

## 4<sup>th</sup> UGANDA ALCOHOL POLICY CONFERENCE (UAPC24)

**THEME: ALCOHOL CONTROL POLICIES FOR HOLISTIC DEVELOPMENT**

# SUBJECT: PUBLIC HEALTH IMPACTS OF ALCOHOL CONSUMPTION-Burundi

## Introduction

Alcohol is the eighth leading preventable risk factor for disease and the largest risk factor for disease burden globally among people aged 25 to 49 (Murray et al., 2020).

Alcohol also causes harm to non-drinkers and contributes to the spread of infectious diseases such as tuberculosis, human immunodeficiency virus (HIV), and other sexually transmitted infections (STIs; Berry & Johnson, 2019; Jernigan & Trangenstein, 2020; Parry et al., 2009).

Low and middleincome countries (LMICs) experience greater harm per litre of alcohol consumed than those in the Global North high income countries (HICs), due to differences in economic wealth, higher mortality rates overall, and the complex interaction of other risk factors (Manthey et al., 2019; Rekve et al., 2019; Trangenstein et al., 2018; World Health Organization [WHO], 2018a).

# Introduction (2)

- ❖ A number of recent studies have focused on change in alcohol use and his impact on public health, especially his damage on children, youth and pregnant women, on people's mental health and on the country's production. Despite countries promoting abstinence from alcohol during pregnancy, many women continue to drink even after learning that they are pregnant.
- ❖ In the United States, approximately 7.6% of pregnant women admitted to drinking during pregnancy, while in Canada, it is reported that approximately 15% of pregnant women consume alcohol (Dell & Roberts, 2005). While many of these women may be consuming at low levels, the proportion of women consuming alcohol at high risk levels during pregnancy does not appear to be declining.

# Introduction (end)

- ❖ In childhood and adolescence, alcohol remains the most commonly used drug among adolescents (Eaton et al. 2006), and alcohol use contributes to a range of adverse health behaviors and outcomes, including injuries and deaths (Blum, 2004). This has many consequences on public health in general and on mental one especially.
- ❖ In this article, we have been discussing about some statistics about alcohol's damage, its mental health implications and also the alcohol use and employment benefits.

# Epidemiological Burden

- Alcohol abuse depends on many causes according to several studies and researches such as Age, Area of residence, Living situation, Educational level, Employment situation, Perceived state of health, Consumption of cannabis, cocaine, amphetamines, ecstasy or similar, Exposure to delinquency, violence or vandalism, Smokes every day, etc.
- In Burundi, as far as alcohol use is concerned, data from 2003 (WHO; Rehm, as cited in Obot, 2006) showed that Burundi is among the four sub-Saharan countries that have the highest scores on recorded consumption per capita (15 + years). This measures the litres of ethanol per capita during one year. With a score of 9.33, Burundi came fourth in line after Swaziland (9.51), Nigeria (10.4) and the absolute leader Uganda (19.47).

# Epidemiological Burden(2)

- But when the estimated unrecorded consumption was counted, Burundi moved up to number two (a score of 14.3 compared to 13.54 in Nigeria, 13.61 in Swaziland and 30.17 in Uganda). Among the unrecorded consumption are the drinks that are not included in official records of alcohol production and consumption, such as traditional drinks.
- This goes from home brews to distilled beverages. Countries should pay attention to this hidden dimension because these drinks can contribute significantly to the overall consumption of alcohol. They should take this into account as they develop and implement policies (Obot, 2006). In our center for instance, above 80% of our patients used alcohol from their childhood life and became lately addicted to other drugs.

# Case of Burundi

- The first and latest main study on mental health situation in Burundi was done in 2019. The alcohol use was treated in five main points or indicators to know :
  - ✓ The Alcohol consumption in general ;
  - ✓ The Daily alcohol consumption and alcohol overconsumption ;
  - ✓ The quality of alcohol consumed and excessive alcoholism ;
  - ✓ The alcohol addiction;
  - ✓ The problematic use of alcohol

## ■ **Consumption in general**

About alcohol consumption in general, the results of this study show that 79,8% of the population agreed they had consumed alcohol and 20% didn't consumed in four weeks before the research. According to the provinces, the results of alcohol consumption are on a high level in Bujumbura city (86,5%) instead of Gitega where consumption is low (76,3%). Concerning sex, the results are high (85,1%) with men, and low (71,3) for women.

