions in driving the policy development process. Special thanks are extended to all those who provided an analytical review of the process and content for we believe, their submissions assisted us in considering alcohol issues in different contexts.



Dr. Jabbin Mulwanda
Permanent Secretary – Health Services
MINISTRY OF HEALTH

WORKING DEFINITIONS

Abuse	Use of alcoholic beverages in excess, either on individual occasions or as a regular practice.
Adult	Anyone over the age of eighteen years.
Alcohol	A volatile flammable liquid that is produced by the natural fermentation of sugars and is the intoxicating constituent of wine, beer, spirits, and other drinks, and is also used as an industrial solvent and as fuel. A psychoactive substance with dependence producing properties.
Alcohol related harms	Any physical, mental and social harm resulting from alcohol intoxication.
Availability	This may be physical or financial availability, such as when, where and under what conditions alcoholic beverage may be availed or purchased.
Blood Alcohol Content	A quantifiable measure of alcohol in the blood for legal or medical purposes.
Breathalyser	A device used to detect Blood Alcohol Content (BAC) in a breath sample
Dependence	A behaviour, which indicates a person has impaired control of their mind due to alcohol use and continues to use alcohol despite the adverse consequences.
Drinking Patterns	Describes how much people drink, how often, where, when, who, with whom and the types of beverages drunk.
Evidence-based	The use of scientific evidence to address policies and strategies that will put in place measures to reduce alcohol related harms.
Half way centres	A place that allows people with physical, mental, and emotional disabilities, or those with criminal backgrounds, to learn necessary skills.

Family skills	Support strategies designed to help families to prevent behavioural, emotional and developmental problems to halt the progression or reduce the severity of such problems.
Harm	Physical, mental or socio-economic injury or damage.
Harmful drinking	Drinking which harms the drinker, either the family and anyone else in society.
Healthy drinking Patterns	Drinking patterns that are complementary to a healthy lifestyle and are not associated with increased risk of alcohol related harms in the short or long term.
Intoxication	A condition that results from the administration of too much alcohol, resulting in disturbances in the level of consciousness, cognition, perception, behaviour and physical functions and responses.
Life skills	Abilities for adaptive and positive behaviour that enable humans to deal effectively with the demands and challenges of everyday life.
Misuse of alcohol	Same definition as abuse.
Moderate Consumption	Refers to alcohol consumption, which is below the levels identified as risky or harmful by national or international evidence-based guidelines.
Partnerships	Relationship between government, non-governmental organisations and other stakeholders working together towards a common goal of reducing the harmful use of alcohol.
Responsible Drinking	A level of drinking that poses a low risk of alcohol-related problems both to drinkers and others.
Risky drinking Patterns	Drinking patterns shown to be associated with an increased risk of alcohol related harms in the short or long term.
Standard Unit	The amount of the drink as well as its alcohol strength.
Social harms	Harms associated with the misuse of alcohol which impact negatively at community and societal level. These can include costs associated with criminal activities, health care, social

welfare, economic losses, absenteeism and poor work performance.

Targeted Interventions

Activities that address specific “at-risk” populations or occasions, potentially harmful situations and drinking patterns.

Underage drinking

Consumption of alcohol by individuals under the age of eighteen years.

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-Retroviral Therapy
BAC	Blood Alcohol Content
DEC	Drug Enforcement Commission
DHS	Demographic Health Survey
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
IEC	Information Education Communication
MoH	Ministry of Health
NAC	National HIV/AIDS/STI/TB Council
NGOs	Non - Governmental Organisations
PAC	Policy Analysis and Coordination Division
PLWHIV	People living with HIV
WHO	World Health Organisation
NCDs	Non-Communicable Diseases

CHAPTER 1

INTRODUCTION

The harmful use of alcohol represents a challenge that often has negative effects on a range of critical development issues in Zambia and globally. Alcohol is strongly associated with unsafe sex; spread of HIV/AIDS; loss of health due to accidents and violence; onset of chronic disease and alcoholism; Gender-Based Violence (GBV); break down of family harmony; violation of rights of children and instigation of acts of crime. Alcohol is also considered to be a leading risk factor for premature death, liver diseases, and Non-Communicable Diseases such as cardiovascular diseases, cancers and mental illnesses.

After independence in 1964, the First Republican President, Dr. Kenneth Kaunda once threatened to resign after observing that Zambians were drinking too much alcohol at the expense of developing the nation. This serious concern led to the amendment and strengthening of the legal frame work, the Liquor Licensing Ordinance of 1964 pertaining to the production, distribution, sale and consumption of alcohol. However, due to high poverty and unemployment levels, coupled with lack of recreation facilities for young people and other vulnerable groups in the subsequent years, there has been widespread consumption of alcohol in the country. The liberalisation of the economy escalated the problem as cheaper and, to a large extent unsafe, brands of alcohol have become available on the market.

Government recognises that alcohol is a substance which needs regulation and that the state has an overriding duty to ensure substantial reduction of alcohol related harms. It is also government's responsibility to promote a safe and secure environment for adults who choose to drink.

Although alcohol, when used in moderation, may have a positive socialising role on society, it is however known that alcohol is associated with substantial harm when abused. The harmful use of alcohol is often associated with substantial harm to the individual drinker, family, and the broader community.

The alcohol beverage industry also makes significant contribution to the economy of Zambia by generating employment, retail activity and tax revenue which assists the government to put in place wide ranging social services for the community. However, evidence shows that, if not regulated, such benefits often come at a high cost to society in form of social and health consequences related to harmful use of alcohol. The excessive use of alcohol inflicts substantial costs on productivity in workplaces as a result of reduced capacities of workers, absenteeism and illnesses and generally because there are no breathalysers to detect alcohol consumption in work places. Tax measures specifically to cover the costs related to the repair of alcohol-related harms are not currently in place. Zambia also does not have any trust funds for supporting alcohol related treatment and educational programmes.

