FEDERAL MINISTRY OF HEALTH
AND SOCIAL WELFARE

NIGERIA ALCOHOL POLICY AND ITS MULTISECTORAL IMPLEMENTATION PLAN

(2026 - 2030)

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Nigeria Alcohol Policy and Its Multisectoral Implementation Plan

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FOREWORD

The Federal Government of Nigeria recognizes the dual character of alcohol as both an important economic commodity and a significant public health and social concern. While alcohol production and trade contribute to industrial growth, employment, agricultural value chains, and pharmaceutical innovation; the harmful use of alcohol has been linked to non-communicable diseases, injuries, domestic violence, diminished productivity, and wider social disruption; posing a serious challenge to public health and sustainable national development.

The **Nigeria Alcohol Policy and Its Multisectoral Implementation Plan (NAPMIPMIP)** therefore provide a comprehensive national framework that balances economic opportunity with the protection of public health and societal wellbeing. It establishes clear guidance for the production, distribution, marketing, and consumption of alcohol within a regulated environment that prioritizes harm reduction, consumer safety, the protection of minors and vulnerable groups, and the promotion of responsible practices across industries.

This Policy is anchored in Nigeria's broader health and socio-economic reform agenda and reinforces the country's commitment to the Sustainable Development Goals **(SDGs,** particularly those relating to good health and wellbeing, sustainable industry, safe and resilient communities. It aligns with existing national legislation and institutional mandates while introducing innovative strategies such as digital product traceability, licensing reforms, and strengthened enforcement mechanisms to protect public health and uphold consumer rights without undermining legitimate economic activities.

The development of this Policy is the outcome of extensive multisectoral collaboration involving government agencies, professional bodies, civil society organizations, academia, and development partners. It represents a shared vision for a healthier, safer, and more productive Nigeria.

On behalf of the Federal Government, we commend all stakeholders whose dedication, expertise, and commitment made this Policy possible. The successful implementation of the NAPMIP now rests on our collective resolve to translate its provisions into measurable action and lasting impact for the prosperity and wellbeing of all Nigerians.

Prof. Muhammad Ali Pate, CON
Coordinating Minister of Health and Social Welfare
Federal Republic of Nigeria

TABLE OF ACRONYMS / ABBREVIATIONS

Acronym / Abbreviation	Meaning
AACP	Alcohol Advertising Control Programme
ALGON	Association of Local Government of Nigeria
ARCON	Advertising Regulatory Council of Nigeria
ARH	Alcohol-Related Harm
BAC	Blood Alcohol Concentration
BCC	Behavioural Change Communication
BHCPF	Basic HealthCare Provision Fund
BOI	Bank of Industry
CASCs	Community Alcohol Surveillance Committees
CBO	Community-Based Organization
CSO	Civil Society Organization
CSR	Corporate Social Responsibility
DFDS	Department of Food & Drug Services
DHIS2	District Health Information System2
DPH	Department of Public Health
DHPRS	Department of Health Planning, Research and Statistics
DRM	Domestic Resource Mobilization
DTCAM	Department of Traditional, Complementary and Alternative Medicine
ECOWAS	Economic Community of West Africa States
EPR	Extended Producer Responsibility
FBO	Faith Based Organizations
FCCPC	Federal Competition and Consumer Protection Commission.
FCT	Federal Capital Territory
FEC	Federal Executive Council
FGN	Federal Government of Nigeria
NRS	Nigeria Revenue Service
FME	Federal Ministry of Education
FMEnv	Federal Ministry of Environment
FMoF	Federal Ministry of Finance
FMOH&SW	Federal Ministry of Health & Social Welfare
FMHA&PR	Federal Ministry of Humanitarian Affairs & Poverty Reduction
FMITI	Federal Ministry of Industry, Trade and Investment
FMLE	Federal Ministry of Labour and Employment
FMWA	Federal Ministry of Women Affairs
FMIST	Federal Ministry of Innovation, Science and Technology
FMWH	Federal Ministry of Works and Housing
FMYD	Federal Ministry of Youth Development
FRSC	Federal Road Safety Corps
GBV	Gender Based Violence
GDP	Good Distribution Practice
GHS	Global Health Strategy
GMP	Good Manufacturing Practice
HIA	Health Impact Assessment
HMH	Honourable Minister of Health
IEC	Information, Education and Communication

Acronym / Abbreviation	Meaning
KPI	Key Performance Indicator
LGASCs	Local Government Alcohol Surveillance Committee
LGAs	Local Government Areas
MEARL	Monitoring, Evaluation, Accountability, Research and learning
MDAs	Ministries, Departments and Agencies
MOH	Ministry of Health
MTEF	Medium-Term Expenditure Frameworks
MTNDP	Medium-Term National Development Plan
MTSS	Medium-Term Sector Strategy
NACCC	National Alcohol Control Coordination Committee
NACSC	National Alcohol Control Steering Committee
NADR	National Alcohol Data Repository
NAFDAC	National Agency for Food and Drug Administration and Control
NALRS	National Alcohol Licensing and Regulatory System
NARIP	National Alcohol Research and Information Platform
NCAA	Nigerian Civil Aviation Authority
NAISS	National Alcohol Information & Surveillance System
NAPMIP	Nigeria Alcohol Policy and Its Multisectoral Implementation Plan
NCDs	Non- Communicable Diseases
NCS	Nigeria Customs Service
NCoS	Nigeria Correctional Service
NBC	Nigeria Broadcasting Commission
NCH	National Council on Health
NDCMP	National Drug Control Master Plan
NDLEA	National Drug Law Enforcement Agency
NESREA	National Environmental Standards and Regulations Enforcement Agency
NGO	Non-Governmental Organization
NHMIS	National Health Management Information System
NHSCSP	Nigeria Health Supply Chain Strategic Plan
NHSSDP	National Health Sector Strategic Development Plan
NIMC	National Identity Management Commission
NIS	Nigeria Industrial Standard
NOA	National Orientation Agency
NPF	Nigeria NPF Force
NPHCDA	National Primary Health Care Development Agency
NPC	National Population Commission
NSCDC	Nigeria Security and Civil Defense Corps
NSHDP II	National Strategic Health Development Plan II
NSIB	The Nigerian Safety Investigation Bureau
NASS	National Assembly
OHS	Occupational Health and Safety.
PCN	Pharmacy Council of Nigeria
PFM	Public Finance Management
PHC	Primary Healthcare Centre
PPP	Public Private Partnership

Acronym / Abbreviation	Meaning
R&D	Research and Development
SACC	State Alcohol Control Committee
SBCC	Social and Behavioural Change Communication
SDGs	Sustainable Development Goals
SMOH	State Ministry of Health
SOP	Standard Operating Procedure
SON	Standards Organization of Nigeria
SPHCDA	State Primary Healthcare Development Agency
TWGs	Technical Working Groups
UN	United Nations
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
VAW	Violence Against Women
VCD	Value Chain Development
WDC	Ward Development Committee
WHO	World Health Organization
WRA	Women of Reproductive Age

PREFACE

The formulation of this Nigeria Alcohol Policy and Its Multisectoral Implementation Plan (NAPMIPMIP) represents an important milestone in strengthening Nigeria's regulatory and public health response to alcohol-related harm. The Department of Food and Drug Services, working in close collaboration with other directorates, agencies, state authorities, and non-governmental stakeholders, has coordinated the technical processes that informed this Policy.

The Policy draws on scientific evidence, global best practices, and extensive stakeholder consultations across the six geopolitical zones. It outlines clear policy measures covering product standards, access control, retail and licensing, marketing restrictions, fiscal measures, and enforcement mechanisms. By integrating environmental safeguards, digital traceability systems, and inter-sectoral collaboration, the Policy establishes a holistic framework that balances public health protection with legitimate industrial and commercial use.

We believe this document will serve as a practical tool for regulators, policymakers, industry operators, and community stakeholders in reducing the harmful use of alcohol and safeguarding the health and safety of Nigerians.

Daju, Kachollom S. mni
Permanent Secretary
Federal Ministry of Health and Social Welfare

ACKNOWLEDGEMENT

The successful development of the Nigeria Alcohol Policy and Its Multisectoral Implementation Plan would not have been possible without the commitment and contributions of a wide range of stakeholders. We acknowledge with gratitude the leadership of the Coordinating Minister, Prof. Muhammad Ali Pate, CON and the guidance of the Permanent Secretary of Health and Social Welfare.

We also recognize the valuable inputs from sister ministries, agencies, professional associations, academia, civil society organizations, and development partners. Their expertise and collaboration ensured that this Policy reflects a broad consensus and is firmly grounded in Nigeria's health and development priorities.

Finally, the Department acknowledges the dedication of the technical drafting team, Dr Martins Ositadimma Onyia, Prof. Orisakwe Ebere, Dr Andrew Orovwigho and all individuals who participated in the consultations and review processes. It is our hope that this Policy will be implemented with the same spirit of cooperation with which it was developed, for the health, safety, and prosperity of all Nigerians.

Mrs Olufowobi-Yusuf Adeola O, mni
Director, Food and Drug Services
Department Federal Ministry of Health and
Social Welfare

EXECUTIVE SUMMARY

The Nigeria Alcohol Policy and Its Multisectoral Implementation Plan (NAPMIPMIP) establishes a unified national framework to guide the production, distribution, marketing, and consumption of alcohol in Nigeria. It seeks to balance the legitimate economic and industrial benefits of alcohol with the pressing imperative to mitigate its adverse health, social, and economic consequences. The Policy provides a coherent direction for regulation, enforcement, harm reduction, and responsible industry conduct, ensuring that alcohol contributes positively to national development without compromising public health and social wellbeing.

Alcohol occupies a dual role in Nigeria's growth trajectory. As an economic commodity, it supports industrial expansion, job creation, agricultural value chains, and pharmaceutical manufacturing, particularly through the regulated production of pharmaceutical-grade ethanol used in medicines, vaccines, sanitizers, and laboratory processes. However, when misused, alcohol imposes a heavy toll on individuals, families, and society, fueling a growing burden of Non-Communicable Diseases (NCDs), road traffic injuries, interpersonal and gender-based violence, mental health challenges, loss of household income, and reduced national productivity.

The NAPMIP therefore provides an integrated response, one that maximizes the benefits of alcohol as an industrial product while systematically reducing the harms associated with its misuse. It reaffirms the Federal Government's leadership and commitment to protecting the health and wellbeing of Nigerians, while fostering responsible economic growth underpinned by evidence, accountability, and collaboration.

Strategic Framework

Anchored in evidence and global best practices, the NAPMIP is built on four strategic pillars:

1. **Harm Reduction and Health Promotion:**
   Scaling up preventive and health-promoting interventions to reduce harmful consumption, including public education, community engagement, responsible marketing, age and access control, and integration of alcohol screening, treatment, and rehabilitation into the national health system.

2. **Industrial and Economic Development:**
   Promoting safe, regulated, and quality-assured alcohol production for industrial, pharmaceutical, and beverage purposes; strengthening domestic value chains; encouraging innovation; ensuring product safety and traceability; and reducing dependence on imports through responsible local manufacturing.

3. **Multi-Sectoral Coordination and Governance:**
   Mobilizing joint action among Ministries, Departments, and Agencies (MDAs), the private sector, academia, civil society, and development partners. The health sector provides overall leadership, ensuring alignment with the National Health Policy, the National Industrial Policy, and the Medium-Term National Development Plan (MTNDP).

4. **Monitoring, Evaluation, Accountability, Research, and Learning:** Establishing a national surveillance and information system for routine data collection, research, and knowledge dissemination to guide adaptive implementation, ensure transparency, and strengthen accountability across all levels of governance.

Expected Outcomes (2026–2030)

The implementation of the NAPMIP over the first five-year cycle (2026–2030) is expected to deliver measurable results, including:

a. Strengthened compliance by alcohol producers, distributors, and retailers with national licensing, safety, and quality standards
b. Significant reduction in the production, distribution, and consumption of illicit or unrecorded alcohol
c. Expanded access to screening, treatment, and rehabilitation services integrated within the public health system across primary, secondary, and tertiary levels
d. Enhanced regulation of pharmaceutical, food and cosmetics grade ethanol, ensuring availability for essential health uses while preventing diversion into illicit markets
e. Reduction in alcohol-attributable morbidity and mortality, particularly from NCDs, road crashes, and gender-based violence, contributing to healthier populations and safer communities

f. Increased fiscal returns and efficiency, with excise revenues from the formal alcohol sector partly earmarked for health promotion, enforcement, and harm reduction programmes.

Policy Alignment and Commitment

The Policy situates alcohol regulation squarely within Nigeria's national health and development agenda, ensuring coherence with key frameworks including:

a. **Agenda 2063** of the African Union,
b. **WHO Global Strategy to Reduce the Harmful Use of Alcohol (2010)**, and
c. **Sustainable Development Goals (SDGs)**, particularly Goals 3 (Good Health and Well-being), 8 (Decent Work and Economic Growth), 9 (Industry, Innovation and Infrastructure), and 11 (Sustainable Cities and Communities).It further aligns with on-going national reforms in health, finance, trade, and industry, emphasizing that alcohol regulation is not solely a public health issue but a cross-sectoral governance and economic responsibility.

Conclusion

The Nigeria Alcohol Policy and Its Multisectoral Implementation Plan (NAPMIP) provides a pragmatic roadmap for reducing alcohol-related harm while advancing inclusive economic development. It is a product of extensive inter-ministerial collaboration led by the Federal Ministry of Health and Social Welfare, in partnership with the Federal Ministry of Industry, Trade and Investment, and the Federal Ministry of Finance, Federal Ministry of Budget & Economic Planning. Successful implementation of this Policy requires collective action by government institutions, private sector actors, civil society, communities, and every Nigerian, to ensure that alcohol serves national progress without undermining health, safety, and human dignity.

Part I – Policy Foundations,
Rationale and Strategic Direction

CHAPTER 1
INTRODUCTION

1.1 Background

Alcohol occupies a complex place in human society. For centuries it has served cultural, social, medicinal, and economic purposes across communities in Nigeria and around the world. Yet, harmful use of alcohol has emerged as a major public-health and socio- economic challenge, contributing to preventable diseases, injury, loss of productivity, and social instability. Nigeria, with its diverse population and rapidly evolving market dynamics, faces rising alcohol-related harm that demands a coordinated national response[12]

Globally, the World Health Organization (WHO) identifies alcohol as one of the leading risk factors for premature mortality and disability, responsible for more than 3 million deaths annually[3]. In Nigeria, evidence from national health surveys, hospital records, and law-enforcement data indicates growing consumption patterns, particularly among young people and women, and increasing exposure to unregulated or illicitly produced alcoholic beverages [4] . The lack of coherent control mechanisms, inconsistent enforcement of regulations, and proliferation of informal production have deepened these challenges.

1.2 Definition of Alcohol

For the purpose of this Policy, *alcohol* refers to ethyl alcohol (ethanol), a psychoactive and dependence-producing substance found in beverages, pharmaceutical preparations, cosmetics, and various industrial products. It is distinct from *methyl alcohol (methanol)* and *isopropyl alcohol*, which are not suitable for human consumption and are commonly associated with poisoning when misused.

The term "alcohol" in this Policy therefore covers:

a. Beverage alcohol (beer, wine, spirits, and traditional brews) intended for consumption;

b. Pharmaceutical and cosmetic alcohol (used in medicines, disinfectants, perfumes, and related products) and
c. Industrial alcohol **(**employed as raw material or solvent in manufacturing and energy industries)

This comprehensive definition ensures that control measures encompass all categories of alcohol that have implications for public health, safety, and the economy.

1.3 Historical Context of Alcohol Production and Use in Nigeria

Alcoholic beverages have long been embedded in Nigerian cultural practices, with traditional fermentation techniques producing local drinks such as *palm wine, burukutu, pito, ogogoro, and kaikai*. In pre-colonial and early post-independence Nigeria, alcohol played defined ceremonial and social roles, often regulated by community norms.

Over time, however, modernization, industrialization, and global marketing expanded the scale and accessibility of alcohol. The growth of breweries and distilleries in the 1970s– 1990s stimulated employment and revenue generation but also intensified unregulated production and advertising[5]. The gradual erosion of community-based control and weak enforcement of statutory regulation led to increased health and social risks. The situation has been compounded by the rise of counterfeit and adulterated alcoholic products, particularly methanol-contaminated spirits that have caused periodic outbreaks of fatal poisoning[6].

1.4 Rationale for a National Policy on Alcohol

Nigeria's socio-economic and health landscape underscores the urgent need for a coherent, enforceable, and multisectoral National Alcohol Policy. The absence of a unified national framework has resulted in fragmented regulations, weak enforcement, and proliferation of illicit and counterfeit alcohol, with grave implications for public health, safety, and productivity.

A National Policy on Alcohol is therefore required to achieve the following:

a. **Protect Public Health:** Harmful use of alcohol contributes significantly to Nigeria's burden of non-communicable and communicable diseases, mental health disorders, and road traffic injuries. In alignment with Section 17(3)(c) of the Constitution of the Federal Republic of Nigeria (1999, as amended); which mandates the State to protect the health of citizens, this Policy provides a framework to reduce morbidity and mortality associated

with misuse of alcohol through prevention, treatment, and harm- reduction measures.

b. **Safeguard Consumers and Uphold Product Standards:** The policy establishes a coherent regulatory mechanism to protect Nigerians from exposure to adulterated, counterfeit, or substandard alcoholic beverages. It strengthens enforcement of the NAFDAC Act Cap N1 LFN 2004, the Standards Organisation of Nigeria (SON) Act

2015, and other relevant laws governing quality assurance, labeling, packaging, and marketing. Through these measures, the Policy supports consumer protection under the Federal Competition and Consumer Protection Act 2018.

c. **Promote Economic Stability and Responsible Industry Practices:** Alcohol production and distribution constitute a substantial component of Nigeria's manufacturing and trade sector. However, unregulated informal production and tax evasion erode government revenue and legitimate market operations. By aligning with the Finance (Control of Duties, Taxes and Excise) Act, and the mandates of the Federal Ministry of Industry, Trade and Investment (FMITI) and the Nigeria Revenue Services (NRS), this Policy promotes a balanced approach, encouraging responsible investment and employment generation while minimizing public-health and social harms.

d. **Strengthen Governance and Regulatory Coordination:** Alcohol control responsibilities are dispersed across Ministries, Departments and Agencies (MDAs) including the Federal Ministry of Health & Social Welfare (FMOH&SW), NAFDAC, SON, FRSC, FCCPC, and the Nigeria Security and Civil Defense Corps (NSCDC). This Policy provides the legal and institutional framework for inter-agency harmonization, clarifies mandates, and establishes mechanisms for accountability and joint enforcement, consistent with the National Health Act (2014) and other relevant regulatory instruments.

e. **Advance Social Order and Community Wellbeing:** Harmful drinking patterns are associated with domestic violence, loss of productivity, and breakdown of social cohesion. By promoting community engagement, traditional and religious leadership involvement, and social-behavioural change communication (SBCC), the Policy supports the objectives of the

National Drug Control Master Plan (NDCMP) and aligns with Nigeria's commitment to public safety and human capital development.

f. **Fulfill Regional and International Commitments:** The Policy aligns Nigeria's national response with international obligations, including the WHO Global Strategy to Reduce the Harmful Use of Alcohol (2010), the Framework for Action on Alcohol (AFRO 2022–2030), and the Sustainable Development Goals (SDG 3.5); which call for strengthened prevention and treatment of substance abuse. It also supports commitments under the African Union's Plan of Action on Drug Control and Crime Prevention (2019–2023) and the ECOWAS Regional Action Plan on Alcohol Control[7].

The Nigeria Alcohol Policy and Its Multisectoral Implementation Plan therefore provides a structured framework through which the Federal Government, in collaboration with State and Local Governments, civil society, the private sector, and development partners, can address the multidimensional nature of alcohol-related issues. It harmonizes national legislation, institutional mandates, and global best practices to protect public health, promote social wellbeing, and ensure economic sustainability.

