

**THE 4<sup>TH</sup> UGANDA ALCOHOL POLICY CONFERENCE 2024  
(#UAPC24)**

**MAKERERE UNIVERSITY SCHOOL OF PUBLIC HEALTH AUDITORIUM  
28<sup>TH</sup> – 29<sup>TH</sup> NOVEMBER, 2024**

**Alcohol Control Policies for Holistic Development**

**ABSTRACT BOOK**

**28<sup>th</sup> - 29<sup>th</sup> November 2024**



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**WELCOME REMARKS FROM THE CONFERENCE CHAIRPERSON**



Dear Conference Guests, Delegates, Participants, Organizers, Ladies and Gentlemen,

On behalf of the conference organizing committee and on my own behalf, I am delighted to warmly welcome you to the 4th Uganda Alcohol Policy Conference. It is an honor to be part of this important event, where we bring together researchers, policymakers, practitioners, and stakeholders from various sectors to engage in meaningful discussions on one of the most pressing public health challenges of our time: the impact of alcohol use on individuals, families, and

communities.

This biennial conference is organized by the Uganda Alcohol Policy Alliance (UAPA) in partnership with a diverse range of stakeholders, all with the shared goal of advancing evidence-based alcohol policy. The theme for this year's conference, "Evidence-Based Alcohol Control Policies for Holistic Development," directly aligns with this goal. As we continue to witness the growing burden of alcohol-related harm, it has become increasingly clear that we must focus on developing policies and interventions grounded in scientific evidence.

We are fortunate to have a diverse range of partners, organizations, and experts who have come together to share valuable research, experiences, and insights on this vital issue. Over the next two days, this conference will provide a unique opportunity for us to collectively reflect on the latest evidence, exchange best practices, and explore innovative solutions that will help shape policies that are both effective and equitable.

I encourage all participants to engage actively in the sessions, contribute to thought-provoking discussions, and take full advantage of the networking opportunities. Your involvement is crucial to ensuring that the discussions we have here translate into actionable outcomes that can guide future alcohol policies.

I would like to take this moment to express my sincere thanks to all our speakers, presenters, and participants for their invaluable contributions. I would also like to extend my heartfelt gratitude to our sponsors, partners, and the organizing committee, including the scientific, publicity, protocol, and finance teams, as well as the UAPA Secretariat, for their tireless work in making this event possible. A special thank you to Makerere University School of Public Health for graciously hosting us at this excellent venue, and to all the teams supporting us with logistics, including the media.

Together, let us continue our collective efforts to advocate for stronger, evidence-based alcohol control policies that will promote the well-being and development of all Ugandans.

Thank you once again, and I wish you all a fruitful and productive conference.

**Dr. Makumbi Gerald Majella**

**REMARKS FROM THE CHAIRPERSON OF THE UGANDA ALCOHOL POLICY ALLIANCE**

Welcome to the 4th Uganda Alcohol Policy Conference (UAPC24). This year's conference comes after a significant setback when the Alcoholic Drinks Control Bill was rejected by Uganda's legislators. This was a big blow to the alcohol policy advocates who invested time and financial resources pushing for the bill. Since the tabling of the Bill by Hon. Sarah Opendi in November 2023, Uganda Alcohol Policy Alliance has been on an ambitious plan to create more awareness about the Social, Economic and Environmental harm associated with both the production and the use of alcohol.

In the pursuit of profits before people, the Alcoholics Drinks Control Bill which was geared towards preventing underage drinking, protecting lives and promoting economic development was rejected. The claim that alcohol is one key revenue stream for the economy of Uganda blinded the legislators to the harm associated with alcohol, which they too are not proud to associate with. Therefore, despite our advocacy efforts and extensive awareness campaigns

involving lawmakers, community leaders, and the public, the bill's rejection underscores a failure to prioritize public health over economic interests.

Uganda's alcohol consumption rates are alarming. According to the WHO's 2023 Global Alcohol Status Report, Uganda is Africa's leading consumer, with a per capita consumption of 12.2 liters, double the African and Global average. With Uganda's global ranking, is it any wonder that this high alcohol consuming country is among the 31 poorest countries in the world? Fellow Ugandans, it is heartbreaking to note that this country we pride in as gifted by nature hosts 3% (21 Million people) of the world's poorest people. These live on less than US\$ 2.15 (about UGX 8,000) per day. To emphasize the link between poverty and alcohol use, the Karamoja and Teso regions are among the highest users of alcohol at 46% and 14% respectively for the population above 15 years using alcohol. This same region is the poorest according to the World Bank report with 42% of the population living below the poverty line. Northern Uganda too has a multidimensional poverty level of 63% (West Nile and Acholi), and alcohol consumption levels of 16% and 14% for West Nile and Acholi respectively. Yet, our legislators closed their eyes to these realities lived in their constituencies, and said, No, to the bill sealing the fate of many Uganda's whose voices they represent.

They prioritized alcohol's economic contribution over the harm it causes. The claim that alcohol is vital to Uganda's economy is misleading and an exploitative mentality driven by Big Alcohol who use their economic power to interfere with regulation. How can we be blinded by Big Alcohol who are using Africa as their expansion platform while in their home countries they have implemented regulations to reduce alcohol-related harm, showing that economic interests do not have to come at the expense of public health. For example, upon assessing the alcohol harm suffered by the Belgium population, Belgium, the greatest world brewer in 2023 introduced regulations reducing alcohol availability. They have followed the recommendations by WHO, the evidence-based methods to reduce alcohol harm.



Belgium, which is the headquarter of AB InBev, a mother company to one of Uganda's leading alcohol producers, has instituted a minimum alcohol unit pricing, no issuing alcohol as part of promotion, no alcohol sold at petrol stations and no alcohol adverts 5 minutes before or after a children's program to protect minors from the impact of alcohol advertising. Is it not ironic that we Ugandans are not protecting our own yet, they passionately do so in their countries? Is it any surprise that tomorrow our children will continue living at the mercy of developed nations whose population is economically productive while ours continue to beg for a mere UGX 2000 for another drink!

Today we meet again in our various capacities to add to the overwhelming evidence we offered during our meetings with the parliamentary committees of health and trade that alcohol is negatively impacting everything we value. We hope that our leaders will listen to the voice of most Ugandans and give us the law especially to minimize the exposure of minors to alcohol. Furthermore, it is the responsibility of our government to protect us who do not use alcohol from the secondary harm we encounter. It is important to note that more than 63% of Uganda's do not use alcohol and yet the impact from the minority who use it puts Uganda among the countries with the highest alcohol related harm globally. Unless we are bold enough, we may not have other leaders tomorrow who attribute part of their success to the choices they made- an alcohol, drug free life like our President has many a time testified. The time has come for our leaders to prioritize the wellbeing of their constituents and protect vulnerable populations from the secondary harms of alcohol.

Finally, the battle for regulation is not just evidence based, otherwise today we would have the law. We have presented compelling scientific evidence and personal testimonies to support the need for regulation. However, political interests and the misuse of alcohol as a campaigning tool have delayed meaningful action. I listened in disbelief to one politician's confession:

*'I find them in the morning by the roadside in the trading centre as I go to office, drunk and when they ask for money to buy more alcohol, while I know it is wrong, I still give it to them. You see these drunkards are the ones who vote, if I do not give them what they ask for, I will lose my seat.'*

Will we be bold enough to counter such self-preservation campaigns? Your voice and mine is what we need to save Uganda's children.

I thank our partners, the Ministry of Health, Makerere School of Public Health, WHO SAFER Initiative, Movendi International, IOGT-NTO, and RESET for their support. Special thanks also go to Dr. Gerald M. Makumbi and the organizing team for making this conference possible. Together, we can still save Uganda's children from a future of alcohol-related harm. Let's stand up for their future.

**Juliet Namukasa**  
**Chairperson Uganda Alcohol Policy Alliance**  
**Country Director, LM International Uganda.**



# ALCOHOL CONTROL POLICIES FOR HOLISTIC DEVELOPMENT

## 4th UGANDA ALCOHOL POLICY CONFERENCE (UAPC24) PROGRAM

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

**DATES: 28<sup>th</sup> – 29<sup>th</sup> November 2024**

**DAY ONE:** Thursday 28<sup>th</sup> November 2024

**THEMATIC AREA:** Implementing Effective Policies to Combat Alcohol-related harm: Barriers and Opportunities

Time	Activity	Presenter/Facilitator	Chairperson/Moderator
8:00 – 8:30	Registration of delegates by the Conference Secretariat	Daphne Namwero/ Florence (Uganda Alcohol Policy Alliance (UAPA))	
	<b>Plenary Session One: Alcohol Burden and Holistic Approaches and Policies for Development in Uganda</b> <i>(VENUE: Auditorium)</i>		SSSS
8:30 – 8:35	Welcoming remarks	Dr. Gerald Makumbi (UAPC-24 Chairperson)	MCEEs Prudence Aturinde, Uganda Girl Guides, (UGGA) & Andrew Lubega, ECODA
8:35 – 8:45	Opening prayer and remarks	Bishop Lugoloobi (Inter-Religious Council of Uganda)	
8:45 – 9:00	Global Status Report on Alcohol and Health: Implications for Uganda	Mr Dag Rekve (World Health Organisation, Geneva) ONLINE	Dr. David Kalema (SAFER, Uganda/ Hope and Beyond)
9:00 – 9:15	Alcohol Harm in Uganda – STEPS survey	Dr Hafsa Lukwata (Ministry of Health (MoH))	
9:15 – 9:30	Implementing Policies to Curb Alcohol Harm in Uganda. Gains, Losses, and prospects	Dr Kenneth Kalani (MoH)	
9:30 – 10:00	<b>Discussion/ Q&amp;A session</b>		

