

State of Alcohol Abuse in Uganda



Uganda Youth
Development Link

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“Young people drinking deeper into poverty”



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Acknowledgment

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Disclaimer

The authors are solely responsible for the content and errors contained in this book.

List of Acronyms

UYDEL	Uganda Youth Development Link
UNBS	Uganda National Bureau of Standards
UBOS	Uganda Bureau Of Statistics.
UAIA	Uganda Alcohol Industry Association
WHO	World Health Organisation
GAPA	Global Alcohol Policy Alliance
URA	Uganda Revenue Authority
MoH	Ministry of Health
MoE	Ministry of Education
MH	Mental Health
NGO	Non-Government Organisation
HIV	Human Immune Virus
AIDS	Acquired Immune Deficiency Syndrome
IDPs	Internally Displaced Persons
COE	Code Of Ethics
ABAC	Alcohol Beverage Advertising Code
AFS	Alcohol Fatal Syndrome
GBV	Gender Based Violence
SSHP	Social Sector Health Project
AA	Alcoholic Anonymous
ADC	Alcohol Drug Clinics
PPPP	Peer to Peer Prevention Programs
TPO	Trans Cultural Psychological Organizations
UNODC	United Nation Office On Drug and Crime
UNFPA	United Nation Fund for Population Activities
MGLSD	Ministry of Gender Labour and Social Development
MoI	Ministry of Internal Affairs
MoFPED	Ministry of Finance, Planning and Economic Development

Executive Summary

This report focuses on alcohol and the harmful effects resulting from its abuse yet appear to be very little information going around in the country which gives full picture about the problem. There is a lot of alcohol in Uganda with production in the formal sector breweries estimated at 37% while the domestically produced spirits account for 63%, which is largely unregulated and unrecorded. The smuggling of alcohol into the country is also at its peak and it is sold to both youths and underage children who apparently are the number one target of the alcohol industry. This has been done through advertising in the media and sponsored events such as sports, performing arts, music shows and bazaars. Indeed there are also promotions centering on young people that depict alcohol as a good and harmless product. The older people grow the more they drink. Women are increasingly reported to be taking up drinking and at a higher rate.

There is a lot of unrecorded alcohol that is packed in sachets and tot packs; interestingly all the neighbouring countries banned this mode of packaging because it makes it difficult to detect and contains toxic substances. Poisoning due to alcohol in Uganda has occurred leading to blindness and death of over 100 people.

Alcohol has been identified as one of the major drivers of the HIV/AIDS epidemic; it is also mentioned as being responsible for other mental health-related complications.

It is available everywhere and is culturally acceptable. Many young people learn about drinking at home as well as during their teen age. Treatment facilities both public (free) and private exist in the city, but largely unknown to the masses.

Legislation against alcohol exists but it is very old (1964) and is not enforced. The UNBS has done a commendable job in regulating the standards of alcoholic beverages in the alcohol industry, but the informal sector has eluded it and a lot of small-scale breweries are not regulated.

The Police are trying to enforce the drunken driving law. However, their activities are sporadic and limited by the shortage of equipment required to detect the drunken drivers. Furthermore, the courts have not fully supported their efforts. Taxation policies have been very lenient and are not in tandem with the development of the alcohol industry. The interventions to address alcohol are very weak and mainly driven by a few NGOs whose capacity is very limited.

There is a need to reflect on this sector, especially by the government and other stakeholders as we draw these recommendations:

- ◆ Ban the packaging and sale of alcohol in sachets and tot packs since they are easy to conceal and are the favourite of young people and drivers on the major highways.
- ◆ Revise and update the 1964 *Enguli* Act and other regulatory measures that go with it in Uganda. Laxity in the enforcement of such regulatory measures needs to be scaled up.
- ◆ Much of alcohol available in Uganda is unrecorded. There is a need to mobilise the stakeholders to advocate and monitor the implementation of the policy decisions related to alcohol control. There is need to obtain a clearer picture of the production trends, availability and influencing factors. In Uganda we need to focus on the unrecorded alcohol and put this sector under the regulatory mechanisms of alcoholic beverages. Such mechanisms need to be sensitive to community beliefs, attitudes and traditions.
- ◆ Media marketing (irresponsible marketing and advertising, irresponsible alcohol promotions). Mechanisms to ensure that retailers conduct themselves responsibly need to be put in place and enforced by a national statutory body. The alcohol industry should be taxed more so as to get money to support efforts to educate the public.
- ◆ A further study of the prevalence of alcohol, bigger than the GENACIS study needs to be carried to provide further insight into the problem of alcohol.
- ◆ Educational institutions, especially colleges and universities need to be helped to establish policies to address alcohol abuse.
- ◆ The Police should be provided with breathalysers to regularly enforce legislation against alcohol in order to lower the incidence of road accidents.

Contents

0.0	Executive Summary	...	...	...	...	iii
1.0	Introduction	...	...	...	...	1
1.1	The Global Situation	...	...	...	...	1
1.2	Alcohol Situation in Uganda	...	...	...	...	1
	<i>1.2.1. Alcohol and gender</i>	...	...	...	...	2
	<i>1.2.2. Alcohol and young people</i>	...	...	...	...	2
	<i>1.2.3. Alcohol and the household</i>	...	...	...	...	2
	<i>1.2.4. Drug use and addiction</i>	...	...	...	...	3
1.3	Alcohol use and young people in urban slums communities	...	...	...	...	3
1.4	Alcohol among Internally Displaced Persons (IDPs) in northern Uganda	...	...	...	...	3
1.5	Alcohol in education institutions	...	...	...	...	4
	<i>1.5.1. Alcohol among university and college students</i>	...	...	...	...	4
	<i>1.5.2. Alcohol among primary and secondary school students</i>	...	...	...	...	5
	<i>1.5.3. Ministry of Education policy on alcoholism</i>	...	...	...	...	6
1.6	Alcohol use in security agencies	...	...	...	...	7
	<i>1.6.1. Law enforcement and security agencies</i>	...	...	...	...	7
	<i>1.6.2. Private security organisations</i>	...	...	...	...	7
	<i>1.6.3. Prison and juvenile institutions</i>	...	...	...	...	7
1.7	Alcohol and poverty	...	...	...	...	8
1.8	Alcohol use as a risk factor for HIV/AIDS	...	...	...	...	8
1.9	Alcohol and Sports	...	...	...	...	9
2.0	The Alcohol Industry in Uganda	...	...	...	...	9
2.1	Industrial beer, spirits and the brewery in Uganda	...	...	...	...	9
	<i>2.1.1. Sampled Alcohol</i>	...	...	...	...	10
	<i>2.1.2. Unrecorded alcohol</i>	...	...	...	...	11
2.2.	The alcohol industry and media advertising: The untapped role of Media Council and Broadcasting Council	...	...	...	...	11
2.3.	Alcohol and the Law in Uganda	...	...	...	...	12
2.4.	The Uganda National Bureau of Standards (UNBS)	...	...	...	...	12
2.5.	The Alcohol Taxation Policy	...	...	...	...	13
2.6.	Alcohol, drunken driving and the law	...	...	...	...	14
3.0	Alcohol and Mental Health	...	...	...	...	15
3.1.	Alcohol Poisoning	...	...	...	...	15
3.2.	Mental health and Alcohol Treatment facilities	...	...	...	...	16
4.0	Alcohol policy and Legislation Development in Africa and Uganda	...	...	...	...	16
4.1.	A draft Alcohol policy developed by Ministry of Health Uganda	...	...	...	...	16
5.0	Major stakeholders in alcohol prevention and rehabilitation	...	...	...	...	17
5.1.	International Agencies	...	...	...	...	17
5.2	NGO Actors	...	...	...	...	18
5.3.	Government Institutions	...	...	...	...	19
6.0	Recommendations	...	...	...	...	20
7.0	Focal Areas for Alcohol Policy Actions	...	...	...	...	23
7.1	Introduction	...	...	...	...	23
8.0	References	...	...	...	...	27

1.0. Introduction

The report has been developed to throw light on the escalating problem of alcohol abuse in the country. Uganda has been singled out as one of the countries a very high per capita consumption. However, there appears to be very little effort to address the problem. UYDEL as an organisation with mandate to look at this issue deemed it necessary to come up with the first report on the state of alcohol abuse in Uganda in order to inform the public about the growing problem and generate discussions to enable policymakers address the problem of alcoholism. It also our hope that this report shall be compiled every two years in order to show the trends in the use of alcohol as well as the progress made in addressing the problem.

In compiling this report the team relied a lot on reports generated by UYDEL in the past three years. Studies carried out by the World Health Organisation (WHO), the health, education, finance and internal affairs ministries as well as universities, both local and international were an important source of information. These were supplemented with key informant interviews, focus group discussions with young people and field observations.

The report looks at the alcohol situation in Uganda, alcohol consumption patterns and statistical representation by GENACIS. It further shows how different groups ie young people, slum communities, university and college students, primary and secondary school students, internally displaced people, security agencies, prisons and juveniles are affected by alcohol. The report also looks at the relationship between alcohol and poverty and HIV/AIDS as well as the legal framework for alcohol control. Lastly, the report makes recommendations to help reduce the adverse effects of alcohol on various sectors of Ugandan society.

A considerable body of evidence shows not only that alcohol policies and interventions targeted at vulnerable populations can prevent alcohol-related harm, but that policies targeted at the population at large can have a protective effect on vulnerable populations and reduce the overall level of alcohol-related problems. Thus, both population-based strategies and interventions as well as those targeting particular groups such as young people, women and indigenous peoples are required.

Policies and programmes based on substantive evidence should use an appropriate combination of

the following strategies: regulating the marketing of alcoholic beverages, (in particular those practices that influence younger people), regulating and restricting their availability, enactment of appropriate drink-driving policies, reducing the demand for alcohol through taxation and pricing mechanisms, raising awareness and support for policies, providing easily accessible and affordable treatment services for people with alcohol-use disorders as well as implementing screening programmes and brief interventions against the and harmful use of alcohol.

1.1 The Global Situation

The harmful use of alcohol causes considerable public health problems and is ranked as the fifth leading risk factor in premature death and disability in the world¹. In 2002, approximately 2,300,000 people died worldwide from alcohol-related causes and about 64,975,000 disability adjusted life years (Daly's) were lost due to alcohol causes. The global economic cost of the harmful use of alcohol in 2002 (in US dollars) was estimated at between 210,000 million and 665,000 million:

- ◆ Illness: 50,000 - 120,000
- ◆ Premature mortality: 55,000 - 210,000 million
- ◆ Drink-driving: 30,000 - 55,000 million
- ◆ Absenteeism: 30,000 - 65,000 million
- ◆ Unemployment: 80,000 million
- ◆ Criminal justice: 30,000 - 85,000 million
- ◆ Criminal damage: 15,000 - 50,000 million

The total cost of alcohol equates to between 0.6% and 2.0% of the global gross domestic product. Alcohol abuse has disastrous consequences. A World Health Organisation (WHO) report² indicates that 10% to 69% of suicides are committed annually under the influence of alcohol and between 5-10% of parents abusing their children have alcohol use disorders. Alcohol and drug use among the Uganda population has been cited among the major drivers of HIV/AIDS epidemic³, yet no efforts have been made to address this problem as a matter of urgency.

1.2 The alcohol situation in Uganda

Recent developments indicate an increasing trend in alcohol consumption. WHO ranked Uganda the leading consumer of alcohol in the world. Per Capita alcohol consumption in Uganda was 19.5 litres, closely followed by Luxembourg at 17.54 litres and

the Czech Republic at 16.21 litres (WHO, 2005). Alcohol ranks high (6th position) in generating domestic revenue in Uganda. About 10% of revenue comes from alcohol and this has been reportedly to be steadily increasing since it is rooted in a very strong culture of alcohol acceptance. The lack of a clear national alcohol policy coupled with weak and poorly enforced laws provides fertile ground for increasing the availability and accessibility of alcohol in Uganda.

1.2.1 Alcohol and Gender

A study group using gender alcohol study tools⁴ in 2005 covered four districts carefully chosen to provide a snapshot of the entire country on issues concerning alcohol, gender and culture. Drinking was found to be very central to the economy and social life of the family and community; men consumed alcohol more heavily and frequently compared to women. Males were more likely to be long-time drinkers than females while males were less likely to be abstainers compared to women. *However, the difference by gender in alcohol-drinking behaviour changes pattern among new drinkers.* Among the middle-aged (30-44 years) and the older (45+ years), males are more likely to drink for a longer time compared to women.