1.5 Policy Development Process

The formulation of this Policy followed a consultative, evidence-driven, and inclusive approach coordinated by the Federal Ministry of Health & Social Welfare (Department of Food and Drug Services). Key steps included:

a. **Situational Analysis (SITAN):** Review of epidemiological data, production trends, and regulatory performance;
b. **Stakeholder Consultations:** Engagement with Ministries, Departments, and Agencies (MDAs), State Governments, professional associations, academia, industry representatives, civil-society organizations, traditional and religious leaders;
c. **Expert Technical Review:** Input from health, legal, and economic experts to ensure technical rigor and policy coherence; and
d. **Validation Workshops:** National-level meetings to review draft content and secure consensus on strategic priorities.

This participatory process ensures that the Policy reflects national realities and collective ownership among implementing partners.

1.6 Scope and Applicability

The Policy applies to all activities related to alcohol production, importation, exportation, distribution, marketing, sale, and consumption within the Federal Republic of Nigeria. It encompasses:

a. Industrial, pharmaceutical, cosmetic, and beverage alcohol sectors;
b. Federal, State, and Local Government jurisdictions; and
c. Private-sector and civil-society engagement in regulation, enforcement, health promotion, and social awareness.

1.7 Guiding Principles

The implementation of this Policy shall be guided by the following overarching principles, which reflect Nigeria's public health priorities, socio-cultural diversity, and governance realities:

i. **Public Health Protection:** Safeguarding the health, safety, and wellbeing of the Nigerian population takes precedence over commercial or economic interests. The Policy recognizes the constitutional obligation of the State to protect citizens' health (as articulated in Section 17(3) (c) of the 1999 Constitution, as amended) and promotes preventive and promotive actions to reduce alcohol-related morbidity, mortality, and social harm.

ii. **Evidence-Based Decision-Making:** Policy actions, enforcement measures, and public health interventions shall be grounded on credible data, scientific research, and validated monitoring information. Strengthening national data systems through Platforms domiciled in FMOHSW, NAFDAC, NBS, and research institutions will ensure that interventions are targeted, measurable, and responsive to emerging evidence.

iii. **Equity and Inclusiveness:** Alcohol-related harm disproportionately affects youth, low- income populations, and marginalized communities[8]. This Policy ensures equitable access to prevention, treatment, and rehabilitation services, while addressing gender and age- specific vulnerabilities. It also upholds the principles of non-discrimination, social justice, and human rights in all interventions and enforcement actions.

iv. **Inter-sectoral Collaboration:** Alcohol control requires the concerted efforts of multiple sectors. This Policy therefore promotes joint planning, coordination, and accountability among Ministries, Departments, and Agencies (MDAs), including Health, Industry, Trade and Investment, Finance, Education, Transport, Interior, Information, Justice, and law enforcement bodies. Collaboration will extend to traditional and religious institutions, civil society, academia, private sector and Donor agencies to ensure a whole-of-society approach.

v. **Transparency and Accountability:** Integrity and public trust are central to effective policy implementation. The Policy promotes open governance through public reporting, independent monitoring, and participatory review processes. Regulatory bodies and enforcement agencies are expected to adhere to ethical standards, fiscal discipline, and accountability in all alcohol control activities.

vi. **Cultural and Religious Sensitivity:** Nigeria's cultural and religious diversity shapes social attitudes toward alcohol. Policy implementation shall therefore respect the beliefs, customs, and norms of all communities, acknowledging that some regions or faiths prohibit alcohol entirely. Local authorities, traditional institutions, and faith-based organizations will play critical roles in community-level enforcement and behavioural change communication.

vii. **Sustainability:** The Policy emphasizes long-term viability through institutional ownership, stable financing, and periodic policy review. Implementation shall leverage existing systems and partnerships such as State Alcohol Control Committees (SACCs), Local Government Alcohol Surveillance Committees (LGASCs), and community structures to ensure continuity. Mechanisms for resource mobilization, including earmarked taxes and public–private partnerships, will sustain programmes and adapt to evolving trends and emerging evidence.

viii. **Partnership and Shared Responsibility:** Recognizing that no single institution can address the complexity of alcohol-related issues, this Policy promotes partnerships that combine public authority, private innovation, and community participation. Stakeholders,

including industry actors will be encouraged to uphold social responsibility and contribute to harm-reduction initiatives within the boundaries of regulatory compliance.

1.8 Expected Outcomes

Implementation of the National Alcohol Policy is expected to achieve:

a. Significant reduction in alcohol-related morbidity, mortality, and social harm;
b. Strengthened regulatory and enforcement systems that ensure product quality and consumer safety;
c. Generate national revenue through effective taxation and reduced illicit trade;
d. Improved coordination among MDAs and alignment of state-level interventions with federal priorities; and
e. Heightened public awareness and behavioural change toward responsible alcohol use.

1.9 Structure of the Policy Document

This document is organized as follows: **Chapter 1** introduces the Policy context, rationale, and guiding principles.

Chapter 2 presents the **Situational Analysis (SITAN)**, covering the current alcohol burden, system performance, and diagnostic findings.

Chapter 3 defines the **Strategic Direction**, including vision, mission, goals, objectives, guiding principles, and key performance indicators.

Chapter 4 outlines the **Policy Framework**, detailing policy statements, thematic areas, and strategic measures.

Chapter 5 provides the **Implementation Roadmap**; specifying timelines, lead agencies, and coordination mechanisms.

Chapter 6 describes **Institutional Arrangements and Implementation Governance**. **Chapter 7** covers **Financing, Resource Mobilization, and Partnerships**.

Chapter 8 sets out the **Monitoring, Evaluation, Accountability, Research, and Learning Framework**.

Chapter 9 addresses **Enforcement, Compliance, and Inter-Agency Collaboration**.
Chapter 10 covers C**apacity Building**
Chapter 11 provided **General Conclusion**

These chapters establish the foundation for a coordinated national approach to alcohol control. By defining the context, rationale, and principles for action, it underscores Nigeria's commitment to reducing alcohol-related harm while safeguarding legitimate industry, protecting consumers, and promoting social and economic wellbeing. The subsequent chapters translate these principles into strategic priorities, policy measures, and institutional mechanisms for effective implementation.

CHAPTER 2
SITUATION ANALYSIS

2.1 Introduction

Alcohol occupies a complex and dual position in Nigeria's socio-economic and public-health landscape[9]. It is both an industrial input vital for the production of pharmaceuticals, cosmetics, and biofuels, and a widely consumed beverage associated with significant health, social, and economic burdens when used harmfully.

This Situation Analysis provides an evidence-based assessment of Nigeria's alcohol environment, covering the global and regional trends, national context, population burden, system performance, and root causes of harmful consumption. It also presents a SWOT analysis to guide objective-setting in the subsequent Strategic Direction.

2.2 Global and Regional Context

Globally, the harmful use of alcohol remains one of the leading preventable causes of morbidity and mortality. According to the World Health Organization (WHO, 2023)[10], alcohol contributes to over 3 million deaths annually and accounts for 5% of the global disease burden, disproportionately affecting young adults in their most productive years. Beyond health, alcohol use drives major social and economic costs, including reduced productivity, family disruption, and strain on healthcare and criminal justice systems.

In Africa, per-capita alcohol consumption is rising faster than in any other region. A high proportion of consumption is unrecorded or informally produced, lacking quality assurance and posing serious poisoning and mortality risks. These trends threaten public health, economic stability, and government revenue, as illicit alcohol undermines legitimate industry and taxation systems.

To address this, several African nations are implementing comprehensive national alcohol policies, guided by regional and global frameworks such as the African Union

Agenda 2063[11] and the WHO Global Strategy to Reduce the Harmful Use of Alcohol (2022–2030)[12]. Nigeria's policy development is therefore part of this broader continental effort to balance industrial growth with harm reduction.

2.3 National Context

Nigeria stands at a critical intersection of public health, industrial development, and economic opportunity in relation to alcohol and allied sectors such as pharmaceuticals, food, and cosmetics. These industries together form an integral part of the national economy, contributing significantly to employment, trade, and innovation, while also posing complex public health and social challenges that require balanced and coherent policy action.

2.3.1 Economic and Industrial Landscape

Nigeria is one of Africa's largest and fastest-growing markets for alcoholic beverages and related products[13]. The formal alcohol industry comprising breweries, distilleries, and chemical producers contributes substantially to agricultural development, industrial output, and revenue generation. Locally sourced crops such as sorghum, cassava, and maize form key inputs for beverage and non-beverage production; supporting rural livelihoods and agro-industrial linkages.

The same value-chain dynamics extend to the pharmaceutical, food, and cosmetics industries, which collectively hold significant potential for industrial growth, research, and innovation. Over 120 licensed pharmaceutical manufacturers operate in Nigeria, yet most remain limited to formulation and packaging, heavily reliant on imported active pharmaceutical ingredients (APIs) and excipients[14]. This import dependence exposes the sector to foreign exchange pressures, global supply disruptions, and pricing volatility.

Unlocking the full potential of these sectors requires a deliberate industrial strategy that strengthens local manufacturing capacity, encourages backward integration, and promotes technology transfer. A thriving manufacturing base will not only improve access to quality products but also create skilled employment, stimulate allied industries (such as packaging, logistics, and quality assurance), and boost Nigeria's participation in regional and global trade.

2.3.2 Research, Innovation, and Workforce Capacity

Nigeria's manufacturing ecosystem is constrained by weak research and development (R&D) investment and limited technical expertise[15]. The pharmaceutical and allied industries suffer from shortages in formulation science, process engineering, quality assurance, and regulatory skills. Similarly, the alcohol and beverage industry, while technologically advanced in production, requires stronger compliance culture, innovation in responsible marketing, and product diversification to meet emerging health standards.

Policies that incentivise public–private research partnerships, technology incubation, and capacity-building programmes can strengthen national competitiveness and drive innovation across these interlinked value chains. Strengthening academic–industry linkages and upgrading training infrastructure will also ensure a sustainable pipeline of skilled professionals for Nigeria's growing industrial base.

2.3.3 Public Health and Social Dimensions

Despite its economic contributions, harmful use of alcohol imposes a substantial health, social, and economic burden on Nigeria's population[16]. Per-capita consumption stands among the highest in sub-Saharan Africa, with an increasing prevalence of binge drinking, particularly among youth and urban populations. Alcohol misuse contributes to a significant share of road traffic injuries, gender-based violence, and workplace accidents, and fuels chronic conditions such as liver disease and cardiovascular disorders.

Illicit and unrecorded alcohol, known locally as *ogogoro*, *kaikai*, *burukutu*, and *pito* accounts for up to 40% of national consumption, often produced without quality oversight or taxation. These informal products, while providing income to small-scale producers, expose consumers to serious health risks including methanol poisoning and adulteration-related deaths. Smuggling and unregulated distribution further erode legitimate industry revenues and tax compliance, weakening public trust and governance.

2.3.4 Economic and Fiscal Implications

Harmful alcohol consumption imposes substantial macro- and microeconomic costs that erode the gains from formal sector growth. Productivity losses, healthcare

expenditures, and law enforcement burdens collectively outweigh excise and tax revenues. At the household level, alcohol-related spending diverts income from essential needs such as food, education, and healthcare, deepening poverty and social vulnerability.

Conversely, the formal and well-regulated alcohol, food, and pharmaceutical industries can serve as strong drivers of economic diversification, industrial growth, and export competitiveness if supported by coherent policies that integrate health and industrial development goals. A balanced framework will ensure that economic opportunities from these sectors are harnessed responsibly and sustainably.

2.3.5 Policy Justification

The Nigerian context calls for a comprehensive national alcohol and allied products policy that simultaneously:

1. **Addresses the public health burden** by reducing harmful use through regulation, education, and enforcement;
2. **Promotes responsible enterprise and innovation** within the formal industry through transparent and predictable policies;
3. **Stimulates industrial transformation** by supporting local manufacturing, research, and value-chain development in pharmaceuticals, food, and cosmetics; and
4. **Strengthens governance and economic resilience** by curbing illicit trade, ensuring product safety, and improving revenue collection.

This integrated approach recognizes that the health and industrial sectors are not mutually exclusive but mutually reinforcing. A modernized, science-driven regulatory framework will protect public health while unlocking the economic potential of Nigeria's manufacturing ecosystem advancing national development, job creation, and self- reliance.

2.4 Current Health and Regulatory System Performance

2.4.1 Health System Response

Nigeria's health system response to alcohol-related harm is limited and fragmented:

a. Few primary healthcare centres provide screening or counselling for alcohol use.
b. Only select tertiary hospitals offer rehabilitation services.
c. There is no national clinical guideline for alcohol-use disorder management.
d. Alcohol-related data are not routinely integrated into the National Health Management Information System[17] (NHMIS).

The result is under diagnosis, inadequate treatment coverage, and persistent stigma around alcohol-related disorders.

2.4.2 Regulatory and Enforcement Systems

Multiple agencies share alcohol-control mandates, including:

Institution	Core Mandate
FMOH&SW	Policy coordination, health oversight, monitoring morbidity.
NAFDAC	Product registration, labelling, and advertising control.
SON	Technical standards for production and storage.
FMITI	Industrial licensing and market regulation.
NCS	Excise duty administration.
FCCPC	Consumer protection and fair competition.
FRSC & NPF, NSIB, NCAA	Drink-Driving, Flying under the influence, enforcement for road and airports flying & landing safety.
NSCDC	Surveillance and enforcement of policy compliance.
State & Local Governments	Licensing, zoning, and monitoring of retail outlets.

Weak enforcement persists due to overlapping mandates, limited resources, and poor coordination. The digital marketing boom has outpaced regulation, allowing alcohol promotion targeting underage and vulnerable groups to flourish.

2.5 Root-Cause and Diagnostic Analysis

Domain	Key Barriers / Root Causes
Policy & Legal Framework	Absence of unified national alcohol law; inconsistent state-level enforcement.
Economic Factors	Low excise taxes and minimal penalties sustain illicit trade.
Health-System Gaps	Limited integration of alcohol prevention and treatment in PHC.
Cultural Norms	High social acceptance of drinking; alcohol use embedded in celebrations and coping behaviours.
Data Deficiency	Lack of national alcohol surveillance; fragmented reporting systems.
Regulatory Weakness	Poor inter-agency coordination; weak inspection and sanctions.
Community Awareness	Low literacy on alcohol risks; limited role of traditional and religious leaders.

2.6 SWOT Analysis to Guide Objective Setting

Strengths	Opportunities
i. Strong institutional presence (FMOH&SW, NAFDAC, SON, FRSC). ii. Existing laws supporting regulation and consumer protection iii. Growing political and public-health commitment. iv. Existing digital toll for traceability and enforcement	i. Alignment with global and regional alcohol-control initiatives ii. Digital tools for traceability and enforcement iii. Potential for tax revenue and job formalization iv. Donor and partner support
Weaknesses	**Threats**
i. Fragmented mandates and weak coordination. ii. Underfunded enforcement mechanisms iii. Weak health-system integration iv. Inadequate data systems v. Cultural tolerance for harmful drinking.	i. Expansion of illicit markets ii. Industry interference iii. Youth unemployment and poverty driving harmful use iv. Weak cross-border control.

2.7 Summary and Policy Implications

The Situation Analysis highlights that Nigeria faces a dual alcohol economy namely a formal sector with economic promise and an informal sector posing grave risks. The evidence reveals:

a. Rising consumption among youth and women.
b. A dominant illicit market undermining safety and revenue.
c. Limited health-system readiness.
d. Fragmented and underfunded enforcement.
e. Cultural normalization of harmful use.

To address these, Nigeria requires a coordinated, multi-sectoral National Alcohol Policy anchored in public health protection, regulatory coherence, data-driven decision-making, and social accountability.

CHAPTER 3
STRATEGIC DIRECTION

3.1 Introduction

Nigeria's alcohol landscape presents both opportunity and challenge. On one hand, alcohol contributes to agricultural development, industrial growth, and fiscal revenue; on the other, harmful consumption undermines productivity, public safety, and national wellbeing[18]. The Situation Analysis earlier highlighted the complex interplay of health, social, and economic costs arising from unregulated production, unsafe consumption patterns, and fragmented enforcement.

This strategic direction provides a guide to Nigeria's national response. It establishes the vision, mission, goal, objectives, guiding principles, and thematic focus for implementing a coordinated, evidence-based, and health-centred approach to alcohol regulation. The strategy aligns with Nigeria's National Health Policy, the WHO Global Strategy to Reduce the Harmful Use of Alcohol, Sustainable Development Goal (SDG) 3.5, and AU Agenda 2063.

3.2 Vision

A Nigeria free from harmful alcohol use, where alcohol production, distribution, and consumption are safe, regulated, and aligned with national health, safety, and development goals

3.3 Mission

To balance the industrial and economic benefits of alcohol production with public health protection through evidence-based regulation, intersectoral coordination, and community participation

3.4 Goal

To establish a comprehensive, health-led, and development-oriented national framework that promotes responsible alcohol production and consumption, reduces alcohol-related harm, and strengthens Nigeria's social and economic wellbeing

3.5 Policy Objectives

The Nigeria Alcohol Policy and its Multisectoral Implementation Plan pursues four interrelated strategic objectives, which together provide the foundation for multi-sectoral action and policy coherence:

1. **Promote Industrial and Pharmaceutical Development**
   a. Strengthen regulated alcohol production for industrial, pharmaceutical, cosmetics and beverage uses under strict safety, quality, and environmental standards.
   b. Enhance local value addition and reduce import dependence through innovation, bioethanol development, and agricultural linkages.

2. **Reduce Harmful Alcohol Consumption and Its Consequences**
   a. Implement evidence-based measures to prevent and reduce harmful use of alcohol through fiscal, educational, and environmental strategies.
   b. Integrate screening, treatment, and rehabilitation for alcohol-related disorders into national and subnational health systems.

3. **Strengthen Multi-Sectoral Governance, Coordination, and Enforcement**
   a. Establish coherent institutional mechanisms for implementation, monitoring, and enforcement across government, industry, and civil society.
   b. Build capacity for effective inspection, surveillance, and inter-agency collaboration at all levels.

4. **Align National Efforts with Regional and Global Commitments**
   a. Harmonize Nigeria's alcohol control policies with international frameworks such as the WHO Global Strategy, SDG 3.5, and AU Agenda 2063.
   b. Promote South–South collaboration and regional policy learning within ECOWAS and the African Union.

3.6 Guiding Principles

Implementation of this Policy shall be anchored on the following principles, reflecting Nigeria's national values, health priorities, and social realities:

i. **Public Health Protection:** Safeguarding health, safety, and wellbeing shall take precedence over commercial or political interests
ii. **Shared Responsibility and Multi-Sectoral Action:** Effective alcohol control requires coordinated participation of federal, state, and local governments, private sector, civil society, and communities

iii. **Equity and Inclusion:** Policy measures must protect vulnerable groups, including women, youth, and low-income populations, while addressing regional and cultural diversities

iv. **Evidence-Based Decision Making:** Strategies and interventions shall be guided by credible data, operational research, and continuous learning

v. **Transparency and Accountability:** All implementing bodies shall adhere to integrity, open reporting, and enforcement fairness

vi. **Cultural Sensitivity:** Measures shall respect Nigeria's diverse cultural, religious, and social contexts while advancing health equity

vii. **Sustainability and Environmental Responsibility:** Industrial and regulatory actions must uphold sustainable production, safe waste management, and responsible use of natural resources.

3.7 Strategic Framework

The Nigeria Alcohol Policy and Its Multisectoral Implementation Plan adopts a dual-stream strategic framework that integrates industrial development with public health protection, underpinned by governance, financing, and research systems. Each thematic area directly supports one or more policy objectives.

Thematic Area	High-Level Strategies	Expected Outcomes
1. Industrial and Pharmaceutical Development	• Strengthen tiered licensing and traceability for all producers • Strengthen quality assurance and standards for industrial and pharmaceutical alcohol • Promote innovation in bioethanol and renewable technologies • Support agricultural value chains for local raw materials. • Deploy digital licensing and traceability systems • Strengthen inter-agency enforcement (NAFDAC, SON, FRSC, NPF, FCCPC, NCoS, NCS and NSCDC).	• Safe, traceable, and competitive alcohol industry contributing to employment and national growth.

