

FINAL REPORT

Survey of the Implementation of the Framework Convention on Tobacco Control (FCTC) in Ghana

Ghana Health Service – Health Research Unit

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1. BACKGROUND

1.1. Introduction

According to WHO there is an estimated one billion smokers in the world today, out of which about 4.9 million die each year as a result of tobacco use. It is also projected that given the current use of tobacco it would be the leading cause of death and disability by 2020. Studies point to growing numbers of smokers in developing countries and that tobacco consumption is growing at a faster rate in Africa than in any other part of the world. (Ait-Khaled, Bulletin of the WHO 2001).

Globally, tobacco use and exposure to second hand tobacco smoke are major risk factors for coronary heart diseases, cerebrovascular diseases, lung and other cancers, and chronic obstructive pulmonary diseases (COPD). Also smoking during pregnancy is associated with adverse outcomes such as low birth weight babies, premature deliveries, spontaneous abortions, stillbirths and neonatal deaths.

The majority of adult smokers initiate the use of tobacco before the age of 18 during their adolescent years. Recent trends show that the smoking prevalence rates among adolescents is rising; and that age of initiation is decreasing. If these patterns continue, tobacco use will result in the death of 250 million children and young people alive today, many of them in developing countries. Thus, adolescents and school-aged children should be a primary focus for intervention strategies.

Prevalence for Ghana:

In the absence of strong and effective tobacco control policies, tobacco consumption and production will gradually become a national threat to sustainable and equitable development, with concomitant increases in premature deaths and diseases. At this time that Ghana is struggling to cope with communicable diseases, an upsurge in non-communicable diseases related to tobacco use would be a double burden on the socio-economic development of the nation.

Even though global trends show an increase in tobacco-related diseases and deaths, there is no empirical evidence to show this in Ghana. However, the 2003 Ghana Demographic and Health Survey (GDHS) indicates that 9% of men in Ghana are smokers, with regional variations reaching as high as 17.7% in the Northern region and 15.3% in Upper East region.

In Ghana, the Global Youth Tobacco Survey (GYTS), a school based tobacco specific survey which focuses on adolescents aged 13 – 15 (JSS Forms 1-3), highlights the prevalence rates for ever smokers and current smokers of cigarettes as 14.3% and 4.8% respectively. Ever-smokers are defined as those students who have tried smoking a cigarette at least once, even 1 or 2 puffs. The percentage of ever-smoking male students (14.8%) was slightly higher than female students (13.0%). The percentage of ever-smokers in JSS 1 (16.2%) was higher than ever-smokers in JSS 2 (13.0%) and JSS 3 (13.5%). The percentage of ever-smokers aged < 12 (25%) was significantly greater than those aged 16 years of age and older (16.7%). Current cigarette smokers, defined as those students who had smoked cigarettes on one or more days in the past 30 days from the day of interview, were 5.4% for males and 3.8% for females.

Despite this low rate of current smokers among youth in Ghana in comparison to the current cigarette smoking rate of 9.2% overall for youth in the AFRO region)¹, the rate of students using other forms of tobacco in Ghana is fairly high (17.2%). It is, therefore, necessary to make concerted efforts to prevent young people from starting to use all forms of tobacco products.

¹ See the CDC MMWR Weekly, May 26, 2006, 55(20) : 553-556. Accessed at: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5520a2.htm>

Ghana has signed and ratified the WHO Framework Convention on Tobacco Control (FCTC). According to Article 5 of the FCTC, parties to the Convention are required to develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the provisions of the Convention.

Additionally, available results of studies conducted in Ghana, including this survey on the implementation of the FCTC; the Global Youth Tobacco Survey and Smoking in Public Places all provide evidence of the need to pass the Ghana National Tobacco Control Bill.

Ghana has made modest progress in her tobacco control efforts by implementing the following initiatives:

- ❖ Advocacy leading to the signing and ratification of the WHO Framework Convention on Tobacco Control (FCTC).
- ❖ Research in the area of the Global Youth Tobacco Survey, the Global Health Professionals Survey, the Global School Personnel Survey and Smoking in Public Places.
- ❖ Awareness creation such as celebration of World No-Tobacco Day, sensitization of Parliamentarians, Schools, Councillors (Assembly men), Communities, Health Professionals and Non Governmental Organisations on the negative effects of tobacco use.

Other efforts include formulation of policies such as Smoke-Free Public Places, Public Transport and Health Facilities and tobacco cessation programmes such as Quit and Win Ghana and the development of the draft Bill on tobacco control and a draft five-year (2007-2011) plan of action for tobacco control.

Areas that have also received attention include capacity building of health staff, other partners and institutional development leading to the constitution of a National Steering Committee on Tobacco Control.

Despite these initiatives, there are challenges working against effective tobacco control in Ghana. Some of these challenges are:

- ❖ Lack of policies and legislation to regulate environmental tobacco smoke, tobacco advertising and marketing, and the use of tobacco in public places.
- ❖ Inadequate knowledge about the health effects of tobacco use and cessation programmes.
- ❖ No budget line for tobacco control in Ghana
- ❖ No institutional arrangement for tobacco control

1.2.PURPOSE OF THE RESEARCH

In Ghana there are a number of policy statements that relate to tobacco control issues – such as tobacco packs should bear clear health warnings, Ghana Health Service (GHS) facilities are smoke-free, no advertising on print, radio and TV. Despite these significant efforts there is still no explicit National Tobacco Control Law in force.

Ghana was among the first 40 countries that ratified the FCTC which became international law on 27th February 2005. While ratification is an important step, it represents only the beginning of the process of reducing tobacco use, preventing tobacco-related illnesses, and saving lives around our country. Ratifying countries, including Ghana, now have the responsibility to effectively implement the treaty's provisions.

It is in view of this that efforts were made to have an in-depth understanding of the views of selected segments of population such as parliamentarians, media personnel, civil society groups and policy makers on various aspects of tobacco control as captured in the FCTC.

It is very important to collect information on public opinion and beliefs. Such opinion polls make it possible to understand the public's view and to identify areas in which the public is supportive of tobacco control and those areas where public support is lacking and for which more work will be required.

1.2.1. How the project results will add value to the existing tobacco control literature

Tobacco Control in Ghana

This is the first study ever conducted in Ghana to ascertain attitudes and opinions of various stakeholders toward the FCTC and its implementation.. Prior to this study, no data were available on issues relating to the FCTC in Ghana, neither before the signing nor after the ratification of the treaty.

- The project results will add value to the existing tobacco control literature which so far focuses on surveillance data for Ghana through surveys such as the Global Youth Tobacco Survey (GYTS), the Global Health Professionals Survey (GHPS) and the Global School Personnel Survey (GSPS).
- It will also support the tobacco control policy statements made by key stakeholders that relate to tobacco control issues which are the only policies existing to be implemented in Ghana.
- It would be a valuable tobacco control policy literature reference point which could guide the implementation of the FCTC.
- It will also inform up-coming discussions around explicit legislation on tobacco control in Ghana and the passing of the Tobacco Control Bill into law. Some key findings from this study expressed that a majority support a national law on tobacco control.
- The team believes that our questionnaire would be a good resource for others because when we were developing the questionnaire we did not have any reference point.

2. RESEARCH OBJECTIVES

General Objective:

To assess Ghana's readiness for tobacco control measures as evidenced by indicators such as knowledge of health effects of tobacco use and support for implementation of provisions of the FCTC, by key opinion leaders including policy makers, parliamentarians, media personnel and civil society groups.

Specific Objectives:

- To assess the knowledge, attitudes, beliefs and practice of parliamentarians/NGO/Media personnel in relation to tobacco use and tobacco control

- To determine knowledge levels about the main elements of the FCTC and interest in tobacco control activities
- To determine level of support for a comprehensive ban on tobacco advertising, promotion and sponsorship, smoke-free places, tobacco tax increases, stronger pack warnings (large health warning; disclosure of ingredients) sale of tobacco products to minors, tobacco cessation.
- To identify the perceived obstacles to implementing FCTC in Ghana and elicit suggestions on how to overcome the obstacles, where possible.

3. METHODOLOGY

3.1. Study Design

A cross-sectional descriptive study was undertaken using both quantitative and qualitative methods. This approach allowed us to look at different segments of the population. The questionnaire and in-depth interview tools covered such issues as health warnings, ban on advertising, promotion and sponsorship, support for smoking cessation, creation of smoke-free environment, attitudes to second smoke, sale of tobacco products to minors and tobacco tax increases.

The cross-sectional study involved the administration of an interviewer-administered survey questionnaire to 242 respondents. There were also in-depth interviews with 66 policy makers. Initial drafts of the study instruments were pre-tested on those who did not participate in the study, in order to determine the most appropriate wording and structure. The instruments were administered by trained interviewers in English. Informed consent was sought before each interview. None of the individuals approached declined to participate in the study. Respondents were also assured of anonymity and confidentiality.

Data were collected from a purposive sample of policy makers, parliamentarians, media personnel, members of selected civil society groups. The survey was done in Accra the nation's administrative and political capital where all the major stakeholders – such as MPs, media practitioners, and civil society groups are located and have their headquarters.

3.2. Study Population

A total sample of 308 respondents participated in the study through both the survey questionnaire and the in-depth interviews. Respondents included Parliamentarians, Policy Makers, Media Personnel and Civil society groups.

Permission was sought from the Speaker of parliament and all protocols were observed. Copies of the questionnaires were sent to the Health Select Committee Members and other members of parliament.

Both in-depth and questionnaires interviews were conducted by trained personnel. For the civil society groups, interviewers were instructed to make contact with the heads of those

organizations to explain the purpose of this study. Up to three official attempts were made to contact an appropriate person/s from each organization or institution. The duration of the data collection was about 5 months.

3.3. Data Analysis

Questionnaires administered were edited and cleaned for data processing. The data were entered into EPI INFO 6.04 and analyzed using SPSS PC. Data checks were done to explore any inconsistencies. Analysis was mainly descriptive (frequencies and percentages). The in-depth interviews, which comprised more open-ended questions, were analyzed manually.