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<b>10:00 – 10:30</b>	<b>Tea Break</b>		
	<b>Plenary Session Two: The Uganda Alcohol Control Bill</b> <i>(VENUE: Auditorium)</i>		
<b>10:30 – 10:40</b>	The Uganda Alcohol Bill – 2024 “Why it has to get back on the table”	Prof. Nazarius Mbona Tumwesigye (Makerere University School of Public Health) ONLINE	Dr Kasirye Rogers (Uganda Youth Development Link)
<b>10:40 – 10:50</b>	Strengthening Alcohol Policy Through Evidence-Based Interventions: A Case for the Alcoholic Drinks Control Bill in Uganda	Margaret Nassanga (UAPA)	
<b>10:50 – 11:00</b>	Q & A		
<b>11:00 – 12:00</b>	<b>Panel Discussion on the Uganda Alcohol Bill – 2024</b>	<ul style="list-style-type: none"> <li>▪ Hon. Sarah Opendi (MP)</li> <li>▪ Hon. Mapenduzi (MP)</li> <li>▪ Hon. Dr. Kamara Nicholas (MP)</li> <li>▪ Kwizera Chris (Uganda Non-Communicable Diseases Alliance)</li> </ul>	Richard Baguma (Uganda Health Communication Alliance)
	<b>Plenary Session Three: Opening Ceremony</b> <i>(VENUE: Auditorium)</i>		
<b>12:00 – 12:10</b>	Remarks by UAPA Chairperson	Juliet Namukasa (LM International)	Dr. Makumbi Gerald
<b>12:10 – 12:20</b>	Remarks from the Official Partner	Dr. Hafisa Kasule (World Health Organisation -Uganda)	
<b>12:20 – 12:30</b>	Remarks from Ministry of Health	Dr. Hafsa Lukwata (Ministry of Health)	
<b>12:30 – 12:40</b>	Remarks by the Guest of Honor and Official opening of the Conference	Hon. Minsa Kabanda, Minister for Kampala Capital City and Metropolitan Affairs.	
<b>12:40 - 12:50</b>	<ul style="list-style-type: none"> <li>▪ Group Photo/</li> <li>▪ Visiting Exhibitions / Media briefing</li> </ul> <i>(VENUE: Lower Room)</i>		
<b>1:00 – 2:00 pm</b>	<b>Lunch</b>		

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	<p><b>Poster Presentation</b></p> <p><i>P.1. Role of Christian ethics for religious leaders in providing mental health care, <b>Rwegaba Dick</b>,</i></p> <p><i>P.2. Optimizing Uganda tobacco Tax regime to achieve health and economic benefits through effective tobacco control: A Model-based analysis, <b>Uganda Tobacco Tax Coalition</b></i></p> <p><i>P.3. Addressing Non-Communicable Diseases (NCDs) through community-based Interventions in Uganda: the NCDs prevention program in Kawempe Division, <b>Nassanga Margaret/ Daphine Namwero</b></i></p> <p><i>P.4. Crisis Resolving Centre, The Energy Drink - <b>Gladness Hemedi Munuo</b></i></p>	
2:00 – 3:00	<p style="text-align: center;"><b>Parallel Session 1: The Magnitude of Alcohol Harm</b> (<b>VENUE: Auditorium</b>)</p> <p>1.1. <i>Alcohol Consumption and Cancer Risk Burden in Uganda: A Review for Evidence-based Alcohol Control- <b>Dr. Alfred Jatho</b></i></p> <p>1.2. <i>Alcohol misuse, Fatherhood, and its impact on families and children in Buganda and Busoga – <b>Stephen Ediru, Somero Uganda</b></i></p> <p>1.3. <i>Intersectionality of Alcohol, mental health, and crime in slum environment. A case of youth living in Kampala slums – <b>Dr. Rogers Kasirye</b></i></p> <p>1.4. <i>Public Health Impacts of Alcohol Consumption – Burundi - <b>Christophe Armel Arakazandoruwanka</b></i></p>	<p><b>Albert Elwa Louis</b> <b>Focus on Recovery</b> <b>(Chairperson)</b></p>
	<p style="text-align: center;"><b>Parallel session 2: Alcohol Misuse Prevalence and Facilitating Factors</b> (<b>VENUE: Lower Room</b>)</p> <p>2.1. <i>Prevalence and associated factors of alcohol and other drugs use among secondary school learners in Uganda- <b>Charity Mutesi</b></i></p> <p>2.2. <i>Assessing Knowledge of Peer and Demographic Correlates of Psychoactive Substance Consumption among Secondary School Adolescents in a Remote District of Buhweju, Uganda- <b>Dr. Aloysius Rukundo &amp; Asasira Yobu</b></i></p> <p>2.3. <i>Alcohol marketing as a commercial determinant of health: Daily diary insights from women in Kampala- <b>Charles Natuhamyia/ Monica Swahn</b></i></p> <p>2.4. <i>Alcohol Control: The Eye of the Media- <b>Baguma Richard &amp; Asaba A. Linda</b></i></p>	<p><b>Timothy M. Chemonges</b> <b>Centre for Policy Analysis</b> <b>(Chairperson)</b></p>
3:00 – 3:30	<p><b>Evening Tea</b></p>	

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<b>3:30 – 4:30</b>	<p><b>Parallel session 3: Policies and Regulatory Interventions to Prevent Alcohol Harm</b> (VENUE: Auditorium)</p> <p>3.1. <i>The need for joint control of alcohol consumption in Uganda - Dr. Kulthum Nabunya</i></p> <p>3.2. <i>Addressing the harmful effects of alcohol on students: a call for stricter regulation - Nalubowa Annet</i></p> <p>3.3. <i>Regulated alcohol consumption: a catalyst for healthier workplaces and enhanced employee well-being - Albert Elwa Louis</i></p> <p>3.4. <i>Navigating legislative challenges for effective alcohol control in Uganda: Insights from the rejection of the alcoholic drinks control bill, 2023 – Timothy Chemonges</i></p>	<p><b>Dr. Alfred Jatho</b> <b>Uganda Cancer Institute</b> <b>(Chairperson)</b></p>
	<p><b>Parallel sessions 4: Innovative Interventions in preventing alcohol harm (Awareness and Mass Education Interventions)</b> (VENUE: Lower Room)</p> <p>4.1. <i>Sports as a catalyst for change: addressing alcohol and drug use among refugees in Nakivale refugee settlement southwestern Uganda - Lubega Andrew</i></p> <p>4.2. <i>Uganda's approach to sustainable awareness and sensitization campaign to promoting community education on the effects of alcohol, - Janet Lapat , LMI International</i></p> <p>4.3. <i>The Smartsip initiative "an innovative project aimed at helping high-stress professionals in Uganda monitor and moderate their alcohol consumption using wearable technology and AI-driven insights.- Hellen Aturo, Inner Spark</i></p> <p>4.4. <i>Promoting Community Education an Effective Approach for mitigating the Effects of Alcohol Consumption: A Case Study from Soroti District (2016-2022), Uganda Girl Guides</i></p>	<p><b>Dr. Aloysius Rukundo</b> <b>Mbarara University School</b> <b>of Technology</b> <b>(Chairperson)</b></p>
<b>4:30 – 6:00</b>	<p><b>Side Events</b> The East African Alcohol Policy Alliance (EAAPA) Meeting</p>	

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**DAY TWO:** Friday 29<sup>th</sup> November 2024

### THEMATIC AREA: EVIDENCE BASED SOLUTIONS TO ALCOHOL HARM

Time	Activity	Presenter/ Facilitator	Chairperson/Moderator
8:00 – 8:30	<b>Registration of delegates by the Conference Secretariat</b>		
8:30 – 8:40	Opening remarks and recap of Day 1	Head of Rapporteurs	MCEEs: Massy Kisakye & Bro Simon
<b>Plenary Session Four: Updates on SAFER Initiative to prevent alcohol harm in Uganda (VENUE: Auditorium)</b>			
8:40 – 8:50	Setting up an inclusive intervention for preventing the harmful use of alcohol: Lessons from the inauguration of the SAFER initiative in Uganda	Dr. Hafsa Lukwata (MoH)	Baguma Richard Uganda Health (UHCA)
8:50 – 9:00	Inauguration of the SAFER Initiative to implement Screening, Brief Interventions, and Referral for Treatment of (SBIRT) of Alcohol Use and Alcohol Use Disorders (AUD) in Uganda	Dr. David Kalema (SAFER, Uganda)	
9:00 – 9:10	Countering Drink Driving in Uganda	Uganda Police	
9:10 – 9:20	Alcohol Taxation in Uganda	Ministry of Finance	
9:20 – 9:30	<b>Q&amp;A session</b>		
<b>Plenary Session Five: Social perspectives to prevent alcohol harm in Uganda (VENUE: Auditorium)</b>			
9:30 – 9:40	Promoting SDG Realization: Addressing Alcohol Mis-use for Safer Families and Communities	Mr. Ogwal Alex – Ministry of Gender Labour and Social Development	Dr. Kikome Ruth, UAPA/ Recovery Solutions
9:40 – 9:50	Harnessing the success of ‘Ekisaakaate Kya Nnabagereka’ a transformative model for youth empowerment and alcohol prevention in Uganda.	Nabagereka Development Foundation Buganda Kingdom	

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<b>9:50 – 10:00</b>	<b>Q &amp; A Session</b>		
<b>10:00 – 10:30</b>	Tea Break		
<b>10:30 – 10:45</b>	Alcohol regulation: A Community Bottom-Up Approach and Experience	Dr. Makumbi Gerald Majella	Dr. Makumbi Gerald Majella
<b>Plenary Session Six: Insight into Innovative practices to prevent alcohol harm (VENUE: Auditorium)</b>			
<b>10:45 – 11:45</b>	Panel Discussion from stakeholders (leaders on prevention of alcohol harm)	<ol style="list-style-type: none"> <li>1. Inter-religious Council of Uganda</li> <li>2. His Highness Manase Amuku Yuma, Paramount Chief of Lugbara Kari</li> <li>3. RWOT John Paul Lugai II, Paramount Chief of Pader,</li> <li>4. Dr Kasirye Rogers</li> <li>5. Media representative</li> </ol> Performing Artists – Bebe Cool	Cassius David Kisakye With some for members
<b>12:00 – 1:00</b>	<b>Parallel sessions 5: Innovative Practice to prevent alcohol harm – Implications for Effective Treatment Approaches for Alcohol Use Disorder</b> <b>Parallel session (VENUE: Auditorium)</b> 5.1. <i>Gender-sensitive mental health implications for children living with caregivers with Alcohol Use Disorder - Kizito Julius &amp; Dr. David Kalema</i> 5.2. <i>Trauma-Informed and Trauma Responsive Care in managing women with Alcohol and Other Substance Use Disorders in the treatment settings in Uganda - Christine Namazzi</i> 5.3. <i>Alcohol Dependency Virtual Counselling- Dr. Yacoub A Hachine</i> 5.4. <i>Community engagement in the management of Alcohol Use Disorders in rural Uganda- Oyet Daniel Ignatius</i>		<b>Prudence Aturinde (Uganda Girl Guides) (Chairperson)</b>
	<b>Parallel sessions 6: Approaches to Combat Alcohol Harm</b> <b>(VENUE: Lower Room)</b> 6.1. <i>Integrating Disclosure and Alcohol Control Policies for Holistic Development as a Blueprint for a Healthier, Resilient Youth and Nation- Joanita Kiwanuka Nakiwala</i> 6.2. <i>Tobacco industry Interference in Uganda: lessons for alcohol control -Robinah Kaitiritimba</i>		<b>Andrew Lubega (Chairperson)</b>