2. Harm Reduction and Public Health Protection	• Strengthen the enforcement of age restrictions, outlet density, and trading-hour controls • Integrate alcohol screening, brief interventions, and treatment into PHC and mental health services • Conduct national prevention and education campaigns • Regulate marketing, sponsorship, and promotion targeting youth.	• Reduced prevalence of harmful drinking, NCDs, road crashes, flights/ landing defects and domestic violence.
3. Governance, Coordination, and Enforcement	• Operationalize the National Alcohol Coordination Committee (NACCC) • Develop and enforce harmonized national regulations	• Coherent, accountable, and effective national alcohol control system.
4. Community and Civil Society Engagement	• Institutionalize community surveillance and reporting on illicit alcohol • Partner with CSOs, traditional, and faith-based institutions for prevention and rehabilitation • Promote alcohol-free community initiatives.	• Strengthened community ownership, awareness, and reduction in informal production.
5. Financing and Resource Mobilization	• Earmark alcohol excise taxes for prevention, treatment, and enforcement	• Predictable, sustained financing for alcohol-control programme.

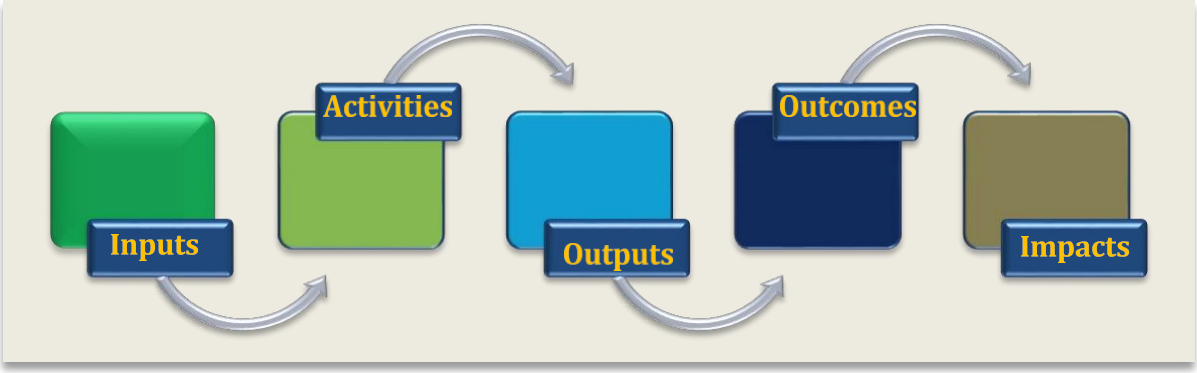
	• Mobilize donor, CSR, and PPP financing • Integrate alcohol control funding into national and subnational health budgets.	
6. Monitoring, Evaluation, Accountability Research and Learning	• Establish a national alcohol information system • Integrate alcohol indicators into NHMIS and NCD surveillance • Conduct biennial national surveys and operational research • Publish annual Alcohol Control Reports.	• Data-driven policy adjustments, transparency, and accountability.

3.8 Key Performance Indicators (KPIs) and Targets (2026–2030)

Policy Objective	Key Performance Indicators (KPIs)	Target by 2030	Level
Industrial and Pharmaceutical Development	• % of licensed producers meeting NAFDAC and SON standards • % of industrial ethanol produced locally.	≥90% compliance; ≥50% local ethanol production.	Output / Outcome
Reduce Harmful Consumption	• Track percentage reduction in harmful alcohol consumption and illicit trade	20% reduction in consumption; 25% reduction in binge drinking; 30%	Outcome/ Impact
Policy Objective	**Key Performance Indicators (KPIs)**	**Target by 2030**	**Level**
	• % of population engaged in binge drinking • % Reduction in alcohol-related road traffic deaths and Plane crashes/landing as a result of alcohol influence.	reduction in road deaths and alcohol related flights or poor landing.	

Strengthen Governance and Enforcement	• Functional NACCC • States with digital licensing systems • Annual enforcement actions or prosecutions.	NACCC by 2026; ≥24 States by 2028; ≥100 prosecutions/year by 2030.	Output
Community and Civil Society Engagement	• LGAs with functional community alcohol surveillance committees • Number of community campaigns implemented annually.	≥50% of LGAs by 2027; ≥100 campaigns/year by 2030.	Output
Financing and Resource Mobilization	• % of alcohol excise revenue earmarked for health promotion • Annual budgetary allocation to alcohol control.	2% earmarking by 2027; sustained allocations from 2026.	Outcome
Monitoring, Evaluation, Accountability Research and Learning	• Existence of national alcohol data dashboard • Frequency of national alcohol- use surveys • Publication of annual control reports.	Dashboard by 2027; survey every 2 years; annual report from 2026.	Output

3.9 Logical Results Chain



a. **Inputs:** Political commitment, legal reforms, institutional capacity, financing, and data systems.
b. **Activities:** Licensing, enforcement, education, treatment integration, research, and reporting.

c. **Outputs:** Regulated production, public awareness, strengthened data, and community surveillance.
d. **Outcomes:** Reduced harmful use, improved compliance, increased treatment access.
e. **Impact:** Healthier citizens, safer communities, stronger economy, and sustainable development.

3.10 Summary of Strategic Alignment

The Strategic Direction consolidates Nigeria's response to alcohol-related challenges under six mutually reinforcing thematic areas.

1. **Industrial and Pharmaceutical Development**
   Focuses on promoting a regulated, quality-assured alcohol industry that supports national economic growth through innovation, bioethanol production, and agricultural linkages, while safeguarding public and environmental health.

2. **Harm Reduction and Public Health Protection**
   Seeks to reduce the health and social consequences of harmful alcohol consumption through prevention, treatment, enforcement of access control, and regulation of advertising and marketing.

3. **Governance, Coordination, and Enforcement**
   Strengthens institutional accountability and coherence by aligning mandates, operationalizing the National Alcohol Control Coordination Committee (NACCC), and improving enforcement systems across federal, state, and local levels.

4. **Community and Civil Society Engagement**
   Promotes grassroots participation, leveraging traditional rulers, faith-based organizations, and civil society to support community surveillance, awareness creation, and behavioral change.

5. **Financing and Resource Mobilization**
   Establishes sustainable financing mechanisms through earmarked excise taxes, corporate social responsibility (CSR), and public–private partnerships to fund prevention, treatment, and enforcement activities.

6. Monitoring, Evaluation Accountability Research and Learning

Develop a national alcohol information and learning system that supports evidence- based policymaking, continuous learning, and transparent reporting through integrated data collection and dissemination.

It also provides a balanced framework that anchors economic and industrial progress on public health and safety; provides measurable indicators for national accountability; and aligns with regional and global commitments to reduce harmful alcohol use by 2030.

This framework reflects Nigeria's vision of a responsible, inclusive, and sustainable alcohol economy, one that supports national development while safeguarding the health and wellbeing of its people.

Part II – Policy and Institutional Framework

CHAPTER 4
POLICY FRAMEWORK

4.1 Overview

This Policy Framework provides the operational foundation for achieving Nigeria's national objectives on alcohol control.

It translates the six thematic areas identified in the Strategic Direction into policy statements, high-level strategies, and actionable measures.

The framework ensures that alcohol control efforts:

1. Safeguard public health and social wellbeing;
2. Promote responsible industrial and economic growth;
3. Strengthen governance, coordination, and enforcement;
4. Empower communities for harm prevention;
5. Secure sustainable financing; and
6. Institutionalize evidence-based decision-making.

4.2 Thematic Area 1: Industrial and Pharmaceutical Development

Policy Objective:

Promote a regulated, safe, and competitive alcohol industry that supports economic growth and public health protection.

High-Level Strategies:

1. Enforce quality, traceability, and licensing standards across all production and distribution channels.
2. Support innovation, agricultural linkages, and responsible industrial practices.
3. Integrate environmental and occupational safety into alcohol production systems.

Policy Actions and Measures:

a. **Licensing and Regulation**

i. Establish a National Alcohol Licensing and Registry System (NALRS) under NAFDAC to manage tiered licensing (industrial, pharmaceutical, beverage, and artisanal).
ii. Require compliance with Good Manufacturing Practice (GMP) and Good Distribution Practice (GDP) for licensing and renewal.
iii. Prohibit unlicensed production, importation, and distribution, with sanctions under the NAFDAC and FCCPC Acts.

b. Product Standards, Packaging, and Labelling

i. Enforce Nigerian Industrial Standards (NIS) under SON for all alcohol products.

ii. All alcoholic drinks require tamper-evident packaging in food-grade glass, PET, or aluminum containers, clear alcohol-content labelling, health warnings, and MANCAP certification.

iii. The packaging of alcoholic drinks in sachets of any size, as well as in other packaging formats below 200 ml, is strictly prohibited, in line with national public health measures aimed at reducing harmful alcohol consumption, particularly among minors, aligned with regional public health recommendations.

iv. All labels must show manufacturer details, NAFDAC Registration number, batch number, best before dates, volume, and alcoholic content presented in English language.

c. **Environmental and Worker Protection**

i. Mandate installation of Effluent Treatment Plants (ETPs) and full compliance with NESREA environmental standards.
ii. Require Extended Producer Responsibility (EPR)[19], targeting 30 % recycled packaging content by 2030.
iii. Enforce occupational-health standards and periodic safety audits.

d. **Regulation of Production, Storage, Distribution, and Retail**

I. **Production**

a. All alcoholic beverages shall be produced in duly licensed facilities regulated by NAFDAC, SON, and other competent authorities
b. Producers must comply with product standards
c. Contraventions shall attract fines, confiscation, or closure in line with enforcement provisions.

ii. **Storage**

a. Alcohol must be stored in clean, dry, ventilated facilities, secured against tampering or unauthorized access
b. Storage conditions (temperature/humidity) must protect product quality
c. Unauthorized residential storage is prohibited
d. Warehousing must comply with occupational health and safety standards.

iii. **Distribution**

a. Distribution is limited to licensed entities only
b. Transport vehicles must be suitable, well-maintained, and secure
c. Full traceability (invoices, waybills, delivery notes) is mandatory and subject to inspection
d. Illegal/unlicensed distribution shall result in seizure and penalties.

iv. **Retail and Point of Sale**

a. Alcohol may only be sold in licensed, permanent outlets that meet relevant Nigeria standards
b. Open display and or sales of alcoholic drinks and beverages outside unauthorized retail premises are prohibited
c. Retailers must comply with zoning, display valid licenses, enforce underage restrictions, and implement responsible marketing
d.
e. Online/e-commerce platforms must adopt robust age-verification and comply with licensing rules.

e. Innovation and Value Addition

i. Support R&D on bioethanol and sustainable alcohol alternatives.
ii. Strengthen agricultural linkages with cassava, sorghum, maize, and sugarcane producers.
iii. Promote academia-industry partnerships for sustainable technology adoption.

4.3 Thematic Area 2: Harm Reduction and Public Health Protection

Policy Objective:

Reduce harmful alcohol consumption and its health and social impacts.

High-Level Strategies:

1. Regulate access, availability, and affordability using evidence-based measures.
2. Expand prevention, treatment, and rehabilitation services.
3. Integrate alcohol-related interventions into national and state health systems.

Policy Actions and Measures:

a. **Access Control**

i. Prohibit under-18 sales or supply and enforce mandatory "No Sale to Minors" signage.
ii. Prohibit street hawking, retailing, and open-air sales of alcoholic beverages.
iii. Restrict outlets within 200 metres of schools, health facilities, offices and motor parks.
iv. Enforce state-defined trading-hour limits and drink-driving controls:
   - o ≤ 0.05 g/dl BAC for adults.
   - o Zero tolerance for drivers under 21 and all commercial drivers.

b. Fiscal and Pricing Measures

i. Maintain excise duties and introduce health-based taxes on high-alcohol products.
ii. Allocate at least 2% of excise revenue to alcohol prevention, treatment, and enforcement via the Basic Health Care Provision Fund (BHCPF).

c. Public Awareness and Education

i. Integrate alcohol education into school curricula.
ii. Conduct mass-media and community campaigns on responsible consumption, family wellbeing, and road safety.
iii. Partner with civil society, faith-based, and women's groups to promote behavioural change.

d. Health Services and Rehabilitation

i. Integrate alcohol-use disorder screening, brief interventions, and rehabilitation into PHC and mental-health services.
ii. Train health workers using national clinical guidelines.
iii. Establish and fund public rehabilitation and reintegration centres.

4.4 Thematic Area 3: Governance, Coordination, and Enforcement

Policy Objective:

Ensure coordinated, transparent, and effective governance of alcohol control.

High-Level Strategies:

1. Institutionalize coordination under the National Alcohol Control Coordinating Committee (NACCC).
2. Harmonize enforcement across regulatory agencies.
3. Modernize compliance and traceability through digital tools.

Policy Actions and Measures:

a. **Institutional Coordination**

i. NACCC (under FMOH&SW) to convene quarterly multi-agency meetings with NAFDAC, SON, FCCPC, FRSC, NSIB, NRS, NCS, NESREA, States MoH, NPF, and CSOs.

b. Enforcement and Compliance

i. Harmonize the NAFDAC, SON, FCCPC, FRSC, and State Licensing frameworks into a unified compliance system.

ii. Form multi-agency task forces targeting illicit trade and counterfeit production.

c. Digital Traceability and Data Integration

I. Deploy a national digital registry linking Customs, NAFDAC, and State licensing systems to track product movement and licensing compliance.

ii. Require periodic data submission from operators for monitoring and enforcement.

4.5 Thematic Area 4: Community and Civil Society Engagement

Policy Objective:

Empower communities to prevent alcohol harm and promote responsible norms.

High-Level Strategies:

1. Strengthen community-based prevention and surveillance systems.
2. Build partnerships with traditional, faith-based, and women-led organizations.
3. Support social reintegration and harm-reduction initiatives.

Policy Actions and Measures:

a. Establish Community Alcohol Surveillance Committees (CASCs) at LGA level to monitor illicit sales and under-age access.

b. Support alcohol-free community initiatives and youth peer-education programmes.

c. Encourage CSO-led rehabilitation and livelihood support for recovering individuals.

d. Engage traditional and religious leaders to reinforce cultural norms against excessive drinking.

4.6 Thematic Area 5: Financing and Resource Mobilization

Policy Objective:
Ensure predictable, sustainable financing for alcohol-control interventions.

High-Level Strategies:

1. Earmark alcohol-related taxes for public health interventions.
2. Mobilize multi-source financing through public–private partnerships and donor support.
3. Integrate alcohol-control financing into national and sub-national budgets.

Policy Actions and Measures:

a. Allocate 2% of alcohol excise revenue to prevention, enforcement, and treatment programmes.
b. Create dedicated alcohol-control budget lines in FMOH&SW and state budgets.
c. Encourage CSR funding from compliant alcohol producers.
d. Mobilize technical and financial support from development partners for surveillance and research.

4.7 Thematic Area 6: Monitoring, Evaluation, Accountability, Research, and Learning (MEARL)

Policy Objective:
Institutionalize evidence-based decision-making and continuous learning.

High-Level Strategies:

1. Develop a national alcohol-information and surveillance system.
2. Conduct periodic research and evaluations.
3. Promote transparency and accountability through regular reporting.

Policy Actions and Measures:

a. Integrate alcohol indicators into the NHMIS and create a National Alcohol Data Dashboard managed by NACCC.
b. Conduct biannual national alcohol surveys to track prevalence, harm, and enforcement results.
c. Publish annual National Alcohol Control Reports.
d. Fund operational research on community interventions and harm-reduction innovation.

4.8 Legal and Regulatory Anchors

Implementation of this Policy derives authority from existing laws, including:

a. National Health Act (2014)
b. NAFDAC Act (Cap N1 LFN 2004)
c. SON Act (No. 14 of 2015 as amended)
d. Federal Competition and Consumer Protection Act (2018)
e. FRSC Act (2007)
f. Child Rights Act (2003)
g. NESREA Act (2007)
h. ARCON Act (2022)
i. NCS Act (2023)
j. NIMC Act (2007)
k. State Licensing and Public Order Laws
l. ALGON Bylaws

4.9 Policy Balance and Sustainability

The framework embodies Nigeria's dual-stream approach, linking economic opportunity with public-health protection.
Policy actions are health-led but economically sensitive; culturally responsive and inclusive; legally grounded and enforceable and financially sustainable and evidence- based.

CHAPTER 5
IMPLEMENTATION ROADMAP FOR THE NIGERIA ALCOHOL POLICY

5.1 Overview

This Implementation Roadmap provides the operational framework for translating the Policy's strategic direction into coordinated, time-bound, and measurable actions. It assigns responsibilities, identifies lead and supporting institutions, and establishes milestones for implementation, monitoring, and accountability between 2026 and 2030.

The roadmap adopts a phased approach:

a. **Short-term (2026–2027):** Institutional setup and foundational reforms.
b. **Medium-term (2028–2029):** National scale-up of enforcement, prevention, and treatment systems.
c. **Long-term (2030):** Consolidation, financing, and sustainability.

It integrates actions to address both formal and illicit alcohol under the overarching objectives of harm reduction, regulation, and social protection.

5.2 Implementation Phases

Phase	Timeline	Focus
Phase I – Foundation & Institutional Set-Up	2026–2027	• Establish coordination structures, harmonize laws, and operationalize digital licensing and data systems.
Phase II – Scale-Up & Systems Strengthening	2028–2029	• Expand prevention, enforcement, and community interventions nationwide.
Phase III – Consolidation & Sustainability	2030	• Institutionalize financing, policy review, and adaptive learning mechanisms.

5.3 Priority Implementation Matrix (2026–2030)

Thematic Area / Objective	Key Actions	Lead Ministry	Supporting MDA / Partners	Timeline	Key Indicators
	Institutionalize CSO participation in policy review.				
5. Financing & Resource Mobilization	• Earmark 2 % of alcohol excise tax for prevention/treatment • Establish National Alcohol Control Fund • Integrate alcohol-control lines in national & state budgets.	FMoF/ FIRS / FMOH & SW	National Assembly, States, Development Partners	2026–2028	2 % earmarking by 2027; sustained budget allocations.
6. Monitoring Evaluation Research, and learning	• Launch National Alcohol Information & Surveillance System • Conduct biennial national surveys • Publish Annual National Alcohol Control Report • Integrate indicators into NHMIS.	FMOH & SW (Planning & Research Dept.)	NBS, NCD Alliance, Academia, WHO	2026–2030	Data system operational by 2027; annual reports produced.

5.4 Coordination Mechanism

Level	Structure	Key Roles
National	National Alcohol Control Coordination Committee (NACCC)	Provides policy oversight, harmonization, multisectoral coordination, and annual reporting.
State	State Alcohol Control Committees (SACCs)	Adapt national policy to state context, coordinate enforcement, and guide LGAs.
Local Government	LGA Alcohol Surveillance Committees (CASCs)	Drive community mobilization, awareness, and data collection.
Technical Secretariat	Department of Food and Drug Services (FMOH&SW)	Oversees day-to-day coordination, M&E consolidation, and reporting.

5.5 Illicit and Informal Alcohol Control

5.5.1 Overview

Illicit and informal alcohol remain significant public health and regulatory threats in Nigeria, comparable to substandard pharmaceuticals[20]. These unregulated products expose citizens to toxic contaminants such as methanol and heavy metals, causing blindness, organ failure, and death [21] . They also erode government revenue, weaken institutions, and compromise consumer trust.

A national, people-centred response is required, integrating enforcement, public health protection, and economic inclusion.

Core Goals:

a. Protect lives by ensuring all alcohol meets regulated safety standards.
b. Formalize informal producers through structured compliance pathways.
c. Strengthen surveillance and traceability systems.
d. Restore public trust through fair, transparent enforcement.