4. RESULTS

4.1. Knowledge, Attitudes, Beliefs and Practice Of Parliamentarians/Ngo/Media Personnel In Relation To Tobacco Use and Tobacco Control

4.2. Demographic Characteristics

The age range of respondents to the questionnaire was from 21 to 73 years old with a mean age of 44 years. For the in-depth interviews the age range was from 35 to 82 years old with a mean age of 52 years. There were more males in both the survey (74.4%/ 180) and the in-depth interviews (75.8%/ 50) than females. Respondents of the survey (total 242) were made up of Media Personnel (46.7%/113) Members of Parliament (28.5%/69) Civil Society Groups (24.8%/ 60) and 66 policy makers for the in-depth interview. The majority of the survey respondents (92.1%/223) and all 66 respondents in the in-depth interviews have had tertiary education.

4.3. Smoking status of respondents

Respondents to the survey questionnaire were asked if they have ever tried or experimented with cigarette smoking (even one or two puffs). Of those respondents, 52% (126) have never tried smoking cigarettes, while 48% (116) have ever experimented with cigarette smoking. Of the 116 respondents who have ever experimented with cigarette smoking, the minimum age at the first try was 6 years and the maximum age was 40 years with the mean age at 16 years. 7(6%) of the 116 respondents who have ever experimented with cigarette smoking reported being current smokers. 15 (12.9%) were former smokers but currently do not smoke. 94 (81%) just tried at one point in time but never took up smoking as a habit.

Similarly, 35 (53%) of our 66 respondents for the in-depth interviews reported having experimented with cigarette smoking. Here too, the lowest age was 6 years, while the oldest age was 32 years. In all, most respondents first tried a cigarette between the ages of 14 and 17 years. Only one respondent in the sample for qualitative study currently smokes.

Overall, only very few of our sample were current smokers. The majority of respondents are non-smokers. 92% (233) of the survey respondents have never used chewing tobacco, snuff, cigars or pipes, while most of the in-depth interviews, (60 out of 66 respondents) have never used chewing tobacco, snuff, cigars or pipes.

4.4. How concerned are you about tobacco use among the youth in this country?

Almost all the questionnaire respondents (95.4%/231) were very concerned about tobacco use among the youth in Ghana. Responses gathered through the qualitative study show that most of those interviewed were equally concerned about youth smoking in Ghana. Their reasons were similar to those expressed in the quantitative study. Examples of statements include:

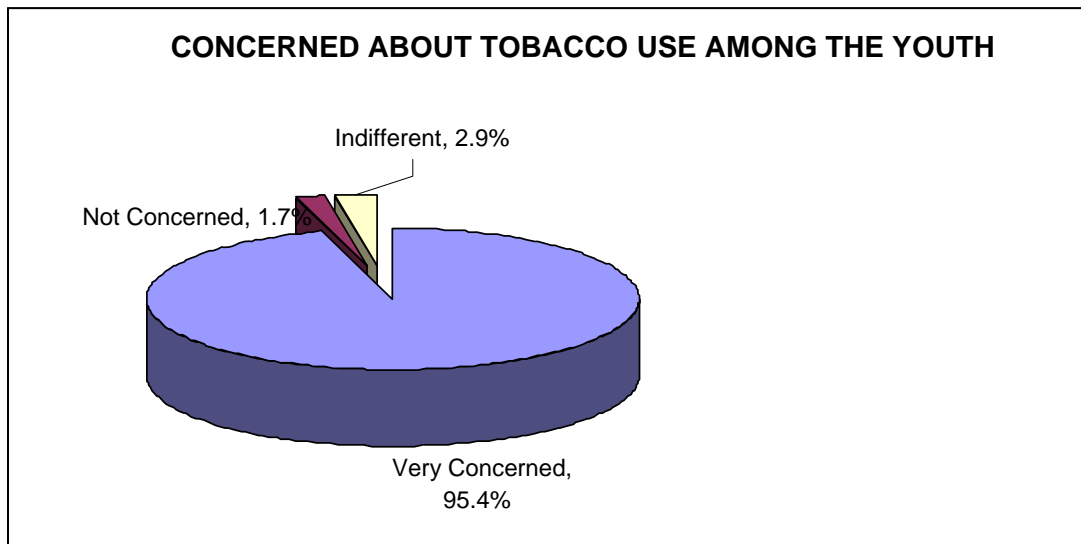
“Because of the harmful effects of tobacco on the human body, certainly I must be concerned about tobacco use among the youth”.

“Very concerned because statistics show that young people are smoking as early as 10 years and knowing effects of tobacco and knowing they will get addicted to it so I am concerned”

“Very concerned because tobacco is a gateway to the use of many hard substances. That is they graduate from tobacco use to weed/marijuana, cocaine, etc.

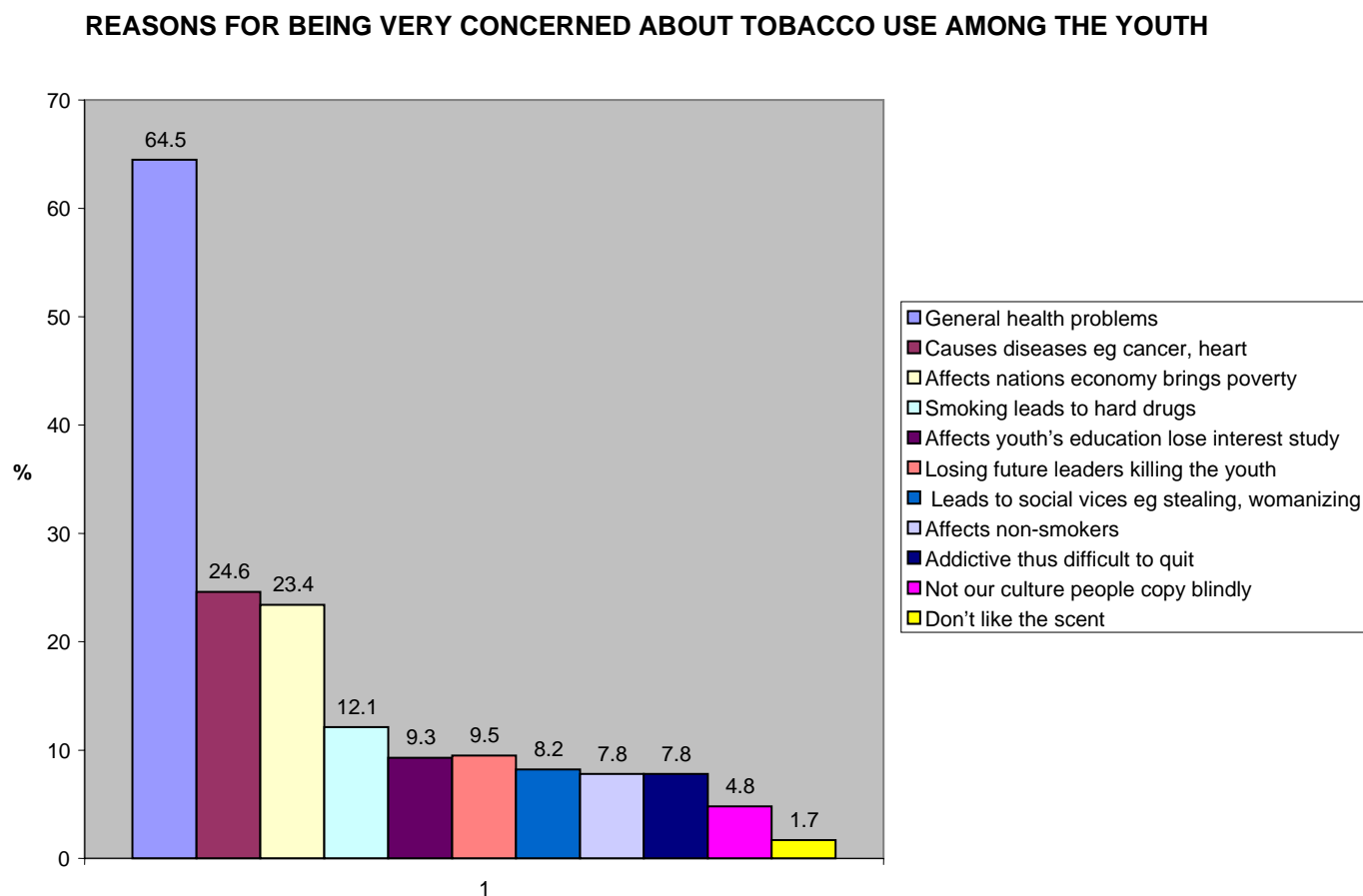
“Most of them too don’t know the harmful effects of tobacco.”

Figure 1: Concerned about tobacco use among the youth



Of the 231 survey respondents who expressed concern about youth tobacco use, their main concerns were about the general health hazards (64.5%/149) and 24.6% / 57 mentioned that tobacco use causes diseases like cancer, heart problems and breakdown of the nervous system. Others mentioned that it affects the nation’s economy by exacerbating poverty 23.4% /54 and 12.1% (28) stated smoking leads to the use of hard drugs.

Figure 2: Reasons for being very concerned about tobacco use among the youth



4.5. Interest in Tobacco Control Activities

The tobacco control activities that the survey respondents have heard of were health education on smoking or tobacco through seminars and workshops organised by the Ghana Health Service (GHS) 43.8% (106), Quit and Win Ghana (22.7%/55), World No Tobacco Days (18.6%/45) and Anti-tobacco programmes organised by NGOs (7.0% /17). Twenty five percent mentioned that they have not heard of any tobacco control activity.

Responses from the qualitative study were similar to those given by the survey respondents. The majority of these respondents said that they have heard of a number of activities aimed at tobacco control in Ghana within the past year. Some of those activities were: Quit and Win, World No Tobacco Day, radio and television programmes aimed at educating the public on the health effects of tobacco smoking, and talks and symposia especially for the youth in schools. However, a few reported that they have not heard of any tobacco control activities in Ghana.

“GHS Directors campaign against tobacco Quit and Win, World No Tobacco Day and I have been in several workshops.”

“A lot heard about programmes with youth in schools, World

No Tobacco Day, meetings with opinion leaders, Ghana's Draft Bill, FCTC, Quit & Win."

"I have heard of the bill on tobacco and World No Tobacco Day."

Unlike the quantitative study where only a few respondents have participated in any tobacco control activity, in the qualitative study, half of our samples have participated in some tobacco control activities.