## ■ **The daily alcohol consumption**

The results of the study show that, among the population consuming alcohol, 7,5% take 3 bottles or more everyday, about 10,9% in Bujumbura, 6,7% in Gitega, 8,0% in Ngozi and 7,7% in Rumonge.



## ■ **The quality of alcohol consumed daily**

- In general, the results of this study show that, users of alcohol, 66,1% drink 1 or 2 bottles, 26,1% take 3 or 4, 5,7% drink 5 or 6 bottles and 2,1% consum 7 bottles or more. On provincial level, the proportion of the last categorie is 4,7 % in Bujumbura, 1,5% in Gitega , 2,6% in Ngozi and Rumonge.

## ■ **Alcohol addiction**

Simply the alcohol addiction is when someone use a product and can not stop it even if he has problems. The alcohol addiction has important psychosocials consequences on the user. It is also dommageable for user's health and can causes hepatic pathologies like hepatic cirrhose which can evoluate to hepatic cancer, but also in neurological and neuropsychological troubles.

# Alcohol addiction(2)

- ❖ This indicator was calculated from two questions :
  - During last this year, how many times have you been unable to stop yourself after you have begin to drink ?
  - During last this year, how many times did you need a first drink to get going after drinking a lot the night before ?
- ❖ The results show that among the users, 35,2% of the population affirm to have observed that they couldn't stop drinking once they started or they could need a drink to get going after drinking a lot the night before.

# The problematic use of alcohol

- The alcohol consumption is problematic when it create problems like professional irregularities, illness, dependance , culpability, etc. In this study, those problems where present. If the alcohol user had in minimum two of them, his alcohol consumption was problematic. In general, 29,7% of the study population have those problems.
- Research suggests no amount of alcohol is safe for health (Murray et al., 2020), with an estimated 4.1% of all new cases of cancer globally in 2020 attributed to alcohol consumption (Rumgay et al., 2021). Alcohol also causes harm to non-drinkers and contributes to the spread of infectious diseases such as tuberculosis, human immunodeficiency virus (HIV), and other sexually transmitted infections (STIs; Berry & Johnson, 2019; Jernigan & Trangenstein, 2020; Parry et al., 2009). Low and middleincome countries (LMICs) experience greater harm per litre of alcohol consumed than those in the Global North high income countries (HICs), due to differences in economic wealth, higher mortality rates overall, and the complex interaction of other risk factors

# Mental Health Implications

- According to the International Journal of Alcohol and Drug Research ,(2024), policy Initiatives and development is urgently needed to curb increasing alcohol consumption trends in low- and middle-income countries. As discussed in the paper by Babor (2024), alcohol consumption is rising in low- and middle-income countries , particularly in emerging economies like Asia and Africa. This expansion has created a “perfect storm” driving increased alcohol consumption and harm. We can say that some studies are disponible in Burundi about the actualized statistics. But, according to Sommers (2013), Burundi has one of the youngest and poorest populations in the world. The CIA world fact book affirms this young age structure with the following facts: 45.7% is under 14 years old and 55% is under 24 (CIA, 2014). According to the Human Development Index (UNDP, 2011), ), Burundi is situated among the five least developed countries in the world.

# Mental Health Implications(2)

- ❑ Beside this high poverty rate, the country has a serious lack of resources, poor education rates, a weak legal system, a poor transportation network, overburdened utilities, and low administrative capacity (CIA 2014). Sommers (2013) argues that young Burundians in rural areas face adulthood challenges that are related with issues of land, employment, education, fatalism, drug and alcohol abuse, and unmarried mothers. About the alcohol use, he observed the following: Beer is an ingrained element of Burundian culture.
- ❑ In Burundi, it is hard for young Burundians to find work or become adults. Turning to drink and drugs may help ease frustrations and a sense of failure. They may also be used as a salve against hunger and weariness.