A GENACIS study⁵ conducted in 2005 shows a gender dimension of alcohol consumption behaviour. The study shows that males are more likely (40.1%) to be long-time drinkers than females (23.5%) and that males are also less likely (28.6%) to be abstainers compared to women (36.4%). Males are over three times (24.4%) more likely to be daily drinkers than the females (7.0%) and males are more likely (22.9%) to be frequent heavy drinkers than females (6.5%). The study also shows that whereas daily and heavy drinking increases with age among males, abstinence from alcohol reduces with age among males and increases with age among females. However, women alcohol consumers are on the rise, especially in urban and particularly in slum areas. Most people (46.8%) drink in a bar. The study further shows that the environment in which most people wouldn't want to drink is the workplace (86.8%) during working hours and restaurants (75.1%).

Furthermore, GENACIS agreed with other previous work by Mulimbura that in Uganda, most alcohol consumers have been found to be middle-aged, leading to the conclusion that age as a factor may be a determinant in alcohol consumption patterns. Alcohol is a uniting factor among middle-aged persons who have lots of interest in common such

as nightlife, and extra-marital affairs. Surprisingly, alcohol consumption has a religious orientation with the highest consumers being Catholics (53%) compared to Protestants (42%) and Muslims (5%) (Mulimbura 1977)⁶.

1.2.2 Alcohol and young people

The patterns of alcohol consumption among the youth show signs of cultural influence. Most tribes have a culture of brewing alcohol in homes thus exposing the youth to alcohol at an early age. As young people reach adolescence, alcohol consumption increases due to peer pressure. The study revealed that young people prefer strong local spirits which are easily accessible in miniature sachets at very low prices. Young people also engage in binge drinking during public events and parties, at most of which local companies sell alcohol at discounted prices. By age 21 many young people stop drinking, because there is a lot experimental usage before this stage. Limited information about harmful use of alcohol, desire to indulge in sexual activities, peer pressure, stress, poverty and unemployment have caused many young people to continue drinking. This is at times sporadic and may result in accidental poisoning or drowning at beaches as has been reported in the local press.

1.2.3 Alcohol and the household

Recent information shows that alcohol is undermining the environment necessary for the care of children in homes⁷. Alcohol has escalated child abuse, domestic violence and hygiene-related problems in homes. Reports indicate that many households face problems of compromised health and nutrition care because husbands spend the meagre household income on alcohol, leading to the collapse of household's economic security. Reports also indicate that men start drinking alcohol in bars as early as 8:00am and rarely contribute to the family economy. Alcohol has also been blamed for the increasing cases of extra-marital affairs which lead to domestic violence. This adversely affects nurturing and character formation among children and youth. Parents should, therefore, take the responsibility of setting a good example for their children by addressing the alcohol problem at household level by providing children with necessary information about dangers of alcohol abuse. The interaction between all these individual and social factors implies the need for comprehensive policy measures to reduce alcohol-related harm, not just for the drinkers but also to protect those individuals

and groups, especially children, youth and women who are at risk of being negatively affected by drinking.

1.2.4 Drug use and addiction

The use of alcohol with anxiety-enhancing drugs such as cannabis, tobacco, khat (*mairungi*) heroin and other medically prescribed drugs has also been said to be on the increase in both urban and rural areas, as well as among secondary and college students. Addiction levels begin to emerge at the age of 21 and are highly associated with other stressors and poor coping skills among young people. Alcoholism increases with age in Uganda. In other words the older the individual the more likely he/she is to become an alcoholic.

The lack of adequate negotiating and assertiveness skills, especially among girls leads them to indulge in alcohol abuse which paves the way for unprotected sexual practices, leading to STDs/STIs and unwanted pregnancies. Alcohol abuse can result in severe medical problems such as alcohol poisoning, unconsciousness, respiratory depression and sometimes death. Young people are also at risk of vomiting, blackouts, risky sexual behaviour and drunken driving.

Knowledge about the health and social consequences of alcohol and abuse among young people in urban areas is limited due to the limited access to information about the interventions by the Government and the civil society in this regard. There is, therefore, a need to step up efforts to educate young people about dangers of drug abuse and educate health practitioners to be careful while prescribing drugs to young people so as to avoid drug abuse.

1.3 Alcohol use and young people in urban slum communities

Findings from the UYDEL study in the slums of Kampala 2003 clearly pointed out that the young people between ages 10 to 25 prefer alcohol followed by cigarettes, khat “*mairungi*” and inhalants. The main factors that perpetuate drug abuse amongst youth are their affordability and easy accessibility. Other reasons like the need for courage to do certain things, the lack of physical strength, sleeplessness, loss of appetite, poor diet and nutrition also precipitate drug use. Young people like taking drugs to feel high, relieve stress, relax,

‘kill boredom’, prove their maturity, for adventure’s sake and to go through periods of cold weather. A considerable number of young people often use drugs on a daily basis, especially in evenings while preparing to engage in sexual relations since drugs give them courage, confidence and control over women. Students, especially those in high school use alcohol and other drugs during weekends and night preps to remain alert at night and to withstand exam pressure.

Young people suffer serious problems resulting from drug abuse, unemployment, poverty and engaging in criminal activities such as rape, fighting and robbery. A lot of young people mentioned that they are suffering from STDs/STIs, are harassed by law enforcement officers and are sometimes imprisoned as a result of alcohol and drug abuse.

The study noted an increasing trend of drug abuse amongst girls. Girls, especially those who live in slums tend to abuse drugs mostly in the evenings under the cover of darkness while waiting for sex clients. This study recommended that parents and guardians be urged to play a key role in positively shaping the behaviour of their children to avoid the harm associated with alcohol abuse.

1.4 Alcohol in Internally Displaced Persons (IDPs) in Northern Uganda

Studies among people living in camps in war-torn northern and eastern Uganda indicate that alcoholism is a common problem among the internally displaced populations (IDPs). While most of the persons consuming alcohol are men, it is reported that, increasing proportions of women and adolescents are also drinking alcohol (*Barton and Wamai, 1994*)⁸. Women and girls who brew alcohol often ask young children to sell it, thus introducing children as young as 8 years to the drinking alcohol. This is facilitated by mothers giving alcohol to children as medicine because of the cultural belief that alcohol cures coughs and worms among young children.

A recent report by MacDonald in 2007 on substance use in conflict-affected areas and IDPs in Gulu, Kitgum and Pader Districts⁹ highlights a situation of serious alcohol use in the IDP camps of northern Uganda. This situation is attributed to the 20-year insurgency in Acholiland, the lack of security, social displacement, confinement in

cramped, crowded and unsanitary camps and lack of employment. Such conflict-related factors as well as associated problems like HIV/AIDS and other STIs greatly increase the possibility of substance misuse. Macdonald noted that the main gap in service provision for substance users and affected others is the lack of capacity of healthcare and social service providers in the camps to effectively reduce risk-taking and facilitate harm reduction services in community settings. Problems of substance abuse, particularly alcohol-related sexual gender-based violence (SGBV), are acknowledged in the camps but very little is done to address these issues or develop interventions relating specifically to the excessive consumption of alcohol.

1.5 Alcohol in Education Institutions

1.5.1 Alcohol among University and College students

The study has established that the availability and consumption of alcohol among college and university students is high on the campuses, in the hostels and the

for students to take alcohol at their convenience. For instance, Makerere University is bordered by Wandegaya, a suburb that has over 500 bars. Other slums bordering the university such as Kivulu, Katanga, Kikoni, Bwaise and Kalerwe have several bars that serve both local and conventional brands of alcohol. In the higher institutions of learning alcohol is consumed by both students and teaching staff. It is common practice for students and lecturers to take alcohol in the same bars.

Alcohol on university campuses is easily accessible. Canteens located in the halls of residences provide both bottled alcohol and spirits in sachets. Hostel canteens also sell alcohol all the time. Because of the easily availability and accessibility of alcohol in canteens, students start drinking alcohol as early as 10:00 am. Student guild canteens also occasionally provide discounted beer during cultural and entertainment festivals. It is reported that canteens in halls of residences make more money from selling alcohol than any other item. Incidences of alcohol use among students have been reported to occur mainly in the evenings and weekends. Students often organise binge-style parties on the weekends where massive drinking commonly referred to as “*tugende out*”, “*tubaaleko*” and “*tweweemu*” (let’s go partying) takes place and often result in intoxication, alcohol hangovers and poisoning with males being more affected than females. These types



neighbourhoods. Some of the major academic institutions such as Makerere University, Kyambogo University, Makerere Business School (MUBS) and Mukono University are surrounded by an array of bars that provide an environment conducive

of parties play a big role in initiating new students into the act of drinking alcohol.

Massive alcohol drinking also takes place during cultural solidarity weeks and bazaars which are usually sponsored by breweries particularly Uganda Breweries and Nile Breweries

that selling discounted beers in their advertising campaigns. These promotions are often organised in the first semester in order to target the new university students. Alcohol promotions move from university to university in a rotational manner. On

the other hand, the use of alcohol in universities is promoted during the students' guild election campaigns. Alcohol forms a major ingredient of the 'logistics' used in canvassing votes by male students during guild campaigns. Drunken students facilitate election campaigns by chanting campaign slogans and raising morale for guild candidates. During such election campaigns, the consumption of alcohol, especially sachets of Waragi and binge drinking are commonplace. Unfortunately, such behaviour cannot be regulated by the university administration given that such a step would be beyond their jurisdiction.

A number of studies show that some students regularly use drugs or alcohol to compensate for anxiety, depression, or poor social skills. The largest increase in consumption for both sexes has been among those aged below 25 years of age (Eastman 1984). The number of male students who take alcohol at higher institutions of learning is more than that of girls. In addition, university girls seem to prefer bottled beers while the male students go for both the bottled beers and spirits sold in sachets, the latter being favoured because it's cheap and very potent.

University administrators acknowledged the alcohol problem but not much is being done to stem the vice. For example, Africa Hall, a residence for female students at Makerere University, prohibits the selling of alcohol in the canteen. However, students buy alcohol from bars and canteens outside the hall and carry it to their halls without any restriction. The only effort undertaken by the university administration to address the vice is by referring a few students to the counselling units at the university's sick bay or counsellors attached to the halls of residence.

A study conducted by Kabaireho (1981) on the prevalence of alcohol consumption among university students showed that 78% of the students were using alcohol. About 79% of the males used alcohol as compared to 75% among females. The study further showed that the majority (92%) of the students began drinking alcohol before joining university. By inference these findings are evidence that there is a general increase in the prevalence of alcohol and drug abuse among the youth, hence the need for this study to focus on educational institutions as a point of reference.

Alcoholism greatly contributes to the deterioration in students' academic performance. Many cases of deterioration in students' performance and academic failure have been largely attributed to alcohol abuse, especially among male students. Many students have

been expelled from universities due to decline in their academic performance as a result of excessive alcohol consumption. Alcohol use has also been partially responsible for rape and violence on and outside campuses. Unintended suicides on college campuses are also highly associated with this trend. There is an urgent need to work with college and university administrators to develop and enforce an alcohol policy to discourage the availability and sale of alcohol in halls of residence and hostels because of the harm it causes. There is a need for the provision of information on the repercussions of alcohol abuse as well as the equipping of young people with the skills that will help them make informed choices and negotiate safe behaviour. This is intended to promote an environment that enables healthy behaviour among young people who are likely to be harmed by poor drinking decisions or environments and also to assist students who may require treatment and rehabilitation services at the university, sick bays and facilitates the treatment of alcoholics in institutions such as Butabika Hospital.

There is need to provide counselling services independent of the sick bay in order to avoid the misconception that you must be sick to go for counselling. The practice of selling and drinking alcohol must be addressed to redeem the image and discipline of students at universities and colleges.

1.5.2 Alcohol among primary school pupils and secondary school students.

In the past three years, over 60 students who were expelled from various schools have approached the Uganda Youth Development Link UYDEL seeking counselling, treatment and rehabilitation because of problems related to alcohol and drug abuse. Unfortunately, school canteens, security guards, non-teaching staff and sometimes teachers are conduits for illicit alcohol which is perpetuating alcohol abuse in schools. Reports indicate that secondary school students, especially day students, both male and female, stealthily buy huge amounts of alcohol, especially spirits (waragi) and smuggle it into schools for sale.