5.5.2 Guiding Principles and Policy Implications

(a) Health Protection as Legal Obligation

i. FMOH&SW shall classify unregulated alcohol as a public health hazard requiring immediate action.
ii. Informal producers must formalize their operations and meet GMP, OHS, and environmental standards.
iii. Non-compliant products/facilities are subject to seizure, recall, and prosecution; repeat offenders blacklisted in the National Alcohol Licensing and Regulatory System (NALRS).

i. National treatment guidelines to include methanol poisoning management; establish statutory budget for emergency response.

(a) Equity and Inclusion in Public Health Response

i. Tailor health education for rural/low-literacy populations through radio, pictorial warnings, and PHC outreaches.
ii. Focus enforcement on high-risk zones (border towns, informal markets, transport hubs).
iii. Decentralize emergency and treatment services to underserved areas.

(b) Regulatory Systems Harmonization

i. Develop a National Alcohol Traceability and barcode Framework, modelled on pharmaceutical serialization, to track production and imports.
ii. Standardize laboratory testing under NAFDAC and SON quality systems.
iii. Integrate enforcement data into the National Health Information System (DHIS2) for real-time decision-making.

(c) Community Engagement and Co-Ownership

i. Establish Community Surveillance Networks under State/LGA oversight to detect and report illicit alcohol.
ii. Involve traditional and religious leaders in SACCs for cultural legitimacy.
iii. Co-design awareness campaigns with communities, empowering survivors and families as advocates.

5.5.3 Strategic Policy Objectives

a. Reduce Unsafe Consumption and Circulation of illicit alcohol by ≥50 % by 2030
b. Protect Vulnerable Populations through targeted health education and access to safe alternatives
c. Strengthen Regulatory and Enforcement Systems via licensing, serialization, and laboratory testing
d. Formalize Artisanal Producers by providing technical support and compliance pathways
e. Restore Consumer Confidence through transparency, fairness, and accountability.

5.5.4 Strategic Policy Actions

(a) Mapping and Early Detection

i. Conduct risk mapping using hospital, mortality, and production-site data.
ii. Integrate alcohol-related data into DHIS2.
iii. Institutionalize Pharmacovigilance for alcohol under NAFDAC.

(b) Consumer and Community Protection

i. Launch national health campaigns against illicit alcohol.
ii. Equip PHCs/Hospitals with methanol-poisoning protocols and antidotes.
iii. Train health workers and pharmacists for rapid detection and response.

(c) Denaturing and Traceability of Industrial Alcohol

i. Enforce denaturing standards and tamper-proof additives.
ii. Extend NAFDAC Traceability Regulations (2022) to industrial alcohol.
iii. Require excise stamps, batch barcodes, and fiscal audits with Customs/NRS.

(d) Enforcement and Governance

i. Establish National Taskforce on Illicit Alcohol Control under NACCC.
ii. Institutionalize border surveillance and integrate into the National Single Window system.
iii. Utilize fast-track tribunals for alcohol-related offences.
iv. Enhance ECOWAS cooperation for cross-border control.
v. Publish quarterly enforcement bulletins for transparency.

5.5.5 Human-Centred Impact

Illicit alcohol control is not merely regulatory; it is a public health and social justice imperative. Every preventable death represents a family tragedy and a governance failure. By aligning alcohol regulation with pharmaceutical safety standards, empowering communities, and formalizing small producers, Nigeria will save lives, protect livelihoods, and uphold the constitutional right to health.

CHAPTER 6
INSTITUTIONAL ARRANGEMENTS AND IMPLEMENTATION GOVERNANCE

6.1 Overview

The implementation of the policy (NAPMIP) is anchored on a strong, transparent, and inclusive governance framework that reflects Nigeria's federal structure and ensures accountability, coordination, and participation at all levels.
This institutional architecture aligns the health, regulatory, enforcement, and community systems under a single, human-centred vision , to protect the health and wellbeing of Nigerians while enabling a responsible, regulated alcohol industry that supports national development.

The governance system promotes coherence between policy direction, service delivery, enforcement, and community engagement, ensuring that implementation contributes meaningfully to health outcomes, social protection, and economic stability.

6.2 Guiding Principles for Institutional Coordination

The institutional arrangements and implementation governance shall be guided by the following principles:

1. **Subsidiarity and Shared Responsibility:** Functions are executed at the most appropriate level; federal, state, or local, based on capacity, jurisdiction, and proximity to communities.
2. **Transparency and Accountability:** Decision-making, financial management, and performance reporting must be evidence-based, open to public scrutiny, and subject to oversight by relevant authorities.
3. **Multi-Sectoral Collaboration:** Health, industry, finance, education, security, and community development sectors must act in synergy toward shared objectives.
4. **Participation and Partnership:** Civil society, academia, professional associations, faith-based organizations, and the private sector are critical partners in achieving the Policy's objectives.

5. **Performance Orientation:** All institutions operate under measurable performance indicators and timelines consistent with the Key Performance Indicators (KPIs) and Implementation Roadmap
6. **Equity and Inclusiveness:** Implementation must address the needs of vulnerable populations, including women, youth, and low-income households disproportionately affected by harmful drinking.

6.3 Institutional Structure for Implementation Governance

Level	Institution / Mechanism	Core Functions
Federal Level	National Alcohol Control Coordination Committee (NACCC)	• Serves as the apex multi-sectoral coordination body • Provides strategic oversight and leadership, aligning all interventions with national health and development priorities • Oversees enforcement harmonization, regulatory coherence, and progress reporting • Approves annual implementation plans and recommends legislative or fiscal actions to the Federal Executive Council (FEC).
	Federal Ministry of Health & Social Welfare (FMOH & SW): Department of Food & Drug Services (DFDS)	• Serves as the Secretariat of NACCC and provides overall leadership • Coordinates inter-agency data systems, performance monitoring, and reporting • Integrates alcohol indicators into national health information systems (NHMIS) • Produces the Annual National Alcohol Control Report • Provides continuous technical assistance to States and LGAs.
	Technical Working Groups (TWGs)	• Thematic expert groups under NACCC covering: (1) Regulation & Enforcement, (2) Health & Harm Reduction, (3) Research, M&E & Learning, (4) Financing & Industry Relations • Develop technical tools, guidelines, and capacity frameworks.
State Level	State Alcohol Control Committees (SACCs)	• Adapt and implement the Policy at state level • Coordinate enforcement and data reporting • Integrate alcohol control activities into state health and development plans • Liaise with LGAs and civil society organizations.
Local Government Level	Local Government Alcohol Surveillance Committees (LGASCs)	• Drive community mobilization, data collection, and awareness creation • Support enforcement of local by-laws and prevention of illicit alcohol sales • Serve as community reporting channels to SACCs.
Civil Society, Academia & Development Partners	Non-Governmental and Organized Private Sector Stakeholder Forum on Alcohol Control	• Facilitate independent monitoring, advocacy, and accountability • Conduct social research and mobilize communities • Partner in awareness and rehabilitation programmes.

6.4 Roles and Responsibilities of Key Institutions

6.4.1 Federal Ministry of Health & Social Welfare (FMOH&SW)

a. Lead national coordination and policy oversight.
b. Convene NACCC and TWGs quarterly.
c. Integrate alcohol indicators into the national health data systems (NHMIS, NDHS).

d. Facilitate training, capacity development, and inter-sectoral collaboration.
e. Align alcohol policy with National Health Policy, National Drug Policy, National Policy on Food Safety, and the Sustainable Development Goals (SDGs).

6.4.2 Other Federal Ministries, Departments, and Agencies

a. **NAFDAC:** Regulate the production, registration, packaging, and labelling of all categories of alcoholic products; ensure their quality, safety, and compliance with approved standards; and enforce recall and traceability measures in accordance with applicable laws and regulations
b. **Standards Organisation of Nigeria (SON):** Develop and enforce standards certification of products and circulation of information in relation to standards among others.
c. **Federal Ministry of Industry, Trade & Investment (FMITI):** Oversee industrial licensing and promote compliant ethanol production.
d. **Federal Ministry of Finance (FMoF):** Manage excise tax, budgeting, and earmarking mechanisms.
e. **Federal Road Safety Corps (FRSC):** Enforce drink-driving laws and conduct alcohol-related road safety campaigns.
f. **Nigeria Police Force (NPF):** Enforce underage and illicit sales regulations and support surveillance operations.
g. **Nigeria Customs Service (NCS):** Enforce and ensure strict compliance with government fiscal policy measures relating to the excise import and export of alcohol and alcoholic products while preventing the smuggling of unlicensed or unsafe products.
h. **NESREA:** Monitor environmental and occupational safety compliance in alcohol production and disposal.
i. **National Orientation Agency (NOA):** Lead nationwide social and behavioural change communication campaigns.
j. **FCCPC:** Protect consumer rights, regulate advertising, and prevent anti-competitive or deceptive practices.
k. **FME:** Create awareness among school children and youth on the dangers of underage alcohol consumption, teach adolescent children life skills to reduce effect of peer pressure on the use of alcohol, infuse into school subjects curricular, evidence -based prevention initiatives to enhance positive attitudinal change among children and youths in Nigeria
l. **Legislature (NASS):** Enact, amend, approve budget and allocate resources necessary for policy execution while ensuring accountability through oversight for effective policy delivery.

m. **FMYD:** Focal agency for youth mobilisation, youth education and policy, advocacy; monitoring and evaluation of youth related component action plan

n. **National Identity Management Commission (NIMC)**: Deploy functional age verification platform to prevent sale of alcohol to individual below the legal drinking age

o. **Advertising Regulatory Council of Nigeria (ARCON):** Regulate advertisement, advertising and marketing communications for alcoholic beverages

6.4.3 State Governments

a. Establish and fund SACCs.
b. Integrate alcohol control into state health, education, and safety plans.
c. Regulate retail licensing, outlet density, and enforcement of sale hours.
d. Support rehabilitation and public education initiatives.
e. Submit annual progress reports to FMOH&SW through NACCC.

6.4.4 Local Governments

a. Operate LGASCs for community-based monitoring.
b. Implement grassroots awareness and prevention programmes.
c. Enforce local byelaws and report illicit activities.
d. Support rehabilitation and social reintegration of affected individuals.

6.4.5 Civil Society, Academia, and Private Sector

a. Advocate for responsible marketing, consumer safety, and protection of minors.
b. Conduct research, training, and community education.
c. Deliver rehabilitation and harm-reduction programmes.
d. Industry actors must comply with regulations and continue with its CSR initiatives towards combating the harmful use of alcohol

6.5 Roles of Key Community and Non-State Actors

Community actors play a vital role in ensuring grassroots ownership, sustainability, and cultural relevance of policy interventions:

(a) Traditional Leaders:

Promote compliance with community by-laws, mediate conflicts, and lead public awareness on responsible consumption.

(b) Religious Leaders:

Integrate alcohol harm reduction messages into sermons, faith-based outreaches, and youth counselling.

(c) Ward Development Committees (WDCs):
Coordinate between communities and LGAs, monitor compliance, and collect local data.

(d) Civil Society Organizations (CSOs):
Implement community-level projects, policy advocacy, and independent monitoring.

(e) Social and Behavioural Change Communication (SBCC) Actors:
Design evidence-based multimedia campaigns, counter misinformation, and promote social norm change.

Inclusive engagement ensures community legitimacy, sustainability, and behavioural transformation.

6.6 Implementation Mechanism

Phase I: Foundation and System Establishment (2026–2027)

a. Establish NACCC, SACCs, and LGASCs.
b. Conduct baseline assessments on alcohol production, consumption, and harm.
c. Develop State and LGA implementation frameworks.
d. Launch national communication and behavioural change campaigns.

Phase II: Scale-Up and Integration (2028–2029)

a. Strengthen enforcement and traceability mechanisms.
b. Expand screening and treatment in primary healthcare facilities.
c. Operationalize alcohol rehabilitation centres in every State.
d. Implement training programmes across enforcement and health sectors.

Phase III: Consolidation and Sustainability (2030)

a. Institutionalize alcohol control functions within health and industrial systems.
b. Conduct midterm (2028) and final (2030) evaluations.
c. Secure sustainable funding through excise earmarking and national budgets.

Cross-Cutting Actions

a. Prioritize equity and vulnerable populations.
b. Strengthen national surveillance and operational research.
c. Align with pharmaceutical, food and cosmetics regulations to ensure safe ethanol use.

6.7 Coordination and Communication Mechanisms

a. **Vertical Coordination:** DFDS aggregates quarterly reports from States; SACCs report upward from LGAs; NACCC consolidates for FEC.

b. **Horizontal Coordination:** TWGs facilitate inter-agency data exchange and harmonized action.

c. Communication Channels:

I. Central digital portal managed by DFDS.

ii. Annual National Alcohol Review Meeting.

iii. Regular briefings to the National Council on Health (NCH) and FEC.

6.8 Oversight, Accountability, and Reporting

a. KPIs and timelines will drive performance measurement.

b. DFDS prepares an Annual National Alcohol Control Report submitted to NACCC and FEC.

c. CSOs and media will conduct independent oversight to promote transparency.

d. Annual results will be published on official platforms and used to guide policy review.

6.9 Capacity Development and Institutional Strengthening

1. Conduct institutional capacity assessments by 2026.
2. Develop and implement standardized training for regulators, health workers, and enforcement agents.
3. Establish an Alcohol Policy Implementation Support Desk within DFDS.
4. Partner with WHO and other donor agencies, academia, and professional bodies for specialist certification and continuous training.

6.10 Resource Mobilization and Financial Accountability

a. Financing sources:

i. Federal and State budgets

ii. 2% excise earmarking

iii. National Alcohol Control Fund

iv. Development and CSR contributions

b. Funds managed per Public Financial Management (PFM) standards.

c. Annual financial and performance audits published publicly.

6.11 Review and Adaptive Management

a. **Midterm Review (2028):** Assess progress, address bottlenecks, and realign strategies.
b. **End-Term Evaluation (2030):** Comprehensive review of institutional performance and policy impact.
c. **Policy Revision Cycle:** Every five years or as directed by FMOH&SW or FEC.

The success of Nigeria's National Alcohol Control Policy depends on coherent institutional arrangements, multi-sectoral collaboration, and performance-driven governance.By placing health and community wellbeing at the core of alcohol regulation, Nigeria commits to building a safer, healthier, and more accountable society, where industrial growth and public health progress advance hand in hand.

Part III – Implementation, Resource Mobilization Accountability Framework

CHAPTER 7
RESOURCE MOBILIZATION & PRIVATE SECTOR ENGAGEMENT

7.1 Overview

Effective implementation of the Policy (NAPMIP) requires sustained, equitable, and transparent financing. Alcohol regulation is not merely a governance or trade issue. It is a public health and human development investment. Adequate funding is therefore essential to prevent harm, expand treatment and rehabilitation, protect families, and ensure the legitimate pharmaceutical and industrial use of alcohol contributes to national development.

The financing framework outlined in this chapter integrates public budgeting, excise earmarking, private sector responsibility, and partner support into a coordinated system that secures predictable and sustainable resources for alcohol control in Nigeria.

7.2 Guiding Principles

Resource mobilization under this Policy shall be driven by the following principles:

a. **Human-Centred Financing:** All mobilized resources must ultimately protect lives, improve health outcomes, and strengthen families and communities.

b. **Health-Sector Alignment:** Financing must prioritize health system interventions, including education, prevention, screening, treatment, rehabilitation, surveillance and pharmaceutical oversight.

c. **Equity and Access:** Funding allocation must reduce disparities by targeting populations most affected by harmful drinking, youth, women, and low-income households.

d. **Sustainability:** Long-term financing shall be anchored in domestic revenue systems, progressively reducing dependence on external aid.

e. **Transparency and Accountability:** Resource tracking, public reporting, and parliamentary oversight will ensure that all fund mobilized is spent for intended purposes.

f. **Conflict-of-Interest Safeguards:** Engagements with private entities, particularly the alcohol industry, shall adhere to clear ethical standards that prevent undue influence over public health policy.

7.3 Domestic Resource Mobilization (DRM)

a. **Public Budgets:** The Federal and State Governments shall include dedicated allocations for alcohol control activities within their annual health and social development budgets. These funds will cover prevention campaigns, treatment centres, enforcement operations, research, and training for health workers and regulators.

b. **Earmarked Excise Revenues:** A defined percentage (minimum 2%) of excise taxes collected on alcoholic beverages shall be ring-fenced for alcohol-related health and regulatory interventions. These resources will specifically support:

I. Enforcement and inspection activities;
ii. Laboratory testing of alcohol quality and safety;
iii. Public awareness and prevention campaigns;
iv. Rehabilitation and community reintegration programmes.

c. **Rapid Response Fund:** A Rapid Response Fund shall be established within the National Alcohol Control Coordination Committee (NACCC) to enable swift national and sub-national response to methanol poisoning outbreaks, mass seizures, or other public health emergencies linked to alcohol. The Fund shall operate with pre-approved disbursement procedures, ensuring timely action and accountability.

d. **Pharmaceutical Oversight:** Dedicated funds will be allocated to regulate the production, importation, and distribution of pharmaceutical-grade ethanol, ensuring continuous availability for essential medicines and laboratory use while preventing diversion into unsafe consumption.

e. **Sub-National Financing:** States and Local Governments shall create alcohol control budget lines within their Medium-Term Expenditure Frameworks (MTEF) and annual plans, promoting decentralized implementation and ownership.

f. **Food, Pharmaceutical, and Cosmetic Grade Alcohol Safety Fund:** Federal, State, and Local Governments shall establish dedicated reserve funds to support training, advocacy, and oversight of industrial, pharmaceutical, and food-grade alcohol. The

fund will ensure compliance with quality and safety standards, protect consumers, and enhance the public health benefits of legitimate alcohol use.

g. **Integration into Sectoral Planning:** All alcohol-related financing shall be embedded into the FMOH & SW's Medium-Term Sector Strategy (MTSS) and the National Health Sector Strategic Development Plan (NHSSDP), ensuring alignment with national health priorities, Universal Health Coverage (UHC) goals, and Sustainable Development Goal (SDG) 3.5 on substance use prevention and treatment.

7.4 Donor and Development Partner Contributions

a. **Technical Assistance:** Global health and development partners (e.g., WHO, UNDP, World Bank, Global Fund, and UNODC) shall provide technical support for system strengthening, policy evaluation, and integration of alcohol indicators into health and social data systems.

b. **Catalytic Funding:** Partner contributions shall focus on innovation, piloting new interventions, and strengthening national capacity in research, treatment, and enforcement. All external assistance will have clear transition strategies to domestic financing for sustainability.

c. **Harmonization and Alignment:** Development partner interventions will be aligned with the NACCC Implementation Framework to prevent duplication, maximize impact, and ensure that all contributions advance national priorities rather than institutional mandates.

7.5 Private Sector Engagement

The private sector, including alcohol manufacturers, importers, distributors, pharmaceutical producers, and retail outlets, plays a dual role as both beneficiary of regulation and partner in harm reduction. Engagement will therefore be transparent, and accountable, grounded in compliance with the law and protection of public health.

a. **Regulatory Compliance:** All private entities must comply with production, labelling, marketing, taxation, and licensing requirements as defined by NAFDAC, SON, NRS, ARCON, NBC and FCCPC regulations.

b. **Corporate Social Responsibility (CSR):** Private firms shall contribute to national alcohol control goals by supporting:

i. Community health promotion and public education campaigns;
ii. Establishment of rehabilitation and counselling centres;
iii. Youth empowerment and social reintegration programmes.

CSR contributions must be governed by strict conflict-of-interest rules, ensuring that public health priorities remain uncompromised.

c. **Pharmaceutical and Industrial Investment:** Private investment in safe, high-quality ethanol production shall be encouraged through access to SME financing, technical assistance, and research partnerships that drive local bioethanol innovation and job creation.
d. **Responsible Supply Chains:** Manufacturers, distributors, and retailers shall implement traceability, age verification, and responsible marketing practices. Outlet density and zoning compliance will be conditions for licensing renewal.
e. **Public-Private Collaboration:** The NACCC, in collaboration with the Federal Ministry of Industry, Trade & Investment (FMITI), will establish a Public-Private Dialogue Platform to promote compliance, foster innovation, and align industry growth with health protection.

