UGANDA ALCOHOL REPORT 2022

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The Uganda Alcohol Report 2022

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ABBREVIATIONS AND ACRONYMS

- APC.....Alcohol Per capita Consumption
- AUD.....Alcohol Use Disorder
- CDO.....Community Development Officers
- CSO.....Civil Society Organizations
- HED.....Heavy Episodic Drinking
- HIV..... Human Immunodeficiency Virus
- MoH.....Ministry of Health
- NACB.....National Alcohol Control Bill
- NACP..... National Alcohol Control Policy
- NCDS.....Non Communicable Diseases
- SBIT.....Screening, Brief Interventions and Treatment
- SDG.....Sustainable Development Goals
- UAPA.....The Uganda Alcohol Policy Alliance
- UBOS.....Uganda Bureau of Statistics
- NMRH.....National Mental Referral Hospital
- UNHS.....Uganda National Household Survey
- UYDEL.....Uganda Youth Development Link
- UAR..... Uganda Alcohol Report
- UN.....United Nations
- RDC..... Resident District Commissioner
- WHO.....World Health Organisation

Message from the Ministry of Health

The Uganda Alcohol Policy Alliance (UAPA) has produced the Uganda Alcohol Report 2022 (UAR-22) on the status of alcohol consumption in Uganda. UAPA is a network of civil society organisations established in 2011 to advocate for regulations to minimise alcohol-related harm in Uganda. This report is a major landmark in providing up-to-date information on alcohol consumption and hopefully. it will be used to address the alcohol-related harm in Uganda.

> **“ The alcohol industry and other individuals and organisations furthering their economic interests continue to be active and aggressive in their strategies to prevent any regulatory measures to protect the people against the harm caused by alcohol.**

This report provides insights regarding the status and the burden of alcohol in Uganda, providing a comprehensive overview of the available evidence on alcohol use, including drinking patterns, impact, policy environment, and key interventions. The UAR-22 will support various stakeholders in decision-making and increase awareness. This report will hopefully be pivotal in guiding new policy developments for instance, the Alcohol Control Bill.

Alcohol is perceived as a social drink by most Ugandans and yet the production and selling points are within close proximity to their residences, making it easy to drink, especially in the case of young people. The high rates of advertisements by the alcohol industry normalise and sometimes even glamorise alcohol consumption, making it so difficult to implement regulatory interventions. The increased consumption of alcohol has escalated alcohol-related medical, social economic and environmental consequences in the communities.

To understand the importance of this report, you must recognise the threat the current alcohol consumption poses to the current and future of our country’s development. The alcohol industry and other individuals and organisations furthering their economic interests continue to be active and aggressive in their strategies to prevent any regulatory measures to protect the people against the harm caused by alcohol. Following a detailed analysis, this report emphasises the need for urgent and evidence-based interventions.

The research team and the SAFER Mission that interacted with a wide range of stakeholders on alcohol-related issues in Uganda have recommended the implementation of high-priority, evidence-based, comprehensive alcohol prevention intervention strategies such as strengthening restrictions on alcohol availability and facilitating access to Screening, Brief Interventions, and Treatment of Alcohol Use (SBIT), among others.

I am honoured to play a part in the promotion of this report and urge the general public, policymakers, Members of Parliament, elders, community, and religious leaders to read and act on the findings and recommendations from this report.

DR. HAFSA LUKWATA
Ag. Assistant Commissioner of Health Services, Mental Health and Control of Substance Abuse

Message from the Chairperson of the Uganda Alcohol Policy Alliance

It gives me joy to present to you the Uganda Alcohol Report 2022, an evidence-based tool to support alcohol control policy formulation and implementation in Uganda.

Over the years, Uganda has seen a decline in per capita alcohol consumption; from 13.3 litres in 2010 to 9.61 litres in 2018 and 9.41 litres in 2022. Unfortunately, alcohol consumption among those above the age of 15 is 12.5 litres and among drinkers only aged 15+ years is 25.8 litres. This is unacceptable for a country that is pursuing a middle-income status. This age group has such a pivotal role to play in the development of Uganda and yet even the meager resources it gets is wasted in self-indulgence with its resultant costs to society.

It is clear that the country is facing serious socio-economic consequences due to alcohol abuse. There is a high correlation between alcohol consumption and socio-economic problems people face at various levels in the country. Karamoja and West Nile have the highest rates of alcohol consumption at 46% and 16% respectively. Both regions have a multi-dimensional poverty level of 76%. There are glaring realities of teenage pregnancies, child neglect, gender-based violence, accidents, general crime and high disease burden.

Uganda continues to grapple with the problem of illicit alcohol. With 89% of the alcohol uncategorised, Uganda is losing a lot of revenue. Furthermore, much of this uncategorised alcohol is unregulated and easily available, especially in homes and village markets. If one life is too many to lose, then legislators need to fast-track the law which will address all the various aspect of alcohol production. Otherwise, the country will continue to lose many lives to alcohol.

> **“There is a high correlation between alcohol consumption and socio-economic problems people face at various levels in the country.**

The existing legal framework is not adequate enough to address the problem at hand. While we celebrate the banning of alcohol in sachets, it has been repackaged in very cheap plastic bottles, availed on any community shelf and advertised aggressively for the unsuspecting user to buy. The National Alcohol Control Policy was passed in 2019, but enforcement organs need the law to facilitate its implementation. The lack of regulation regarding promotion has given the alcohol industry freedom to engage in aggressive and persuasive promotion, targeting the youth and many have it any desired quantity.

The status report calls for urgent action at all levels, but most especially the legislators to expedite the enactment of the Uganda National Alcohol Control law to enable Ugandans to secure their future and leave no one behind. Studies on the breadth and depth of alcohol and its related harm are still few in Uganda, but this study and others, coupled with experiences from the community, are sufficient enough for our legislators to take a bold stand, embrace the WHO SAFER Initiative in its totality and enact the National Alcohol Control Law.

I appreciate the government of Uganda for creating an enabling environment for us to contribute to the vision of this nation. IOGT-NTO, our funder, has made this possible. I thank the Ministry of Health (Mental Health Division), the School of Public Health, the local authorities and community members and UAPA members for their invaluable contribution.

We aspire for a nation free from alcohol harm; a healthy, prosperous, reliant and sustainable Uganda.

For God and my country
JULIET NAMUKASA

EXECUTIVE SUMMARY

Uganda is experiencing a demographic transition and by 2050, the country's population is expected to double. This fast-growing population size and anticipated economic development has implications for alcohol use and associated harms, including increased risk for communicable and Non Communicable Diseases (NCDS) and injuries. Uganda faces numerous challenges in managing alcohol, including high and growing alcohol consumption, widespread traditional and informal alcohol, extensive access to alcohol by minors, weak policy implementation and interferences, and inadequate health care services.

The Uganda Alcohol Policy Alliance (UAPA) is a network of Civil Society Organizations (CSO) established in 2011 to advocate for regulations to minimise alcohol related harm in Uganda. One of UAPA' s strategic areas is generation and dissemination of evidence. Hence the alliance produces a report every 4 years on the status of alcohol consumption in Uganda.

The Uganda Alcohol Report 2022 (UAR 22) provides a summary on alcohol use, related harms and responses. UAR proposes priority actions and key interventions for Uganda. This report borrows from the thematic areas in the Global Status Report on Alcohol and Health published by the World Health Organisation (WHO) and highlights some influences of the alcohol industry in Uganda. Key data sources included Global Alcohol Status Reports, Uganda House Hold Survey Report (UNHS), and surveys by UAPA and other research institutions. This information was later validated with key stakeholders that were associated with the reviewed reports.

Highlights of UAR 22

1. **Estimated current alcohol drinkers**: 5,671,785 to 12,666,986 people

2. **Estimated amount of alcohol consumed in a year:** 110.6 million liters

3. **Pure Alcohol Per capita Consumption (APC):**
    a. General population - 9.4Liters(L)
    b. Among population of 15+ years 12.5L
    c. Among drinkers only aged 15+ years - 25.8 L

4. **Alcohol consumption among those aged 15+ years:**
    a. Used alcohol at least once in their lifetime - 52.6%
    b. Current alcohol drinkers - 36.3%

5. **Heavy Episodic Drinking (HED):**
    a. Among those 15+ years - 20.7%
    b. Among drinkers of 15+ years - 56.9%
    c. Among 15-19 years - 14.3%
    d. Among drinkers only of 14-19 years - 60.7-90%

6. **Alcohol consumption across gender:**
    a. Males - 17-49%
    b. Females - 7%-24%
    c. Men are higher Heavy Episodic Drinkers across all age categories

7. **Nature of alcohol consumed:**
    a. Beer - 11%
    b. Spirits - 3%
    c. Wines - 1%
    d. Others (Cannot be categorized) - 89%

8. **Informal alcohol**
    a. Estimated annual production: 67.7 Million liters
    b. Percentage of informal Alcohol in the alcohol beverage market share – 52%
    c. Estimated value - Shs2 trillion Uganda Shillings.
    d. Estimated annual government tax revenue lost due to illicit alcohol sales - around Shs616b

9. **Trends of Alcohol use among young people:**
    a. Age of first use - 8 years
    b. Alcohol users before 18 years - 53%
    c. Prevalence of any alcohol use among university students - 31%.
    d. Ever used alcohol in Secondary schools - 70%

10. **Alcohol Consumption in Regions:** Although no significant variations are seen in between rural and urban areas, some differences are observable in terms of regional distribution:
    a. Karamoja - 46%
    b. West Nile - 16%
    c. Teso - 14%
    d. Teso - 14%
    e. Elgon - 13.8%
    f. South Buganda - 13.2%
    g. North Buganda - 13%
    h. Acholi -12%

i. Lango - 12 %
j. Bunyoro - 11.7%
k. Kigezi – 9.5%
l. Tooro - 9%
m. Kampala - 8.8%
n. Ankole - 8.1 %
o. Bukedi - 6.9%
p. Busoga - 4%

11. Alcohol Related Harm

a. Percentage of total deaths attributable to alcohol: 7%
b. An average Ugandan loses 5 years of life in their lifetime due to alcohol related mortalities or morbidities
c. Alcohol attributable deaths out of every 100,000 among those aged 15+ years,
   - Alcohol related Liver Cirrhosis - 2, 861
   - Road Traffic Injuries - 3,900 and
   - Cancers - 1,514

d. Alcohol Use Disorder (AUD):

- General Prevalence - 7.1% (3,290,000 people)
- Estimated prevalence among alcohol drinkers - 26%
- Substance users reporting for treatment with AUD diagnosis - 73%
- Daily Alcohol Consumers among drinkers - 20%
- Drinkers who desire to reduce their alcohol consumption - 70.4%
- Higher prevalence of AUD among men than women.

12. **Alcohol industry activities:** The Alcohol industry continues to aggressively market their products with growing emphasis on young people. For instance, 23% of advertisements identified around schools were for alcoholic beverages. Various reports also show defiance of standard health measures including non-adherence to COVID protocols. The Alcohol industry promotes 'Responsible Drinking' although there is no evidence that this strategy contributes to reduction of alcohol related harm.