The impact of harmful use of alcohol and related mental health problems and addictions impose a high cost on the community. Families, especially women and children, bear the brunt of the social impacts of harmful use of alcohol. The existing social and health services are not capable of adequately compensating for such harm and there are very few social clubs where people seeking help on alcohol addiction can be assisted. The youth are particularly vulnerable to harmful alcohol consumption and effective measures to protect them have not been given priority. The market is flooded with easily accessible strong and harmful alcohol products making it easy for the youth, who are particularly sensitive to cheap alcohol products, increasingly vulnerable.

This policy identifies priorities and sets out thematic areas in addressing the set objectives. Chapter one outlines the evolution of alcohol consumption from as far back as 1964, its impact on the development agenda and the ills associated with excessive alcohol consumption. Chapter two has the situation analysis which describes the current situation on alcohol use and its related harms. Chapter three unfolds the vision, rationale and the guiding principles of the Alcohol Policy and Chapter four deals with general policy objectives and measures while Chapter five addresses the implementation framework.

CHAPTER 2

SITUATION ANALYSIS

2.1 GLOBAL CONTEXT

Worldwide, 3.3 million deaths every year result from harmful use of alcohol, representing 5.9 % of all deaths. The harmful use of alcohol is a causal factor in more than 200 diseases and injury conditions. Overall 5.1 % of the global burden of disease and injury is attributable to alcohol, as measured in Disability- Adjusted Life Years (DALYs). 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. There is a causal relationship between harmful use of alcohol and a range of mental and behavioural disorders, other non-communicable conditions, as well as injuries. The latest causal relationships have been established between harmful drinking and incidence of infectious diseases such as tuberculosis as well as the course of HIV/AIDS. Beyond health consequences, the harmful use of alcohol brings significant social and economic losses to individuals and society at large (WHO, 2018).

The low proportion of drinkers in some countries and communities masks a tendency for those who drink to take in large amounts per occasion (Huakau et al. 2004; Secretariat of the Pacific Community 2004, 2005). Despite different levels of per capita consumption, countries face many similar types of alcohol-related harms like transport-related injuries. Globally, the peak age of alcohol-related death is in middle age and older middle age, a time often of peak performance at work (Rehm, Taylor & Room, 2006). As an illustration of this, the age of alcohol-related hospitalisations and deaths has been studied in the United Kingdom for conditions solely and partially due to alcohol (Jones et al., 2008). For both men and women, the estimated highest absolute number of deaths from alcohol-attributable conditions occurred in the ages ranging 45–64 years, an important part of the working age population (OECD, 2010).

There is also a close relationship between drinking and violent crimes, including domestic violence. In many countries, young people are beginning to drink alcohol at a younger age and heavier occasion drinking is on the rise (Australian Bureau of Statistics 2006; Habgood et al. 2001; Secretariat of the Pacific Community 2004).

In most countries, public health policy responses to alcohol are absent, weak or need updating. This situation, together with growing global consumption trends, urgently demands that public health-oriented alcohol policies and strategies be taken up at national, regional and global levels.

2.2 ZAMBIAN CONTEXT

The National Alcohol Policy for Zambia is mainly based on the World Health Organisation (WHO) Global strategy on the reduction of harmful use of alcohol for the African Region. In line with the principles of WHO, as well as the Zambian government, of ensuring that policies must be evidence based, a number of studies have been conducted by different institutions to contribute to the information provided in this document.

According to the Zambia Stepwise Survey for NCDs risk factors (2017), 21.7% of the respondents were current drinkers of alcohol with a significant gender difference (32.0% for men compared to 11.8% for women). In men, the largest proportion of drinkers (37.8%) was among the 30 to 44 years while in women (15.3%) it was among the 60 to 69 years' age group. The percentage of current drinkers was significantly higher among women in urban areas (15.7%) than in rural areas (7.8%).

Sexual intercourse when one or both partners are under the influence of alcohol is more likely to be unplanned and couples are less likely to use condoms. According to the 2014 DHS, 6% of young women and 4% of young men reported that they or their partners were drunk when they had sexual intercourse at some point during the period preceding the survey.

In addition, the Zambia Global School Health Survey (2004) was conducted among students in grades 7-10, in 47 schools, in 9 provinces. The survey indicated that 42.6% of the 2,257 students who participated had taken alcohol on one or more occasions during the previous 30 days. Children, as young as 13, had indulged in drinking alcohol and grade 7's abused alcohol more than students in grades 8 and 9. Consumption was higher among females (45.5%) than among males (38.9%) and in the age group of 16, females (49.9%) drank more alcohol on one or more times than males (35.9%).

2.2.1 Multisectoral response to alcohol related harm

There are several alcohol related interventions being implemented by different stakeholders in Zambia. However, these responses remain isolated and uncoordinated without a coherent multisectoral approach. Currently there is no national programme to coordinate the various alcohol activities in the country. Similarly, government line ministries have not mainstreamed evidence based strategies to reduce alcohol related issues in the workplaces. The government has not put in place effective enforcement mechanisms of already existing and well documented regulations on the production and sale of alcohol provided for under the Liquor Licensing Act of 2011.

Zambia has got laws and by-laws meant to regulate production, distribution, selling and buying, and to some extent consumption of alcohol. However, enforcement is inadequate, and this can be seen from lack of inspection of alcohol production centres, construction and location of sites for alcohol outlets within the communities, widespread unlicensed distribution and selling points, underage drinking and non-adherence to operational hours by liquor traders.

