UGANDA ALCOHOL STATUS REPORT – 2018

UGANDA ALCOHOL POLICY ALLIANCE (UAPA)

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“Control alcohol, promote health, protect future generations”

Dr. Tedros Adhanom Ghebreyesus,
Director-General, World Health Organization

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune-Deficiency Syndrome
ASA	Alcohol Situational Assessment
FGD	Focus Group Discussion
GBV	Gender Based Violence
HIV	Human Immuno-Deficiency Virus
KCCA	Kampala City Council Authority
LC	Local Council
M&E	Monitoring and Evaluation
NGO	Non-governmental Organization
PHC	Primary Health Care
UAPA	Uganda Alcohol Policy Alliance
UGGA	Uganda Girl Guides Association
UNACOH	Uganda National Association of Community and Occupational Health
UNBS	Uganda National Bureau of Standards
UYDEL	Uganda Youth Development Link
WHO	World Health Organisation

EXECUTIVE SUMMARY

Background and rationale of the report: Uganda ranks among the highest alcohol per capita consuming countries in Africa and consequently suffers various negative related consequences. This report provides insight regarding alcohol availability, prevalence, patterns, and harm associated to its use. It also highlights the existing control measures in Uganda.

Methods: In this report we highlight findings of two separate studies; one on alcohol use (Alcohol Situation Assessment (ASA-2017)) conducted in 2016 and the other on Alcohol legislation at the districts that was done in 2017. ASA-2017 reports finding of three interlinked studies on the alcohol situation conducted in 5 Ugandan districts. The overall purpose of ASA-2017 was to examine alcohol availability, pattern of use and related harm in the selected districts of Uganda. Both quantitative (structured questionnaires) and qualitative (semi structured interviews and focus group discussions) were used. ASA-2017 involved a total of 914 respondents aged 10-65 years and selected using the quota sampling procedure i.e. 50% male and 50% female respondents of age groups <14 (15%), 14-17 (20%), 18-24 (30%) and >above 24 (35%). Selection of the participating districts was based on the catchment areas for IOGT.NTO.MOVEMENT supported organizations that are involved in prevention of harmful use of alcohol. Participants were recruited at parish levels from Kihuuba in Masindi (Western), Kisenyi 1 and Kikooza in Kampala and Mukono respectively (Central) and from Ochuloi and Aminit in Soroti and Wanyama in Jinja (East).
The second study reviewed in this report was a separate qualitative survey conducted by UAPA executive members. The overall purpose of the survey was to assess the existence, relevance and enforcement of alcohol ordinances in 38 districts randomly selected from North (9), East (9), Central (10) and Western (10) regions. Data collection was based on a semi structured interview guide and targeted at least one key official from each district.

Findings: This report confirmed high prevalence of alcohol use amidst high awareness of its harm in Uganda. Children and women were reportedly more affected by alcohol use compared to other populations. It was clear that parishes that reported high percentages of alcohol problems had high rates of alcohol consumption and many alcohol production and selling points. Findings further reveal scarce interventions in form of the legislative framework at the national and local levels.

Policy Implications: The study recommended mechanisms to enhance alcohol regulation at national and local levels (such as controlling the number and density of outlets; reducing opening hours of bars, banning sachet alcohol and controlling of informal alcohol) to reduce its availability/accessibility. Awareness campaigns targeting change agents should be based on evidence based social behaviour change communication strategies that address the mind-sets of the people and life skills necessary to translate the knowledge into practice. There is need to step up efforts to protect victims of alcohol violence (Mostly children and women). In the absence of resources, an endowment fund charging 5% levy on alcohol should be established to mitigate the alcohol harm.

SECTION ONE: BACKGROUND & CONTEXT

Alcohol is a massive obstacle to development, adversely affecting 13 of 17 SDGs, fuelling poverty, inequality, violence, including gender-based violence, and vast economic and productivity losses (WHO, 2018).

1.1 Introduction

1.1.1 Prevalence and patterns of alcohol use in Uganda

The use of alcohol presents a serious challenge worldwide and is increasingly associated with negative consequences in developing countries most specifically in Africa, which bears the heaviest burden of disease and injury attributed to alcohol (WHO, 2018). Although WHO recently reported a reduction in Uganda's per capita consumption of alcohol among adults aged 15 years and above from 13.3l in 2010 to 9.6l the country still ranks among the highest alcohol consuming countries in Africa whose average is 6.3l (WHO, 2018). Kabwama et al., 2016 reported 26.8% of the Ugandan population as current alcohol users. Accordingly 7.1 of the population suffers from Alcohol Use Disorder which is again above the Africa region's 3.7%. Further to that, WHO indicates high levels of heavy episodic drinking (56.9% and 60.07%) among drinkers only and among drinkers aged 15-19 years, respectively. Basing on two studies conducted among selected districts in 2016 and 2017, this report further examines the alcohol situation in Uganda. The purpose of the report is to provide insight regarding alcohol availability, prevalence, patterns, and harm associated to its use and to highlight the existing control measures.

Over the past two decades, countries in the Sub-saharan Africa have witnessed rapid increase in the availability and affordability of alcohol, primarily as a result of the alcohol industry's attempts to open new markets for their products (Jernigan & Obot, 2006; Willis, 2006). In Uganda, the wide availability of alcohol has been blamed as a major source of alcohol misuse (Kalema, 2015). Alcohol is generally entrenched in the day to day lives of people, extensively used for social functions and considered a 'normal drink' which promotes heavy drinking (Swahn et al., 2013; WHO, 2010). Alcohol products are distributed country wide and accessible in supermarkets, bars, restaurants, discotheques and some local shops. A key feature of alcohol consumption is the wide prevalence of informal or unrecorded alcohol (i.e., alcohol produced outside the jurisdiction of the government) which constitutes the bulk of alcohol consumption in rural areas (WHO, 2014). In Uganda the highly toxic informal alcohol is abetted by the various homemade alcohol and wide prevalence of sachet alcohol. Underage drinking among both school going and non-school going youth is another increasing concern in Uganda and has been well documented (Rukundo, Kibanja, & Steffens, 2017, Swahn, Palmier, & Kasirye, 2013; WHO, 2014). Swahn (2014) reports that 26% of the youth aged 12-18 in slums drink alcohol and the number is most likely higher among the youth with more resources.

1.1.2 Alcohol harm

Globally, 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, adversely affecting 13 of 17 SDGs, fuelling poverty, inequality, violence including gender-based violence, and vast economic and productivity losses (WHO, 2018). The production and consumption of informal alcohol is linked with specific problems, such

as unsafe sexual practices, diarrhea, organ system damage, trauma, gender-based and domestic violence, depression, child abuse and neglect, and diversion of funds from food and other family expenses in the community (Adelekan, 2008). In Uganda, alcohol contributes 6.5% of all deaths (WHO, 2018).

Alcohol misuse has been documented to hinder social economic advancement and current trends pose considerable challenge to the attainment of Uganda's Vision 2040 for "A Transformed Society from a peasant to a modern and prosperous Country".

