

REPORT OF THE FIRST UGANDA ALCOHOL POLICY CONFERENCE (UAPC18)

28TH -29TH NOVEMBER, 2018

KAMPALA, UGANDA

THEME:
**Unite Against
Alcohol Harm:
A Call For
Action**



Conveners:



Supported by: IOGT-NTU. MOVEMENT

Co-Sponsors





UGANDA ALCOHOL POLICY ALLIANCE

United against the Harmful use of alcohol

Background

Founded in 2011, the Uganda Alcohol Policy Alliance (UAPA) is a national network of civil society organizations working to address alcohol related harm in Uganda.

Vision

A nation free of alcohol related harm

Mission statement

To provide a platform where individuals and civil society organizations can contribute to policy and processes on regulation of alcohol production, distribution and consumption so as to prevent alcohol related harm among the Uganda population

Strategic Priority Areas

UAPA is committed to

- Promoting advocacy for policies to minimise alcohol related harm
- Building capacity for members and partners
- Facilitating Behavior change on non production and non use of harmful alcohol.

UAPA

- UAPA recognizes the high level production and consumption of harmful alcohol in the country and the challenges it poses to the people in communities.
- UAPA subscribes to the objectives of Global Alcohol Policy Alliance and East African Alcohol Policy Alliance which are the respective global and regional networks against alcohol abuse.

Supported
by



IOGT-NTO MOVEMENT



THE FIRST UGANDA ALCOHOL POLICY CONFERENCE (UAPC18)
28TH -29TH NOVEMBER, 2018
KAMPALA, UGANDA

THEME: Unite Against Alcohol Harm: A Call for Action

Conveners: Uganda Alcohol Policy Alliance (UAPA), Ministry of Health (MoH) and Makerere University School of Public Health (MUSPH)

Supported by: IOGT NTO Movement

Co-Sponsors: Makerere University School of Public Health, International Aid Services (Uganda), Hope and Beyond, Drugs Hapaana, Uganda Youth Development Link, Uganda National Association for Community and Occupational Health and Uganda Health Communication Alliance.

Partners: Ring of Hope, Kawempe Youth Development Association, Recovery Solutions, Stop Underage Drinking and Uganda Girl Guides Association.

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Acronyms

ADARC	Alcohol, Drugs and Addictions Research Centre
EAAPA	East African Alcohol Policy Alliance
IOGT	International Organisation on Good Temperance
MoH	Ministry of Health
MUSPH	Makerere University School of Public Health
MUST	Mbarara University of Science and Technology
NACP	National Alcohol Control Policy
NTO	National Templarorden
SDGs	Sustainable Development Goals
SUDs	Substance Use Disorders
UAPA	Uganda Alcohol Policy Alliance
UNACOH	Uganda National Association Community and Occupational Health
UNBS	Uganda National Bureau of standards
UYDEL	Uganda Youth Development Link
WHO	World Health Organisation

Acknowledgements

This report is based on the 1st Uganda Alcohol Policy Conference that was convened by Uganda Alcohol Policy Alliance (UAPA) in conjunction with the Mental Health Division of Ministry of Health (MOH), and Makerere University School of Public Health (MUSPH). UAPA profoundly thanks the main development partner IOGT-NTO Movement for the financial and technical support rendered towards accomplishment of this conference. Special thanks as well go to the co-organizers and members who partnered with UAPA to deliver the conference.

Much appreciation goes to the conference speakers, the delegates from the nine countries who participated in the two days of intensive discussions as well as the rapporteurs who drafted this report; a team consisting of: Rogers Mutaawe, David Livingstone Ejalu, Stella Monica Namutebi and Brenda Nakazibwe.



Group photo after launching the Alcohol Status Report

Executive Summary

Alcohol misuse is a global challenge and a growing concern in Uganda. Alcohol is a massive obstacle to development, fueling poverty, inequality, violence, including gender-based violence, and vast economic and productivity losses. WHO highlights Uganda as a country with hazardous drinking patterns due to high prevalence of alcohol consumption and heavy episodic and underage drinking. In spite of the devastating effects of alcohol, its regulation in Uganda remains weak. The country still works with the outdated Enguli Act of 1967 and a few fragmented laws. Uganda also lacks clear controls (policy framework) to protect children and the vulnerable populations from both the use and effects of alcohol.