7.6 Financing Governance and Accountability

a. **Resource Tracking Framework:** The NACCC Secretariat, hosted by the DFDS, shall establish a national resource tracking system to monitor financial flows from excise revenue, government allocations, partner support, and CSR contributions.
b. **Annual Financial and Expenditure Reporting:** Alcohol-related financial performance reports shall form part of the Annual State of Alcohol Control Report, published by the NACCC and made accessible to the stakeholders.
c. **Legislative Oversight:** Parliament shall receive biennial reports on alcohol control financing and performance to ensure alignment with national priorities and fiscal accountability.
d. **Civil Society and Citizen Oversight:** CSOs and professional associations shall participate in independent monitoring and budget tracking, reinforcing transparency and public trust.
e. **Auditing and Public Disclosure:** All financial activities under the Policy will comply with Public Financial Management (PFM) standards, subject to audits by the Office of the Auditor-General and public disclosure through open data platforms.
f. **Performance-Linked Financing:** Funding allocations, especially to sub-national levels, shall be progressively linked to measurable performance indicators, including reductions in harmful alcohol use, enforcement efficiency, and reporting compliance.

By embedding alcohol control financing within national, state, and local fiscal systems, and reinforcing it through transparent governance and responsible private sector engagement, Nigeria positions alcohol regulation as both a public health safeguard and a driver of sustainable development.

This integrated resource mobilization framework ensures that every Naira spent contributes to saving lives, supporting families, strengthening institutions, and fostering a safer, healthier nation.

CHAPTER 8
MONITORING, EVALUATION, ACCOUNTABILITY, RESEARCH & LEARNING (MEARL)

8.1 Overview

Monitoring, Evaluation, Accountability, Research and Learning (MEARL) form the backbone of the Policy (NAPMIP).

This framework positions MEARL not as a bureaucratic routine but as a dynamic engine for accountability, transparency, and adaptive learning, ensuring that every policy intervention translates into measurable progress toward healthier families, safer communities, and stronger institutions

Through a continuous feedback loop of data collection, analysis, reporting, and learning, Nigeria commits to tracking progress, assessing effectiveness, and refining strategies to achieve sustained reductions in harmful alcohol use and its consequences.

8.2 Objectives of MEARL

The MEARL framework is designed to:

a. **Protect Health and Well-Being:** Demonstrate measurable reductions in alcohol- related morbidity, mortality, and injuries.

b. **Strengthen the Health System:** Monitor how investments and interventions improve prevention, screening, treatment, rehabilitation, and pharmaceutical oversight.

c. **Promote Accountability:** Ensure that government, private sector, and civil society fulfil their mandates transparently and effectively.

d. **Generate Evidence:** Produce high-quality, reliable data to guide policy adaptation, innovation, and continuous improvement.

e. **Build Public Trust:** Provide accessible, timely information on progress, challenges, and results.

f. **Facilitate Learning and Adaptation:** Translate implementation experience into lessons that continuously improve programme design, resource allocation, and impact.

8.3 Results Chain and Indicators

To link monitoring directly to policy results, indicators are organized along the results chain from inputs to outputs to outcomes and long-term impacts.

a. Outcome/Impact KPIs track achievement of Policy Objectives.
b. Output Indicators correspond to actions and milestones in the Implementation Plan.
c. Indicators collectively inform periodic policy reviews (every 3–5 years) and guide revisions when substantial change is needed.

Outcome / Impact Indicators (linked to Policy Objectives)

1. Reduction (%) in harmful alcohol use prevalence among adults (15 + years).
2. Reduction (%) in alcohol-attributable mortality and morbidity (NCDs, injuries, road crashes, GBV).
3. Reduction (%) in unrecorded/illicit alcohol market share.
4. Increase (%) in public awareness and adoption of responsible drinking norms.
5. Increase (%) in access to prevention, treatment, and rehabilitation services.
6. Improvement in excise revenue allocated to health and enforcement.
7. Improved compliance rate with national alcohol marketing, labelling, and safety standards.

Output Indicators (linked to Implementation Actions)

1. No. of licensed producers registered under NALRS and meeting national standards.
2. No. of health facilities providing alcohol screening, brief interventions, and rehabilitation services.
3. No. of enforcement operations targeting illicit alcohol trade conducted quarterly.
4. No. of media campaigns conducted annually in English and local languages.
5. No. of inspectors, NPF, and health workers trained on alcohol control enforcement.
6. No. of States submitting complete quarterly alcohol data via NHMIS.
7. No. of research studies or policy briefs published annually through NACCC Secretariat.
8. % of retail outlets in compliance with underage-sales prohibition.

8.4 Data Governance and Integration Framework

The MEARL system operates within a unified national data-governance framework anchored on the NAFDAC Act, SON Act, and National Health Act (2014), integrating data from regulatory, enforcement, and health-service sources.

a. **National Alcohol Information & Surveillance System (NAISS):** A centralized digital platform integrating datasets from NAFDAC, SON, NCS, NRS, FRSC, NESREA, FCCPC, and State Ministries of Health to track licensing, imports/exports, production volumes, environmental compliance, and enforcement outcomes.

b. **Traceability and Transparency:** Expansion of NAFDAC's Traceability Regulations to all alcohol categories, enabling unit-level tracking and real-time inter-agency information sharing.

c. Data Sources and Flow:

i. Health Systems Data (NHMIS, DHIS2, State HIS) – morbidity, mortality, service coverage.
ii. Regulatory Data (NAFDAC, SON, FRSC, NCS) – licensing, standards, road safety.
iii. Community Monitoring – qualitative inputs from CSOs, FBOs, and local committees.
iv. Research and Surveys – thematic studies every 3–5 years or as needed.

d. **Reporting and Accountability:** The NACCC Secretariat shall publish an Annual National Alcohol Control Report consolidating data across sectors. Reports will include financial summaries, enforcement performance, and health outcomes and will be publicly accessible.

8.5 Institutional Arrangements for MEARL

Institution / Level	Core Role and Responsibility
National Alcohol Control Coordination Committee (NACCC)	Provides national oversight, approves annual M&E plans, convenes annual performance reviews, and recommends policy updates.
Federal Ministry of Health & Social Welfare (DFDS / HPRS/DPH/DTCAM)	Leads technical coordination; aligns MEARL with National Health M&E Framework and Universal Health Coverage (UHC) reporting.
National Bureau of Statistics (NBS)	Implements national alcohol surveys and socio-economic impact studies; maintains public data repositories.
NAFDAC, SON, NESREA, FCCPC	Monitor product quality, labeling, environmental standards, compliance and enforcement.
FRSC, NPF, NSCDC, NSIB/NCAA	Record and report data on drink-driving & flying, road & plane crashes, and alcohol- related violence.
State Ministries of Health	Coordinate sub-national reporting, aggregate LGA data, and oversee enforcement outcomes.
Local Government Areas	Participating in M&E and Reporting Policy Impact and Challenges
Civil Society & Academia	Conduct independent monitoring, operational research, and public education; participate in policy reviews.

8.6 Evaluation and Review Framework

Evaluations will be participatory, evidence-driven, and timed to inform continuous policy improvement rather than fixed deadlines.

Stage	Indicative Periodicity	Purpose / Focus
Baseline Assessment	Upon initial implementation (e.g., 2026)	Establish national benchmarks on production, consumption, harm, and service coverage.
Periodic Reviews	Every 3–5 years	Assess implementation progress, resource utilization, regulatory compliance, and public- health outcomes; recommend policy adjustments.
Special Evaluations	As required	Investigate emerging trends or crises (e.g., methanol poisoning, illicit market surges).

Results from reviews will inform policy amendments or revisions whenever substantial changes in context, evidence, or priorities arise, there is no fixed "final" evaluation since the Policy is continuous.

8.7 National Monitoring, Evaluation, Accountability, Research and Learning Mechanism (MEARL)

1. **National MEARL Plan:** Prepared within six months of Policy approval by DFDS; harmonized with the National Health M&E Framework.
2. **Annual Review Meetings:** Convened by NACCC to evaluate progress, share best practices, and issue corrective action plans.
3. **Quarterly Data Flow:** States and MDAs submit data to DFDS/NACCC for validation and aggregation.
4. **Learning and Adaptation Cycle:** Findings from reports and evaluations feed into training curricula, public communication, and budget planning.
5. **Policy Revision Trigger:** When reviews show major shifts in alcohol burden, regulatory gaps, or financing needs, NACCC shall initiate a policy update for Federal Executive Council approval.

8.8 Research and Innovation Priorities

The Policy promotes locally driven, demand-responsive research that strengthens evidence for decision-making. Priority domains include:

a. Epidemiology of alcohol-related harm by age, gender, and region
b. Impact of fiscal and regulatory measures (excise, licensing, advertising)
c. Burden and characteristics of illicit and unrecorded alcohol markets
d. Mental-health, social, and family-level consequences of harmful use
e. Innovation in safe industrial and pharmaceutical ethanol production
f. Socio-economic cost studies for national and household-level impact.

Partnerships with universities, research institutes, professional councils, and development partners shall enhance data quality, research ethics, and dissemination.

8.9 Accountability and Learning Mechanisms

a. **Transparency:** All reports, Annual National Alcohol Control Report, enforcement bulletins, and expenditure reviews, will be publicly available

b. **Adaptive Learning:** Evaluation findings will inform updates to strategies, laws, and capacity-building module

c. **Stakeholder Engagement:** NACCC shall disseminate lessons through policy dialogues, inter-ministerial forums, and community consultations

d. **Performance Recognition:** Commendations may be granted to States or agencies achieving measurable progress

e. **Feedback to Communities:** Results summaries shall be simplified and broadcast through media and community platforms to strengthen citizen ownership

.

8.10 Turning Evidence into Impact

This MEARL framework ensures that the Policy(NAPMIP) is data-driven, outcome- focused, and continuously improving.

By embedding alcohol-related monitoring within national health and regulatory systems, Nigeria will measure success not only by litres sold or taxes collected but by lives saved, communities protected, and institutions strengthened.

CHAPTER 9
ENFORCEMENT AND PENALTIES

9.1 Principles of Enforcement

a. Enforcement of this Policy by the relevant agencies shall be guided by the following principles:

   Public Health Protection: Safeguarding lives, reducing harm, and protecting vulnerable groups, particularly pregnant women, children and adolescents

b. **Deterrence:** Penalties shall be sufficiently stringent to discourage non-compliance and repeat offences

c. **Equity and Fairness:** Enforcement shall apply uniformly to individuals, businesses, and corporations regardless of size or influence

d. **Transparency and Accountability:** All enforcement actions shall be documented, publicly reported, and subject to oversight

e. **Alignment with National Health Strategy:** Penalties shall reinforce broader goals, including harm reduction, prevention of non-communicable diseases (NCDs), and health sector integrity.

9.2 Institutional Mandates and Alignment with Laws

Enforcement shall be grounded in Nigeria's existing laws, including the NAFDAC Act, Standards Organisation of Nigeria (SON) Act, Federal Competition and Consumer Protection Commission Act, Child Rights Act (2003), FRSC Act (2007), ARCON Act (2022), NIMC Act (2007), NSCDC Act (2007), NCS Act (2023), NCoS Act (2019), NBC

Act (2004), NRS Act (2025), LGA byelaws, Criminal Code, Environmental Protection laws, and relevant state liquor licensing laws.

Mandates:

a. **Federal Ministry of Health & Social Welfare (FMOH & SW):** Lead Ministry for policy coordination, monitoring of health impacts, and oversight in collaboration with NAFDAC and State Ministries of Health.

b. **NAFDAC:** Regulates production, labelling, packaging, importation, and quality assurance; empowered to inspect, seize, and prosecute violators.
c. **Standards Organisation of Nigeria (SON):** Prescribes and ensures compliance with technical standards for goods and commodities offered for sale in Nigeria.
d. **Federal Competition and Consumer Protection Commission (FCCPC):** Protects consumers from unsafe, adulterated, or misleading alcohol products.
e. **State & Local Governments:** Licensing, zoning, and monitoring of retail outlets and trading hours.
f. **Nigeria NPF Force & Nigeria Security and Civil Defence Corps:** Investigations, arrests, and hand over to Federal Ministry of Justice (FMOJ) for prosecution.
g. **Federal Road Safety Corps (FRSC):** Enforcement of drink-driving regulations, including random BAC testing.
h. **Judiciary:** Fair adjudication of offences and imposition of penalties.
i. **Nigeria Customs Service (NCS):** Enforce and ensure strict compliance with government, fiscal policy measures relating to the excise, import and export of alcohol and alcoholic beverages while preventing the smuggling of unlicensed or unsafe products
j. **National Institute for Safety, Environmental and Regulatory Affairs (NISERA):** Oversees environmental and occupational safety compliance in alcohol production, storage, and disposal processes; conducts regulatory impact assessments; and collaborates with relevant agencies to ensure that industrial operations adhere to national safety and environmental protection standards
k. **The National Broadcasting Commission:** Monitor broadcasting for harmful emission, interference and illegal broadcasting. Ensure that adverts of alcohol or alcoholic beverages are not aired at certain period of the day and during certain programmes genre.
l. **Advertising Regulatory Council of Nigeria (ARCON): Regulate advertisement, advertising and marketing communications for alcoholic beverages**

9.3 Specific Offences and Penalties

The policy recommends that agencies should review their Act in line with the policy provision to serve as a deterrent.

(a) Production and Manufacturing

i. **Offence:** Unlicensed production, adulteration, false labelling.

ii. Penalty:

a. First offence: Fine of not less than ₦10,000,000 and product seizure.

b. Second offence: License revocation, permanent closure, and criminal prosecution and imprisonment of not less than 5years.

iii. **Legal Basis:** NAFDAC Act, SON Act, NESREA Act, FCCPC Act, and other relevant laws or Acts.

(b) Storage

I. **Offence:** Storage in unsafe, unhygienic, or unlicensed premises residential buildings for (e.g manufacturers, importers and wholesalers)).

ii. Penalty:

a. First Offence: ₦2,000,000 fine per offence and closure until compliance.

b. Second Offence: ₦5,000,000 and license suspension.

iv. **Legal Basis:** Food Safety & Hygiene Regulations, Occupational Health & Safety Act.

(c) Distribution

i **Offence:** Distribution without license or NAPMIP appropriate vehicles.

ii. **Penalty:** ₦5,000,000 fine, and product should be put on hold until the distributor complies.

iii. **Legal Basis:** Road Traffic Safety Regulations, State liquor laws.

(d) Retail and Point of Sale

i. **Offence 1:** Sale in unauthorized outlets.

a. Penalty:

b. First offence- ₦100,000.00 fine.

c. 2nd offence- N200,000.00 fine and forfeiture of product

ii. **Offence 2:** Sale to minors (<18).

a. First offence:

b. a. ₦200,000 fine and mandatory staff retraining.

c. b. Any adult who sends a minor to buy alcohol shall be fined N50,000

d. Second offence: License revocation and prosecution under the Child Rights Act.

iii. **Offence 3:** Violation of zoning (sales in or near schools, hospitals, motor parks, garages, recreational centres for children and unlicensed premises)

a. Penalty:

b. a. First Offence: ₦200,000 fine and outlet closure.

c. b. Second Offence: N500,000 fine and confiscation of products

iv. **Offence 4:** Online/e-commerce sales without age verification through National Identity Management Commission (NIMC) approved virtual platforms.

Penalty: Blocking of platform access and prosecution.

a. First Offence: N200,000 per transaction

b. Second Offence: N500,000 or 6months community service Legal Basis: NIMC Act (2007)

(e) Driving and Flying Under the Influence (DUI)
Federal Road Safety Corps (FRSC) and The Nigerian Safety Investigation Bureau (NSIB)of the Nigerian Civil Aviation Authority (NCAA)

The **FRSC**, under the **FRSC Act, 2007**, is empowered to enforce drink-driving laws across Nigeria. Specifically:

a. **Legal Basis**: Section 20 of the Act (Driving under the Influence of Alcohol) provides that;

a person who drives a motor vehicle on the highway under the influence of intoxicating drugs or alcohol above 0.5 grammes per litre of alcohol, or to such an extent as to be incapable of having proper control of such vehicle, shall be guilty of an offence and liable on conviction to a fine of ₦5,000 or imprisonment for a term not exceeding two years, or both."

b. **Policy Alignment**: While the current statutory fine (₦5,000) is out-dated and not deterrent in present economic realities, this Policy recognizes the FRSC mandate and calls for legislative amendment to update penalties to reflect contemporary values and global best practice. The policy recommends N300,000

c. **Operational Role**: The FRSC shall:

i. Conduct random alcohol testing of drivers on highways and at checkpoints.

ii. Enforce blood alcohol concentration (BAC) limits in line with Section 4.1.2 (Drink-Driving Control).
iii. Collaborate with the NPF, NAFDAC and NSCDC to prosecute offenders and integrate enforcement data into the National Alcohol Licensing and Registry System (NALRS) for monitoring and accountability.
iv. The Nigerian Safety Investigation Bureau (NSIB)of the Nigerian Civil Aviation Authority (NCAA) shall conduct daily testing of pilots before flying any aircraft

(f) Marketing, Promotion, and Sponsorship

a. **Offence:** Misleading advertising, targeting minors, false health claims, or prohibited sponsorship.
b. **Penalty:** ₦5,000,000 fine, withdrawal of advertising license, and mandatory retraction.
c. Licensed retail premises outside/outward display of alcoholic beverages and drinks is prohibited, **Penalty**: Fine 50k, Second offence -Seizure of goods and licence
d. **Legal Basis:** ARCON Act, NBC Act, NAFDAC Act.

(g) Diversion of Pharmaceutical Alcohol

a. **Offence:** Unauthorized diversion of pharmaceutical-grade ethanol for beverage use.
b. **Penalty:** ₦3,000,000 fine, suspension of license, and criminal prosecution; responsible officers barred for five years.
c. **Public Health Link:** Protects medicine quality and health sector integrity.

9.4 Remedies Where Laws Are Silent

Where existing laws do not prescribe penalties, the following interim remedies apply:

1. Administrative sanctions (warnings, compliance orders, and license suspension).
2. Monetary fines proportionate to offence severity and public health risk.
3. Seizure and destruction of non-compliant products.
4. Blacklisting of violators from future licensing.
5. Public disclosure of offenders.

9.5 Enforcement Intelligence and Traceability

a. Enforcement shall be supported by the National Alcohol Licensing and Registry System (NALRS) and digital traceability systems.
b. Functions:
i. Real-time license verification.
ii. Tracking consignments across the supply chain.
iii. Detection of illicit trade/diversion.
iv. Provision of evidence for prosecution.

9.6 Integrated Enforcement Approach

a. Multi-agency task forces shall ensure enforcement consistency across federal, state, and local levels.
b. Annual National Alcohol Control Reports shall publish violations, sanctions, prosecutions, and compliance levels.
c. Community engagement mechanisms (hotlines, consumer platforms, CSO partnerships) shall support enforcement transparency.

9.7 Periodic Review of Penalties

a. Penalties shall be reviewed every five years to reflect inflation, market changes, and new public health evidence.
b. Reviews shall ensure penalties remain effective, deterrent, and aligned with Nigeria's national health and development priorities.

CHAPTER 10
CAPACITY BUILDING

10.1 Introduction

Effective implementation of the Nigeria Alcohol Policy (NAPMIP) requires the availability of skilled human resources, well-functioning institutions, and empowered communities capable of delivering coordinated actions across multiple sectors. Capacity building is therefore a central pillar of the Policy, aimed at strengthening institutional frameworks, enhancing human and technical competencies, improving knowledge systems, and fostering intersectoral collaboration at national, subnational, and community levels.

The capacity building component seeks to address existing gaps in skills, infrastructure, and organizational performance within government institutions, civil society, and academia, the private sector, and community-based organizations involved in alcohol control and harm reduction. It is premised on the understanding that policy success depends on the ability of all actors to translate commitments into effective and sustainable actions.

10.2 Goal

To strengthen institutional, human, and community capacities for the effective implementation, coordination, and monitoring of alcohol control interventions in Nigeria.

