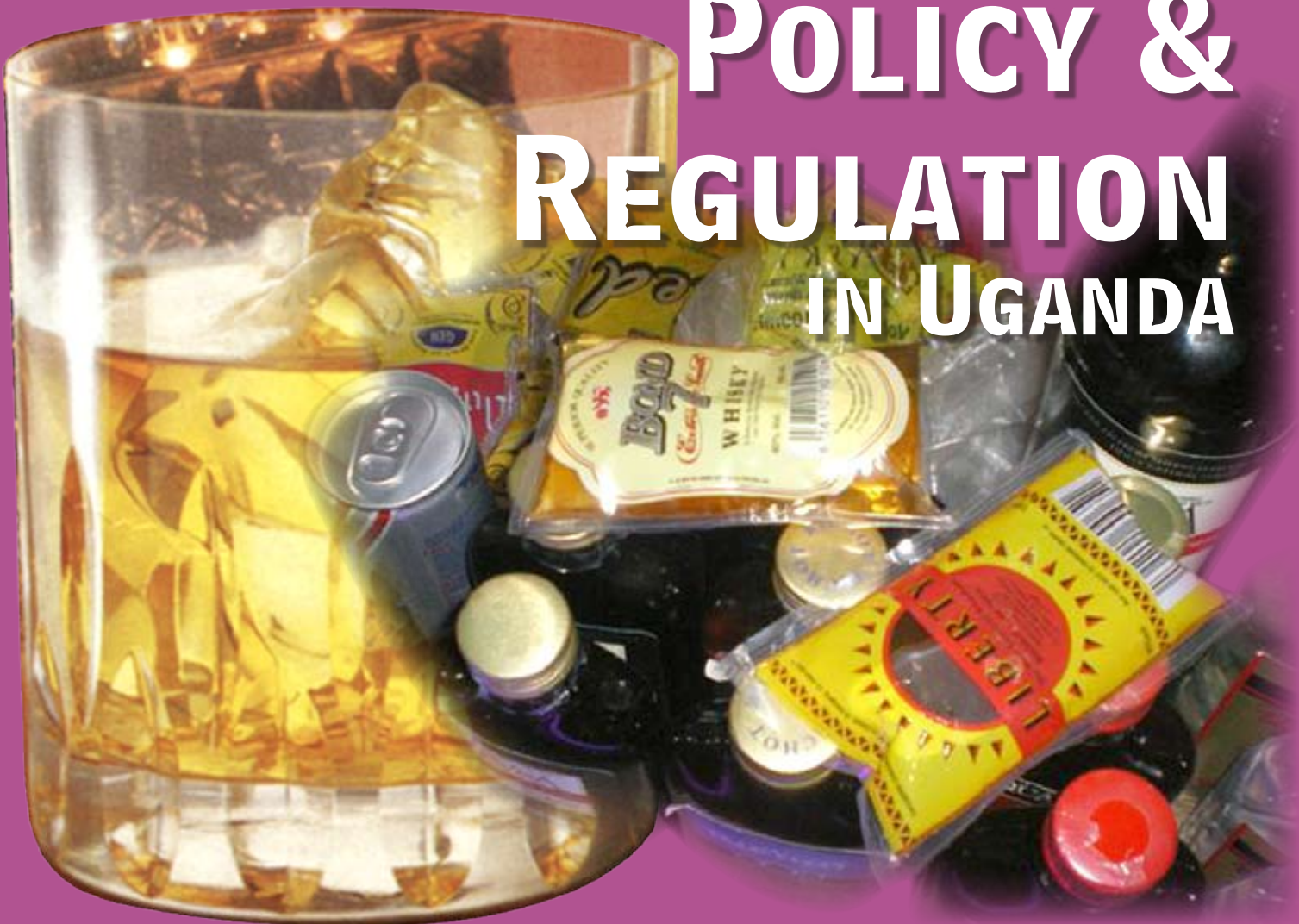


THE ROAD MAP TO **Alcohol**

**POLICY &
REGULATION
IN UGANDA**



NGO Perspective

2010

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May God reward them handsomely.

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Executive Summary

The Alcohol Road Map (ARM) to Alcohol Policy and regulation has been designed as a wake-up call for government to understand the need to control alcohol consumption and its related vices in Uganda. Alcohol consumption has had devastating effects on the social fabric of society and the burden is incomprehensible – the country has witnessed over 300 people die and over 40 people blinded in the last 2 years due to drinking adulterated alcohol with methanol. The Alcohol industry is pre occupied with maximizing profits and not bothered about the public health and high mortality rates. The Alcohol industry has partially convinced government that their high revenue contribution and employment is very significant and that the industry can regulate itself.

Alcohol has pushed back all the gains made in fighting poverty and HIV/AIDS implying that without tackling some of the root causes of these problems the future of this country is doomed since poverty and HIV/AIDS are affecting the most productive age group. The ARM provides a platform for which levels of alcohol can be controlled for the country to realize great strides in economic and social development.

The small packaging of alcohol in lowest quantities of 30mls is one of the greatest greed that the industry has exhibited to make drinking easy and also recruit minors (children) into drinking. The government has also failed to show commitment in tackling alcohol problems once and for all.

NGOs have been very active in lobbying and advocacy for alcohol restrictive measures thanks to the Ministry of Health which has also tried to institute restrictive measures. Alcohol production, trade and marketing falls directly under the Ministry of Tourism, Trade and Industry which must as a matter of urgency convene all other stakeholders to review the current adverse situation and implement the ARM.

The global strategy to reduce the harmful use of alcohol commits Member States to take action, and thus ARM comes at this opportune moment to provide a platform for attaining evidence based interventions.