Annual statistics from UYDEL and treatment centres continue to indicate an increasing number of parents seeking help for their students to overcome alcohol and drug-abuse related problems. This trend shows that secondary schools are extremely vulnerable to the alcohol problem. A UYDEL study on the magnitude of alcohol and drug use among secondary

schools students in Kampala and Wakiso districts in 2003 revealed that 71% of the respondents acknowledged the existence of alcohol and drug abuse in their respective schools. Students usually disguise alcohol by mixing it with fruit juice, tea and soft drinks like soda in order to avoid being noticed by the administration. In addition, students use slang among themselves when referring to alcohol, making it difficult for school administrators to curb the vice. In fact most school administrators think the problem does not exist. Students acknowledged that teachers sometimes are insensitive or are unaware of students who are drunk, especially during evening preps.

Basangwa (1994) studied alcohol and drug use among secondary school students in Kampala and found out that 67% admitted to the occasional use of alcohol, 15% cannabis and that some were exposed to 'hard drugs'. In spite of the strict rules in force in many schools many students are increasingly reported to be drinking and many are expelled from schools when caught in the act. School administrators need to know that taking a hard line alone cannot stop students from using drugs. A better approach would be to sensitise students about the potential harm of alcohol and the need to avoid its abuse.

Alcoholism has had a devastating impact on schools in Uganda. As already pointed out in the foregoing section, alcohol abuse affects students' academic performance. In addition, the recent spate of violent strikes and outbreaks of fire that have caused invaluable losses to schools has been blamed on the abuse of alcohol. The spread of aberrant and clandestine behaviour like smoking, homosexuality and lesbianism in schools has also been attributed to alcoholism.

1.5.3 The Ministry of Education's Policy on Alcoholism

The Ministry of Education acknowledges alcohol abuse in schools and is addressing the vice in two ways: integrating substance abuse education into the syllabuses of primary schools and teacher training colleges and through the introduction of school rules and regulations which prohibit students from drinking alcohol at school and indulging in drug abuse. Violation of rules on alcohol use could lead to expulsion of students. However, the subject of substance abuse hardly gets attention; emphasis is on academics and preparation for examinations.

Other efforts to curb the alcohol problem in schools include the Presidential Initiative on HIV/

AIDS in Schools (PIASCY) programme where a few elements regarding the dangers of alcohol have been inserted and head teachers given options of talking to primary school pupils at general assemblies and initiating poster competitions where children can design posters and send messages on alcohol abuse. Conversely, the little secondary school students are taught about alcohol is during Biology classes. In fact, many students appear to be largely uninformed about alcohol.

In order to address the challenge of alcohol abuse, the Ministry of Education should develop a policy on alcohol in schools, curriculum and train counsellors and teachers in order to equip them with the requisite knowledge and skills to adequately address the alcohol problem in schools. Ministry officials and school authorities, including parents need to be informed and sensitised so that they appreciate the need to provide assistance to students who are victims of alcohol abuse, rather than expelling them from school.

The study revealed that the schools hardly have any literature on the dangers of alcohol. However, UYDEL has gone a long way in meeting this need by distributing some reading material on the subject during the seminars it has conducted in Kampala. This highlights the need to develop information and educational materials for students and guide teachers on ways of fighting alcoholism and drug abuse.

The alcohol problem could be partially combated through Life skills Education in order to provide students with information, knowledge, skills, positive values and attitudes that will help them avoid drug abuse in schools.

Specific issues that require attention in schools may include, but should not be limited to:

- ◆ Detecting drunken students and alcohol smuggling among students and non-teaching staff.
- ◆ Assaults by drunken students during discos, preps and sporting activities.
- ◆ Training peer educators or orienting HIV/AIDS counsellors.
- ◆ Sensitisation of bar owners and those who sell alcohol to students in the neighbourhood as to the effects of their businesses on these young people.
- ◆ Review and revision of the policies of schools and tertiary colleges that encourage the sponsorship of alcohol-related activities which

make explicit adverts that make the drinking of alcohol attractive to young people.

- ◆ Integration of educational programmes with school health programmes.
- ◆ Integration of anti-alcohol activities in the extra-curricular activities of secondary schools.
- ◆ Peer-led activities in clubs to spearhead anti-alcohol campaigns
- ◆ Promotion of alcohol-free school activities.
- ◆ Production and dissemination of educational materials on alcohol.
- ◆ Conduct seminars for teachers and non-teaching staff on the implications of the use of alcohol on students' performance and image.

1.6 Alcohol use in security agencies

1.6.1 Law enforcement and security agencies

Security personnel tend to be among the episodic heavy drinkers. Heavy drinking is closely associated with a host of interpersonal social and health-related problems and can affect the readiness to deal with crime and other family issues. The main reason for the high levels of alcohol use in the Police is the stress caused by the poor welfare of the officers which they try to alleviate by drinking heavily. Discussions with officers at the Uganda Police Headquarters revealed that 350 police officers were implicated in alcohol-related disciplinary problems in 2002. It was also noted by Ovuga and Madrama (2006) that about 177 officers had been admitted to the National Mental Hospital at Butabika due to alcohol-related problems from 1992 to 2002. Most of these cops had started drinking between the ages of 15-19 years. In 2007, approximately 500 police officers were reported to have alcohol problems.

Interviews with senior police officers further revealed that alcohol had undermined productivity in the police, reduced morale leading to inefficiency and resource wastage. Alcohol abuse in the Police was exacerbated by the practice of brewing alcohol in barracks which makes it easy for cops to access alcohol at a low cost. In a bid to redeem the image of the Police, a disciplinary committee was formed to assist officers with problems of drug addiction. The committee prohibited bars not approved by the Police from selling alcohol within the barracks. However, this effort did not curb the drinking problem since police officers can visit bars outside

the barracks.

Currently, the Uganda Police collaborates with Makerere University, churches, Butabika National Mental Hospital and other social support centres for referrals and counselling for officers struggling with the problem of drug abuse. The Police force has also improved the monitoring and supervision of officers in order to curb alcohol use. A new work ethic has also been introduced into the force, and any police officer found drunk on duty is dismissed indefinitely. However, these efforts are yet to bear any fruit.

The Police force is making efforts to improve the welfare of officers, which is responsible for pushing them into heavy drinking. Although Police used to take its trainees to visit the National Mental Hospital to acquaint them with issues related to mental health in early 1970s, this practice has since been abandoned.

There is a need, therefore, for the re-introduction of this practice and its inclusion in the training curricula of both the Police and private security agencies in order to equip them with knowledge and skills necessary in providing assistance to officers with alcohol-related problems.

1.6.2 Private security organisations

Anecdotal evidence suggests that the private security agencies are among the worst users of alcohol. It was also noted that there was no focus on alcohol education and support among private security agencies. Much concentration was on firearm use and control. *“Drinking here is a big problem because they want to get confidence to withstand difficult working conditions at night such as coldness, and controls are difficult to initiate”*, **noted one security manager**. There is scanty evidence regarding the interventions in security agencies to overcome alcohol abuse. Some security companies are restrict security officers from taking alcohol before and while on duty and impose harsh punishments on offenders, including expulsion from work. However, expulsion of security officers for alcohol abuse has and against prescribed measures of dealing with alcohol problems.

1.6.3 Prison and Juveniles institutions

Information regarding alcohol and drug use among juveniles and adult institutions is still scanty. However, what appears to be more prevalent is the

use of cannabis, inhalants and cigarette smoking to help them reduce the stress and increase appetites for the meals. It was noted that alcohol and drugs are smuggled into adult prisons by inmates or some unethical officers, who sell alcohol and drugs to get money from inmates. Prison officers facilitate alcoholism in prisons environment since many have wives who produce or sell alcohol in the neighbourhood of these institutions; which sometimes makes officers vulnerable to drinking and compromising their duties. Interventions in these institutions are still limited due to little capacity and resources to handle alcohol and other drug related problems. There is urgent need to support these institutions to develop capacity to handle what appears to be an increasing problem.

1.7 Alcohol and Poverty

For a long time, alcohol production and sale has been a major source of employment and revenue to many people and government. Babor et al¹⁰ 2003 noted that:

“In many countries, the production and sale of alcoholic beverages generates profits for farmers, manufacturers, advertisers and investors. Alcohol provides employment for people in bars and restaurants brings in foreign currency for exported beverages and generates tax revenues for the government. Alcoholic beverages are, by any reckoning, an important, economically embedded commodity. However, the benefits connected with the production, sale and use of this commodity come at an enormous cost to society.”

Babor et al 2003 further argues that: *“alcohol is a toxic substance with direct and indirect effects on a wide range of body organs and systems. The main cause of alcohol-related harm in the general population is alcohol intoxication. The link between intoxication and adverse consequences is clear and strong, especially for violence, traffic casualties and other injuries. Alcohol dependence has many different contributory causes including genetic vulnerability, but it is a condition that is contracted by repeated exposure to alcohol: the heavier the drinking, the greater the risk”.*

Alcohol drinking has been identified as a major cause of income poverty in Uganda since people spend a lot of money and time drinking alcohol instead of providing for their families. Excessive drinking was among five major causes of poverty in Uganda. Bird, Shinyekwa, et al¹¹ noted that there is a strong relationship between alcoholism and poverty. They noted that people drink because they are poor and they are poor because they drink. Alcohol

is therefore both a cause and consequence of poverty as people drink to forget about the misery of poverty. According to Kate and Tammie, 2004, poor people pointed to large families as a cause of poverty at household level as well as excessive alcohol consumption.

The Uganda Demographic Health Survey, 2004¹², supports the above assertions that indeed there is a link between alcohol and poverty and further recognises excessive alcohol consumption as a development issue of an enormous magnitude. It further notes that since alcohol brewing is an important source of revenue state, implementation of policies regulating alcohol consumption may be faced with stiff resistance from the state, and notes that there is need for different stakeholders to increase awareness, research and adopt multi sector oral integrated approaches to reduce alcohol abuse.

1.8 Alcohol use as a risk factor for HIV/AIDS

Available evidence shows that there is relationship between alcohol and HIV/AIDS in Uganda (Kigozi et al 1997)¹³. Donovan and Jessor, 1985 support this argument by observing that alcohol is thought to be associated with HIV through two possible mechanisms; in the initial stages, it increases sexual desire which increases risk for acquiring HIV/AIDS through unprotected sex, the second possible mechanism for this association is that alcohol abuse may be a marker for individuals who tend to have risk taking personalities rather than a direct cause of high-risk behaviour. Other studies by Mbulaitye et al, 1998, and Allen et al, 1991 have shown an association between HIV Sero positively and alcohol use in Sub-Saharan Africa.

The Uganda Demographic and Health Survey (UDHS) 2006¹⁴ shows that engaging in sex under the influence of alcohol can impair judgment, compromise power relations and increase risky behaviour. The study noted that 6% (1,936) of women and 2% (595) of men in age group 12-24 years reported that they or their partners were drunk the last time they had sex 12 months preceding the survey. The study notes that having sex under the influence of Alcohol is more common among females in rural areas than those in urban areas, but the opposite is true among males. Women aged 23-24, in the Northern region, those in Karamoja sub region, those with no education, and those in the west quintile are more likely to be drunk during

sex. Among men, the variations in this indicator generally are minor. The UDHS report falls short of arguing that alcohol is serious issue that if risky sexual behaviour is to be addressed, interventions geared towards alcohol use must be strengthened.

Experts on HIV/AIDS continue to argue that alcohol abuse as a contributory factors to the spread of HIV/AIDS may lead young people of both sexes into undesired sexual relationships with “*sugar mummies - daddies*”, terms used to describe inter-generational sex for material and financial benefits. The starting point usually is a glass of wine or bottle of beer and once intoxicated unsuspecting youth end up in sexual relationships. This is confirmed in a study by Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill where 58 % of the students reported engaging in sexual intercourse within the past year. Of these, 20% used alcohol the last time they had intercourse and 3.6% used drugs. That is followed by regret and shame for having had sex with someone one ordinarily you would not have had a sexual relationship with. A study conducted by Ministry of Health in Uganda in 2005¹⁵ revealed that condom use is never the solution to people who are highly intoxicated; they may never remember to use it because of impaired thinking, and if they do remember, they may not use it properly. The study further notes that rape and defilement are very common and the majority of offenders commit the offences under the influence of alcohol and drugs.