10.3 Objectives

The specific objectives of capacity building under the NAPMIP are to:

a. Enhance institutional capability of relevant ministries, departments, and agencies (MDAs) at all levels of government to plan, implement, and evaluate alcohol-related interventions.

b. Develop the technical competencies of professionals and service providers

involved in prevention, treatment, enforcement, and advocacy.

c. Build the capacity of communities, civil society organizations (CSOs), and community-based organizations (CBOs) to implement evidence-informed and culturally appropriate alcohol control programs.
d. Strengthen intersectoral coordination mechanisms and partnership frameworks for policy coherence and shared accountability.
e. Promote research, knowledge management, and data utilization to support insights- derived decision-making and innovation in alcohol control.

10.4 Strategic Focus Areas and Interventions

10.4.1 Institutional Strengthening

Objective: Reinforce the capacity of institutions responsible for alcohol regulation, policy coordination, enforcement, and surveillance.

Strategies and Key Interventions:

a. Establish and operationalize a National Alcohol Control Coordination Committee (NACCC) within the Federal Ministry of Health and Social Welfare, with defined mandates and linkages to State and Local Government Alcohol Control Committees.
b. Develop institutional capacity assessment tools to identify technical and organizational gaps at all administrative levels.
c. Conduct periodic training for officials in health, law enforcement, education, transport, and social welfare sectors on alcohol control mandates, emerging trends, and cross-sectoral linkages.
d. Develop standardized operational guidelines and toolkits for program implementation and inter-ministerial collaboration.
e. Strengthen institutional mechanisms for multi-sectoral data sharing, monitoring, and policy review.

10.4.2 Human Resource Development

Objective: Equip professionals and implementers with the skills, knowledge, and attitudes necessary for effective alcohol control programming.

Strategies and Key Interventions:

a. Integrate alcohol harm prevention and control modules into pre-service and in-service training curricula for health workers, law enforcement officers, educators, and social service professionals.
b. Facilitate regular capacity building workshops on alcohol epidemiology, screening, brief interventions, treatment, enforcement, and policy advocacy.
c. Support academic and professional institutions to establish centres of excellence or training hubs for alcohol and substance control studies.
d. Develop and disseminate competency frameworks and certification systems for alcohol control practitioners.
e. Introduce mentorship and exchange programs between national and international alcohol control institutions.

10.4.3 Community Capacity Enhancement

Objective: Empower communities to take ownership of alcohol control initiatives and foster local-level action.

Strategies and Key Interventions:

a. Train community leaders, youth organizations, women's groups, and faith-based organizations on alcohol harm prevention and community mobilization.
b. Establish community-based peer education networks and local advocacy platforms.
c. Build capacity of CSOs and CBOs in project design, resource mobilization, implementation, and accountability.
d. Support the creation of community alcohol action plans linked to state and national objectives.
e. Promote indigenous knowledge, traditional authority systems, and local institutions in community-level alcohol control.

10.4.4 Capacity for Policy Research, Surveillance, and Knowledge Management

Objective: Strengthen national capacity for evidence generation, data management, and knowledge dissemination.

Strategies and Key Interventions:

a. Establish a National Alcohol Research and Information Platform (NARIP) to coordinate data collection, analysis, and dissemination.
b. Support operational and behavioural research on alcohol consumption patterns, health and socio-economic impacts, and policy effectiveness.
c. Build capacities of researchers and analysts in data collection methodologies, survey design, and policy evaluation.
d. Create an online knowledge repository and policy portal for access to publications, toolkits, and best practices.
e. Institutionalize collaboration with universities, research institutes, and international agencies for sustained technical support.

10.4.5 Intersectoral Coordination and Partnership Development

Objective: Enhance collaboration among key stakeholders for coherent policy implementation and mutual capacity support.

Strategies and Key Interventions:

a. Strengthen the National Alcohol Control Steering Committee (NACSC) as a multisectoral platform for coordination, information exchange, and policy alignment.
b. Establish cross-sectoral working groups focusing on priority themes such as enforcement, health promotion, taxation, and advertising control.
c. Build capacity for partnership management, resource mobilization, and joint monitoring across public and private sectors.
d. Facilitate periodic stakeholder forums and learning exchanges at national and regional levels.
e. Promote south-south and international collaboration for experience sharing, technical cooperation, and joint initiatives.

10.5 Capacity Building for Enforcement and Regulatory Agencies

Given the critical role of enforcement agencies in alcohol control, dedicated investments will be made to strengthen operational capacity in the following areas:

a. **Training on evidence-based enforcement:** including alcohol testing, licensing procedures, and penalties administration.

b. **Provision of logistics and equipment** for effective field operations (e.g., breath- analysers, transport, data collection tools).
c. **Cross-training programs** with public health and transport agencies to ensure consistent enforcement across sectors.
d. **Ethics and accountability training** to promote transparency and reduce corruption in enforcement processes.

10.6 Monitoring and Evaluation of Capacity Building

The implementation of capacity building initiatives shall be guided by measurable indicators aligned with the Monitoring and Evaluation (M&E) Framework of the NAPMIP. Progress will be assessed based on:

a. Number and functionality of trained institutions and staff.
b. Coverage and quality of capacity building activities conducted annually.
c. Percentage of MDAs with dedicated budget lines for alcohol control.
d. Evidence of improved coordination and policy coherence across sectors.
e. Documented case studies demonstrating improved institutional and community performance.

Regular evaluation reports will inform policy review, identify emerging capacity needs, and guide continuous improvement in implementation.

10.7 Sustainability Measures

To ensure sustainability of capacity building efforts:

a. Institutionalize continuous professional development within government and partner organizations.
b. Embed alcohol control responsibilities in existing sectoral training frameworks and budget lines.
c. Encourage donor and private sector support for technical training, research, and innovation.
d. Promote local ownership of capacity initiatives through community participation and cost-sharing arrangements.
e. Strengthen legislative and policy provisions mandating routine training and capacity development in alcohol control.

10.8 Expected Outcomes

Implementation of this capacity building programme is expected to yield the following outcomes:

a. Strengthened institutional systems for alcohol regulation, enforcement, and health promotion.
b. Increased technical expertise among professionals and frontline actors.
c. Empowered communities driving local-level alcohol control actions.
d. Improved coordination and policy coherence among stakeholders.
e. Enhanced national capacity for research, monitoring, and knowledge management.
f. Sustainable and results-oriented implementation of the Policy.

Capacity building is both a foundation and a catalyst for achieving the vision and objectives of the Policy. By investing in people, institutions, and systems, Nigeria will not only improve its readiness to respond to alcohol-related challenges but also establish a resilient and sustainable framework for public health protection, social well-being, and national development.

CHAPTER 11
GENERAL CONCLUSION

11.1 Overview

The Nigeria Alcohol Policy and its Multisectoral Implementation Plan (NAPMIP) represents a strategic milestone in the nation's efforts to safeguard public health while promoting responsible economic growth. It provides a coherent and coordinated national framework that recognizes both the value-chain opportunities embedded within the alcohol industry and the risks associated with harmful alcohol consumption.

The Policy is designed not merely as a control mechanism but as a comprehensive public health and development scheme that fosters a balanced approach to alcohol production, distribution, and consumption. It establishes clear guiding principles, strategic priorities, and implementation mechanisms aimed at reducing alcohol-related harm, promoting responsible drinking where permissible, and strengthening institutional capacities for sustainable action across all levels of government.

11.2 Policy Intent and Strategic Direction

The NAPMIP adopts a dual-lens approach, protecting population health and social wellbeing while enabling responsible, well-regulated industry participation. It acknowledges that alcohol plays a complex role in Nigeria's socioeconomic landscape, influencing health, employment, agriculture, manufacturing, trade, and hospitality sectors[22].

Accordingly, the Policy promotes **a** whole-of-government and whole-of-society approach, integrating prevention, regulation, health promotion, treatment, and enforcement within a unified framework. It seeks inclusive participation from federal, state, and local governments, civil society, academia, traditional and religious institutions, the private sector, and development partners to ensure that interventions are evidence-based, context-sensitive, and socially responsible.

11.3 The Alcohol Value Chain and Economic Opportunities

The Nigerian alcohol industry spans an extensive value chain from the cultivation of raw materials (such as grains, sugar, and fruits) to production, packaging, transport, retail, andhospitality services. It supports significant employment, income generation, and government revenue through taxation and licensing.

Properly regulated, this sector can:

- Promote agro-industrial development through local sourcing and value addition;
- Stimulate youth and SME employment along the supply chain;
- Contribute to export diversification through regional trade and tourism linkages; and
- Strengthen public–private partnerships in logistics, innovation, and quality control.

The NAPMIP therefore seeks to harness these economic benefits while entrenching strong safeguards to minimize public health risks. It encourages innovation in product development, responsible marketing practices, compliance with labelling and safety standards, and reinvestment of a portion of industry proceeds into public health and social responsibility programmes.

11.4 Public Health Protection and Social Responsibility

Despite its economic contributions, the harmful use of alcohol remains a major public health concern. It contributes to non-communicable diseases, injuries, social violence, loss of productivity, and premature deaths. The Policy therefore aligns with the National Health Policy, National Non-Communicable Disease Strategic Plan, and the Sustainable Development Goals (SDG 3.5), which aim to strengthen prevention and treatment of substance misuse.

The NAPMIP prioritizes:

a. **Health promotion and awareness campaigns** to discourage harmful drinking patterns;
b. **School- and community-based interventions** targeting adolescents and young adults;

c. **Integration of alcohol screening and treatment** into primary healthcare services;
d. **Regulation of marketing and advertising**, ensuring compliance with ethical and cultural standards; and
e. **Research and surveillance systems** to generate evidence for planning and monitoring progress.

These actions underscore the principle of shared responsibility, ensuring that all stakeholders, government, producers, distributors, consumers, and civil society actively contribute to minimizing harm and promoting public health.

11.5 Governance, Coordination, and Accountability

The NAPMIP establishes strong institutional arrangements for coordination and accountability. The National Alcohol Control Steering Committee (NACSC) will providestrategic leadership and oversight, while the National Alcohol Control Coordination Committee (NACCC) within the Federal Ministry of Health & Social Welfare will serve as the operational hub for implementation.

At the state and local government levels, authorities are encouraged to adapt the policy to local realities, aligning interventions with cultural and socio-economic contexts. Monitoring and evaluation frameworks will be used to track progress through measurable indicators, periodic reviews, and public reporting. Accountability will be reinforced through transparency, stakeholder consultations, and corrective actions when required.

11.6 Resource Mobilization and Sustainability

Sustained implementation of the NAPMIP will depend on adequate financing, technical support, and institutional capacity. The Federal Government commits to integrating alcohol control programmes into national and subnational budgets, while leveraging domestic and external resources.

Key strategies for sustainability include:

- Dedicated budget lines for alcohol control interventions within relevant MDAs;
- Collaboration with development partners, academia, and the private sector for funding and technical assistance;
- Strengthened domestic resource mobilization through taxation and compliance mechanisms; and

- South–South and international partnerships for capacity-building, research, and innovation.

Continuous investment in human resources, infrastructure, and data systems will ensure policy longevity and adaptability in the face of emerging challenges.

11.7 Anticipated Long-Term Impact

Full and sustained implementation of the NAPMIP will deliver both public health gains and economic dividends. The expected outcomes include:

a. Reduction in alcohol-related morbidity, mortality, and social harms
b. Increased public awareness and responsible drinking culture
c. Improved productivity, community safety, and social cohesion
d. Strengthened enforcement of regulations and industry compliance
e. Expanded opportunities across the alcohol value chain for legitimate, responsible enterprises; and
f. Integration of alcohol harm reduction into the broader national development agenda.Ultimately, the policy envisions a balanced alcohol ecosystem; one that protects health, promotes economic inclusion, and reinforces Nigeria's global commitment to sustainable development.

11.8 Call to Action

The success of this Policy depends on collective action and sustained commitment from all stakeholders.
Government institutions must enforce and coordinate; civil society must advocate and monitor; researchers must generate data for decision-making; and industry actors must adhere to responsible standards and contribute to harm reduction efforts.

Every Nigerian has a role to play through awareness, accountability, and responsible choices in creating a healthier, safer, and more productive society.

11.9 Final Remark

The Nigeria Alcohol Policy and its Multisectoral Implementation Plan 2026, signifies a defining step in the country's health and development trajectory. It embodies Nigeria's determination to confront alcohol-related harm while embracing the potential of a regulated, health-conscious, and socially responsible alcohol industry.

By harmonizing public health imperatives with economic opportunities, this Policy lays a strong foundation for a Healthier Nigeria where prosperity and wellbeing coexist, and where the production, sale, and consumption of alcohol occur within a framework of accountability, responsibility, and sustainability.

Annex 1: Strategic Implementation Plan (2026 – 2030)[23]

Strategic Area	Key Activities	Lead Agency Partners	Supporting Agencies	Timeline	Key Performance Indicators (KPIs)
1. Governance & Coordination	Establish the National Alcohol Control Coordination Committee **(NACCC)** and inter-ministerial National Alcohol Control Steering Committee **(NACSC)**.	FMOH & SW, FMITI	FMITI, FMoF, NAFDAC, SON, FCCPC, FRSC, NPF, Customs, FMYD, NOA, State Governments	Year 1 (2026)	NACCC and NACSC formally inaugurated; Secretariat operational with approved TOR and work plan.
	Develop and adopt State Alcohol Control Implementation Frameworks harmonized with the NAPMIP.	SMOHs	LGAs, CSOs, FBOs, Traditional Institutions	Years 1 – 2	# of states with approved frameworks and functional State Alcohol Control Committees.
2. Baseline & Research	Conduct national baseline survey on alcohol consumption, related harms, and market characteristics.	FMOH & SW / NBS	Academia, WHO, CSOs, FMITI	Year 1 (2026)	Baseline survey completed and published; national indicators established.
	Integrate alcohol-related indicators into NHMIS / DHIS2 and establish National Alcohol Data Repository (NADR) linked to NALRS.	FMOH & SW (DPRS)	NPHCDA, NACCC, States	Years 1 – 2	Alcohol indicators routinely reported in NHMIS; NADR live and operational.
3. Public Awareness & Prevention	Launch national multimedia communication and behaviour- change campaigns on alcohol harm and responsible behaviour.	Federal Ministry of Information via NOA	FMOH & SW, CSOs, Media Agencies, NDLEA, FME, NASS, FMYD	Year 1 onward	# of campaigns conducted; % increase in public awareness level.

Strategic Area	Key Activities	Lead Agency / Partners	Supporting Agencies	Timeline	Key Performance Indicators (KPIs)
	Implement alcohol-prevention education in schools and workplace wellness programmes.	FME, FMOH & SW	FML&E, NDLEA, NYSC, Private Sector CSR	Years 2 – 5	# of schools/workplaces implementing prevention curricula or policies.
4. Regulation & Enforcement	Operationalize the National Alcohol Licensing and Regulatory System (NALRS) covering producers, distributors, and retailers.	NAFDAC, SON, FCCPC, FRSC, State Governments, NESREA, LGAs	FMITI, FMT	Years 2 – 3	% of operators registered/licensed in NALRS; compliance rate with renewal.
	Enforce outlet-density, zoning, and hours-of-sale restrictions nationwide.	State Governments & LGAs	NPF, NOA, Urban Planning Authorities, NIMC	Years 2 – 5	Compliance rate with zoning rules; # of violations sanctioned.
	Scale-up enforcement of drink-driving laws and random **BAC** testing.	FRSC	NPF, Transport Unions, Road Safety Volunteers	Years 2 – 5	# of roadside tests conducted; % reduction in alcohol-related road crashes.
5. Health Services & Treatment	Integrate Screening and Brief Interventions **(SBI)** into all Primary Health Care (PHC) facilities.	NPHCDA, SMOH, LGAs	FMOH & SW, NCoS, CSOs	Years 2 – 3	# of PHC facilities offering SBI (target ≥ 800 by 2030).
	Establish/strengthen Alcohol Treatment and Rehabilitation Centres in all tiers of the health system.	FMOH & SW	NDLEA, SMOHs, NGOs / FBOs	Years 2 – 4	# of functional rehabilitation centres per state.
6. Laboratory & Pharmaceutical, cosmetics and food Oversight	Upgrade national and zonal laboratories for alcohol content, quality, and ethanol purity testing.	NAFDAC	SON, FMITI, FMEnv	Years 2 – 3	# of labs equipped and accredited for alcohol testing.
	Regulate and monitor pharmaceutical-grade ethanol to	NAFDAC	FMITI, Customs, SON, FRSC	Continuous	% of registered pharma operators compliant with tracking requirements.

Strategic Area	Key Activities	Lead Agency / Partners	Supporting Agencies	Timeline	Key Performance Indicators (KPIs)
	prevent diversion to illicit beverage markets.				
7. Illicit & Informal Alcohol Control	Map and monitor hotspots for illicit and unrecorded alcohol production, importation, and distribution.	Community, NAFDAC, NPF, NCS, NSCDC, ALGON, SON, NDLEA	SMOHs, NESREA, CSOs	Years 1 – 5	# of operations conducted; % reduction in unrecorded alcohol share.
	Provide technical and financial incentives for artisanal producers to formalize under cooperatives.	FMITI, FME, Bank of Industry	SMOHs, LGAs, Cooperatives, MSMEs, NAFDAC	Years 2 – 5	# of artisanal producers registered and licensed under NALRS.
8. Financing & Sustainability	Establish legal framework for alcohol-excise revenue earmarking for health promotion and enforcement.	FMoF / National Assembly	FMOH & SW, FMITI, NACCC	Years 2 – 3	% of excise revenues ring-fenced and disbursed to health programmes.
	Integrate alcohol control financing into Health Sector Support Budgets (HSSB) and state annual budgets.	FMOH & SW / SMOHs	FMITI, FMoF	Years 1 – 5	# of states with dedicated budget lines for alcohol control.
9. Monitoring, Evaluation & Learning	Conduct comprehensive Mid-Term Review (MTR) of policy performance.	NACCC / FMOH & SW, FMITI	States, CSOs, Dev. Partners	Year 3 (2028)	Mid-term evaluation report approved and disseminated.
	Conduct final End-Term Evaluation (ETE) and develop successor plan (2031–2035).	NACCC/ Independent Evaluators	FMOH & SW, Partners / States	Year 5 (2030)	Final evaluation report with impact metrics and policy recommendations.
10. Capacity Building & Institutional Strengthening	Advocate and sensitization for regulators, health workers, enforcement officers, and local actors on NAPMIP implementation, monitoring, and reporting.	NACCC / FMOH & SW, FMITI	FMITI, FRSC, SON, FCCPC, CSOs, Academia	Years 1 – 5	# of personnel trained; # of capacity building sessions conducted annually.

Implementation Notes

1. NACCC shall coordinate all activities, supported by state-level Alcohol Control Committees and technical working groups.
2. Annual work plans and budgets shall be derived from this matrix and reviewed each fiscal year.
3. Performance indicators shall feed into the National Alcohol Data Repository (NADR) for annual public reporting.
4. Implementation progress shall be reviewed quarterly through inter-ministerial review meetings chaired by the FMOH & SW and co-chaired by FMITI

Annex 2: Financing and Private Sector Engagement Matrix (2026–2030)[24]

Financing Source	Key Activities / Use of Funds	Lead Agency	Supporting Agencies	Timeline	Key Indicators (KPIs)
Public Budgets (Federal, State, and Local Governments)	Budgetary allocations to prevention campaigns, treatment and rehabilitation services, regulatory enforcement, and human resource training within the health system.	FMOH&SW / SMOHs, FMITI	FMoF, National Assembly, LGAs, NPHCDA	**Annual (2026–2030)**	% of national and state health budgets dedicated to alcohol harm reduction. # of health facilities providing alcohol-use disorder (AUD) services.
Earmarked Excise Revenues from Alcohol	Dedicate a minimum of 2% of alcohol excise and VAT revenues to fund prevention, enforcement, treatment, and M&E programmes.	FMoF	FMOH&SW, FMITI, NACCC, CSO	**Years 1–5**	% of excise tax ring-fenced for alcohol control. ₦ value of funds disbursed annually to health and enforcement sectors.
Pharmaceutical Oversight and Laboratory Strengthening Funds	Ensure uninterrupted supply of pharmaceutical-grade ethanol; strengthen laboratory capacity for quality assurance and anti-diversion monitoring.	NAFDAC , SON	FMITI, FMOH&SW, CSOs	**Years 2–5**	% of pharmaceutical ethanol batches certified. # of national and zonal labs upgraded and accredited.
Sub-National Government Financing	Integrate alcohol control actions into state and LGA budgets covering licensing, enforcement, rehabilitation, and community education.	SMOHs / LGAs	State Assemblies, CSOs, FBOs, State Alcohol Control Committees	**Annual (2026–2030)**	# of states and LGAs with dedicated alcohol control budget lines. ₦ value of state-level budget allocations.
Development Partner and Donor Support	Provide catalytic funding for research, technical assistance, pilot interventions, M&E systems,	NACCC Secretariat	WHO, UNDP, World Bank, EU, CSOs	**Years 1–3 (Catalytic), transitioning by Year 5**	₦ value of donor funds leveraged. # of donor-funded pilots institutionalized in government budgets.