It is recommended in the ARM that:-

1. Alcohol tax should be increased because this is the cheapest tool government has to control the high levels of alcohol consumption and abuse while at the same time realizing revenue from alcohol sales.
2. The Ministry of Trade and Industry should institute a Central Licensing Board (CLB) to oversee Area Licensing Boards (ALBs) at districts as provided for in the **Enguli Act, 1964**. The CLB is mandated to determine and limit the total number of licenses to be issued and the quantity of *enguli* to be manufactured in a year, subject to directions of the ministry. The ALBs are intended to issue, revoke and otherwise regulate the operation of licences for the manufacture and trade in *enguli*.
3. Review the **Enguli Act**, (regulates the manufacture, sale, possession and consumption of *enguli* and apparatus used for its manufacture); The Trade License Act (provides for a schedule that stipulates licence fees in accordance with the geographical location where the trade operates; it makes restrictions on trade, and prohibits trading in any commodity without a trading licence); and Taxation Act. All these laws have a bearing on alcohol regulation through controlling the number of outlets and density distribution of alcohol sale points.
4. Institute a surveillance unit under the CLB working closely with UNBS and the Government Chemist to monitor the alcohol production process, safety and clandestine movement of alcohol to prevent future vices caused by consumption of adulterated alcohol.
5. Government should ensure that the alcohol industry observes the minimum regulatory standard (in terms of packaging, advertising, marketing, etc) through UNBS, Broadcasting Council to limit access and affordability of alcohol to young people and general public. Alcohol packaged in minimum bottles of 250mls will not easily be concealed by young people as evidenced with sachets.
6. Local governments should be encouraged enact bye laws aimed at regulating production, distribution and consumption of alcohol in the local settings. Specific emphasis should be placed on regulating the production, distribution and consumption of locally made brews that use food crops such as cassava, millet, sorghum, maize as raw materials.
7. There should be deliberate efforts by the government and the alcohol industry to educate the public about the effects of excessive alcohol consumption and the need to reduce alcohol related harm among the population.
8. Prevention and treatment interventions need further support by the government to rehabilitate those affected by alcohol and prevent further people becoming victims of alcoholism and its related vices.
9. Regular reporting to parliament about the situation of alcohol abuse in the country is also encouraged to address these presenting problems.
10. Government should engage in regular research on alcohol and health, build capacity for research and support projects (data collection centre) to generate and disseminate data to inform policy and programme development.

Alcohol Policy Environment:-

Why we need a restrictive / regulated Alcohol in Uganda.

1.0 Alcohol Policy Environment

Uganda currently does not have an Alcohol policy, but there have been efforts spear headed by Ministry of Health to come up with a policy. There is draft Alcohol policy, the document has many weaknesses and is mainly being pushed by the Alcohol industry. WHO has agreed that the countries need to tighten the screws against the economic operators and that industry can be consulted in drafting policy; but countries should not cooperate or collaborate to avoid commercial interests interfering in the process of policy formulation.

No where can an industry be allowed to regulate its self, their interest is driven by money not the lives of many Ugandans at risk as the Alcohol Association in Uganda is doing. It is also impossible to have a common goal for such desperate actors as expert public health agencies.

2.0 Industrial alcohol production is a mixed blessing

- ◆ Modern industrial alcohol production is highly mechanized where relatively small numbers of workers produce large quantities of beverage. Indeed many people have been retrenched as a result e.g Nile Breweries and Uganda Breweries.
- ◆ Since much of the industrial alcohol production is under the proprietary control of multinational companies, there may be relatively little knowledge transfer, limited profits liable to taxation and also a drain of profits from the production country to the multinational ownership.
- ◆ There are few industrial products with so many negative health and social consequences as alcohol, being ranked as number-five-top-killer in the world by the WHO, at par with tobacco.
- ◆ Other industrial investments than alcohol production would give many of the same benefits (*employment, taxation etc*) as production of beer or spirits, without bringing the same negative consequences on health and welfare.

Immediate actions require:-

- I. An outright ban on Sachets/tot packs to only a limit of

250 Mls. This makes it easy to drink, hide, adulterate and target minors.

2. We recommend that the Alcohol Licensing Board (ALB) body be as provided by *Enguli Act (1964)* be established in Ministry of trade with presentation from other Ministries such as health Local Government, Gender and youth, NGOS, UNBS, government chemist and other prominent persons. This body is to supervise, register manufactures, and liaise with UNBS to enforce strict regulation, advice government and local governments on enforcement and trading practices. There should periodic reporting to parliament about their activities, critique and support. This body within two months start the review of the Alcohol policy and the Law in harmony and interest of Ugandans.

This body to revoke the law and advise other bodies in Health, Trade, Local governments to implement their parts (*production, marketing, hours, advertising, and density distribution of bars and other selling outlets, treatment and rehabilitation, revision of the law and an Inclusive alcohol policy. The revenue accrued from Industry, a portion {5%} of total revenue be used*) is provided to the ALB to advise the industry and also carry out promotion awareness. With these suggestions the problem will be reduced by half. Develop, implement, periodically update and review comprehensive multi-sectoral alcohol policy strategies, plans and programmes

3. The trade licensing act current under review take into consideration the places where alcohol is to be sold, limit the types of business and locations.

Other Actions include:-

- ◆ Limiting packaging and access of Alcohol to minors.
- ◆ The continued use of small alcohol packaging, makes it easy to conceal, drink among children and do not meet the minimum standard of packaging for such a product. It also poses a public health danger, caused massive deaths, pushing back the gains made in poverty reduction, and increase social costs; since alcohol becomes a danger to the lives of a very productive age group.
- ◆ Making it a little bit difficult to drink for children and

youths, means that they are less likely to see young people drunk in the wee hours of the morning. The other benefits include reduction in domestic violence, poor performance in schools, less road accidents, riots and strikes. The future generation of young people who are safe and value work and also know how to deal with problems in a positive way.

- ◆ Mothers in Uganda would not like to see their children drunk because somebody is making it easy for children to buy and consume alcohol. Similar, complaints have come from schools, universities, and President Museveni has continuously addressed the issue of excessive alcohol consumption among young people, because it undermines gains in poverty reduction and increase risky sexual behaviour for contracting HIV/AIDS. Alcohol is also a gate way to other drugs.

In light of all this, it is recommending that:-

1. Alcohol packaging is done in 250ml bottles, preferably glass to make it difficult to adulterate; make it easy to trace sources of alcohol and limit accessibility to children and young people in general.
2. Ministry of Trade institutes an Alcohol Licensing Board (ALB) as provided by the law to supervise and advice on production, packaging, marketing and enforcing the Enguli Act. UNBS, Broadcasting Council, MOH, Internal Affairs, NGOs, Local government, government chemist, etc can be part of this board. This ALB can be financed by 5-10% revenue accruing from alcohol.
3. That the analytical laboratory of the Government chemist be equipped with modern equipment to ensure proper analysis of products consumed by Ugandans as compliancy to cross-check, measure and advise responsible authorities appropriately.
4. Recognizing that price and tax measures are a highly cost-effective and important means of reducing the harm done by alcohol by all segments of the population, including young people and heavier drinkers; Tax policies and, where appropriate, price policies, on alcohol products should be introduced so as to contribute to the health objectives aimed at reducing the harm done by alcohol; A proportion of alcohol taxes should be earmarked (hypothecated tax) to fund programmes to reduce the harm done by alcohol, including treatment, prevention, and research and policy evaluation.

3.0 Availability of Alcohol and Illicit trade in alcoholic products

Alcohol has been made available in a number of ways one is

the uncontrolled manufacturing mostly homemade brew and spirits. The share of the market may be slightly over 65% and the alcohol from breweries is also less by 35%. The density of outlets, location and uncontrolled opening hours and days of sale appear too unregulated. Availability of alcohol needs to be regulated so as to minimise.

