

REPUBLIC OF ZIMBABWE
NATIONAL ALCOHOL POLICY

FIRST DRAFT: OCTOBER 2009
FINAL DRAFT: 28 SEPTEMBER 2010

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GLOSSARY

The following terms appear in this Policy and are peculiar to the subject matter of the Policy:

Alcohol

In chemical terminology, alcohols are a large group of organic compounds derived from hydrocarbons and containing one or more hydroxyl (-OH) groups. Ethanol (C₂H₅OH, ethyl alcohol) is one of this class of compounds, and is the main psychoactive ingredient in alcoholic beverages. By extension the term "alcohol" is also used to refer to alcoholic beverages. Ethanol results from the fermentation of sugar by yeast.

Alcohol Policy

The overarching framework for the implementation of measures aimed at minimizing the health and social harms from the abuse of alcohol.

Alcoholic Beverage

Any liquid intended for drinking that contains minimum ethanol content as determined by the Government of Zimbabwe.

Abstinence

Refraining from drinking alcoholic beverages. Those who practice abstinence from alcohol are termed "abstainers", "total abstainers", or-in a more old-fashioned formulation-"teetotallers".

Abuse

A maladaptive pattern of use of alcoholic beverages indicated by excessive or continued use either on individual occasions (binge drinking) or as a regular practice, despite knowledge of having a persistent or recurrent social, occupational, psychological or physical problem that is caused or exacerbated by the use.

Adult

Anyone over the age of eighteen years.

Alcohol Dependence

Is a category in the ICD-10 classification of mental and behavioural disorders, defined as a cluster of physiological, behavioural, and cognitive phenomena in which the use of alcohol takes on a much higher priority for a given individual than other behaviours that once had greater value. A central characteristic is the desire (often strong, sometimes perceived as overpowering) to drink alcohol despite adverse consequences. It is physical dependence on alcohol to the extent that stopping alcohol use will bring on withdrawal symptoms. It is not interchangeable with "misuse"; not all those who misuse alcohol are or become dependent.

Alcohol-related Problem

Any of the range of adverse accompaniments of drinking alcohol.

Alcohol-related harm and problems related to alcohol consumption

This can be used as equivalent terms, referring to the wide variety of health and social problems, to the drinker and to others, at individual and at collective levels, in which alcohol abuse plays a causal role.

Availability

Determines access to beverage alcohol. This may be physical availability such as when, where and under what conditions beverage alcohol may legally be purchased (BAC). It may also be economic availability, the extent to which consumers can afford to purchase beverage alcohol.

Blood Alcohol Concentration

This relates to the amount of alcohol, in grams, per deciliter of blood. In Zimbabwe it is 0,08 g/dl, according to the Road Traffic Act.

Brief Intervention

A treatment strategy in which structured therapy of short duration (typically 5 to 30 minutes) is offered with the aim of assisting an individual to cease or reduce the use of a psychoactive substance or (less commonly) to deal with other life issues. It is designed in particular for general practitioners and other primary health care workers.

Drinking Patterns

Patterns describe numerous facets of drinking that include:

- How much people drink, particularly on a given occasion and how often these occasions are heavy;
- Where drinking takes place, whether at home, in bars and restaurants, or in other public venues;
- When people drink, whether with meals, at gatherings, and how drinking is spread out over time;
- Those with whom people drink: family, friends, peers, colleagues or others;
- Types of beverages consumed, including licensed commercially produced beverages of known quality, illicitly produced beverages, and possibly toxic and adulterated drinks.

Drink-driving

This is the generally favoured term for the criminal action of driving a vehicle with a blood alcohol level over the legal limit.

Drunk Driving

Driving a motor vehicle while intoxicated.

Evidence-based

The use of scientific and other relevant evidence to determine the most appropriate set of policies or strategies to put in place to bring about a reduction in alcohol-related harms.

Harm Minimization

An overarching strategy that aims to prevent and reduce the harms associated with the misuse of alcohol in the community. It encourages responsible drinking patterns and discourages those that have been shown to have the potential for personal and social harms.

Hazardous Alcohol Consumption

Can be defined as a level of consumption or pattern of drinking that is likely to result in harm should the present drinking habits persist.

Harmful Use of Alcohol

A pattern of psychoactive substance use that is causing damage to health. The damage may be physical or mental. Harmful use often, has adverse social consequences. This is a category in the ICD-10 classification of mental and behavioural disorders, which refers to a condition in which physical or psychological harm has occurred to the individual as a result of his or her drinking.

Heavy Alcohol Consumption

Defined as a pattern of drinking that exceeds a specified daily amount (e.g. three drinks a day) or quantity per occasion (e.g. five drinks on an occasion, at least once a week) and is considered high-risk drinking.

Human Immuno Virus (HIV) Infection

HIV is a virus which causes AIDS in people who get infected.

Illegal illicit Informal Alcohol

Alcohol produced outside of the legislative and regulatory system.

Intoxication

The quantity of alcohol the person consumes exceeding the individual's tolerance for alcohol which produces behavioural or physical abnormalities.

Low-risk Drinking

For men it is defined as drinking no more than 2 - 3 standard drinks, 12g C₂H₅OH per day with at least two alcohol free days *per* week. For women it is defined as drinking no more than 1 - 2 standard drinks per day with at least two alcohol free days per week.

Misuse

Use of alcoholic beverages to excess, either on individual occasions (binge drinking) or as a regular practice. Consuming more than is safe, or in a manner that is considered unsafe in the circumstances, such as those requiring attention, skill and/or coordination.

Moderate Consumption

Moderate consumption refers to alcohol consumption which is below the levels identified as risky or hazardous by national or international evidence based guidelines. This will in turn depend on age, size, sex and health, not to mention how and when alcohol is consumed.

Negative Drinking Patterns

Drinking patterns shown to be associated with an elevated risk of short or long term harms. For example, drinking and driving, drinking during pregnancy, drinking at work, drinking to intoxication.

Partnerships

The inclusion of the public and private sectors, the industry, the community and civil society all working towards achieving a common goal.

Positive 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.

Responsible Drinking

Consumption which neither harms the individual concerned or others around them.

Sensible Drinking

This refers to drinking, socially and responsibly. It includes not drinking at all in situations where the effects of alcohol will put someone's safety or health at risk.