The conference was organized at a time when Uganda is drafting both the 'National Alcohol Control Policy' and the Alcoholic Drinks Control Bill and was therefore expected to provide opportunity for wide consultations and promotion of evidence for effective action. Speakers were strategically identified from the different stakeholders including health, communication, economic, legal, in both public and private sectors. Alcohol researchers, religious and political leaders also made key note presentations. The Minister of Health was represented at the official opening by Dr. Mwebesa Henry, the Director General in the ministry while His Excellency, Dr. Suruma Ezra, the Chancellor of Makerere University and former Finance Minister, officially closed the conference.

UAPC-18 recommended numerous measures including mobilization of high-level political commitment, enforcing stricter legislations to reduce availability/accessibility of alcohol, supporting evidence based prevention and promotion of treatment for users. Additionally, protect victims of alcohol violence, broadening the scope of advocacy to involve women & children rights movements, environmental activists and establishment of an endowment fund charging 5% levy on alcohol to facilitate the above recommendations were proposed.

Introduction and Background

Background: Alcohol misuse is a global challenge and a growing concern in Uganda. According to World Health Organization (WHO), harmful use of alcohol is responsible for 3.3 million deaths every year (one death every 10 seconds). Alcohol use also leads to more than 200 disease and injury conditions including a range of mental and behavioral disorders. Alcohol is a massive obstacle to development, fueling poverty, inequality, violence, including gender-based violence, and vast economic and productivity losses.

WHO highlights Uganda as a country with hazardous drinking patterns due to high prevalence of alcohol consumption and heavy episodic and underage drinking. Uganda's alcohol per capita consumption of 9.8 litres, is among the highest in Africa (Africa's average is 6 litres). A significant proportion of the alcohol produced and consumed is illicit. In 2011, a worldwide survey of socio-economic consequences of alcohol consumption reported Uganda as the country with the highest rate of alcohol-related negative consequences among listed drinkers. In spite of the devastating effects of alcohol, its regulation in Uganda remains weak. The country still works with the outdated Enguli Act of 1967 and a few fragmented laws. Uganda also lacks clear controls (policy framework) to protect children and the vulnerable populations from both the use and effects of alcohol.

The 1st National Alcohol Policy Conference (UAPC-18) from 28th to 29th November 2018 was organized under the theme "Unite against alcohol harm: A call for action" to provide information and facilitate debate for evidence based support of the current draft of the National Alcohol Control Policy and the Alcoholic Drinks Control Bill which are currently in offing.

The conference was jointly organized by the Uganda Alcohol Policy Alliance (UAPA), Ministry of Health (MoH) and Makerere University School of Public Health (MUSPH). UAPA is a network of non-government organizations and people working in public health agencies who share information on alcohol issues and advocate for evidence-based alcohol policies free from commercial interests.



Girl Guide leaders from Tanzania, Rwanda and Uganda at the official opening of UAPC-18

The conference had three plenary sessions, and seven breakaway sessions:

Plenary session 1: Alcohol and development

Track 1: Focusing a spotlight on the nexus between alcohol and Tobacco control

Plenary session 2: Building blocks for effective alcohol control

Track 2: Alcohol Regulation

Track 3: Alcohol, Media & Marketing

Track 4: Treatment and Rehabilitation

Track 5: Tackling Underage Drinking

Plenary Session 3: Unite Against Alcohol Harm

This report provides the reader with the main messages of the key speakers as well the recommendations based on the discussions in the conference. Detailed conference abstract booklet and PowerPoint presentations are available at www.ugandaalcoholpolicyalliance.org

DAY 1: 28TH NOVEMBER 2018; OFFICIAL OPENING



Children from Ring of Hope, Jinja performing at the opening ceremony

Plenary session 1: Alcohol and development

Key Note address



Kristina Sperkova, President of IOGT International giving keynote address

The key note address was given by Kristina Sperkova the President of IOGT International. Kristina noted that alcohol is not just a health issue but an obstacle to sustainable development and alcohol harm is not only to the users but to non-users as well. Kristina explained that alcohol curtails social justice for women and children. She also noted that the biggest burden of alcohol is carried in Africa.

Nevertheless, action against alcohol harm is still low in most African countries yet there is inadequate political commitment. She expressed need for mobilization of high level political commitment, investment in alcohol policies and broadening advocacy to involve women & children rights and environmental activists.