Recognizing that reducing the number and density of outlets, changing the location of outlets and reducing the days and hours of opening can all reduce the harm done by alcohol; we argue that regulated outlets through number and density, location and hours and days of sale should not relax their regulations.

Effective legislative, executive, administrative or other measures should be implemented to ensure that all unit packages of alcoholic products and any outside packaging of such products are marked to assist in determining the origin of alcoholic products and any point of diversion and to monitor, document and control the movement of alcoholic products and their legal status.

4.0 Reducing harm in drinking environments

Measures to improve drinking environments should take into account the following principles:

- ◆ Introduction and strengthening of alcohol sales laws which prohibit the sales of alcohol to minors and intoxicated persons;
- ◆ Adequate policing and enforcement of alcohol sales laws; Effective and appropriate training for the hospitality industry/bars and servers of alcohol to reduce.
- ◆ Server training programmes can be backed up by civil liability for subsequent alcohol related traffic accidents to increase their effectiveness.

4.1 Sale to minors

Recognizing that alcohol consumption, the harm done by alcohol and binge drinking amongst young people is increasing at an alarming rate in Uganda; Measures to restrict sales to minors should take into account the following principles:

- ◆ The sales of alcoholic products to persons under the age set by national law or eighteen years should be prohibited
- ◆ All sellers of alcoholic products should place a clear and prominent indicator inside their point of sale about the prohibition of alcohol sales to minors and, in case of doubt, request that each alcohol purchaser provide appropriate evidence of having reached full legal age;

- ◆ The manufacture and sale of alcoholic sweets, snacks, toys or alcoholic drinks such as “**alcopops**” (*Alvora*) designed as soft drinks, or any other objects which appeal to minors should be steadily reduced and prohibited within five years.
- ◆ The distribution of free alcoholic products (*including brand related paraphernalia such as t-shirts, ashtrays, glasses, caps, etc.*) should be prohibited to minors.
- ◆ Penalties against sellers and distributors, in order to ensure compliance with relevant measures should be implemented.

4.2 Alcohol Advertising, Promotion and Sponsorship

Regulation of advertising, promotion and sponsorship should take into account the following principles:

- ◆ All forms of alcohol advertising, promotion and sponsorship that promote an alcoholic product by any means that are false, misleading or deceptive or likely to create an erroneous impression about its characteristics, health effects, or hazards should be prohibited;
- ◆ Appropriate health warnings or messages should accompany all alcohol advertising and, as appropriate, promotion and sponsorship
- ◆ The use of direct or indirect incentives that encourage the purchase of alcohol products (*sales promotion*) should be prohibited
- ◆ Technologies and other means necessary to regulate cross-border advertising, promotion and sponsorship should be developed.

4.3 Reduction in drinking driving

- ◆ Recognizing the heavy burdens that drinking and driving places on premature mortality, harm to people other than the driver and economic costs to society. Effective legislative, executive, administrative and other measures necessary to reduce drinking and driving should be implemented;
- ◆ A maximum blood alcohol concentration limit of 0.5g/L (and breath equivalent) should be introduced; a lower limit of 0.2 g/L should be introduced for novice drivers and drivers of public service and heavy goods vehicles, with immediate effect; countries with existing lower levels should not increase them.

4.4 Education, communication, training and public awareness

- ◆ Recognizing that, unfortunately, in general it is difficult to show any lasting effects of education in reducing the harm done by alcohol, but that education and information approaches can be effective in mobilizing public support for alcohol policy measures;
- ◆ Effective and appropriate training or sensitization and awareness programmes on alcohol policy to persons such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons should be addressed. Awareness and participation of public and private agencies and nongovernmental organizations not affiliated with the alcohol industry in developing and implementing inter-sectoral programmes and strategies for alcohol policy should be promoted.

5.0 Interventions for hazardous and harmful alcohol consumption and alcohol dependence

Recognizing the heavy burden that hazardous and harmful alcohol consumption and alcohol dependence place on the health care sector, Law enforcement, individuals, families and societies, and recognizing that brief interventions for hazardous and harmful alcohol consumption are amongst the most cost effective of all health sector interventions

- ◆ Establishment of programmes for regional and country surveillance of the magnitude, patterns, determinants and consequences of alcohol consumption and the harm done by alcohol. Alcohol surveillance programmes should be integrated into health surveillance programmes so that data are comparable and can be analyzed at the appropriate levels.
- ◆ Co-operation should be made with the World Health Organization in the development of general guidelines or procedures for defining the collection, analysis and dissemination of alcohol-related surveillance data.
- ◆ An updated database of laws and regulations on alcohol policy and, as appropriate, information about their enforcement, as well as pertinent jurisprudence, and cooperation in the development of programmes for regional and country alcohol policy should be established and maintained.

The Current Laws which have a bearing on alcohol in Uganda

Restrictive Alcohol Laws legislated and enacted.

1.0 Introduction

The current laws were enacted in 1964, save for a few enacted in the 1990's and early 2000 sometimes grouped together as *Enguli Act*.

1.1 *The Enguli (Manufacture and Licensing) Act-Cap 86*

It regulates the manufacture, sale possession and other dealings in *Enguli*, and apparatus used for its manufacture. It specifically prohibits consumption and export of *Enguli* and creates institutions, procedures and offices to issue licences, regulate, control and monitor manufacture and trade in *Enguli* which is intended for refinement into Uganda Waragi. This law is if reviewed and reformed can be very effective in addressing issues of adulteration and the necessary institutions. However, poor enforcement; complex investigative procedures and evidential requirements; excessively low and inadequate penalties for contravention of the law; and lack of prescribed standard specifications are grey areas which if not addressed will continue hindering its effectiveness.

1.2 *Liquor Act-Cap 93*

The **Liquor Act-Cap 93** regulates the manufacture and sale of liquor; provides for payment of fees; licensing of traders; sale of permits; and premises for the manufacture and sale of liquor. It also restricts consumption of liquor by children. However the Act provides very low fines; suffers from poor enforcement; makes cancellation of licences upon conviction discretionary; and does not adequately deal with drunkards; hence the need for reform. It is also recommended that the provisions concerning children be amended to ensure better protection by rising the minimum drinking age to 21 years in all circumstances, and taking children who drink before the FCC for rehabilitative measures.

1.3 *Portable Spirits Act-cap 97*

Under the **Portable Spirits Act-cap 97** compounding of any spirits for profit or sale without a licence is prohibited. However, enforcement of this law is poor and must be stepped up to protect the public.