Social Harms

Harms associated with the' misuse of alcohol which impact at a community and or societal level. These can include harms associated with criminality, health care, social welfare, economic losses, absenteeism and diminished work performance.

Standard drink

A volume of beverage alcohol (e.g. a glass of wine, a can of beer, or a mixed drink containing distilled spirits) that contains approximately the same amounts (in grams) of ethanol regardless of the type of beverage. The term is often used to educate alcohol users about the similar effects associated with consuming different alcoholic beverages served in standard-sized glasses or containers (e.g. the effects of one glass of beer are equal to those of one glass of wine). In the UK, the term "unit" is employed, where one unit of an alcoholic beverage contains approximately 3 grams of ethanol. In North American literature, "a drink" contains about 4 grams of ethanol. In other countries, the amounts of alcohol chosen to approximate a standard drink may be greater or less, depending on local customs and beverage packaging. In Zimbabwe it is 4 grams ethanol.

Sexually Transmitted Infections (STIs)

Sexual Transmitted Infections are those which are contracted as a result of any such sexual physical contact (Syphilis, Gonorrhoea, Chlamydia, Cancroids and Yeast infections, such as Gardnerella, e.t.c)

It also includes virus infection HIV and the virus which causes Cervical Cancer in women.

Targeted Interventions

Interventions that address specific "at-risk" populations or occasions, potentially harmful situations and drinking patterns.

Underage Drinking

Consumption of alcohol products by people under the age of eighteen years.

FOREWORD

Alcohol misuse is associated with significant harms, including illness and death, and imposes wide-ranging negative effects on individuals, families and communities. The underlying causes of alcohol misuse are varied and complex. Effective policies to prevent or reduce alcohol misuse and to reduce harms to the individual and society must be multi-faceted if they are to succeed.

The Government recognizes that it has a responsibility to balance the rights of the entire community to be protected against the impacts of alcohol misuse, with the valid rights of the adult members of the community to purchase and consume alcohol in moderation.

This National Alcohol Policy recognizes the role alcohol plays in Zimbabwe, both in terms of its social and economic contribution. It also recognizes *the* consequences in terms of its significant capacity, when misused, to impose unacceptable costs on individuals and the community as a whole. It therefore seeks to establish the basis for the place of alcohol in the lives of Zimbabweans, moving consumers of alcohol to safer drinking patterns in shaping the future.

The effectiveness of the Policy relies on combining reasonable and appropriate population-level approaches with measures targeted at particular drinking patterns and risks for harm at an individual, community and population level. The Government's National Alcohol Policy will balance these two approaches, offsetting benefits against harm, and safeguarding the public health and social well-being while at the same time protecting individual freedoms.

If the objectives of this Policy are to be achieved, comprehensive planning will be necessary with implementation across a wide spectrum. Measures will need to include education of the public, the retail trade, educators and healthcare workers, and will have to address improving law enforcement and treatment capacity and enhancing responsible serving practices.

The Government will therefore support and strongly encourage the public sector, the non-government sector and the private sector to work together in the best interests of all the people of Zimbabwe.

The degree to which harms associated with alcohol misuse are reduced will be the ultimate measure of successful implementation of this Policy.

On behalf of the Government of Zimbabwe, we commend this National Alcohol Policy as a sound foundation for preventing and reducing harms associated with the misuse of alcohol.

ACKNOWLEDGEMENTS

This policy was developed as a result of comprehensive consultation with a wide range of stakeholders, in particular at two national workshops. We, therefore, acknowledge the contribution of the following, to its completion:

- African Distillers
- Alcoholics Anonymous
- Barker McCommac
- Cairns Foods
- City of Harare
- Confederation of Zimbabwe Industries (CZI)
- Delta Beverages
- Dicom Advertising
- FCB Zimbabwe
- Government Analyst
- Headmasters' Association
- Health Advisor's Office
- Health Professions
- Hospital1ty Association of Zimbabwe
- Ingwebu Breweries
- Jagers Wholesalers
- Kenge Breweries
- Liquor licensing Board
- Ministry of Education, Sports and Culture
- Ministry of Finance
- Ministry of Health and Child Welfare
- Ministry of Labour
- Msasa Project
- New Ziana
- Office of the President & Cabinet
- President's Office
- Psychiatry Department
- Retailers/Wholesalers Association
- Road Traffic Safety Association of Zimbabwe
- SAB Miller Africa
- Snell Edward & Co
- Stratia Investments
- The Research Council
- The World Health Organization
- TM Supermarkets
- Traffic Safety Council of Zimbabwe
- WGA Liquor
- Zimbabwe Alcoholic Beverages Manufacturers Association (ZABMA)
- Zimbabwe Council Of Churches
- Zimbabwe Tourism Authority
- Zimbabwe Revenue Authority (ZIMRA)
- Zimbabwe National Chamber of Commerce (ZNCC)
- ZRP Public Relations
- ZRP Traffic Section
- Zimbabwe Union of Journalists (ZUJ)

INTRODUCTION

Alcohol is consumed by almost half the world's population, although there is considerable variation between and within countries, and its consumption is a part of social and cultural practices in many parts of the world.

While alcohol is enjoyed by many, the negative impact of harmful drinking of alcoholic beverages can be devastating for individuals, families and the country as a whole.

The concept of harmful use of alcohol is broad and encompasses both the drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, and the patterns of drinking that are associated with increased risk of detrimental health outcomes.

The acute intoxicating *effects* of alcohol can often be associated with a wide range of negative consequences including risky behaviour, accidents, crushes and injuries (especially while driving vehicles or operating machinery), violence and acute alcohol poisoning. The role of alcohol abuse in the transmission of STIs including HIV infections have *been* underplayed. Some of these negative effects of alcohol can also lead to chronic health problems.

The Government recognizes that the misuse of alcohol has the potential to impose harms on both individuals and society. The costs of alcohol misuse and alcohol dependence to the community are substantial. Families often bear the brunt of the personal and social impacts of alcohol misuse. The Government also has an over-riding duty of care to ensure that vulnerable members of the community (particularly people under the age of eighteen) *are* as far as possible protected against the impacts of alcohol misuse in all of its manifestations.