2.2.2 Advocacy and social mobilisation efforts

In order for advocacy and social mobilisation efforts to be carried out effectively, there is need to conduct research including its dissemination. However, inadequate research and dissemination of research findings on harmful use of alcohol in Zambia has not been translated into policy and programmes.

2.2.3 Public Private Partnerships (PPPs)

While Zambia has been accredited with the status of a favourable destination for conducting business, making it one of the fastest growing economies in the region, there has not been corresponding and coordinated partnerships created between the private sector, public sector and local communities to address alcohol related harm.

2.2.4 Involvement of Traditional and Religious Leaders

Traditional leaders in Zambia are the custodians of customary law, traditional values and norms which govern traditional societies such as chiefdoms and villages. They make rules and regulations in their areas of official jurisdiction and are respected by their subjects. Similarly, religious leaders have a large following and command a lot of respect from their followers. In spite of the realities elaborated above, involvement of both traditional and religious leaders remains sub-optimal. This situation has resulted in an increase in alcohol consumption by their subjects contributing to underdevelopment in their localities, increase in social problems related to theft, family neglect, spread of diseases such as HIV and domestic violence.

2.2.5 Workplace based policies and programmes

Research has shown that the effects of alcohol by most people who misuse it are seen in the workplace. Harmful use of alcohol results in reduced productivity due to absenteeism, late coming, memory loss and poor health. In certain instances, people who handle sensitive machines fail to operate their equipment correctly and are vulnerable to industrial accidents.

2.2.6 Protection of the rights of persons who use alcohol

Alcohol dependent persons are stigmatised and discriminated and have limited access to treatment and rehabilitation services. In addition, the alcohol dependent person's families have little access to programmes and services to enable them cope with the negative experiences including protection of their rights and freedoms.

2.2.7 Protection of rights of children and young people

The Zambian Government recognises the fact that underage drinking goes beyond failure of law enforcement and that it is a human rights issue. Alcohol misuse by young people may lead to teenage pregnancy, prostitution and child birth complications, among others. There is well documented evidence on the effects of alcohol on both the pregnant woman and the unborn child such as Fetal Alcohol Syndrome and Low Birth Weight.

Children and young people who misuse alcohol are prone to various forms of violence including gender based violence. In addition, young people tend to neglect their children because they do not understand the roles and responsibilities of parenting.

2.2.8 Alcohol research-based information

There is very little research in Zambia in the area of alcohol. The available research on alcohol is adhoc and mainly based on individual studies. For example, the extent of consumption of traditional beer is not known because there is no research information to establish the quantum of production and consumption of the type of uncontrolled beer. The extent of alcohol-related harm associated with Gender Based Violence or child neglect is not fully documented. There has been both inadequate quantitative and qualitative research on alcohol abuse in the country to inform policy development and implementation.

2.2.9 Information, Education and Communication (IEC)

In spite of widespread alcohol consumption in Zambia, there is little user-friendly Information, Education and Communication activities to inform people and consumers in particular, about the potential harm of alcohol consumption. This is true for both controlled alcohol from the regulated formal industry as well as the largely unregulated traditional alcohol. Educational institutions like schools and colleges do not dedicate enough time to teach their students about alcohol legislation and alcohol related harms.

2.2.10 Recreation facilities and life skills for young people

It is known that when young people are exposed to unpleasant social environment, they are likely to engage in anti-social behaviour, one of which is alcohol misuse. The high levels of unemployment being experienced particularly by out of school youth is partly due to lack of life or entrepreneurial skills among young people.

According to the available literature on alcohol and other substance abuse, it is evident that both lack of family skills, life skills and recreation facilities have contributed to both young people and older people resorting to drinking alcohol as a pass time with a proportion of them eventually inflicting alcohol related harm on third parties as well as themselves.

2.2.11 Uniform system for testing and certification of alcohol products

The alcohol and beverage industry is experiencing rapid expansion. In the process, the country has witnessed the emergence of a variety of packaging ranging from cheap forms of spirits containing very high levels of alcohol, packaged in small bottles, as well as, varieties of cheap opaque beer both of which are readily available, accessible and easily sold. In the same context different varieties of alcohol which includes traditional beer have remained without specific quality control in terms of certification and safety.

2.2.12 Production, storage, distribution and consumption of traditional brews

There are several varieties of traditional beer being brewed and consumed in different parts of the country. While some of these brews are generally safe, there are some such as *Kachasu, sikokiana, imbote, insuya, gankata and many others* which have adverse effects that are detrimental to human health. In spite of overwhelming anecdotal evidence that shows the negative impact of some illicit brews and some traditional brews, there has been little effort, particularly on the part of law reform and quality control bodies to propose well-researched standard operational procedures that will ensure safety in the production, storage, distribution and consumption of traditional brews.

2.2.13 Health care services for management of alcohol related harms

Although there has been an increase in the number of health facilities since 1964 when Zambia attained her independence, there has not been a deliberate plan to construct specialised centres where alcohol related complications can be managed. In the absence of specialised centres, alcohol related problems are dealt with either in general hospitals or are referred to departments of mental health in general hospitals or Chainama psychiatric hospital. The existing facilities are facing a very high shortage of needed resources including financial, specialised human resource and physical space and as a result, a lot of cases due to alcohol related harms remain unattended to.