13. Interventions

a. Alcohol Policy and Legislation in Uganda: Important recent developments include, banning alcohol packed in 200mls or less, endorsement of the National Alcohol Control Policy (NACP), and drafting of the National Alcohol Control Bill (NACB). A number of other measures exist to protect alcohol users from its adverse effects. Besides the 1967 *Enguli* Act, other significant legal interventions include: The *Enguli* (Manufacture and

Licensing) Act Cap 86; The Liquor Act Cap 93; Potable Spirits Act Cap 97; The Uganda National Bureau of Standards Act Cap 327; The Food and Drugs Act Cap 278; The Shop Hours Act Cap 99; The VAT Act Cap 349 ; The Excise Tariff Act (ETA) Cap 338 ; The Finance Act and the Customs Tariff Act.

Several loopholes have been observed in Uganda's legal framework. Although Uganda has restriction for on-/off premises sales of alcohol beverages, the policy on alcohol sale days/places, density, specific events/intoxicated persons and petrol stations is still lacking. The National Maximum legal blood alcohol concentration when driving a vehicle is generally 0.08 and does not provide for variation in age and professionalism. There is no legally binding regulation on alcohol advertising/product placement, sponsorships and sales, health warning labels on advertisements. The national support for community action is not strong and the National Monitoring systems are yet to be put in place.

The informal sector is not monitored by the Uganda National Bureau of Standards (UNBS) and the alcohol content of the largest portion of the consumption is not known, making it difficult to establish its safety .

Local Ordinances: Only 14.6% of the districts in Uganda have alcohol Ordinances and where they exist, only 50% of the population are aware of Ordinances restricting alcohol use. Some efforts were noted in most of the districts to control alcohol harm, including confiscation/destruction of crude alcohol while other districts have resorted to ordinance such as the environment to enforce clauses on public health, education and environmental effects of alcohol.

b. Treatment of AUD: The Alcohol and Drug Unit at the National Mental Referral Hospital (NMRH) and several private organizations provides outpatient and inpatient treatment services to people with alcohol related problems and substance users in general but these are inadequate and not properly coordinated.

c. The WHO SAFER Initiative in Uganda: Uganda is the first country to partner with the World Health Organization (WHO) led SAFER Initiative which was launched at the United Nations (UN) General Assembly in 2018. This initiative is promising but is still at the planning stage.

14. Conclusions

a. There are declining but high trends of alcohol consumption in the general public and among young people.

b. Alcohol is widely available and easily accessible and hence wide spread alcohol harm including high rates of mortality and morbidity.

c. Prevention and treatment measures for AUD are insufficient and uncoordinated.

d. Various laws exist but are rarely enforced, uncoordinated and outdated and rarely enforced yet the alcohol industry consistently violates set guidelines

e. Majority of the population at the local level lack Ordinances to guide control measures in their localities and, even where they exist, a significant number of people are unaware of them and cannot implement the measures.

15. **Recommendations:** Momentum is necessary to combat underage use and maintain a downward curve for alcohol use through:

a. Strengthening the legal framework to restrict alcohol availability including informal alcohol.

b. Setting up national coordination mechanisms to scale up and guide interventions or control alcohol related harm.

c. Monitoring the practices of the alcohol industry to minimise influence on policy formulation and ensure adherence to the laws

d. Encouraging local authorities to come up with bylaws and solutions to alcohol problems in their areas.

e. Revising Excise Taxes and Pricing Policies to regularly raise prices on alcohol

f. Overseeing Reforms in AUD Treatment to promote efficiency and effectiveness

16. **Limitations and delimitations of the report**: The report is restricted to a few studies and aggregating data from studies of different time periods and methodologies was challenging. However, by strategically targeting national studies with proven methods, the report gives a national wide insight on alcohol use and related problems.

SECTION ONE:
BACKGROUND: THE GLOBAL ALCOHOL PROBLEM

Introduction

An estimated 43% of the population worldwide (15+ years) are current drinkers of alcohol. A lower rate of 32% is reported for Africa ((WHO, 2018). Alcohol is used for various social-economic functions, and is perceived to provide pleasure to many users. On the other hand, alcohol is a massive obstacle to development, adversely affecting 13 of 17 Sustainable Development Goals (SDG), fueling poverty, inequality, violence (including gender -based violence) and vast economic and productivity losses.

According to the WHO report of 2018, the harmful use of alcohol in2016 resulted in some 3 million (5.3% of all deaths) worldwide and 132.6 million Disability-Adjusted Life Years (DALYs) i.e 5.15 of all DALYs in that year (who, 2018) (See Map 1). Alcohol use also leads to more than 200 disease and injury conditions, including a range of mental and behavioural disorders for the individual consumer and for those around them. By 2011, approximately 4.5% of the global burden of disease and injury was attributable to alcohol; and it was the third highest risk for disease and disability after childhood underweight and unsafe sex.

The landscape of alcohol consumption and related harm has changed drastically since the onset of the COVID-19 pandemic. COVID-19 related control measures have affected alcohol consumption at individual and community levels. Poverty, social distancing policies and lockdown measures are believed to have altered alcohol consumption patterns and reportedly, increased illegal production and un-regulated sale of alcohol. Incidences of AUD are reportedly on a rise, leading to great disruption in access to medical care, both at community and societal levels.

Africa bears the heaviest burden of disease and injury attributed to alcohol (70.6 deaths and 3,044 DALYs per 100,000 people). This is in contrast to Europe where the level of alcohol consumption is highest. The alcohol-attributable burden of disease and injury in Africa is attributable to the large burden of disease caused by tuberculosis, cardiovascular diseases, digestive diseases and injuries (to which alcohol is a contributing factor). Concerted actions are necessary to decrease alcohol consumption in the African Region (WHO, 2018).

Global responses to prevent alcohol harm

Public Health oriented responses to alcohol problems can be traced in three key documents i.e. the Global strategy to reduce the harmful use of alcohol, WHO Global NCD Actin Plan and the SDGs.

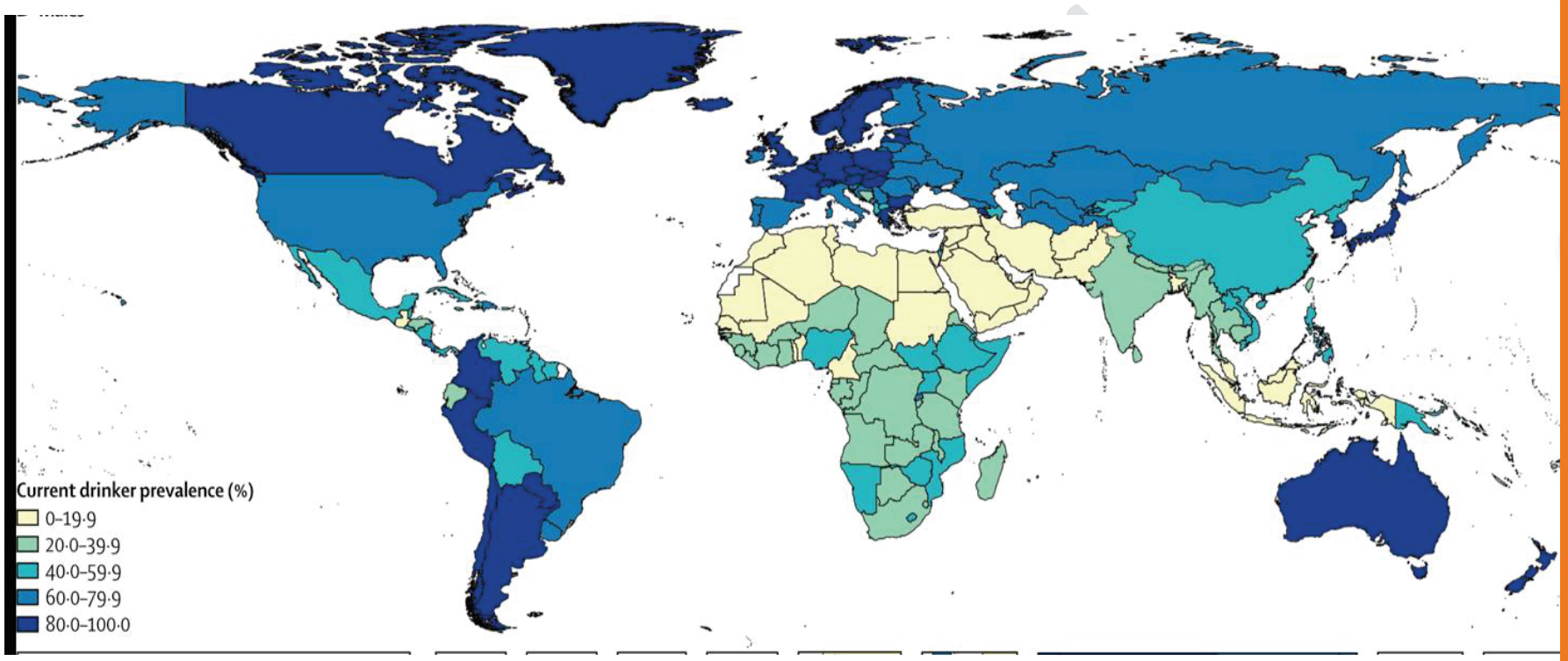
The Global Strategy to Reduce the Harmful use of Alcohol: During the Sixty-third session of the World Health Assembly, held in Geneva in May 2010, the 193 member states of WHO reached a historical consensus on a global strategy to reduce the harmful use of alcohol by adopting resolution WHA63.13. The adopted resolution and endorsed strategy gives guidance to both member states and the WHO secretariat ways of reducing the harmful use of alcohol. The vision behind the global strategy is improved health and social outcomes for individuals, families and communities, with considerably reduced morbidity and mortality due to harmful use of alcohol and their ensuing social consequences. It is envisaged that the global strategy will promote and support local, regional and global actions to prevent and reduce the harmful use of alcohol. The global strategy aims at giving guidance for action at all levels; to set priority areas for global action; and to recommend a portfolio of policy options and measures that could be considered for implementation and adjusted as appropriate at the national level, taking into account national circumstances, such as religious and cultural contexts, national public health priorities, as well as resources, capacities and capabilities.

WHO Global NCD Action Plan: The WHO Global NCD Action Plan 2013-2020 operationalises the commitments made by Heads of State and Government in the United Nations Political Declaration on the Prevention and Control of NCDs (resolution A/RES/66/2), recognising the primary role and responsibility of Governments in responding to the challenge of NCDs and the important role of international co-operation to support national efforts.

Sustainable Development Goals (SDGs):

The SDGs or Global Goals are a collection of 17 interlinked global goals designed to be a "shared blueprint for peace and prosperity for people and the planet, now and into the future". The SDGs were set up in 2015 by the United Nations General Assembly and are intended to be achieved by 2030.