UAPA Vice Chairperson and Country Director of International Aid Services (Uganda), Ms. Juliet Namukasa, also noted that alcohol was observed as a key obstacle to realization of the Sustainable Development Goals (SDGs) as it affects almost 13 of the 17 SDGs.



Alcohol status report for Uganda



The Chairperson of UAPA, Dr. David Kalema, gave a quick preview of the status of alcohol use, harm and legislation in Uganda. The report indicated that whereas there was high level of awareness of alcohol harm, the prevalence of alcohol use was equally high.

Children and women are more affected and legislative framework at national and local levels was limited.

Chairperson UAPA Dr. David Kalema highlights of the alcohol status report

Enhancement in alcohol regulation, reduction in accessibility to and availability of alcohol, promotion of behavior change communication, protection of victims of alcohol violence and establishment of an endowment fund charging 5% levy on alcohol were the key recommendations from this report.

OFFICIAL OPENING:



The Government of Uganda was officially represented by MoH through the Director General of Health Services, Dr. Henry Mwebesa. Reading the speech from the Minister of Health, Dr. Mwebesa decried how alcohol has changed the trend of domestic responsibilities as many women singlehandedly meet household needs. He noted that although the alcohol policy is before cabinet, the alcohol control bill was deferred by Parliament for further consultations. He appreciated UAPA and the civil society organizations that are stepping up efforts to address alcohol harm.

Director General of Health Services launching the Uganda Alcohol Status Report – 2018

Alcohol and injuries in Uganda: Dr. Olive C. Kobusingye, from the Road Traffic Injuries Network observed that alcohol is a risk to both intentional and non-intentional injuries. She reported that injuries from road traffic accidents are the 4th leading cause of hospital deaths in Uganda. Most road traffic accidents are alcohol related. She called upon government to set legislative limits of blood volume alcohol to 0.05 grams per decilitre and the police to conduct random breath tests to reduce alcohol related accidents.

Plenary session 2: Building blocks for effective alcohol control

Mr. Jonas Ngulube the Technical Advisor and Public Relations Officer, Southern Africa Alcohol Policy Alliance noted that breweries are targeting growing youth population in Africa. Therefore, initiatives against alcohol harm should engage political movements, spear-head regulation, policy decisions and social mobilization among others. Approaches should target all stakeholders, collaborate with government and bring politicians on board.



Nexus between alcohol and tobacco harm

Presenters in this session included Dr. Deo Ssekimpi and Mr. Richard Tinkasimire. Uganda Health Communications Alliance noted that the population is faced with the tragedy of the two dangerous twins, alcohol and tobacco, that have addictive and social impacts on human life. There is a clear relationship between alcohol and tobacco consumption. In fact, tobacco is a gate way to the use of alcohol, yet communities are more harsh to tobacco than alcohol. Interventions should aim at targeting both alcohol and tobacco simultaneously. There should be a synergy in health communication targeting both tobacco and alcohol. Alcohol fighters should engage media, of all forms to speak focused messages on alcohol and tobacco control, and campaigns should target young people.



East African Alcohol Policy Alliance (EAAPA) General assembly

Day one ended with the EAAPA assembly where members agreed to revitalize EAAPA and elected a new Executive Board.

Former and newly elected EAAPA board members pose for a photo after the elections

Testimony:

Mr. Kigudde Ivan from Ministry of Health also highlighted the challenges of today's generation and advised parents to step up efforts to monitor and regulate their children behavior.



DAY 2: 29TH NOVEMBER 2018

Plenary Session 3: Unite Against Alcohol Harm

Framework convention for alcohol control: The day opened with a presentation by Kristina Sperkova on the framework convention for alcohol control which intends to respond to the global alcohol epidemic.

It is estimated that a human being dies every 10 seconds from alcohol related causes.

There is an escalation of smoking and alcohol consumption by young children and prenatal exposure to alcohol. There is an increase in tobacco smoking and alcohol consumption by women and young girls. Cross border marketing, digital marketing, tobacco promotion and sponsorship is on the rise. Alcohol companies are investing a lot of money in advertising and the impact of advertising of all forms of alcohol and smoking is being felt globally. All these negatively impact the fight against alcohol harm and is further worsened by the lack of technical knowledge in policy, monitoring and evaluation in most African countries. The contribution of Non-Government Organizations should be emphasized, policy makers should join and speed up the fight and curb the expansionist tendencies of the alcohol industry.