2.2.14 Deaths and injuries due to harmful use of alcohol

Road traffic accidents and road traffic injuries are a major and growing public health problem that impacts on all sectors of society. Drink driving has been attributed to be among the major causes of motor accidents in Zambia. Like other developing countries, road traffic accidents and the deaths that follow have always been a major public concern. Majority of those who die in road traffic accidents in Zambia are pedestrians, cyclists, motorcyclists or users of public transport such as buses, minibuses, taxis and motor cycles. According to Road Transport and Safety Agency (1980 – 2010), road traffic accidents ranked as the third largest killer in Zambia after Malaria and HIV/AIDS. Among the causes of these road traffic accidents in Zambia, was driving under the influence of alcohol while, according to the Zambia Police Reports of 2013, human error caused by alcohol among other things accounted for 71.7% of the road traffic accidents.

CHAPTER 3

VISION, RATIONALE AND GUIDING PRINCIPLES

3.1 VISION

A safer, healthier and productive nation free of alcohol related harms.

3.2 RATIONALE

Harmful use of alcohol has been known to cause many social, economic and public health problems in the country. Problems arising from the harmful use of alcohol like road traffic accidents are a drain on the country's resources. Currently, there is no national policy to provide guidance on the production, distribution, and consumption of alcohol in the country, a situation if left unchecked, could lead to a further increase of other negative consequences of alcohol misuse.

In view of the foregoing, Government has identified the need for the development and implementation of a comprehensive National Alcohol Policy to provide for an appropriate and evidence-based policy framework to guide the production, distribution and consumption of alcohol. The policy will also provide measures to mitigate various negative consequences associated with harmful use of alcohol and thereby enhancing national development.

3.3 GUIDING PRINCIPLES

Promotion and Protection of human rights: an effective response to alcohol related harm requires that the rights to equality before the law and freedom from discrimination are respected, protected and fulfilled.

Political Leadership and commitment: strong political leadership and commitment at all levels is essential for sustained effective and proper reduction of alcohol related harms.

Multisectoral approach and Partnership: all sectors of society must be actively involved in the design, implementation, review, monitoring and evaluation of the National Alcohol Policy, taking into account cultural, moral and religious values in order for it to be effective.

Public Health Approach: A public health approach is the most effective way to reduce alcohol-related harm by focusing on the most effective promotive, preventive, curative and rehabilitation services.

Scientific and evidence-based research: It is essential that the national response to alcohol problems and interventions be based on scientific and evidence based research.

Sustainability: The interventions embarked on should be sustainable and take into consideration the economic situation of the nation. Government shall remain open to new initiatives that are effective and sustainable in the implementation of the alcohol policy.

Gender: Mainstream gender in all interventions related to reduction of alcohol related harms which are meant to prevent, treat and rehabilitate all alcohol abuse related harms.

CHAPTER 4

POLICY OBJECTIVES AND MEASURES

Main Objective

The overall objective of this policy is to attain a society in which the prevalence and impact of harmful use of alcohol is significantly reduced by 2030

4.1 MULTISECTORAL RESPONSE

4.1.1 Objective: To ensure that key sectors are actively involved in the conceptualisation, designing, implementation, monitoring and evaluation of the National Alcohol Policy.

Measures: The government shall:

- (a) Create the multi-sectoral committee on alcohol related harms;
- (b) Ensure that all employers and employees adhere to the terms and conditions of service pertaining to alcohol use in the workplace;
- (c) Involve the private sector, to contribute towards the effective implementation of government regulations on the use of alcohol;
- (d) Involve the civil society movement and other stakeholders in Zambia to contribute to the implementation of relevant parts of the alcohol policy and to lobby public support for needed regulatory measures;
- (e) Compel employers and employees, trade unions and other institutions to initiate and implement workplace-based policies to deal with effects of alcohol in the workplace; and
- (f) Ensure implementation of an effectively coordinated multi-sectoral response to alcohol related harms.

4.1.2 Objective: To review and enforce existing laws governing alcohol production, distribution and selling.

Measures: The government shall:

- (a) Enforce the Liquor Licensing Act No. 20 of 2011;
- (b) Enforce regulations relating to the Liquor Licensing Act;
- (c) Ban production and sale of liquor sachets or bottles less than 300mls and similar products;
- (d) Increase taxation on alcohol products;
- (e) Develop regulations for the establishment of an Alcohol Trust Fund where increased revenues from alcohol taxation can be dedicated for prevention and treatment programmes;
- (f) Strengthen the local authority's inspectorate work on producers, distributors and retailers of alcohol to ensure that laws and regulations are followed;

- (g) Enact and enforce new laws to regulate alcohol promotion and sponsorship in the media;
- (h) Support fast track courts in all provinces;
- (i) Intensify control to ensure that brewers and distillers, both industrial and local, follow quality standards;
- (j) Build capacity of inspectors to enable them to conduct their mandate of alcohol inspection throughout the production and distribution chain;
- (k) Ensure that all points of alcohol sale have a trading license displayed at a prominent place on the premises;
- (l) Ensure that no alcohol is sold in undesignated areas;
- (m) Increase public awareness on the dangers of consuming illicit alcohol and trading in undesignated premises;
- (n) Build capacity of law enforcement agencies to deal with the illegal alcohol market; and
- (o) Conduct research on the types and contents of the illicit alcohol products, nature and extent of the unlicensed alcohol markets.

4.2 ADVOCACY, SOCIAL MOBILISATION AND COMMUNICATION

4.2.1 Objective: To promote and support evidence-based advocacy, social mobilisation and communication

Measures: The government shall:

- (a) Promote advocacy on alcohol related harms in official gatherings and meetings;
- (b) Ensure that leaders and their representatives at all levels are conversant with and understand the alcohol context and implications;
- (c) Encourage and support the family and the community as the basic unit of society in the protection and fight against alcohol related harms;
- (d) Promote, create and strengthen strategic partnerships with all key stakeholders in the fight against alcohol related harms; and
- (e) Facilitate and support dialogue at national, provincial, district, community and family levels.