As policy makers, some of the respondents were involved in the drafting of the National Tobacco Control Bill. Others have served as facilitators/resource persons at workshops and symposia while some have helped with the preparation of a training manual on counselling and training the counsellors. Some respondents have also taken part in radio or television discussions. The members of parliament have made statements on the floor of parliament especially on World No Tobacco Day.

"Quit and Win, World No Tobacco day, Workshops that were organized. I have been a resource person in several of the workshops."

"Engaged in drafting legislation on tobacco control."

When asked about their contribution to tobacco control efforts in Ghana, most survey respondents (55.8%/135) said that in the future they would consider engaging in efforts to educate the public on the harmful effects of the use of tobacco. 30.9% (75) mentioned that they would publish news stories and feature articles and 23.1% (56) said they would advise their peers on the harmful effects of tobacco. Some (14.0%/34) stated that they would advocate and put pressure on policy makers/those responsible to pass the bill. A few (4.1%/10) would put No smoking signs in their organizations/institutions. Other response were as preachers, we will preach against it in Churches (2.5%/6), serve as role model by not smoking (2.1%/5), can sponsor and participate in campaigns against tobacco use (1.2%/3).

Notable among the contributions mentioned in the qualitative study are awareness creation and public education as well as advocacy and policy formulation: Some comments were:

"Can do advocacy, provide resource persons for education programmes, research into tobacco use and its effects, funding for programmes."

"Provide health education to school children on the dangers associated with tobacco smoking." Educate on the dangers of tobacco consumption.

"I can educate people on the dangers of smoking and its health implications."

"Educating children and providing them with knowledge about tobacco use and also give them assertive skills to say no to friends who want to introduce them to tobacco use and other hard narcotic drugs."

"Supporting policies and all activities that seek to control the production and distributing of tobacco products as well as its consumption."

"Advocacy – Advising government on policy to put in place framework for control and try to help people already smoking to come out of it and we will let people know the dangers involved in smoking that provide information to people to make a choice whether to smoke or not."

4.6. Knowledge Levels about the main elements of the Framework Convention on Tobacco Control (FCTC)

Among the 242 survey respondents, only 36.0% (87) had heard of the FCTC. More than half (55.2%) (48 of 87) mentioned that WHO is in collaboration with some countries to sign and adopt a convention against smoking. Others said it was an awareness creation on the dangers of smoking (8.0%/7) and a conference on how to stop tobacco use (6.9% / 6). However, (31.0%/27) did not know what it was even though they have heard of it.

On the contrary, the majority of respondents in the qualitative study said they have heard of the Framework Convention on Tobacco Control (FCTC). Some of them explained that it is a convention championed by the WHO to regulate the production, promotion, sale and consumption of tobacco in a country. They also mentioned that it is put together by a nation in order to suit their needs and also the best way to regulate or control the use of tobacco. Some comments were:

“It is a health convention that is put in place by the WHO to control smoking in member countries at public places.”

“Yes, it is a framework of the international bodies, championed by WHO to get governments to get their own regulations on tobacco adverts, distributions and sale.”

“It is a global effort to control tobacco production and consumption.”

“It is a framework that all countries are supposed to buy into to ensure that tobacco use is effectively controlled in the various countries.”

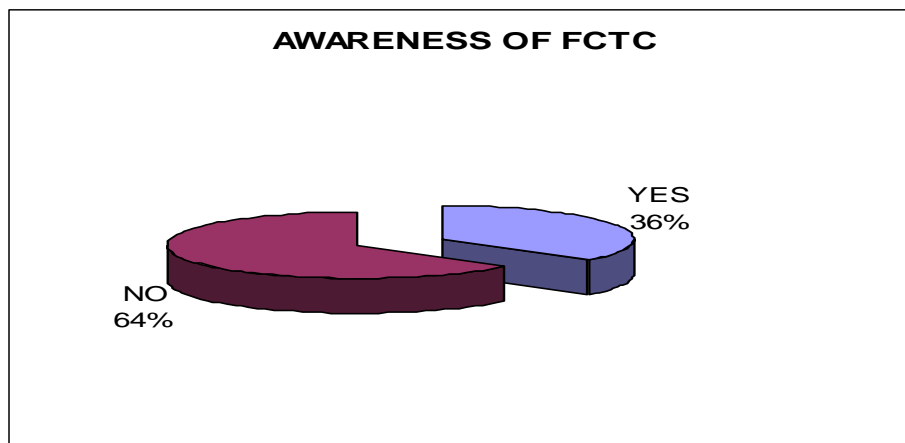
A sizeable number of the qualitative respondents who said that they have heard of the FCTC, however, could not explain what the FCTC is:

“I have heard about it, but don’t know the details”

“I have heard of it but I don’t know anything about it”

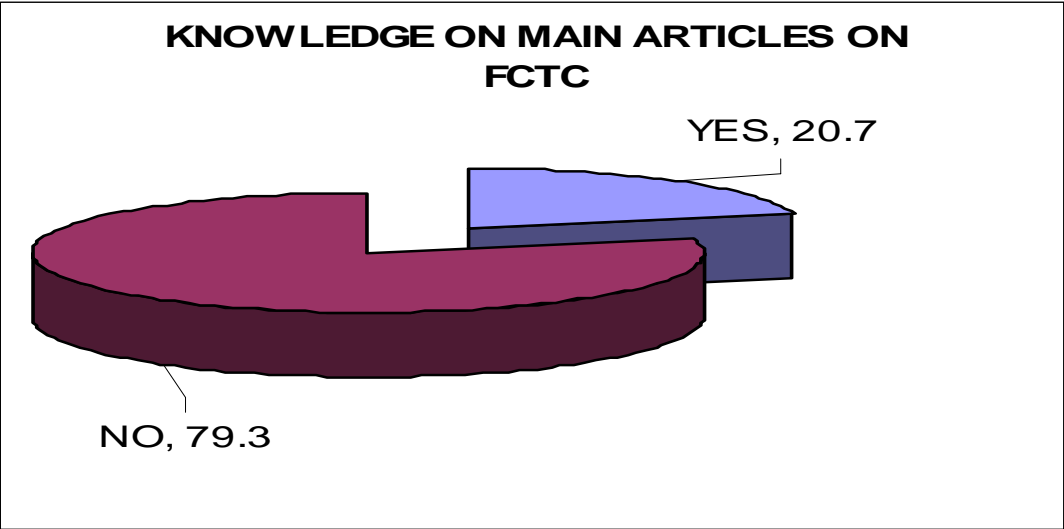
“Yes, but I don’t know what it is about”.

Figure 3: Awareness of the FCTC (results from survey questionnaire)



The survey respondents heard about the FCTC from the following sources: print media (42.5%/37), electronic media (36.8%/32), Ghana Health Service (31.0%/27), internet surfing (24.1%/21), Member of Parliament (10.3%/9) and World Health Organization (8.0%/7). Majority of respondents mentioned Ghana Health Service (GHS) as their main source of information on FCTC. Other sources were print and electronic media and the internet. A few respondents had the opportunity of being part of the FCTC meeting.

Figure 4: Knowledge of the main elements on the FCTC (results from the survey questionnaire)



Among the 87 survey questionnaire respondents who had heard of the FCTC, only a few of them (20.7%/18) answered in the affirmative when asked if they knew any of the main articles of FCTC. These respondents mentioned spontaneously the following articles, protection from exposure to tobacco smoke (38.9%/7), packaging and labelling of tobacco products (27.8%/5), price and tax measures to reduce the demand for tobacco (16.7%/3), sales to and by minors (22.2%/4), provision of support for economically viable alternative activities (22.2%/4) and education, communication, training and public awareness (16.7%/3).

When prompted, a few more respondents showed their awareness/knowledge of the main articles protection from exposure to tobacco smoke (50%/9), packaging and labelling of tobacco products (55.6%/10), price and tax measures to reduce the demand for tobacco (66.7%/12), sales to and by minors(50%/9), provision of support for economically viable alternative activities(61.1%/11) and education, communication, training and public awareness (72.2%/13). In the qualitative study the responses corresponded to those given by the survey respondents.

4.7. Ghana's ratification of the FCTC

Among the 87 respondents to the survey questionnaire who had heard of the FCTC, only 25 of them (28.7%) knew that Ghana had ratified the FCTC and only one correctly mentioned the date of the ratification.

In the qualitative study those respondents who had information about the FCTC could not say when Ghana signed and ratified the FCTC. The majority said they could not remember the date.

4.8. Support for Ghana's decision to sign and ratify the FCTC

Almost all the respondents were supportive of the decision to sign and ratify the FCTC. This is because of the public health concerns that tobacco consumption raises. For many of the respondents the FCTC is going to control the consumption of tobacco in the country and once this is achieved, there is going to be a drastic reduction in diseases associated with tobacco consumption.

"Yes, because we can then effect every provision in the FCTC because it is good for public health and good for the country as a whole."

"Yes, I support because tobacco use and control is very important if we want to stop the youth from smoking because it is a drain on government budget. We should be looking at the prevention side rather than the curative, so we don't have to use money that can be spent on developing projects to buy medicine to cure tobacco diseases."

"Yes, it would be of benefit to the nation as the health risks associated with them would be limited or eventually eradicated with the introduction of the FCTC in the country."

4.9. Level of Support for Comprehensive Ban on tobacco advertising, promotion and sponsorship, smoke-free places, tobacco tax increases, stronger pack warnings (large health warning; disclosure of ingredients) sale of tobacco products to minors, tobacco cessation

When asked about their opinion of effective strategies in controlling smoking and the use of tobacco products, the majority of the survey respondents were strongly in favour of a complete 100% of the following: ban on smoking in public places (93.0%/225) ban on smoking in indoor workplaces (93.4%/226) , ban on free samples of cigarettes and other tobacco products to the youth (96.7%/234), non-sale of cigarettes and other tobacco products by minors - below 18 years (96.3%/233), non-sale of cigarettes and other tobacco products to minors - below 18 years (98.8%/239), display of large, precise and non-deceptive warnings on cigarette packs (pictorial and bold letters) (92.1%/223), disclosure of all ingredients in cigarettes on packs (83.5% 202), tax increase on tobacco products (81.4%/197), ban on tobacco and cigarette advertisements (76.0%/184), ban on the use of any tobacco product at social events by sponsors (76.4%/185), ban on events sponsorship by tobacco companies (57.0%/138). Responses from the qualitative study were very similar in that most respondents agreed with the various statements.