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	6.3. <i>Mass Community Sensitization And Awareness The Answer To Alcohol, Drug And Substance Use Among The Populace In West Nile - <b>Drileba Dratibi Daniel</b></i>		
	6.4. <i>Developing a sustainable safe environment for children to grow &amp; learn free from the influence of alcohol abuse - <b>Donpaul Odhiambo</b></i>		
<b>1:00 – 2:00</b>	<b>Lunch</b>		
<b>2:00 – 2:30</b>	Entertainment (Music Artists, Poems, dance, Testimony etc)		Juliet Namukasa
<b>2:30– 2:45</b>	Implementing Evidence-based interventions to prevent alcohol harm and drive Holistic Development in Uganda	Krisitina Sperkov (Movendi International)	
<b>2:45– 3:00</b>	Promoting Healthy Choices: Integrating Substance Use Awareness into Uganda’s Curriculum for a Resilient Future	Ministry of Education	
<b>3:00 – 3:15</b>	Conference Summary and Future Directions	Dr. Gerald Makumbi	
<b>3:15 – 3:30</b>	Participant recognition and awarding of certifications/ cake cutting for 14year UAPA Anniversary	Dr. Gerald Makumbi	
<b>3:30 – 3:45</b>	Conference Evaluation	Dr. Gerald Makumbi	
<b>3:45 – 4:00</b>	Final remarks and conference closing	Hon. Minister	
<b>4:00</b>	<b>Evening Tea and Departure</b>		



## **Strengthening Alcohol Policy Through Evidence-Based Interventions: A Case for the Alcoholic Drinks Control Bill in Uganda**

*Author:* Nassanga Margaret

*Organization:* Uganda Alcohol Policy Alliance (UAPA)

**Background:** Alcohol misuse in Uganda continues to pose serious public health and social challenges, particularly affecting vulnerable groups such as youth and rural communities. Despite past regulatory efforts, alcohol-related harm remains prevalent. The Uganda Alcohol Policy Alliance (UAPA) is leading the advocacy for stronger alcohol control measures through the Alcoholic Drinks Control Bill, which aims to introduce comprehensive regulations to address these issues.

**Objective:** This paper aims to present the evidence-based interventions proposed in the Alcoholic Drinks Control Bill and discuss their potential impact on reducing alcohol-related harm in Uganda. The paper will also address the challenges faced in the bill's adoption and propose strategies for overcoming opposition from vested interests.

**Methods:** The paper is based on a review of existing literature, case studies from countries with successful alcohol control policies, and data from UAPA's research on alcohol consumption patterns in Uganda. It also incorporates insights from consultative meetings with stakeholders, including government ministries, civil society organizations, and community leaders.

**Results:** The Alcoholic Drinks Control Bill proposes several key interventions, including the restriction of alcohol sales near schools, Health and religious institutions, the imposition of higher taxes on alcoholic beverages, stringent advertising regulations, and the establishment of a regulatory authority to oversee the enforcement of alcohol policies. Evidence from other countries suggests that these measures can significantly reduce alcohol consumption and its associated harms. However, the bill has faced resistance from industry players and some policymakers, who argue that it could negatively impact the economy.

**Conclusion:** Successfully implementing the Alcoholic Drinks Control Bill could significantly reduce alcohol-related harm in Uganda. To achieve this, UAPA must continue advocating with data-driven arguments, build widespread support, and enhance enforcement mechanisms. The paper concludes with recommendations for enhancing public awareness, strengthening enforcement mechanisms, for the bill's success.

**Keywords:** Alcohol control, Alcoholic Drinks Control Bill, Uganda, public health, policy advocacy, UAPA.

## **Addressing Non-Communicable Diseases through Community-Based Interventions in Uganda: The NCDs Prevention Program in Kawempe Division**

*Author: Ms. Nassanga Margaret and Ms. Daphine Namwero*

*Organization: Uganda Alcohol Policy Alliance*

**Background:** Non-Communicable Diseases (NCDs) such as cardiovascular diseases, diabetes, and cancers are on the rise in Uganda, disproportionately affecting the youth and marginalized communities. Alcohol consumption and Tobacco use are the leading risk factor contributing to the NCD burden. The NCDs Prevention Program, launched in Kawempe Division, aims to address these risk factors through a combination of education, advocacy, and community engagement.

**Objectives:** The program seeks to reduce NCD-related mortality and morbidity by promoting healthy lifestyles among the youth aged 10-24. It also aims to raise awareness on the harmful effects of alcohol and tobacco consumption and advocate for stronger alcohol and tobacco control policies.

**Methods:** The NCDs Prevention Program adopts a community-centered, participatory approach that includes physical activity interventions (football, netball, volleyball and indoor games like Table Tennis, Snakes and Ladders, Ludo, Chess, Draft and Darts), capacity-building sessions, and smart clubs in schools. By working directly with local leaders, schools, and community groups, the program provides holistic education on healthy living and the dangers of alcohol consumption. Furthermore, we use advocacy to push for policy changes on alcohol regulation, encompassing a wide range of activities including media campaigns via LinkedIn, X, and TV/radio appearances.

**Results:** To date, the program has directly engaged 1,725 youth (surpassing the target of 1,200) in Kawempe Division. Preliminary evaluations show a marked improvement in knowledge of NCD risk factors, as well as a reduction in alcohol consumption among participants. Community leaders report a reduction in youth involvement in alcohol-related crime.

**Conclusion:** The NCDs Prevention Program demonstrates that community-driven, bottom-up approaches, when combined with advocacy for alcohol control policies, can make significant strides toward reducing NCD prevalence. Strengthened policies, particularly on alcohol and tobacco control, are essential in sustaining these long-term results.

**Keywords:** Non-Communicable Diseases, Alcohol Advocacy, Education, Physical Activity.

## **Addressing Substance Abuse Among Youth in Tanzania: The Role of Crisis Resolving Centre in Raising Awareness on the Hazards of Drug and Alcohol Use**

**Author: Gladness Hemedi Munuo**

**Organization: Crisis Resolving Centre (Crc)**

**Introduction:** Substance abuse, including the use of drugs and alcohol, has become a significant concern among youth in Tanzania. Among the substances of particular concern is the widespread use of a low-cost, highly accessible drink known as "Energy," which has gained popularity among young people, including primary school pupils. This drink, often sold in shops and on the streets at very affordable prices, is contributing to a range of health problems, including kidney issues and other diseases. In addition to this, marijuana use and alcohol abuse remain prevalent, exacerbated by peer influences. This abstract explores the efforts of the Crisis Resolving Centre (CRC), a registered NGO in Tanzania, in raising awareness about the hazards of substance use.

**Methods:** Over the past three years, CRC has been dedicated to educating youth in Tanzania about the dangers of substance abuse, with a particular focus on the harmful effects of alcohol, and other drugs like marijuana, cocaine, and tobacco. The organization has employed a multi-platform approach to raise awareness, including:

1. Utilizing platforms like Facebook, Instagram, and Twitter to reach young people with educational content about the health risks of substance use
2. Organizing educational outreach sessions at formal education institutions to inform students about substance use prevention
3. Conducting dialogues in community areas, particularly targeting youth who are not enrolled in formal education, to raise awareness and foster open discussions about substance abuse

**Results:** CRC's awareness campaigns have successfully increased knowledge about the dangers of substance abuse, particularly the risks associated with the consumption of "Energy" drinks. Feedback from the youth participating in outreach programs has indicated a better understanding of the health risks. Through community dialogues and social media outreach, CRC has reached young people, helping them to make more informed decisions regarding their health. Importantly, the initiatives have led to increased discussions about the role of peer influence, education, and family support in preventing substance use.

**Conclusion:** The Crisis Resolving Centre (CRC) has played a vital role in raising awareness about substance abuse among youth in Tanzania. Through innovative approaches, including social media campaigns, outreach in schools and colleges, and community dialogues, CRC has been able to engage a broad audience and inform them about the dangers of substance and alcohol use.

**Alcohol Consumption and Cancer Risk Burden in Uganda: A Review for Evidence-based Alcohol Control**

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**Goals/rationale:** Alcohol consumption increases the risk of cancers of the oral cavity, pharynx, larynx, oesophagus, colorectum, liver and female breast. The burden of these cancers especially esophageal, breast, liver, and colorectal cancer in Uganda remain high and continue to rise. In 2019, Uganda ranked the eight-leading country in the world, with 12.48 liters of pure alcohol per capita. This study aimed to provide the evidence on alcohol consumption and cancer risk burden in Uganda to guide alcohol control measures.

**Methods:** We searched peer-reviewed published articles on alcohol and its associated cancer risk in Pubmed, EMBASE and Cochrane Library (Cochrane central register of controlled trials-CENTRAL), based on the Preferred Reporting of Items for Systematic Reviews and Meta-Analyses – the PRISMA.

**Results:** The population attributable fraction (PAF) due alcohol intake and cancer was highest for esophageal cancer at 48.7. The PAF of 6.5% in men and 2 % in women was also observed collectively for cancers of the oral cavity, pharynx, esophagus, liver, colon, rectum, larynx and female breast was observed in some studies. Alcohol drinking was associated with breast cancer risk by twofold (2.1 (1.1-4.1)). The odds of having breast cancer among women with normal folate levels compared to those with low folate levels were 1.4 (95% CI 0.7 to 2.9). Alcohol consumption mediated BBD and BC risk by 3.3 % with total mediation effect of (AOR: 1.508 (1.204–1.889)). The lifetime risk of developing cancer due to exposure to contaminants in alcohol alone is 1 in 102,041 persons. The Cost of treating 10 alcohol attributable cancers in Uganda is \$ 677,990,237.00 (UGX 2,508,563,876,900 /=) when the PAF and the standardised costs of treating the specific alcohol associated cancers were applied.