1.9 Alcohol and Sports

Alcohol and performance enhancing drugs have been cited as one of the problems facing the sports industry in Uganda. Many sports men have been lured into using these substance and reports from sports administrators in Uganda indicate that the performance of sportsmen who abuse alcohol and performance enhancing drugs has declined greatly among. Some sportsmen’s career come a grinding halt due to mental illness as a result of drug abuse. The most commonly abused drug among sportsmen in Uganda is marijuana, since it is locally available, cheap and easy to access. UYDEL has received requests for sensitisation and also been in contacts with sports administrators seeking support on how to deal with the problem of alcohol and drugs. No major efforts have been undertaken by the sports industry to curb the problem of alcoholism among sportsmen in Uganda.

2.0 Alcohol Industry in Uganda

Locally produced alcoholic beverages include beers with alcoholic content which ranges from 10-20% volumes, spirits whose alcohol content ranges from 30-70% volume, and adulterated alcohol containing other toxic impurities. There have been cases of sporadic cases of alcohol poisoning from adulterated alcohol with poisonous compounds such as methanol, nickel, and manganese. In most urban centres of Uganda, many shops serve as bars in early afternoon till late night selling all kinds of alcohol ranging from the locally brewed crude liquors to industrial kinds. Since 75% of the population is rural based, most of the alcohol is crudely and locally made from sugarcane, banana juice, maize flour, meat flour, cassava flour and pineapple juice, since they are easy and cheaper to get. This alcohol is not regulated, high density of toxic substances; do not accrue income to government and still eludes the National Bureau of Standards.

2.1 The Industrial beer, spirits and the brewery in Uganda

The brewery industry in Uganda has been dominated by three breweries Nile breweries Ltd (a subsidiary of SABMiller plc- South Africa), Uganda breweries Ltd and Parambot Ltd. Information from Uganda National Bureau of Standards (UNBS) indicates that only 15 breweries mainly spirit producers have passed their standard tests. It is a legal requirement that any one wishing to join this sector must be registered as a means of regulating and controlling the production of alcohol. Registered breweries have been easy to monitor because of their small size, importation of materials and advantages accruing from the UNBS stamps to consumer markets. However, the share of the Alcohol market of this group is only 30% of all alcohol consumed in the country. Although breweries have created an organisation that oversees self-regulation of members to ensure that breweries produce alcohol that meets the minimum health standards, no efforts are undertaken to reduce alcohol consumption, and rightly so, since their main focus is to make money through selling as much alcohol as possible. Therefore, the responsibility of regulating alcohol and the related harm squarely rests with government.

In order to curve niches for their respective products, breweries have frustrated efforts to curb the problem of alcoholism by launching an aggressive policy to increase their clientele in several fronts through massive advertisement on FM radios, TV, websites, bill boards most of these adverts are fraudulently appealing to young people; massive sponsorship of sports activities, performing arts, music¹⁶ and on these events alcohol is freely and other times sold at discounted prices; changed bottle designs, introduced new small cheaper packaging and sachets (tot packs of spirits) which are becoming smaller and smaller everyday, easy for students and other young people to conceal in pockets and bags; under-declared amounts of alcohol content, volumes and ethanol; introduced alcohol campaigns like self regulation and responsible drinking with misleading messages unlikely to have adverse impact to people who drink it¹⁷. On the other hand, an ambiguous body called Uganda Alcohol Industry Association

(UAIA) aiming to ensure that consumers can have more choices of alcohol thus exacerbating the alcoholism problem.

2.1.1 Sampled Alcohol

The desire to increase sales have encouraged sale of alcohol products at sales counters frequented by minors and young people in super markets, groceries, shops, bars. This is in total disregard with the law on availability of alcohol, time of selling alcohol, gender and age. Although some breweries explicitly state that alcohol should not be taken by young people below 18 years, alcohol retailers have no local marketing code of conduct that prevents under-age children from buying alcohol.

Easy availability of alcohol in Uganda influences high level alcohol consumption and related harm. Increasing availability increases the incidence and prevalence of alcohol related problems. Availability

Name of Brand		Manufacturer Alcohol content and Usual mls			
S/No	Brand	Manufacturer	Pack volume (ml)	Results	
				Ethanol (% v/v)	Meth g/100ml
1	Zebra	Four Star Beverage Ltd	120	40.6	33.0
2	Dollar	3R International Ltd	100	40.0	28.6
3	Officer Chief - Gold Vodka	King Albert Distillers Ltd	120	39.1	26.0
4	Beckam Gin	Boss Beverages	100	39.1	30.3
5	Royal Vodka	Parambot Traders	100	42.5	28.8
6	Royal Gin	Parambot Traders	100	41.2	27.5
7	Signature	King Albert Distillers Ltd	120	43.3	-- --
8	Uganda Waragi	Uganda Breweries Ltd	100	40.0	25.4
9	Royal Vodka	Parambot Traders	30	42.5	28.8
10	Zed Pineapple	3R International Ltd	120	37.5	29.1
11	Saira	-- -- -- -- --	25	37.8	-- --
12	Liberty	Uganda Breweries Ltd	100	42.8	-- --
13	Safari vanilla	Roney's General Co. Ltd	100	39.5	26.8
14	Bond 7	Uganda Breweries Ltd	100	42.7	25.6
15	Tyson Premium Waragi	3R International Ltd	100	41.1	25.2
16	Tyson Waragi	3R International Ltd	100	53.4	25.2
17	Coffee Spirit	Premier Distillers Ltd	60	45.4	40.3

As per the Uganda National Bureau of Standards (UNBS), 2000 on Spirits;
 ♦ Maximum Permissible levels of Methanol is 50 g/100 L. Minimum Ethanol Content is 37.5% v/v



2.2 Alcohol Industry and Media advertising: *Untapped role of Media Council and Broadcasting Council.*

The alcohol advertising industry generates almost over 50% of the revenue in electronic media, though lesser with other media. (3.5 Million USD in 2006 Alcohol Marketers Among the Ten Largest Advertisers in a Country, by Region, 2006) The adverts however, present an immature, imbalanced and irresponsible approach to drinking; the health messages and harm caused cannot be read because fonts are deliberately small and faint. Accordingly, in advertising their methods have strong or evident appeal to children or adolescents. They depict the consumption or presence of alcohol as contributing to personal, business, social, sporting, sexual or other success and suggest alcohol contributes to a change in mood or environment.

Alcohol advertising internationally is subjected to the Advertiser Code of Ethics (ACOE) which applies to all advertising companies; unfortunately this is not adhered to in Uganda. The CoE addresses matters of 'taste and decency,' primarily language, discrimination and vilification, violence, and sex. On the contrary, alcohol advertising in Uganda is subject to the Alcohol Beverages Advertising Code (ABAC) which is controlled and administered by the drinks industry; together with the Uganda Alcohol Industry Association (UAIA) aiming to ensure that consumers can have more choices at hand; rather than controlling alcoholism.

This report argues that Alcohol brewery 'cannot set exams and mark itself'. The alcohol industry interests are always in conflict with public health measures. With largely an ignorant public, no complaint has been raised to the Uganda Broadcasting Council, a statutory body which has the primary duty of enforcing broadcasting standards in the country. Indeed, all concerned people who want to reduce alcohol consumption need to seek redress against these dubious adverts, sponsorships and Billboards. Actions against this would ideally fall under Uganda Media Council and the Broadcasting councils, the government statutory bodies controlling the print and electronic media, where no one has raised a complaint to date. One government officer at the media council who appeared to be very informed about the Media law noted that this was a grey area since no complaint had been logged against

of beverage alcohol depends on several factors such as quantity of alcohol, affordability of the alcohol, geographical accessibility of alcohol to the population, accessibility of alcohol at various times and days, and accessibility of alcohol to minors.

2.1.2 Unrecorded Alcohol

There is limited information about unrecorded alcohol in Uganda. 'Unrecorded alcohol' is an estimate of alcohol that is not recorded nationally or internationally. Unrecorded beverage alcohol consists of home made productions (licit or illicit), travellers' imports, cross-border shopping, smuggling, surrogate alcohol (clandestinely diverted from industrial alcohol to beverage alcohol) and drinks with alcohol content below legal definitions of alcohol. Most estimates of available alcohol in Uganda do not include 'unrecorded alcohol', which constitute between 50 to 70% of alcohol consumed. In Tanzania and Uganda unrecorded alcohol constitute 90% of available alcohol produced at home or in drinking houses in villages, minor settlements or peri-urban areas of towns and municipals (Kilonzo 1989; ICAP 2006).

the media and breweries because of the skewed way of advertising. The public needs to be educated about this and also be made to utilise this avenue to regulate the alcohol industry. The last time there was a complaint on Billboards was when the Anglican Church complained about the installation of billboard at its Junction near Namirembe Church.

Since the brewery industry cannot exercise regulation over alcohol advertising; it is our view that the public could rightly demand government to regulate this industry. Sponsorship of sporting events and cultural activities often has been used as a method to lure the youth by placing adverts in major cinema halls, playgrounds, on posters and creating lasting bonds with consumers by providing them with branded products and experiences that bring people together like festivities. Raising prices through taxation, comprehensive bans on advertising and products promotions, age restrictions on sales and prominent health warnings on alcohol are called for by the World Bank in its World Development Report 2007¹⁸, in order to curtail the alcoholism. The report, Development and the Next Generation, is devoted to the theme of young people, and it says that there has never been a better time to invest in young people in developing countries.

2.3 Alcohol and the Law in Uganda

The current law on Alcohol - the Enguli Act 1964, covers these elements

- ◆ Liquor Act Cap. 93;
- ◆ Enguli (Manufacture and Licensing) Act Cap 86;
- ◆ Potable Spirits Act Cap 97;
- ◆ Shop Hours Act Cap 99;
- ◆ Premises for sale of alcohol

This law on alcohol is hardly enforced, outdated and need urgent review to regulate the manufacturing and sale of liquor. There is also need to reactivate the licensing regulations and boards in towns and municipalities, provisions on the regulation of hours of sale; provisions relating to under age persons (employing under age minors, violence and the penalty).

By laws: A case of Mbale

Mbale District Launches alcohol by-law

Mbale District has passed a by-law outlawing the consumption of alcohol before 4pm on working days.

The District Chairperson, Mr. Bernard Elly Mujasi said that the by-law has already been passed to the Ministry of Local Government for approval. 'The District, we are directing all our resources to agriculture, we intend to give out free seeds but we shall not make headway if our people start drinking very early in the mornings,' Mr Mujasi said he is determined to ensure the by-law is implemented even if it means losing votes. He said there are many government programmes like the National Agricultural Advisory Services (NAADS) that have not been tapped by the community because of the bad drinking habits. Bongokho sub county chairperson Ahmed Washaki said the levels of drunkenness in Bugisu sub region were worrying. 'We can not help our people out of poverty unless we take a stand, we are determined to enforce this law,' he said. Mr. Washaki said the by-law would be implemented by sub county chiefs.

The study established that in 1997 the Liquor Licensing Board (LLB) in Kampala City Council was dissolved and this used to work closely with Police, Public Health Department and building Inspectors in enforcing the law. If these departments had been incorporated in the Local council administration, they would go a long way to address the problem. The absence of these structures, lack of enforcement and the need for more revenue by Local Governments under private collectors has opened up many unlicensed selling places, thus escalating alcohol sale and abuse in Kampala City. There is thus strong need for a review of all current legislation which has a bearing on alcohol to establish to what extent other laws and policies such as those that relate to alcohol like taxation (by Uganda Revenue Authority), quality control (by Uganda National Bureau of Standards), and health and safety (by Ministry of Health) etc have affected the Enguli Act 1964. This is aimed at bringing the act in harmony with legislation that impact on alcoholism and making it relevant to new developments that impinge on alcoholism. This calls for a need to identify possible gaps, issues of harmonisation, challenges, strategic actions and legal reforms required to address the problem of alcohol.

2.4 Uganda National Bureau of Standards (UNBS)

UNBS is a government statutory body established by an Act in 1983 to regulate the quality and standard of all goods produced in Uganda. Section 3(e) of the UNBS Act states that:

"UNBS will require products to comply with certain standards in manufacture, composition, treatment or

performance and to prohibit substandard goods where necessary”.

It further states that: “UNBS will enforce standards in the protection of the public against harmful ingredients, dangerous components, shoddy material and poor performance”

UNBS is responsible for promoting the application of standards in industry and the trade. Among its major activities is to ensure that products coming on market for consumption are tested and ascertained to be safe and that they meet the minimum requirements. UNBS also works with other stakeholders such as the Uganda Revenue Authority and the Police to ensure minimum standards of quality are enforced and adhered to. In terms of Alcohol compliance, the study team noted that 15 out of 17 Alcohol producers, who applied for certification, were given numbers to show compliance; these mainly include factory brewing entities. The largest quantities of alcohol production are in the informal sector and these are not accessible to UNBS and many producers are yet to register. However, breweries in the informal sector are known to be producing poor quality and sometimes adulterated alcohol that is hazardous to human health.