Figure 1: Age -standardised prevalence of current drinking for females (A) and males (B) in 2016, in 195 locations

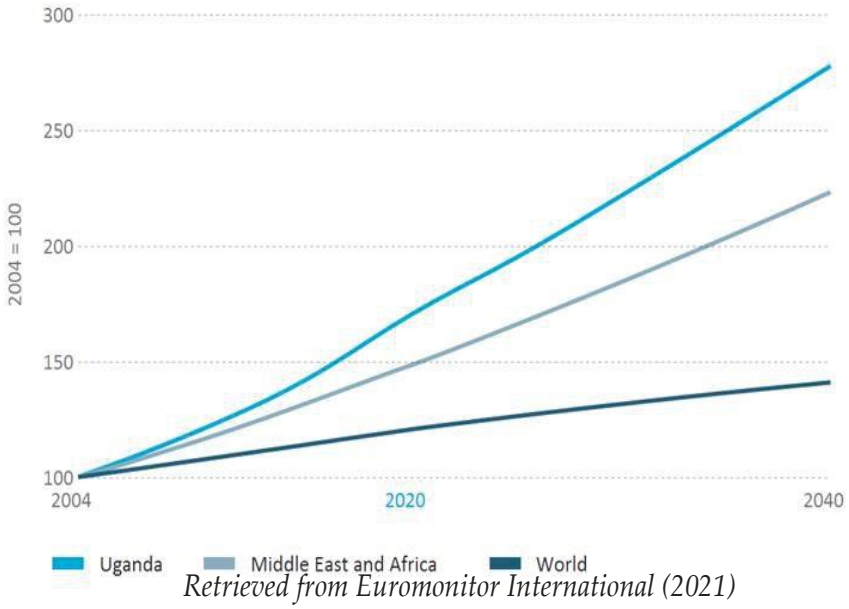


Retrieved from the Lancet, 2016

Uganda

Uganda is a low-income country with 55% of the population below the age of 18 years and is considered the second youngest globally (World Atlas, 2022). The country's growth rate of 3.32% implies that over one million people are annually added to the population, hence the sixth fastest growing population in the world (Statista, 2022). Uganda's population currently stands at 43.7 million (UBOS,2022), but based on current projections, the country' s population is expected to have surpassed 100 million people by 2050 and reach 167 million people by the end of the century. By 2100, Uganda' s population is expected to surpass that of Egypt, the country with the second- biggest population currently in Africa. Uganda' s rapid population growth is a cause for concern. Population explosion has been associated with rapid urbanization, poor waste management, high poverty levels, unemployment, accidents, gender-based violence, environmental degradation and inadequate infrastructure, among other problems. Yet the above problems can also be attributable to alcohol misuse.

Figure 2: Comparison of Uganda's Population Index (2004 – 2040) with that of Africa and the World



Retrieved from Euromonitor International (2021)

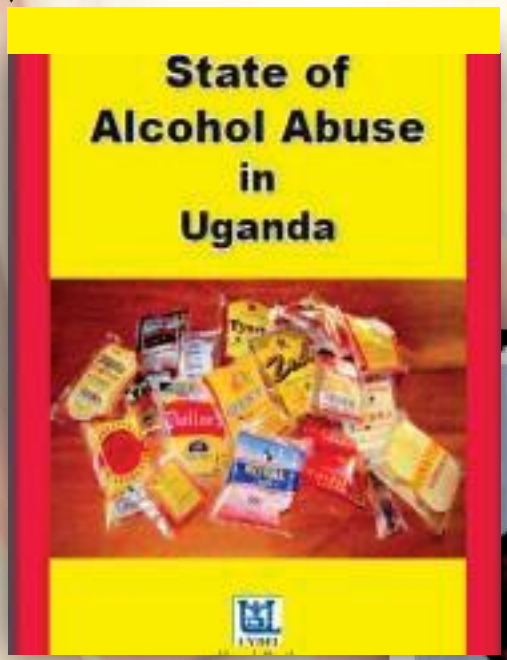
Uganda is one of the countries with high per capita alcohol consumption. Overall, alcohol misuse has been documented to hinder social economic advancement and the current trend poses considerable challenges to the attainment of Uganda' s Vision 2040 for "A Transformed Society from a Peasant to a Modern and Prosperous Country"(Government of Uganda, 2021).

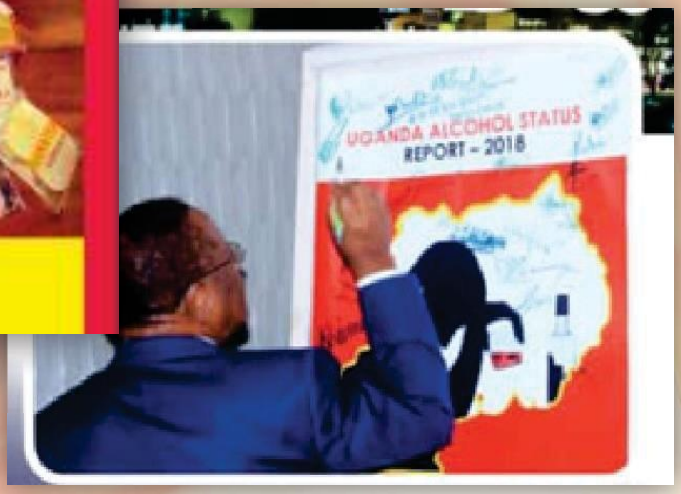
Some of the UAPA stakeholders that participated at the closing Ceremony of the First Uganda Alcohol Policy Conference in November 2018

The Uganda Alcohol Report 2022 (UAR-22)

The Uganda Alcohol Report, 2022 complements three previous reports that were published in 2010, 2014 and 2018 to provide insight regarding the status and the burden of alcohol in Uganda. This report uses a combination of selected published and unpublished studies to provide an update on alcohol consumption and control measures. The overarching aim of the UAR-22 is to provide a comprehensive overview of the available evidence on alcohol use including drinking patterns, impact, policy environment and key interventions. Finally , the report shares key findings from the recent published documents on alcohol use in Uganda.

The UAR-22 provides a summary on alcohol use, harms, responses, and proposes priority actions and key interventions in Uganda. The report borrows from the thematic areas in the Global Status Report on Alcohol and Health (WHO) and highlights some activities of the alcohol industry in Uganda. Key data sources included Uganda House Hold Survey Report (UNHS) (2020); Global Alcohol Status Report on Alcohol and Health (2018) and surveys by UAPA and other research institutions. This information was later validated with key stakeholders associated with the reviewed reports.





On the left is The First Alcohol report published in 2010 and below is the former Finance Minister and current Chancellor of Makerere University launching the third Uganda Alcohol report in 2018.

SECTION TWO:

THE ALCOHOL USE SITUATION IN UGANDA

PREVALENCE AND PATTERNS OF ALCOHOL CONSUMPTION

This section provides an overview on the prevalence and patterns of alcohol consumption, health consequences and harm mitigation measures in Uganda. Statistics on alcohol use from the various reports that were examined are dependent on the methods used. In this section we synchronise data from WHO and Uganda Government Publications with reports of other similar surveys on alcohol over the past ten years.

General Prevalence Rates of Alcohol Consumption

In 2014, a STEPwise approach to NCD risk factor surveillance (STEPS) revealed 26.8% of the population in Uganda as current alcohol users (those who had used in the previous 12 months) (WHO, 2018). However, a more recent report of Uganda National Household Survey (UBOS, 2021) put current consumption of alcohol in Uganda in the year 2019/20 at 12 %. Basing on the projections done by the UBOS and WHO studies, the current number of alcohol drinkers in Uganda is estimated to range between 5,671,785 and 12,666,986 people, respectively. Around 110.6 million litres of alcohol are consumed in Uganda, annually (Daily Monitor, 2017).

Alcohol Per capita Consumption (APC)

The WHO (2018) Global Status Report on Alcohol and Health put Uganda's Alcohol Per capita Consumption (APC) at 9.4L (See table 1). However, higher APC of 25.8L was observed among drinkers only aged 15+ years (See table 2) (WHO, 2018).

Table 1 APC (15+) consumption (in litters of Pure alcohol) for Uganda

	2010*		2016*	
Recorded	6.5		6.2	
Unrecorded	3.2		3.2	
Total**	**9.7**		**9.4**	
Total males / females	16.5	3.2	16.0	2.9
WHO African Region	6.3		6.3	

* Three-year averages of recorded and unrecorded for 2009–2011 and 2015–2017; **adjusted for tourist consumption.

Extracted from the Global Alcohol Status report (WHO, 2018)

Alcohol Consumption among those aged 15 Years and Above

According to UBOS, 46% of the Ugandan population is aged 14 years and below. In this age category, higher rates of alcohol use are reported. For instance, 52.6% of this population reported to have used alcohol at least once in their lifetime while 36.3% are current alcohol drinkers (See table 2). Accordingly, WHO statistics put the Annual per capita consumption of alcohol among Ugandans aged 15 years and older at 25.8 L (Table 4).

Table 2: Percentage rates of alcohol abstainers among those aged 15+ in 2016

	Males	Females	Both sexes
Lifetime abstainers (15+)	32.5	62.0	47.4
Former drinkers* (15+)	18.3	14.2	16.3
Abstainers (15+), past 12 months	50.9	76.2	63.7

* Persons who used to drink alcoholic beverages but have not done so in the past 12 months.

Extracted from the Global Alcohol Status report (WHO, 2018)

Heavy Episodic Drinking(HED)

Heavy Episodic Drinking is regarded asconsumption of at least 60 grams of pure alcohol on at least one occasion in the previous 30 days. According to WHO (2018), the prevalence of HED in the general population among those 15+ years is 20.7% although the rate is higher (56.9%) among the alcohol drinking category. See table 3

Table 3: Prevalence of HED (%)

	Population (15+ years)	Drinkers only (15+ years)	Population (15–19 years)	Drinkers only (15–19 years)
Males	33.8	68.8	23.8	71.3
Females	7.8	32.6	4.7	34.7
Both sexes	20.7	56.9	14.3	60.7

Extracted from the Global Alcohol Status report (WHO, 2018)

Gender

Both the WHO and UNHS reports on alcohol use in Uganda agree that current alcohol consumption is higher among the males compared with the females. UNHS (2020) reports alcohol consumption among the men at 17% and the females at 7% while WHO (2018)

reports even higher figures of those aged 15 years and above (49%) the males and (24%) for females as current alcohol drinkers in Uganda. Men are reportedly higher Heavy Episodic Drinkers across all age categories (Table 3).

Table 4: APC (15+) consumption, drinkers only (in litres of pure alcohol)

	Litres
Males (15+)	32.6
Females (15+)	12.2
Both sexes (15+)	25.8

Extracted from the Global Alcohol Status report (WHO, 2018)

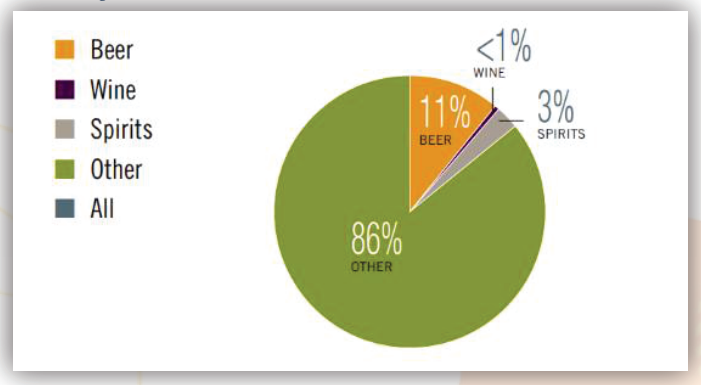
Alcohol use among pregnant women

According to WHO (2009), pregnant woment are not supposed to take alcohol[3]. In Uganda, the habit of alcohol consumption among pregnant women is fairly prevalent. A study among 420 women seeking antenatal care services at both government and private health facilities in Northern Uganda found that 23% took alcohol, 11% reported problem drinking behaviour, 8% reported being engaged in hazardous drinking while 4% reported in active alcohol dependent behavior (Agiresaasi, et. al., 2021).