Alcohol harm in East Africa: A baseline survey on the burden of alcohol in East Africa was presented by IOGT-RO Mr. Didas Balimanya and it showed that 63% of the children below 18 get initiated to alcohol; 32% of the respondents spend 20% of their family income on alcohol; 35% of the women were beaten by men under the influence of alcohol; 29% of the children 10-17 years have been beaten by their parents under the influence of alcohol; 24% of respondents find 6 alcohol sellers within 500m, and 40% of children (10-17) can easily access alcohol. The only good news was that 80% of the people want to reduce their alcohol use. These disturbing statistics call for interventions from partners and all stakeholders to help in reduction of alcohol use.



Programs officer IOGT-RO Mr. Didas Balimanya presenting at the conference, centre is Kristina Sperkova (IOGT International President) and extreme left is Dr Hafsa Lukwata (Principal Medical officer Mental Health division, MoH)

National Alcohol Control Policy (NACP): Dr. Hafsa Lukwata presented the proposed NACP and mentioned that it is based on the Global strategy for prevention of harmful use of alcohol. She mentioned that the policy awaits the certificate of financial implication and Regulatory Impact Assessment before it can be considered by Cabinet.



Alcohol and HIV:

Dr. Monica Kuteesa alluded a strong evidence of association between HIV and alcohol use. Poor uptake of HIV treatment is reported among alcoholics. She illustrated a symbiotic interaction between alcohol, drug use and risky sexual behaviour. A systematic review by one of the speakers concluded that although there was limited data on alcohol and drug use in sub-Saharan Africa, 17 papers reported association between substance use and HIV. Harm reduction interventions in occupational settings are urgently required to prevent new HIV infections. Concerned authorities and organization should prioritize young people and high risk groups for combination prevention programs.



Concurrent Thematic Briefing Sessions

Track 2: Alcohol Regulation

Alcohol regulation; Taxation regime in East Africa. Lessons from Uganda: Mr. Kasirye Rogers from Uganda Youth Development Link (UYDEL) noted that Uganda leads East Africa in alcohol consumption by 23% liters of alcohol yet less revenue is being earned from the sector as compared to other countries in the region. ***In Uganda Alcohol is cheaper than water and many soft drinks!*** Most of the laws on alcohol consumption and abuse in Uganda were scattered and outdated. Laws should be revised and consolidated for them to apply as any kind of deterrent for the many alcohol related crimes. In order to decrease on the consumption rate in the country and at the same time not miss out on revenue, taxes defined in terms



of alcohol content in the beverages need to be increased. In addition, there should also be enforcement of regulations because regulations and taxation are complements. Informal production should be discouraged but alternatives for the women who are supporting their families from brewing alcohol should be given.

Enforcing quality standards of alcohol in Uganda: Ms. Linda Kobere from Uganda National Bureau of standards (UNBS) reported that they have alcohol standards in terms of; cleanliness, storage, packaging, labeling etc. and they are enforced through; sectoral self-regulation, market and factory surveillance, mandatory certification, and administrative measures. She called for quicker development of standards for the new products and sectoral self-enforcement. Challenges faced by UNBS included new entrants on the market and new product innovations that are under cover.



Session on Alcohol Regulation in progress

Track 3: Alcohol, Media & Marketing

Alcohol industry targets the youth: *Prof. Monica Swahn presented that children and the young people are targeted by the alcohol industry through packaging of alcohol in sachets at a cheap price of as low as Ugx 200. Alcohol marketing in Uganda is mostly done through billboards, sponsorships, radios, music and television shows of which billboards are the most prominent in heavily trafficked areas like roundabouts. Studies have provided evidence that alcohol is mostly consumed by youths due to exposure to considerably more persuasive advertising among this age group than the rest of the population. The marketing practices have high impact on target audiences, and very high (85%) violation of the marketing codes. This calls for review and approval of the governing body for all alcohol marketing and therefore an adequate means of alcohol control. In order to prevent underage use among marginalized youth, strategies which include, counter offensives, working with authorities and vocational skills training should be implemented.*