UNBS faces a number of challenges in controlling the standards and quality of alcohol on the market. Since UNBS only has 4 branches in Mbale, Mbarara, Jinja and Lira, there is a lack of adequate capacity for its surveillance team to ensure quality assurance in far off areas. Many manufacturers have not turned up to UNBS for standard measures compliance and illicit products thus find their way on market. Many suppliers and producers do not label their containers of alcohol products which carry warning of effects of alcohol; but rather are promoting it. Limitations in personnel to be deployed in various regions and districts; lack of vehicles, equipments and lack of stronger laws with harsh penalties to keep people away from producing illegal production the market will encourage illegal alcohol production. Further, political interference hinders UNBS in ensuring compliance of alcohol producers to standards. Officials from UNBS noted that they sometimes face political pressure when they clamp and close down illegal alcohol producers, which makes the work of UNBS very challenging.

There is also little co-operation among the general public in terms of reporting illicit production and packaging of alcohol are no cooperating stakeholders to provide information as per poor quality alcohol. For example about 100 people were poisoned in

2007 by illicit alcohol brewed by an illegal factory in Mubende District due to lack of information about illegal production of adulterated alcohol. The factory was closed down in 2007 and its proprietors arrested and taken to court.

The study established that laws are not doing enough to help UNBS since penalties for offenders are not deterrent enough. In areas where UNBS staff can not reach to monitor standards of products, by-laws can be initiated at local level. After liberalization, the Enguli Act 1964 became inactive as Uganda Waragi spirits could not control the situation any more. UNBS requires appropriate assistance in training, equipment and as well as adequate financial resources and minimum testing requirements/ standards. Although UNBS standards were developed in a consultative way, they are not regularly reviewed to bring them in line with changing needs of the market. Producers need to be compelled to come and register and reviewed regularly to establish whether they are in compliance with UNBS requirements. Registration of alcohol producers with UNBS should be harmonised with company registration and taxation processes. UNBS should regularly issue guidelines to producers of the standard requirement.

2.5. Alcohol Taxation Policy

Taxation data obtained from the Uganda Revenue Authority (URA) reveals that alcohol industry brings in significant amounts of revenue into the country; it ranked 6th among the major revenue contributor; the revenue realized from alcohol was Uganda Shillings 8.933 billion¹⁹ in the Financial Year 2005/06. Government appears to be driven by desire to expand its taxation base by concentrating on alcohol industry. There is a lack of adequate information on alcohol taxation policy among communities in Uganda which leaves room for laxity in alcohol regulation. Since excessive alcohol use has a negative impact on society, there is a need to highly tax alcohol in order to minimize alcohol availability, excessive alcohol consumption and associated consequences. Minimum tax rates need to be increased in line with inflation and alcohol content, content of all beverages, which many times are under reported by producers. Social costs which are ignored by URA should be determined by an agreed standardized methodology with public health experts in order to make alcohol manufacturers responsible for the social cost of their products.

Smuggling and cross border trade in alcohol is

rampant and a lot of government revenue is lost through this act. URA open policy for maximising revenue has opened doors to all types of alcohol to be imported and labelling is disguised in terms of alcohol content. Government should set a limit on the alcohol content and trade volume imported into the country. Babor *et. al*, 2003²⁰ observes that alcohol taxes are thus an attractive instrument of alcohol policy because they can be used both to generate direct revenue and to reduce alcohol related harm.

2.6. Alcohol, drunken driving and the law

The Uganda Law (Traffic and Road Safety, 1998, Cap .361, Section 112-118) forbids driving a motor vehicle with blood alcohol concentration above the prescribed limit. The law provides for blood tests and use of breath analyzer tests. Section 117 provides for a definition of a prescribed limit meaning an alcohol proportion of blood as the Minister may prescribe by regulations. According the New Vision newspaper, 2008²¹, 55 people were arrested by police in one week in April for drunken driving. Indeed police has operationalised this section of the law and from time to time makes surprise checks and arrests.

In addition, police has gone along way to sensitize people about drunken driving. It was also noted during the study that with use of breath analyzers, the number of people apprehended under the influence of the law has been increasing steadily in year 2006 and 2007. However, there is no evidence to indicate that these efforts have reduced cases of drunken driving.

Police reported that about 2,334 people died and 12,056 sustained serious injuries countrywide as a result of bad driving according to the 2007 Police Traffic Report. The police report acknowledged an increase of 7.5 % in road accidents (about 17,428 people) mainly caused partly by reckless driving, drunken driving and vehicles under dangerous mechanical conditions. Majority of these accidents occurred between 7pm to 9 pm, which points to the fact that alcohol was a major factor in these accidents. Drunken driving offences are more regular in Kampala probably an area with breathalysers. People have reported that some road like Entebbe Road, one has to be extremely careful at night because many people drive under influence of alcohol. The report noted that over 300 people were arrested last year for drink driving and many of them had been charged.

The report also indicates that most fatal accidents which happen in Kampala in late hours of the night have close links to alcohol use. This problem has been difficult to curb since Police has few breathalyzers in the country. Moreover, the use of breath analyser is a sporadic intervention that needs to be regularised in order to curb drunken driving. It is only those drivers that are suspected of having taken alcohol that can be tested using a breathalyzer. This shows that most cases of drunken driving still go unnoticed thus putting the lives of people on the roads at risk. The maximum level of alcohol content recommended for safe driving by the Traffic Act is 0.8 mg/ml of blood. The report notes that this level is among the highest in the world. Majority of the countries have reduced the legal limit to lower limits of 0.5mg/ml of blood and Uganda should emulate their example to reduce the number of road carnage arising from drunken driving.

Prosecution of culprits of drunken driving is an area of great weakness in the fight against drunken driving. There are loopholes in the law regarding drunken driving. Courts of law do not give reasonable punishment to offenders; they just give caution and no one has ever been imprisoned for drunken driving. Only Mwanga II court is the one trying to apply more strong penalties on culprits. The express penalty introduced by Police was expected to address this problem; but it does not seem to be deterrent enough since the fine charged is very small (it ranges from 30,000-90,000 or imprisonment for 2 years), and besides, no body has been imprisoned under this scheme.

Therefore, in order to address the problem of drunken driving, the study recommends that the numbers and use of breath-analyzers be increased; funds for sensitization about drunken drinking and accidents be increased; integrate alcohol education into the standard training manual/driving school syllabus being developed by Ministry of Works; strengthen loopholes in the laws relating to drunken driving such as the Traffic and Road Safety Act and give strong penalties to offenders other than simple cautions; and lobby courts to convict those guilty of drunken driving.

3.0. Alcohol and Mental Health

Alcohol is ranked as the fifth leading risk factor for premature death and disability causing considerable public-health problems. Estimates by WHO, 2002 show that, at least 2.3 million people died worldwide of alcohol-related causes accounting for 3.7% of global mortality. Alcohol consumption was responsible for 4.4% of the global burden of disease. The impact of alcohol consumption is greater in younger age groups of both sexes, 3.7% of all deaths in all age groups (6.1% in men, 1.1% in women) and 5% of deaths under the age of 60 (7.5% in men, 1.7% in women). Fatal injuries occur relatively early in life.

Harmful use of alcohol is the third leading contributor to disease burden in developed countries, the first for men in developing countries in which mortality rates are low, and eleventh in developing countries with high mortality rates. Neuropsychiatric disorders²², mainly from alcohol use and including alcohol dependence, account for more than a third (34%) of the burden of disease and disability attributable to alcohol, followed by unintentional injuries like road traffic crashes, burns, drowning and falls (altogether 26%), intentional injuries including suicide (11%), cirrhosis of the liver (10%), cardiovascular disease (10%), and cancer (9%). When only alcohol-related deaths are considered, unintentional injuries (25%), cardiovascular diseases (22%) and cancer (20%) are the three biggest categories.

A recent WHO study in 2006 on mental health among patients attending general health facilities indicated that 47.9% of patients were youths between ages 18-29, while 31.2% were between ages 31-45 years. The study further indicated that among these population, 23.1% were harmfully using alcohol while 30.6% were dependent on alcohol; with 77.3% requiring interventions. Among these patients, 16.3% had orthopaedic/soft tissue injury problems (fractures, dislocations of joints or Prolapsed inter-vertebral disc or traumatic injuries), 7.8% respiratory problems, 6.1% attended hospital because of pains-headaches, abdominal pains or joint aches, 6.1% had HIV/AIDS with or without Tuberculosis, 5.2% cardiovascular ailments, another 5.2% had obstetrics related issues (antenatal care, delivery or postnatal complications), 4.1% tumours (cancer), 4.0% diabetes mellitus and 4.0% gynaecological problems. Among these patients, very fewer were diagnosed to have psychiatric

disorders (1.7%). Among these disorders diagnosed at primary level were alcoholism, anxiety, stress, suicide attempt and neurosis.

It is estimated that 20-30 percent of Ugandans suffer from common mental disorder due to stress, poverty, unemployment, alcohol and other pressures on people's lives. In addition, about 15-20 percent of patients admitted in the various government and National hospitals" have alcohol and substance abuse related illness²³.

The Mental Health Act 1964 has not been revised, but is yet to be debated and passed into Law. Alcohol is noted to be one of the major causes of mental health problems among the youth due to unemployment, poverty, increased availability of substance abuse and steady supply of strong and cheap liquor. Among the main challenges facing the mental health section in the Ministry of Health is the lack of funding to specifically follow up alcohol issues. The section also experiences inadequate staffing (one person in office at level of Principal Medical Officer) and not much is expected out of the office and issues of alcohol as part of mental health in general will remain a backdoor issue in the Ministry of Health.

During reproductive health and antenatal sessions, medical workers advise pregnant women about the dangers of alcohol to safe motherhood. However, information on the the side effects of fetal alcohol syndrome (FAS) appear not to be appropriately delivered pregnant women during and before pregnancy. The screening forms for antenatal clinics deliberately ignore the important alcohol element and thus pregnant women that may need support on alcohol related problems are not helped.

3.1. Alcohol Poisoning

The Annual Health Sector Report in October 2007 acknowledged that 49 people died of alcohol poisoning in the districts of Kampala, Mukono and Mubende. The report noted that alcohol was found to be contaminated with methyl alcohol. Steps were taken jointly by police, the Uganda National Bureau of Standards to apprehend culprits and prevent such crimes from occurring in future. However, the report notes that court cases were never followed up, which raises questions about the commitment of police, UNBS, MOH to prevent such accidents from happening again. There is very little data on alcohol poisoning which makes it difficult to estimate its extent and trends. However, the study, revealed that cases of alcohol poisoning are on the increase due

to the proliferation of illicit and adulterated alcohol on the market.

3.2. Mental Health and Alcohol Treatment facilities

Mental health is one of the cluster elements of Ministry of Health (MoH) under prevention and control of non communicable diseases (Injuries, GBV, mental health and control of substance abuse, oral health and palliative care). Alcohol specifically falls in the core intervention of providing services for demand reduction for alcohol and drug abuse. It is number two in terms of issues causing ill health in Uganda.

A review of the Health Policy Statement presented to Parliament in 2004/5, noted that through a loan from African Development Bank under Social Sector Health Project (SSHP) Mental health facilities had been largely renovated, expanded and improved. To date 10 regional referral units and the National Mental Referral Hospital have been recently renovated and equipped to handle mental health services including alcohol. An alcohol and drug treatment unit was opened in 2006 to provide specialized care and receives over 200 (30%) patients per year. What was shocking was the small mental health budget, which forms part of small portion 0.022 out of shillings 23.729 billion (0.5%) of the national budget allocations to health, a rather shocking Statistics.

The Annual Work Plan for Ministry of Health for 2007/8 includes plans to finalize the draft alcohol policy; train stakeholders in management of alcohol issues including health workers. Surprisingly, this was not reflected in their smallest budget; additionally reports on mental health section indicate that they at least experience a stock out of one important drug in each quarter for this key area. The major activities of the Mental Health Programme have been public education on prevention and control of alcohol and drug abuse. A number of health workers have been trained in management of alcohol and drug abuse. There hasn't been much impact of the Programme due to gross under funding of the activities to address alcohol and drug abuse by government.