Figure 5: Effective strategies in controlling smoking and the use of tobacco products

Strategies in controlling Smoking and use of tobacco products	AGREE		NEUTRAL		DISAGREE	
	Freq	%	Freq	%	Freq	%
Ban on smoking in public places	225	93.0	7	2.9	10	4.1
Ban on smoking in indoor workplaces	226	93.4	6	2.5	10	4.1
Ban on tobacco and cigarette advertisement	184	76.0	28	11.6	30	12.4
Ban on the use of any tobacco product at social events by sponsors	185	76.4	29	12.0	28	11.6
Ban on events sponsorship by tobacco companies	138	57.0	43	17.8	61	25.2
Ban on free samples (give a ways) of cigarette and other tobacco products to the youth	234	96.7	4	1.7	4	1.7
Tax increase on tobacco products	197	81.4	18	7.4	27	11.2
Non-sale of cigarettes and other tobacco products by minors (below 18 years)	233	96.3	4	1.7	5	2.1
Non-sale of cigarettes and other tobacco products to minors (below 18 years)	239	98.8	-	-	3	1.2
Disclosure of all ingredients in cigarette on packs	202	83.5	13	5.4	27	11.2
Display of large, precise and non-deceptive warnings on cigarette packs (pictorial and bold letters)	223	92.1	8	3.3	11	4.5

4.10. The need for Ghana to develop national legislation in accordance with the FCTC

Almost all survey respondents (95.0%/230) asserted that Ghana needs legislation on tobacco control. Only 5% (12) said no. More than half (56.1%/129) gave the reason that legislation will help control tobacco consumption and that even the developed countries are developing legislation, so why not Ghana? Others also mentioned that it will prevent associated diseases and its harmful effects (24.3%/56), it is the only way to ban tobacco manufacturing/production/importation (16.9%/39), it will prevent expenses by the government for tobacco-related diseases (8.7%/20), it will prevent sales to and by minors and this will prevent minors from smoking (7.4%/17), it will stop people from polluting the air where there are non-smokers (7.4%/17), it will prevent Ghana from losing its human resources (3.9%/9), because it is addictive and destructive and robs one of his money (3.0%/7), it will help with the implementation of the FCTC (2.6%/6), it Will show the nation's commitment towards preventing tobacco consumption (0.9%/2).

Those who said no explained that smokers should not be forced rather they must be encouraged to stop smoking (83.3%/10 out of the 12 respondents). Like the survey respondents, almost all respondents in the qualitative study thought it is important for the nation to develop its own legislation in accordance with the FCTC. This, the respondents believe, will give legal backing to institutions as well as individuals to exercise their rights. It is the national legislation that is going to help individuals to enforce their right when they find someone smoking in public places. The legislation also spells out international standards to regulate or control tobacco companies.

“Yes because it gives the teeth and the legal basis for people to act.”

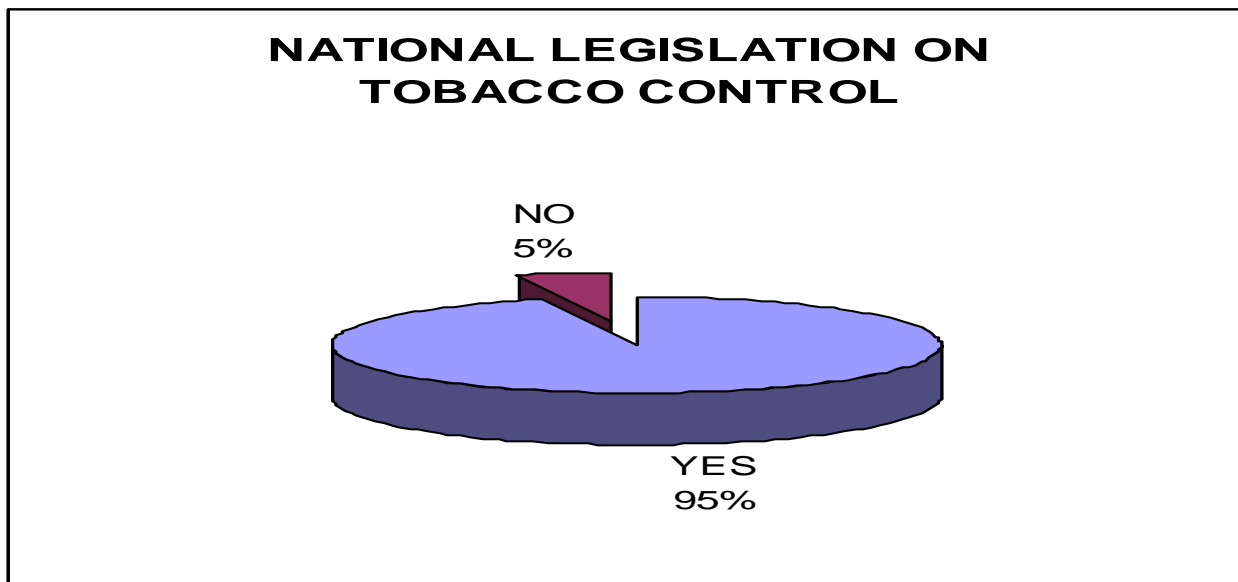
“Yes, if there is no law to back the framework then it is more like an advice which won't be effective.”

“Yes, to domesticate the international convention of FCTC in other words to integrate the FCTC measures into our local laws.”

“Anytime you sign a convention, you have to develop a corresponding national legislation, therefore there is the need to develop national legislation.”

“Yes, the benefits of the FCTC are immense, we have agreed to the FCTC and all we need to do is to implement these measures and it can be done through legislation.”

Figure 6: Need for Ghana to develop a national legislation on Tobacco Control (responses to the survey questionnaire)



4.11. Whether Ghana has the infrastructure and resources to effectively implement the FCTC

More than half of survey respondents (65.5%/57) who were aware of the FCTC thought that Ghana has the resources to effectively implement comprehensive multi-sectoral tobacco control measures mandated by the FCTC.

Those who said Ghana has the resources to implement the tobacco control measures buttressed this fact with the reason that Ghana has abundant human resources (31.6%/18). Some (28.1%/16) mentioned that because of the health implications of tobacco use, it is prudent the government provide resources. Others (24.6%/14) were of the view that government must demonstrate political will to enforce the FCTC and forget about the huge taxes generated by the tobacco companies.

The 19.5%/17 respondents who said Ghana does not have the resources to effectively implement tobacco control mentioned lack the financial resources, lack of political will on the part

of government, lack of human resources, hostility of smokers and inadequate education. The remaining 14.9%/13 did not know whether Ghana had the resources or not.

Majority of the in-depth interview respondents were of the view that Ghana has come a long in ratifying the FCTC and though there is not adequate infrastructure, the little that the nation has can be used to effectively implement comprehensive multi-sectoral tobacco control measures that are mandated by the FCTC. According to some of them, the main resource needed is human and there is more than enough in the country to enforce certain areas in the FCTC such as advocacy. In this regard, notable institutions are the Ghana Health Service, Food and Drugs Board, Advertiser Association, Ghana Tourist Board and many more. An important ingredient that is needed is commitment of people.

“Ghana has the resources in terms of financial and human resources which would help the implementation of the FCTC.”

“Yes, Ghana has some level of infrastructure and resources but we will need some support. In terms of resources the campaign will have to be running for a long time to be able to create the needed awareness.”

“Ghana does, don’t have to invent new structures, the Food and Drugs Board can help GHS can also help, Advertisers Association, Ghana Tourist Board can all help so have the resources with all these people and association. Need lots of education especially with Media.”

However many were also of the view that although effective implementation is possible, a lot depends on political will. If the government is interested in it, there is not going to be any problem at all in implementing the FCTC.

“We need to be more committed and it’s a political thing. Political, that it’s government who have to fund its implementation. Therefore if he says there are no funds nothing can be done.”

“The issue is not the resources but the issue is the will and I don’t think our government has the political will to implement the measures.”

“If we set our priorities well we should be able to do it but it’s the political setting which would be a problem.”

A sizeable number of respondents also expressed their doubts, saying that effective implementation is not possible. This is because they believe we do not have the requisite infrastructure. The law enforcement agencies were mentioned with the explanation that they need to be adequately resourced. There is also the issue about tobacco companies that the respondents expressed saying since the FCTC is going to affect their market, they are also not going to allow the success of its implementation. Additionally, some perceive that the government does not have the political will for implementation.

“Ghana doesn’t have the will and desire even to get resources because even though we have converted the FCTC into a bill, its been sitting in Cabinet over a year and government doesn’t seem to be interested in passing it.” (13)

“No, enforcement alone would be a problem, the interest of tax benefits from tobacco also a problem for government don’t also have capacity for alternative measures but that doesn’t mean we shouldn’t start it.” (14)

“No, because resource constraints and modern equipment would not be available for the borders cannot be policed.” (20)

“Not yet, when certain laws are imposed we need to create other places where people can go and exercise their rights to smoke. Tobacco companies will also not allow its implementation.” (38)

4.12. Perceived obstacles that may hinder the implementation of the FCTC in Ghana

More than half of respondents (67.1%/47) out of 70 (70 is the sum 57 who said Ghana has the resources to effectively implement the FCTC and 13 who had no idea.) said there were obstacles that may hinder the implementation of the FCTC. Whereas 17.1%/12 said there was not any and 15.7%/11 did not know.

Of the 47 respondents who said there are obstacles, 70.2%/33 were of the opinion that tobacco companies would lobby and pay “good” money to delay the legislation. Other reasons were that smokers may lobby for their rights not to be denied (27.6%/13), lack of human and financial resources, tobacco farmers would not want to divert their operation due to “good” pay (6.4%/3) and lack of education on the harmful effects (6.4%/3).

The majority of the in-depth interview respondents identified some obstacles that may hinder implementation the FCTC. Notable among the obstacles is the tobacco industry, which they believe is going to be affected by the legislation. It is therefore likely that the industry will do all it can in their capacity for survival. Some were of the view that they may even bribe people in high position including politicians to ensure that the bill is delayed. Other obstacles mentioned has to do with resources, they believe with meagre resources it is going to be difficult for the government to implement the FCTC.

“Yes, fight by the tobacco companies (lobbying) members of parliament Tobacco companies are very rich and will fight harder.”