4.3 PUBLIC PRIVATE PARTNERSHIP (PPPS)

4.3.1 Objective: Develop and Strengthen partnerships with relevant institutions

Measures: The government shall:

- (a) Promote involvement of partners in the implementation of this policy

4.4 INVOLVEMENT OF TRADITIONAL AND RELIGIOUS LEADERS

4.4.1 Objective: To promote the use of acceptable traditional values, norms and principles in reducing alcohol related harms.

Measures: The government shall:

- (a) Involve traditional leaders in playing a leading role in the promotion of responsible drinking and discouragement of alcohol abuse among their subjects;
- (b) Facilitate traditional leaders in the enforcement of existing laws and regulations regarding alcohol production, distribution, sale and consumption within their jurisdiction;
- (c) Encourage and support traditional leaders in their effort to bring about social and cultural change as a means of prevention and control of alcohol related harms;
- (d) Strengthen the competencies of traditional leaders in dealing with alcohol related harms; and
- (e) Provide technical support to alcohol related programmes and activities carried out by traditional leaders.

4.4.2 Objective: To involve faith based organisations in the fight against the harmful use of alcohol

Measures: The government shall:

- (a) Encourage faith based organisations and networks to play a leading role in mobilising their respective constituencies in the prevention, treatment and rehabilitation of victims of alcohol abuse;
- (b) Promote interfaith collaboration on reduction of alcohol related harms and alcohol abuse; and
- (c) Facilitate the formation and strengthening of linkages between faith based organisations and government as well as the private sector.

4.5 WORKPLACE BASED POLICIES AND PROGRAMMES

4.5.1 Objective: To ensure that challenges related to harmful use of alcohol are addressed in the workplace.

Measures: The government shall:

- (a) Involve and support employers and employees, their trade unions and other workplace related institutions in playing leading roles in the fight against alcohol related harms;
- (b) Integrate alcohol policies or alcohol related issues in existing ministerial policies and programmes; and
- (c) Develop and strengthen workplace-based alcohol prevention, care and support programmes on reduction of alcohol related harms throughout the country.

4.6 PROTECTION OF THE RIGHTS OF PERSONS WHO USE ALCOHOL

4.6.1 Objective: To protect the rights of people going through alcohol treatment and rehabilitation including the non-drinkers.

Measures: The government shall:

- (a) Make prevention, treatment and care of harmful use of alcohol a priority issue in the planning and budgeting processes in all institutions;
- (b) Progressively build, and provide resources to support rehabilitation centres in the country;
- (c) Educate alcohol consumers about the need to encourage rather than stigmatise those who choose a lifestyle without drinking alcohol;
- (d) Support and integrate services for the victims of harmful use of alcohol into the existing health, and social welfare delivery systems;
- (e) Promote responsible drinking among those who drink alcohol;
- (f) Educate the public on the link between harmful use of alcohol and Gender Based Violence; and
- (g) Educate the public about the need to accept rather than stigmatise those who choose a lifestyle of not drinking alcohol.

4.7 PROTECTION OF RIGHTS OF CHILDREN AND YOUNG PEOPLE

4.7.1 Objective: To protect the rights of children and young people and provide them access to prevention and care services.

Measures: The government shall:

- (a) Domesticate the rights of children as enshrined in the African Charter, and the UN Convention on the Rights of a Child into the relevant Zambian laws;
- (b) Train health workers, social workers and child protection educators to provide counseling and psychotherapy services for children and young people on alcohol related harms.
- (c) Ensure that children enjoy their childhood in a safe environment free of alcohol and alcohol related harms;
- (d) Involve parents, children, and relevant civil society organizations in the dissemination of information on the reduction of alcohol related harms;
- (e) Provide social amenities for children and young people in order to keep them away from alcohol; and
- (f) Restrict children below 18 years from entering any premises selling alcohol.

4.8 ALCOHOL RESEARCH BASED INFORMATION

4.8.1 Objective: To promote research initiatives in causes, effects and treatment of alcohol related harms.

Measures: The government shall:

- (a) Ensure that the national health research agenda incorporates research in alcohol related activities;
- (b) Establish links with public, private research institutions and individual researchers to promote cooperation between and among research agencies to maximise utilisation of both local and international research findings on alcohol manufacturing, distribution, sale and use;
- (c) Foster alcohol related research for both local and international researchers;
- (d) Facilitate the application of research findings into policy and practice;
- (e) Provide and facilitate appropriate infrastructure and funding for alcohol related research; and
- (f) Take initiatives to include variables on alcohol issues in established national surveys.

4.9 INFORMATION, EDUCATION AND COMMUNICATION (IEC)

4.9.1 Objective: To raise public awareness about the harmful use of alcohol and generate understanding of and support for evidence-based prevention and control.

Measures: The government shall:

- (a) Facilitate health promotion programmes on alcohol related harms as well as existing alcohol legislation;
- (b) Promote social and behavioural change as a way of preventing and mitigating alcohol related harms;
- (c) Promote preventive strategies through parenting skills including social determinants of health;
- (d) Support dissemination of timely information about the laws governing the production, distribution, trade and consumption of alcohol;
- (e) Support documentation and communication in response to harmful use of alcohol and promotion of harm reduction strategies in alcohol use;
- (f) Introduce community psycho-education on certain cultural and common practices that perpetuate harmful use of alcohol;
- (g) Support the integration of alcohol related education in traditional practices;
- (g) Support development of Information, Education and Communication materials targeted at out of school youth; and
- (h) Promote awareness of the risks of alcohol misuse and its role in increasing the sexual risk of contracting HIV/AIDS and other diseases at all levels.