4.0. Alcohol Policy and legislation Development in Africa and Uganda

Alcohol policy development appears to be challenge for African Countries; most policies were left behind by their former colonial masters over 40 years ago and this is true for Uganda. Problems associated with alcohol consumption and the need for policies is more urgent than ever before. There is a growing interest in alcohol related problems in different parts of the world. The recommendation is that in Africa and Uganda in particular attention needs to be focused on unrecorded alcohol. This sector needs to be brought under regulatory mechanisms of alcoholic beverages. Such mechanisms need to be sensitive to community beliefs, attitude and tradition. Legislation and regulatory measures exist in most African countries, however, laxity in enforcement of such regulatory measures is widespread 71.4% of countries do not or rarely do enforce the regulations (WHO, 2005)²⁴.

In addition, regulating availability of alcoholic beverages through restricted hours of sale and reducing the demand for alcohol through taxation and pricing are two of the most cost- effective strategies for Uganda and communities to reduce or prevent alcohol-related harm. Among the most successful targeted interventions are deterrence-based policies directed at drink- driving and violence in places where alcohol is drunk. The imposition of blood alcohol concentration limits for drivers, strongly enforced through highly visible sobriety checkpoints and random breath-testing by police, can have a sustained effect on drink-driving and reduce the associated accidents, injuries and deaths. Improved management practices within drinking venues can reduce levels of violence on those premises.

Further, community- based actions and risk-reduction measures that focus on the drinking context are among the strategies and interventions that need to be further explored and tested. Community actions to deal with alcohol- related problems are of particular importance in settings where consumption of alcohol produced informally or illegally is high, where social consequences like public drunkenness, maltreatment of children, violence against intimate partners and sexual violence are common.

Regulating access to alcohol through restrictions on purchasing age is a particularly effective strategy for preventing alcohol-related health and social problems, such as violence among young people. Another effective strategy for reducing drinking among young people is to regulate the marketing of alcoholic beverages, including a ban on advertising practices that influence young people. Access to affordable, non-judgmental and effective treatment for people with drinking-related disorders is an important component of societal and community responses to alcohol-related problems. Ensuring that access to treatment and rehabilitation requires adequate treatment policies that include delivery and integration of prevention and treatment services at different levels.

4.1. A draft Alcohol policy developed by Ministry of Health Uganda.

The Ministry of Health is in the process of developing a draft national Alcohol policy, which will be soon tabled to Parliament and later to Cabinet. This good intention of the Alcohol policy meant to be a purposeful effort or authoritative decision on the part of government to minimize or prevent alcohol-related consequences was hijacked and has been largely supported financially and technically driven by the Alcohol industry consultant and compromised in many areas.

The policy though acknowledges magnitude of the alcohol but it distorts many facts, this is against the mandate of the World Health Organization and Ministry of Health. It skews the alcohol issues, shies away from the reality the alcohol discourse; policy and legal, and comprehensive realities of the other countries supported by East African breweries and South African breweries. The strategies their in are lacking in prevention and control.

There is need to develop an Alcohol Regulatory Authority with representatives from Government, Uganda Revenue Authority, IVBI, Police to follow and advise government on alcohol regulation noted a Ministry of Health Officer.

5.0 Major Stakeholders in Alcohol prevention and Rehabilitation

5.1 International Agencies

I. United Nations Bodies

The United Nations bodies such as WHO, UNODC, UNFPA, UNHCR have supported various efforts geared towards reducing harm caused by drug abuse and alcohol. The only challenge has been that their activities and funding has been very irregular and sometimes thematic.

2. World Health Organization (WHO)

WHO Board adopted resolution calling for a global strategy: The Executive Board of the World Health Organization (WHO) passed on the 22nd of January a resolution that will be recommended to the World Health Assembly in May this year, asking for a global strategy on harmful use of alcohol.

The WHO Executive Board today passed a resolution in 2005 that will be recommended to the 61st Health Assembly held in May 2008. The core message is that the resolution requests the Director General (the Secretariat) of WHO to draft a global strategy to reduce harmful use of alcohol. After endorsement by the WHA, there will be a process of designing the strategy the coming two years until the Assembly meeting in 2010.

Further the resolution requests the DG to collaborate and consult with member states as well as with intergovernmental organizations, health professionals, nongovernmental organizations and economic operators on ways they could contribute to reducing harmful use of alcohol. The draft global strategy is going to be put before the 63rd World Health Assembly, through the Executive Board. The discussion in the WHO Board is a follow-up of the World Health Assembly in 2007, which failed in reaching a conclusion on the alcohol issue due to objections from some member states.

“The Committee recommends that WHO

continue its practice of no collaboration with the various sectors of the alcohol industry. Any interaction should be confined to discussion of the contribution the alcohol industry can make to the reduction of alcohol-related harm only in the context of their roles as producers, distributors and marketers of alcohol, and not in terms of alcohol policy development or health promotion.” This is one of the many interesting recommendations in the newly published report from the WHO Expert Committee on Problems Related to Alcohol Consumption.

The Expert Committee, composed of alcohol researchers from all continents, has reviewed existing data on the scope of the alcohol problems and what are the most effective interventions to reduce such problems. Another recommendation from the Committee is that WHO should “continue to play a leading role in coordinating a global response to the global nature of alcohol problems... and undertake the development of a global action plan to reduce the harmful effects of alcohol consumption.”

3. IOGT-NTO-Sweden

IOGT-NT has been supporting organisation in East Africa to address alcohol and drug abuse. IOGT has over 100 years of helping communities reduce harm caused by alcohol misuse. It over time supported UYDEL in its effort to fight drug abuse and has been very instrumental in assisting to develop activities and financially making these NGOs stand on their own. It runs a website and also organises regional seminars for actors in alcohol and drug abuse.

5.2 NGO Actors

1. Serenity Centre

Serenity Centre is an NGO providing treatment individuals and families suffering from addictive illness and substance abuse. It is also involved in sensitizing and educating the general public on the dangers of alcohol/drug abuse. It has limited residential treatment program and undertakes outreach activities in educational institutions, and other organized institutions.

Plot 39 Yokana Mukasa Road, Kawuku.
P.O. Box 31749, Clock tower, Kampala (U).
Tel: +256 (0)772 561 144
Email: serenityc@africaonline.co.ug.

2. Uganda Youth Development Link (UYDEL)

UYDEL undertakes drug and alcohol prevention in schools, slum and street youth for the last 12 years, vocational and livelihood skills development for young people. UYDEL also targets alcohol and drug consumption challenges in the local communities. This is done through sensitization and awareness workshops for local leaders, religious leaders, NGOs/CBOs and the youths in slum communities. UYDEL has adopted the Peer-to-Peer Drug abuse Prevention Programme (PPPP); where the trained peer educators influence other peers in the community to stop substance abuse hence causing a multiplier effect with minimum resources.

UYDEL also undertakes media campaigns in communities with a focus of sensitizing the masses about dangers of alcohol and substance abuse.

Participation in public events [national and international] This day involves marching in the city centre, press conferences, posters and banners, sports activities like bicycle racing, football competitions and involving different stakeholders in organizing a successful event.

In addition UYDEL offers counselling through behavioural change sessions for youths affected by alcohol and drug abuse and wherever possible refers them to appropriate institutions for more treatment, assistance and follow up. UYDEL has also carried a few activities in schools to raise awareness about the alcohol problem through school clubs and training of some teachers. However, these activities are allotted very little time since they are not regarded as helpful to students and are usually considered part of extra curricula activity.

Contacts

Uganda Youth Development link.
P.O. Box 12659, Kampala, Uganda.
Tel +256 414 530353
Website: www.uydel.org

3. **Trans Cultural Psychosocial Organization (TPO)**

TPO carries out community education and sensitization about the effects of alcohol abuse, trains NGOs, CBOs, and those in government departments to respond alcohol problems and quite often involved in community prevention, referral, and counselling activities mainly in Northern and Eastern Uganda.

4. **Religion and Alcohol Anonymous groups (AA)**

Both Christian and Islamic teach against the use and consumption of alcohol. The Roman Catholic Church at Christ the king runs the 12 Step **AA** groups which has been very instrumental in assisting people with alcohol problems. If these groups are well sensitized can be a strong partner in fighting Alcohol abuse. Alcoholic anonymous is a fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem and help others to recover from Alcoholism the only requirement for membership is a desire to stop drinking.

AA is not allied to any sect or religion or organisations and their primary goal is see people stay sober and help other Alcoholics to achieve Sobriety. They promote the twelve Steps of Alcoholic Anonymous

Contacts: Amany John / Martial Mujiri Oji
Mobile : +256 772 674 013

5. **National Care Centre:**

A local NGO currently providing treatment at a fee and other services such counselling, and public education in Kampala city and Mbarara town. It also works closely with training Institutions to promote Alcohol and drug abuse education.

Contacts: Amany John
National Care Centre
P.O. Box 25210 Kampala,
Mobile : +256 772 674 013
E-mail : nationalcarecentre@yahoo.com

6. **Chronic Poverty Research Centre in Uganda/DRT25**

DRT is currently undertaking a study with Chronic Poverty Research Centre in Uganda on “the links between excessive alcohol consumption and chronic poverty”. The study is expected to lead to more concrete evidence, analysis and recommendations on what needs to be done in the future on the issue of excessive alcohol consumption in Uganda.

Contact: Mr. Ntale
Development Research and Training,
1st Floor Susie House, Gaba Road Nsambya,
P.O. Box 1599, Kampala, Uganda.
Tel: 031-263629/0, +256 (0)414 269495,
+256 (0)414 269491.
Email: info@drt-ug.org, drt@imul.com
Website: www.drt-ug.org.

5.3 **Government Institutions**

1. **Ministry of Health**

Ministry of Health runs a specialised Alcohol and Drug Treatment Centre at the National Referral Mental Hospital, Butabitaka, Kampala. This is a free residential and outpatient facility. There is also a National Training Centre in Butabika that deals in substance abuse control and management. Ward 16 in Butabika provides support to patients with alcohol related problems.

2. **The National Alcohol Drug Clinic (NADC)**

This is located at Butabika National Referral hospital. The clinic opened in June 2006 and to date has a total inpatient enrolment of 466 patients (446 male and 20 Female). Clients are abusers of a wide range of drugs that include: alcohol, cannabis Heroin, Khat, tobacco organic solvents and cocaine. The majority of clients' age in the age bracket 21-35 followed by 36-45 and less than 20 in decreasing order.

Contact: Dr. Basangwa David,
Alcohol and Drug Clinic; National Referral Hospital, Butabika
Telephone : +256 414 504 376
Fax : +256 414 504 376.
Email : dbasangwa@utlonline.co.ug
: buthosp@infocom.co.ug

6.0 Recommendations

Recommendation	Relevant Actor
<p>Labelling of alcohol beverages</p> <ul style="list-style-type: none"> ◆ All containers of alcohol products carry warnings determined by the Ministry of Health describing the harmful effects of alcohol (driving, pregnancy, operating machines and other appropriate messages). ◆ Packaging of alcohol products and labelling should not promote an alcoholic product by fraudulent means /impression about its effect, characteristics or appealing to minors ◆ All alcohol in sachets must be banned since it very difficult to detect; they are usually concealed and used by young people and drivers on major high ways.This promotes use and risky situation of unprotected sex, driving, and violence. 	<p>UNBS</p>
<p>Policies that regulate the Alcohol market.</p> <ul style="list-style-type: none"> ◆ Taxation should be proportional to the alcoholic content of all beverages.Taxes should cover the social costs of alcohol as determined by agreed standardized methodologies. ◆ Limit amount of cross border trade in alcoholic beverages especially strong spirits and Alco pops. ◆ Shops selling alcohol do not need to keep it at the counter, but in a special places not frequented by children. ◆ Formulate a policy that control production of illegal and harmful alcohol that is poisonous and harmful to human health ◆ Make policies that set the time for drinking alcohol 	<p>Uganda Revenue Authorities, UNBS</p>
<p>Minimum Purchase Age and Availability</p> <ul style="list-style-type: none"> ◆ The sale of alcoholic beverages to persons under 18 years prohibited and enforced. ◆ Increase minimum age selling limit from the 18 to 21 years. ◆ Local authorities should regulate, control and manage outlets through number and density, location, hours and days of sale. Revive All Liquor Licensing Board. ◆ A range of severe penalties against sellers and distributors such withdrawal of trading license, or temporal and permanent closures should be implemented in order to ensure compliance with relevant measures. 	<p>UNBS, MoH, MoE, Mol, Local governments and Police</p>