However, the Government acknowledges that alcohol enjoys popularity and a place in Zimbabwe society. It recognizes that Zimbabweans wish to live in a society in which alcohol is available for adults who make an informed choice to drink in moderation. The implementation of a comprehensive and community endorsed national alcohol policy is essential, to ensure that alcohol is provided to the community with an appropriate level of regulation, and to protect those at most risk of harms associated with misuse.

Most people who consume alcohol do so without harmful outcomes. Alcohol when used in moderation has a positive role to play in socialization and the industry is a major contributor to the economy of Zimbabwe. The Government recognizes the need to protect the reasonable expectations of adults to purchase and consume alcohol in a safe and well regulated manner.

Alcohol and the alcohol beverage industry also play a significant role in the economy of Zimbabwe, generating substantial employment, retail activity and providing considerable tax revenue, which assists the government to put in place wide ranging social services for the benefit of the entire community.

The Government recognizes that it has a responsibility to balance the rights of adult members of the community who wish to and do purchase and consume alcohol in a moderate and responsible way, with its duty of care to protect the entire community (particularly those under the age of eighteen and other vulnerable people) against the effects of alcohol misuse.

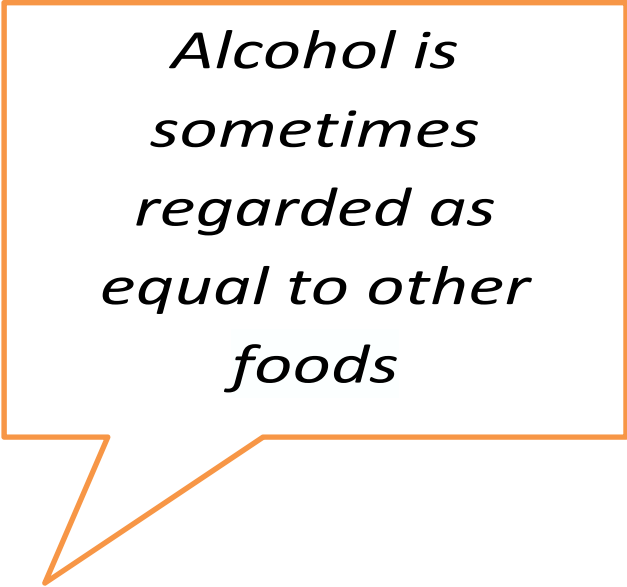
The underlying causes of alcohol misuse are varied and complex. This alcohol policy is based on a thorough review of the existing situation in Zimbabwe, and takes into account recent advances in evidence-based alcohol policies. It has been developed as a result of broad consultations including two national workshops attended by senior representatives of Government Agencies, Non-Governmental Organizations, the beverage alcohol industry and representatives of civil society.

This Policy begins with a situation analysis and establishes a vision, mission and guiding principles. Aims and objectives are set and priorities and target areas necessary to achieve those targets are described. It also describes the partnerships and capacity building required and the action plans necessary to achieve successful implementation.

A detailed Glossary of Terms has been provided to facilitate a better and common understanding of the terms used in this Policy.

Effective policies to prevent or reduce alcohol misuse and to reduce harms to the individual and society must be multi-faceted and well targeted if they are to succeed. These include reducing the burden of harm due to alcohol misuse and decreasing the cost of alcohol misuse to society; creating an informed society through public education; provision of evidence-based health care with effective treatment and support services; reasonable access while protecting those at risk; responsible advertising and promotions; responsible service of alcohol.; ensuring product quality and integrity and protection of consumers from unsafe products

The Government believes that to achieve the objectives of this Policy in a sustainable manner, cooperation and creative partnerships across all sectors of society are required, and it acknowledges its role in bringing this about for the benefit of the general public. While the Government will play its part, it is essential that all other key stakeholders commit themselves to making a positive and consistent contribution to the common vision of a society in which alcohol misuse is prevented and moderate alcohol consumption is the common drinking pattern.



*Alcohol is
sometimes
regarded as
equal to other
foods*

CHALLENGES AND OPPORTUNITIES

Intersectoral Action

The diversity of alcohol-related problems and measures necessary to reduce alcohol-related harm points to the need for comprehensive action across numerous sectors. Policies to reduce the harmful use of alcohol must reach beyond the health sector, and engage such sectors as development, transport, justice, social welfare and development, fiscal policy, trade, agriculture, consumer policy, education and employment.

Competing Interests

Alcohol production, distribution, marketing and sales create employment and generate considerable income for economic operators and tax revenue' for governments at different levels. Public health measures to reduce harmful use of alcohol are sometimes judged to be in conflict with other goals like free trade and consumer choice and can be seen as harming economic interests and reducing government revenues. The government faces the challenge of finding an appropriate balance between the promotion and protection of population health while taking into account these other goals and interests.

SITUATION ANALYSIS

Harmful drinking is a major avoidable risk factor for neuropsychiatric; disorders and other non-communicable diseases such as cardiovascular diseases, cirrhosis of the liver and various cancers. For some diseases there is no evidence of a threshold effect in the relationship between the risk and level of alcohol consumption. A significant proportion of the disease burden attributable to harmful drinking is determined by unintentional and intentional injuries, including those due to road traffic crashes, and suicides. Some vulnerable or at-risk groups and individuals have increased susceptibility to the toxic, psychoactive and dependence-producing properties of alcohol.

Consultations with key stakeholders have identified a range of Issues prevalent in Zimbabwe and which this Policy needs to address. These issues include:

- Drink driving
- Under age drinking
- Regulatory control of *alcohol* encompassing
 - Manufacturing standards
 - Quality standards to ensure compliance with health requirements
 - Packaging
 - Advertising and promotions
- Availability of alcohol, including the number and location of retail outlets and appropriate hours of trade
- Health threats posed by the production of informal or illicit alcohol products
- Health impacts of the misuse of alcohol
- Use of alcohol in inappropriate circumstances such as at work or operating machinery
- Public education about alcohol, including education in schools
- Gender and alcohol issues including:
 - Pregnancy and alcohol, with particular emphasis on young women intending to get pregnant (Fetal Alcohol Syndrome) (FAS). FAS is the effect from alcohol on the unborn child as a result of a pregnant woman consuming alcoholic beverages
 - Domestic violence
- Increased risk of contracting STIs and HIV
- The lack of sufficient research to inform effect strategies

Alcoholic drinks, especially beer, are part of our way of life in Zimbabwe and it does us no good to treat alcoholic beverages the way other psycho-active substances such as tobacco, mbanje, cocaine, tik, ecstasy and DDS are viewed.