Social media and alcohol use: Mr. Godfrey Kuteesa of Kahill Insights observed that social media has an extensive reach into the lives of many young people and also the potential to strongly influence their decisions and involvement in alcohol use. Alcohol advertisers have increasingly turned to social media advertising and invested a lot of money because it is a relatively cheap but highly effective way to market and promote their products. The drinking behavior of the youth is mostly influenced by these adverts with unregulated alcohol being mostly consumed. Dr. Aloysious Rukundo from Mbarara University of Science and Technology (MUST) also gave analysis of key Ugandan-based studies concerning alcohol. Most papers had revealed high rates of early initiation to alcohol use in Ugandan school going children. Massive advertising on unselective billboards and mass media expose school children to alcohol consumption. In general, the magnitude of alcohol use was over 20%. These findings do not surprise since there is no conspicuous policy to regulate time and place of alcohol in Uganda. Mr. Richard Baguma concluded that there is need for messages that counteracts alcohol advertising on social media.

Track 4: Treatment and rehabilitation

Testimony on alcohol use and recovery: Mr Bill Bekunda, of Stop Underage Drinking Uganda, is a recovery coach of substance use disorders. He narrated his testimony of his previous alcohol (abuse). He stated that he started drinking in senior two due to influence from peers. His school performance went from good to bad by senior four and he was later suspended from the school. At some point he was jailed and had trouble with his family members and friends. As his drinking habit grew worse with time, he would drink, blackout, sleep in trenches, sleep in bars, cause road accidents and more.



He was later sent to a rehabilitation centre where he started his recovery journey.

Mr. Bekunda said that, early initiation of alcohol among the youth is as a result of, peer pressure, poor sense of belonging and sometimes alcoholism is hereditary.

L-R, Dr. David Basangwa, Mr. Elwa Albert Louis and Mr. Bill Bekunda

Integrating child friendly services for people with Alcohol Use Disorders: *Batima Carol and Benedikte from Hope and Beyond noted that children from families with alcohol and drug related problems suffer physical and emotional abuse/ neglect from the family members with substance use disorders as well as societal stigma.* These children develop behavioral problems such as difficulties in interpersonal problem solving, self-control, alcohol and drug abuse and cognitive problems in their life time.

The presenters further highlighted the need for advocacy and lobbying to help children from homes where alcohol is abused. The help rendered to such children should be holistic, not only focusing on treatment. There are domains that can be utilized to help such children with alcohol addictive parents/guardians; talking about the situation at home. Encouraging them that they are not alone; that there is another child like them, but as well, someone being there to help them. Such children need education about addiction and we should improvise relaxing activities for children from abusive homes.



Setting standards for alcohol and drug use disorder treatment in Uganda: Mr. Albert Elwa from the Addiction Professionals Network noted that Uganda has gained some ground in the handling of Substance Use Disorders (SUDs) in the recent past especially with the training of addiction professionals under the “Colombo plan Advisory Program”. However, the absence of a regulatory body in Uganda has led to the mushrooming of many treatment centers that do not meet the basic international operational standards and guidelines for treatment of SUDs. Therefore, there is need for policy guidelines on establishment of SUD treatment centres and monitoring adherence. Innovations in the treatment, and counseling of alcohol users should also be encouraged.

Track 5: Tackling Underage Drinking

How big is the problem? Dr. Aloysius Rukundo (MUST) presented a study among public secondary schools. Exploration of the sampled studies indicates that the magnitude of alcohol use among students is often over 20%. This is a high prevalence in the midst of school policies that guide against alcohol consumption among students. However, the prevalence is not a surprise, as there is no conspicuous policy to regulate time and place of sell of alcohol in Uganda. *Literature shows no policy to regulate hours of sell of alcohol, days of sell of alcohol, and density of alcohol outlets. Furthermore, there is no policy on alcohol marketing; alcohol producers sponsor many sporting and promotional activities where school youths often take part.* Advertisements on unselective billboards and mass media further expose school children to alcohol consumption. Detailed results of selected studies show the need for a differentiated policy on alcohol use among students. Policy should focus on students' demographics in terms of gender, region, religion, time and place of consumption of alcohol.

Strategies on prevention of use of alcohol among learners in Uganda's education system: In his presentation Mr. George Muteekanga (Commissioner in Ministry of Education) highlighted the WHO Global School based Student Health Survey, mentioning that Uganda, one of the participating countries in the survey, had 13% of learners out of the whole survey consuming alcohol and 33% of the learners had tried taking it . In some homes in some regions like Gulu, Kabalore and Tororo alcohol is readily available.