<p>Drunken Driving and the Traffic law</p> <ul style="list-style-type: none"> ◆ A maximum blood alcohol content limit of 0.2mg\ml or less should be introduced; instead 0.8mls. ◆ Police should be given unrestricted powers to breathe test, using breathalyzers. ◆ Introduce penalties with clarity and swift punishments graded depending at least on BAC level. ◆ Put in place driver education, rehabilitation, and treatment schemes, linked to penalties, and guidelines. ◆ Efforts to reduce drunken driving be supported by government and not led by alcohol industry and those existing be evaluated. ◆ Sensitisation of truck drivers and the whole transport industry about the dangers of drink-driving be undertaken. ◆ Staffs working restaurants lodges, bars and other hospitality industries are trained to reduce the risk of intoxication and drunken driving ◆ A Comprehensive educational campaign to reduce drink driving is instituted in all driving schools, transport companies, and the media. 	<p>Mol, Police</p>
<p>Cross border smuggling activities</p> <ul style="list-style-type: none"> ◆ Ensure health risks are accounted for in trade negotiations relating to alcohol among border countries ◆ Undertake joint feasibility, analytical and surveillance of alcohol among countries. ◆ Increase support of all enforcement agencies in tackling alcohol smuggling across borders. 	<p>URA, MoH, Mol.</p>
<p>Interventions for Hazards and Harmful consumption alcohol.</p> <ul style="list-style-type: none"> ◆ Ban all sachets/tot-packs of alcohol, in the country and all alcohol must be sold in approved standard containers easy to detect and tax. ◆ Training and support programmes to deliver brief interventions for hazardous and harmful alcohol consumption be developed and implemented at government, public and NGO sector. ◆ Evidence and integrated guidelines be developed and disseminated for brief interventions for hazardous and harmful alcohol consumption. ◆ Conduct research to find ways of collaborating with religious institutions in combating alcohol use. ◆ Resources be made available to Ministry of Health and Ministry of Internal Affairs, especially the Police to ensure the wide spread availability and accessibility of identification and interventions programme for hazardous and harmful alcohol consumption. 	<p>Public Health, Civil Society, Local Government, Ministry of Education.</p>

<p>Reducing Harm Drinking and surroundings environments.</p> <ul style="list-style-type: none"> ◆ Police and law enforcement agencies be facilitated to be more vigilant on places and premises associated with higher levels of Harmful drinking. ◆ Community mobilization and intervention projects involving different sectors and partners be initiated to create safer environments and reduce harm done by alcohol in the community. ◆ Shops should not sell alcohol but this be confined in specific places 	<p>Alcohol industry. Civil society. Consumers groups. Uganda Chemist. UNBS. Traffic police. Public health</p>
<p>Media and Commercial Communication.</p> <ul style="list-style-type: none"> ◆ A No advertising policy on Television, cinema, no sponsorship, and limitations of messages and images only to those referring to quality of the product. Self regulatory approaches adopted by the beverages alcohol industry or marketing industry put in place being monitored and adjudicated by the Uganda Broadcasting Council. 	<p>Uganda consumer protection. Private radio and media association. Health users' associations.</p>
<p>Education, Communication and Awareness.</p> <ul style="list-style-type: none"> ◆ Develop messages that highlight problems created by alcohol to prepare grounds for specific interventions and policy changes. ◆ UBC and other Government news media and forum be requested to a lot time to share experiences and harm caused by alcohol. ◆ Parents must take the lion's share of responsibility for tackling risky and binge drinking among children. And family acceptance of drinking culture breeds a boozing culture among the young. ◆ Policies to reduce harmful use of alcohol reach far beyond the realm of health and involve such sectors as development, fiscal policy, trade, agriculture, education and employment, thus falling within the responsibilities of numerous governmental agencies and organizations. ◆ An appropriate coordination mechanism is put in place to develop a comprehensive alcohol policy. 	<p>Parents</p>
<p>Focal point Person and resources and planning.</p> <ul style="list-style-type: none"> ◆ A focal person in charge of alcohol issues needs to be established in various relevant Ministries (MoH, MoE, Mol) to coordinate, work with others to make action plans, mobilize funding, monitor policy implementations and provide regular reports on alcohol and make them accessible to the public. 	<p>MoH, MoE, Mol.</p>
<p>Research and evidence based interventions.</p> <ul style="list-style-type: none"> ◆ Research capacity in alcohol policy should be developed through professional programmes at the universities and NGOs and funds be availed regularly. ◆ MOH activities and those of NGOs related to alcohol standards, consumption, harm and policy, programmes response need to be strengthened and refined in various health documents and other government policies. 	<p>MoH, MoE, MoFPED, UNBS, Uganda Chemist</p>
<p>Defining Alcohol beverages.</p> <ul style="list-style-type: none"> ◆ There is a need to define alcohol beverages in a uniform way across all board. A starting point could be the lowest definition for tax point 90.5 alcohol concentration. 	<p>URA, MoH, UNBS</p>

7.0 Focal Areas for Alcohol Policy Actions

7.1 Introduction

Measures below should be implemented expeditiously in order to build a comprehensive system of legal regulatory, educational and treatment measures to deal with alcohol -related problems from a public health perspective.

Given the evidence that alcohol consumption represents a current and future threat to public health in Africa, and the need to promote Alcohol Policy measures that are evidenced based, the following document is designed to serve as a reference for evaluating the adequacy of local and national policies in the countries of East Africa, to suggest how to improve current policies that may not be effective, and to build a comprehensive system of legal, regulatory, educational and treatment measures to deal with alcohol-related problems.

Focal area 1: Price and tax measures to reduce the harm done by alcohol

1. Recognizing that price and tax measures are a highly cost-effective and important means of reducing the harm done by alcohol by all segments of the population, including young people and heavier drinkers;
2. Tax policies and, where appropriate, price policies, on alcohol products should be introduced so as to contribute to the health objectives aimed at reducing the harm done by alcohol;
3. Tax policies and tax levels should take into account the following principles:
 - ◆ The price of alcohol should take into account the external costs of consumption, the inadequate knowledge that consumers have about the harm done by alcohol and its dependence producing properties;
 - ◆ The price of alcohol should be increased above levels of inflation;
 - ◆ Taxes should be proportional to the alcoholic content of alcoholic beverages, including all beverage types and with no threshold. Countries with higher taxation should not reduce their taxation levels; and
 - ◆ A proportion of alcohol taxes should be

earmarked (hypothecated tax) to fund programmes to reduce the harm done by alcohol, including treatment, prevention, and research and policy evaluation.

Focal area 2: Illicit Trade in Alcoholic Products

1. The elimination of all forms of illicit trade in alcoholic products, including smuggling, illicit manufacturing and counterfeiting are essential components of alcohol policy.
2. Effective legislative, executive, administrative or other measures should be implemented to ensure that all unit packages of alcoholic products and any outside packaging of such products are marked to assist in determining the origin of alcoholic products and any point of diversion and to monitor, document and control the movement of alcoholic products and their legal status.

Focal area 3: Availability of alcohol

1. Recognizing that reducing the number and density of outlets, changing the location of outlets and reducing the days and hours of opening can all reduce the harm done by alcohol;
2. Countries that regulate outlets through number and density, location and hours and days of sale should not relax their regulations;
3. Countries without such regulations or with very liberal regulations should consider:

Focal area 4: Packaging and labeling of alcohol products

1. Recognizing the importance of appropriate packaging and labeling of alcohol products;
2. Effective legislative, executive, administrative and other measures necessary to ensure appropriate packaging and labeling should be implemented;
3. Packaging and labeling policy should take into account the following principles:
 - ◆ Alcohol product packaging and labeling should not promote an alcoholic product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics or health effects, including any term, descriptor, trademark, figurative or any other sign that directly or indirectly creates the false impression that a particular alcoholic product is more attractive or healthier than other alcoholic product;

- ◆ Each unit package of alcoholic beverage should carry warnings describing the harmful effects of alcohol when driving or operating machinery, or other appropriate messages;
- ◆ Each unit packet and package of alcoholic products and any outside packaging and labeling of such products should, in addition to health warnings, contain information on its alcohol concentration (% by volume) and alcohol content (grams of alcohol).

Focal area 5: Reducing harm in drinking environments

1. Recognizing that drinking environments can impact on the harm done by alcohol, legislative, executive, administrative and other measures necessary to improve drinking environments to reduce the harm done by alcohol should be implemented;
2. Measures to improve drinking environments should take into account the following principles:
 - ◆ Introduction and strengthening of alcohol sales laws which prohibit the sales of alcohol to minors and intoxicated persons;
 - ◆ Adequate policing and enforcement of alcohol sales laws;
 - ◆ Effective and appropriate training for the hospitality industry and servers of alcohol to reduce the harmful consequences of intoxication, harmful patterns of drinking and the risk of drinking and driving;
 - ◆ Server training programmes can be backed up by civil liability for subsequent alcohol related traffic accidents to increase their effectiveness.

Focal area 6: Sales to minors

1. Recognizing that alcohol consumption, the harm done by alcohol and binge drinking amongst young people is increasing at an alarming rate in many African countries, effective legislative, executive, administrative and other measures necessary to restrict sales to minors should be implemented;
2. Measures to restrict sales to minors should take into account the following principles:
 - ◆ The sales of alcoholic products to persons under the age set by domestic law, national law or eighteen years should be prohibited.

- ◆ All sellers of alcoholic products should place a clear and prominent indicator inside their point of sale about the prohibition of alcohol sales to minors and, in case of doubt, request that each alcohol purchaser provide appropriate evidence of having reached full legal age;
- ◆ The manufacture and sale of alcoholic sweets, snacks, toys or alcoholic snacks, toys or alcoholic drinks such as “alcopops” designed as soft drinks, or any other objects which appeal to minors should be steadily reduced and prohibited within five years.
- ◆ The distribution of free alcoholic products (including brand related paraphernalia such as t-shirts, ash trays, glasses, caps, etc.) should be prohibited to minors.
- ◆ Penalties against sellers and distributors, in order to ensure compliance with relevant measures should be implemented.

Focal area 7: Alcohol Advertising, Promotion and Sponsorship

1. Recognizing that a comprehensive ban on advertising, promotion and sponsorship would reduce the harm done by alcohol, and that self-regulation is an ineffective mechanism to reduce the harm done by alcohol, effective legislative, executive, administrative and other measures necessary to strictly regulate advertising, promotion and sponsorship of alcohol products through statutory controls should be introduced both within and across borders;
2. Regulation of advertising, promotion and sponsorship should take into account the following principles:
 - ◆ All forms of alcohol advertising, promotion and sponsorship that promote an alcoholic product by any means that are false, misleading or deceptive or likely to create an erroneous impression about its characteristics, health effects, or hazards should be prohibited;
 - ◆ Appropriate health warnings or messages should accompany all alcohol advertising and, as appropriate, promotion and sponsorship.
 - ◆ The use of direct or indirect incentives that encourage the purchase of alcohol products (sales promotion) should be prohibited
 - ◆ Expenditures by the alcohol industry on advertising, promotion and sponsorship

should be disclosed to relevant governmental authorities;

- ◆ All alcohol advertising, promotion and sponsorship on radio, television, print media and, as appropriate, other media, such as the internet, should be restricted to information about the product only, and should not include images; to the extent that image advertising is permitted under current self-regulation guidelines promoted by the alcohol industry, an independent board should be constituted to review complaints about violations of industry self-regulation codes for responsible marketing.
- ◆ Technologies and other means necessary to regulate cross-border advertising, promotion and sponsorship should be developed.