4.10 RECREATION FACILITIES AND LIFE SKILLS FOR YOUNG PEOPLE

4.10.1 Objective: To equip citizens, particularly the youth, with knowledge and skills as a way of preventing them from inflicting alcohol related harm on others as well as themselves.

Measures: The government shall:

- (a) Advocate for the creation and support of income generating and recreation opportunities for children and out of school youth;
- (b) Strengthen mechanisms which guardians and older people may use to communicate with young people on alcohol, responsible drinking and alcohol abuse; and
- (c) Train citizens in mechanisms to deal with alcohol related harms.

4.11 UNIFORM SYSTEM FOR TESTING AND CERTIFICATION OF ALCOHOL PRODUCTS

4.11.1 Objective: To ensure safety, quality and sanitary conditions in the production, distribution, retail and consumption of traditional alcohol.

Measures: The government shall:

- (a) Review and develop laws governing the production and sale of traditional alcohol;
- (b) Create awareness in the community about the existence of the laws governing production, distribution, retail and consumption of traditional alcohol;
- (c) Build capacity of traditional leaders and their councillors in the regulation of traditional alcohol; and
- (d) Promote research on the dangers and risks of traditional alcohol.

4.12. HEALTH CARE SERVICES FOR THE MANAGEMENT OF ALCOHOL RELATED HARMS

4.12.1 Objective: To provide effective and efficient diagnostic, treatment and rehabilitative services for people with alcohol related harms at all levels of health care.

Measures: The government shall:

- (a) Ensure availability and accessibility of appropriate infrastructure, equipment, drugs and other materials for diagnostic and treatment of alcohol related harms;
- (b) Strengthen professional skills in the diagnosis and management of alcohol related harms;
- (c) Provide screening and other psychosocial and pharmacological interventions for alcohol related harms;
- (d) Facilitate the standardisation of management and treatment protocols for alcohol related harms;
- (e) Motivate specialised human resource in all essential fields required to operate and manage treatment centres for people with alcohol related harms;
- (f) Facilitate the development of minimum standards for establishment of treatment and rehabilitation facilities;

- (g) Support the development of self-help groups and systems for people with alcohol related harms, including programmes involving families; and
- (h) Facilitate for the treatment and care of people with alcohol related harms.

4.13 ACCESS TO SERVICES AIMED AT MITIGATING HARMFUL USE OF ALCOHOL

4.13.1 Objective: To improve and increase the availability, accessibility and affordability of services aimed at mitigating harmful use of alcohol.

Measures: The government shall:

- (a) Introduce screening instruments for assessing alcohol consumption at health centres;
- (b) Establish and scale up treatment programmes appropriate for all levels;
- (c) Create an enabling environment for the private sector and civil society in the treatment, care and support of those with alcohol related harms;
- (d) Ensure that appropriately trained and skilled human resource is deployed in established rehabilitation centres in the country; and
- (e) Mobilise resources for alcohol related programmes at all levels.

4.13.2 Objective: To develop and strengthen referral support systems for those affected by Alcohol related harms.

Measures: The government shall:

- (a) Ensure that there are strong referral systems linking affected individuals and families to effective support programmes in public and private sectors including the civil society;
- (b) Facilitate and empower community based volunteers to provide support within a community based support referral system;
- (c) Involve affected families in planning for community based interventions;
- (d) Actively support communities and groups engaged in community based care;
- (e) Provide ongoing psychosocial support and appropriate skills to care givers;
- (f) Devise strategies to address burnout syndrome for service providers; and
- (g) Encourage and support the formation of half way centres.

4.13.3 Objective: To mitigate the impact of alcohol related harms among children and young people.

Measures: The government shall:

- (a) Ensure availability of psychotherapies for children and young people who may be exposed to alcohol related harms;
- (b) Facilitate the provision of safe homes for the vulnerable groups such as children and young people; and
- (c) Facilitate the provision of legal aid for vulnerable groups.

4.14 DEATHS AND INJURIES DUE TO HARMFUL USE OF ALCOHOL

4.14.1 Objective: To enforce existing alcohol related pieces of legislation.

Measures: The government shall:

- (a) Conduct sensitisation meetings on the existing alcohol related laws;
- (b) Ensure adequate skilled law enforcement officers;
- (c) Strengthen and train more traffic officers;
- (d) Strengthen the Local Government Authorities in the prevention of Alcohol related harms; and
- (e) Prosecute perpetrators of alcohol related crimes.

CHAPTER 5

IMPLEMENTATION FRAMEWORK

5.1 INSTITUTIONAL ARRANGEMENTS

This policy recognises the multisectoral nature of the response required to address alcohol related harms. In this regard, the role of government institutions, private institutions and the civil society have been recognised. Detailed activities are in the policy implementation plan, while broad responsibilities are outlined in this policy.