Picture Showing young people during a drinking bout. Teenage bing drinking is becoming a common accurence in Uganda today

1.1.3 Policy responses to alcohol misuse in Uganda

Policy responses can be regarded as any purposeful effort or authoritative decision on the part of a government or non-governmental group to minimize or prevent negative alcohol-related consequences (Babor et al., 2010). Uganda's President, His Excellence, Yoweri Kaguta Museveni has frequently mentioned that "Uganda needs fewer bars and less drinking" but the alcohol drinking problem seems to be worsening without apparent means to control it. Several laws exist at the national level. These include; The Enguli act 1966, The Uganda Liquor Act Cap 93, Traffic and Road Safety Act 1998, Uganda National Bureau of Standards Act-Cap 327 (specifically Sec. 111), among others. Uganda's major alcohol law, the Enguli Act is however criticized for being outdated yet the other relevant legislations are scattered among different documents which pose a challenge in implementation. Some attempts through district ordinances and Sub-county standing orders have been made to control alcohol at lower levels. However information relating to such laws is still scanty. In face of the sluggishness in drafting and implementation of the national alcohol laws, feasible alternatives to protect the masses against alcohol harm can be sought in alcohol ordinances and bylaws at local government levels. It is upon this background that UAPA collected data about the availability of alcohol ordinances in 38 districts from the four regions of Uganda. It is assumed that profiling the status of alcohol legislation at district level would promote information transfer on good practices among these institutions.

1.2 Problem statement and rationale of this report

Although alcohol use in Uganda has been associated with rising negative social economic consequences, sectors concerned with mitigating alcohol harm are implementing fragmented interventions without baseline information to serve as a point of reference. Official data and information concerning alcohol use, its effects and control of harm is still scanty. According to Dr Tedros Adhanom Ghebreyesus, Director-General, WHO, reducing alcohol-related harm increases the chances of reaching Sustainable Development Goals to provide a more equitable and sustainable future for all people by 2030 (WHO, 2018). WHO further recommends monitoring and surveillance systems on alcohol and public health to cover three overall domains of key indicators, namely those on alcohol consumption, health and social consequences, and policy and programme responses. This report was compiled to offer insight about the alcohol situation so as to advice on possible interventions and impact assessment of the control measures in Uganda.

SECTION TWO: METHODOLOGY

Monitoring and surveillance systems on alcohol and public health should cover three overall domains of key indicators, namely those on alcohol consumption, health and social consequences, and policy and programme responses ***(WHO, 2018)***

SECTION TWO: METHODOLOGY

2.0 Introduction

The Uganda Alcohol Status Report highlights findings of two separate studies; one on alcohol use ASA-2017 conducted in 2016 (Mugula, 2016a; 2016b; 2016c) and the other on Alcohol legislation at the districts that was done in 2017 (UAPA, 2017).

2.1 Alcohol Situation Assessment (ASA-2017)

ASA-2017 reports findings of three interlinked studies on the alcohol situation that was conducted in 5 Ugandan districts. The data collection for the ASA took place in the period October and December 2016.

2.1.1 Approach and design of ASA-2017

The overall purpose of ASA-2017 was to examine alcohol availability, pattern of use and harm in the selected districts of Uganda. Both quantitative and qualitative approaches were used. Quantitative approach involved structured interviews while the qualitative used semi-structured interviews and Focus Group Discussions (FGDs).

2.1.2 Sample and selection criteria of ASA-2017 participants

ASA-2017 involved a total of 914 respondents aged 10-65 years and selected using the quota sampling procedure i.e. 50% male and 50% female respondents of age groups <14 (15%), 14-17 (20%), 18-24 (30%) and >above 24 (35%) (See table 1). Selection of the participating districts was based on the catchment areas for IOGT.NTO.MOVEMENT supported organizations for preventing harmful use of alcohol. Data on alcohol use, harm and awareness of its restrictions was collected through implementing partners i.e. Uganda Girl Guides Association in Soroti, Uganda Youth Development Link (UYDEL) in Kampala and Mukono Districts and Uganda National Community Occupational Health (UNACOH) in Masindi and Jinja. Accordingly participants in the western region were recruited from Kihuuba parish in Masindi and those from central from Kisenyi 1 and Kikooza of Kampala and Mukono respectively. Finally, respondents from the eastern part of Uganda were drawn from Ochuloi and Aminit parishes (Soroti) and Wanyama Parish (Jinja).

UAPA Executive Meeting discussing Methodology of the Study

Table 1: Bio data of the respondents involved in the ASA-2017 study

	EASTERN						WESTERN		CENTRAL					
DISTRICT	**Soroti**				**Jinja**		**Masindi**		**Mukono**		**Kampala**		**OVERALL**	
PARISH	**Amimit**		**Ochulai**		**Wanyama**		**Kihuuba**		**Kikooza**		**Kisenyi**			
	N	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**	**N**	**%**
1) Sex														
1.Male	85	56.7	87	58.0	78	52.0	75	49.3	76	50.0	78	50.6	481	52.9
2.Female	65	43.3	63	42.0	72	48.0	77	50.7	76	50.0	76	49.4	429	47.1
2) Age														
1. Below 14	26	17.3	20	13.3	22	14.7	24	15.8	30	19.7	22	14.3	144	15.8
2. 14 to 17	12	8.00	17	11.3	29	19.3	30	19.7	30	19.7	28	18.2	146	16.0
3. 18 to 24	24	16.0	39	26.0	46	30.7	45	29.6	32	21.1	50	32.5	236	25.9
4. Above 24	88	58.7	74	49.3	53	35.3	53	34.9	60	39.5	54	35.1	386	42.2
3) Education														
1.No Formal Education	40	26.7	38	25.3	10	6.7	11	7.2	40	26.3	11	7.1	150	16.5
2.Below P. 7	51	34.0	45	30.0	45	30.0	74	48.7	32	21.1	35	22.7	282	31.0
3.P.7	31	20.7	32	21.3	30	20.0	26	17.1	26	17.1	48	31.2	197	21.4
4.Senior 4	23	15.3	26	17.3	45	30.0	28	18.4	39	25.7	42	27.3	203	22.3
5.Senior 6	3	2.0	6	4.0	12	8.0	5	3.3	6	3.9	11	7.1	43	4.7
6.University	2	1.3	3	2.0	7	4.7	8	5.3	9	5.9	7	4.5	36	4.0
4) Marital Status:														
1.Cohabiting	5	3.3	9	6.0	15	10.0	2	1.3	26	17.1	6	3.9	63	6.9
2.Married	78	52.0	75	50.0	41	27.3	49	32.2	12	7.9	39	25.3	296	32.4
3.Divorced	5	3.3	6	4.0%	3	2.0	6	3.9	20	13.2	5	3.2	45	5.1
4.Single	62	41.3	60	40.00	91	60.7	95	62.5	94	61.8	104	67.5	506	55.6

N = Number **P = Primary**

Study participants included children and youth, parents/ guardians, teachers, elders, local government representatives/ staff, local council, youth and community leaders. For the qualitative design, semi-structured interviews were conducted with a technical staff leading the implementation of alcohol interventions and with key informants that were purposely selected to represent the different stake holders in the project area. FGDs involved data collection from groups of 6-8 purposively selected respondents who represented different view-points of the stakeholders noted above. Respondents were located using information

and support provided by the field staff of IOGT.NTO.MOVEMENT partners in respective areas. A local community leader and the field staff supported the baseline team to identify the sampled respondents.