“Fight from the manufacturers eg, connecting or friends among government (lobbying) because tobacco companies are very rich, will buy some big men in power.”

“Lack of political will and the relationship between the British American Tobacco and government is what will hinder the FCTC implementation. Why has the bill been kept in Cabinet for so long? I know BAT is notorious for inducement and this makes one wonder if it could be the reason why the bill is still not in Cabinet.”

“The tobacco industry is a very vibrant one and will oppose it and even the men and women who will pass that law may be benefiting from tobacco in one way or the other or may be user will be reluctant to pass the law. On the other hand, some may think that it may not benefit me but other so they will have to be very careful and these are some of the obstacles and that is why the bill is still in parliament for so long.”

“Yes, tobacco companies may seek to influence the passing of the bill or vary its contents to be favourable to them.”

4. 13. Suggestions recommended for overcoming these obstacles

On the suggestions on how to overcome the obstacles 50%/32 out of 64 (64 is the sum of 47 who said there are obstacles and 17 who said there are limitations) of respondents said public education on the harmful effects of tobacco must be sustained. Others were of the view that the law should deal with anyone who violates it (26.6%/17), government must have the political will to refuse offers from tobacco companies (23.4%/15) and that tobacco employers and employees should be given viable alternatives (20.3%/13).

A number of suggestions were made by the respondents to the in-depth interviews; these were aimed at overcoming the obstacles that are likely to hinder the effective implementation of the FCTC. Notable among them is the suggestion that the populace as well as people in government and high places should be educated on the harmful effects of tobacco to enable them to stand firm in defending their right for good health. Some respondents said all advocacy groups should put pressure on the government especially the parliamentarians to pass the bill. The integrity of the parliamentarians as well as people in high position should be able to defeat any lobbying that may be coming from the tobacco industry to antagonize the efforts to pass the bill. However, they should rather be able to push the bill to be passed to ensure its implementation.

“Integrity of members of parliament should be able to defeat the lobbying.”(MP)

“Persistent harassing of government to pass the bill, so it can go through parliament for it to become law. We have ratified the FCTC but it can't work in Ghana, because Ghanaian laws don't automatically accept foreign laws, it has to go through parliament before it can be accepted as law in Ghana.” Policy maker)

“We should urge policy makers to quicken process of getting bill out, and also urge those to be entrusted with its enforcement to live up to the task, should also step up education on harmful effects of smoking and when people know, they won't use tobacco.” (Civil society)

“Get local advocacy groups interested in tobacco control activities and they can make more noise for government to pass the bill.” (Policy maker)

“People in high positions should be told about the health issues tobacco cause so that if the tobacco firm came with their huge monies they would not collect it, so that implementation can go through.” (Civil society)

“We should persist in lobbying for the bill to be passed, the media should be educated to join the fight for advocacy and public should also be educated.” (Media personnel)

“Tobacco companies are to be made to understand that although they are contributing to employment, they should also not forget of the health risks involved and they should also pay money to help in the research of the effects of tobacco.”Civil society)

5.1. DISCUSSION

The research provides important descriptive data on the knowledge, attitudes, beliefs and practices in relation to tobacco use and tobacco control among parliamentarians, media personnel, policy makers and NGOs.

The overwhelming majority of respondents were very concerned about tobacco use among the youth. Respondents cite a variety of reasons from health hazards, smoking as gateway to use of hard drugs, and effects on the nation's economy.

Only a small number of our respondents reported having smoked (i.e., of the survey respondents 47.9%/116 have ever tried or experimented with cigarette smoking, whereas only 6%/7 of the 116 currently smoke). In the same vein 53%/35 respondents of the in-depth interview have tried cigarette smoking and only 1 out of the 35 is a current smokers. The majority of respondents are aware of the health risks posed by using tobacco hence their concern about youth smoking as well tobacco consumption in general.

Overall, knowledge of the Framework Convention on Tobacco Control is low among respondents (36%). Although some people have already heard of the FCTC, their actual knowledge of the main elements was very low or vague.

The study showed a high level of support for various strategies in controlling smoking and the use of tobacco products. Most respondents supported a 100% complete of banning smoking in both public places and indoor workplaces; banning giving free samples of cigarettes to the youth, non-sale of cigarettes and other tobacco products by minors and to minors. There was also support for tax increases on tobacco products, ban on advertisements, and disclosure of all ingredients in cigarettes on packs.

The study results revealed that almost all respondents favoured legislation on tobacco control for Ghana. They recognised the law as being paramount in the efforts to curb tobacco use and increase public awareness about smoking.

There were mixed responses on the availability of resources to effectively implement tobacco control measures mandated by the FCTC. While most respondents felt there are abundant human resources, others thought the country lacked financial resources and political will.

The study identified some perceived obstacles to the implementation of the FCTC in Ghana such as lack of human and financial resources, lack of political will on part of government, smokers lobbying for their rights and the influence of tobacco companies.

Respondents made some suggestions to overcome the perceived obstacles, including: sustained public education on the harmful effects of tobacco; government must have political will to refuse any offers from tobacco companies; provision of viable alternatives for tobacco workers; government must provide financial and other resources to implement the FCTC; enforcement of the law; and individuals and organizations must also support the government with resources.

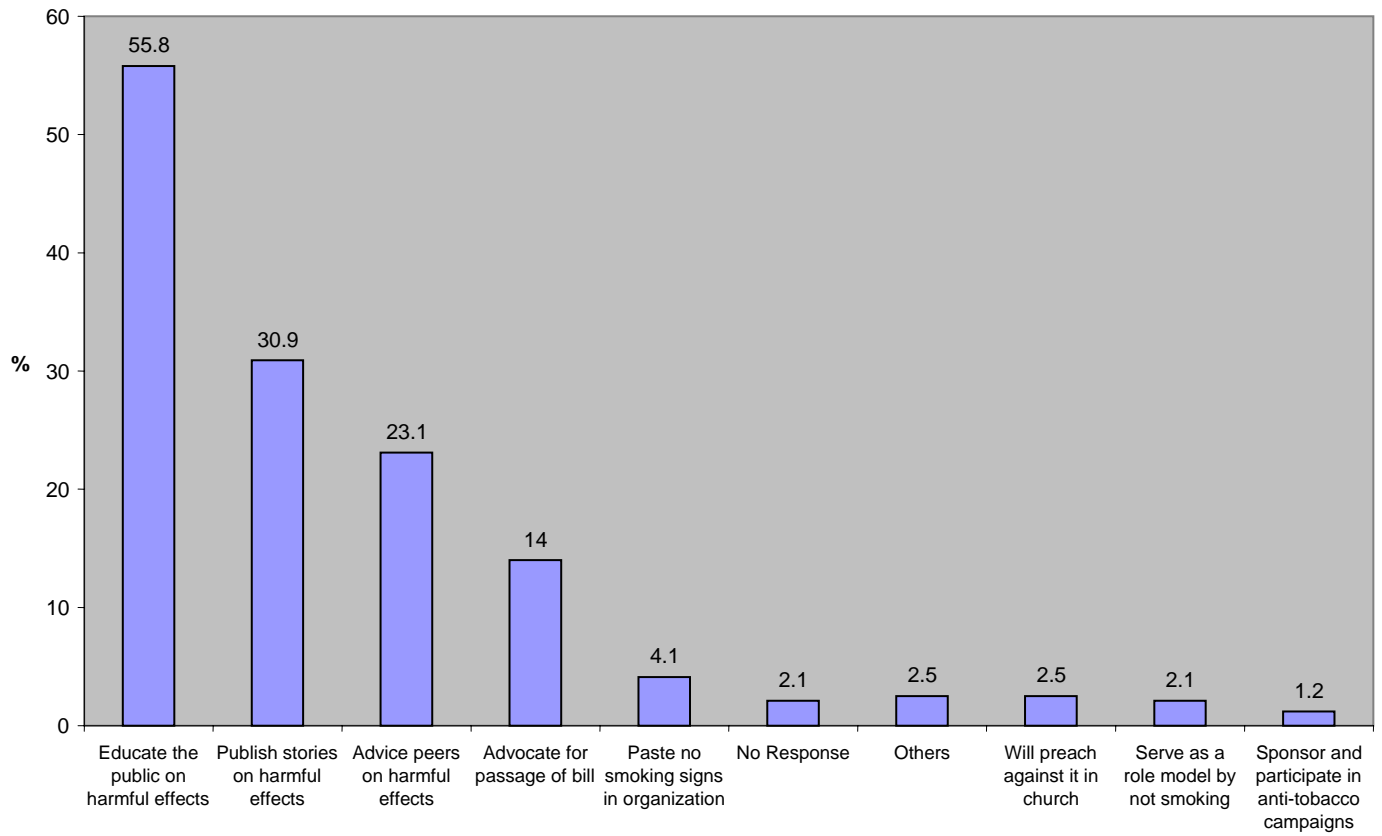
6.1. RECOMMENDATIONS

Based on the study findings these recommendations are made:

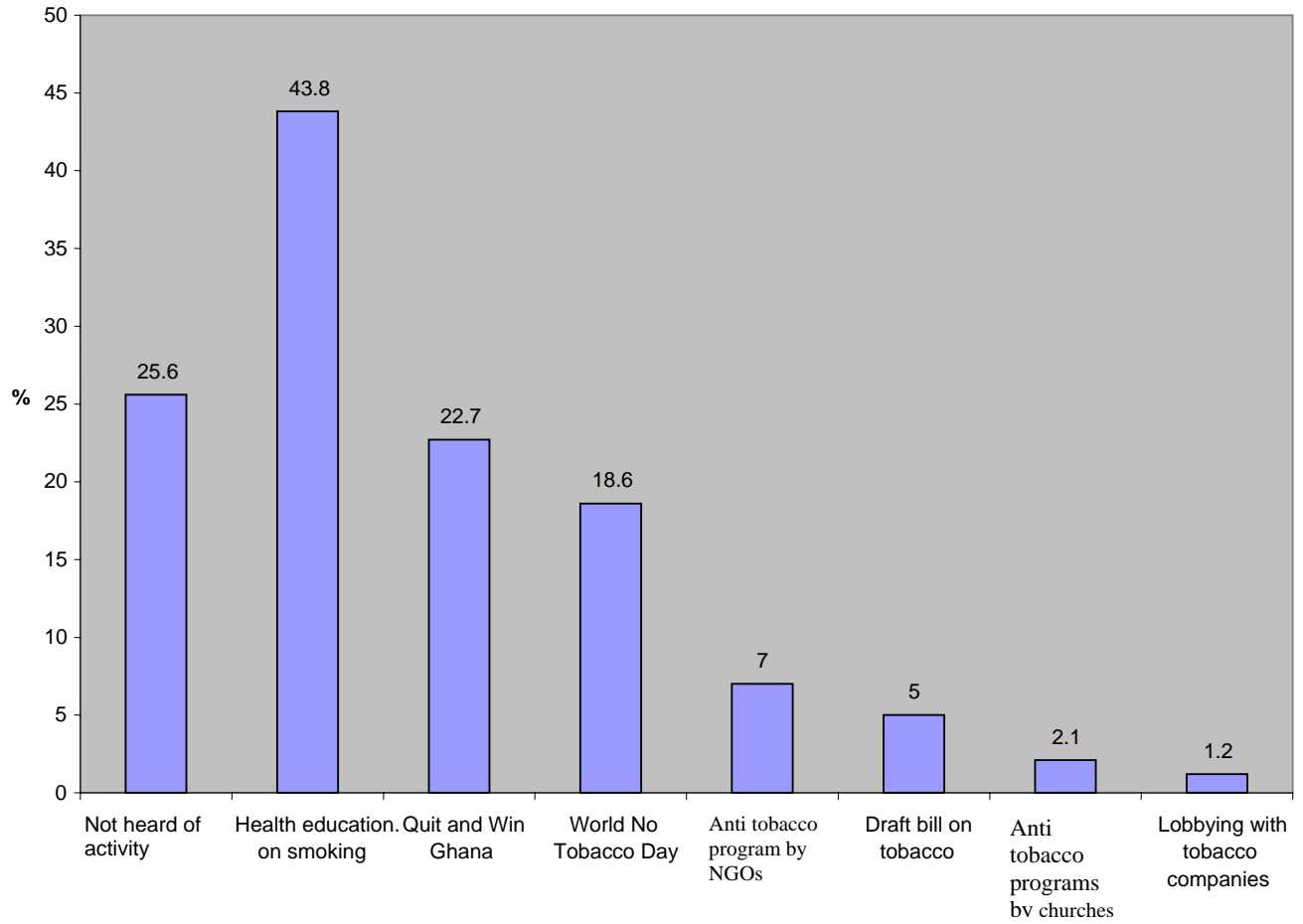
- There should be sustained and coordinated public education and awareness campaigns on the different provisions of the FCTC, and their effectiveness in achieving improved health standards for the public.
- Civil society and NGOs need to play a key advocacy role in making the case for legislation, not only to the government, but also to the public and the media.
- The Ministry of Health and Ghana Health Service should ensure that health professionals at various levels are educated about the FCTC so they can play a key role in tobacco control.
- Government should provide the necessary resources to ensure the implementation of the FCTC.
- There is a need for bold political leadership to ensure the passage of national tobacco control legislation to bring our local laws in harmony with the FCTC provisions.
- The media must be sensitized on tobacco control in order that they will participate effectively in tobacco control education and promotion.