There is no doubt that hazardous amounts of alcohol are regularly drunk by about 35% of men and 25% of women, and the age at which harmful rates of alcohol abuse world wide, is getting younger. It costs the economy more than it acquires through taxes and excise duties from our bad habits.

Action needs to go beyond mere observations, and skepticism has been expressed about what a voluntarily collaborative effort can achieve.

The Health Advisor has always believed in self regulation of activities which can bring benefit but in excess or abuse, harm. As such medical practice, the legal profession and road safety are examples. The new and very attractive and palatable low alcohol wines, are a move in the right direction, of the concern that manufacturers have about the safe and responsible use of alcohol.

However, National Policy requires Government laws and regulations which are enforced to be effective.

Individual Governments have instituted their own, and sometimes, different measures. For example France has banned the broadcasting of advertising material about alcoholic products and have stopped the alcohol industry from sponsoring sport.

Finland, close to Russia and enforced to reduce the alcohol taxes by EU regulations, has forbidden discounts and happy hours and also restricted the hours during which alcohol may be sold and at last, requires health warnings on packaging of alcoholic beverages.

On the other hand the UK Government has focused on education campaigns and providing services for alcohol abuse but has yet to formulate interventions to reduce alcohol related crime.

All Governments are chary of the creation of a "nanny state" image, and we should take this to heart in framing our alcohol policy whilst noting, the sobering fact that death rates from cirrhosis of the liver, caused mainly by alcohol, have increased 10 - fold in women aged 35 - 44 years during the last 30 years.

Even worse, the major cause of premature illness and death worldwide in young women and men aged between 15 - 29 is alcohol.

Most of these deaths are caused by drunk driving and violence and while there are other causes of dying on the road, alcohol is a major cause of road traffic deaths and serious injury.

We need to enforce and reduce the blood alcohol limit when driving in order to reduce the number of serious losses we are achieving as a community at the present time.

There is no coincidence in the fact that the countries with the lowest allowable, by law, blood alcohol concentration (BAC) are the most successful in reducing road traffic deaths.

VISION AND MISSION

Vision

This policy envisions a harm-free drinking culture and environment, in a healthy and productive nation with reduced morbidity, mortality and negative socio-economic consequences from harmful use of alcohol.

Mission

The mission of the policy is to provide a framework for a multi-sectoral implementation of strategies which will have the effect of producing healthier and safer drinking outcomes in such a way that the harms associated with misuse are minimized and the benefits of moderate consumption of alcohol are maximized.

GUIDING PRINCIPLES

The following principles, in accordance with the existing laws of Zimbabwe, will guide the implementation of this Policy.

The Existing Laws of Zimbabwe

The current laws of Zimbabwe which apply to all alcoholic beverages which are sold or manufactured for sale in Zimbabwe include:

- Chapter 14: 12 The Liquor Act
- Chapter 14:24 The Traditional Beer Act
- The Road Traffic Act (BAC)
- The Shop Licences Act
- The Finance Act (ZIMRA Licences and Approval)
- The Child Protection Act
- Food and Food Standards (Alcoholic Beverages) Regulations 2001 (S.I. 25 of 2001)

Freedom to choose

The freedom to choose whether to drink alcohol or not is respected, but that the freedom should not impinge on the health, safety and security of anyone. This also requires that individuals should bear responsibility for their actions.

Protection of vulnerable populations

It is recognized that some segments of the population such as children and pregnant women are more vulnerable to developing alcohol related conditions.

Community participation

Communities are essential partners in the implementation of this policy. Their involvement is crucial to ownership and effectiveness of programs aimed at reducing harmful effects of alcohol.

Inter-sectoral approach

Multi-sectoral coordination is essential for harnessing advantages and strengths towards the common goal of reducing alcohol related harm to society.

Evidence-base

The interventions and programmes will be based on evidence locally and internationally sourced, and sustainable implementation mechanisms.

Long term commitment

Lasting political and societal commitment is required to ensure a change in social norms and values.

Prevention, treatment and care services

- Effective services should be available, accessible and affordable for those affected by harmful use of alcohol.

Production

- The Policy will address and ensure that all alcohol manufacturers shall:
 - Follow best practices
 - Have guiding social environmental responsibility

Packaging

- Packaging shall be in containers which are clearly distinct from soft drinks and other non-alcoholic beverages and water, and shall in no way confuse the consumer.
- All packaging shall be clearly labeled and shall be informative.
- All packaging shall carry a warning notice and health advisory statements, stating:
 - How much absolute alcohol, in grams, the product contains
 - The product is not for sale to any persons under the age of 18 years
 - Alcohol is hazardous to health if consumed to excess;
 - The operation of machinery or driving after the consumption of alcohol is not advisable
 - The percentage alcohol content, weight/volume
- Each container must carry, in a label or other appropriate device, a clear warning notice stating that "not more than 12 grams of alcohol in ANY form should be consumed in 24 hours."

Advertising

- Advertising includes promotion, special occasions, galas, sporting fixtures and any educational material intended to promote a product.
- This also includes advertisements which incorporates non-alcoholic items such as adverts for supermarket shopper specials.
- This also includes entertainment pages featuring alcoholic beverages

Off-License Retailing

- No person who is under-age or visibly pregnant or drunk shall be served
- Retailing places should have regular inspections to ensure that they comply with the relevant legislation
- Shops, Supermarkets and Bottle stores should only be allowed to sell alcoholic beverages between the hours of 07:00am and 06:00pm and not after 12 noon of Sundays
- Retailing shall only be in completely enclosed and sealed containers

On-License Retailing

- Retailers shall comply with the current Act
- No person who is under-age or visibly pregnant or drunk shall be served with alcohol

Importation

- Imported products will follow the Policy guidelines as well as the existing laws and regulations of the country.
- Duty free importation by individuals shall be strictly limited and enforced by ZIMRA