2.1.3 Data Collection of ASA-2017

A total of 20 Key informant interviews, 16 FGDs and 914 structured questionnaires were used to collect data. Five enumerators and two data entry clerks (research team) per district were trained and oriented on data collection and management. A consultant (lead researcher) and the rest of the research team undertook data collection from the identified respondents in respective parishes. Interviews were conducted at the homes and places of work e.g. schools, parish or sub-county offices where the stakeholders were based.

2.1.4 Validity and reliability of ASA-2017

Validity was achieved through triangulation of methods, translation of tools into local language and piloting of the study. On the other hand reliability was ensured through checking for correctness and completeness of questions and responses, involvement of technical staff in data analysis and discussing results of the study with participating agencies.

2.1.5 Data analysis of ASA-2017

Data processing and cleaning were conducted by the lead researcher, with support from the Data Entrants who were part of the Research Assistants. Quality of quantitative data was maintained through double data entry of at least 25% of questionnaires and cross-checking against the original questionnaires for validation. This ensured immediate rectification of discrepancies found between the two datasets. To improve accuracy of data entry, data was entered into Epi-Data using a computer-generated copy of the questionnaire. The data analysis was guided by the ASA2017 baseline objectives. For the qualitative data, data reduction using codes and thematic analysis was employed.

2.1.6 Ethical Considerations of ASA-2017

ASA-2017 was approved by the Uganda National Council for Science and Technology (Ref no: SS4173). The research team therefore, observed a number of ethical considerations such as obtaining informed consent and assent from participants and ensured privacy and confidentiality during and after data collection.

2.2 Survey on district based alcohol regulations

To complement the above findings, UAPA conducted a separate qualitative survey regarding alcohol control initiatives at the district levels. The overall purpose of this survey was to assess the existence, relevance and enforcement of alcohol ordinances in the selected districts. Districts assessed for availability and enforcement of alcohol ordinances were randomly selected from the 4 geographical regions of Uganda. A total of 38 districts (10 districts from each region, i.e. North (9), East (9), Central (10) and Western (10) regions were sampled for this study (see table 2). Data collection was based on a semi structured interview guide. Responses to the interview guide were provided by key informants such as the Chief Administrative Officers, Senior Community Development Officers, Law Enforcement Officers, Senior Clerks to District Councils and the Town Clerks in the selected districts. The survey was executed by UAPA executive members between June and December, 2017.

Table 2 showing the districts that participated in the survey on district based alcohol regulation in Uganda

Region	Participating districts
Northern	Arua, Pader, Agago, Abim, Apac, Arua, Kole, Gulu, and lira
Central	Kampala, Mukono, Mpigi, Masaka, Gomba, Buikwe, Mubende, Wakiso, Kayunga and Mityana
Western	Kibaale, Hoima, Masindi, Mbarara, Isingiro, Ntungamo, Ibanda, Kyegegwa, Kyenjojo and Fort portal
Eastern	Buyende, Kamuli , Luuka, Budaka , Kibuku , Namutumba , Jinja, Iganga and Mayuge

SECTION THREE: FINDINGS ON THE ALCOHOL SITUATION (ASA-2017) IN UGANDA

"I know many people in this area who drink every day. Some of them start drinking as early as 9 am in the morning. This is bad because such people have become less productive and their families are suffering". Female Parent in Kisenyi I Parish, Kampala District

3 Introduction

The first part of this section reports findings of ASA- 2017 regarding alcohol availability, use and harm and the general study respondents' attitude towards alcohol. The second part is based on a separate study on district legislation of alcohol in Uganda.

3.1 Attitude towards alcohol

Almost half of the respondents i.e. 47.2% perceived alcohol as a normal drink (see table 3). Higher approval of alcohol was observed among participants from Ochulai in Soroti district while the lowest endorsement (20.8%) was seen in Wanyama in Jinja district. **A Youth Leader, Aminit Parish, Soroti District** is quoted to have said that; "*Those who drink alcohol consider it as a way of socializing with their neighbors and friends ….*" **An Elder in Kisenyi I Parish, Kampala District** commented that "*In my culture mwenge bigere* (a type of local brew for people from the Central region of Uganda) *is considered a social beverage which should be present at all functions. So some people take this literally and drink even when they should not be drinking or when they cannot afford to buy and resort to begging others*".

Table 3 showing respondents' responses regarding alcohol as a social beverage

	EASTERN						WESTERN		CENTRAL				Overall	
DISTRICT	Soroti				Jinja		Masindi		Mukono		Kampala			
PARISH	Amimit		Ochulai		Wanyama		Kihuuba		(Kikooza)		Kisenyi			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Yes	48	32.2	110	74.3	31	20.8	78	51.3	86	56.6	74	48.1	429	47.2
No	101	67.8	38	25.7	118	79.2	74	48.7	66	43.4	80	51.9	478	52.8

3.2 Alcohol availability and accessibility

Availability of alcohol was assessed by asking if the respondents were aware of any alcohol producing and selling points in the radius of 500m within their localities. Regarding alcohol availability, 75% of the respondents knew up to 5 centres while 16.2% estimated to know 6-10 alcohol production centres in their localities (see table 4 below).

Table 4 showing alcohol producing points within the respondent's residential areas.

	EASTERN						WESTERN		CENTRAL				Overall	
DISTRICT	Soroti				Jinja		Masindi		Mukono		Kampala			
PARISH	Amimit		Ochulai		Wanyama		Kihuuba		(Kikooza)		Kisenyi			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
1.0-5	48	32.20	95	63.3	72	100.0	107	73.3	151	99.3	144	93.5	617	75.0
2.6-10	42	28.2	47	31.3	0	0.0	37	25.3	1	0.7	7	4.5	134	16.2
3.11-15	28	18.8	6	4.0	0	0.0	1	0.7	0	0.0	3	1.9	38	4.6
4.16-20	16	10.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	16	1.9
5.21-25	6	4.0	1	0.7	0	0.0	0	0.0	0	0.0	0	0.0	7	0.8
6.Above 25	9	6.0	1	0.7	0	0.0	1	0.7	0	0.0	0	0.0	11	1.3

Further findings on availability of alcohol revealed that that 58.7% of the respondents knew of 0-5 alcohol selling points located within their areas and 23.5% respondents knew of 6-10 alcohol selling points located within 500m of their residence whereas 8.3% had 11-15 alcohol selling points located in 500m in their areas (see table 5). **A respondent in Kikooza Parish, Mukono District** noted that; "*There are many depots of beer and waragi and vehicles which distribute the alcohol to the selling points. That is why everywhere you turn you see a bar or shop selling alcohol*". **A Youth in, Kisenyi I Parish, Kampala District** stated that; "*Here in Kamwokya, almost every shop is a bar/ alcohol selling point*". "*Alcohol selling points are many. All those retail shops, kiosks, and bars sell alcohol.*" Remarked an **Elder, KII Wanyama Parish, Jinja District.**

Table 5 showing alcohol selling points within the respondent's residential areas.