Nature of alcohol consumed in Uganda

The dictionary definition of alcohol (also called: ethanol, ethyl alcohol) is 'a colourless flammable liquid, that is the intoxicating agent in liquors the active principle of intoxicating drinks, produced by the fermentation of sugars, especially glucose, and used in the manufacture of organic chemicals as a solvent. Alcohol beverage is considered as a psychoactive substance and can be categorised as Beer (5%-12% content), Wine (5%-16% content) and Spirit (35%-40% content). While 11% of alcohol consumed in Uganda falls in beer category, spirits and wines account for 3% and 1%, respectively. Unfortunately, 89% of the alcohol consumed belongs to the other category and its composition cannot be categorised (WHO, 2018). See Pie chart below.

Figure 3: *Pie chart showing Recorded APC (15+) consumption (in liters of pure alcohol) by type of alcoholic beverage*



Extracted from the Global Alcohol Status report (WHO, 2018)

Informal alcohol

According to Euromonitor a report commissioned by Nile Breweries company to assess the market size of alcohol beverages in Uganda, of the 110.6 million litres of alcohol in Uganda, 67.7 million are from illicit alcohol sector accounting for 52% of the alcohol beverage market share. Informal alcohol in Uganda is estimated at UGX2 trillion but is not monitored by the Uganda National Bureau of Standards (UNBS) and the alcohol content is not known. It is estimated that government loses around UGX616b in potential tax revenues annually due to illicit alcohol sales (Daily Monitor, 2017).

Alcohol Use Among Young People

A study by IOGT-NTO in four districts (See table 5) noted a growing percentage of young people delaying alcohol use but showed the leading alcohol users to be in the age brackets of 18-24 years. Kamulegeya (2020) put the prevalence estimates of any alcohol use among university students at 31%. Although WHO statistics show relatively low prevalence of HED in the population 15-19 years (14.3%), the rates are as high as 60.7% among the drinkers only in this category (Table 3).

IOGT-NTO further notes that 53% of alcohol users reported to have used alcohol before 18 years. Worrying trends have been observed in schools with up to 70% of secondary school going youth using alcohol with age of first use as low as 8 years (Abbo et al., 2016). A recent study among out of school youth in Kampala showed that 30% of teenagers consume alcohol and 90% of teenage drinkers are binge drinkers (Swahn et al., 2017).

Table 5: Trends on Alcohol use, facilitating factors and social impacts done in Masindi, Soroti, Wakiso and Jinja districts. n=913 respondents.

		2017	2021
A.	***Alcohol Use***		
1.	Consumption prevalence ever taken alcohol	68	47
2.	Age of inception (before 18 years)	62	53
	<14		19
	15-17		34
	18-24		34
	>24		13
B.	***Facilitating factors for alcohol use***		
1.	Inducted by friends	40	47
2.	Selling points within 500 meters (availability) – 15 selling points	9	7
3.	0-5 Producers of alcohol within 500 members	4	5

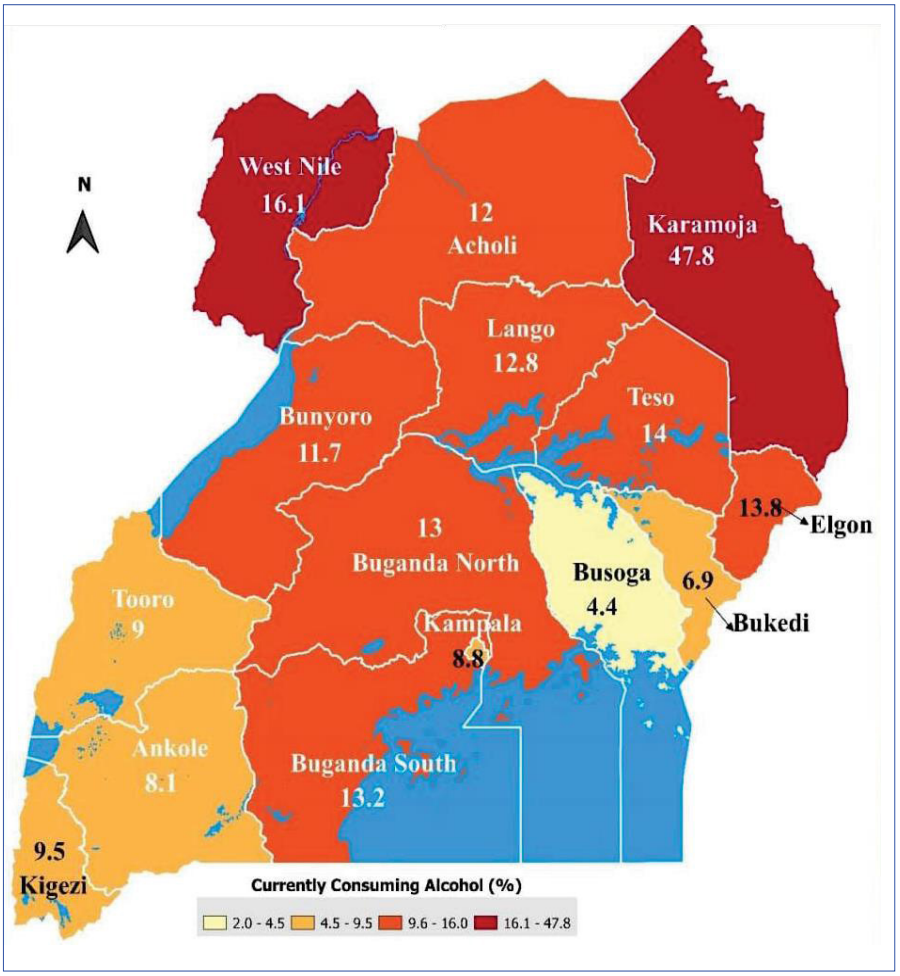
	Measure	% of Respondents	
4.	Ease of accessing alcohol	50	87
5.	Access of Homemade alcohol	26	26
6.	Asked to buy alcohol by parents	18	26
7.	Alcohol as a social beverage	53	71
C.	***Alcohol harm***		
1.	Want to reduce Consumption	79	70
2.	Beaten due to alcohol	26	22
3.	Forced to have sex	11	9
4.	Abused by parent	27	25
D.	***Alcohol Knowledge levels***		
1.	Knowledge of the negative effects of alcohol	92	92
2.	Knowledge of restriction	38	54

Based on findings of IOGT study in Wakiso, Junja, Soroti and Masindi districts

Regional Distribution

Although there are no significant differences in alcohol consumption between rural and urban areas noted by UNHS, regional comparisons were possible with Karamoja and West Nile standing out with the highest percentage of alcohol consumption at 48% and 16% respectively while Busoga had the least at four percent in 2019/20 (UNHS). The respective percentages of alcohol consumption is as follows; Acholi (12), Lango (12), Bunyoro, (11.7), Teso (14), North Buganda (13), Teso (14), Elgon (13.8), Kigezi (9.5), Tooro (9), Bukedi (6.9), Kampala (8.8), South Buganda (13.2) and Ankole (8.1).

Figure 4: *Map of Uganda showing Regional prevalence rates (%) of alcohol Consumption in Uganda*



Extracted from UNHS (2021)

ALCOHOL HARM

This section reviews the alcohol related consequences including health and other social challenges in Uganda.

Health Consequences:

Mortality and Morbidity: Alcohol use has been closely associated with various health conditions including Liver Cirrhosis, Road Traffic Injuries, Hypertension and Cancers which conditions many times result into deaths (Tumwesigye, et.al., 2022; WHO, 2019). According to WHO, out of every 100,000 deaths among those aged 15+ years, 2, 861 are attributable to alcohol related Liver Cirrhosis, while 3,900 to Road Traffic Injuries and 1,514 to Cancers. An average Ugandan loses 5 years of life due to alcohol related mortalities or morbidities (see table 6).

Table 6: Age Standardised Death rates and Alcohol Attributable fractions (2016)

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	44.0	30.9	70.4	47.2	2 861
Road traffic injuries, males / females	74.9	27.2	37.0	24.3	3 900
Cancer, males / females	285.4	184.2	8.4	3.1	1 514

*Per 100 000 population (15+); **alcohol-attributable deaths, both sexes.

Years of life lost (YLL) score*, 2016 LEAST < 1 2 3 4 5 > MOST

* Based on alcohol-attributable years of life lost.

Extracted from the Global Alcohol Status report (WHO, 2018)

Alcohol Use Disorder (AUD): AUD is considered a cluster of cognitive, behavioural, and physiological symptoms, indicating that the individual continues using alcohol despite significant alcohol-related problems (American Psychiatric Association, 2013). WHO (2018) estimated AUD in Uganda at 7.1% (N=3.290,000) with higher prevalence among men than women (See table 7). A survey on 10 Rehabilitation Centres in and around Kampala reported alcohol as the commonest substance used by 52% of the clients and data from NMRH show that 73% of substance users reporting for treatment are diagnosed with AUD (Tumwesigye et al, 2022). One of the symptoms of AUD is frequency in drinking. According to UNHS, two in every ten alcohol drinkers were found to be consuming alcohol on a daily basis (UBOS, 2021). Need for cutting down on alcohol use is another criterion of determining AUD. IOGT-NTO survey revealed that 70.4% of the drinkers' desire to reduce their alcohol consumption.

Table 7: Prevalence of Alcohol use Disorders and Alcohol Dependence (%), 2016

	Alcohol use disorders**	Alcohol dependence
Males	12.4	4.2
Females	1.9	0.7
Both sexes	7.1	2.5
WHO African Region	3.7	1.3

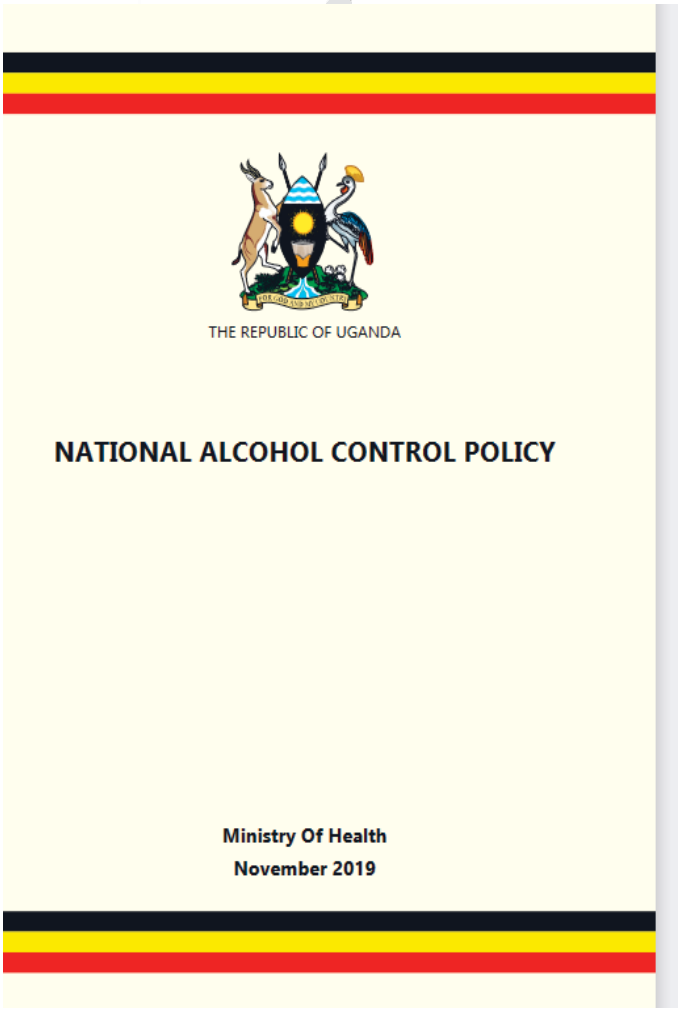
* 12-month prevalence estimates (15+); **including alcohol dependence and harmful use of alcohol.