# Mental Health Implications(2)

□ All these aspects contribute to the creation of low horizons for the youths (Sommers, 2013). The Neuropsychiatric Centre of Kamenge, national reference, where part of the research which has been done in 2015, also notes this trend by saying that observational investigations have demonstrated that children between eight and sixteen who spend their time on the streets of Bujumbura are the biggest drug users. According to NPCK, this problematic lifestyle is a consequence of the civil war and has started to become more visible since the socio-political crisis between 1993 and 2006. Some children had become orphans, others had been separated from their parents and there were also children whose parents' houses and possessions had been destroyed. This aspect was also mentioned in a case study about interrelational reflexivity in Burundi (Sliep & Gilbert, 2006), where the youths highlighted the loss of their relatives, being orphaned as well as becoming street children and beggars.

# Mental Health Implications(3)

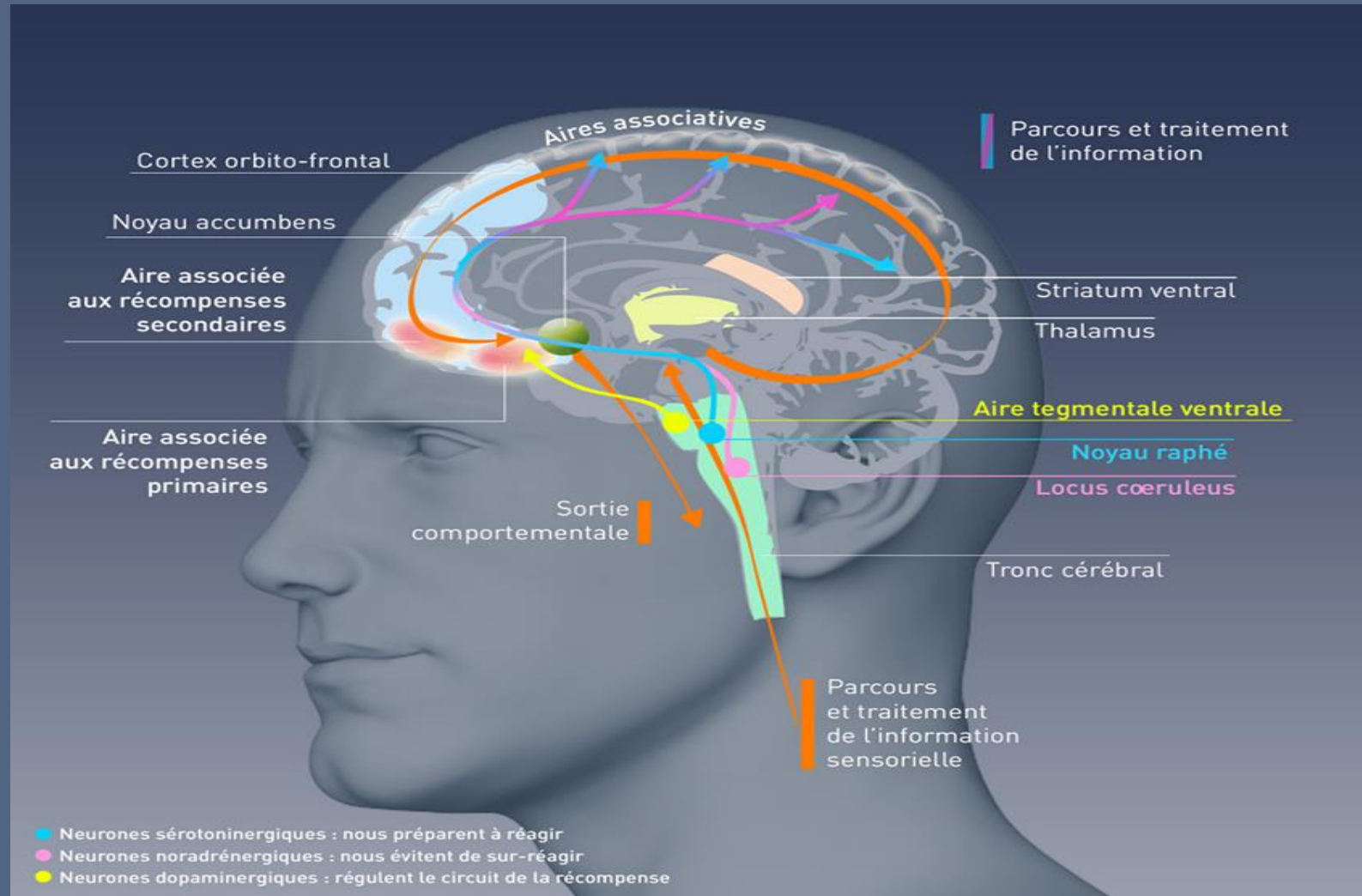
- Other concerns they expressed were lack of education, possible exploitation, juvenile delinquency and substance abuse, things that were also mentioned by Sommers (2013). People living in these circumstances will often turn to alcohol and instead of finding a solution, their situation only will become worse. They are radically marginalized, discredited, despised in their communities and rejected by their families. When they suffer the withdrawal syndrome, they are seen as fools, mentally ill, violent, socially deviant etc.