**Conclusion:** The risk of alcohol associated cancers in Uganda remain high and continue to rise as alcohol intake rises. Also, the alcoholic beverages in Uganda contain harmful level of carcinogenic contaminants such as Arsenic, Lead and Chromium, coupled with the high burden and catastrophic cost of treating alcohol associated cancers. Alcohol being a social and cultural drinks in Africa, acholic beverage content substitution with healthy ingredient, an Act of Parliament with strong clauses on restricted access to retailed alcohol, limitation of alcohol advertising, regulated licensing and taxes on alcohol are recommended.

**Keywords:** Alcohol consumption, Cancer Risk, Cost of alcohol-associated cancers, Evidence-based, Uganda

**Alcohol misuse, Fatherhood and its impact on families and children in Buganda and Busoga.**

*Author:* **Stephen Ediru**

*Organisation:* **Somero Uganda**

**Introduction:** This paper discusses findings from a social norms' exploration study conducted among young fathers (18-25 years) and their reference groups in Buikwe and Kamuli districts in Buganda and Busoga cultural regions respectively. The paper traces interconnectivity of alcohol misuse to deeply rooted cultural and social norms that can perpetuate cycles of harm within families.

**Background:** According to the World Health Organization (2021), approximately 2.8 billion people worldwide consume alcohol, with 5.1% of the global population experiencing alcohol use disorders. Alcohol misuse is responsible for about 3 million deaths annually, representing 5.3% of all deaths globally. In Uganda, approximately 13% of the adult population engages in harmful drinking behaviours, with heavy episodic drinking being particularly prevalent. Alcohol misuse is often intertwined with cultural and social norms that can perpetuate cycles of harm within families. In many societies in Uganda, drinking is normalized and even celebrated, with social gatherings frequently centering around alcohol consumption. This cultural acceptance can lead to a lack of awareness about the negative consequences of excessive drinking, particularly in households where parents model these behaviours. For children growing up in such environments, witnessing alcohol misuse can become a normalized aspect of life, influencing their own attitudes toward drinking and potentially leading to future substance misuse.

The impact of alcohol misuse on families and children can be profound and multifaceted. Families affected by alcohol dependence often experience increased conflict, emotional distress, and financial instability, which can strain relationships and diminish parental support. Children in these environments may face neglect, exposure to domestic violence, or emotional trauma, leading to long-term psychological effects and challenges in their own social development. Furthermore, these adverse experiences can hinder educational attainment and increase the likelihood of behavioural issues, perpetuating a cycle of dysfunction that can extend into future generations. Understanding and addressing these social norms surrounding alcohol misuse is crucial for fostering healthier family dynamics and improving outcomes for children.

**Purpose:** In this paper, we highlight social norms around alcohol misuse in Buganda and Busoga, impact on families and children, and suggest measures to mitigate negative impact of alcohol on families and children.

**Methodology:** A qualitative study design was adopted during the exploration exercise utilizing Focused Group Discussions to facilitate discussions among young fathers and other identified reference categories. A total of 48 young fathers, 24 wives of young fathers and 50 Reference groups/influencers that included mothers and fathers of young fathers, maternal uncles, paternal grandmothers, older brothers and health workers were purposively selected to participate in the study. Focused Group Discussions and In-depth interviews were used to collect data from the participants. Thematic data analysis technique was used to analyze and present findings.

**Results:**

**Social norms around alcohol misuse:** In Buganda and Busoga culture, alcohol is often integral to cultural and social celebrations, such as weddings, funerals, and community gatherings. It is seen as a

means of fostering community bonds and hospitality, making it a common feature of social interactions. Heavy drinking is associated with masculinity. Most men may feel societal pressure to drink to demonstrate strength or resilience, which can lead to patterns of excessive consumption that are normalized within the community. Traditional alcoholic beverages, such as Mwenge Bigere in Buganda, hold cultural significance. The brewing and sharing of these drinks are often rituals that signify hospitality and community, which can obscure the potential for misuse. There is also stigma associated with seeking help for alcohol-related problems. Individuals struggling with alcohol misuse may be reluctant to seek support due to fears of judgment or loss of status within the community. Lastly, community leaders and elders often set examples for younger generations regarding alcohol use. Their drinking behaviours and attitudes can influence norms, leading to either responsible consumption or the normalization of heavy drinking.

**Impact of alcohol misuse on families and children:** As a result of alcohol misuse that has reinforced negative social norms, families and children are negatively impacted. Husbands return home when they are drunk and irresponsibly demand for sex from their wives under the influence of alcohol leading to sexual, emotional and sexual violence. As a result of addiction to alcohol consumption, most men misuse family income and other resource, and become violent when they are asked for money to buy things like food, school fees, medicine, charcoal, and other family needs. Violence mostly occurs during harvest time; this is because men sell off family produce to meet alcoholic needs. Heavy alcohol consumption is also linked to multiple sexual partnering with its associated effects such as sexually transmitted infections/diseases and divorce.

When it comes to childcare, most fathers come back home very late due to delays in drinking joints and leave home very early in the morning when their children are sleeping thus have no time to engage in the care. Fathers do not accompany their wives to the hospital for fear of being tested for HIV/AIDS. In a situation of couple separation, children left behind are mistreated by their step mothers, because fathers are absent.

**Conclusions and recommendations:** Alcohol consumption is deeply embedded in many social norms surrounding masculinity and fatherhood, especially in Uganda, where alcohol intake is notably high. These norms often frame alcohol use as a symbol of male bonding and stress relief, creating a culture where alcohol consumption is normalised among fathers. However, the detrimental effects of alcohol on fatherhood cannot be overstated. Frequent alcohol consumption impairs a father's ability to engage in responsible parenting, leading to absenteeism, emotional unavailability, and increased risk of domestic violence. This has lasting impacts on children, who may face neglect, psychological distress, or even mimic harmful behaviours. The instability caused by alcohol misuse disrupts family dynamics, weakens emotional bonds, and perpetuates cycles of poverty and dysfunction. As alcohol-related harm continues to rise globally, there is a pressing need to challenge and reshape these harmful social norms. By promoting responsible fatherhood and addressing alcohol's negative impacts, we can foster healthier family environments, ensure the well-being of children, and break the cycle of harm for future generations.



**Intersectionality of Alcohol, mental health, crime in slum environment. A case of youth living in Kampala slums.**

*Authors: Rogers Kasirye (Ph.D.)\* - [kasiryer@yahoo.com](mailto:kasiryer@yahoo.com). Anna Nabulya and, Nakijoba Barbara*

**Introduction:** Youth living in Kampala slums face a lot of adversities (Swahn, 2018; Kasirye, 2021) and Slum youth alcohol use is driven by a number of factors which are interlinked; a cause and a facilitator of other youth problems. Many times, the policy makers and social workers fail to detect and devise solutions that limit use.

The intersectionality of Alcohol, mental health, crime in slum environment, as has been shown through the data obtained from an empowerment project delivered at Uganda Youth Development Link (UYDEL); A case of youth living in Kampala slums provides a picture that some problems including alcohol use extend beyond the youth to families, communities, politics, and the environment that may stress the disadvantaged slum youth.

**Intervention:** UYDEL data collected from 200 youths in urban slums revealed how different forms of adversities experienced by slum youth are connected to identity markers such as gender, poverty, early school dropout, poverty, unemployment evictions, stressed life, early child bearing, engagement in crime and survival sexual exploitation relationships, staying in environments where alcohol is easily accessible, with limited regulations intersect and combine to escalate alcohol use. E efforts to reduce alcohol use we need to adopt an intersectional perspective acknowledging that slum youth are not defined by a single identity; rather, they exist at the convergence of various factors that influence their lived realities and escalate alcohol use.

**Implications:** Equipped with an intersectional awareness of the disadvantaged slum youth, it is argued that social workers can deepen their project perceptive beyond a single issue. Adopt a multi-dimensional form of advocacy, empower and putting slum youth at the centre of their intervention through peer-to-peer networks, engaging parents, civic engagement and private sector dialogues for policy regulation, enforcement and regulation.



**Public Health impacts of Alcohol Consumption-Burundi**

Authors: **Christophe Armel Arakazandoruwanka**

Organisation: **Crossroads of Light Psychologists  
Burundi Alcohol Policy Alliance**

**Introduction:** Alcohol consumption is a leading public health issue globally, with significant implications for physical and mental health. In Burundi, alcohol abuse is prevalent, contributing to a range of health problems, including addiction, liver disease, mental health disorders, and social issues. Despite the government's efforts to regulate alcohol use, including the implementation of a National Alcohol Policy (NAP) in 2016, alcohol-related harm remains high. This study examines the public health impacts of alcohol consumption in Burundi, focusing on the epidemiological burden, mental health consequences, and socio-economic effects.

**Methods:** This review is based on a synthesis of national surveys, case studies, and epidemiological data, including the 2019 mental health study in Burundi. Data were gathered from multiple provinces, focusing on alcohol consumption patterns, addiction rates, and the quality of alcohol consumed. The study also explored the mental health implications of alcohol abuse, the socio-economic impacts, and the effectiveness of current policies. Qualitative insights from local health centers, such as the Neuropsychiatric Centre of Kamenge, were also incorporated to highlight the real-world challenges faced by individuals affected by alcohol use.

**Results:** The study found that approximately 79.8% of the population reported alcohol use, with men (85.1%) consuming at much higher rates than women (71.3%). Daily alcohol consumption was also common, with 7.5% of drinkers consuming three or more bottles per day. Addiction was prevalent, with 35.2% of alcohol users reporting an inability to stop drinking once they started. Furthermore, problematic alcohol use, associated with mental health issues like depression and anxiety, was observed in 29.7% of the population. Alcohol consumption was particularly high among youth, with socio-economic factors such as poverty, unemployment, and lack of education driving the abuse of alcohol and other substances.