Consumption

- While consumption remains the consumer's responsibility, the Policy will clearly address the fact that:
- Alcohol, for consumption on premises, shall only be sold in specially designated areas such as hotels, pubs, and licensed restaurants with adequate amenities such as toilets and running water
- The bar or other serving centre shall exhibit the warning notice in accordance with SI 25 of 2001
- Consumption premises shall be approved by the Town Planning Authority of the area
- Consumption premises shall be provided with approved operating hours, which they must adhere to
- Consumption premises must be sensitive to waste management guidelines
- Alcohol shall only be served for drinking on premises in accordance with the laws that apply to all alcoholic beverages

Waste Management

- The Policy will address the issues of waste management, in that all relevant stakeholders must:
 - Provide marked disposal bins, segregated by packaging type
 - Segregate all waste material into plastic/glass bottles/paper and, as much as possible encourage recycling
 - Be environmentally sensitive and friendly when disposing of empty containers and other industrial waste

AIMS AND OBJECTIVES

The overarching objective of this policy is to prevent and minimise alcohol-related harm to individuals, families and communities in the context of developing safer and healthier patterns of drinking. Specifically, the policy aims to:

- Raise awareness of the magnitude and nature of public health problems caused by harmful use of alcohol, and the commitment of government to act to prevent and reduce the harmful use of alcohol.
- Mobilize all relevant parties to take appropriate and concerted action to prevent and reduce the harmful use of alcohol.
- Enhance national capacity and capability in order to prevent and reduce the harmful use of alcohol.
- Strengthen the knowledge base of the magnitude and determinants of alcohol-related harm through coordinated public education programmes, and of effective interventions to prevent and reduce such harm.
- Implement evidence-based initiatives which will address such issues as:
 - Reducing the incidence of intoxication;
 - Reducing alcohol misuse by at risk populations such as those under the legal drinking age, women of child-bearing age, pregnant women and other minority groups or groups with low socio-economic status;
 - Improving the dissemination of information to primary health care teachers and other relevant workforces on strategies for reducing the harms associated with the misuse of alcohol;
 - Ensuring that evidence-based assessment of prevention and treatment services for alcohol misuse and dependence are available throughout the country
 - Drink driving and other alcohol-related social disorders so as to enhance public safety and amenity;
 - Appropriate regulation of the production, promotion and marketing of alcohol products.

PRIORITIES AND TARGET AREAS

Preventing and reducing harmful use of alcohol requires a wide range of strategies. The policy options and interventions are grouped into 10 target areas. These areas should be seen as supportive and complementary; Jointly they constitute a means to increase the impact of the national alcohol policy.

Capacity building, evaluation and research should be seen as necessary and integral parts of the implementation of any of the interventions.

AWARENESS AND COMMITMENT

Sustainable action requires a strong base of awareness, commitment, involvement and support. Raising awareness about the magnitude of alcohol-related harm and making commitments to respond accordingly are essential for a sustainable effort to prevent and reduce harmful use of alcohol.

POLICIES AND INTERVENTIONS

- The Government has established a Food Standards Advisory Board (FSAB) which will oversee the main aspects of the implementation of the policy. It will monitor and where appropriate support the annual work plans for the relevant Government Departments and ensure intersectoral cooperation and coordination between relevant sectors.
- The FSAB will ensure that information is disseminated and knowledge shared among all levels of society about alcohol-related harms, and the measures to prevent and reduce those harms.
- The FSAB will report through the appropriate Cabinet Minister to the Office of the President, and will publish an annual report on progress. It will draw its membership from Government Officials, representatives of the academic and Public Health Community, representatives of the Non-Government Sector and Civil Society and representatives from the Beverage Alcohol Industry.

HEALTH SERVICES RESPONSE

Health services are central to addressing harm at the individual level, and also for coordinating and contributing expertise to the development of effective policies to reduce alcohol-related harm. Health services should provide prevention and treatment interventions to individuals and their families at risk of or affected by alcohol-related harms and alcohol-attributable diseases and injuries.

The low uptake of some proven treatment options for alcohol dependence, such as early and brief interventions, despite their proven effectiveness is an issue. Many health professionals currently lack the resources, support, and ongoing information and training required to effectively assess and treat patients with alcohol issues.

Strong evidence supports the utility of early identification of high-risk patterns of alcohol use and brief interventions by health professionals for such drinkers. Some specialized treatment approaches are also effective for individuals with severe alcohol dependence and related problems.

POLICIES AND INTERVENTIONS

- Increase capacity of health and social welfare systems to deliver prevention, treatment and care for alcohol-use disorders and co morbid conditions, including support and treatment for affected families
- Ensure the availability of counseling and brief interventions in relevant health facilities, especially at primary care level, and in other settings such as social welfare, accident and emergency departments, workplaces, and educational institutions
- As there is no known safe level of alcohol consumption during pregnancy, particular attention must be paid to education programmes targeting this group of vulnerable women
- Enhance the availability, accessibility and affordability to treatment services for groups of low socioeconomic status
- Develop curricula for health professionals on issues related to alcohol to improve the capacity of primary health care workers
- Expand capacity in implementing identification and intervention programmes by educating and training professionals in health care, social service, security forces and criminal justice settings
- Give greater attention to the organization, integration and delivery of treatment services at the village, district and national levels ensuring availability, equity and rational use of the services
- Introduce a system for feedback and referral for alcohol-related assessment and treatment from hospital accident and emergency departments to specialist alcohol services, and to primary healthcare doctors and other health workers

- Promote primary care settings as an accessible and non-stigmatizing opportunity for health promotion, prevention and treatment of alcohol use problems
- Ensure that people with alcohol-related problems in need of treatment and rehabilitation have access to non-stigmatized and confidential evidence-based treatments at user-friendly health facilities and community-based services
- Provide safe and effective management of, and treatment services for, alcohol withdrawal and alcohol-use and alcohol-induced disorders, including effective pharmacological and psychosocial interventions

Community Action and Education

Community action seeks to change collective rather than individual behaviour. The impact of harmful use of alcohol on communities can trigger and foster local initiatives and solutions to local problems, provided that communities have the necessary commitment and resources available. Community programmes are important ways of preventing and reducing harmful use of alcohol. Community action can increase recognition of alcohol-related harm at the community level, reduce the acceptability of disruptive behaviour due to intoxication, bolster other policy measures at the community level, enhance partnerships and provide care and support for affected individuals and their families. It can also mobilize the community against the selling of alcohol to, and consumption of alcohol by, under-age drinkers, and against the production and distribution of illicit, informal and potentially contaminated alcohol.