He mentioned that Uganda has no clear regulatory policy on alcohol. Commercial sale of traditionally produced spirits is regulated by the Liquor License Act 1964, which forbids the sale and consumption of crude waragi. However, this law lacks time, place, hours of sale, density of outlets, pricing etc. The legal age limit for consumption of alcohol is 18, but this law is rarely enforced. *He proposed approaches to control alcohol among the learners to include peer-to-peer approach and prevention where learners are helped to discuss and understand their opinions, their beliefs about what they consider to be beneficial versus negative consequences of alcohol abuse like mental problems, school dropout, addiction, early pregnancies etc.*

Preventing underage use among marginalized youth: Mr. Andrew Lubega from UYDEL presented a case study of Kampala district which targeted young people (15-17 years) and their parents. The study showed that the industry is targeting children through sachets (Ugx 200). Up to 95 companies are producing these in Uganda of different brands in every region and the alcohol content is too high (40%) yet a beer bottle has less than 6%. Strategies include a buffet with counter offensives working with authorities, vocational skills training and graduation.



Track 6: Alcohol Policy and Advocacy

Alcohol ordinances and bylaws in Uganda: The secretary of UAPA, Mr. Mutaawe Rogers, reported that results of a study in selected areas indicated that most of the Northern Ugandan districts have functional ordinances or guidelines on alcohol. East, central and western region do not have ordinances. Most districts are faced with challenges of inadequate resources and technical capacity to draft ordinances and politicization of alcohol issues. Districts with ordinances have registered increased production in farming and reduction of idlers. There is however an opportunity since there exists political will and societal norms that discourage alcohol consumption. He recommended for independent studies to be done to determine the impact of ordinances.

Alcohol legislation at local government, Challenges and Prospects. The case of Jinja and Masindi districts: Mr. Makumbi Gerald, working with UNACOH, reported that working with sugar producing factories and the neighboring communities on trying to control alcohol harm in Jinja and Masindi has led to the formulation of Alcohol By-laws and the overarching choice for District Alcohol Ordinances in the respective communities. He noted that this process has been slow because of bureaucratic reasons and the related legal requirements. *So far, the By-laws combined with increased awareness on alcohol harm is observed to result in reduced social crime, work place and road accidents, improved health and better economic status of the communities and reduced number of people reporting to bars early morning, similar efforts are reported in several other districts of Uganda and results are the same.* He recommended that the By-laws should be rolled out to other districts and encouraged dissemination of the information to the local communities using radios and other media. Utilization of phones to capture some information to document, community awareness and dialogue sessions to reach all villages before the by-laws plus people to engage in alternative sources of income generation other than alcohol were also suggested.

This bottom-up approach in regulating alcohol is expected to feed into the current development of the National Alcohol Law and Policy which will cover the entire country to have a uniform control.



Track 7: Building capacity for alcohol, drug use prevention and research

Research is vital in the fight against harms of alcohol. Although there has been increased research in Uganda, little has been done in regard to alcohol and substance abuse. It was noted that in Uganda, there is a problem in accessing funding for research on alcohol in spite of the current prevention and treatment initiatives. *Despite the high levels of alcohol consumption and use in Uganda, there is scarcity of research in several important topics.*



Prof. Nazarius Tumwesigye in his presentations stated that there is need to support existing initiatives like the ADARC (Alcohol, Drugs and Addictions Research Centre) that is currently being established at Makerere University to address the above gaps. He also said that Uganda can pick lessons from other countries that have successfully done research in alcohol like the Iceland Youth – Funded Model. Prof. Monica H Swahn, highlighted that there are key milestones that have been achieved in providing evidence for Uganda’s fight against alcohol harm such as the Uganda Alcohol Status Report 2018. There are many opportunities for research. For example, a research done by Dr. Fr. Evarist Ankwasizi and Dr. F Pio Kiyingi showed that there is a positive relationship between family environment and prevention of alcohol abuse and called upon universities to involve families in the treatment of students who have alcohol addiction. Dr. Kiyingi further recommended collaboration between MoH., Ministry of Education and psychology bodies to train experts to deal with addictions and work together to mobilize resources for research and dissemination of results. Finally, policy makers should be engaged to design alcohol harm reduction strategies as a priority on the policy agenda.