Extracted from the Global Alcohol Status report (WHO, 2018)

Alcohol Policy and Legislation in Uganda

A number of measures exist to protect alcohol users from its adverse effects. Besides the *Enguli* Act of 1967, a National Alcohol Control Policy was enacted in 2018 to strengthen interventions at the national level. Some of the most significant legal interventions include:

- **The National Alcohol Control Policy (NACP), 2018:** The policy has five main objectives**:**
  1) To establish a National Coordination Mechanism to reduce harmful alcohol
  2) Strengthen regulation on production, availability, pricing and marketing
  3) Build capacity of government and other stakeholders
  4) Reduce the negative impact of illicit and informally produced alcohol
  5) Establish and improve research, monitoring, evaluation, surveillance and dissemination of information on alcohol in Uganda.
  6) It also bans alcohol packaged in sachets and small packages, sets new restrictions for marketing and advertisements, mandates health warnings, and sets a minimum legal age of 21 years



- **The *Enguli* (Manufacture and Licensing) Act 1966 Cap 86)** forbids the manufacture, sale, consumption of illicit alcohol mainly in the form of traditionally produced spirit
- **The Liquor Act Cap 93** regulates the manufacture and sale of intoxicating liquor; provides for the issue and use of licenses; premises and hours for the manufacture and sale of liquor. It also restricts consumption of liquor by children.
- **Potable Spirits Act Cap 97** prohibits compounding of spirits for profit or sale without a license
- **The UNBS Act Cap 327** establishes the UNBS to determine, formulate and enforce standards for commodities sold in Uganda including alcohol, for purposes of protecting the public.
- **The Food and Drugs Act Cap 278** creates offences in relation to the preparation, offering, labelling, advertisement, possession and sale of injurious food and adulterated food for human consumption.
- **The Shop Hours Act Cap 99** makes provisions for the regulation of shop hours.
- **The VAT Act Cap 349:** Imposes and collects VAT on alcohol products
- **The Excise Tariff Act (ETA) Cap 338:** Imposes and collects excise duties particularly on all kinds of spirits, wine and beers
- **The Finance Act:** Provides duties payable on beer made from local materials
- **The Customs Tariff Act (CTA): cap 337** Imposes an import duty on imported goods including alcohol
- **Traffic and Road Safety no 6 of Act 1998 as Amended** Prescribes the acceptable Blood Alcohol Content levels and sets consequences of driving or operating any machine on the road under the influence of alcohol.

Local Ordinances

In the absence of strong national alcohol laws, it is important to have stronger community actions to control alcohol harm. Alcohol Ordinances and Bylaws are a set of legal guidelines for controlling alcohol at the district or Sub county levels. Only 14.6% of the districts in Uganda have Alcohol Ordinances (UAPA, 2022) (See Appendix). However, some efforts to control alcohol harm were noted in most of the districts. Such efforts included; confiscation/destruction of crude alcohol while other districts have resorted to related regulations such as the environment protection laws to enforce clauses on public health, education and environmental effects of alcohol. Majority of the local regulations on alcohol were instrumental during the implementation of COVID 19 restrictions. However, a study by IOGT-NO (2021) revealed that only 50% of the population are aware about the alcohol ordinances in areas where they exist.

The WHO SAFER Initiative in Uganda

Uganda is the first country to partner with the World Health Organization (WHO) led SAFER Initiative which was launched in 2018 at the UN, General Assembly. SAFER represents 5 effective and cost-effective alcohol control interventions including:

1) Strengthening restrictions on alcohol availability,
2) Advancement of drink-driving countermeasures,
3) Facilitating Screening, Brief Interventions and Treatment (SBIT)
4) Enforcement of bans or comprehensive restrictions on advertising, sponsorship and promotion and
5) Raising prices on alcohol through excise taxes and pricing policies.

The SAFER intervention was commissioned in August 2021 with a Desk review on the political and economic drivers of alcohol policy in Uganda. In November 2021, a team comprising of the Ministry of Health (MOH), WHO, UN Inter Agency Task Force, and international civil society partners (Movendi International, IOGT-NTO Movement East Africa and Vital Strategies) conducted a SAFER consultative meeting in Uganda to learn about the extent of alcohol consumption and alcohol-related harm, the existing policies and legislation and political and institutional readiness to strengthen such policies and interventions.

A taskforce has been formed to oversee the implementation of the SAFER technical package. Jointly headed by the WHO and MoH this committee is also composed of local and international members of the civil society . SAFER Uganda has a Secretariat and working committees including the Advocacy and Communications Team,

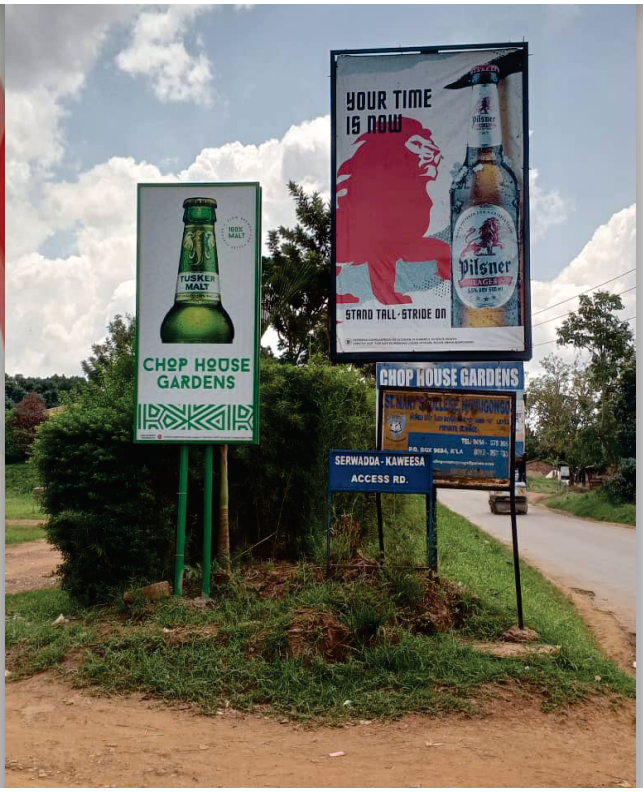
Monitoring, Research and Data Team, Investment Case Team, Availability Working Group, SBIT Working Group, and the Fundraising committees.

Some of the SAFER Uganda Mission delegates interacting with local alcohol brewers in Kakira, Jinja District

ALCOHOL INDUSTRY ACTIVITIES

The alcohol industry in Uganda is dominated by three breweries: Nile Breweries Limited (a subsidiary of SABMiller plc), Uganda Breweries Ltd and Parambot Ltd. The Alcohol industry continues to aggressively market their products with target on young people. For instance, 23% of advertisements identified around schools were for alcoholic beverages (Dia, et al, 2021) and a survey of adolescent boys and young men in Kampala found that almost half (49.8 percent) had seen "a lot" of alcohol advertisements on TV in the previous 30 days (Uganda Communications Commission, 2021). Alcohol companies have been involved in sponsorships for several educational and sporting activities

The industry has to some extent embarked on self-regulation to ensure that alcohol produced meets the minimum health standards but without tangible efforts to reduce consumption. A survey by UAPA in 2011 reported failure of the alcohol industry to observe standard health measures including non-adherence to COVID protocols.



A photo showing a giant billboard advertising alcohol just above a sign post of a school.

Compliance of Alcohol Industries to Regulations for Health wellbeing

A Case Study of the Alcohol industry (lack of) adherence to Guidelines for Controlling Covid-19 Pandemic in Uganda (UAPA, 2021)

Background: In 2020, UAPA conducted a rapid survey among 70 leaders including Members of Parliament, media personnel, religious leaders and District/Sub-county leaders in 15 districts picked from four regions of Uganda to monitor the extent to which the presidential directives reduced alcohol-related harm. The same study reviewed various media reports on the conduct and impact of the alcohol industry during the lockdown period.

Key Findings: To a large extent, the presidential directives were disregarded which enabled acts of alcohol abuse at all stages of the lockdown. Alcohol harm remained prevalent due to continued production, promotion, transportation and open selling of alcohol. Through changing promotional and delivery tactics, circumvention of the guidelines, open defiance, and disguising brand promotions as Corporate Social Responsibilities, the alcohol industry managed to maintain a regular supply of their products even at the height of the COVID-19 health crisis.

Brand promotions disguised in Corporate Social Responsibilities: The alcohol industry disguised to be offering support for fighting COVID-19 yet more publicity went towards their brands and they disregarded health warnings and continuously encouraged people to consume their products. The Government of Uganda through its National Taskforce invited individuals and institutions to participate in resource mobilisation to mitigate COVID-19. As expected, the alcohol industry rushed to offer personal protective equipment and other necessary essentials, such as medical supplies, food, and fuel, and used the opportunity to promote their products and get government favors. A leading alcohol company offered 7.3 million liters of Ethanol into hand sanitizers in return for tax waivers. Nile Breweries Limited launched an environment protection campaign in Western Uganda, commissioned a nationwide program for supporting youth entrepreneurship, and donated maize flour and beans to some parts of the Eastern Uganda as relief contributions in the COVID-19 times (www.nilebreweriesplatform, 2020). The so called Corporate Social Responsibility (CSR) activities were heavily publicized. Ironically, leading alcohol companies partnered with the Ministry of Health to support vaccination among their patrons and converted several bars into vaccination centers. An example is an editorial in the *Red Pepper newspaper* (10th July 2020) which includes a story of Nile Breweries in which the brewery supports the Aids Support Organization by handing over a cheque.

Intensified media publicity and changes in sales strategies: To increase sales, alcohol industries initiated vigorous social marketing and crafted new delivery methods such as those through the foodservice apps. Alcohol adverts on regular media channels such as TVs, radios, and newspapers were not stopped and instead were reinforcedby more aggressive social media interfaces. New Social media ventures 34 supplemented the existing ones and encouraged the population to place orders for home alcohol delivery. A case in point is where Uganda Breweries partnered with Uganda' s biggest online retail store Jumia Uganda, to enable customers to purchase spirits online.

Online parties: As people adjusted to a new way of life, with social distancing making it difficult for people to connect, alcohol companies came up with new strategies to keep their consumers hooked to their products through virtual festivals. Alcohol companies hosted online parties such as Facebook Live featuring celebrities including actors and actresses and sports personalities and distributed prizes. The weekly event made at-home drinking easier and they provided discount codes to alcohol delivery service.

Reduced Prices: An example in case is when Uganda Breweries offered its customers a 15 percent discount on their spirit brands (Uganda Waragi, Johnnie Walker, Black Label, Red Label, and Baileys). Circumvention and open defiance of COVID directives: In the later parts of the lockdown, alcohol shops, as well as supermarkets operated throughout the day and allowed much on premise uses. Some liquor retailers promoted stockpiling of alcohol and thus heavy drinking while in quarantine at home. Cyclists were employed to do door-to-door deliveries. In defiance of COVID regulations, many bars operated during the COVID-19 lockdown in such a way that owners would put off music and lock their customers inside their premises which defied the protocol of social distancing and endangered patrons. Some bar owners would close the big entrance to the bar and open the small entrance behind the bar so that customers get accessibility. Bar owners developed networks that alerted them to the movements of the enforcement teams while others would deliver alcohol to their customers through boda-boda cyclists. Alcohol hawking and selling of alcohol in polythene bags were the other ways of beating the restrictions. It is not clear how the new style of selling alcohol that started in the season of COVID 19 lock down shall evolve now that Uganda is returning to 'normal life'.