**Conclusion:** Alcohol abuse in Burundi presents a significant public health challenge, contributing to a range of health, social, and economic issues. The study highlights the need for more effective regulation of alcohol production and consumption, improved mental health services, and greater socio-economic opportunities to address the root causes of alcohol abuse. Recommendations include strengthening the enforcement of the National Alcohol Policy, raising awareness about the risks of alcohol consumption, and expanding addiction treatment services. By addressing these challenges, Burundi can reduce the negative impact of alcohol on public health and promote healthier communities.

## Rapid Assessment of the Use of Alcohol and Other Drugs Among Secondary School Learners in Uganda, July 2024

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**Background:** Over 155 million adolescents are current users of Alcohol and Other Drugs (AOD) worldwide. AOD use contributes to a total health burden of 14% among adolescents significantly impacting their cognitive development, academic performance, and mental health. We aimed to determine the prevalence of AOD use and explore the associated factors to inform effective prevention and intervention strategies.

**Methods:** We conducted a cross-sectional survey among secondary school learners attending a prefect conference in Kampala, in July 2024. Learners were aged between 12 and 25 years. We determined AOD use as a proportion of learners that had used AOD. We employed systematic sampling using registration lists of learners' attendances. Data were collected on AOD use patterns, knowledge, attitudes, and mental health using self-administered questionnaires. Data were analyzed using STATA V.17. Multivariate logistic regression was used to identify factors associated with AOD use.

**Results:** Our study consisted of 569 learners, with 70% (400) male, and 71% (407) aged 18- 22 years. Most learners 66% (379) had ever used AOD with an overall prevalence of current AOD use at 18% (95% CI:15%-21%). Initial AOD use was more common 73% (416) among learners  $\geq 18$  years old compared to those  $< 18$  years 26% (146). Most learners demonstrated high levels of awareness 91% (520) about AOD use. Studying from a government school (aPR:0.44, 95%CI:0.24-0.83) and faith-based school (aPR:0.36, 95% CI: 0.19-0.68) was associated with lower prevalence of AOD use, while being Muslim (aPR:2.7, 95% CI:1.05- 6.8) was associated with higher prevalence of AOD use. There were no significant differences in mental health problems between AOD users and non-users.

**Conclusion:** More than half of the learners had ever used AODs while a fifth were current users. School ownership type and religion were associated with AOD prevalence rates. Mental health problems were common among users and non-users. Prevention of illicit substance use and school mental health programs that target both non-users and users are recommended. Keywords: Alcohol and Other Drugs, Secondary School Learners, Mental Health

## Assessing Knowledge of Peer and Demographic Correlates of Psychoactive Substance Consumption among Secondary School Adolescents in a Remote District of Buhweju, Uganda

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**Aim:** The purpose of the study was to establish the relationship between sociodemographic characteristics and psychoactive drug use in Buhweju District.

**Methods:** The data was collected using a Self-administered, semi-structured questionnaire. The data collected was processed and analysed using the Statistical Package for Social Scientists (SPSS V. 27). Logistic Regression was the main data analysis technique. The study was conducted among 08 randomly and purposively selected schools in Buhweju District. The study population was secondary school students. 350 students were recruited for the study. The response was by filling out the questionnaire.

**Results:** It was established that students affiliated with the Anglican religion exhibited higher odds of psychoactive drug use, as compared to their counterparts in the Roman Catholic Religion, (OR = 1.6; 95% CI = 1.00, 2.4, p = 0.049). The results were significant. No observation of peers consuming psychoactive substances also demonstrated elevated odds of engaging in psychoactive drug use (OR = 1.9; 95% CI = 1.19, 2.9, p = 0.006), indicating unique and varying risk factors among students.

**Conclusion:** Students affiliated to the Anglican dominion use psychoactive drug use compared to Catholics. Peer observation of psychoactive drug users also could be a risk factor for consumption of psychoactive substances.

**Recommendation:** These results could have spiritual implications. For instance, in environments with majority Anglican students, schools could work together with religious leaders in desensitizing students about psychoactive drug consumption. Further, peer-to-peer counselling could be a possible strategy for reducing psychoactive drug consumption among students.

**Key words:** Socio-demographics; school adolescents; students; substance use; knowledge of peer drug use; Uganda

**Alcohol marketing as a commercial determinant of health: Daily diary insights from women in Kampala**

***Authors: Monica H. Swahn, Ph.D., Charles Natuhamyia, M.S., Rachel Culbreth, Ph.D., Jane Palmier, Ph.D., Rogers Kasirye, Ph.D., Emeka Dumbili, Ph.D.***

Alcohol marketing, as a commercial determinant of health, presents an emerging threat to global health and is of particular importance in low-resource settings. This study is comprised of data from “The Onward Project On Wellbeing and Adversity” (TOPOWA) project, a multi-component prospective cohort study examining the mechanistic pathways of mental illness among women aged 18 to 24 years living in the Kampala slums. The cohort consists of 300 women recruited in 2023 from 3 study sites (Banda, Bwaise, and Makindye). In this study, we deployed an underutilized tool, daily diaries, for assessing the exposure to alcohol marketing and an alcohol-promoting environment among young women living in urban slums of Kampala, Uganda to spur new research and action. At baseline, participants completed a 5-day daily diary and an interviewer-administered survey. Alcohol-related neighborhood features were most frequently reported, including bars (Mean = 3.88 days), people drinking alcohol (Mean = 3.75), alcohol selling points (Mean = 3.45) and alcohol ads on billboards (Mean = 1.76). Women who were exposed to alcohol ads on billboards (PR = 1.11) and alcohol selling points (PR = 1.27) were more likely to report alcohol use. Higher cumulative exposure to different alcohol-related features was associated with a greater likelihood of alcohol use, particularly in the group with the highest exposure level. These findings underscore a need to develop alcohol counter marketing strategies and harm reduction approaches. Daily diaries proved to be a feasible strategy in capturing real-time exposure data which could in turn support prevention measures.

**Keywords:** Commercial determinants of health, alcohol marketing, alcohol environment, daily diary, alcohol use, Kampala, Uganda.

## **Alcohol Control: The Eye of the Media**

*Authors:* **Mr. Baguma Richard & Asaba A. Linda**

*Organization:* **Uganda Health Communication Alliance**

**Introduction:** The media plays a crucial role in shaping public perception and policy on alcohol control, a topic of ongoing interest and debate. This study examines the influence of media coverage on alcohol control measures and its impact on public health and policymaking. It explores how various forms of media—print, broadcast, and digital—frame the issue of alcohol consumption and regulation, highlighting the narratives and strategies employed to advocate for or against stricter control measures.

### **Objectives:**

- 1. Media Content Analysis:** The study analyses media content, including news articles, opinion pieces, advertisements, and social media posts, to identify key themes and patterns in the portrayal of alcohol-related issues.
- 2. Media Influence Investigation:** The study investigates the interplay between media campaigns, public opinion, and legislative action, emphasizing the media's role as a powerful tool in shaping societal attitudes and behaviours towards alcohol.

### **Findings:**

- 1. Bias Reflection:** Media coverage often reflects and amplifies existing social and political biases, influencing public discourse on alcohol control. Research indicates that media narratives can sway public opinion and policy direction (Smith et al., 2021; Jones & Brown, 2020).
- 2. Contrasting Narratives:** Positive portrayals of responsible drinking and the benefits of regulation are juxtaposed with industry-driven narratives emphasizing personal freedom and economic interests. This dynamic significantly impacts the effectiveness of public health initiatives aimed at reducing alcohol-related harm (Miller & Harkins, 2019; White et al., 2018).

**Conclusion:** The study underscores the need for a balanced and evidence-based media approach to alcohol control, advocating for responsible journalism that prioritizes public health over commercial interests. It calls for enhanced media literacy among the public to critically assess alcohol-related content and support informed decision-making. The study concludes by recommending strategies for public health advocates to engage effectively with the media, ensuring that accurate and constructive messages about alcohol control reach a broad audience. These findings highlight the importance of collaboration between health communication professionals and the media to foster an informed and health-conscious public.

## **The need for joint control of alcohol consumption**

Authors: **Dr. Kulthum Nabunya**

**Introduction:** Alcohol consumption has been identified for a long time as one of the major public health and social problems. The pervasive effects on the individual, family, and community demand concerted action aimed at controlling and reducing the harm caused by alcohol. Today, we examine why joint control is necessary in the form of scholars, policy makers, and community players coming together to address this challenge.

**Objective:** The intent of this presentation is to highlight the value which collaborative, multi-stakeholder approaches bring to bear on efforts at controlling alcohol consumption. We consider here why collaboration among academics, policymakers, health professionals, and community organizations is crucial to achieving true and sustained reduction in alcohol-related harm.

### **Alcohol Consumption: A Multi-faceted Issue**

Alcohol consumption has variety of effects ranging from health, social to economic effects.

- i. **Health Effects:** The high intake of alcohol is considered one of the most important risk factors for chronic diseases, such as liver cirrhosis, cardiovascular diseases, and certain cancers. Alcohol also contributes to causing mental health disorders, such as depression and anxiety, which may further reduce well-being.
- ii. **Social Consequences:** Alcohol misuse disrupts families and communities, leading to domestic violence, neglect, and increased crime rates. It undermines social cohesion and exacerbates poverty in many vulnerable groups.
- iii. **Economic Costs:** The economic costs of alcohol misuse are very high. The health service treatment costs alone are excessive, aside from the reduced workforce productivity. Businesses suffer; the government suffers revenue loss due to alcohol-related absenteeism and early mortality.

### **Why Joint Control is Important:**

The problems of alcohol consumption are not strictly health concerns but also touch on economic, social, and legal spheres. Therefore, the solution requires an interdisciplinary approach, putting together doctors, economists, social workers, and lawyers in an attempt to build comprehensive solutions.

- i. **Policy and Legislation:** Rarely are effective policy frameworks developed in isolation. The involvement of various stakeholders, such as researchers, government agencies, and community leaders, allows policymakers to develop evidence-informed policies that address the price controls for alcohol, availability limits, and advertisement restrictions to vulnerable populations.
- ii. **Community Engagement:** Policies are more effective if these are supported by active community involvement. Community actors play a crucial role in creating grass-roots movements and carry out local interventions. This ensures cultural sensitivity as it reflects and appeals to the communities' needs through consultation with local leaders.