APPENDIX

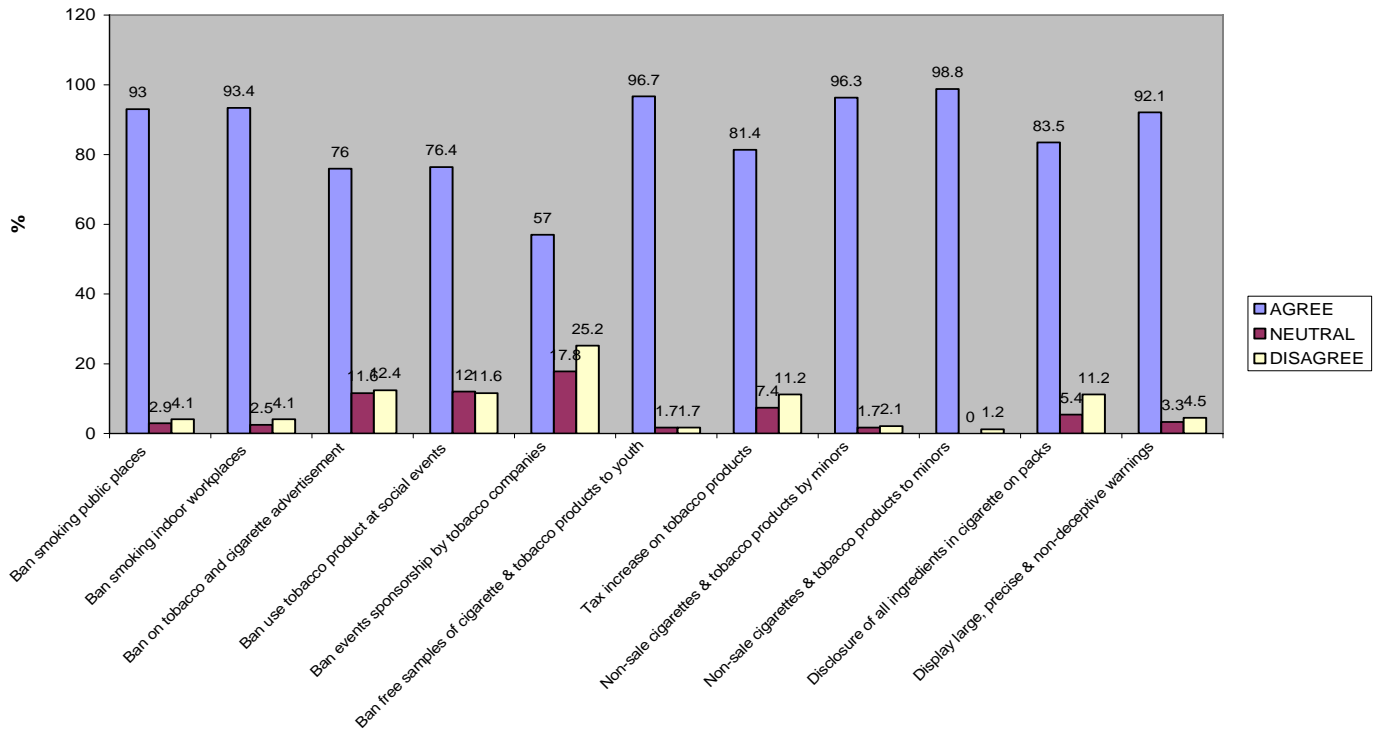
CONTRIBUTION TO TOBACCO CONTROL EFFORTS



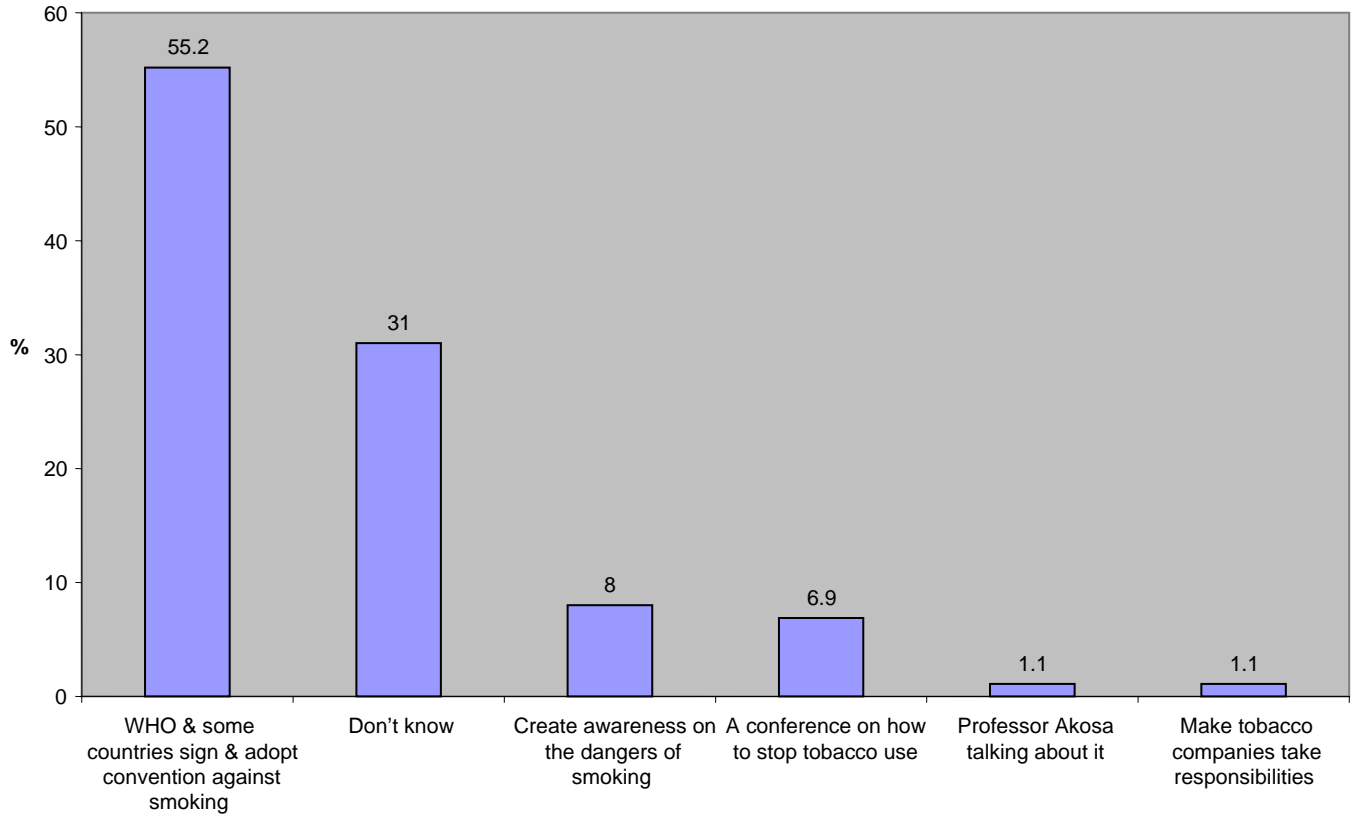
HEARD OF ANY TOBACCO CONTROL ACTIVITY



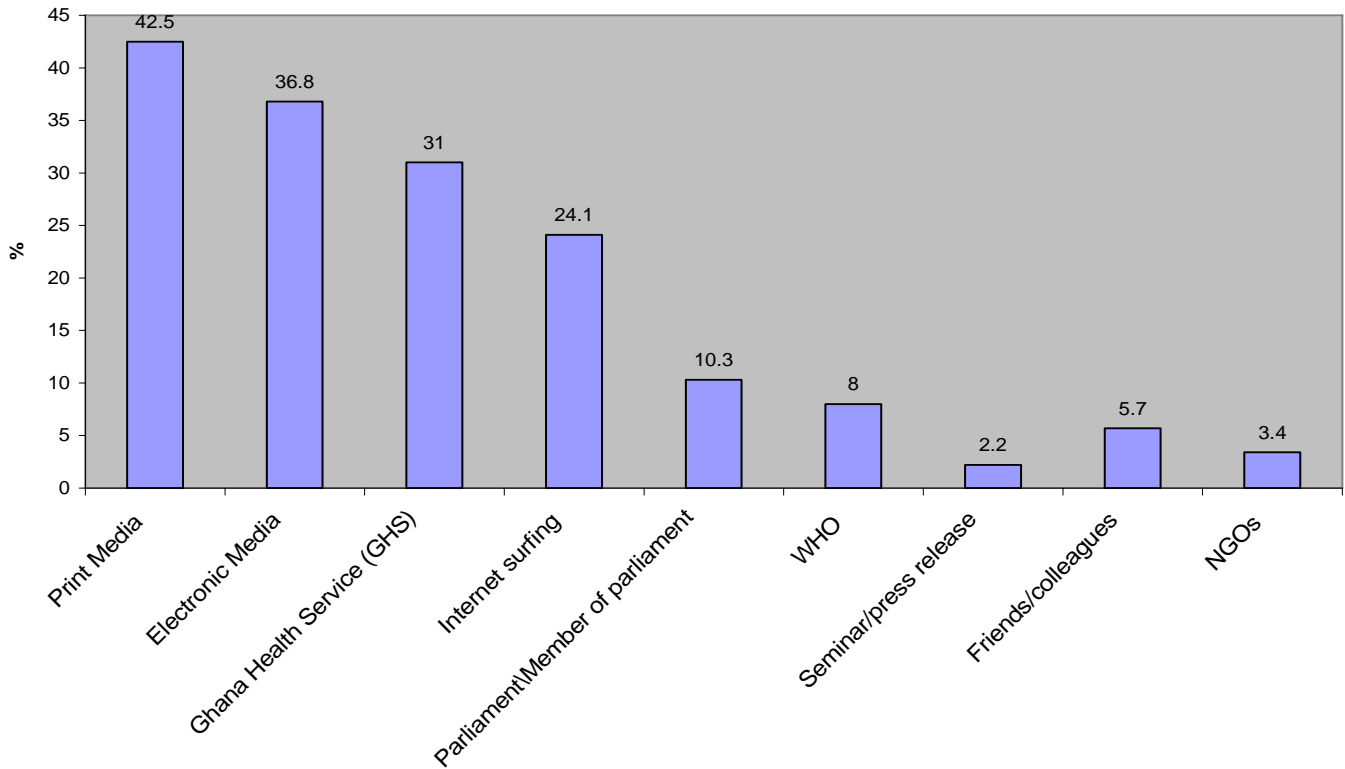
EFFECTIVE STRATEGIES IN CONTROLLING SMOKING AND USE OF TOBACCO PRODUCTS



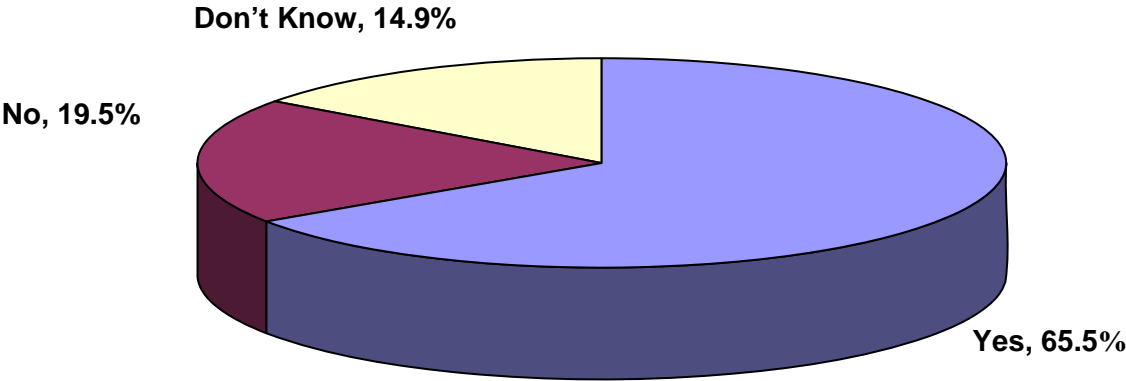
WHAT IS FCTC?



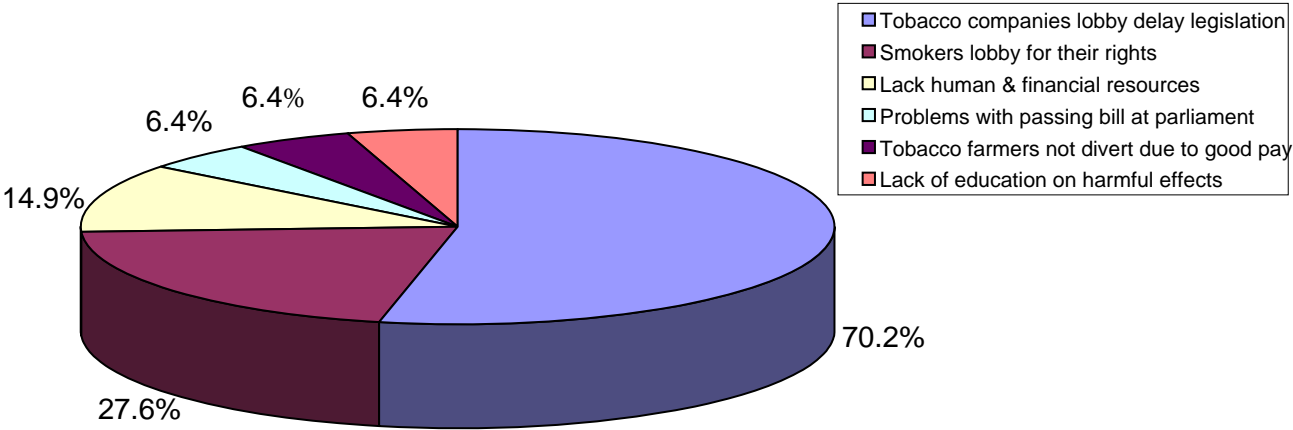
SOURCE OF INFORMATION ON THE FCTC



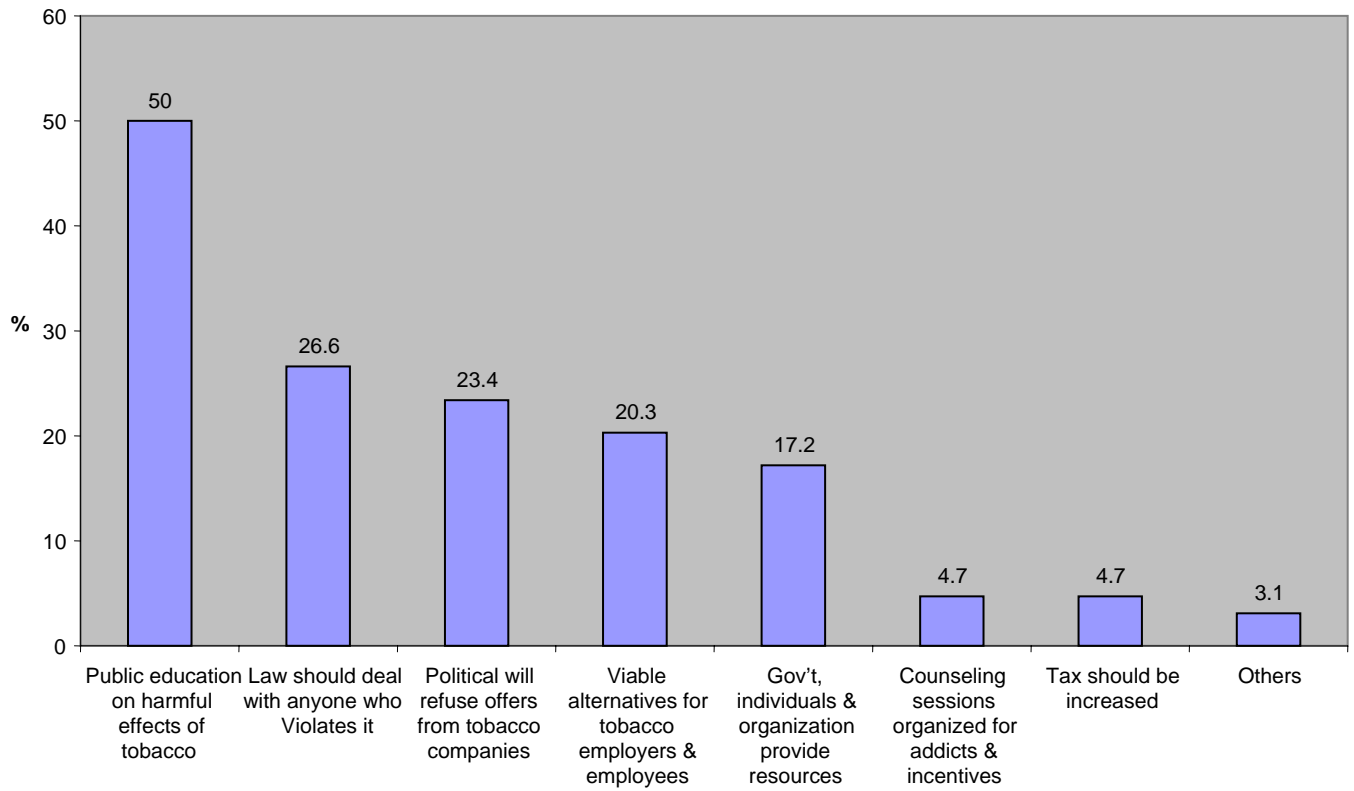
ARE THERE RESOURCES TO EFFECTIVELY IMPLEMENT COMPREHENSIVE TOBACCO CONTROL MEASURES MANDATED BY FCTC ?