Nevertheless, police should be commended for the several interventions to apprehend bar owners that violated the restrictions especially during the first wave of the epidemic.

Contestants in a beer drinking competition

Efforts to destroy illicit alcohol were reported in some areas especially in Northern Uganda

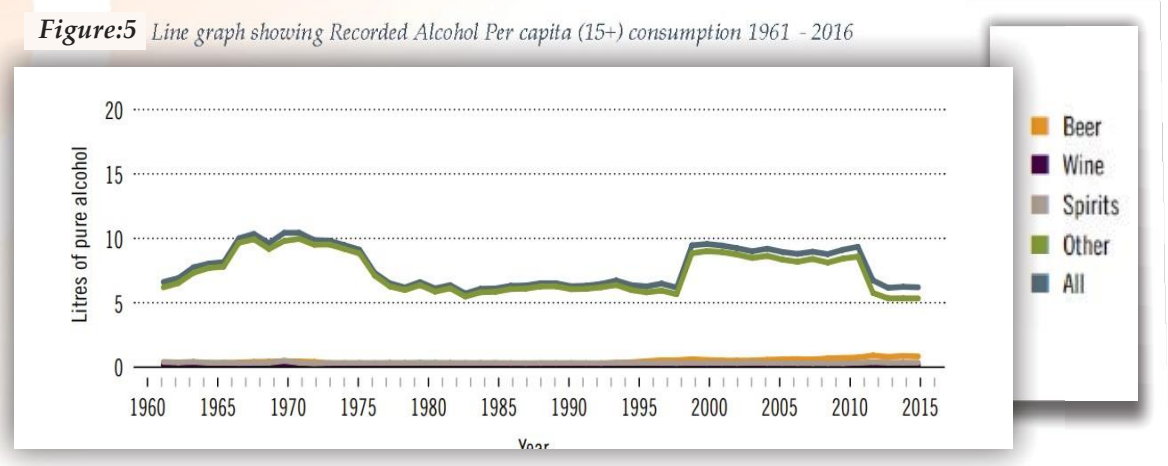
SECTION THREE:

IMPLICATIONS AND RECOMMENDATIONS

High but declining trends of alcohol consumption in Uganda

Data from the reviewed reports shows declining trends in alcohol consumption over the last 10 years (See line graph 1). For instance, the recent Uganda National Household Survey (UNHS) (2020) indicates that current consumption of alcohol in Uganda reduced from 17% in 2016/17 to 12 % in 2019/20. UNHS findings are consistent with WHO (2018) report that also indicates that 16% of Ugandans had abandoned drinking in the previous year. Similarly, a study by IOGT-NTO in Wakiso, Jinja, Masindi and Soroti districts reports declining lifetime consumers of alcohol (Consumed alcohol at least once in their lifetime) between 2017 and 2021 from 67% to 47% respectively (See Table 3). Slight reduction is reported in APC from 9.7L reported in 2010 to 9,4L in 2016 (See table 1). The declining rates of alcohol consumption is generally reported in Africa since 2000 ((WHO, 2018) and in Uganda, men are reportedly abandoning alcohol at a higher rate than women (WHO 2008). Currently between 73% and 88% of Ugandans are assumed to be abstaining from alcohol. The positive indicator of the desire to reduce alcohol consumption could be attributed to the current interventions.

Figure:5 *Line graph showing Recorded Alcohol Per capita (15+) consumption 1961 - 2016*



Extracted from the Global Alcohol Status report (WHO, 2018)

Although data shows a declining trend in alcohol use, Uganda' s APC is among the highest in Africa. For instance, in 2019 the APC among Ugandans aged 15 years and older was 12.48 L, compared with 4.8 L in the WHO African Region and 5.8 L globally (Global Health Observatory:).

High alcohol use among young people; a growing concern

The Alcohol Situation Assessment (2021) noted a growing percentage of young people delaying alcohol use but the reported 53% who reported to have used alcohol before 18 years are a concern (IOGT-NTO, 2022). Recent studies such as Kabwama et al., 2021 and Cohen et al., 2020 reveal a high prevalence of alcohol use and problem drinking among in-school and out-of-school youth. The WHO study also showed exceptionally high rates of Heavy Episodic Drinking (HED) among teenagers. Teenage years and young adulthood represent a vulnerability window for initiation of alcohol misuse and illicit drug use, development of related disorders, and engagement in more reckless behaviour while drunk. Young Ugandans are a sub-population at particular risk of alcohol misuse because of several other overlapping vulnerabilities.

Widespread informal alcohol

Majority of the alcohol that is consumed in Uganda cannot be categorised as it is produced by the informal sector. In recent years, there has been increasing concern about production and consumption of cheap and widely available alcohol which is supposedly a significant factor in promotion of binge drinking, youth drinking, and fatal methanol poisoning (Otim et al., 2019). Besides loss of government revenue, a large informal sector is also expected to affect the implementation of SAFER packages on advertisement ban and price increase.

Gender patterns: Men are heavy consumers although more are giving up alcohol than women

Alcohol abuse was reported to be common across all categories of people but men were reported to be more heavily involved in drinking. The higher prevalence of drinking among men compared to the female gender is not a surprising phenomenon as it is the generally reported trend worldwide. In Africa, the differences among men and women are attributable to culture and gender-based distinctions between the roles, responsibilities and expectations of men and women. Females are reported to drink less, as drinking alcoholic beverages has been traditionally known to be a masculine adult activity (Kalema et. Al., 2017). Recent patterns however, indicate that there are more men giving up alcohol as compared to women. This change could be attributed to increased availability of alcohol and changes in the role of women in the society. There is also a serious concern about the high number of pregnant women consuming alcohol.

Drivers of Alcohol (Mis)Use

Studies highlight several overlapping vulnerabilities including culture, affordability, parental neglect, child mistreatment, low education attainment, poverty, peer influence, gender-based violence and limited social sanctions as leading drivers of alcohol use in Uganda (Cohen et al., 2020, Culbreth et al., 2021, Kabwama; Wandera et. al., 2021, Swahn et al., 2011, Swahn et al., 2020, Swahn and Culbreth, 2021). Alcohol

consumption is widely available and is a generally accepted social habit (Ssebunnya et al., 2020) as alcohol is associated with many cultural and religious practices in Uganda and beyond. Alcohol use vulnerabilities have also been linked to occupational and demographic factors. For instance, among fishing communities, key drivers for alcohol misuse include social demographic factors e.g., being male, working as a fisherman or restaurant/bar worker (among women) transactional sex, availability of disposable income, poverty, gender inequalities, Intimate Partner Violence, and work/living environments (Kuteesa et al., 2020, Wandera et al., 2021). Also noted was the role of seasons such as festive and harvesting times which coincides with peak periods of heavy alcohol consumption. Following a recent legislation that banned the manufacture and sale of sachet alcohol, sachet availability has markedly reduced (Smart et.al, 2021) but changes in alcohol consumption are yet to be determined and might be averted by the new initiative of the industry to cheaply sell alcohol packaged in small plastic bottles.

Alcohol Related Harm

Although majority of Ugandans don't drink alcohol, International studies have categorised Uganda as one of the countries with leading negative alcohol related consequences. A worldwide survey of socio-economic consequences of alcohol consumption suggested Uganda to have the highest rate of alcohol-related negative consequences (acute endorsement, personal and social harms) among listed drinkers (Graham et al., 2011). This can be attributable to unhealthy drinking patterns where half of the Ugandan drinkers are assumed to be Heavy Episodic Drinkers.

Health Consequences: Mortality and Morbidity

It is important to note that majority of alcohol users recognise that they take more than necessary and need to reduce intake (IOGT-NTO,2021). Various studies have linked alcohol consumption to health problems including susceptibility to sexually transmitted infections. Alcohol use is a key risk factor for HIV acquisition and disease progression. Young people aged 15-24 who get early initiation of alcohol use years become more susceptible to such health hazards than their peers (Kuteesa and Seeley, 2020). Among people living with HIV, alcohol use may result in lower engagement in HIV prevention and care services, nutritional deficiencies, poor medication adherence, and heightened risk for co-morbidities, and psychosocial factors such as depression — all well-established determinants of sub-optimal HIV care and treatment outcomes (Bukenya et al., 2019). There are continuing cases of fatal methanol poisoning caused by drinking of locally distilled alcohol that is adulterated with methanol (Nkonwa et al.).

Figure 7: A Monitor Newspaper report about alcohol related deaths in Augu st 2022

Alcohol and COVID-19 in Uganda: COVID-19 pandemic brought massive disruptions to the society, the economy and daily life which increased the risk for heavy drinking and alcohol related harms. At the same time, public health measures including social distancing, stay home and community lockdown and closure of bars and other alcohol selling venues to curb the spread of COVID-19 somewhat led to decreased physical and financial availability of alcohol. Studies are not conclusive on the impact of COVID-19 on alcohol consumption but the UNHS and UAPA studies reported increased cases of alcohol use at the height of the COVID-19 pandemic in Uganda. Misconceptions around the use of bottled alcohol for hand sanitizing and to kill ingested virus were widespread in Uganda as in other parts of the world. These factors may create an enabling environment for early initiation and misuse of alcohol and drug abuse over the life course. Given the unprecedented impact of this pandemic, it remains unclear how drinking patterns and attributable problems of different demographic groups will change; and how existing alcohol control policies will work. Like other health services, caregiving for problem seekers could also have been affected by COVID-19 (Tumwesigye, 2021)