Financing Source	Key Activities / Use of Funds	Lead Agency	Supporting Agencies	Timeline	Key Indicators (KPIs)
	and digital innovations (NALRS, NADR).				
Private Sector CSR Contributions	Implement CSR programmes supporting awareness campaigns, rehabilitation centres, and community health initiatives in line with responsible marketing codes.	NACCC / FMITI	Alcohol Manufacturers' Association, Industry Coalitions, CSOs	**Continuous (2026–2030)**	₦ value of private sector contributions. # of CSR projects targeting alcohol harm reduction implemented.
Private Sector Investment (Industrial, Agricultural & Pharmaceutical, food and cosmetics Value Chains)	Invest in sustainable industrial alcohol production, bioethanol development, and ethanol storage and logistics infrastructure.	FMITI, FMoH&SW, FMA	NAFDAC, SON, FMoF,	**Years 2–5**	# of new licensed investments. % increase in domestic ethanol production capacity.
Community-Based Co-financing	Support local alcohol-free initiatives, women/youth empowerment projects, and alternative livelihoods for informal alcohol producers.	SMOHs / LGAs, NGOs	FMWA, FMYD, FHA&ER, CBOs, CSOs, Development Partners	**Medium-term (Years 2–4)**	# of community-based alcohol -free livelihood projects funded. % of informal producers formalized.
Transparency, Resource Tracking & Accountability Mechanism	Establish a National Resource Tracking and Accountability Framework (NRTAF) under NACCC; publish annual financial and performance reports.	NACCC Secretariat	FMoF, Parliament, CSOs, Auditor-General	**Starting Year 1, Ongoing**	# of annual financial reports published. % of allocated funds audited and publicly disclosed.
Innovation and Digital Financing Mechanisms	Explore innovative financing including digital excise monitoring, transaction levies, and PPPs for	NACCC / FMoF	FinTech Firms, FMITI, CBN, Development Partners	**Years 3–5**	# of digital financing tools piloted. ₦ value of funds mobilized through innovative channels.

Financing Source	Key Activities / Use of Funds	Lead Agency	Supporting Agencies	Timeline	Key Indicators (KPIs)
	treatment centre development.				

Key Notes for Policymakers

- **Health Sector Leadership:** Financing priorities emphasize prevention, treatment, rehabilitation, surveillance, and pharmaceutical regulation under the stewardship of FMOH&SW.
- **Ring-Fenced Public Funds:** A defined percentage of alcohol-related excise tax and license fees shall be ring-fenced to ensure predictable and sustained funding.
- **Transparency and Accountability:** All expenditures shall be subject to annual independent audits and public reporting via the National Alcohol Resource Portal (NARP).
- **Equity and Inclusion:** Funding allocations must prioritize vulnerable populations, especially women, youth, and low-income groups disproportionately affected by harmful alcohol use.
- **Private Sector Partnership with Integrity:** Engagement is conditional upon full regulatory compliance, transparent reporting, and alignment with responsible marketing codes.
- **Sustainability:** Transition of donor-funded activities into domestic financing mechanisms by 2030 is mandatory for long-term sustainability.

Indicator	Baseline (2026)	Target (2030)	Primary Data Source(s)	Reporting Frequency	Lead Agency	Supporting Agencies
1. % of licensed producers meeting national quality and safety standards (NAFDAC/SON)	To be determined (Baseline Survey 2026)	≥ 70% compliant by 2030	NAFDAC/SON inspection & certification reports	Annual	NAFDAC, SON	FMITI, State Regulatory Agencies
2. Reduction in unrecorded and illicit alcohol market share	To be determined (2026 baseline survey)	≥ 50% reduction in unrecorded alcohol consumption	National Alcohol Use Survey, Customs, NACCC Enforcement Data	Baseline, Midterm, Endline	NBS, FMOH & SW, NAFDAC, SON, LGAs	NCS, NPF, CSOs, WHO
3. Reduction in alcohol-related morbidity and mortality	To be determined (NHMIS/FRSC 2026)	≥ 30% reduction in alcohol-attributable injuries and deaths	NHMIS, FRSC Crash Database, NPF, NDHS	Quarterly & Annual	FMOH & SW, FRSC	NPF, SMOHs, NBS
4. Number of health facilities offering screening, treatment, and rehabilitation services	<100 (estimated 2026)	≥ 500 facilities by 2030 (all 36 States + FCT)	NHMIS, NPHCDA, SMOHs	Annual	FMOH & SW	NPHCDA, NDLEA, States
5. Compliance rate of retail outlets enforcing underage sales restrictions (<18 years)	To be determined (2026 enforcement audit)	≥ 50% by 2027	State Licensing Boards, FCCPC, NPF reports	Annual	NSCDC, NPF, NDLEA, State Governments / FCCPC	NAFDAC, LGAs
6. Rate of advertising and sponsorship violations	To be determined (2026 ARCON monitoring)	≤ 3% by 2030	ARCON, NBC, NAFDAC, FCCPC	Bi-annual	ARCON, NAFDAC	NCC, FMITI, States

Indicator	Baseline (2026)	Target (2030)	Primary Data Source(s)	Reporting Frequency	Lead Agency	Supporting Agencies
7. % of alcohol producers meeting environmental and waste management standards	To be determined (2026 inspections)	≥ 60% compliance by 2030	NESREA, FMEnv Environmental Audits	Annual	NESREA	FMEnv, State Environmental Agencies
8. Growth in excise revenue from formal alcohol sector through reduction of illicit alcohol market	TBD (FIRS 2026 data)	≥ 50% increase (real terms) by 2030	FIRS, FMoF, Customs	Annual	FIRS, FMoF	FMITI, NCS
9. Availability and traceability of pharmaceutical-grade ethanol for essential use	To be determined (2026 audit)	≥ 80% availability and traceability by 2030	NAFDAC, SON, FMITI	Annual	NAFDAC	FMOH & SW, Customs
10. Number of trained health, enforcement, and regulatory personnel on alcohol control	To be determined (2026 training inventory)	≥ 5,000 trained nationwide by 2030	NACCC, FMOH & SW, Training Institutions	Annual	FMOH & SW / NACCCU	FMITI, FRSC, SON, FCCPC, Dev Partners
11. Reduction in alcohol-related road crashes (BAC >0.05 g/dl) and alcohol related plane crashes or veering off tarmac during landings due to alcohol influence	To be determined (FRSC 2026 data), NSIB	≥ 40% reduction by 2030	FRSC, NPF, NHMIS	Quarterly	FRSC. NPF NACCC	NACCC, NSIB, FMT, Transport Union
12. Community awareness and prevention coverage index	To be determined (2026 baseline survey)	≥ 60% awareness nationwide	NACCC, NOA, CSOs, Surveys	Bi-annual	NOA / NACCC, FMI, FMITI, LGAs	FMOH & SW, Media, CSOs
13. % of states implementing approved Alcohol Control	To be determined (2026 baseline)	100% (36 States + FCT) by 2030	NACCC, SMOHs Reports	Annual	NACCC / FMOH & SW	State Governments, LGAs

Indicator	Baseline (2026)	Target (2030)	Primary Data Source(s)	Reporting Frequency	Lead Agency	Supporting Agencies
14. Publication of annual national alcohol reports and financial transparency statements	To be determined (2026 baseline)	Annual publication sustained from 2027 onward	NACCC, NALRS, NRTAF	Annual	NACCC	FMoF, Auditor-General, CSOs

Notes for Policymakers

- **Baseline Establishment:** All To be determined (TBD) values will be confirmed through the National Baseline Survey (2026) coordinated by FMOH&SW, NBS, FMITI and NACCCU.
- **Performance Integration:** Indicators are directly linked to the national Results Framework in Chapter 8 of the NAPMIP and aligned with SDG indicators (3.5.2, 3.6.1, 3.8.1).
- **Data Management:** All data shall be uploaded to the National Alcohol Data Repository (NADR), integrated with NHMIS and NALRS digital systems.
- **Evaluation Cycle:**
  - **Baseline:** 2026
  - **Mid-Term Review:** 2028
  - **Final Evaluation:** 2030
- **Accountability Mechanism:** Annual results will feed into the State of Alcohol Report presented to the Federal Executive Council and published publicly for transparency.

Annex 4: Model Regulations

These Model Regulations serve as a national reference framework for States, Local Governments, and regulatory agencies to adapt, adopt, and enforce within their jurisdictions. They define the minimum standards required for effective alcohol regulation while allowing local adaptation consistent with the principles of the Nigeria Alcohol Policy (2025 Edition).

1. Regulation on Production and Quality Standards

a. All alcoholic and non-beverage alcohol products manufactured, imported, or distributed in Nigeria shall comply with NAFDAC and Standards Organisation of Nigeria (SON) certification requirements.

b. All producers shall register under the National Alcohol Licensing and Regulatory System (NALRS) and maintain full traceability from raw material sourcing to end- product distribution.

c. Use of pharmaceutical-grade ethanol shall be restricted to licensed facilities and recorded through NAFDAC's digital monitoring platform to prevent diversion to beverage or illicit use

Each packaged alcohol product shall clearly display:

I. Name of product
ii. Name and Address of manufacturer
iii. Batch/lot number;
iv. Alcohol by Volume (ABV %) content;
v. Health warning messages approved by NAFDAC; and
vi. Date of manufacturer and NAFDAC registration number.
vii. List of ingredients
viii. Volume of pack
ix. MANCAP logo and its corresponding number
x. Storage information

b. All packaging must use tamper-proof, food-grade, and environmentally compliant materials in accordance with EPR and NESREA standards.

2. Regulation on Licensing and Registration

a. All producers, importers, distributors, wholesalers, and retailers shall obtain tiered licenses issued through the NALRS, renewable annually
b. Licenses shall specify the authorized activity (production, importation, distribution, retail, or export) and geographic scope
c. Operators must maintain valid business premises registration and display their license prominently at all points of operation
d. Sale, service, or supply of alcohol to persons under 18 years is strictly prohibited. All outlets must install age-verification systems; physical or electronic, as a condition for licensing
e. Failure to renew a license or update registration data within 30 days of expiration shall attract automatic suspension pending compliance verification.

3. Regulation on Outlet Density, Zoning, and Sales Hours

a. State and Local Governments shall regulate the number and spatial distribution of licensed alcohol outlets based on population size, land-use zoning, and public safety considerations

b. No retail or on-premise outlet shall operate within 200 meters of schools, healthcare facilities, government offices, or places of worship
c. Operating hours should be consistent with extant state and LGA laws
d. All licensed outlets must maintain visible signage displaying permitted operating hours and a "No Sale to Minors" notice
e. Violations of zoning or hours-of-sale restrictions shall attract immediate closure, fines, and license review.

4. Regulation on Marketing, Promotion, and Sponsorship

a. All alcohol advertising and promotional activities shall comply with guidelines issued jointly by ARCON, NBC, NAFDAC, and FCCPC
b. Advertisements shall not:
    i. Target minors or portray alcohol consumption as a sign of success, sexuality, or social superiority;
    ii. Be placed within 200 meters of schools, playgrounds, or youth facilities; or
    iii. Use imagery or language that encourages excessive consumption
    c. All promotional and sponsorship materials shall include approved health warnings and responsible-drinking messages
d. Sponsorship of events targeting minors, youth, educational, or health-related events by alcohol producers or marketers shall be prohibited
e. Licensed retail premises outside/outward display of alcoholic beverages and drinks is prohibited
f. Breaches shall attract withdrawal of advertising rights, monetary fines, and mandatory public retraction.

5. Regulation on Drink-Driving, Flying, flights- landing and Road Safety

a. The maximum permissible Blood Alcohol Concentration (BAC) for drivers shall not exceed 0.05 g/dl for private drivers and 0.00 g/dl for commercial, professional, and under-21 drivers
b. The Federal Road Safety Corps (FRSC), The Nigerian Safety Investigation Bureau (NSIB) and the Nigeria Police Force (NPF) shall conduct random roadside alcohol testing using approved devices for road transport drivers and conduct daily testing of pilots before flying any aircraft.
c. Offenders shall be subject to penalties including:

i. Fines as prescribed by law;
ii. Suspension or withdrawal of driving licence for up to 24 months; and
iii. Mandatory alcohol education or rehabilitation programmes for repeat offenders.

6. Regulation on Illicit, Informal, and Unrecorded Alcohol

a. Production, distribution, possession, or sale of unrecorded, adulterated, or illicitly imported alcohol is strictly prohibited.
b. **NAFDAC**, **SON**, **NESREA**, and law-enforcement agencies shall conduct periodic market surveillance, sampling, and seizure of non-compliant products
b. Artisanal and small-scale producers shall be encouraged to formalize through cooperative registration under the NALRS, supported by technical training and micro-enterprise incentives
c. Penalties for unrecorded production or sale include product confiscation, fines, and possible prosecution under the NAFDAC Act and other relevant laws.

7. Regulation on Waste Management and Environmental Safeguards

a. All alcohol production and packaging facilities shall install and operate Effluent Treatment Plants (ETPs) in line with NESREA and FMEnv guidelines
b. Producers shall adopt Extended Producer Responsibility (EPR) frameworks for recovery and recycling of packaging waste.
c. Improper disposal of expired or contaminated products shall be reported to NAFDAC for supervised destruction.
d. Non-compliance shall attract administrative fines, environmental sanctions, or suspension of operating license.

8. Regulation on Workplace Safety and Corporate Responsibility

a. Employers in the alcohol industry shall maintain Occupational Health and Safety (OHS) standards consistent with the Federal Ministry of Labour and Employment and SON requirements
b. Workplaces shall implement alcohol-free policies for on-duty staff and provide access to counselling or support services where required

c. Companies shall submit annual Corporate Social Responsibility (CSR) reports to NACCC detailing responsible-drinking campaigns and community initiatives
d. Failure to comply may result in administrative penalties or public disclosure of non- compliance in NACCC's annual report.

9. Regulation on Monitoring, Reporting, and Enforcement

a. All regulatory agencies and State Alcohol Control Committees shall submit quarterly compliance and enforcement reports to NACCC.
b. NACCC shall maintain a National Alcohol Compliance Register linked to the NALRS, documenting infractions, sanctions, and remedial actions
c. Non-reporting or falsified data shall attract administrative sanctions and performance review
d. The Policy shall undergo biennial review and adjustment through the National Alcohol Control Steering Committee (NACSC).

Implementation Note

These Model Regulations form part of the national policy framework but may be adopted by States and Local Governments through subsidiary legislation, by-laws, or executive instruments to ensure effective alignment with their specific contexts and institutional capacities.

Annex 5: Licensing Forms

To ensure uniformity and transparency, the following model licensing forms will be adopted nationally:

1. Application Form for Alcohol Production License

a. Name of Applicant / Company
b. Type of License (Beverage, Industrial, Pharmaceutical)
c. Business Registration Number
d. Location and Description of Facility
e. Production Capacity (Litres/Month)
f. Quality Assurance Certification (NAFDAC/SON)
g. Environmental Compliance Certificate
h. Declaration of Compliance with National Alcohol Policy

2. Application Form for Wholesale/Distribution License

a. Name of Applicant / Company
b. License Category (Wholesale, Import, Export, Distribution)
c. Geographic Coverage Area (States / LGAs)
d. Vehicle/Fleet Details (if applicable)
e. Compliance Statement on Age Verification in Supply Chain

3. Application Form for Retail License

a. Name of Outlet
b. Type (On-Premise / Off-Premise)
c. Location Address and Proximity to Schools/Health Facilities
d. Opening Hours
e. Declaration: No Sale to Underage Persons
f. Signature and Date

Each form shall be accompanied by:

a. Copy of National ID/Corporate Registration
b. Tax Identification Number (TIN)
c. NPF Clearance Certificate

Annex 6: Policy–Enforcement Matrix[26]

Policy Provision	Key Requirement	Relevant Chapter / Section	Enforcement Responsibility	Sanctions / Remedies
Production Standards	All alcohol manufacturing facilities must be licensed under the National Alcohol Licensing and Regulatory System (NALRS); comply with food, pharmaceutical and cosmetics safety, environmental, occupational health and safety (OHS) standards and NIMC authorized age verification system	Chapter 9, Section 9.2(a) – Production Regulation	FMOH&SW, FMITI, NAFDAC, SON, NESREA	• Closure and seizure of unlicensed facilities. • ₦10,000,000 fine for adulteration (first offence); closure and prosecution (second offence).
Storage & Warehousing	Alcohol products must be stored in clean, dry, secure, and ventilated warehouses meeting OHS standards; unauthorized premises or informal storage prohibited.	Chapter 9, Section 9.2(b) – Storage	NAFDAC, SON, PCN, State Licensing Boards	• Non-compliant warehouse: closure until compliance. • Unauthorized storage: ₦2,000,000 fine + license suspension.
Distribution & Transport	Distribution limited to licensed entities; transport vehicles must be secure, traceable, and compliant with safety standards.	Chapter 9, Section 9.2(c) – Distribution	FMITI, FRSC, NPF, NAFDAC, FMT, NSCDC	• Unlicensed distribution: seizure + ₦5,000,000 fine + 2- year ban. • Unsafe vehicles: ₦1,000,000 fine + temporary license suspension.
Retail Outlets & Points of Sale (POS)	Only licensed permanent retail outlets allowed; informal sales (street stalls, kiosks, motor parks, garages, recreation centers for children) prohibited; zoning restrictions apply (minimum 200m	Chapter 9, Section 9.2(d) – Retail and Points of Sale Regulation	FCCPC, NAFDAC, State Licensing Boards, NPF, NSCDC, LGAs	• Sale to minors: ₦200,000 fine + mandatory retraining of staff (1st offence); license revocation + prosecution (2nd). Adult who sends a minor to buy alcohol N50,000 fine

[26] This Annex provides a consolidated view of key policy provisions, the corresponding legal or regulatory requirements, responsible enforcement agencies, and applicable sanctions or remedies. It serves as the operational interface between policy intent and regulatory action, guiding Ministries, Departments, and Agencies (MDAs), as well as state and local enforcement authorities, in ensuring compliance

Policy Provision	Key Requirement	Relevant Chapter / Section	Enforcement Responsibility	Sanctions / Remedies
	from schools, health facilities); visible display of license required; online outlets must include age-verification systems.			• Unauthorized retail outlets- First offender- 100,000.00 fine, 2nd offender- N200,000.00 fine and or forfeiture of product: • Zoning violation: closure + ₦2,00,000 fine (1st offence). N500,000 fine and confiscation of products • Non-compliant online outlets: blocked access + prosecution. First Offence: N200,000 per transaction Second Offence: N500,000 or 6months community service
Access Control Measures	Prohibition of sales to persons under 18; enforcement of restricted sales hours; breath alcohol concentration (BAC) limit ≤0.05 g/dl for adults, zero tolerance <21 years; no alcohol sales within restricted zones. Licensed retail premises outside/outward display of alcoholic beverages and drinks is prohibited	Chapter 9, Sections 9.2(d) & 9.3(a) – Enforcement Measures	FRSC, NPF, SMOH, Local Authorities Civil Defence NPF, NAFDAC	• Underage sales: ₦200,000 fine (1st offence); license revocation (2nd). • Sale in prohibited zones: ₦2,00,000 fine + closure. • Drink-driving: license suspension, fine + mandatory alcohol education programme. • Fine- 50,000.00 2nd offence- seizure of goods and license

Policy Provision	Key Requirement	Relevant Chapter / Section	Enforcement Responsibility	Sanctions / Remedies
			Community, LGA	
Packaging, Product Standards & Labeling	Industrial, cosmetic, and beverage alcohol must be packaged in tamper-proof, food-grade materials; all labels must display alcohol by volume (ABV), health warnings, expiry date, batch number, and NAFDAC registration number.	Chapter 9, Section 9.2(e) – Packaging and Labeling	NAFDAC, SON, FCCPC	• False or misleading labeling: ₦2,000,000 fine + mandatory recall. • Repeat offence: license suspension + prosecution. • The use of non-Food grade materials: ₦10,000,000 fine + seizure.
Licensing & Registry System (NALRS)	All producers, distributors, importers, and shall maintain registration through existing regulatory and licensing agencies and linked with NHMIS for public health surveillance.	Chapter 9, Section 9.2(f) – Licensing and Registry System	FMOH&SW, FMITI, NAFDAC, State Licensing Boards	• Operating without license: ₦5,000,000 fine + blacklisting + product seizure. • False registry data: criminal prosecution under NAFDAC Act. • Non-renewal of license: automatic suspension until compliance.
Waste Management & Environmental Safeguards	All alcohol producers must install effluent treatment plants (ETPs); ensure environmentally safe disposal of expired or contaminated products; comply with Extended Producer Responsibility (EPR) for packaging waste.	Chapter 9, Section 9.2(g) – Waste Management and Environmental Protection	NESREA, FMEnv, NAFDAC, State EPAs	• Absence of ETP: ₦5,000,000 fine + suspension until compliance. • Improper waste disposal: ₦2,000,000 fine + supervised destruction. • Breach of EPR obligations: fines proportional to waste volume + suspension.
Legal & Regulatory Anchors	Implementation to align with national laws including the NAFDAC, SON, FCCPC, FRSC,	Chapter 9, Section 9.1 – Institutional Mandates	FMOH&SW, FMITI, FMF, NAFDAC,	• Violations prosecuted under applicable Acts and national statutes.