1.4 *Traffic Road and Safety Act (TRSA), 1998 - CAP 361*

The **Traffic Road and Safety Act (TRSA), 1998 - CAP 361** prohibits driving while under the influence of alcohol, driving after consuming alcohol beyond the prescribed limit, and inducing or enticing a driver or person in charge of a motor vehicle to drink any intoxicating liquor.

1.5 *Uganda National Bureau of Standards (UNBS) Act 1993*

The **Uganda National Bureau of Standards (UNBS)**

Act 1993 establishes the UNBS to determine formulate and enforce standards for commodities sold to the public in Uganda including alcohol, for purposes of protecting the public. UNBS's capacity to enforce the law is however, limited and no standards have been developed for some types of alcohol like native liquor and *Enguli*. These issues and the low penalties affect the effectiveness of this law and should be addressed.

1.6 *Food and Drugs Act Cap. 278*

The **Food and Drugs Act Cap. 278** creates offences in relation to the preparation, offering, labelling, advertisement, possession and sale of injurious food and adulterated food for human consumption, the penalties provided for contravention of this provision are too low and until they are revised upwards its effect cannot be realised.

1.7 *The Trade (Licensing) Act – Cap 101, 1969.*

This Act provides for a Schedule that stipulates the license fees in accordance with the grading (geographical location whether municipality, town, residential) where the trade operates. It stipulates restrictions on trade; in terms of business areas and trading centres; prohibits trading without a trading licence, gives guidelines for application for trading licence. Article 8 (2d) states that; No trading licence shall be required in any event for – the sale of tobacco, cigarettes, newspapers, books, non intoxicating liquor or playing cards by the management of a proprietary or members club to its members in the club premises.

This implies that trading in alcoholic beverages in highly graded areas implies payment of high licence fees thus limiting the density distribution of alcohol outlets and number of people operating such business enterprises in selected areas. The Act gives the Minister powers to withdrawal a trading licence in case the trade owner contravenes the Act. The Ministry of Trade is in the process of revising the Trade License fees and grading schedule which was last updated in 2000. The revised schedule is intended to stipulate fees and grading in accordance with the changing times and the schedule could include new trades, and grading for emerging towns or business centres.

Ideally one should not start operating a business without a trading license but often people seek licenses after starting businesses. The operationalisation of the Act has faced challenges mainly because the Local Governments are more interested in collecting revenue than following the right procedures laid out in the schedules; some officers are ignorant of the law and often times the enforcers of the law are victims at the same time; the Act is very old and we need to appreciate that situations have changed since 1969. For those manufacturing and operating bars need also to adhere to the *Enguli Act* and UNBS Act which is normally not done.

Thus the need to have Alcohol Licencing Board to ensure compliance of all laws across board.

1.8 The Shop Hours Act – Cap. 99

This Act is enshrined to make provisions for the regulation of shop hours. The definition of the word shop in this Act is **“any premises”** (*not being part of a market established or deemed to be established under the Markets Act*) where any retail or wholesale trade or business is carried on other than an office of the business of which relates to goods which are not stored or handled in the office or in the building communicating with the office. The Act restricts shop hours to between 7.30 a.m and 8.00 p.m on a week day, and 9.00 a.m to 1.00 p.m on a Sunday.

Section 5 of the Act exempts application of the regulations of shop hours to several businesses including the sale of liquor, restaurants and canteens. This is understandable since the Liquor Act stipulates the hours of sale and transportation of liquor for different licences and businesses . It should however, be noted that section 24(2) of The Liquor Act refers to The Shop Hours Act for hours of wholesale of intoxicating liquor. It is necessary to harmonise the two Acts as regards hours of sale for alcohol by ensuring that all the relevant provisions are made in The Liquor Act, and the Shop Hours Act specifically provides that the hours of sale are governed by the provisions of that Act.

It is paramount to note that the Shop Hours Act is not enforced currently, resulting into violation of the law in many ways. Most shops in different parts of the country open very early for customers till very late in the night. Many of these shops do also sell alcohol even on verandahs, in addition to other merchandise, and without licence, hence violating the legal provisions on licensing of premises of sale of alcohol. Furthermore this alcohol is sold to anybody including children and young people, in total disregard of the relevant laws. It should be noted that regulating access to alcohol through restrictions on hours and premises of sale, purchasing and consumption age would particularly be effective in preventing alcohol related health and social problems such as alcohol addiction, violence among the youth and in families, and poverty due to little or no productive work as a result of the long periods people spend drinking. There is therefore serious and urgent need to ensure enforceability of the laws relating to licensing of premises, age and hours of sale of alcohol. At the same time, the law prohibits the display of alcohol products in shops and supermarkets which are frequently visited by minors.

2.0 Taxation of Alcohol

The government collects substantial amounts of revenue from taxing alcohol under various tax laws. The taxes payable include Value Added Tax (VAT), which is provided under the VAT Act - Cap. 349, covering the imposition and collection of VAT and other purposes connected to that tax. The Excise Tariff Act (ETA) - Cap 338 generally provides for imposition and collection of excise duties and for other matters connected to excise duty. It focuses on remission of duty on all kinds of spirits, wine and beers, while the Income Tax Act (ITA) taxes income. The finance Act provides the duty to be payable on beer made from local material.

The Customs Tariff Act (CTA) imposes import duty in

respect to imported goods. It ensures payment of import duty on imported alcohol in addition to withholding tax and the import licence commission.

It should be noted that taxes payable on imported alcohol are generally much higher than those payable on locally manufactured alcohol, hence their high prices, and the preference by majority of people for locally manufactured alcohol which is cheaper. Although the high taxes have led to increased smuggling of imported liquor the laws in place which include forfeiture of the smuggled products and the means used to transport them are deterrent. Higher prices of alcohol generally translate into less consumption and reduced danger to society. Therefore, high taxes should always be considered on alcohol, and policies like low taxation on locally manufactured alcohol should also take into account the harm that the low taxes are likely to cause to society as a result of reduced prices, which mean increased affordability hence excessive consumption, which comes with health and social harm see death records.

3.0 Recommendations:

There is serious need to build, review, codify together and promulgate new laws and institutions aimed at regulating alcohol which corresponds with social change and addresses the changing economic patterns and government policies. The alcohol related laws should also be consolidated into one law on alcohol for ease of reference and awareness about them.

Other areas of consideration and recommendation for the new laws include rising the age at which alcohol is sold to minors from 18 to 21, production, marketing, and advertisement, accessibility to minors, selling points and designated places. In addition roles of key stakeholders like trade and industry, revenue authority/ finance, agriculture, culture, local governments, Ministry of Health will need to be clarified.