OFFICIAL CLOSURE:

Message from the Chief Guest Dr. Ezra Suruma, Chancellor Makerere University and Former Minister of Finance and economic planning



Chief Guest, UAPA chairperson and other dignitaries display a T-shirt at the official closure of the conference

Dr. Suruma thanked the organizers for the great work and acknowledged all the participants. He informed members that stakeholders in all fields are vital, they feel the burden, so will drive the goal to the intended end. Emphasis should be put on implementation of policies, and not just on their development. Home is an important point to start, to prevent and treat alcohol addictions. Prevention and treatment of alcohol addicts is vital for increased productivity, reduction of injuries increased savings and investment. Alcohol should be made less accessible to everyone, but especially the minors. Prices should be made high, taxation increased and working with communities is another avenue of curbing the vice of alcohol misuse. Reducing the harm by alcohol is a war. Influential people have vested interests, yet societal survival is at stake. He hailed the presence of the civil society at the conference and pledged his support by informing the president of Uganda About the UAPA18.



Some of the participant and the Chief Guest at the closure of the conference

Conference Closing prayer:

The closing prayer was led by Bishop Lugolobi Andrew who represented the Inter Religious Council of Uganda. In his remarks the Bishop expressed the willingness of the religious leaders to support UAPA's cause and asked for more of their involvement.

Conference Dinner and Award:

The conference was crowned with a dinner where the late Dr. Sheila Ndyanabangi was recognized with an award for the outstanding contribution in starting the work against alcohol harm in Uganda. Mr. Ndyanabangi and his children received the award.



CONFERENCE WAY FORWARD AT A GLANCE

- Mobilize high level political commitment.
- Expand advocacy to involve women, children rights and environmental activists.
- Enhance alcohol regulation at local and national levels: Curb drink driving; Establish alcohol marketing code; Higher taxation of high alcohol content beverages.
- Establish an endowment fund charging 5% levy on alcohol,
- Establish support structures for the children and women affected by alcohol abuse.
- Discourage informal production and initiate alternative economic livelihood options.
- Generating and use of evidence in prevention and treatment of alcohol disorders.

The first ever conference on alcohol policy in Uganda came to a successful end with achievements beyond the expectations of the organizers. From the rich and diverse discussions, it was found that the war against alcohol harm is not lost, though there are many hurdles to overcome, ranging from corruption and insufficient government interventions to the counter reaction from the economists and the alcohol manufacturers themselves. The fight against alcohol harm needs concerted efforts from all stakeholders including political, religious, cultural and opinion leaders.

ANNEXES

Please work on these abbreviations.

Participants to the first Uganda Alcohol Policy Conference, 27 – 28th November 2018 at Hotel Africana

	NAME	COUNTRY	ORGANIZATION
1	Dewuy Benedicte	Belgium	Hope and Beyond
2	Leen De Nutte	Belgium	Centre for Children in Vulnerable Situations
3	Egide Rushanuka	Burundi	Bujumbura, Avenue Nkamicaniye
4	Mahonda Magnus	Burundi	Burundi Alcohol Policy Alliance
5	Muhoza Ida Claire	Burundi	Burundi Girl Guides Association.
6	Munezero Bernadette	Burundi	Burundi Alcohol Policy Alliance.
7	Nijimbere Marie Chantal	Burundi	Burundi Girl Guides Association.
8	Gichana Philip	Kenya	ACPN/KAPA
9	Ishmael Shem	Kenya	Blue cross kisumu
10	Jerono Caroline	Kenya	Blue cross kisumu
11	Kiriba Kairuki	Kenya	ACPN/KAPA
12	William Ntakuka	Kenya	Kenya alcohol Policy Alliance
13	Mukantabana Crescence	Rwanda	Poor Women Development Network
14	Mwananawe Aimable	Rwanda	MRO/NGO-CSO
15	Umulisa Pascaline	Rwanda	Association des Guides du Rwanda
16	Umuraza Germaine	Rwanda	Rwanda Girl Guides Association
17	Jonas Ngulube	S.africa	South Africa Alcohol Policy Alliance
18	Kristina Sperkova	Sweden	IOGT.NTO.MOVEMENT
19	Per-ake Andersson	Sweden	IOGT.NTO.MOVEMENT
20	Balimanya Didas	Tanzania	IOGT.NTO.MOVEMENT
21	Charamira Irene R	Tanzania	Tanzania Public Health Association
22	Emiliana Stanslaus	Tanzania	Tanzania Girl Guides Association
23	FIVAWO Agnes	Tanzania	Tanzania Girl Guides Association
24	Maliaki Josephine	Tanzania	Tanzania Network Against Alcohol Abuse
25	Mbogela Esther	Tanzania	IDYDC-IRINGA
26	Nyalusi Naomi	Tanzania	IDYDC-IRINGA
27	Sophia Komba	Tanzania	Dar es Salaam
28	Prof Monica Swahn	U.s.a	Georgia State University
29	Ajambo Dorah	Uganda	Parliament-Health desk