	EASTERN						WESTERN		CENTRAL				Overall	
DISTRICT	Soroti				Jinja		Masindi		Mukono		Kampala			
PARISH	Amimit		Ochulai		Wanyama		Kihuuba		(Kikooza)		Kisenyi			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
1.0-5	109	73.6	107	71.3	107	77.5	52	35.1	96	63.2	51	33.1	524	58.7
2.6-10	26	17.6	38	25.3	24	17.4	37	25.0	47	30.9	38	24.7	210	23.5
3.11-15	11	7.4	5	3.3	3	2.2	39	26.4	7	4.6	9	5.8	74	8.3
4.16-20	2	1.4	0	0.0	4	2.9	15	10.1	2	1.3	28	18.2	51	5.7
5.21-25	0	0.0	0	0.0	0	0.0	4	2.7	0	0.0	9	5.8	13	1.5
6.Above 25	0	0.0	0	0.0	0	0.0	1	0.7	0	0.0	19	12.3	20	2.2

Accessibility

Accessibility of alcohol was assessed with questions on ease of getting alcohol, the rate of buying homemade (informal) drink and how often the parent/ guardian requested a child to buy alcohol in previous six months (see table 6).

Majority of the respondents (80.1%) confessed to finding it easy to access alcohol. In Kampala, accessibility was as high as 98.1%. **A Teacher, in Ochuloi Parish, Soroti District narrated** that, *"The price of alcohol is so low, they (people) buy it cheaply everywhere because it is readily available from the selling centers".*

Table 6 showing accessibility of alcohol among the respondent's residential areas

	EASTERN						WESTERN		CENTRAL				Overall	
DISTRICT	Soroti				Jinja		Masindi		Mukono		Kampala			
PARISH	Amimit		Ochulai		Wanyama		Kihuuba		(Kikooza)		Kisenyi			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
It is easy for me to get alcohol if I wanted to														
SA	60	40.0	49	32.9	37	25.3	121	82.3	48	31.6	139	90.3	456	50.7
A	66	44.0	52	34.9	86	58.9	3	2.0	52	34.2	12	7.8	271	30.1
N	1	0.7	0	0.0	3	2.1	0	0.0	5	3.3	0	0.0	9	1.0
D	14	9.3	40	26.8	16	11.0	16	10.9	14	9.2	1	0.6	101	11.2
SD	9	6.0	8	5.4	4	2.7	7	4.8	33	21.7	2	1.3	63	7.0
Bought homemade alcohol in the last six months														
SA	16	10.7	9	6.1	11	7.4	65	43.6	15	9.9	30	19.5	147	16.3
A	40	26.7	54	36.7	16	10.8	7	4.7	10	6.6	7	4.5	134	14.9
N	2	1.3	4	2.7	4	2.7	3	2.0	16	10.5	2	1.3	32	3.5
D	59	39.3	58	39.5	94	63.5	52	34.9	72	47.4	80	51.9	415	46.0
SD	33	22.0	22	15.0	23	15.5	22	14.8	39	25.7	35	22.7	174	19.3
Asked by parent/ guardian to buy alcohol in the past six months														
SA	6	4.0	15	11.4	9	6.3	51	34.2	24	15.8	25	16.2	131	14.9
A	34	22.7	36	27.3	31	21.7	6	4.0	6	3.9	5	3.2	118	13.4
N	1	0.7	6	4.5	8	5.6	0	0.0	3	2.0	3	1.9	21	2.4
D	59	39.3	35	26.5	71	49.7	52	34.9	56	36.8	70	45.5	343	38.9
SD	50	33.3	40	30.30	24	16.8	40	26.8	63	41.4	51	33.1	269	30.5

Key: **SA** = Strongly Agree **A** = Agree **N** = Neither
D = Disagree **SD** = Strongly Disagree

Home-made alcohol: With regard to buying homemade (informal) alcohol, 31.2% of the respondents agreed that they had bought homemade (informal) alcohol in the last six months. **A Community Leader, In Aminit Parish, Soroti District** remarked that *"We have all taken alcohol. In this parish, alcohol is everywhere. The people including youth have access to it because Ajon (the local brew) is a source of*

income almost everyone can get it if they want." In a FGD for women in Ochuloi Parish, Soroti District a participant said; "*The rate of (informal) alcohol production is very high here. The raw materials like cassava, millet, and sorghum are easy to get, and the customers (alcohol consumers) are so many*".

How often the parents/guardians requested children to buy alcohol? Findings on respondents being asked by their parent/ guardian to buy alcohol show that 28.3% of the respondents agreed to being asked by their parent/ guardian to buy alcohol. Ochulai (38.7%) and Kihuba (38.2%) participants from Soroti and Masindi, respectively, reported higher cases of parents who ask children to buy alcohol than the rest of the areas.

3.3 Alcohol use

This subsection reports the number of people who had a drink which contains alcohol in the last 6 months, the age of first exposure to alcohol, who introduced them to alcohol, the frequency of alcohol use, number of alcoholic drinks taken on a drinking day, intention to reduce alcohol use and the proportion of income spent on liquor.

The study findings revealed an overall 68.0 % of the respondents that had taken alcohol at least once in the past six months. Highest incidences were reported in Soroti closely followed by Kisenyi in Kampala (See table 7). The FGD for **Female Youth, Kikooza Parish, Mukono District** established the following factors as those which induce the children and youth to consume alcohol; Peer pressure, unemployment, poor parenting, pain relief especially in times of sorrow, cultural acceptability and some say it is doctors' advice to take some alcohol. "*Alcohol consumption here is so high especially on the side of the youth. Many take alcohol because they have dropped out of school and besides they see their parents and guardians taking alcohol at home*" **Local Leader, FGD Kihuuba Parish**.
In the **FGD for Women in Aminit Parish**, someone commented that "*The men drink much more than the women. They don't work, and many spend a lot of time in the drinking joints. So they take many drinks.*"

Picture showing a variety of toxic alcohol that is produced and sold in sackets and plastic bottles

Table 7 showing alcohol use among respondents

	EASTERN						WESTERN		CENTRAL				Overall	
DISTRICT	Soroti				Jinja		Masindi		Mukono		Kampala			
PARISH	Amimit		Ochulai		Wanyama		Kihuuba		Kikooza		Kisenyi			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Taken a drink containing alcohol the last six month														
Yes	57	55.3	75	76.5	29	59.2	49	73.1	50	71.4	56	71.8	317	68.0
No	45	43.7	23	23.5	20	40.8	18	26.9	20	28.6	22	28.2	148	31.8
Age of first alcohol use														
< 14	34	33.3	32	32.3	5	10.0	25	38.5	31	44.3	21	26.9	148	31.8
14 to 17	25	24.5	26	26.3	23	46.0	12	18.5	21	30.0	27	34.6	134	28.8
18 to 24	35	34.3	32	32.3	19	38.0	25	38.5	16	22.9	25	32.1	152	32.7
24 <	8	7.8	9	9.1	3	6.0	3	4.6	2	2.9	5	6.4	31	6.7
SD	33	22.0	22	15.0	23	15.5	22	14.8	39	25.7	35	22.7	174	19.3
Who introduced you to alcohol?														
Friends	41	39.8	31	31.6	20	40.8	26	40.6	32	45.7	35	44.9	186	40.2
Spouse	13	12.6	6	6.1	14	28.6	8	12.5	11	15.7	6	7.7	58	12.5
Parent	22	21.4	48	49.0	5	10.2	16	25.0	8	11.4	11	14.1	110	23.8
Self/None	27	26.2	13	13.3	8	16.3	12	18.8	18	25.7	21	26.9	99	21.4
Others	0	0.0	0	0.0	2	4.1	2	3.1	1	1.4	5	6.4	10	2.2
Frequency of drinking in past 6 months														
Never	44	43.1	23	23.5	18	37.5	17	25.4	23	32.9	28	35.9	153	33.0
Once a month	7	6.9	10	10.2	8	16.7	8	11.9	6	8.6	17	21.8	56	12.1
Once a week	10	9.8	14	14.3	5	10.4	8	11.9	6	8.6	18	23.1	61	13.1
2-4 times a week	20	19.6	29	29.6	9	18.8	12	17.9	16	22.9	14	17.9	101	21.8
Daily	17	16.7	12	12.2	4	8.3	21	31.3	8	11.4	0	0.0	62	13.4
No of drinks on a typical drinking day														
One	22	36.7	33	44.0	9	29.0	9	17.0	26	44.1	41	62.1	140	40.2
Two	22	36.7	34	45.3	16	51.6	8	15.1	18	30.5	12	18.2	110	31.9
3-4	7	11.7	7	9.3	5	16.%	16	30.2	9	15.3	11	16.7	56	16.2
5<	9	15.0	1	1.3	1	3.2	20	37.7	6	10.2	2	3.0	39	11.3