Evidence shows that systematic approaches that ensure coordination of community resources to implement effective policies effectively reduce harmful use of alcohol when they are backed up by enforcement measures. Local communities can be empowered to adopt their own measures as appropriate to respond to local needs, and also be informed as to the evidence on the most effective strategies.

POLICIES AND INTERVENTIONS

- Develop and implement a coordinated public education campaign which encourages moderation and targets those drinking patterns which have been shown to increase the risk of harm.
- Undertake rapid assessments in order to identify gaps and priority areas for interventions
- Initiate and support specific programmes for specific vulnerable subpopulations such as young people and unemployed persons
- Promote workplace alcohol policies and programmes including strategies to prevent and reduce alcohol-related harm by introducing awareness initiatives and employee assistance programmes.
- Strengthening local authorities' capacity to coordinate long-term concerted community action
- Provide information about community action programmes to reduce harmful use of alcohol which use evidence-based interventions, and build capacity at community level for their implementation
- Develop effective educational materials and campaigns which will contribute to raising awareness of harmful use of alcohol, alcohol-related consequences (including violence, drink-driving, workplace drinking and STIs) and existing legislation.
- Develop curricula contents to be integrated in primary and secondary schools on substance abuse in general and on harmful use of alcohol in particular.
- Through education programmes individuals will be encouraged to take responsibility for their own actions.

Drink-driving Policies and Countermeasures

Intoxication seriously affects judgment, coordination and other motor skills. Alcohol-impaired driving is a significant public health issue that affects both the drinker, passengers and other innocent parties. There *are* strong evidence-based interventions available to reduce drinking and driving. Strategies to reduce harm associated with drink-driving should include deterrent measures that aim to reduce the likelihood that a person will drive under the influence of alcohol, and measures that create a safer driving environment in order to reduce both the likelihood and severity of harm associated with alcohol-influenced crashes.

Strong evidence supports a sufficiently low level or lowering of limits for blood alcohol concentration as essential to reduce alcohol-related road-traffic injuries and fatalities. This action should be supplemented by strong enforcement including sobriety check points and random breath-testing. Having lower limits for young or inexperienced drivers is also effective in helping to reduce road traffic injuries and fatalities in these groups.

POLICIES AND INTERVENTIONS

- Enforcing an upper limit for blood alcohol concentration, with a lower limit for professional drivers and young or novice drivers and drivers with relevant health problems, e.g. impaired vision, epilepsy, diabetics and age.
- Promoting sobriety check points and random breath testing
- Suspension of driving licenses of offenders
- Mandatory driver education programmes for offenders
- Provide alcohol-related brief interventions, treatment and rehabilitation support for drink drive offenders;
- Encouraging the provision of alternative transportation, including public transport until after the closing time for drinking places
- Conducting public information campaigns in support of these measures to increase general deterrence effect
- Running carefully planned, high-intensity, well-executed mass media campaigns targeted at a specific audience.
- Introducing targeted programmes in partnership with all relevant stakeholders incorporating the measures above.

Implementation Considerations

The success of legislation as a deterrent and the reduction of the incidence of drink-driving and its consequences largely depend on the ability to change social norms. Consistent enforcement by police departments using random, targeted or selective breath-testing followed by effective sanctions is essential and should be supported by sustained publicity and awareness campaigns.

Traffic-related injuries involving intoxicated pedestrians are of importance and should be a high priority for intervention.

Availability of Alcohol

Evidence shows that regulating distribution of alcohol beverages, paired with enforcement, is effective in reducing consumption of alcohol across a wide range of drinking patterns and populations.

Evidence from a range of settings demonstrates the importance of a legal framework for regulating the physical availability of alcohol that encompasses both the sale and serving of alcohol. These regulations should cover the age of consumers, the type of retail establishments that can sell alcoholic beverages, and specific licensing to sell alcoholic beverages, with appropriate limits on hours and days of sale.

However, informal markets are a major source of alcohol and formal controls on sale may be of less relevance until a better system of control and enforcement is in place. Furthermore, restrictions on availability that are too strict may promote the development of a parallel illicit market. A licensing system with fees aimed at reducing alcohol-related harms rather than primarily to generate income will reduce the likelihood of unintended consequences such as the development of an illicit market.

See also the paragraphs on Consumption and on Retailing.

POLICIES AND INTERVENTIONS

Ensure that the licensing system regulates production, wholesaling and serving of alcoholic beverages, including at special events

Regulate the number and location of on-premise and off-premise alcohol outlets

Within the context of positive drinking patterns, appropriately regulate days and hours of retail sales

Ensure legal age limits for purchase of alcoholic beverages, with appropriate penalties for contraventions

Ensure regulations which prevent sales to intoxicated customers are rigorously enforced

Ensure regulations which prevent sales to those suspected of making purchases on behalf of intoxicated persons or those below the legal age limit are observed

Introduce measures to improve the capacity of law enforcement agencies to enforce the law

NOTE: Sales and purchases include procedures where no cash is exchanged e.g. barter or credit card sales

Marketing of Alcoholic Beverages

There is increasing evidence as to the impact of marketing on drinking patterns. Ensuring responsibility of marketing is an important consideration in reducing harmful use of alcohol.

See also paragraph on Retailing and on Advertising.

POLICIES AND INTERVENTIONS

- With relevant stakeholders develop a code of conduct to regulate marketing and promotions.
- The code will address and ensure that advertising and marketing will not:
 - be targeted at those below the legal drinking age
 - depict irresponsible drinking
 - encourage choice of higher alcohol content
 - suggest enhanced performance or sexual or social success
 - depict or include pregnant women or young children
 - claim alcohol has curative qualities
 - suggest alcohol should be consumed for health reasons
- The advertisements must be 100 metres from any road intersection and also 100 metres from schools, clinics, hospitals, churches or old people's homes
- Promotions will not:
 - be targeted at persons under the legal drinking age
 - encourage irresponsible drinking
 - include games that require drinking alcohol
 - include merchandise with unique appeal to people under the legal drinking age
- Introduce a system to review compliance with the Code
- Responsibility messages will be included in all commercial communication, including warning labels which are legible, as well as prominently displayed notices at bars.