### **Case Studies**

**Global Examples:** In countries like Sweden and Norway, alcohol consumption has significantly declined owing to robust joint control measures. These include high alcohol taxes, limited hours of sale, and high-intensity community-based prevention programs. A combination of national policies and local community action was key in altering social norms and reducing alcohol-related harm.

**Local Initiatives:** Closer to home, various African countries have implemented similar measures. For example, in South Africa, a collaborative effort by government and local communities resulted in the increased control of alcohol sales in some areas, reducing cases of alcohol-related violence and other health complications. Uganda has already recorded some level of success in minimizing alcohol consumption among the youth through school-based education programs and awareness campaigns.

### **The Role of Academics and Researchers**

- i. **Contribution to the Research:** Academics have a critical role in providing the evidence base underpinning effective alcohol control policies. Epidemiological studies by economists and public health experts have shown that increasing alcohol taxes can reduce consumption without economic damage. Sociologists add an essential element to understanding the social drivers of alcohol use necessary in crafting specific interventions.
- ii. **Educate and Advocate:** Professors and academics hold a special place in educating future leaders about the dangers of alcohol misuse. Further, academics can serve as advocates for policy change by using their research to influence legislators." Let the voices of scholars be heard to help alter public opinion by presenting the facts against pro-alcohol lobbying.

### **Call to Action**

- i. **Collaborative Networks:** We need to create or join the existing interdisciplinary networks of those working to decrease consumption. Such interdisciplinary networks would involve academics, public health workers, community leaders, and policymakers in sharing information, coordinating activities, and putting into practice effective interventions.
- ii. **Policy Advocacy:** This is a collective affair. We call upon you to give support to all alcohol-consumption policies through legislations. Such policies include those on alcohol taxation, restricted advertising, and public campaigns that advocate for responsible drinking.
- iii. **Community Engagement:** We call upon scholars and community leaders to converge on the ground. Community-level initiatives, including education at the community level, rehabilitation programs, and alcohol-free zones, can reduce dependence on alcohol by as much as, and harm associated with its consumption will be minimized.

### **Conclusion**

The multi-faceted nature of alcohol intake requires a multi-dimensional, integrated approach. Academic acumen, community understanding, and statutory power should unite to form a right amalgam that can bring about real change.

As leaders in your various fields, you have the opportunity and the responsibility to drive this agenda forward. Let us bring together our efforts in using our expertise, influence, and networks to advocate for joint control of alcohol consumption. Together we can build healthier and safer communities.





## **Addressing the Harmful Effects of Alcohol on Students: A Call for Stricter Regulation**

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*Organization:* **Shiperoy Mental Health Awareness Club**

**Background:** Substance and drug abuse are some of the new challenges of education around the world today. This is because children and the youth get exposed both directly and indirectly to the drugs and alcohol and the consequences have been detrimental, long ago alcohol which used to be taken by adults, in early years is now one of the most abused drugs among the youth and even young children. Consequently, children have been abused by their parents who are alcoholic or the children themselves have resorted to taking alcohol and the results have been poor discipline in schools as well as poor performance and truancy. This is a great concern for child educators.

Alcohol consumption among students is a significant public health concern, particularly in the Teso region. Despite existing regulations, alcohol abuse remains prevalent among school-going children, leading to various adverse effects on their health, academic performance, and overall well-being. This study highlights the need to advocate for a robust Alcohol Control Bill to regulate alcohol consumption and mitigate its negative impacts on young people.

**Aims:** The primary aim of this study is to highlight the harmful effects of alcohol consumption among students and to advocate for stricter regulations to control alcohol accessibility and use among minors. The study provides evidence-based insights into the adverse impacts on students' health and academic performance, using findings from the Teso region as a case study.

**Methodology:** A mixed-methods approach was employed, incorporating quantitative surveys and qualitative interviews. The sample included male and female students from various schools in Teso, along with their parents, teachers, and community leaders. Surveys gathered data on alcohol consumption patterns, while interviews provided in-depth perspectives on the personal and community impacts of alcohol use.

**Results:** Prevalence of Alcohol Consumption: The study revealed that 55.2% of male and 44.8% of female students in Teso consume alcohol, with a notable preference for local cocktails. Alcohol consumption significantly contributes to higher dropout rates, poor academic performance, and increased absenteeism among students. Students who consume alcohol report a range of health issues, including mental health problems, a higher risk of injuries, and susceptibility to alcohol-related diseases. Alcohol use among students leads to strained family relationships, increased engagement in risky behaviours, and a heightened likelihood of involvement in violence and criminal activities.

**Conclusion:** The findings from the Teso region underscore the critical need for stricter regulation of alcohol consumption among students. By implementing targeted interventions and robust policies, stakeholders can mitigate the harmful effects of alcohol on young individuals' health and academic success, thereby promoting a healthier and more productive future for students.

**Abstract: Title-Regulated Alcohol Consumption: A Catalyst for Healthier Workplaces and Enhanced Employee Well-being.**

Author: **Albert Elwa Louis**

Organization: **Focus on Recovery Uganda/ Tranquil Homes,**

**Background:** Alcohol misuse is a pervasive issue in Uganda, threatening the health, productivity, and well-being of its workforce. A staggering report by the World Health Organization (WHO) reveals Uganda as the African country with the highest per-capita alcohol consumption, with an astonishing average of 12.21 liters per person annually. This alarming trend underscores the urgent need for effective interventions to mitigate the devastating consequences of excessive alcohol consumption on public health, social welfare, and economic productivity.

Key Statistics:

- 1 in 5 Ugandans (43.6%) engage in hazardous drinking (Uganda Demographic and Health Survey, 2022).
- 12.6% of men and 4.5% of women suffer from alcohol use disorders (WHO Global Health Observatory, 2022).
- 24.1% of road traffic accidents involve alcohol (Uganda Police Force Report, 2020).
- Alcohol misuse drains Uganda's economy by UGX 1.4 trillion (approximately USD 390 million) annually (Economic Policy Research Centre, 2022).

Uganda's cultural and social norms often perpetuate alcohol consumption, making it challenging to address. However, employers can play a vital role in mitigating alcohol-related harm by implementing effective policies and promoting healthy workplace cultures.

**Objective:** To highlight the importance of regulating alcohol consumption in promoting employee health benefits, reducing workplace accidents, and enhancing overall well-being. Uganda's workforce is disproportionately affected by alcohol-related harm. By addressing this issue, employers can improve employee health, reduce absenteeism, enhance productivity, and create a supportive work environment.

**Conclusion:** This presentation will provide evidence-based strategies for mitigating alcohol-related harm in the workplace, promoting employee health and productivity.

## **Navigating Legislative Challenges for Effective Alcohol Control in Uganda: Insights from the Rejection of the Alcoholic Drinks Control Bill, 2023**

Author: **Timothy Chemonges**

This presentation explores the recent rejection of the Alcoholic Drinks Control Bill, 2023, and the implications for future alcohol control policies in Uganda. Despite the bill's aim to introduce much needed regulations on the alcohol industry to address public health challenges, it faced rejection due to a combination of political, economic, and advocacy-related obstacles. The paper dissects the political dynamics surrounding the bill, including the role of key actors, influence of private sector interests, and the interplay of economic versus public health priorities. It further highlights strategic missteps in lobbying and coalition-building that undermined the bill's success.

In advocating for stronger alcohol control policies as a path to holistic development, the presentation outlines a strategic roadmap for future legislative efforts. This includes building effective coalitions among civil society organizations, engaging religious and cultural institutions as advocates, countering economic concerns through evidence-based narratives, and tackling the pervasive issue of illicit alcohol. The recommendations provided aim to strengthen lobbying, ensure alignment with public health priorities, and create an environment where the social and health costs of alcohol are given due weight in the policy-making process. This paper is intended to inform stakeholders of the lessons learned and provide actionable strategies for more successful advocacy in future alcohol control initiatives in Uganda.

**Sports as a catalyst for change: Addressing Alcohol and Drug Use Among Refugees in Nakivale refugee settlement Southwestern Uganda.**

**Author:** Lubega Andrew [lbgiandrew@gmail.com](mailto:lbgiandrew@gmail.com), 077421009

**Introduction:** The global refugee crisis has brought attention to the complex challenges faced by displaced populations, including increased vulnerability to alcohol and drug use. This abstract explores the potential of sports as a transformative tool in mitigating alcohol and drug use issues among refugees. Traditional interventions often focus on immediate needs such as shelter, food, and healthcare, leaving mental health and psychosocial well-being as secondary considerations. This paper argues that incorporating sports into refugee assistance programs contributes significantly to addressing the root causes of alcohol and drug use within displaced communities.

**Methods:** This paper draws on case studies and success stories from the Nakivale Refugee Settlement in Isingiro District, Southwestern Uganda. The "Sports for Peace and Protection" project has implemented structured sports programs as part of a broader initiative to combat substance abuse among refugees. The project involves both male and female participants (n=300), who have engaged in sports activities aimed at fostering resilience, social cohesion, and stress reduction. Data from participant feedback surveys and observational reports provide insights into the impact of these sports interventions on substance abuse prevention and mental health outcomes.

**Results:** The sports interventions in Nakivale have demonstrated significant positive outcomes in reducing alcohol and drug use among refugees. Participants reported improvements in self-esteem, tolerance, and coping mechanisms, with many refugees expressing greater resilience in the face of physical and emotional challenges. The structured sports programs have also helped build a sense of community and identity, providing a constructive outlet for refugees' frustrations and trauma. Feedback surveys conducted among 300 refugees (180 males, 120 females) indicate a reduction in substance abuse and an increase in mental well-being, highlighting the role of sports in fostering social integration and enhancing overall resilience.

**Conclusion:** Sports can play a crucial role in addressing alcohol and drug use issues among refugees by promoting mental health, social cohesion, and resilience. The success of the "Sports for Peace and Protection" project in Nakivale demonstrates the effectiveness of sports-based interventions in supporting displaced populations. To maximize the impact of these interventions, it is essential to integrate culturally sensitive, inclusive sports initiatives into comprehensive refugee care programs. Further research and collaboration between humanitarian organizations, governments, and the sports community are needed to strengthen the use of sports as a tool for substance abuse prevention and overall refugee well-being.