Intention to stop drinking														
Yes	56	93.4	73	97.3	26	86.7	37	74.0	61	93.8	66	84.6	320	89.2
No	4	6.7	2	2.7	4	13.3	13	26.0	4	6.2	12	15.4	39	10.9
Proportion of Monthly income spent on alcohol														
0-20	48	81.4	77	90.6	26	86.7	30	58.8	51	79.7	59	77.6	292	79.8
21-40	4	6.8	8	9.4	3	10.0	10	19.6	7	10.9	15	19.7	47	12.8
41-60	4	6.8	0	0.0	1	3.3	5	9.8	4	6.2	2	2.6	16	4.4
61-80	0	0.0	0	0.0	0	0.00	1	2.0	2	3.1	0	0.0	3	0.8
81-100	3	5.1	0	0.0	0	0.0	5	9.8	0	0.0	0	0.0	8	2.2

Age of first alcohol use: Regarding the age when respondents first took alcohol, 60.6% had their first alcohol encounter before 18 years while 31% commenced alcohol use below 14 years. **The Women FGD in Katine-Ochuloi Parish, Soroti District** noted that: *"The youth start drinking mostly at the age of 15–18 years, but there are also those who start much earlier even before ten years."* Respondents from Kikooza (mukono) reported significanlty high cases of early alcohol debut (74.3%) than the rest.

Who introduces people to alcohol? Majority of the respondents who had initiated alcohol consumption reported being introduced to drinking by friends (40.2%) followed by 23.8 % who were influenced by guardians and 21.4% confirmed they started on their own. **A Parent in Kikooza Parish, Mukono District** said that "*Peer pressure is a big problem and a lot of young children are drinking because their friends are doing it.*" While in general, friends were reported as main initiators of people to alcohol use, the role of parents/guardians was exceptionally higher in Oculai parish (Soroti district). **A Male Parent in Aminit Parish, Soroti District** commented that "*Many people start taking ajon at home. Parents introduce their children to drinking by making them taste the alcohol, and this is when the children and youth get initiated and start to drink.*"

The **frequency of alcohol consumption** was explored by asking how often respondents took a drink containing alcohol. 13.4% were daily drinkers while 21.8% reported to drink 2-4 times a week and 17.1% drunk once a week. Higher prevalence of daily drinking was cited in Masindi District. **A Female Parent in Kisenyi I Parish, Kampala District** revealed; "*I know many people in this area who drink every day. Some of them start drinking as early as 9 am in the morning. This is bad because such people have become less productive and their families are suffering*".
27.5% of the respondents can be classified as hazardous drinkers (WHO) as they reportedly consumed more than three drinks on a typical drinking day. Amimit respondents (26.7%) in Soroti reportedly consumed higher quantities than the rest. During the **FGD, women in a nearby Ochuloi Parish** remarked that "*The rate of alcohol consumption is quite high. Some people don't even eat food but drink every day. That is why many are getting wasted due to poor feeding yet they drink daily*".

Desire for reduction in consumption: Findings also reveal that there is a strong will to reduce alcohol use among respondents. 89.2% of respondents said they wanted to reduce their alcohol use. Highest desire to quit alcohol use was realised from respondents from both parishes in Soroti but this was exceptionally low in Wanyama (Jinja district). *"It would be a thing if we can convince our people to reduce or even completely abandon alcohol because it does not add any value to them apart from making them poorer"* remarked **A Local Leader, Aminit Parish**.

Expenditure on alcohol: Findings show that a substantial amount of house-hold expenditure is dedicated to alcohol. 79.8% of the respondents reported that they spent 0-20 percent of their monthly income on alcohol while 12.8% of the respondents spent 21-40 percent of their monthly income on alcohol. *"People have limited sources of income but even the little they earn is spent on buying alcohol. This is especially so with men but some women are also going in that direction"* **Teacher, Ochuloi Parish.**

3.4 Alcohol harm

ASA-2017 sought to find out those beaten by a man or forced to have sex and finally, those abused by a parent/guardian who were under the influence of alcohol. The study further probed the awareness of respondents regarding alcohol related health and general harm.

Alcohol Attributable Gender Based Violence: Overall 27.5% (Table 8) of the respondents reported to have ever been beaten by a man using alcohol. Information from the (semi-structured interviews and FGD indicated that women and children in homes are the biggest victims of the violations from their husbands or relatives who consume alcohol. For instance 10.8% of the women were reportedly forced to have sex by men who were under the influence of alcohol. This challenge was more pronounced among respondents from Amimit (Soroti) district than those from other study sites. **A Youth Leader, in Kisenyi I Parish, Kampala District said;** *"We know this problem of men using alcohol, forcing themselves on their wives, girlfriends or even other women exists although some people deny it. Some cases have come up. However, we need more advocacy and assistance for the victims to get justice"*.

Information from the in-depth interviews indicates that the majority of men are violated in public places such as bars where they are assaulted by other drunk men whereas the majority of the women are violated within homes by their husbands or relatives after using alcohol. **A Local Leader in Kikooza Parish, Mukono District** commented that; *"In Mukono here many men are beaten by other men after drinking alcohol. Some cases are reported to police and others are not reported. We need a way of dealing with this problem so that people stop fighting in bars when they drink."*

Abuse by parents/guardians attributable to alcohol use: 26.8% of the respondents reported to have been abused by a parent/guardian intoxicated with alcohol. Higher cases of alcohol related parental abuse were reported in Wanyama (Jinja) district than other places.