Policy Provision	Key Requirement	Relevant Chapter / Section	Enforcement Responsibility	Sanctions / Remedies
	Child Rights, ARCON, NSCDC, NCS, NIMC, and Environmental Health Acts.		FCCPC, FRSC, SON, NESREA, NPF, FMWA, NSCDC	• Joint enforcement under inter- agency memoranda of understanding (MoUs).
Occupational Health and Safety (OHS) and Workplace Policy	Employers in alcohol industries must adopt OHS-compliant workplace standards and implement alcohol-free work environment policies.	Chapter 10, Section 10.4.2 – Human Resource Development (Capacity Building)	FMLE, FMOH&SW, FMITI,	• OHS breach: administrative sanctions, ₦1,000,000 fine, and mandatory compliance audit.
Monitoring, Evaluation & Accountability, Research and Learning	MDAs must submit quarterly enforcement and compliance reports; results integrated into NAPMIP M&E Framework; periodic policy reviews every 2 years. ALGON to submit data of illicit alcohol sites discovered and shutdown within their communities	Chapter 8, Sections 8.3 & 8.4 – Monitoring, Evaluation and Reporting	FMOH&SW (NACCC), MDAs, State Licensing Boards, LGAs	• Non-reporting: administrative sanctions, funding suspension, or performance review under the M&E Framework.

Notes:

1. All monetary fines are subject to periodic review in line with inflation, policy revision, and legislative amendment.
2. Enforcement actions shall follow due process under the relevant Acts and regulations.
3. Penalties may be complemented by remedial measures such as retraining, compliance audits, and community service.
4. The National Alcohol Control Coordination Committee (NACCC) shall maintain a national enforcement database under the NALRS for compliance tracking and performance evaluation.

Annex 7: National Alcohol Policy Compliance Matrix[27]

Provision Area	Offence / Non-Compliance	Primary Enforcement Agency	Penalty / Corrective Action
1. Production & Manufacturing	• Operating without a valid production license under the National Alcohol Licensing and Regulatory System (NALRS) • Adulteration or contamination of products • False or misleading labeling.	NAFDAC SON FCCPC FMOH & SW FMITI, PCN	• ₦10,000,000 fine + product seizure (1st offence). • License revocation + permanent closure + criminal prosecution + imprisonment of not less than 5years. (2nd offence).
2. Storage & Warehousing	• Use of unsafe, unhygienic, or NAPMIP approved storage facilities. • Residential or unauthorized storage. • Failure to meet Occupational Health and Safety (OHS) standards.	NAFDAC SON FCCPC State Ministries of Health. PCN	• ₦2,000,000 fine per offence +Closure until compliance verified. 2nd offence N500,000,000 + License suspension for repeated offences.
3. Distribution & Transport	• Distribution without a valid NALRS license. • Use of NAPMIP appropriate vehicles. • Failure to ensure product traceability.	FMITI NAFDAC SON NPF FRSC State Licensing Boards	• Product seizure + ₦5,000,000 fine + 2-year ban on re-licensing. • Unsafe vehicle operation: ₦1,000,000 fine + license suspension.
4. Retail & Point of Sale (POS)	• Sale in unlicensed outlets. • Sale to minors (< 18 years). • Operation within 200 m of schools, hospitals. • Online or e-commerce sales without age-verification systems.	State / Local Licensing Authorities NAFDAC FCCPC NPF, NCC, NSCDC, FCCPC	• 1st offence ₦1,00,000 fine. 2nd offence Confiscation and N200,000 fine • Underage sales: ₦200,000 fine + mandatory staff retraining (1st); license revocation + prosecution under Child Rights Act (2nd). • Zoning violation: ₦2,00,000 fine + outlet closure.

Provision Area	Offence / Non-Compliance	Primary Enforcement Agency	Penalty / Corrective Action
			• Online non-compliance: blocking of platform + prosecution under FCCPC/NCC rules.
5. Drink Driving (DUI), flying and Flight landing	• Operating a vehicle with BAC > 0.05 g/dl (adults). • Any detectable BAC for drivers < 21 years or commercial operators.	FRSC, NPF and NSIB, NIMC	• Fines + license suspension (minimum of 6 months). • Mandatory alcohol education or rehabilitation programme. • Imprisonment for repeat offenders under the FRSC Act.
5. Marketing, Promotion & Sponsorship	• False, misleading, or youth-targeted advertisements. • Sponsorship of events targeting minors or contravening advertising codes.	ARCON NBC NAFDAC FCCPC	• ₦5,000,000 fine + withdrawal of advertising license. • Mandatory public retraction of advert material. • Prosecution for continued non-compliance.
7. Pharmaceutical, food and cosmetics Alcohol Diversion	• Diversion of pharmaceutical-grade ethanol to beverage production or illicit use.	NAFDAC FMOH & SW NPF, PCN	• ₦3,000,000 fine + license suspension or withdrawal. • Criminal prosecution of responsible officers. • Sector ban for five (5) years.
8. Waste Management & Environmental Safeguards	• Failure to install Effluent Treatment Plants (ETPs). • Improper disposal of expired or contaminated products. • Non-compliance with Extended Producer Responsibility (EPR) framework.	NESREA FMEnv NAFDAC State Environmental Agencies, LGAs	• ₦5,000,000 fine for absence of ETP + operational suspension. • ₦2,000,000 fine for improper disposal + supervised destruction. • Graduated EPR penalties based on waste volume + temporary license suspension.

Notes and Cross-References

- Enforcement actions draw authority from Chapter 9 (Sections 9.1–9.3) and align with Annex 6.
- Compliance reporting and data integration fall under Chapter 8 (Sections 8.3–8.4) on Monitoring and Evaluation.
- Sanctions are complemented by remedial measures (training, community service, or compliance audits) as outlined in Chapter 10 (Section 10.5) on Capacity Building.
- All monetary fines are reviewable every two years through inter-ministerial regulation to reflect inflation and evolving enforcement needs.
- The National Alcohol Control Coordination Unit (NACCC) will maintain a central Compliance Register under the NALRS for transparency and accountability.

Annex 8: Policy Matrix – Multi-Sectoral Access Control[28]

Policy Measure	Responsible Agency(ies)	Enforcement Mechanism	Timeline / Implementation Horizon
1. National Licensing & Registry System (NALRS): Establish a centralized digital registry for all producers, importers, distributors, and retail outlets; implement a tiered licensing framework linked to NHMIS for compliance and traceability.	Federal Ministry of Industry, Trade & Investment (FMITI); Federal Ministry of Health & Social Welfare (FMOH&SW); NAFDAC; NACCC; State Licensing Boards	Digital licensing audits; compliance dashboards; periodic public registry verification; inter- agency database integration.	**Short-term (1–2 years)**
2. Outlet Density & Zoning Regulations: Prohibit sales of alcohol 200metres from any school, recreation centers for children, hospital, motor parks and garages.	State and Local Governments; Urban Planning Authorities; NPF; Community Policing Units; FCCPC	Zoning enforcement patrols; suspension or revocation of licenses for violations; GIS-based mapping for compliance verification.	**Short–Medium term (1–3 years)**
3. Hours & Age Veri*cation: Hours of sales shall be determined by States and LGAs. Mandatory age veri*cation online and offline should be institutionalized.	NACCC; State Licensing Boards; NPF; FCCPC; NAFDAC	Random compliance inspections; undercover retail testing; mandatory fines and suspension of non-compliant outlets.	**Short-term (1 year)**
4. Excise and Pricing Policy: Implement differential excise duties based on alcohol content.	Federal Ministry of Finance (FMF); Federal Inland Revenue Service (FIRS); Nigeria Customs Service (NCS); FMITI	Excise audits; import/export verification; automated duty assessments; periodic fiscal reviews.	**Short-term (1–2 years)** with ongoing reviews
5. Earmarking Alcohol Tax Revenue: Allocate a defined percentage of alcohol excise revenue to fund public health, enforcement, and education programs.	Federal Ministry of Finance (FMF); National Assembly; Federal Ministry of Health & Social Welfare (FMOH&SW), FMITI	Annual national budget provisions; transparency through NACCC monitoring and public expenditure reports.	**Medium-term (2–3 years)**
6. Marketing, Promotion & Sponsorship Restrictions: **Prohibit** advertisements targeting minors and vulnerable group; restrict	National Broadcasting Commission (NBC); Advertising	Media monitoring and licensing audits; advertisement screening;	**Short-term (1–2 years)**

Policy Measure	Responsible Agency(ies)	Enforcement Mechanism	Timeline / Implementation Horizon
sponsorships in youth or school-related events; mandate visible health warnings on all promotional materials.	Regulatory Council of Nigeria (ARCON); NAFDAC; FCCPC	fines and suspension of violators' advertising rights.	
7. Enforcement & Sanctions: Establish a national enforcement coordination mechanism for multisectoral compliance operations, supported by state-level task forces.	Law Enforcement Agencies; Judiciary; NAFDAC; FRSC; FCCPC; NCAA/NSIB, NACCC Enforcement subcommittee	Regular compliance sweeps; public naming of offenders; confiscation of goods; administrative fines and prosecution.	**Continuous (from Year 1)**
8. Community Reporting Mechanisms: Create anonymous whistleblower systems and community hotlines for reporting illegal alcohol sales, underage access, or smuggling.	NACCC Secretariat; Civil Society Partners; Community- Based Organizations (CBOs)	24/7 toll-free hotlines; digital reporting platforms; whistleblower protection protocols and community awareness campaigns.	**Short-term (1 year)**
9. Data Sharing & Monitoring Systems: Establish real-time inter-agency data sharing on production, imports, sales, health impact, and enforcement results.	NACCC; NAFDAC; Customs; NPF; FIRS; State Governments	Quarterly inter-agency review meetings; shared compliance dashboards; annual public reports on alcohol control indicators.	**Short-term (1–2 years),** continuous
10. Quarterly NACCC Reviews: Convene national inter-ministerial meetings for progress review, coordination, and adaptive policy management.	FMOH&NACCC (Chaired by SW/FDS and co-chaired by FMITI)	Quarterly compliance reports; publication of findings; policy updates through NACCC subject to the Steering Committee resolutions.	**Continuous**

11. Capacity Building & Institutional Strengthening: Train regulators, enforcement officers, licensing authorities, and civil society advocates on alcohol control laws and community engagement.	NACCC; Federal Ministry of Interior; FMITI; FMOH&SW; Civil Society Coalitions; Academia	National training workshops; certification programmes; inter-agency training modules; community dialogue sessions.	**Medium-term (2–4 years)**
12. Private Sector Co-Regulation & Corporate Social Responsibility (CSR): Sustain, improve and expand industry-led	NACCCU; Manufacturers & Distributors; Industry	CSR audit reports; mandatory disclosure; third-party evaluation and public accountability reports.	**Medium-term (2–3 years)**

Policy Measure	Responsible Agency(ies)	Enforcement Mechanism	Timeline / Implementation Horizon
responsible drinking campaigns while preventing conflicts of interest or policy capture.	Associations; FCCPC, FMoH&SW, NAFDAC, CSOs		

Notes:

1. All actions shall align with the enforcement mechanisms described in Chapter 9 (Sections 9.1–9.3) and the capacity provisions in Chapter 10 (Section 10.4).
2. NACCC will issue annual Access Control Implementation Reports summarizing progress, compliance rates, and challenges for each policy measure.
3. The Multi-Sectoral Access Control Framework will undergo biennial review (every two years) as part of the national M&E process under Chapter 8.
4. State and Local Governments are expected to adapt this matrix to their contexts through subsidiary regulations and operational guidelines

A n n ex 9 Data Dictionary

Term / Indicator	Definition	Primary Data Source(s)	Reporting Frequency
Licensed Producer	An alcohol manufacturer or importer duly registered under the National Alcohol Licensing and Regulatory System **(NALRS)** and holding a valid annual production or import license issued by NAFDAC/FMITI.	NALRS Database; NAFDAC; SON; FMITI	Annual
Unrecorded Alcohol	Alcohol produced, distributed, or sold outside the licensed and taxed formal system, including home-brewed or smuggled beverages.	National Household Surveys; Customs; NPF; NBS; NACCC Field Reports	Baseline, Midterm, and Final Evaluations
Excise Revenue from Alcohol	Total government revenue generated from alcohol excise duties, levies, and related licensing fees earmarked for enforcement, health promotion, and rehabilitation programmes.	Nigeria Customs Service (NCS); Federal Ministry of Finance (FMF); National Assembly Budget Office	Annual
Alcohol-Related Injuries	Reported cases of injuries in which alcohol consumption is a recorded or suspected contributing factor (e.g., road and plane crashes, interpersonal violence, and occupational accidents).	NHMIS; FRSC; NSIB/NCAA, NPF; SMOHs; Hospitals	Quarterly
Alcohol-Related Deaths, Planes dangerous flights & Landing	Mortality cases in which alcohol is identified as a primary or contributing factor based on medical or law enforcement records.	NHMIS; National Bureau of Statistics (NBS); NDHS; FRSC; NPF. NSIB	Annual
Underage Sales Compliance Rate	Percentage of inspected retail outlets found compliant with restrictions on sales to persons under 18 years of age.	Enforcement Inspection Reports; FCCPC; State Licensing Boards; NAFDAC	Annual
Pharmaceutical-Grade Ethanol	Ethanol produced, imported, or distributed solely for pharmaceutical, laboratory, or industrial use under strict NAFDAC and SON registration controls.	NAFDAC; SON; FMITI	Annual
Treatment and Rehabilitation Facilities	Number of health facilities (public and private) offering alcohol-use disorder screening, brief interventions, treatment, and rehabilitation services integrated into the health system.	NHMIS; SMOHs; NPHCDA	Annual

Term / Indicator	Definition	Primary Data Source(s)	Reporting Frequency
Advertising Violation Rate	Percentage of alcohol-related advertisements that violate national restrictions on content, placement, or audience targeting (e.g., youth advertising, unverified claims).	ARCON; NBC; NAFDAC; FCCPC	Bi-annual
Environmental Compliance Rate	Percentage of registered alcohol producers and distributors complying with environmental standards, including effluent treatment, waste management, and Extended Producer Responsibility (EPR) provisions.	SON; NESREA; FMEnv; State Environmental Protection Agencies	Annual
Drink-Driving Incidence Rate and Plane flying-flights landing	Proportion of tested drivers and Pilots exceeding legal blood alcohol concentration (BAC) limits during enforcement operations.	FRSC; NPF; NHMIS, NCAA/NSIB	Quarterly
Community Awareness Index	Percentage of surveyed households aware of alcohol harm-reduction messages and community-level prevention programmes.	NACCC; SMOHs; CSOs; National Surveys	Annual
Compliance Audit Score	Aggregate index (0–100) assessing institutional and operator compliance with the NAPMIP enforcement framework (licensing, labeling, safety, and reporting).	NACCC; NALRS Database; FMOH&SW; Independent Auditors	Annual
Gender-Based Violence (Alcohol-Related)	Proportion of reported GBV cases in which alcohol was a contributing factor.	NPF; FMWA; SMOHs; NHMIS	Quarterly
Public Awareness Campaign Coverage	Number and reach of national and state-level campaigns conducted on responsible drinking and alcohol harm prevention.	FMOH&SW; NACA; CSOs; NACCC Reports	Annual

Data Management Notes

1. NACCC shall maintain a National Alcohol Data Repository (NADR) linked to the NALRS for integrated data management.
2. Data shall be disaggregated by sex, age, location, and socio-economic group for equity analysis.
3. All reporting MDAs shall submit validated datasets to NACCC by March 31st of each year for inclusion in the Annual Alcohol Control Performance Report.
4. Data quality audits will be conducted every two years in line with the M&E Framework (Chapter 8)

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40	Dr. Tinuola Akinnubi	National Agency for Food and Drug Administration and Control
41	Yunusa Suzie I.	National Agency for Food and Drug Administration and Control
42	DCC Omale Benson	Nigeria Security and Civil Defense Corps
43	Dr. Chika Anozie	National Identification Management Commission
44	Pharm. Bakwa Nenlep D.	Pharmacy Council of Nigeria
45	Bello Kabiru	Nigeria Council of Food Science and Technology
46	Essien Etim	National Primary Health Development Agency
47	Sir Augustine Ibolo	Nigeria Bar Association
48	Celementine Usman-Wamba	National Broadcasting Commission
49	Okosun Emmanuel O.	National Human Rights Commission
50	Philip Obadiah	National Association of Road Transport Owners
51	Njoku Peter	National Drug Law Enforcement Agency

52	DCC Okosun Kingsley Osakpamwan	Nigerian Correctional Services
53	Kemi Oladipo	Federal Competition and Consumer Protection Commission
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60	Isah Muniretu	National Association of Nigerian Students
61	Winner Monwe	Association of Advocates Against Alcohol Harm in Nigeria
62	Ibiba Odili	ISSUP
63	Aanu' Rotimi	Center for Accountability and Inclusive Development
64	Kenneth Anetor	National Assembly Joint House Committee on Narcotics
65	Adeyemi Folorunsho	Manufacturers Association of Nigeria
66	Sir John Ichue	Distillers and Blenders Association of Nigeria
67	Abiola Lasede	Beer Sectoral Group
68	Chukwuemeka Aniukwu	Nigerian Breweries PLC
69	Christopher Obi	International Breweries PLC
70	Tony Okwoju	Spirit and Wines Association of Nigeria
71	Chioma Momah	Guinness
72	Fred Chiazor	Association of Food and Tobacco Employers
73	Godfery Adgumoh	Diageo
74	Ifeoma Okoye	Nigerian Bottling Company LTD
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80	Alyson Brown	World Health Organization
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86	Pharm. (Mrs) Abdulhameed Wosilat	FDS-FMOH&SW
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