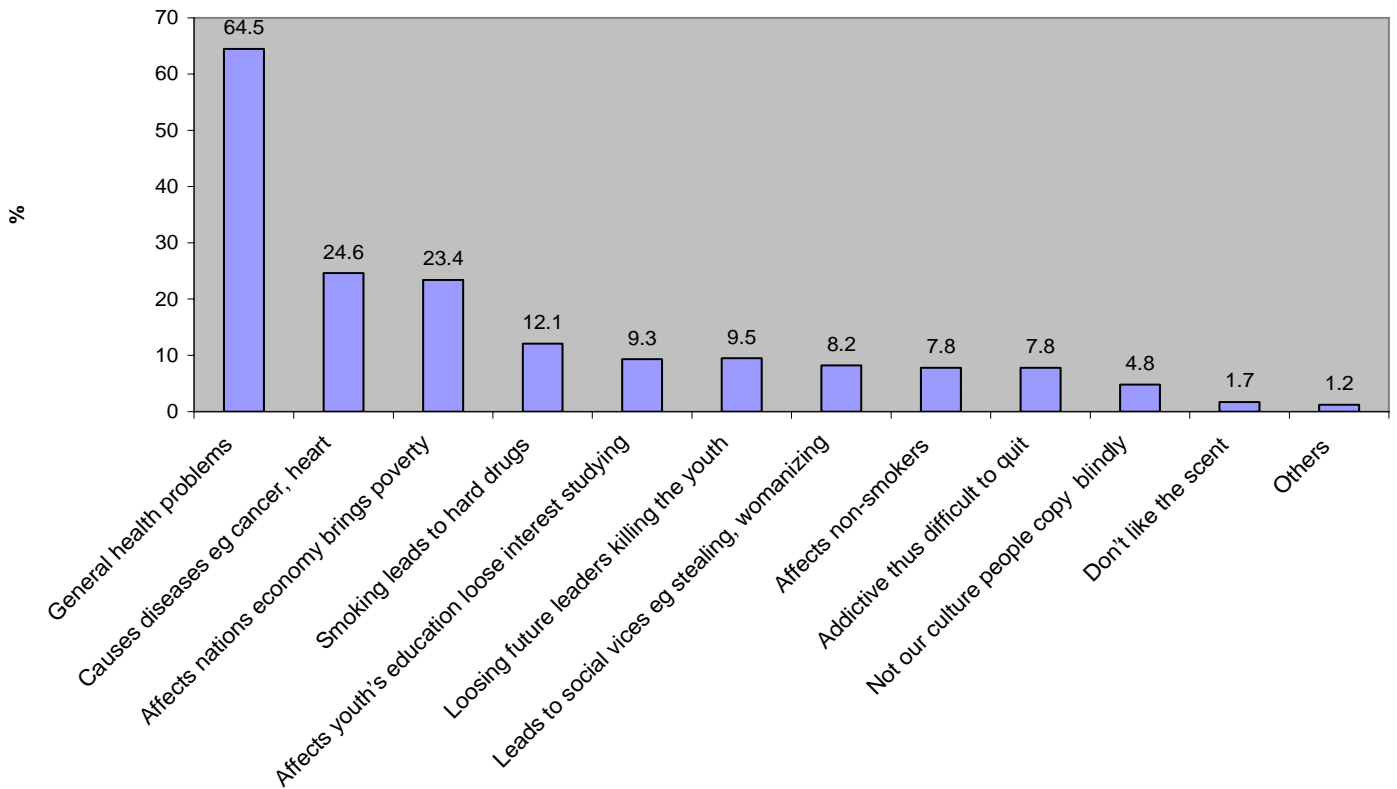
OBSTACLES THAT MAY HINDER THE IMPLEMENTATION OF THE FCTC



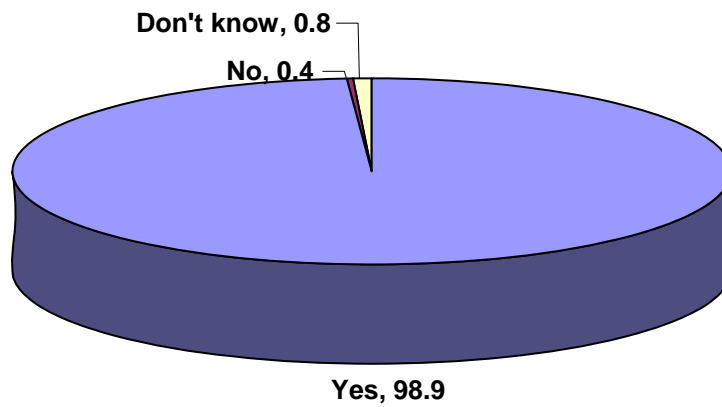
SUGESSTIONS TO OVERCOME THE OBSTACLES THAT MAY HINDER THE IMPLEMENTATION OF THE FCTC



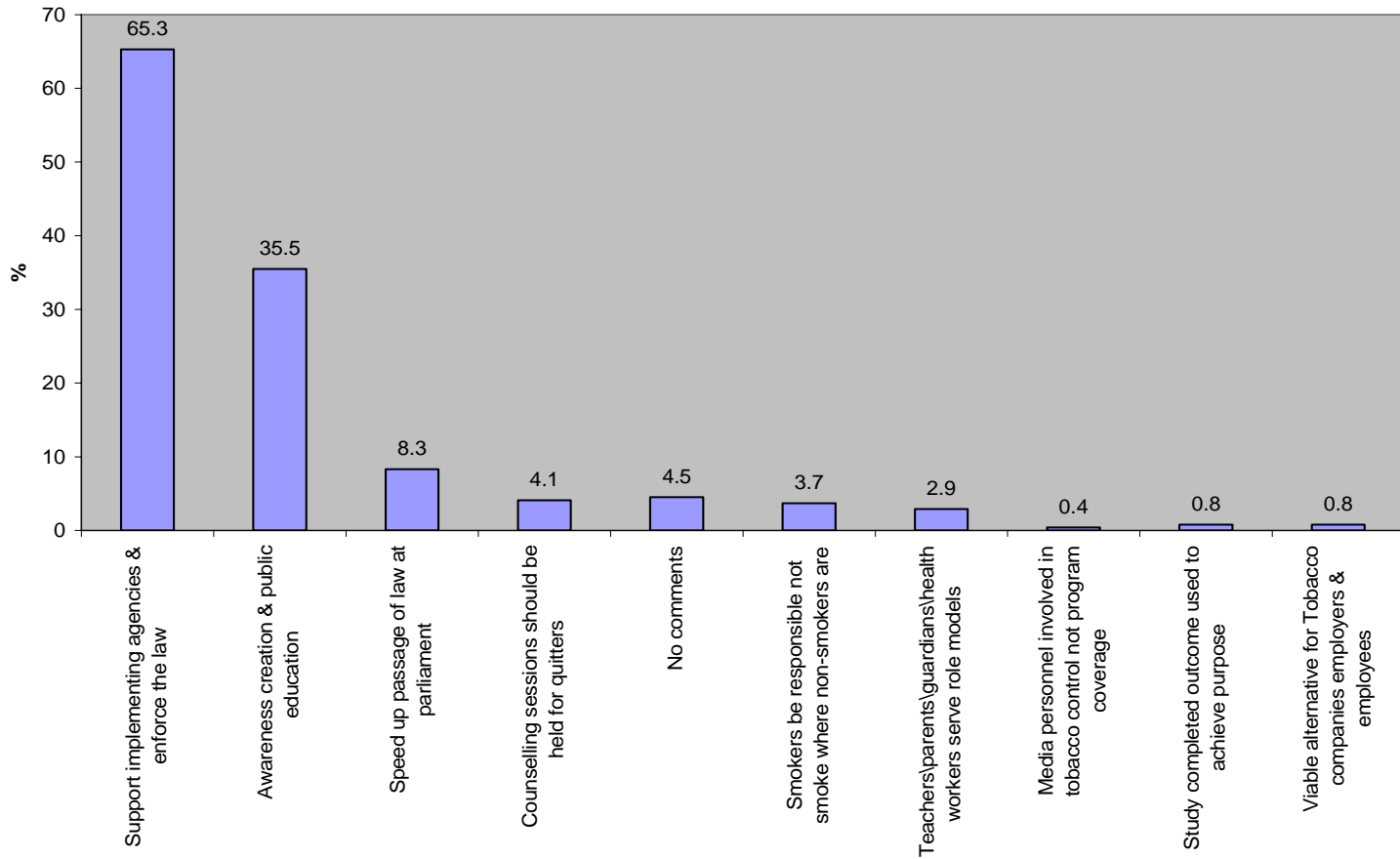
REASONS FOR VERY CONCERNED ABOUT THE USE OF TOBACCO USE AMONG THE YOUTH



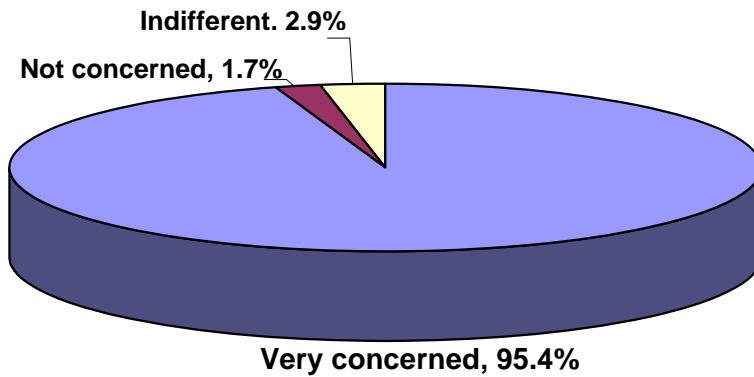
IS SMOKE FROM OTHER PEOPLE'S CIGARETTE HARMFUL?



GENERAL COMMENTS



HOW CONCERNED YOU ARE ABOUT TOBACCO USE AMONG THE YOUTH



REASONS FOR BEING VERY CONCERNED ABOUT TOBACCO USE AMONG THE YOUTH