4.0 Conclusion

The effectiveness and efficacy of the laws on alcohol is greatly hampered by poor enforcement. Most of the laws in place would to a good extent combat alcohol abuse in their current form if they were implemented. However, poor or non enforcement of these laws leave the offenders with much room for continued abuse and violation of the laws, which results into increased levels of alcoholism and many other health and social problems, especially to the youth.

The other bottleneck is the excessively low penalties that cannot serve the purpose of discouraging or deterring people from consuming prohibited drinks, unlawful manufacture, sale and dealing in alcohol, and excessive drinking. Considering the current economic situation the sentences imposed are too lenient to serve their purpose.

It is therefore necessary for different stakeholders to increase awareness and adopt multi-sectoral integrated approaches to reduce alcohol abuse. The law must not only correspond with social change and aspirations of the people, but also address the changing cultural and economic patterns, and government policies such as poverty alleviation, health and education.

HIV/AIDS and Alcohol:-

Addressing the right cause.

1.0 Situation of alcohol in Uganda

A WHO study from 2004 reported that Uganda had the highest recorded alcohol per capita consumption (age 15+) of all countries in the world at 19.47 liters of pure alcohol. The next African country in the list, lying at 24th, was Nigeria with 10.04 liters¹. The same report also stated that in 2003, 54% of the total Ugandan adult population completely abstained from alcohol thus indicating the undoubted excessive consumption of those who did consume alcohol.

It has been suggested that the prevalence of alcohol dependence in Uganda is between 5% and 10% and that at least 70% of the population suffer either directly or indirectly as a consequence of alcohol consumption². Generally in Uganda alcohol consumption has led to poverty, poor health, deaths related to accidents, disability, poor social relationships and social life. A 2009 study by Development Research and Training (DRT) in Uganda showed that Alcohol was reversing all gains made in poverty reduction where in countries 30% are living below poverty line³.

Research has also linked high levels of domestic violence to alcohol consumption and perceived risk of HIV. Nearly a third of women living in rural Uganda report being physically threatened or assaulted by their current partner. Women whose partners frequently consume alcohol have approximately four times higher risk of recent domestic violence than women whose partners did not drink at all⁴. Alcohol consumption in Uganda has of late interested researchers because of its association with HIV (*Mbulaiteye, Ruberantwari, Nakiyingi et al., 2000*), a big knowledge gap on levels and patterns of consumption (*Tumwesigye and Kasirye, 2003*) and recent classification of the country among highest per capita alcohol consumers in the world (*Mukasa and Odong, 2005*). A study has found that 29% of Ugandan men take more than 8,468 grams of alcohol per year (*Wilsnack, et al. 2007*) and among the 37 countries compared, Uganda is among top 10 heavy drinking countries. The country is rated fourth in number of traffic accident deaths per 10,000 motor vehicles in Africa (*Jacobs, Aeron-Thomas, and Astropn, 2000*).

2.0 HIV/AIDS in Uganda

After many years of fighting HIV/AIDS in Uganda from 18% up to 6.4%⁵ the epidemic has refused to decline and appears to be increasing in some age groups, in spite the huge investments in terms of funds, human resources and infrastructure. The number of people being affected across the country remains staggeringly high and recent data from the Uganda AIDS Commission paint a gloomy picture; it is now estimated that 1 million people are currently infected and with approximately 130,000 new infections are among young adults.

The consequences of HIV/AIDS on the economy, labor supply and productivity is biting severely and indeed the impact on incomes and welfare of families and communities is visibly manifested both in the rural as well urban areas.

It's devastating consequence has been felt in the economy, health, education and other sectors due to loss of productive manpower.

The HIV stagnation and HIV worsening trend dates back as early 2002, several factors push the HIV trends further and these include sexual transmission especially in married (45-50%), commercial sexual workers (10-20%), Casual sex 10-15% and Mother to Child transmission.

3.0 HIV/AIDS Patterns and Trends V/s Alcohol

In spite that the trend pose significant challenges to Uganda and that the Number of HIV-Positive individuals is estimated to likely to increase from 1.1 million in 2006 to 1.3 million in 2012; resulting in more people needing Anti Retroviral Therapy⁶. When data is disaggregated by age and sex, it shows that women are more highly affected at younger ages compared with men and more prevalence among females than for men. Urban residence has a significantly higher rate of HIV prevalence (10%) than rural residents (7%).

4.0 Most at risk Populations and vulnerable groups

Among the populations identified here include the Commercial sex workers whose prevalence of HIV/AIDS (32.8%) is three times more than that of Kampala women in the general population⁷. according the CDC/ Crane survey 2009. Uniformed services, people living in conflict areas and internally displaced persons, people with disabilities and orphan and vulnerable children are at greater risk of contracting HIV. Youth and orphans who are vulnerable are more likely to have sex by age 15 than other youth⁸ and among married people.

Alcohol for the first time is listed among the drivers of the epidemic influencing individual behaviors and risk of sexual transmission. However, the UAC strategic Plan 2007/8-2011/12 fails to bring to the fore the significant role alcohol plays in determining HIV/AIDS Trend in this country.

This paper attempts to highlight the catastrophe Uganda is likely to face unless public leaders and policy makers take a stand to institute deliberate actions to regulate alcohol production, sale and consumption. This paper shows how all positive trend made in fighting HIV/AIDS, Poverty, violence and law enforcement are being undermined by excessive drinking culture which has been allowed to proliferate in the Country especially among the young people where the alcohol industry appear to concentrate its marketing efforts.

5.0 Alcohol and HIV/AIDS in Uganda

Alcohol production has contributed enormously to the government revenues at national and local levels and this fact cannot be denied. Indeed, the three major breweries⁹ and other small scale alcohol manufactures are reaping big in terms of profit as result of increased consumption of

alcohol. Increased consumption may mean several things. One is that it shows an improved income, thus more revenue for the state. It may also imply that the burden arising out of increased consumption are likely to increase and even double as result of the direct effect in terms of drinking. When young people take on drinking, Alcohol severely impairs the brain development and interferes with normal development process and the negative effects are higher. Drinking early among young people connotes that a productive labour force is being damaged at an early age and this will greatly affect skills performance in future and this must never be allowed to occur in a developing country like Uganda.

6.0 Alcohol and influencing Risk sexual behavior

Alcohol intake affect decision making and acting as inhibitor affect decision to say no to sex, increase risk of not using a condom and generally undermines safe sex behavior. Heavy drinking is a risk factor and when intoxicated peoples sexual risk taking behavior increase, it triggers and acts as an excuse for sexual acts, getting customers and gate way to irrational behavior. People argue that alcohol makes someone relaxed and give a better sexual experience and thus make people have more unprotected sex.