## **SmartSip Initiative: Leveraging Wearable Technology and AI to Combat Alcohol Misuse and Burnout Among High-Stress Professionals in Uganda**

*Authors:* **Hellen Aturo**

*Organization:* **SmartSip Initiative**

**Introduction:** The SmartSip Initiative, launched by Innerspark, addresses the rising concerns of alcohol misuse and burnout among high-stress professionals in Uganda. With a focus on corporate executives and individuals in demanding careers, SmartSip aims to promote healthier lifestyle choices and improve mental well-being by leveraging wearable technology and artificial intelligence (AI). The initiative seeks to reduce alcohol-related risks, enhance self-awareness, and support mental health through innovative tools for tracking alcohol consumption and managing burnout.

**Methods:** The initiative utilizes smartwatches to monitor real-time alcohol intake data and behavioral patterns. AI algorithms analyze this data, providing users with personalized recommendations to moderate consumption. A mobile app serves as the platform for users to track their drinking habits, access tailored advice, and book therapy sessions. Additionally, the project integrates partnerships with ride-sharing services such as SafeBoda and Uber, ensuring safe transportation when risky drinking behavior is detected. Features within the app also support the management of stress and burnout through tools designed to encourage healthier behaviors and well-being.

**Results:** Over a 12-month implementation period, the SmartSip initiative is expected to engage a substantial number of high-stress professionals, providing them with real-time feedback and support. We hypothesize that users will experience a reduction in alcohol consumption, improved mental health indicators, and a lower incidence of burnout. The integration of AI-driven insights and access to therapy is anticipated to lead to more sustainable behavior change, fostering a healthier work-life balance for participants.

**Conclusion:** The SmartSip Initiative demonstrates significant promise in addressing alcohol misuse and burnout among high-stress professionals. By combining wearable technology, AI, and a holistic support ecosystem, the project offers a comprehensive solution to mental health challenges faced by corporate executives and similar high-pressure individuals. The successful implementation of SmartSip could serve as a model for similar interventions aimed at improving mental health and well-being in professional populations globally.

**Setting Up an Inclusive Intervention for Preventing the Harmful Use Of Alcohol:Lessons from the inauguration of the SAFER Initiative in Uganda**

**Background:** SAFER Uganda (SU), a multiagency collaboration led by the Ministry of Health and the World Health Organization, aims to strengthen the implementation of 5 high-impact and cost-effective interventions in preventing the harmful use of alcohol. Uganda was the first country to partner with the Global SAFER Initiative and the collaboration has the potential to provide leadership and learnings to other governments and advocates seeking to reduce the health, social, and economic impacts of harmful use of alcohol.

**Methodology:** This presentation provides an overview of SAFER processes since 2021 including the desk-based review, a joint programming mission and later on, the development and implementation of a multiagency and multisectoral roadmap to scale up the response to the harmful alcohol use in Uganda. The presentation explores milestones, challenges and outcomes of SAFER in promoting alcohol control policy reforms in Uganda.

**Findings:** SU prioritized restricting the physical availability of alcohol and increasing access to Screening, Brief Interventions, and Treatment (SBIT) of Alcohol Use Disorders. Important milestones of SU included production of evidence, formation of working groups, advocacy for the promotion of the alcohol control bill and developing technical materials. Challenges faced included the interference of the Alcohol industry, limited resources and low political will/commitment. In spite of the barriers, SU was able to register some significant outcomes including; uniting of the alcohol control stake holders, enhancing debate on alcohol matters, increasing awareness and generation of several protocols to guide Alcohol monitoring, communication, policy advocacy and Screening, Brief intervention and Referral for Treatment of alcohol use and Alcohol use disorders.

**Conclusions and recommendations:** Harmful use of alcohol is a complex public health challenge, requiring strong leadership and a well-coordinated multisector approach. A stepwise approach is crucial in building support and capacity for implementing alcohol control measures. Deliberate efforts have to be made towards fundraising and counter the strong influence of the Alcohol Industry.



## **Inauguration of the SAFER Initiative to implement Screening, Brief Interventions, and Referral for Treatment of (SBIRT) of Alcohol Use and Alcohol Use Disorders (AUD) in Uganda**

*Authors: Dr Kenneth Kalani<sup>1</sup> and David Kalema<sup>2</sup>*

*Organization: 1. Ministry of Health*

### **2. SAFER Uganda Program**

**Background:** SAFER is a multiagency collaboration led by the World Health Organization, to strengthen the implementation of 5 high-impact and cost-effective interventions in preventing the harmful use of alcohol. Uganda, the first country to partner with the Global SAFER Initiative prioritized Screening, Brief Interventions, and Treatment (SBIT) as one of the two intervention strategies for reducing the harmful use of alcohol. The SAFER experiences in Uganda provide learning opportunities to other governments and advocates seeking to reduce the health, social and economic impacts of harmful alcohol use.

**Methodology:** This presentation reviews reports and related documents to describe the processes, outcomes and service challenges relating the inauguration of Screening, Brief Intervention and Treatment of Alcohol Use and AUD in Uganda and the steps taken to promote reforms in preventing and treating AUDs in Uganda.

**Findings:** Establishment of SBIT was preceded by several participatory SAFER Uganda ground breaking initiatives covering Needs assessment and Intervention prioritisation as recommended by the desk-based review, joint programming mission, respectively. SBIT activities were later on embedded in a multiagency and multisectoral roadmap to scale up the response to the harmful alcohol use in Uganda. An expert working group was formed to oversee the implementation of programs that are related to SBIRT of AUDs including 1) Developing a monitoring and evaluation methodology, 2) Establishing AUD treatment protocol and standards, 3) Establishing focal points at district government hospitals, 4) Developing guidelines for registering and accrediting private treatment providers, 5) Training Primary Health Workers, 6) Increasing access to non-structured services, and 6) Advocacy and Strategic engagement of health professionals.

A draft SBIRT protocol has been realized and a standing committee composed of local and international experts was established to plan the piloting of the program in Uganda's Primary Health Centres.

**Conclusions and recommendations:** Prevention and Treatment of AUD a complex public health challenge, requiring strong leadership and a well-coordinated multisector approach. A stepwise approach is crucial in building support and capacity for SBIRT.

**Alcohol Regulation: A Community Bottom-Up Approach And Experience**

*Author: Makumbi Gerald Majella*

*Organization: Uganda National Association of Community and Occupational Health (UNACOH)*

**Introduction:** The current WHO per-capita estimates for Alcohol consumption in Uganda of 12.2 liters of pure alcohol remains the highest in East Africa and the Sub-Saharan region, (WHO Global Status Report, 2018). The country has a National Alcohol Policy since a few years ago but still struggling to have a supporting Alcohol Law in place. A number of CSOs are also engaged in community sensitization and awareness campaigns to increase knowledge about the harm associated with excessive alcohol consumption.

**Objective:** A twelve-year community intervention program by UNACOH supported by IOGT-NTO Movement, was set to improve the health and socio-economic wellbeing of people in two sugar producing districts of Uganda through alcohol control activities.

**Approach and Methods:** A multi-sectoral engagement with a bottom-up approach to advocate, lobby, sensitize and increase awareness about alcohol harm among the community members and local leaders was undertaken. The activities included supporting communities in formulating alcohol control regulations, having them endorsed by their leaders, and monitoring the implementation process. Periodic evaluation to measure patterns of heavy episodic consumption using both qualitative and quantitative methods and employing AUDIT screening tool was done.

**Results:** Alcohol control By-laws at sub-county level were formulated, endorsed and later upgraded to District Ordinances. Alcohol consumption patterns reduced from 25% at baseline to 15% at program endline. Workplace performance improved with reduced accidents, injuries, and IPV.

**Conclusion:** Supporting communities to demand for alcohol regulation by the state might be a good approach to consider.

**Key words:** Bottom-up approach, community participation, alcohol regulation.

## **Gender-Sensitive Mental Health Implications for Children Living with Caregivers with Alcohol Use Disorder**

*Author:* **Kizito Julius & David Kalema Counselor**

*Organization:* **Hope and Beyond**

**Introduction:** Children in households where caregivers have Alcohol Use Disorder (AUD) are at a heightened risk of mental health (anxiety and depression) and behavioral problems. For instance, in South Africa, one in five children from alcohol-affected households experiences emotional neglect and is at risk of developing substance use disorders (Peltzer et al., 2018). In East Africa, particularly in rural regions, alcohol misuse exacerbates these challenges, with children often lacking access to mental health support (WHO, 2019). Alcohol abuse disrupts family stability, contributing to severe emotional distress in children, with boys and girls facing distinct challenges.

**Aim of the study:** This study explores the gender-specific mental health implications of caregiver of alcohol misuse recovery services.

**Methodology:** This desktop survey draws on secondary data, case studies, past reports, and selected family support models to make a comparative analysis of gender-specific mental health challenges among children.

**Findings:** The study reveals that girls often assume caregiving roles, leading to emotional distress, while boys face societal pressure to engage in risky behaviors like alcohol use. Both groups experience academic and emotional challenges, with limited mental health services exacerbating their struggles.

**Conclusions and Recommendations:** Gender-sensitive interventions, including school-based mental health programs, family counseling, and child protection services, are crucial in supporting children from Alcohol using families. A collaborative approach involving schools, communities, and professional care givers is essential for comprehensive support. Collaborating with community-based organizations like Hope and Beyond can ensure effective support for children and their caregivers through scalable, culturally relevant interventions.

**Keywords:** Alcohol Abuse, Children, Gender-Sensitive Interventions, Mental Health, Rural Uganda, Caregivers, Stakeholders, Hope and Beyond, Children of Hope

## **Virtual Therapy for Alcohol Dependency: A Case Study of Successful Treatment in a 24-Year-Old Woman in Uganda**

*Author: Dr Yacoub A Hachine*

**Introduction:** This case study describes the treatment of a 24-year-old woman with alcohol dependency, which developed over the last six months following a relationship breakdown with father of one of her two kids. The patient was referred for therapy by a concerned individual and presented with a desire to regain control over her drinking behavior for the sake of her family and academic aspirations. This case highlights the role of virtual therapy in supporting individuals with alcohol dependency, particularly in low-resource settings such as Uganda, where access to conventional in-person rehabilitation programs can be limited due to financial and logistical barriers.