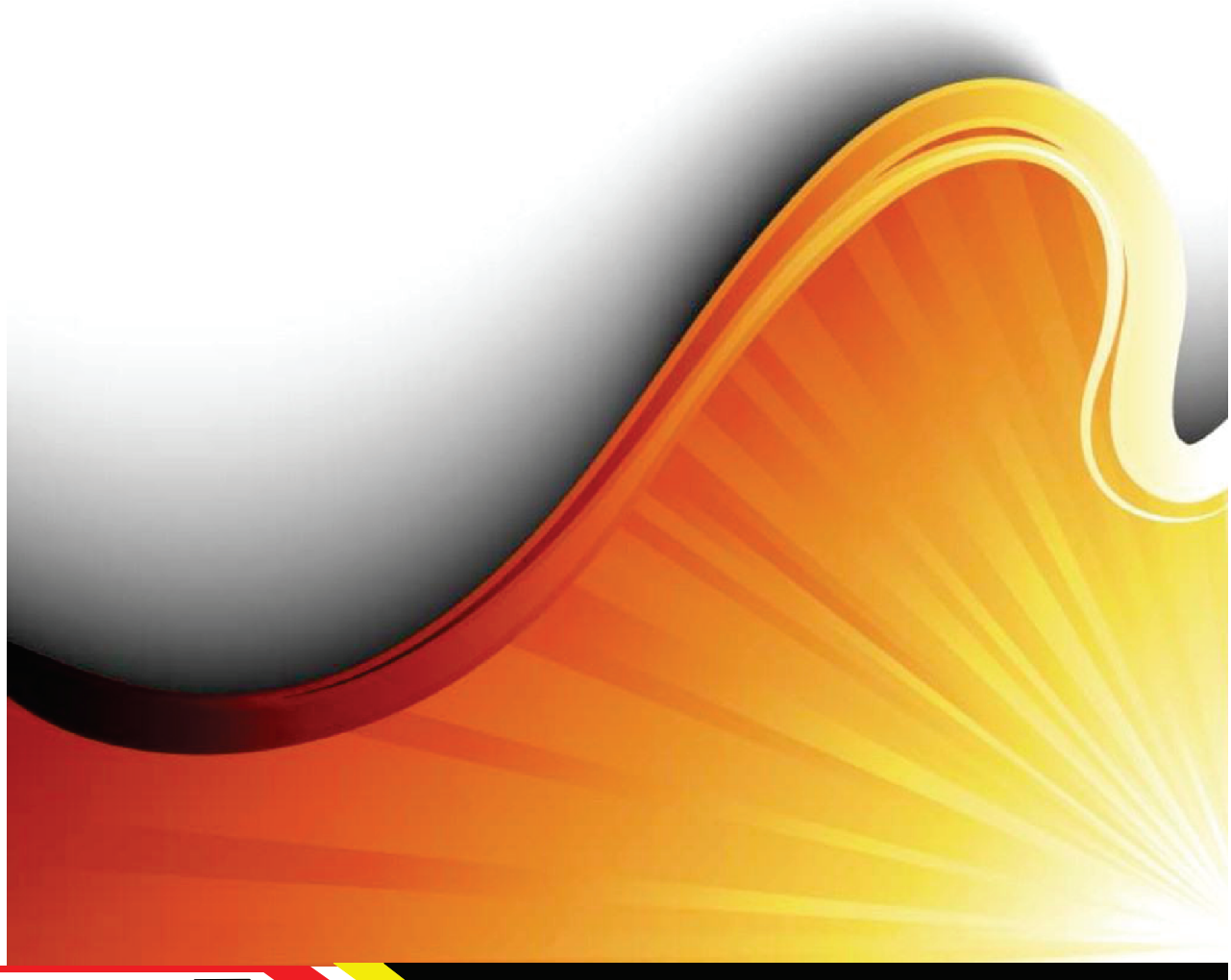
Social-economic consequences

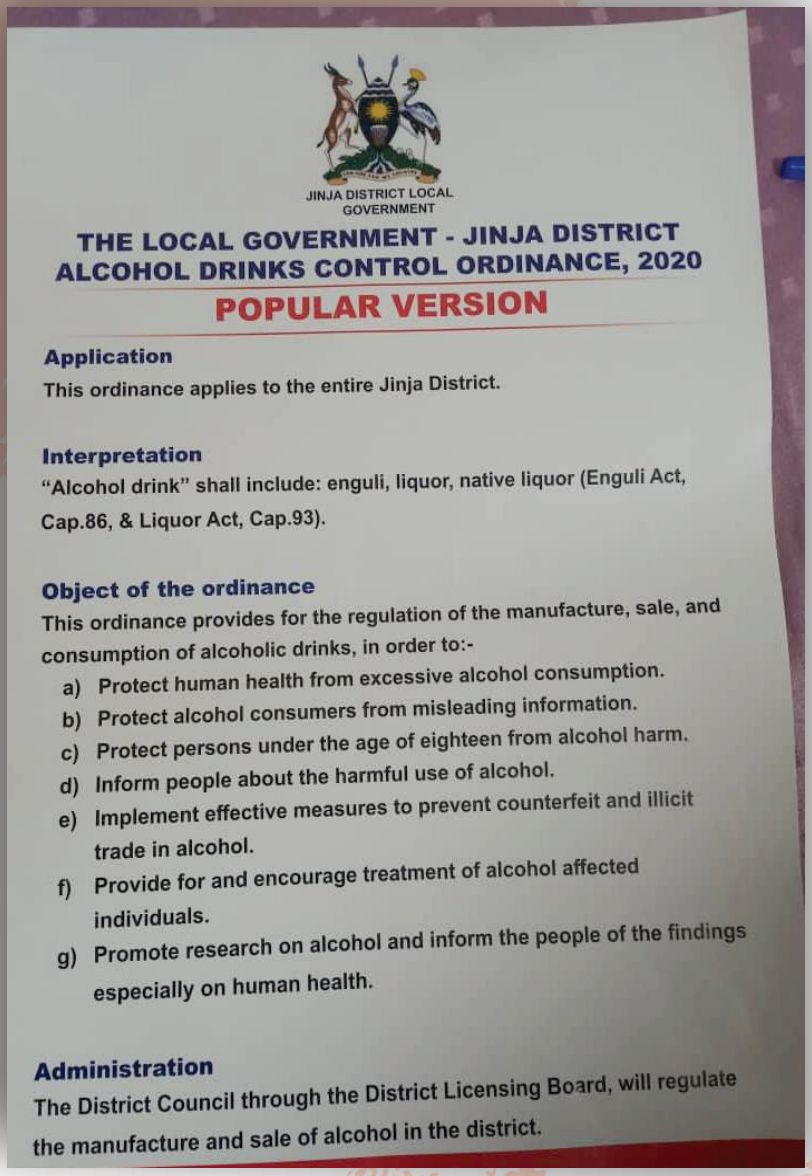
Although data on the impact of alcohol on the economy in Uganda is scanty, various reports attribute poverty to excessive alcohol consumption. Karamoja and West Nile regions were reported among leading alcohol consuming regions in Uganda and correspondingly have higher poverty levels. This observation highlights the relationship between alcohol and poverty; emphasizing the complexity of alcohol as a source of income for the poor, source of revenue for the government but at the same time named as one of the leading causes of chronic poverty in the country. In some areas, consumption reportedly starts in the early hours of the day and goes on till late, rendering the heavy alcohol consumers unproductive, which contributes to the high poverty levels in the area as earlier observed.

drive the legislation agenda continue to be a major bottleneck for legislation of alcohol in Uganda.

Uganda lacks a law on alcohol sale days/places, density, specific events/ intoxicated persons and petrol stations (WHO, 2018). There are no legally binding regulations on alcohol advertising, product placement, alcohol sponsorship or sales promotion. The Uganda Communications Commission stipulates advertising standards, including specific standards pertaining to alcohol. Under these standards, there are restrictions on how alcohol can be portrayed in commercials and that advertisements should not target children. Commercials for alcopops and similar products are also not permitted unless they are clearly identified as being alcoholic. The national support for community action is not strong and the National Monitoring systems are yet to be put in place according to WHO (2018).

As noted, a vast majority of the population lacks ordinances to guide control measures in their localities. However, even where they exist, a significant number of people are unaware and cannot implement the measures.





JINJA DISTRICT LOCAL GOVERNMENT

THE LOCAL GOVERNMENT - JINJA DISTRICT ALCOHOL DRINKS CONTROL ORDINANCE, 2020

POPULAR VERSION

Application

This ordinance applies to the entire Jinja District.

Interpretation

"Alcohol drink" shall include: enguli, liquor, native liquor (Enguli Act, Cap.86, & Liquor Act, Cap.93).

Object of the ordinance

This ordinance provides for the regulation of the manufacture, sale, and consumption of alcoholic drinks, in order to:-

a) Protect human health from excessive alcohol consumption.
b) Protect alcohol consumers from misleading information.
c) Protect persons under the age of eighteen from alcohol harm.
d) Inform people about the harmful use of alcohol.
e) Implement effective measures to prevent counterfeit and illicit trade in alcohol.
f) Provide for and encourage treatment of alcohol affected individuals.
g) Promote research on alcohol and inform the people of the findings especially on human health.

Administration

The District Council through the District Licensing Board, will regulate the manufacture and sale of alcohol in the district.

The front page of the Alcohol Ordinance for Jinja District

A recent assessment of the alcohol legal documents by UYDEL established that they are outdated, have low penalties for contravention of the law and are rarely enforced. For instance, the Food and Drugs Act Cap 278 mentions a penalty not exceeding two thousand shillings or imprisonment of 3 months for contravening the law. The Liquor Act Cap 93 doesn't include new types of alcohol and is criticized for insufficient penalties (for instance the cancellation of licenses upon conviction is discretional) (Uganda Youth Development Link (UYDEL), 2009). The assessment further asserts that the liquor-licensing does not address current manufacture, trade, consumption, marketing, public health, and safety needs particularly for children and young people and also sets up complex investigative procedures and requirements for evidence. Finally, the UNBS Act Cap 327 is criticized for absence of standards for native liquor

and *Enguli* despite danger posed. Lack of political will to implement comprehensive alcohol control measures has often come up as a major bottleneck to alcohol reforms (WHO, 2022).

Alcohol Industry

The Alcohol industry continues to be active and aggressive in their marketing strategies which are now geared towards promotion of alcohol among the population that was not formerly drinking ie the women and young people. Research conducted in and out of Uganda shows various interferences and violations against the standards set to control alcohol harm. The alcohol industry in Uganda, has to some extent embarked on self-regulation to ensure that alcohol produced meets the minimum health standards. However, no tangible efforts have been made to reduce alcohol consumption.

RECOMMENDATIONS

This report underscores the need for urgent and evidence based, comprehensive alcohol prevention intervention strategies. Momentum is necessary to maintain a downward trend in alcohol use. Specific attention should be put on further reduction of alcohol use among men while discouraging increasing use among young people and women. Urgent alcohol prevention and intervention strategies that integrate peer led behavioural interventions, among in and out-of-school youth is critical. The SAFER mission that interacted with a wide range of stakeholders on alcohol related issues in Uganda recommended high priority for strengthening of restriction on alcohol availability and facilitating access to Screening, Brief Interventions and Treatment of Alcohol Use (SBIT)

Strengthening the legal frame work to restrict alcohol availability

The COVID-19 crisis showed the need to quickly enact the National Alcohol Policy and present the Alcohol Control Bill where issues such as management of homemade and digital promotions of alcohol should be clearly addressed. Considering that consumption of alcohol is largely hazardous in crisis situations, it is important to engage more restrictive measures such as temporal total bans on its production, trade and consumption during health emergencies.

It is important to support enactment of the Alcohol Control Bill, dissemination of the NACP, local alcohol Ordinances and By-laws, empowerment of change agents and assisting line ministries to develop and implement alcohol control policies. There is need to control informal alcohol and regulate packaging of alcoholic products, location, the density of outlets and selling time including online transactions.

Restrictions on Alcohol related Advertising, Sponsorship and Promotions: Ministry of Information and, Communications Technology and National Guidance (MICT & NG) and Uganda Communication Commission (UCC) should regulate the content and timing of alcohol related advertisements.

Underage consumption of alcohol must be more severely controlled by enforcing underage drinking laws. There is need to harness adolescence and young adulthood as a window of opportunity for introducing alcohol use and alcohol related harm prevention. This is partly because evidence shows that earlier initiation of alcohol use compared to initiation at older age is associated with heavy use, use that is more frequent, use of poly substances, and a rapid increase in substance use over time.

Earlier initiation may also increase the likelihood of negative consequences over the life course, contributing to significant human and economic costs through premature death and increased expenditure on health care. As such, alcohol reduction interventions could be most effective if implemented before alcohol use/misuse habits are formed. In addition, community-based efforts, in tandem with school-based prevention programmes which reinforce the message of potential harm of early alcohol use should be promoted. Social media platforms should be utilized to link prevention programmes with specific target audiences so that access and usability can be maximized.