Pricing Policies

There is evidence as to the impact of pricing on drinking patterns. Certain consumers are sensitive to changes in the price of drinks, and while increasing the price of alcoholic beverages may be successful in reducing overall consumption, its effectiveness in reducing alcohol-related harms is not universally accepted.

Factors such as consumer preferences and choice, changes in income, alternative sources for alcohol including in neighbouring countries, may influence the effect of this initiative. Tax increases can have different impacts on sales, depending on how they affect the price to the consumer. The existence of a substantial illicit market for alcohol complicates policy considerations on taxation. Tax changes take into consideration the effect on the illicit and informal market.

POLICIES AND INTERVENTIONS

- Amend the tax system to taxing alcohol in proportion to the alcoholic content of the beverage not on the basis of the type of beverage
- Provide price incentives for non-alcoholic alternatives
- Restrict informal cross-border trade of alcohol
- Ensure an effective and efficient system for tax collection and enforcement

Monitor the impact of taxation on sales of informal alcoholic drinks to ensure there is no unintended consequence of driving alcohol consumers to those products

Harm Reduction Approaches

Harm-reduction measures have the potential to prevent and reduce the negative consequences from alcohol consumption without specifically aiming at - nor necessarily reducing - the consumption of alcohol itself. The starting point for this approach is the recognition that people are drinking alcohol, and the focus is on how the potential negative consequences of that drinking can be prevented or reduced. There is a potential large public health gain from successfully reducing the level of, or health consequences from, intoxication and heavy drinking and changing the drinking context, especially since the behaviours being targeted commonly harm people other than the drinker. Drinking to intoxication is a major cause of short term alcohol-related illness, injury and associated social problems.

To reduce the incidence of intoxication, responsible service practices in licensed environments are recommended, but need to be accompanied by formal, strict and consistent law enforcement which leads to the reduced serving of intoxicated people on licensed premises. In this regard there is a need to review alcohol legislation, and particularly the penalties imposed in terms thereof.

This will be accompanied by public awareness initiatives and strategies to reduce the prevalence of intoxication and the associated harm.

POLICIES AND INTERVENTIONS

- Regulate the drinking context to minimize violence and disruptive behaviour
- Develop and communicate best practice guidelines on "safer" drinking establishments which will include:
 - Environmental design and management to reduce alcohol-related harm on and around licensed premises
 - Cleanliness and maintenance
 - Adequate ventilation
 - Sufficient lighting and moderate noise level
 - Availability of seating
 - Crowd control and adequate security
 - Availability of food and non-alcoholic beverages
- Train staff in relevant sectors on how better to manage intoxicated and aggressive drinkers and to stop serving those below the legal drinking age
- Train all managers and staff of liquor outlets in the responsible sale and serving of alcohol and their legal obligations
- Management practices must comply with legislative requirements to reduce the risk of harm
- Enforce laws against serving to intoxication
- Increase the capacity of the police to improve the enforcement of liquor licensing laws, particularly those relating to serving people who are intoxicated or under the legal drinking age
- Ensure that the liquor licensing laws carry appropriate penalties for breaches of the law and that action is taken for breaches of liquor and other legislation
- Police will receive training as part of their formal in-service induction and ongoing education on the need to strictly enforce the alcohol legislation and the consequences of alcohol misuse, and in managing intoxication
- Provide consumer information on the harm related to alcohol misuse as well as the liquor laws

- Educational programmes must include such information as the age of legal consumption and purchase, availability, hours of operation, alcohol in the workplace and drinking and driving regulations
- Develop and communicate best practice guidelines on creating partnerships between enforcement, the retail trade and communities to ensure that the environment in and around serving establishments remains safe; management of alcohol-related issues at public events; and harm minimization and health promotion in settings where alcohol-related harm occurs

Reducing the public health impact of illegal and informal alcohol

Consumption of illegally or informally produced alcohol may have additional negative health and social consequences to the negative effects of ethanol itself. It may also hamper government's ability to tax and control legally produced alcohol.

Good market knowledge and insight into the composition and production of informal or illegal alcohol are also important, coupled with a good legislative framework and active enforcement. Control measures should be combined with awareness raising and community mobilization.

Informal alcohol can carry fewer risks than commercial beverages and may be important sources for income to poor families. Efforts to stimulate alternative sources of income or ways to formalize this type of *alcohol* are important. The feasibility and effectiveness of measures may be influenced by the fact that the purchasing power of those who buy informally or illegally produced alcohol is often extremely low.

POLICIES AND INTERVENTIONS

- Appropriate legislation must define illicit and licit alcohol
- Quality and purity standards for non-commercial licit products must be enacted and enforced, which will include random testing of products
- Through appropriate communication, raise awareness of the dangers of poor quality, contaminants and other health threats from informal or illicit products
- Law enforcement capacity must be enhanced
- Develop and strengthen tracking and tracing systems for illegal alcohol sources

MONITORING AND SURVEILLANCE

Surveillance and monitoring are needed in order to give a clearer picture of the size and nature of the harmful use of alcohol in Zimbabwe and to identify effective interventions to prevent and reduce harmful use of alcohol. This includes monitoring of levels and patterns of alcohol consumption, the ensuing health and social consequences, and the impact of policies and their implementation. Monitoring and surveillance are essential operational components of organized efforts to reduce the harmful use of alcohol.

Responding to the reduction of alcohol-related harms requires ongoing development of the evidence base to inform policy and practice. Inconsistent or inadequate data inhibits the development of effective responses.

Systematic ongoing collection, collation and analysis of data, timely dissemination of information and feedback to policy-makers and other stakeholders should be an integral part of implementation of the policy and intervention to reduce harmful use of alcohol.