# Employee Health Benefits

- ✓ Problems caused with alcohol are very worse on employment. Patients forget their responsibilities, both at work as in their families and begin to forget things.
- ✓ The Patient i have receive recently testifies how he lost his clients' tru
- ✓ So, there are many consequences so that policies need to be serious and clear. Not only this, but alcohol is one of the mains causes of mental disorders like depression, anxiety, addiction, organics troubles, etc. Loking at neurobiological damage of alcohol, these images show how using drugs destroy the brain and make the users change st: "That affected from the alcohol is in my job ». He said.

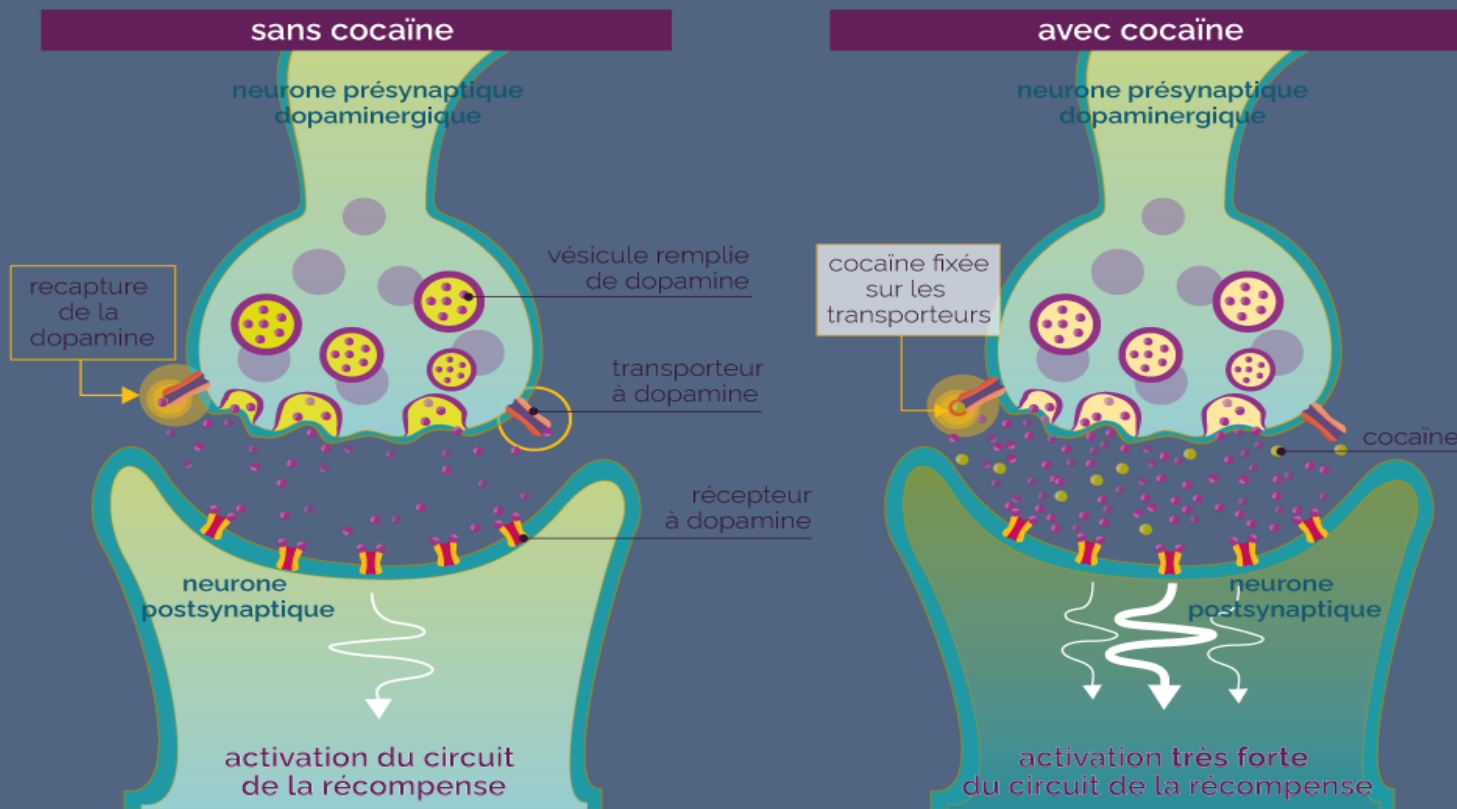


# Illustrations



# Illustrations(2)

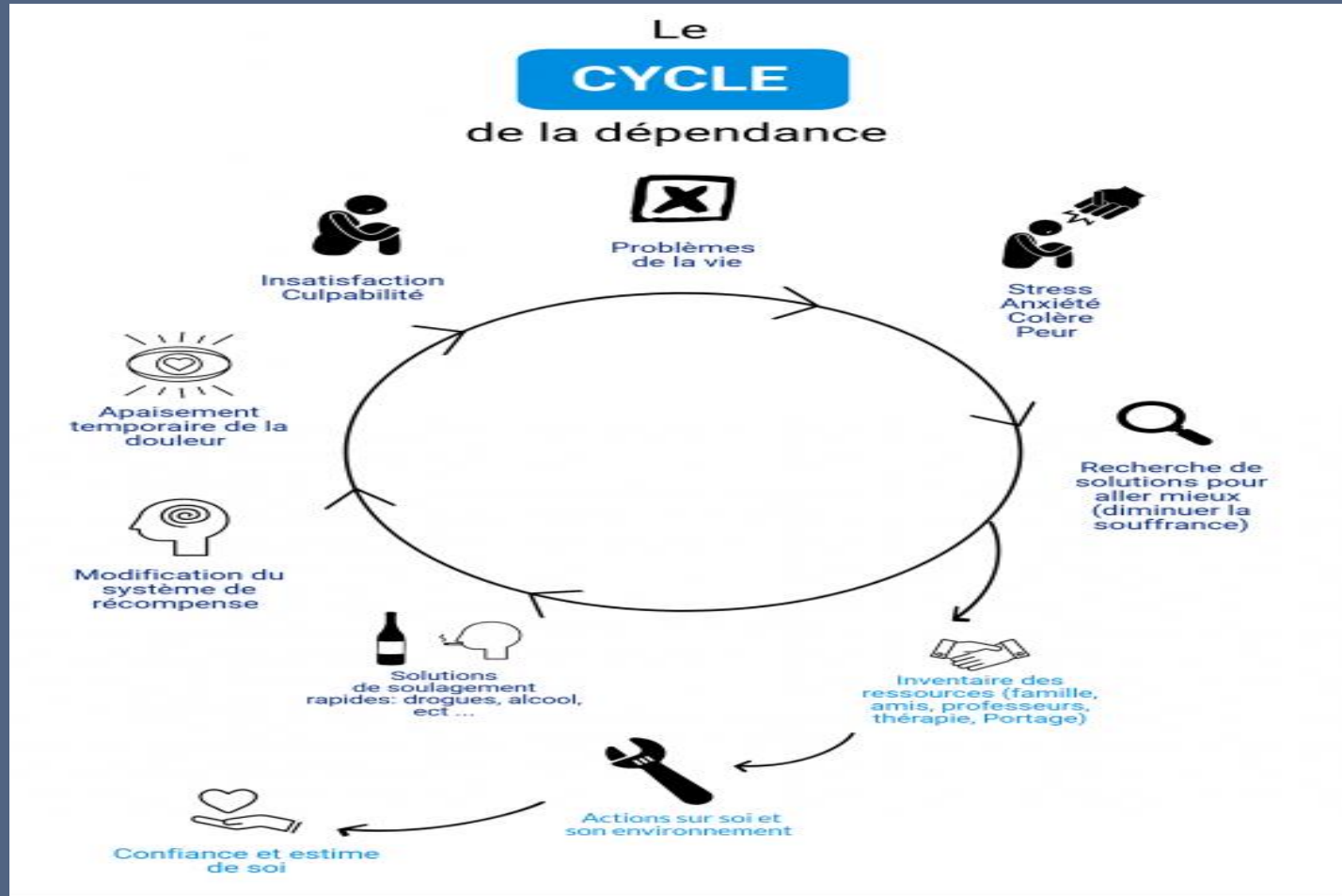
## Action de la cocaïne au niveau d'une synapse dopaminergique