The linkage shows that there is a close relationship between alcohol drinking, sexual risk taking and HIV transmission. People who drink alcohol are likely to neglect the use of a condom and higher numbers of sex partners. This argument supported with data from Crane /CDC, 2009 study that indicated that among partners and clients of female sex workers 51% had taken alcohol prior to performance of sex. High risk partners and clients as most men drink in bars (see *GENACIS study 2006*) and engage in un-protected sex encounters, e.g social network is highly moved by Alcohol *tugende twewemu, Nkuwemu? opamu di?* Underestimation of the effect alcohol among other factors appears to undermine alcohol efforts

The Crane/CDC Survey 2009 also interviewed Boda boda riders (*motor cycle taxis*) 694 male participants among its revelation noted that 22% had taken alcohol prior to sex. This vividly showed that alcohol plays a significant role in behavior and inducing people to engage in sex and extremely undermines safe sex behavior.

A study from University of California (UCLA) has shown that people under the influence of alcohol are three times higher risk of being infected by HIV. Cells from Human mouths were exposed to alcohol at a strength equivalent to that found in beer and were then exposed to the HIV Virus, the cells were found to three to six times more respective to the virus.

Why has UAC all a long not taken on this analysis seriously and efforts be redirected towards Immune impairment, suppression and HIV Progression? Alcohol has been singled out as an important factor in progression of HIV/AIDS and overwhelming evidence shows that it accelerates the infection, affect adherence to medication and decrease chances of survival. Large amount of alcohol disturbs the creation of the so called T-cells (CD4 cells) that are important for the immune system. Research is also showing that

the thymus gland (*located behind the breastbone*) produces significantly fewer T cells when high levels of alcohol are used. High alcohol consumption speeds the course of the disease among people infected with HIV, despite the fact that they are taking anti-retroviral drugs. Generally high alcohol consumers had a lower T-cell than patients with moderate consumption.

Recent research development also shows that when infectious diseases like tuberculosis and HIV/AIDS are added to the mix the burden of diseases added to Alcohol also doubles. Science also shows that heavy drinking impacts the innate and the adaptive immune system as well as reducing the adaptive behavior to treatment schedules compared to abstainers.

7.0 Way forward

Let us not lose sight to do more prevention work and address issues which have hitherto been obscure and work harder to build demand for effective prevention. Alcohol misuse needs to be addressed in a comprehensive way. Alcohol regulation and other risk reduction strategies need be developed as there is no -safe level- of alcohol consumption. Regulations to control alcohol marketing, accessibility is necessary, given the fact that Uganda is among the highest consumers and is also with high numbers of HIV infection is appropriate that this is taken on.

Education about linkages of alcohol and HIV needs to be disseminated in full scale and also identify people with high alcohol consumption, age and places and help them see the detrimental effect of alcohol to society and other sector.

Regulations to control alcohol marketing, accessibility is necessary, given the fact that Uganda is among the highest consumers and also with high numbers of HIV infection is appropriate that this is taken on. Education about linkages of alcohol and HIV needs to go out in full scale and also identify people with high alcohol consumption, age, and places and help them see the detrimental effect of alcohol to society and other sectors.

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Monitoring the Adverse Effects of Informal Alcohol in Uganda

1.0 Introduction:

Uganda has been ranked by The World Health Organization (WHO) as the number one alcohol consumer in the world¹ with per capita consumption of 19.47 litres per adult. Alcohol has been reported as a number five cause of poverty in the country. Uganda has experienced and is still experiencing an adverse situation where over 300 people have died due consumption of adulterated poisonous alcohol with methanol brewed from the informal sector that comprises 65% of alcohol consumed by the general population. This informal sector remains largely unregulated by Uganda National Bureau of Standards and thus many people have taken to producing crude spirits to make quick money from unsuspecting citizens.

The alcohol industry in Uganda is probably one of the fastest growing industries in comparison to the other manufacturing industries and arguably one of the biggest sources of revenue for the country. However, although the figures for the revenue collection exist, there have not been any studies done to establish the social and economic cost of alcohol abuse in Uganda. Perhaps the social and economic costs might by far outstrip the perceived contribution to the economy. Alcohol related morbidity and mortality although believed by practitioners to be high is not established by research partly due to lack of interest; lack of adequate capacity within the health care system and poor law enforcement. On the other hand the growing alcohol industry has not been matched with policy guidelines on production, distribution, consumption and marketing making Uganda one of the most unsafe places for children and teens in regard to exposure to early intake of alcohol.

2.0 Alcohol Packaging in Uganda

It can be observed that as the number of players in the alcohol industry increases (UNBS has registered over 23 companies in the last 5 years) and many have applied for certification. Competition for markets also increases leading to unorthodox methods of packaging, advertising and distribution. The production of spirit based alcoholic beverages has perhaps faced the stiffest competition forcing the well established industries to bend towards practices they well know go against international standards of alcohol packaging, marketing and distribution. One can for example find packaging of alcohol as a small unit of measurement as 100ml. As a way to survive on the market, smaller entrants have in bid to compete with larger manufacturers devised all sorts of strategies such as packaging in much smaller units, using all sorts of color shades to attract customers as

well as aggressive mobile marketing, advertising through the numerous radio stations with words like *“if you drink this alcohol you will not get a hangover”* and distribution of free samples which have in most cases ended up in the hands of children. The growing industry seems to have also eluded the capacity of the government to ensure quality and safety and this has led to a number of deaths both recorded and unrecorded. It can be noted with concern that government much as it has collected revenue from alcohol has not invested in equipping analytical laboratories with efficient and modern equipment to carry out analytical and toxicological tests. Conventional wisdom has it that for belief to survive it must have new entrants and followers and this is what small, affordable packages of alcohol with attractive color shades seem to achieve for the alcohol industry; get as many children as possible as potential consumers and sustainers of the industry.



Some of the alcohol brands packed and sold in satchets.

3.0 Brewing of Informal Alcohol in Uganda

This dates way back in pre colonial Uganda were alcohol was fermented and not distilled. For example the Baganda brew their *‘tonto’* from bananas; the Iteso brew *‘ajon’* from millet while the Bakiga brew *‘omuramba’* from sorghum. Traditionally alcohol played a central role during cultural functions - appeasing ancestors, during payment of dowry, celebrating new seasons and births, funeral rites, circumcision

ceremonies, mending rifts between warring factions and repentance. It's these local brands that have been adulterated with impurities and methanol causing deaths and blindness in the population. These traditional brews are illicit since their distillation and lack of packaging falls outside government and public health regulations. However the production of unlicensed or crude waragi has continued under the names such as the cassava derived '*lira-lira*' and '*kasese*', a potent banana gin. Both are named after the towns they are brewed. This local brew is then transported and distributed on trucks to other major towns and cities in the country while some is consumed by the native communities where the waragi is brewed. The distillation process is done in unclean apparatus, and unsupervised home environments where people take advantage to add impurities and methanol to increase on the gin's potency. In some other circumstances, this local brew is packed in sachets to hoodwink the population into thinking that it's been distilled and packed by registered certified alcohol companies which is not the case.