Policies and Interventions

- Establish an effective framework for monitoring and surveillance activities
- Define and track a common set of indicators of harmful use of alcohol and of policy responses and interventions to prevent and reduce such use
- Commission continuous national surveys on alcohol consumption and alcohol-related harm, including drinking patterns and trends
- Develop a national approach to the collection of alcohol-related offence information and best practice response procedures in collaboration with law enforcement;
- Develop the range of facilities possibly on hypothecation of tax income, i.e. establish real *zero* cost to the general fiscus. .
- Develop a national approach for data collection by hospitals and emergency departments in relation to alcohol-related admissions;

AT RISK POPULATIONS

Individuals who are at increased risk for harm from drinking require special attention with regard to prevention and intervention measures. At risk populations include a variety of people susceptible to the effects of alcohol. They represent a particular cause for concern and also specific targets for interventions. Young people are particularly susceptible to harm from alcohol consumption and are a primary target for alcohol education.

Reducing the levels of poverty, homelessness, unemployment and other social disadvantage will have a significant impact on the levels of alcohol related harm in the community.

Policies and Interventions

- Develop a national plan to prevent underage drinking;
- Develop and implement a comprehensive approach to age-appropriate education on alcohol for school children
- Develop and communicate best practice on adult responsibilities, particularly for parents, in partnership with police, schools, local government and family groups
- Equip educators - parents, teachers, youth workers, religious and community leaders - with the knowledge and skills for their roles as educators
- Enforce the laws which prohibit underage drinking;
- Establish programmes and produce material to educate adults and under age drinkers on the potential for alcohol-related harm arising from underage consumption

- *Identify* and target venues frequented by those at risk, such as social or athletic clubs, youth groups, shelters for the homeless or abused, emergency rooms and the like;
- Develop and implement a national plan to reduce alcohol misuse by pregnant women including the provision of antenatal care
- Educate pregnant women and those who intend to get pregnant (including their male partners) on abstinence before and during pregnancy. Most guidelines recommend abstinence or low levels of alcohol consumption by pregnant women
- Inform and assist other at risk groups such as socially marginalized people, the indigent and homeless, as well as those who may be outside the mainstream of healthcare

IMPLEMENTING THE STRATEGY

Mobilizing all relevant parties to take appropriate and concerted action to prevent and reduce harmful use of alcohol.

Successful implementation of the strategy will require concerted action by government and appropriate engagement of all relevant stakeholders. Actions are proposed to support the achievement of the objectives. It is necessary to develop a more detailed action plan with specific time-bound actions and appropriate resourcing.

Sustained political commitment, effective co-ordination, and appropriate engagement of all stakeholders are essential for success.

Defining the responsibilities to ensure effective implementation of the policy

This is critical to the success of the National Alcohol Policy. Mechanisms include:

- Disseminating, communicating and promoting the National Alcohol Policy to key stakeholders
- Building partnerships including partnerships between government, industry and communities
- Coordinating activities and outcomes through strategies and planning.

Responsibility for action in related areas of law enforcement, criminal justice, health and education rests with government agencies at all levels, the community sector, business and industry, the media, research institutions and individuals. It is the expectation of Government that there will be national alcohol action plans, supported by appropriate budgets, in place within twelve months of the publication of this policy. These national action plans will form part of the annual work plan for the relevant Government Departments.

The FSAB will be the main coordination body at the national level. Other coordination and partnership structures will be established at national, district and community levels to ensure effective collaboration and efficient use of available resources.

Supporting and enhancing national capacity and capability to prevent and reduce harmful use of alcohol and to treat alcohol-use disorders and associated health conditions

Increased capacity and capability to create, enforce and sustain the necessary policy and legal frameworks and implementation mechanisms are required. Capacity development must be a long-term, continuing process. It includes mobilizing necessary resources and stakeholders' participation.

Special attention must be given to:

- The inclusion of alcohol education in all undergraduate healthcare workers' and teachers' curricula, and in-service training programmes
- The development of a health care practitioner programme in relation to alcohol
- Increasing the capacity of the mental healthcare workforce to respond to alcohol and mental health requirements
- Increasing the capacity of police and other law enforcement agencies in responding to alcohol issues
- The inclusion of alcohol education in all undergraduate welfare workers, education curricula and training programmes

Promoting and strengthening the knowledge base on the magnitude and determinants of alcohol-related harm and effective interventions to reduce and prevent such harm

.Extensive evidence exists on the extent of harmful use of alcohol, and the effectiveness and cost-effectiveness of preventive and treatment interventions. This knowledge base should be further consolidated and expanded systematically. Operational research to expand effective interventions and research on the relationship between alcohol and social and health inequities are other areas of importance.

Strengthening monitoring and surveillance systems at different levels, and securing effective dissemination and appropriate application of this information

Better data on alcohol consumption, including harmful use, and alcohol-related harm need to be generated, collated, analyzed and regularly reported.

MONITORING PROGRESS AND REPORTING

The implementation of the National Alcohol Policy requires effective monitoring and evaluation with appropriate feedback mechanisms amongst all stakeholders in order to ensure proper service delivery and capacity building.

For monitoring progress the strategy requires appropriate mechanisms at different levels for assessment, reporting and re-examining action. A framework with an impact-focused perspective is needed for assessing achievement of the strategy's objectives.

GOVERNMENT COMMITMENT

This Policy will establish the basis for the place of alcohol in Zimbabwe. Government accepts that effective alcohol policy relies on combining reasonable and appropriate population-level approaches with measures targeted at particular drinking patterns and risks for harm at an individual, community and population level. The Government's National Alcohol Policy will balance these two approaches, offsetting benefits against harm, and protecting individual freedoms, while at the same time safeguarding the public health and social well-being.

This Policy requires comprehensive planning and implementation across a wide spectrum, ranging from education of the public, advertisers' associations and the media, the retail trade and teachers and healthcare workers to responsible serving practices, to improving enforcement capacity, to treatment. The extent to which the plans are put in place will determine the successful achievement of the objectives. The *degree* of reduction of harms associated with alcohol misuse will be the ultimate measure of success.

CONCLUSION

This National Alcohol Policy seeks to achieve four main aims:

PROMOTE the safe and the beneficial consumption of alcoholic beverages by responsible, adult, Zimbabweans

INVESTIGATE and Control the factors which induce alcohol related harm

PROTECT the children of Zimbabwe, as well as vulnerable communities and individuals

PROVIDE treatment and rehabilitation facilities, both public and private, for those affected by alcohol related harms

-END-