5.1.1 Ministry of Health shall:

- (a) Develop a comprehensive Alcohol Policy Implementation Plan;
- (b) Establish the National Multisectoral Alcohol Management Committee;
- (c) Develop comprehensive annual action plans for implementing the Policy;
- (d) Provide promotive, preventive, curative and rehabilitation services for alcohol related harms;
- (e) Coordinate Primary Health Care activities related to the reduction of harmful use of alcohol;
- (f) Develop an action plan for implementation of Primary Health care activities related to the reduction of harmful use of alcohol;
- (g) Provide information aimed at protecting mothers and children from alcohol related harms either directly or indirectly;
- (h) Implement the treatment of alcohol-related programmes including treatment and support services;
- (i) Support research in order to generate evidence that will inform decision making and programme management among stakeholders;
- (j) Monitor and Evaluate implementation of plans;
- (k) Coordinate alcohol-related programmes including the implementation of the plan of action;
- (l) Mobilise resources for the administration of the Policy;
- (m) Document and communicate best practices and experiences of stakeholders involved in the management of alcohol related harms;
- (n) Serve as a hub for local, regional and international cooperation on matters of alcohol programming;
- (o) Create linkages with relevant regulatory authorities and law enforcement agencies; and
- (p) Monitor and evaluate Health Care activities related to the reduction of harmful use of alcohol.

5.1.2 Ministry of Community Development and Social Services shall:

- (a) Monitor and evaluate activities related to the reduction of harmful use of alcohol;
- (b) Facilitate the training of community(s) in family and life skills concerning alcohol related harms;
- (c) Link affected individuals of harmful alcohol use to social welfare and support groups; and
- (d) Collaborate with the Churches, CBOs and NGOs in their work with alcohol related harms.

5.1.3 Ministry of Local Government shall:

- (a) Control marketing and ensure ethical advertising of alcohol;
- (b) In partnership with other line ministries, coordinate the decentralisation of alcohol-related harm reduction activities at the district level;
- (c) With other stakeholders, enforce laws governing the production, distribution and consumption of alcoholic products;
- (d) Formulate by-laws to regulate the harmful use of traditional alcohol;
- (e) Strengthen the control of production, distribution and sale of alcohol in both urban and rural areas;
- (f) Ensure that the public is made aware of the provisions of Liquor Licensing Act of 2011;
- (g) Strengthen inspection activities in premises where alcohol products are sold;
- (h) Ensure that no alcohol adverts are placed near academic institutions;
- (i) Strengthen the by-laws on advertising of alcohol;
- (j) Ensure that allocation of plots and premises for the sale of alcohol is in line with existing legislation.

5.1.4 Ministry of Home Affairs shall:

- (a) Ensure the enforcement of existing laws governing production, distribution, selling and buying as well as consumption of alcohol; and
- (b) Collaborate with local government to ensure compliance with the existing laws in terms of operational hours of bars.

5.1.5 Ministry of Finance shall:

- (a) Ensure that mechanisms on the taxation of alcohol and alcohol products are put in place in line with the Global Strategy on the reduction of harmful use of alcohol;
- (b) Provide financial resources to line ministries and spending agencies which have planned and included in their budgets activities aimed at reducing the effects of harmful use of alcohol; and
- (c) Mobilise resources for prevention and management of alcohol related harms.

5.1.6 Ministry of Youth and Sport and Child Development shall:

- (a) Coordinate the implementation measures related to harmful use of alcohol among young people and all sports persons through promotive, preventive and rehabilitative strategies;
- (b) Facilitate the psychotherapy services for children and young people exposed to alcohol related harms.

5.1.7 Ministries of General and Higher Education shall:

- (a) Ensure that all levels of public and private education programmes mainstream the prevention and treatment of alcohol related harms in all their curricular consistently from pre-school to tertiary;
- (b) Ensure that programmes related to reduction of alcohol related harms are consistently mainstreamed in teacher training curricular;
- (c) Ensure that learning institutions have space for recreational activities; and
- (d) Promote recreational activities in learning institutions.

5.1.8 Ministry of Commerce, Trade and Industry shall:

- (a) Assure compliance of quality standards of alcohol products; and
- (b) Regulate importation of alcohol products in line with the required Standards.

5.1.9 Ministry of Information and Broadcasting Services shall:

- (a) Promote the civic education component of the alcohol response;
- (b) Ensure that alcohol related harm reduction programmes are mainstreamed in all their programming for purposes of educating the public;
- (c) Ensure restricted advertising of alcohol; and
- (d) Publicise the harms associated with alcohol consumption in order to prevent the impact of alcohol on individuals and their families.

5.1.10 Ministry of Defence shall:

- (a) Sensitise on the harms associated with harmful use of alcohol among men and women in uniform in order to prevent the impact of alcohol related harms on individuals, their families so as to and preserve the security of the country.

5.1.11 Ministry of Labour and Social Security shall:

- (a) Ensure that alcohol related interventions become part of all workplace programmes in order to prevent all alcohol related harms in the workplace; and
- (b) Institute measures to detect alcohol consumption at the work place.

5.1.12 Ministry of Lands, Environment and Natural Resources shall:

- (a) Facilitate the allocation of appropriate land for the construction of rehabilitation centres for individuals affected with alcohol related harms;
- (b) Facilitate the allocation of land for social welfare facilities for young people; and
- (c) Ensure that land designated for recreational facilities is not re-allocated to developers.

5.1.13 Ministry of Chiefs and Traditional Affairs shall:

- (a) Provide information to traditional leaders and their subjects about harms of alcohol consumption in general;
- (b) Facilitate the education of traditional leaders and their subjects about the harms of traditional alcohol;
- (c) Promote cultural remodeling with a view to initiate a culture that attaches less emphasis on the importance of beer drinking during traditional ceremonies; and
- (d) Sensitise village headmen on the importance of blocking production, distribution, sale and consumption of illicit alcohol.

5.1.14 Ministry of Tourism and Arts shall:

- (a) Develop programmes aimed at promoting healthy lifestyles and preventing the negative impact of alcohol in society through use of various forms of art

5.1.15 Ministry of National Guidance and Religious Affairs shall:

- (a) Promote values and principles that aim at reducing alcohol related harms;
- (b) Coordinate all religious groups and other faith based organisations in the response to alcohol related harms; and
- (c) Link all those affected by alcohol related harms to available care.