The results clearly show that there is a problem with parents/guardians abusing other people in their care especially the minors (children and youth) because of their alcohol use. An **Elder in Kikooza Parish, Mukono District** said *"Alcohol has caused a lot of trouble. Some men under the influence of alcohol abuse young children. Many girls have been defiled and beaten by men using alcohol. All these things cause a lot of damage on those children and youth."* Alcohol use was also associated to neglect of responsibilities. In his view about the alcohol situation in Mukono District,

Table 8 showing alcohol harm

	EASTERN						WESTERN		CENTRAL				Overall	
DISTRICT	Soroti				Jinja		Masindi		Mukono		Kampala			
PARISH	Amimit		Ochulai		Wanyama		Kihuuba		(Kikooza)		Kisenyi			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Beaten by a man who is under the influence of alcohol														
SA	14	9.3	7	4.7	16	10.9	28	20.1	16	10.5	32	20.8	114	12.8
A	37	24.7	25	16.8	30	20.4	6	4.3	16	10.5	17	11.0	131	14.7
N	3	2.0	6	4.0	4	2.7	1	0.7	15	9.9	0	0.00	29	3.2
D	43	28.7	78	52.3	79	53.7	74	53.2	65	42.8	79	51.3	419	46.9
SD	53	35.3	33	22.1	18	12.2	30	21.6	40	26.3	26	16.9	200	22.4
Forced to have sex by a man who is under the influence of alcohol														
SA	15	10.0	1	0.7	1	0.7	8	5.8	14	9.2	9	5.8	48	5.4
A	19	12.7	5	3.4	8	5.5	2	1.4	7	4.6	7	4.5	48	5.4
N	2	1.3	12	8.1	8	5.5	1	0.7	14	9.2	2	1.3	39	4.4
D	41	27.3	79	53.0	100	68.5	75	54.0	64	42.1	99	64.3	459	51.5
SD	73	48.7	52	34.9	29	19.9	53	38.1	53	34.9	37	24.0	298	33.4
Abused by a parent/ guardian who is under influence of alcohol														
SA	17	11.3	5	3.8	17	12.1	34	24.5	18	11.8	14	9.1	106	12.2
A	36	24.0	41	31.1	30	21.3	4	2.9	6	3.9	10	6.5	127	14.6
N	0	0.0	11	8.3	4	2.8	1	0.7	7	4.6	0	0.0	23	2.6
D	44	29.3	46	34.8	63	44.7	60	43.2	57	37.5	82	53.2	353	40.6
SD	53	35.3	29	22.0	27	19.1	40	28.8	64	42.1	48	31.0	261	30.0
Aware that alcohol has negative effects														
Yes	147	98.00	144	96.0	142	94.7	139	91.4	135	88.8	144	93.5	853	93.7
No	3	2.0	6	4.0	8	5.3	13	8.6	17	11.20	10	6.5	57	6.3
I consider alcohol dangerous to my health														
Yes	146	97.3	138	92.0	146	98.0	133	88.7	139	91.4	141	91.6	844	93.1
No	4	2.7	12	8.0	3	2.0	17	11.3	13	8.6	13	8.4	63	6.9

the **Local Council Leader, Kikooza Parish** said that "*I think the rates at which people drink alcohol in this area are getting out of hand. These days, men and women drink and sometimes you can find a home where there's no one to take care of the children which was not the case in the past.*"

Awareness of harm: Assessment of alcohol harm knowledge mainly focused on knowing that alcohol has numerous negative effects, and more specifically the dangerous health effects. The percentage score about respondents' knowledge of the many adverse effects of alcohol was 93.7%. On the issue of considering alcohol as a danger to one's health, 93.1% considered alcohol dangerous to their health. This implies that respondents were aware of the health-related dangers of liquor although they take it regularly. Negative health related effects of alcohol mentioned were spreading of diseases such as HIV/AIDS and other STIs, Ill-health such as liver infections, cancers, TB, impotence, weight and appetite loss and malnutrition, among other preventable diseases. Other negative effects of alcohol consumption that were pointed out included; unemployment and loss of income, accidents and death, poor standard of living, poor hygiene, school drop outs, fighting and endless wrangles and loss of respect in society by person over-drinking alcohol, drug use, early/child marriages and marriage breakdown.

3.5 Awareness of local legislations

The study showed that 57.0% of participants were aware of legislations against alcohol in their areas (see table 9). Higher awareness levels were observed in Amimit and Ochulai (Soroti) and lowest in Kisenyi (Kampala). Examples of restrictions on alcohol by the local government included; No selling alcohol to minors, no selling out of stipulated time, no fighting at the drinking joints, no driving while under the influence of alcohol and limiting selling alcohol in designated places/bars. However many castigated the laws for not working. A **Youth in, Kisenyi I Parish, Kampala District** said that; "*We have many drunkards in the area. People start drinking at any time they feel like. The bylaws to regulate drinking hours are not working*". Findings from a separate quantitative study on alcohol legislation at districts showed a wide discrepancy ranging from those that had ordinances i.e. Northern Uganda to those that did not portray awareness of alcohol as a challenge.

Table 9 showing awareness of local restriction on alcohol

	EASTERN						WESTERN		CENTRAL				Overall	
DISTRICT	Soroti				Jinja		Masindi		Mukono		Kampala			
PARISH	Amimit		Ochulai		Wanyama		Kihuuba		(Kikooza)		Kisenyi			
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Yes	136	93.8	108	72.5	81	55.5	70	46.7	61	40.1	59	38.3	516	57.0
No	9	6.2	41	27.5	65	44.5	80	53.3	91	59.9	95	61.7	382	42.5

3.5.1 Districts ordinances/bylaws on alcohol; Northern Uganda taking lead

The district based survey on alcohol regulation credited Northern region for progress on this area. Acholi leaders' forum, an association of district Chairpersons from Acholi sub-region seem to have set the pace by passing a resolution banning the sale of alcohol packed in sachets and imported toxic alcoholic drinks like 'Lira Lira'. Several councils e.g: Agago, Pader and Abim followed suit

in their respective districts in 2015-2016. In Agago, the local leaders and civil servants reportedly implemented the Enguli Act by mounting roadblocks resulting into confiscation and destruction of over 10,000/= of crude waragi between 2015 and 2016. In Pader, authorities reportedly moved to alcohol selling places like bars to apprehend those in breach of the available regulations. In Abim, police played a central role in apprehending the suspects/culprits, destroying illegal alcohol. Guidelines on alcohol were also reportedly present in Kole and Lira districts with emphasis on abolishing sachet alcohol. Generally, regulations emphasize restriction of availability of alcohol, its sale, and supply from neighboring communities as well as focusing on the time for the purchase of alcohol and limiting its sale to minors. In Gulu the ordinance included aspects on prevention of Gender-Based Violence (GBV) as well as marketing and advertising. In Apac, Lira and Arua ordinances focusing on banning sachet alcohol and limiting time of alcohol selling were under discussion by reporting time. Outside Northern Uganda, only one district; in western; Fort portal, was reported to have an alcohol ordinance presented to the district council but was yet to be passed.

Some districts reported that they did not have independent alcohol ordinances but used regulations of other areas to control alcohol harm. For instance in Lira, a clause on alcohol in the GBV ordinance was implemented with support of other agencies. Kampala City Council Authority (KCCA) reported that the city is under the direct management of the central government and heavily relies on national laws. Alcohol harm is controlled by peripheral laws such as the Child Act that bars children labour (including working in bars), Road and Traffic Act that bars drink driving and the Noise Pollution Act that mandates closure of open space function at midnight. Also, in the KCCA Local Government (maintenance of law and order) Ordinance 2006, Article 7(4), it is an offense 'being found drunk on the streets or in a public place' and punishable by one currency point or two months' imprisonment. In Mityana district, a miscellaneous ordinance on the environment and food security was reportedly instrumental in controlling alcohol harm.