Local authorities should be encouraged to come up with bylaws and solutions to alcohol problems in their areas. There is need to Set up national coordination mechanism to scale up and guide interventions or control alcohol related harm and monitor the practices of the alcohol industry to minimise influence on policy formulation and ensure adherence to the laws

Revising Excise Taxes and Pricing Policies to regularly raise prices of alcohol
There is need for continuous engagement with relevant authorities such as the Ministry of Finance, Development and Economic Planning and the Uganda Revenue Authority in pricing and progressive taxation policy for alcohol beverages.

Reforms needed in AUD Treatment to promote efficiency and effectiveness
In the face of insufficient AUD treatment services, there is need to integrate alcohol reduction interventions with other healthcare interventions. For instance, general healthcare, HIV and antenatal clinic settings present opportunities to provide integrated alcohol-based counselling. Public and private sectors should be supported to provide quality AUD treatment services: Registration and mapping of private treatment centres; supporting the establishment and monitoring of AUD treatment protocols and standards; and establishment of an accreditation and recognition system for best services providers is highly recommended.

Control of informal Alcohol and conduct economic empowerment programs of stakeholders
A vicious cycle has been noted between poverty and alcohol abuse. Promoting economic strengthening interventions e.g, saving schemes that involve a commitment may be a potentially viable avenue not only for those who have problematic alcohol

use but also improve the society' s wellbeing and discourage involvement of illicit alcohol production. Deliberate efforts are necessary to reduce the informal sector by extending control mechanisms into operations of unrecognised alcohol.

Strengthening data collection through research and monitoring and evaluation is important to inform policy and practices to control alcohol related harm in Uganda.

LIMITATIONS AND DELIMITATIONS OF THE REPORT

The report is restricted to a few studies and it was challenging to aggregate data from reports of different time periods and methodologies. Information on informal alcohol was collected from the sources published by the alcohol industry and as such may be skewed to their interest. However, by strategically targeting national-wide studies with proven methods the report gives a national insight on alcohol use problems.

APPENDIX:

ALCOHOL ORDINANCES IN UGANDA

Extracted from the UAPA Rapid Survey Report Availability and evaluation of Alcohol Regulations/Ordinances in Uganda conducted in 2022

S/No.	DISTRICT/ NAME	ALCOHOL REGULATION	REPORT
	ABIM	None	Local Police is trying to regulate; confiscate jericans of crude waragi and charge some culprits.
	ADJUMANI	None	The District Environment Ordinance has clauses on public health, education and environmental issues. It can be accessed in the gazette
	AGAGO	Yes	They have Council Resolution against importation of crude waragi. Police and Law enforcement officers are trying to enforce.
	ALEBTONG	None	The District is planning to embark on one.
	AMOLATAR	None	Brewing is not a serious business for the local people. A draft Bill is in place for the environment and natural resources.
	AMUDAT	Yes	In 2021 a By- law was passed to regulate consumption of alcohol in the morning, challenges came with enforcement.
	AMURIA	None	Local leadership encourages people to first do productive work before going to bars.
	AMURU	None	They only had a By-law to enforce the ban of sachet alcohol
	APAC	None	They had a pronouncement on the ban of sachet waragi. Enforcement is basically done by cultural and religious leaders and local council.
	ARUA	Yes	They have an Ordinance of 2019
	BUDAKA	None	Alcohol Regulation Interventions are handled by the family desk especially GBV related issues. However it' s also not a big issue, except deep in the villages.
	BUDUDA	None	No official document yet but alcohol regulation sensitization is done during the field monitoring compliance visits. Cultural setting favors alcohol use.
	BUGIRI	None	There isn't well spread alcohol harm though it' s a major problem in Namayengo.
	BUGWERE	None	For alcohol regulation implementation they have some clauses in the NEMA Act to regulate. Police also enforces.
	BUHWEJU	None	There is need to have regulations in place. However, there are no funds.
	BUIKWE	None	They are more concerned about environmental issues like pollution; factory waste, bar noise level… alcohol regulation implementation is handled by police.
	BUKEDIA	None	There's some responsible drinking, majority of the men drink in the afternoon, they have been empowered to make money which has helped to shift from grass thatched houses to iron roofs.

S/No.	DISTRICT/ NAME	ALCOHOL REGULATION	REPORT
	BUKOMANSIMBI	None	Alcohol harm issues are very evident all over the district.
	BUKWO	None	They have only the land-care Ordinance that handles factory waste materials.
	BULAMBULI	None	They don't have a stand-alone regulation, but complement the parish chiefs who are directly in touch with the community .
	BULIISA	None	There's harmful use of alcohol, but no regulation.
	BUNDIBUGYO	Yes	Regulation on prohibition of Kikajjo alcohol (made from sugar cane left overs), that was common in Bunyoro. Its toxins would make people brown, with swollen/ disfugured face and death. So they had to control its production and consumption. Interference by politicians is common.
	BUNYANGABU	None	Alcohol Regulation not yet thought of.
	BUSHENYI	None	However, people drink excessively and die.
	BUSIA	None	It's NGOs working on GBV that are advocating against underage drinking.
	BUTALEJA	None	Alcohol harm not yet a threat.
	BUTAMBALA	None	Alcohol related issues are minimal because this is majorly a Muslim community except in Ngando area.
	BUTEBO	None	No regulation yet though alcohol harm is an issue.
	BUVUMA	None	For Alcohol Regulation Initiatives, Parish chiefs are helping out. Though they grow lots of bananas, there isn't much alcohol use. The problem exists thus a need for a needs assessment.
	BUYENDE	None	Not aware of any alcohol regulation in place.
	DOKOLO	None	Consumption is high, even among the youth. There is just local enforcement.
	GOMBA	None	Advised us to engage police for more information.
	GULU	Yes	They have an Ordinance on importation and sale of molasses and waragi enacted in 2016. Some people are not abiding. Many youth are hooked.
	HOIMA	Yes	Though alcohol harm is a serious issue, tnterventions are by the community department during sensitisation and mediation
	IBANDA	None	For alcohol harm issues they utilise the major law, i.e the *Enguli* Act
	IGANGA	None	Alcohol harm isn't yet a big issue, those brewing are in the town, they have been using the *Enguli* Act to curb Alcohol harm issues
	ISINGIRO	None	There's a lot of irresponsible drinking, people drink till morning. It's the covid-19 curfew sanctions that had helped a bit.
	JINJA	None	For alcohol harm issues, it' s the community development office in charge especially for underage drinking.
	KAABONG	None	Though with lots of alcohol harm issues

S/No.	DISTRICT/ NAME	ALCOHOL REGULATION	REPORT
	KABALE	None	At one time, the council had pronounced that alcohol consumption should be regulated. Bars would not open till 5:00pm and not exceeding 10:00pm.
	KABAROLE	None	Draft Ordinance was made and presented to the council, but the process stalled as it required money.
	KABERAMAIDO	None	There's fear among people ever since the case of a man who died after over drinking. For sachet alcohol, it was a deliberate effort by government, it is no more.
	KAGADI	None	For alcohol harm issues, when they are too much, victims are taken for community based counselling. For those selling to minors, it' s the district commercial office handling.
	KAKUMIRO	None	So far nothing has been done, they only ensure producers are registered with UNBS
	KALAKI	None	No idea
	KALANGALA	None	Police handles alcohol harm related issues. The main activity for young people is fishing
	KALIRO	None	Ideally, there is some effort, but not seen (not concerted). Alcohol harm control is by police and local leaders as they pass through the area or when they do awareness creation at functions
	KALUNGU	None	Not been engaged in any meeting of such a subject
	KAMPALA	None	They are organising a meeting with directors of UBL to see how to regulate bars and liquor time of selling
	KAMULI	None	Alcohol harm issues e.g GBV is handled by the local development office.
	KAMWENGE	None	No regulation specifically for the district, but they utilise the Liquor Licensing Act for alcohol control issues.
	KANUNGU	None	However, people drink from morning. In Kinkizi West, many residents are drunkards and keep children at home to protect crops against wild animals from the park.
	KAPCHORWA	None	The local authorities raise their voices at times; otherwise there isn't any special way of handling alcohol harm issues in the area.
	KAPELEBYONG	None	They do sensitization during development workshops to encourage development at household level.
	KARAMOJA	Yes	They have resolutions to regulate importation and sale of molasses and waragi.
	KARENGA	None	They are losing so many people to alcohol; The Chief Administrative Officer has invited partners to come up with by-law. They also utilise local means to control smuggling in of crude waragi but at night it enters the district. District Police Commander had captured more than 150 jerryicans of waragi at Garena roadblock, but later got an order to give it back to owner.
	KASANDA	No Idea	Issue of alcohol harm not followed up by his office.
	KASESE	None	There is a lot of local alcohol production in Kasese, there's no regulation at all.
	KATAKWI	None	People drink from morning, poverty level is increasing.

S/No.	DISTRICT/ NAME	ALCOHOL REGULATION	REPORT
	KAYUNGA	None	Alcohol cases related to crime are reported to police.
	KAZO	None	For drinking it's 'To whom it may concern, any time, except during covid-19 time which had presidential restrictions.
	KIBAALE	None	They only have a general Ordinance on environment protection.
	KIBOGA	None	Alcohol use is mostly among the elderly men, not seen much among young people; except in Bukomero where people drink a lot and fail to work.
	KIBUKU	None	They have a regulation for bars operating 4:00pm-8:00pm being enforced by police
	KIKUUBE	None	Alcohol, drug abuse and mental health problems are highly prevalent in the district
	KIRUHURA	None	Nothing been done, alcohol harm issues are handled by community based services.
	KIRYANDONGO	None	Issues of domestic abuse, stress and alcoholism are prevalent.
	KISORO	None	High cases of alcohol abuse were reported, where women were drinking more than men which escalates GBV. Clan leaders, LCI and police helping to handle harm issues.
	KITAGWENDA	None	They only have a decree of no bar open at 12:00am. However, the challenge is that when the front door is closed, the backdoor remains open.
	KITGUM	Yes	They are still using the *Enguli* Act. Ordinance; Challenge is enforcement and facilitation Sensitization done by Community Development Officer (CDO), CSOs. There's a mind-set challenge, joblessness, poor community adherence, Youth indulgence in alcohol use.
	KOBOKO	None	It's free style, some drink in the morning, others in the evening.
	KOLE	None	They do integrated sensitization whenever they go to the community .
	KOTIDO	Yes	A regulation was passed through council. Enforcement is weak; when they confiscate, what they pour is usually water or diluted alcohol, thus compromising the effectiveness of the regulation. There's a place nicknamed 'muria gas' people go there to drink. There are several 'Kafunda' where small quantities are sold of less than 1000/=
	KUMI	None	Except the *Enguli* Act. One LC3 Chairperson was caning those found drinking in the morning in Kiboko, Mukongoro In Enguno Sub-county a truck of *enguli* was confiscated and destroyed, but only 2 jerrycans caught fire the rest didn't. Enforcers are also consumers
	KWANIA	None	There isn't so much drinking. However, alcohol harm cases are handled by LC leaders, especially those related with domestic violence.
	KWEEN	None	They do sensitisation during local leaders meetings. No serious follow up.

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