**5.1.16 Ministry of Gender
Shall:**

- (a) Mainstream activities on prevention of GBV related to alcohol abuse; and
- (b) Promote awareness on alcohol related harms to the unborn child among women and men.

5.1.17 Ministry of National Development Planning shall:

- (a) Ensure that the implementation of the National Alcohol Policy is mainstreamed in the National Development Plan.

5.1.18 Ministry of Communication and Transport shall:

- (a) Ensure that all road users are sensitised on the harms associated with alcohol; and
- (b) Leverage information communication technology in creating awareness in alcohol health promotion and prevention strategies.

5.1.19 Ministry of Housing and Infrastructure Development shall:

- (a) Facilitate for the construction of rehabilitation facilities for those affected by alcohol abuse.

5.1.20 Other Line Ministries shall:

- (a) Mainstream alcohol related harm prevention, management and rehabilitation programmes within their core business.

5.1.21 National HIV/AIDS/STI/TB Council (NAC) shall:

- (a) Provide information on how alcohol impacts HIV/AIDS transmission, prevention, treatment and other related services.

5.1.22 Zambia Bureau of Standards (ZABS) shall:

- (a) Liaise with the relevant government agencies and the alcohol industry to set up and monitor minimum standards of alcohol products.

5.1.23 Drug Enforcement Commission (DEC) shall:

- (a) Implement the supply and demand reduction strategies for alcohol.

5.1.24 Road Transport and Safety Agency (RTSA) shall:

- (a) Ensure the safety of motorists, cyclists, pedestrians and other road users by enforcing the law regulating alcohol use;
- (b) Provide updated information on the negative effects of drink driving to both the drivers and other road users; and
- (c) Prosecute those violating the laid down regulations on alcohol consumption and distribution.

5.1.25 Patents and Companies Registration Agency (PACRA) shall:

- (a) Ensure that all types of businesses dealing in alcohol products are duly registered and meet all statutory requirements.

5.1.26 Competition and Consumer Protection Commission shall:

- (a) Ensure that the citizens are protected against harmful alcohol products in line with the CCPC Act No. 24 of 2010.

5.1.27 Zambia Environmental Management Agency (ZEMA) shall:

- (a) Ensure that all alcohol manufacturing, storage and distribution companies and distilling businesses undergo thorough physical and social impact assessments in order to anticipate and prevent alcohol related harms and all other related social disorders.

5.1.28 Local universities and research institutes shall:

- (a) Promote research and undertake capacity building on alcohol-related harms.

5.1.29 Health Professions Council of Zambia and General Nursing Council of Zambia shall:

- (a) Regulate public and private institutions offering treatment and rehabilitation services pertaining to reduction of harmful use of alcohol.

5.1.30 Civil Society and Non-Governmental Organisations Shall:

- (a) Collect, process, analyze, and disseminate relevant data and information to all stakeholders on alcohol-related harms;
- (b) Promote advocacy campaigns on the need for the effective use of measures to regulate availability, affordability and marketing of alcohol;
- (c) Facilitate for the review of the Policy to ascertain the effectiveness of the measures as well as implement the alcohol-related programmes;
- (d) Partner with government in the provision of alcohol treatment and rehabilitative services for people with alcohol related harms and their families;
- (e) Engage in social mobilisation against alcohol related harms; and
- (f) Advocate and lobby for the rights of those affected by alcohol related harms.

5.1.31 Private Sector Shall:

Taking advantage of the public private partnership policy under the Ministry of Commerce, Trade and Industry, the private sector shall:

- (a) Promote involvement in programmes that intend to prevent, reduce, treat and rehabilitate people and families affected by alcohol-related harms;
- (b) Ensure that alcohol is sold in accordance with national laws and regulations; and
- (c) Integrate alcohol related harms in their wellness work place policies.

5.1.32 Regional and International Partners shall:

Strengthen desired national responses through technical and financial support in meeting policy objectives.

5.2 LEGAL FRAMEWORK

There are various pieces of legislation relating to harmful use of alcohol, and government shall review and strengthen existing legislation and shall also enact new pieces of legislation with a view of enhancing both implementation and coordination of activities. The laws to be enacted should be aimed at regulating the production, packaging, marketing, advertising, distribution, pricing and consumption of alcohol. Management of alcohol related harms and rehabilitation of people suffering from harmful use of alcohol will also be regulated. These laws are required to be enacted by government through various ministries in order to enhance the health of people.

5.3 MONITORING AND EVALUATION

In order to ensure that the policy objectives and measures are achieved, the ministry responsible for the National Alcohol Policy in collaboration with stakeholders shall:

- (a) Develop verifiable indicators for the purpose of ensuring that the objectives of this policy are achieved in accordance with the policy implementation plan;
- (b) Facilitate the development of a monitoring and evaluation system to the province and district level;
- (c) Lead, coordinate, monitor, and ensure timely reporting and dissemination of alcohol-related performance and outcomes; and
- (d) Follow-up with relevant actions upon the recommendations following the annual reports.

5.4 RESOURCE MOBILISATION AND FINANCING

All line ministries and institutions indicated in the National Alcohol Policy are expected to annually budget for activities that are aimed at significantly reducing the prevalence and impact of alcohol related harms. Resources shall be required to strengthen the enforcement mechanism through authorisation and inspections of alcohol premises throughout the country. Government shall foster establishment of sustainable public, private partnerships in mobilising resources, both at local and international levels, including establishment of a public private fund aimed at addressing all matters related to the mitigation of alcohol related harms.

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