3.5.2 No Ordinances for Majority districts?

Most of the districts in east, central and western Uganda were yet to have ordinances on alcohol. For instance, no reports of these ordinances or efforts in this direction were reported in the Eastern districts of Buyende, Namutumba, Luuka, Budaka, Kibuku, Kamuli, Jinja, Iganga, and Mayuge. In Central region, the respondents from the districts of Gomba, Masaka, Mpigi, Buikwe, Mukono, Mubende, Mityana, Kayunga and Mityana and Wakiso districts equally expressed ignorance about the availability of alcohol ordinances in their respective districts. Similarly none of the respondents from the Western region of Kibaale, Hoima, Masindi, Mbarara, Isingiro, Ntungamo, Ibanda, Kyegegwa and Kyenjojo districts could site any example of alcohol ordinance in their districts.

3.5.3 Alcohol Bylaws at the sub counties

Although majority of the districts lacked ordinances, some like Wakiso, Masindi and Jinja reported to have sub-counties that have developed alcohol Bylaws. In Wakiso district Nangabo, Nabweru, Busukuma, Nansana, and Gombe sub counties were said to have enacted "*The Protection Of Children From Alcohol And Native Liquor Bylaws*" to address the problem of increasing cases of underage alcohol drinking. The communities were engaged by UYDEL through village meetings; sensitization meetings of the political councilors to develop these bylaws. In Masindi, Bwijenga and Budongo sub-counties were supported by UNACOH to enact alcohol Bylaws. Similar efforts were reported by Kakira Town Council, Busedde, Mafubila and Pakanga in Jinja District.

3.5.4 Impact of district based alcohol legislation

Although it is still early to tell the impact of ordinances in areas where they exist, some districts e.g. Abim reported immediate rewards such as increased production as more men have joined their wives in farming. In Agago, respondents attributed the reduction of the local brand which is imported from Lira district to the new restrictions. Alcohol ordinance reportedly encouraged apprehension of those involved in violations, e.g. businessmen found transporting/smuggling and selling banned products in Abim district were reportedly punished. As such fewer cases of alcohol-related offenses have been reported in Abim district after the passing of the Executive Order. On the other hand, districts without regulation continue to witness increase in the production and sale of highly adulterated non-regulated brew. It therefore appears that introduction of alcohol ordinances is likely to control alcohol harm at the district level but the general outcomes of ordinances/bylaws should be confirmed by independent studies.

3.5.5 Challenges relating to alcohol ordinances

The survey established some challenges, threats and setbacks faced by the districts in enforcement of alcohol ordinances.

- Inadequate resources: It was reported that districts have limited capacity to develop and enforce alcohol-related ordinances. Inadequate law enforce ment officers was emphasized in both Abim and Agago districts where most of the concerned staff were said to be already over loaded with work. Most Resident Attorneys who are positioned to help in drafting and implementation of these bylaws were said to be too busy with their duties to take on the legal proce dures of the ordinances. In Agago district, there are many available routes to enable illegal alcohol to travel in and out, and this means that to cut off supply, more human resources are required.

- Sabotage by business community: It was reported that resistance, sabotage and bribery from the commercial actors/business community coupled with high levels of unemployment is another major impediment.
- Lack of Information by leaders: Some leaders reportedly lacked experince on process of making ordinances. At the same time, there are those who expressed ignorance about the dangers/harm related to alcohol consump tion. Such leaders do not even think of solving problems which they feel are non-existent.
- Conflicts with Government bodies: There are conflicting interests by govern ment bodies supposed to work hand in hand with the districts. ***For instance, it was a challenge to ban sachet alcohol which was rather certified by Uganda National Bureau of Standards. A case in point is Abim council that tried stop ping the sachet gins, but was directed by government to wait until September 30th, 2017 a deadline that was not observed by government.*** Besides, some districts seemed not to have free mandate to issue ordinances. For example KCCA works directly under government, but it appears that the it has limited power and mandate. It might be easier for them to work with a nation al law instead of them drafting their ordinance.
- Politicization of alcohol problems: Some politicians distribute free alcohol during their campaigns as a way of winning votes from the electorate. Some of the leaders in the districts own bars and sell alcohol. This means that they may not be interested in drafting laws which may not only affect their earnings but also the votes.

3.5.6 Opportunities for alcohol legislation at the local levels

- There is political will as all the District officials who participated in the survey were concerned with alcohol and drug use related crimes and were positive about the drafting of the ordinance if given the necessary support.
- Presence of an established technical structure at the districts such as the District Legal Committees, the Senior Lands Officers, Chief Administrative Offi cers makes it possible to mobilize key stake holders such as those in health, commerce, eduction, and gender. In Kampala, the presence of the Directorates of Health and Legal Affairs offers technical expertise ideal for design of the ordinance.
- Districts have local resources and development partners (NGOs, religions, Health Units, Media…) and their respective projects can be harnessed to sup port the ordinances as poor productivity by many employers is believed to be caused by alcohol use. There are also societal norms that discourage con sumption of alcohol by young people in most of the districts.

SECTION FOUR: CONCLUSIONS AND POLICY RECOMMENDATIONS

"Addressing the harmful use of alcohol requires "whole of government" and "whole of society" approaches with appropriate engagement of public health-oriented NGOs, professional associations and civil society groups" (WHO; 2018; P.XVII).

SECTION FOUR: CONCLUSIONS AND POLICY RECOMMENDATIONS

4 Introduction

This report reviewed the situation of use, harm and control of alcohol in Uganda. On the whole, the alcohol situational assessment established high percentage respondents that were using alcohol in a harmful manner and conformed previous reports that suggested wide spread consequences. Unfortunately, findings show scarce interventions in form of the legislative framework at the national and local levels.

4.1 Alcohol (mis)use in Uganda

As documented previously, alcohol is still considered as a social drink and is widely consumed in Uganda (Kalema, et al., 2015). The general positive regard to alcohol significantly contributes to high levels of consumption (WHO, 2018). In spite of the by-laws and the age limit for buying and taking alcohol for those below 18 years, ASA-2017 showed high prevalence of children that were able to access alcohol yet this has also been previously reported (Swahn, 2013). From ASA-2017, it was eminent that children were introduced to alcohol by their parents/guardians as well as friends. A recent study (Kalema, 2017) earmarked peer groups as a facilitating factor for alcohol addiction in Uganda yet the role of parents in promoting alcohol drinking and harm among their children also need to be urgently addressed. Surprisingly, almost all the respondents were aware of the negative effects of alcohol but fewer knew of the legal restrictions about it.

Numerous studies have shown a correlation between alcohol abuse and adverse societal effects (Jernigan, 2014). Globally alcohol is ranked third among the leading global risks for burden of disease as measured in disability-adjusted life years, but in Uganda, it is ranked second risk factor (after tobacco) for poor health and premature death (WHO, 2014). A worldwide survey of socio-economic consequences of alcohol consumption suggests that Uganda has the highest rate of alcohol-related negative consequences (acute endorsement, personal and social harms) among listed drinkers (Graham et al., 2011).