4.0 Monitoring Informal Alcohol

Monitoring of informal alcohol first undertaken by UYDEL in 2008 when 17 sachet waragi samples were bought from the market and tested by the Government chemist. The results of the tests revealed that some samples were almost at the maximum allowable level of methanol as shown in table 1.

Table 1: Sampled Alcohol brands

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

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

UYDEL together with other committed CSOs sounded an alarm to government to act on the above findings before the country could experience adverse effects but government as usual turned a deaf ear till people started dying due alcohol poisoning in 2009. This formed the basis for the establishment of the Alcohol Policy Development Center

to lobby and advocate for restrictive alcohol policies and regulation. Civil Society Organizations do recognize the centrality of the alcohol industry in the economy and are seeking in no way a total ban on alcohol production, sale and consumption but rather seeking proper and ethical ways and responsible production, packaging, distribution and consumption of alcohol in ways that promote public safety and the well being of the most vulnerable members of society such as children. Tax collection cannot be conducted in total disregard of public health; Alcohol is no ordinary commodity.

5.0 Genesis of Alcohol Poisoning and Deaths

Approximately 40 cases of deaths due to drinking adulterated waragi packed in sachets were first reported in March 2007 and close to 300 people are reported to have lost their lives due to alcohol poisoning between 2007-2009. In September 2009, the government and Ministry of Health imposed a ban on local gin (waragi) throughout the country after the death of about 19 people who are believed to have consumed alcohol (waragi) containing methanol, a potent spirit. In response to the outbreak, the Minister of Health constituted a multi-sectoral task force consisting of officers from various institutions including Uganda National Bureau of Standards (UNBS) to investigate the reported outbreak and recommend measures to contain the situation as well as

prevent re-occurrence of the incidence. Cases of deaths and blindness were reported in different parts of the country mainly in Kasese, Kampala, Kabarole, Gulu and Mpigi districts. Their symptoms, according to local authorities included; vomiting, diarrhea and swollen stomachs. The government also suspended licenses of all waragi manufacturers and asked

them to apply afresh. The Social Services Committee of the Uganda Parliament also added its voice and recommended a ban on waragi packed in sachets for the good of Ugandans. Packaging of alcohol in sachets some as low as 100 mls has made drinking appear easy; it's very cheap, easy to conceal; accessible to minors and makes it difficult for government to trace the origins of the adulterated waragi.

Alcohol in polythene packs (sachets) is easy to package and adulterate and yet there is very limited capacity to carry out chemical analysis tests. In essence poisoning could go on for a long time without being detected due to limitations both at National and district levels. The small packages of alcohol have become an avenue for recruitment of children into drinking alcohol. Polythene packaging has also become a tool for alcohol abuse due its ease in concealing and transportation. It is not unusual scene to encounter motorcycle transport operators, tax drivers and other workers of all categories concealing and consuming sachet alcohol inappropriately. The dangers of this are countless.

The Uganda National Bureau of Standards (UNBS) investigations confirmed that brands of waragi produced and registered with the Standards body were safe for consumption. However since April 2010, eighty (80) people have been reported dead; 86 people have been hospitalized and 30 people have gone blind due consumption of adulterated waragi with methanol in Kabale Municipality and its surrounding Sub-Counties of Kitumba and Kamugaguzi. According to a UNBS report, samples collected from Kabale have levels of methanol of between 170-300 more times the allowable limit. The maximum allowable level of methanol in waragi is 0.05 percent M/V. There is no approved distillery in Kabale and any crude waragi should be transported to Kampala for refinement.

Table 2: Numbers of reported deaths and blindness due to adulterated alcohol

NO	SOURCE	NUMBER	
		Reported Blind	Reported Dead
1	State Of Alcohol Abuse In Uganda” Young People Drinking Deeper Into Poverty, UYDEL, 2008. 100 people were poisoned in 2007 by illicit alcohol brewed by an illegal factory in Mubende district due to lack of information about illegal production of adulterated alcohol. The factory was closed down in 2007 and its proprietors arrested and taken to court.	-----	100 [Poisoned]
2	Saturday Vision, 11th April 2009, “In February 2007 over 40 people died in Kampala and other districts after drinking toxic Waragi packed in polythene sachets of 25ml and 30ml and sold for shilling 100 only. The Waragi had a lot of methanol, the health Ministry announced.	-----	40
3	New vision, Friday 21st August 2009. “10,000 Litres of <i>Enguli</i> (Potent Gin) impounded” (Lopeyok and Lake in at Nakapiriti police station).	-----	-----
4	WBS and New Vision- 28th /08/2009 (Kulambiro)	-----	10
5	NTV News 31st /08/2009 (Mpigi district)	-----	5
6	New Vision 1st/Sept/2009 “Waragi kills eight more people” bringing the number of deaths to 16 in last 2 weeks.	12	8
7	New Vision, 22nd April 2010 “Waragi victims named”	-----	60
8	Daily Monitor, 23rd April 2010 “Waragi death toll rises to 80 in Kabale”	30	80
9	Daily Monitor, 29th April 2010 “Waragi death toll rises to 20 in Kamwenge”	-----	20
10	The New Vision, 12th May 2010	-----	6
Total Cases		42	329

Over 100 people were reported to have been admitted at various health centers and hospitals in Kabale district - though consumption of the adulterated alcohol was still high (see Table 2). Thus the government banned the production, sale and consumption of crude waragi and spirits in the affected district though locals have found ingenious ways to beat the ban. According to Police, the adulterated alcohol is packed in jerry cans and other dirty containers that the dealers and consumers line up at public water kiosks and taps, alongside jerry cans containing water. Retailers then buy the jerry cans containing the waragi and sell to their customers. More 20 waragi deaths have been registered in Kamwenge district while several others have been left nursing its effects. A District Council meeting responded by banning the sale of deadly gin with immediate effect. The same meeting banned packed counterfeit liquors.

Another 6 people were reported dead while other 10 people remained admitted at various health centres in Ssembabule and Masaka districts.