Après avoir été libérée et avoir agi au niveau des synapses, la dopamine est recapturée à l'intérieur du neurone présynaptique grâce aux transporteurs membranaires.

En cas de prise de cocaïne, celle-ci se fixe sur les transporteurs membranaires empêchant la dopamine d'être recapturée par le neurone présynaptique.

# Illustrations(3)



# Alcohol policy (1)

Some initiatives had been done like laws to stop or even control the illegal brewery of strong alcoholic drinks. Haragirimana and colleagues (2024) provide an evaluation of Burundi's alcohol policies and reveal gaps in addressing WHO 'best buy' interventions (WHO, 2017). Their evaluation highlights the need for legislative support, regulation of pricing and marketing, and addressing industry interference (Haragirimana et al., 2024). It is also clear that advocacy skills are needed to be developed and supported to make progress in the field. In fact, public health advocacy is essential for promoting community health and well-being. It involves various stakeholders working together to influence public health policies and practices, ultimately improving health outcomes and fostering healthier environments.

# Alcohol policy (1)

Recently, the Burundi Bureau of Standard and Control Quality (BBN) on 12 August this year stopped the consumption of some high alcoholic drinks named : HANA wine, TAGATA Wine, ANAVINO. Others were stopped on 30 July as RAFIKI WINE, AMBIANCE WINE, NAVUS WINE, CASTOR WINE, SUSURUKA WINE, SORORA WINE, and CAPITAINE WINE. All those categories weren't produced in norms. Some of our alcohol use victims say that the government does not take responsibility where it should. They suggest for example that they have to regulate alcohol production, raise prices of alcoholic drinks and offer jobs to the youth so that they do not face the risk of spending their time on the streets and get involved in alcohol business. They should take action and be a key player in the battle against drugs. The low priority that is given to mental health in general, and addiction in particular, results in the lack of adequate addiction treatment services.

Treatment cannot be successful without the support of a clear policy.

# Conclusion

❖ To conclude, we saw that there are many problems which push youth and women to abuse alcohol in our country. People living in these circumstances will often turn to alcohol and instead of finding a solution, their situation only will become worse. They are radically marginalized, discredited, despised in their communities and rejected by their families. When they suffer the withdrawal syndrome, they are seen as fools, mentally ill, violent, socially deviant etc. The low priority that is given to mental health in general, and addiction in particular, results in the lack of adequate addiction treatment services.

# Conclusion

- In 2016, Burundi launched its National Alcohol Policy (NAP) and stated its ambitions to reduce alcohol harm. However, to date and to our knowledge, no studies have analysed Burundi's current alcohol policies and their implementation or progress. Addressing these issues requires a multi-pronged approach involving collaboration between governments, civil society, academia, and international organizations to promote evidence-based alcohol policies and ultimately mitigate alcohol-related harm. We believe that these intriguing case studies, initiatives and recommendations, also like this conference we are holding, many of which are authored and described by practitioners and advocates themselves, will provide useful information.

# PRESENTATOR

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**KAMPALA , 2024 NOVEMBER 29**



*LET'S FIGHT AGAINST ALCOHOL  
DOMMAGES TOGETHER*

THANK YOU FOR  
LESTNING!