30	Adalo Innocent	Uganda	Victoria University
31	Agidesaasi Apophia	Uganda	MUSPH
32	Alele Vincent	Uganda	Centre for Children in Vulnerable Situations
33	Amulen Agnes	Uganda	MUBS
34	AmwiineHope	Uganda	Parliament-Health desk
35	Ariko David	Uganda	UCU
36	Asaba Linda	Uganda	Uganda Health Communication Alliance
37	Ashaba Ajara	Uganda	IUIU
38	Asiimwe Frank	Uganda	UNACOH-MASINDI/JINJA
39	Asiimwe Robert	Uganda	UNAU Secretariat
40	Awori Elizabeth	Uganda	Kahill insights
41	Awungi Innocent	Uganda	UNACOH-MASINDI/JINJA
42	Ayazika Peter	Uganda	UNACOH-MASINDI/JINJA
43	Ayebazibwe A	Uganda	UNACOH-MASINDI/JINJA
44	Baguma Peter (Prof)	Uganda	Makerere University School of Public Health
45	Baguma Richard	Uganda	Uganda Health Communication Alliance
46	Bainomugisha Julius	Uganda	MUK
47	Balama Zurah	Uganda	UNACOH-MASINDI/JINJA
48	Balyevuga Steven	Uganda	Heineken
49	Basangwa David (Dr)	Uganda	BUTABIKA HOSPITAL
50	Bayiga Esther Diana	Uganda	MSPH
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54	Birungi Mariam	Uganda	Focus On Recovery
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56	Brenda Atalo	Uganda	Victoria University
57	Byamukama Nozioas	Uganda	Media- mama FM
58	Chandia Kato Charles	Uganda	Twekembe Slum Project
59	Cliff Abenaitwe	Uganda	Media- Radio west
60	Ddungu Davis Joel	Uganda	Media -CBS
61	Deo Sekimpi (Dr)	Uganda	Uganda National Association of Consumer and Occupational Health
62	Diloy Margaret	Uganda	AHTV/ICK
63	Dr. Kasule Hasfa	Uganda	World Health Organization

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74	Gonga Dalton Timothy	Uganda	IUIU
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81	Ijala Joyce	Uganda	Uganda Girl Guides Association
82	Isabirye Jackson	Uganda	Ring of Hope/UAPA Executive
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84	Jennifer kalule Musumba	Uganda	UHCA
85	Jokax Mitala	Uganda	Media- Record TV
86	Kababiito Shamim	Uganda	UICT
87	Kabuubi Mathias	Uganda	East Africa Centre forAddiction Services
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92	Kalyebi Esther	Uganda	Parliament-Health desk
93	Kasirye Rogers	Uganda	Uganda Youth Development Link
94	Kasozi Gregory	Uganda	Recovery Solutions
95	Kasubi Fred	Uganda	Jinja Ring of Hope
96	Kateregga Moses	Uganda	MUBS
97	Kiberu Sirajje	Uganda	Media- KTV
98	Kiganika Hamiisi	Uganda	UNACOH-MASINDI/JINJA

99	Kigenyi Frank	Uganda	UNACOH-MASINDI/JINJA
100	Kigongo Issa	Uganda	Media- Ch 44 tv
101	Kigudde Ivan	Uganda	Ministry of Health
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177	Nasser Kayanja	Uganda	Media- Radio simba
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179	Nawatene Christine	Uganda	Media- radio one
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UAPA-10 Chairperson and guest of honor after the closure of the conference

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**UGANDA ALCOHOL POLICY ALLIANCE (UAPA)
NOVEMBER 2018**



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