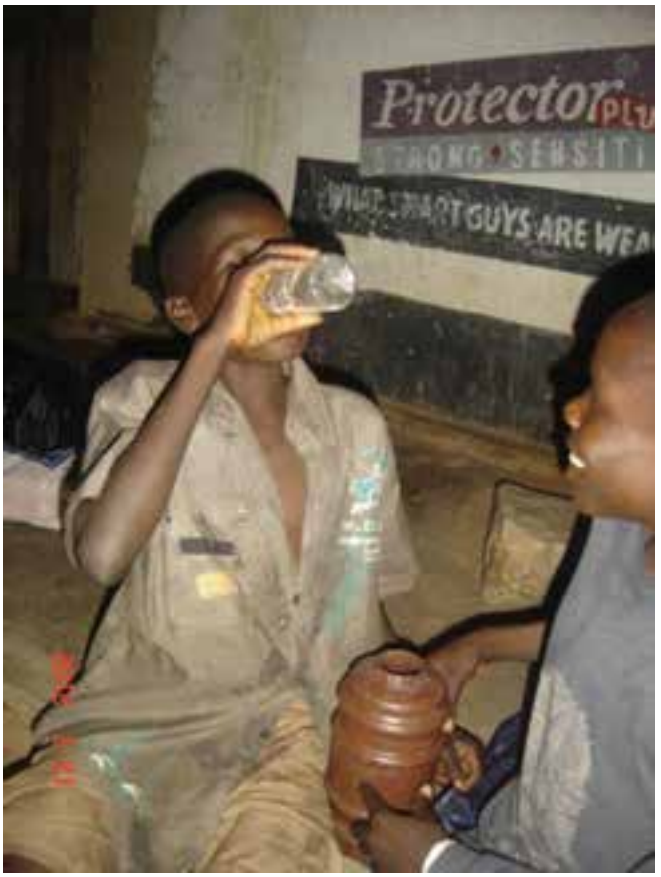
In spite of the harm, most of the participating districts (save for those in Northern Uganda) lacked alcohol ordinances to guide alcohol production, distribution and consumption.

4.2 Policy Implications

"We have no time to waste; it is time to deliver on alcohol control"
Ghebreyesus, T.A. *(WHO)*

WHO has suggests the implementation of comprehensive alcohol control policies and (restrictive) regulations and legislation as priorities for tackling alcohol-related harm in contemporary Africa (WHO, 2018). To protect and promote the health and well-being of people (WHO, 2018) it is important for leaders at various levels to recognise alcohol as a special commodity whose consumption requires regulation (Borbor, 2010).
The desire among the respondents to curtail their alcohol consumption coupled with the goodwill exhibited by local leaders to mitigate alcohol problems presents a fertile ground for alcohol misuse prevention and treatment programs in Uganda.

Alcohol legislation: ASA-2017 shows that there is need for the government to introduce new laws as well as enforcing available ones to regulate alcohol use. It was clear that parishes that reported high percentages of alcohol problems had high rates of alcohol consumption and many alcohol production and selling points. It is therefore important for the government to speed up the process of updating the alcohol legal framework in Uganda to control the density of outlets and enforce the trade and licensing guidelines which regulate opening hours of drinking places. Besides, there is an urgent need to control informal alcohol production and guide media promotions (Ref, WHO best buys).



Intervention Campaigns: Although the high levels of awareness about the negative effects of alcohol is encouraging, it was disappointing that this awareness is still followed by high prevalence of alcohol use and related consequences. This calls for evidence based social behaviour change communication strategies that will address the mind-sets of the people and life skills necessary to translate the knowledge into practice. Sensitization campaigns should target agents of change such as leaders and be followed by concrete alcohol misuse prevention and treatment programs.

There is need for **research** on context specific alcohol problems facing communities before enrolling interventions as this study portrayed varying trends in alcohol use among the different research sites. From this study, interventions in Eastern Uganda can build on the high awareness levels to curb heavy drinking through

programs that address underage usage and foster change in attitudes towards alcohol. While decreasing alcohol accessibility and delaying alcohol debut would be crucial in Central Uganda, strategies for reduction in alcohol consumption could be more desirable in Western Uganda. Northern Uganda has shown the way for local alcohol legislation and should be supported and benchmarked for replication in other districts.

Prevent underage drinking: According to the Uganda National Bureau of Statistics, 50% of Uganda's population is below the age of 18. There is need to step up efforts to protect children from alcohol use by sensitizing parents and reducing spaces of production and sales. The long awaited ban on sachet alcohol would help in this aspect.

Protection of children and women: ASA-2017 findings indicated that children and women were more adversely affected by alcohol use than other sectors. This scenario, therefore, calls for designing interventions that can effectively address the issues associated with alcohol use by parents/ guardians and establishment of support mechanisms for the victims.

Enforcement: Existing law enforcement agencies such as police and the local authorities should be empowered to identify, investigate and prevent cases of alcohol misuse and related violence and refer the victims to other support services such as treatment and rehabilitation, and legal, psycho-social support, counselling and medical care.

Capacity building: It is anticipated that in the absence of a national legal framework, alcohol ordinances would help to control alcohol consumption and abuse at the local levels. Local leaders should therefore be sensitized about the relevance of the ordinances and how to come up with one.

Resource mobilization: The lack of resources to finance interventions calls for innovative funding mechanisms to address the harmful use of alcohol within the context of 2030 Agenda for Sustainable Development. Endowment fund charging a levy on alcohol (say 5%) has been introduced in countries like Thailand and can be studied for application in Uganda for mitigation of alcohol harm.

4.3 Limitations of the report

Although this report provides insight on alcohol situation in Uganda, caution should be observed while generalizing its findings since some limitations are observed regarding the sampling procedures of its respondents. ASA-2017 involved respondents selected from 5 District where the IOGT.NTO.MOVEMENT partner organization operates. As such, the sample is biased based on these specific areas/ sub-counties and therefore, leaves out the picture of other areas with a possibility of higher or lesser experience of alcohol-related problems. On the other hand, district based survey on alcohol sampled at least one official from each selected district and this may not be representative of the entire district position. Although the district based survey on alcohol legislation covered all the four regions of Uganda, ASA-2017 left out Northern Uganda and hence missing out on peculiar aspects of alcohol use in that region. Further surveys while addressing these limitations are recommended for more conclusive results.

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Registered Members of UAPA as at 3oth October 2018

1. Hope and Beyond (Chair/Secretariat)
2. International Aid Services (Vice-Chair)
3. Uganda Youth Development Link (Secretary)
4. Recovery Solution (Treasury)
5. Uganda National Association of Community and Occupational Health
6. Stop Underage Drinking Uganda
7. Kawempe Youth Development Association
8. Ring of Hope
9. Somero Uganda
10. Nina Olugero
11. East African Centre for Addiction Services
12. Uganda Girl Guides Association
13. Focus On Recovery
14. Kanyaya Pioneer

Uganda Alcohol Policy Alliance

United against the Harmful use of alcohol

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

Priority Areas

UAPA is committed to

- Promoting Advocacy and
- Building Capacity of Members and
- Facilitating Behavior change on non production and non use of harmful alcohol.

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