Focal area 8: Reduction in drinking while driving

1. Recognizing the heavy burden that drinking and driving places on premature mortality, harm to people other than the driver and economic costs to society;
2. Effective legislative, executive, administrative and other measures necessary to reduce drinking and driving should be implemented;
3. Drinking driving policies should take into account the following principles:
 - ◆ A maximum blood alcohol concentration limit of 0.5 g/L (and breath equivalent) should be introduced throughout Africa with immediate effect; a lower limit of 0.2 g/L should be introduced for novice drivers and drivers of public service and heavy goods vehicles, with immediate effect; countries with existing lower levels should not increase them.
 - ◆ Unrestricted powers to breath test, using breathalyzers of equivalent and agreed standard, should be implemented in countries with high rates of alcohol-related motor vehicle injuries;

Focal area 9: Education, Communication, Training and Public Awareness

1. Recognizing that, unfortunately, in general it is difficult to show any lasting effects of education in reducing the harm done by alcohol, but that education and information approaches can be effective in mobilizing public support for alcohol policy measures;

2. Effective education, communication, and training programmes should be implemented to raise public awareness;
3. Education, communication, and training programmes should take into account the following principles:
 - a. Public awareness of alcohol policy issues should be strengthened and promoted using all available communication tools
 - b. Broad access to effective and comprehensive educational and public awareness programmes on the health risks including the intoxicating and addictive characteristics of alcohol consumption should be provided
 - c. Public awareness about the benefits of reducing hazardous and harmful alcohol consumption should be increased
 - d. Public access, in accordance with national law, to a wide range of information on the alcohol industry as relevant to the implementation of alcohol policy should be provided
 - e. Effective and appropriate training or sensitization and awareness programmes on alcohol policy to persons such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons should be addressed
 - f. Awareness and participation of public and private agencies and nongovernmental organizations not affiliated with the alcohol industry in developing and implementing intersectoral programmes and strategies for alcohol policy should be promoted.

Focal area 10: Interventions for hazardous and harmful alcohol consumption and alcohol dependence

1. Recognizing the heavy burden that hazardous and harmful alcohol consumption and alcohol dependence place on the health care sector, individuals, families and societies, and recognizing that brief interventions for hazardous and harmful alcohol consumption are amongst the most cost effective of all health sector interventions, effective legislative, executive, administrative and other measures necessary to promote the widespread delivery of interventions for hazardous and harmful alcohol consumption and alcohol dependence should be implemented;

2. The following principles should be taken into account:

- ◆ Appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices to promote reductions in hazardous and harmful alcohol consumption and adequate treatment for alcohol dependence should be developed, disseminated and implemented.
- ◆ Effective programmes aimed at promoting the reduction in hazardous and harmful alcohol consumption, in such locations as educational institutions, health care facilities and workplaces should be designed and implemented
- ◆ The identification and management of hazardous and harmful alcohol consumption should be included in national health and education programmes, plans and strategies, with the participation of health workers, community workers and social workers as appropriate
- ◆ Programmes for diagnosing, counseling, preventing and treating hazardous and harmful alcohol consumption.

Focal area 11: Implementing Policies

1. Each country (and, where relevant, region within a country), and the African continent as a whole, should develop, implement, periodically update and review comprehensive multi-sectoral alcohol policy strategies, plans and programmes;
2. When developing and implementing comprehensive multisectoral alcohol policy strategies, plans and programmes, the following principles should be taken into account:
 - ◆ Regional and country coordinating mechanisms or focal points for alcohol policy should be established or reinforced and financed;
 - ◆ Effective legislative, executive, administrative and or other measures in developing appropriate policies for preventing and reducing the harm done by alcohol, and the harm done by other people's drinking should be adopted and implemented
 - ◆ In setting and implementing public health policies with respect to alcohol policy, such policies should be protected from commercial and other vested interests of the alcohol industry;

- ◆ Co-operation, as appropriate, should be made with competent international and regional intergovernmental organizations and other bodies to achieve the implementation of policies, plans and programmes to reduce the harm done by alcohol, including the World Health Organization.

Focal area 12: Research, surveillance and exchange of information

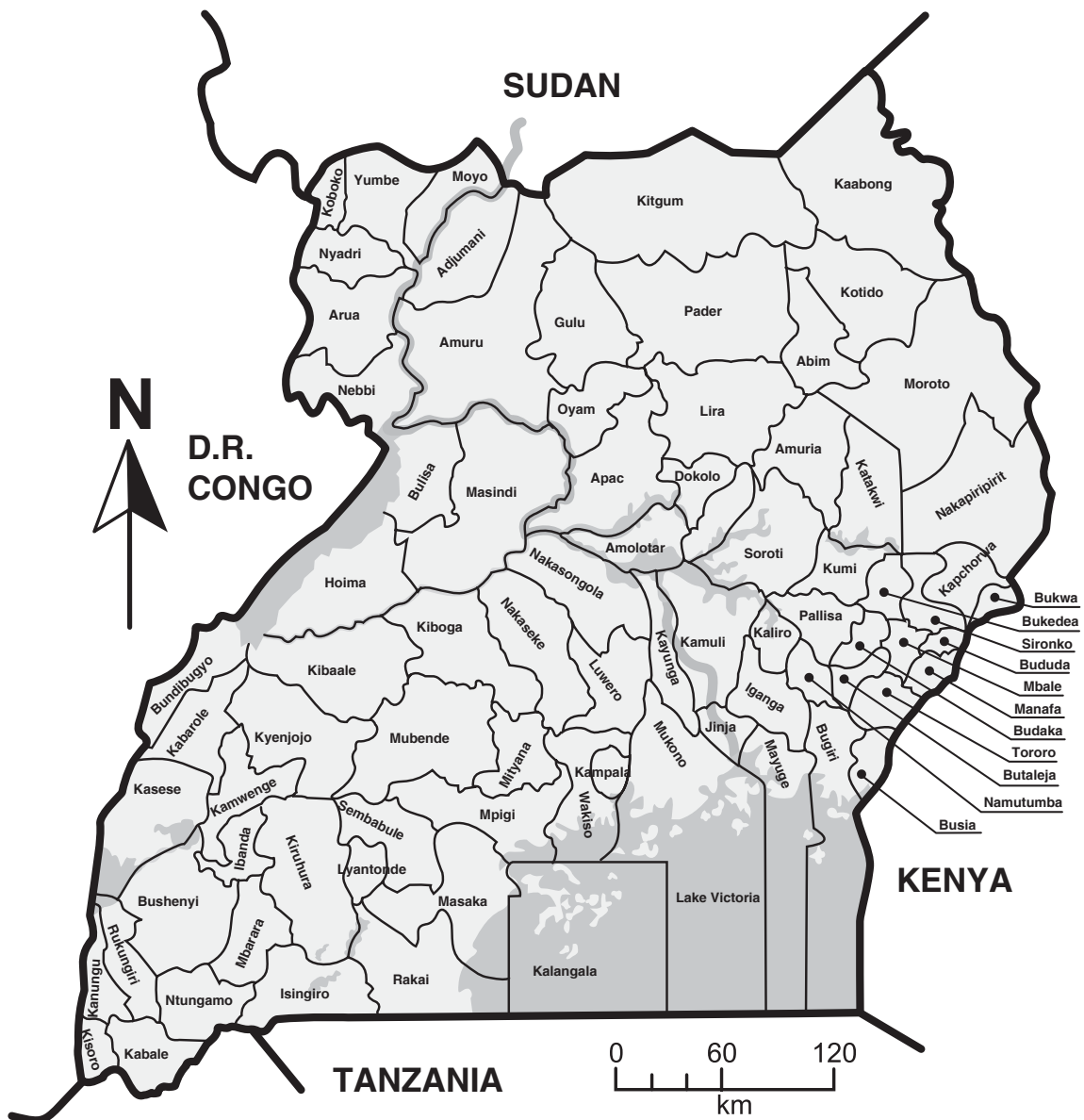
1. Research and research programmes, surveillance, and exchange at the regional and country levels in the field of alcohol policy should be developed and promoted.
2. Principles should include:
 - ◆ The promotion and strengthening of training and support for all those engaged in alcohol policy activities, including research, implementation and evaluation.
 - ◆ Establishment of programmes for regional and country surveillance of the magnitude, patterns, determinants and consequences of alcohol consumption and the harm done by alcohol. Alcohol surveillance programmes should be integrated into health surveillance programmes so that data are comparable and can be analyzed at the appropriate levels.
 - ◆ Cooperation should be made with the World Health Organization in the development of general guidelines or procedures for defining the collection, analysis and dissemination of alcohol-related surveillance data.
 - ◆ The exchange of publicly available scientific, technical, socioeconomic, commercial and legal information, as well as information regarding practices of the alcohol industry should be promoted and facilitated
 - ◆ An updated database of laws and regulations on alcohol policy and, as appropriate, information about their enforcement, as well as pertinent jurisprudence, and co-operation in the development of programmes for regional and country alcohol policy should be established and maintained;
 - ◆ An Africa-wide system to regularly collect and disseminate information on alcohol production, manufacture and the activities of the alcohol industry which have an impact on alcohol policy activities should be established and maintained.

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Stay alive, Say No to Alcohol Keep Minors Away!

MAP OF UGANDA



Prepared by:
Uganda Youth Development Link
 Sir Apollo Kagawa Road, Bifro House (Opp. MBI).
 P.O. Box 12659, Kampala - Uganda
 Tel.: +256 (0)414 - 530 353 (Off.)
 Website: www.uydel.org

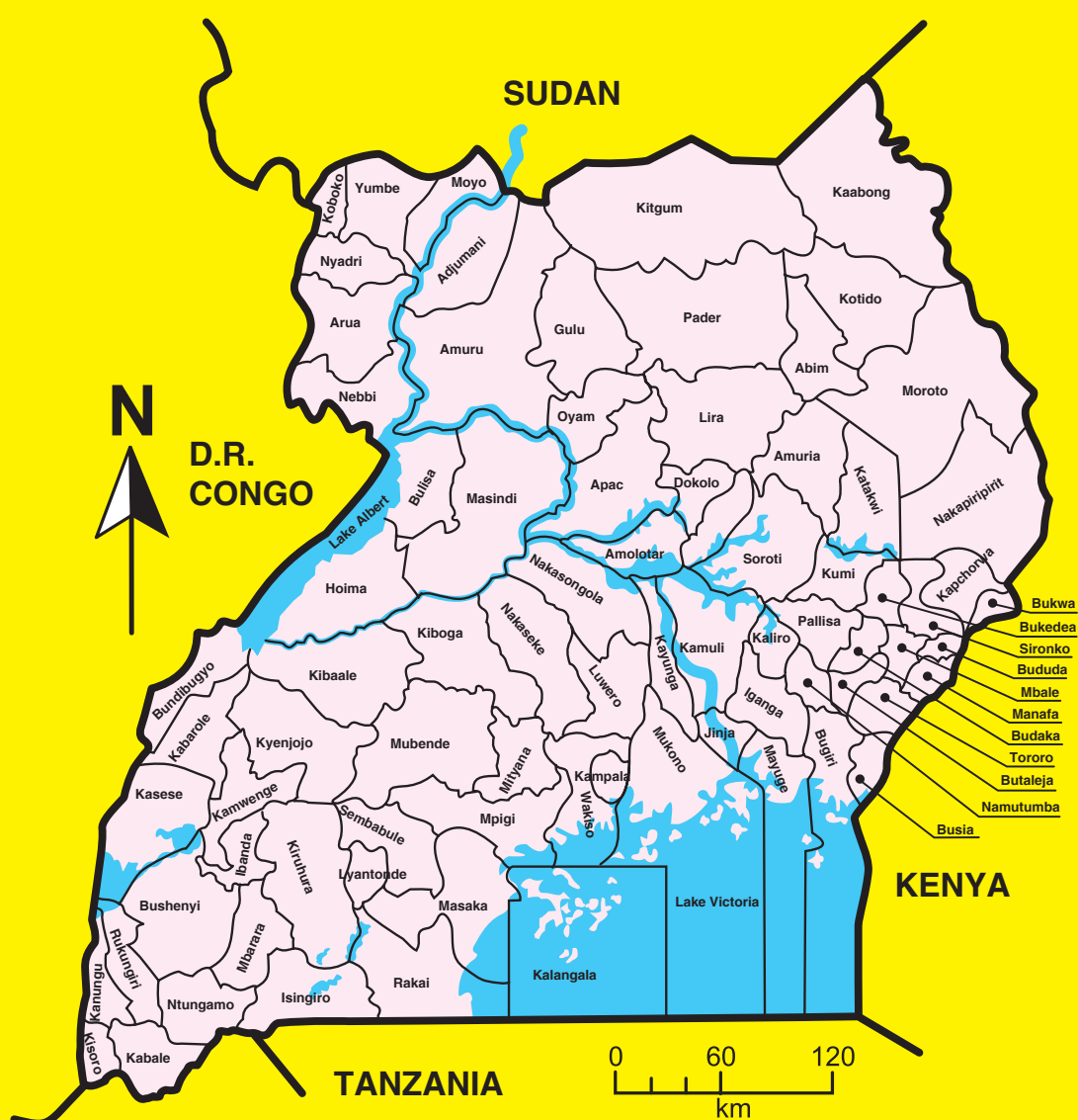
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 Sir Apollo Kaggwa Road, Bifro House (Opp. MBI).
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