**Methods:** The patient was engaged in virtual counseling for a period of three months, combining psychotherapy, cognitive behavioral therapy (CBT), and motivational interviewing (MI). Virtual sessions were conducted remotely, offering a flexible and affordable alternative to traditional rehabilitation centers. The patient was encouraged to complete daily check-ins to monitor her drinking habits, and progress was assessed through self-reporting and behavioral changes observed during therapy.

**Results:** Over the course of the three months, the patient demonstrated significant improvement in her alcohol consumption. Her daily intake of alcohol decreased from at least two drinks per day to less than three drinks per week in the final month. This marked reduction reflects her commitment to the therapeutic process and her increasing sense of responsibility as a mother and student. The case underscores the efficacy of virtual therapy in addressing alcohol dependency in individuals who face challenges in accessing conventional treatment options, such as high costs or logistical barriers associated with inpatient care.

**Conclusion:** This case study illustrates the potential of virtual therapy as a viable intervention for alcohol dependency, particularly in resource-limited settings like Uganda. By offering affordable, flexible, and accessible treatment, virtual counseling can play a pivotal role in reducing alcohol misuse, especially among youth and individuals with familial responsibilities. It highlights the need for innovative solutions to address the growing challenge of alcohol dependency in Uganda and similar contexts.

## **Integrating Disclosure and Alcohol Control Policies for a Holistic Development as a Blueprint for a Healthier, Resilient Youth and Nation**

*Author:* **Joanita Kiwanuka Nakiwala** - [joanne@voicelifehealth.org](mailto:joanne@voicelifehealth.org)

**Organization:** Voice Life Health Organization

**Introduction:** The study draws on the socialization context of adolescents' spontaneous disclosure of their everyday activities, emphasizing the role of non-violent communication in understanding and addressing the feelings and needs of young people. There has been increasing theoretical and empirical attention over the years. **He who feels the pinch of the shoe is the shoe wearer**, many children and adolescents are left with a piercing needle because of anxiety and depression. Most times their parents, carers or teachers and the environment inclusive have not created enough room for them to break the silence. There is a call for being the Voice of change to the concerned generation which has so many questions unanswered. However, influencing young people's health and behaviours by considering their feelings is what will help us to contribute towards the change of their behaviours and this requires considering Non-Violent Communication to quicken Disclosure.

**Background:** Childhood, adolescence and young people are often fraught with various forms of loss and challenges. Disclosure openly sharing thoughts, emotions, and experiences plays a crucial role in navigating these losses and fostering resilience. The persistent challenge of unaddressed mental health issues among young people calls for innovative approaches within educational settings. Research conducted at Shipero Primary School underscored the critical need for breaking the silence surrounding mental health. On April 16, 2024, a study revealed that 90% of adolescents felt burdened by keeping secrets, with 94% experiencing depression. This alarming data highlighted the urgency of implementing innovative mental health approaches. Additionally, regulating alcohol consumption among adults and strictly prohibiting it from the youths under 21 is essential for holistic youth development and the overall well-being of the nation. This includes addressing issues such as gender-based violence (GBV), stabilizing mental health, fostering brain development, reducing unwanted pregnancies, and preventing school dropouts.

### **Aims:**

1. Equip students with resilience-building tools to navigate loss and ensure healthy development.
2. Create a supportive space for open dialogue and connection, promoting holistic well-being.
3. Establish a network of support involving teachers, parents, and mental health professionals.
4. Encourage collaboration between schools, families, and the wider community.
5. Align mental health strategies with alcohol control policies to regulate adult consumption and prohibit youth alcohol use until 21 years and above.
6. Prevent and respond to GBV, stabilize mental health, reduce unwanted pregnancies, and prevent school dropouts.
7. Promote a vision of a country free from alcohol harm, cancer, heart diseases, GBV, school dropouts, and mental health challenges, with students having improved concentration and performance.

### **Methodology:**

A mixed-methods approach was conducted focusing on students aged 13-15 years. Quantitative data included standardized assessments of depression and anxiety, while qualitative data captured personal

experiences. Interventions featured stress management, positive thinking, and emotional regulation techniques. Alcohol control policies were assessed in relation to their impact on reducing related harms.

**Results:** Disclosure-friendly practices led to significant improvements in mental health. Students reported reduced depression and anxiety levels, and better stress management and emotional expression. The inclusion of the mental health club at Shiperoy became a vital support system, fostering resilience and positive behavioral changes. Additionally, the implementation of alcohol control policies contributed to awareness on prevention and responding to GBV incidents, unwanted pregnancies, and school dropouts, while supporting stable mental health for students. Furthermore, awareness on the decrease in alcohol-related harm will lead to fewer cases of cancer, heart diseases, and overall improved public health outcomes.

**Conclusion:**

Fostering a culture of open communication through disclosure, combined with strict alcohol control policies, strengthens youth resilience and mental health. Prohibiting alcohol for youths up to 21 years and regulating adult consumption ensures a supportive environment for youth development. This integrated approach not only empowers the next generation to face life's challenges with greater confidence and emotional fortitude but also contributes to the holistic development of the country. A nation free from alcohol harm, cancer, heart diseases, GBV, school dropouts, and mental health challenges, with students having improved concentration and academic performance, is achievable through these combined strategies.

**Key Takeaways:**

1. Open Disclosure is Vital: Mitigating loss and fostering resilience among youths through open communication.
2. High Rates of Depression: Addressing the significant mental health challenges faced by students.
3. Supportive Environments: Creating safe spaces within schools for open dialogue and connection.
4. Non-Violent Communication: Understanding and addressing the emotional needs of youths.
5. Collaboration between schools, families, and community organizations.
6. Evidence-Based Interventions: Implementing stress management, positive thinking, and emotional regulation strategies.
7. Policy Integration: Incorporating mental health and alcohol control policies into school practices.
8. Preventing GBV and Dropouts: Reducing Gender Based Violence, unwanted pregnancies, and school dropouts through combined strategies.
9. Holistic Health Vision: Promoting a country free from alcohol harm, cancer, heart diseases, and mental health challenges, with students excelling with a good concentration and performance.

**Target Groups:**

1. Students (8 years old and above): Beneficiaries of mental health interventions and alcohol control policies.
2. Teachers and Educators: Facilitators of a supportive environment.
3. Parents and Families: Critical supporters in mental health care and alcohol regulation.
4. Mental Health Professionals: Providers of specialized support and training.
5. School Administrators and Policymakers: Integrators of mental health and alcohol control policies.
6. Community Members and Organizations: Partners in a comprehensive support system.

7. Healthcare Providers: Key players in reducing alcohol-related harm, cancer, and heart diseases.



## **Mass Community Sensitization and Awareness the Answer to Alcohol, Drug and Substance Use among the Populace in West Nile.**

Author: **Drileba Dratibi Daniel**, [ddrilebadratibidaniel@gmail.com](mailto:ddrilebadratibidaniel@gmail.com)

**Introduction:** West Nile region is the second leading consumer of alcohol in Uganda. Alcohol, drug and substance use and abuse has been a huge challenge many communities struggle with in West Nile which has greatly affected performance and life in all spheres. In education sector, West Nile region has the rate of school dropout due to mostly drug use is very high. In 2022, 34 schools went on strike in first term of which 80% of the students involved in these strikes confessed to have been under the influence of alcohol and drugs. Performance of candidates has greatly been affected by this device. In health, the region is recording high cases of mental illness, increased cancer cases, liver diseases, non communicable diseases, road traffic accidents, increased hospital admissions, risk sexual behaviors that causes STDs and STIs. crime rates and insecurity within the communities. Socially, many families have broken with increased economic burden, vicious cycle of poverty and inequality, etc. Many of the children, youths and adults use alcohol, opium, marungi, cocain, azangi, dry scale of snakes, grey hair of the elderly, petrol, among others. Alcohol consumption in West Nile contributes to the high risk factor for premature deaths and all the alcohol related harm.

**Aims:** Engage the community leaders and community at large to create awareness on the dangers on use of drugs on their body, mental health and community.

**Methods:** Radio programs, community dialogue meetings and sensitization and Large Group sessions were done including one on one sessions in communities, churches, schools with emphasis on alcohol, drug and substance use and abuse and mental health and focusing on the impact of alcohol and drugs on people.

**Results:** Communities are formulating bylaws and ordinances in place to control alcohol consumption and drug use, embracing the alcohol control policies, seeking help for mental health services and rehabilitation. Currently over 345 people have reached out for help to overcome the use of Alcohol, drugs and substances.

**Conclusions:** More sensitization and awareness campaigns in communities and schools and other learning institutions is needed to help deal with Alcohol, drug and substance use in West Nile communities to promote health, wellbeing and prosperity in West Nile.

**Developing A Sustainable Safe Environment for Children To Grow & Learn Free From The Influence Of Alcohol Abuse.**

*Author: Donpaul Odhiambo*

*Organization: Blue Cross Kenya*

**Introduction:** We present our integrated approach to alcohol control and its significant contribution to holistic development. Our initiatives encompass a range of activities including school-based prevention programs, support and counseling services for individuals affected by alcohol and substance abuse, and robust advocacy and lobbying efforts to influence policy at local and national levels. Our prevention programs are designed to educate and empower children and youth, with knowledge and skills to resist the lure of alcohol and drugs. We are currently working with 64 schools supporting implementation of National guidelines for alcohol and substance use prevention and management in basic education institutions. Through interactive workshops, awareness campaigns, and educational materials, we strive to foster a culture of sobriety and healthy living. For individuals grappling with addiction, our counseling services provide crucial support, helping them navigate the path to recovery and reintegration into society. These services are tailored to meet the unique needs of each individual, ensuring a personalized approach to treatment and recovery. Advocacy and lobbying are integral to our strategy, as we work tirelessly to shape policies that promote alcohol control and support sustainable development. By engaging with policymakers, stakeholders, and the public, we aim to create a conducive environment for effective alcohol control measures.

**Methods:** Using a child-to-child approach, we shall highlight the outcomes of our projects, share best practices, and discuss the challenges and opportunities in implementing alcohol control policies. Our findings underscore the critical role of comprehensive, school-based approaches in achieving holistic development goals. We will also explore how our work contributes to the broader agendas of sustainable development, economic growth, and social well-being as envisioned in the UN 2030 agenda.

**Key words:** *Child-to-child approach, School-based approach, Policies, Sustainable development*

























**ALCOHOL CONTROL POLICIES FOR HOLISTIC DEVELOPMENT**