6.0 Implication of the statistics and deaths table above

- Uganda National Bureau of Standards (UNBS), a body charged with the responsibility of determining, formulating and enforcing standards of alcohol is not doing enough within its mandate to enforce existing legislations and monitor the types of alcohol sold on the market. That's why everyone can wake up and start brewing illicit poisonous alcohol from their homes. It must be supported to address unadulterated local gin.
- Government doesn't view alcohol related harm in terms of morbidity (*general ill health of the population*) but rather view it in terms of mortality (*number of deaths*).
- Alcohol brewers want to satisfy their customer needs by increasing the alcohol potency to produce the

desired outcome faster hence the use of methanol in alcohol.

- d) Clandestine nature of brewing home made alcohol makes enforcement difficult because some of the enforcement agents are themselves addicted to alcohol and UNBS does not have the capacity to undertake regular monitoring and surveillance in all villages.

7.0 Role of Uganda National Bureau of Standards (UNBS)

7.10 The UNBS Act - Cap 327

This Act establishes the Uganda National Bureau of Standards (UNBS) which determines, formulates and enforces standards for commodities for sale to the public in Uganda. It requires certain products to comply with certain standards and carries out tests of conformity with the standard specifications, for purposes of protecting the public against harmful and dangerous products. These include alcoholic beverages for consumption in Uganda.

The Act creates offences and prescribes penalties ranging between a fine of ten thousand to twenty thousand shillings for a first offence and twenty to thirty thousand shillings for subsequent offences, or twelve months imprisonment for a first offence and eighteen to twenty-four months imprisonment for a subsequent offence, or both such fines and imprisonment. The UNBS Act has formulated standard specifications containing compositional and other safety requirements aimed at ensuring the safety and quality of alcoholic beverages provided for sale to Ugandan consumers. The standard regulations provide hefty specifications for vodka, rum, whisky, brandy, gin and beer. They provide specific alcohol contents in the aforementioned alcoholic beverages in accordance with Uganda Standard Methods of sampling and testing for alcoholic beverages.

The standards also provide strict provisions in relation to degree of cleanliness in respect to containers, packaging², labeling, premises for manufacture, persons engaged in the handling of alcoholic beverages and equipments used for manufacture of alcoholic beverages in accordance with the Uganda Standard Specifications for factory and employee requirements for food factories.

However last year UNBS established a formal Memorandum of Understanding (MoU) the alcohol industry which as CSOs condemn because its likely to compromise UNBS mandate since its supposed to regulate the industry. Therefore UNBS needs to limit it-self to standards and enforcement but not cooperation with the alcohol Industry. The idea of the industry submitting samples to UNBS may not yield the desired results because the alcohol industry can only submit samples they are sure are safe, but facts on the ground show that compliance is far from their economic interest.

Although UNBS has the mandate to regulate the alcohol

industry it does not have the capacity to fully enforce the law, hence any cases of false or misleading labeling may not easily be detected. They have very limited capacity in terms of man power to undertake regular monitoring and surveillance of premises, and regular testing waragi samples; they have few branches yet the entire nation needs to be monitored. It is important for UNBS to develop capacity for effective monitoring and enforcement of alcohol standards. It should also be noted that no standards have been developed for native liquor and enguli, yet these are common alcohol beverages consumed by the common man who needs protection, particularly in view of the dangers posed to their consumers, the worst being death. There is need to develop standards for all types of alcohol to protect the public.

7.20 Steps taken by the UNBS to deal with Alcohol poisoning

The standards body has embarked on regular testing of registered alcohol brands to ensure consistency in quality. Samples are now required for testing on monthly basis compared to the three samples previously demanded for the whole year. They have scaled up surveillance activities in the alcohol industry requiring all unregistered producers to register. Distillers are being required to maintain quality certificates at production premises as UNBS inspectors work to ensure that they maintain consistency in quality of water and materials used in the production process. The alcohol industry has also been advised to establish a quality assurance system at the local level which will ensure that all alcoholic beverages have a Q-Mark (certified) and change from packing in polythene bags to glass bottles

8.0 Alcohol Policy Lobbying and Advocacy

The complete banning of alcohol packed in sachets would help address issues of sale to minors; availability of alcohol and easy tracking of alcohol packed in bottles (minimum 250mls). UYDEL used various channels of communication to engage Members of Parliament and line ministers of Tourism, Trade and Industry to give them information and influence them to support the ban of alcohol sachets. Hence engagement channels were through holding lobbying meetings with MPs, through regular emails and phone messages; distributing the State of Alcohol Report and Alcohol Laws Book for information sharing.

9.0 Alcohol Legislation

9.10 A Case of Uganda

Laws are vital for the prevalence of peace, security, stability and development. It is a prerequisite for the prevention of conflicts and the promotion of lasting morals in the world. Legislation encompasses and touches on practically every aspect of our lives and must be clearly defined, guaranteed, guarded, defended and respected at all times. Respect for and enforcement of the legislations rest upon practical legislative

frameworks in economic, social and legal structures in every society. Sound laws, democracy and economic viability are interdependent, interrelated and indivisible, and thus constitute inseparable ingredients in Uganda's quest for socio - economic prosperity and moral backbone.

10.0 The *Enguli* (Manufacture and Licensing) Act - Cap 86, 1964.

For purpose of this paper, "*enguli*" means any spirit manufactured in Uganda but does not include refined spirits produced locally by the exclusive licensee.

This *Enguli* Act generally regulates the manufacture, sale, possession and other dealings in *enguli*, and apparatus used for its manufacture³. It specifically prohibits consumption and export of *enguli*. Section 2 thereof prohibits the manufacture, sale or otherwise dealing in *enguli*, or having in one's possession or under one's management or control the apparatus used or intended to be used for the manufacture of *enguli* without a licence. Section 2(2) creates the offence of consuming *enguli* while section 2(3) prohibits its exportation. The punishment for contravention of these laws is a fine not exceeding three thousand shillings or imprisonment for a term not exceeding six months or both such fine and imprisonment.

The Act also establishes the Central Licensing Board (CLB) to appoint Area Licensing Boards (ALBs), determine and limit the total number of licences to be issued and the quantity of *enguli* to be manufactured in a year, subject to directions of the Minister. The ALBs are intended to issue, revoke and otherwise regulate the operation of licences for the manufacture and trade in *enguli*. They grant exclusive buying licenses to exclusive licensees who must have permits to manufacture excisable goods pursuant to the East African Excise Management Act⁴. The exclusive licensee has powers to buy all the *enguli* offered to it for sale so long as the *enguli* sellers have valid licence and the sale takes place at designated collecting centres at statutory fixed prices. The Act however, forbids the exclusive licensee from buying any *enguli* which is of strength less than such percentage of alcohol as prescribed under the Rules. The ALBs are required to issue licences which specify the premises of operation, expiry dates, the maximum quantity of *enguli* a particular licensee will be allowed to brew per month and the collecting centre for its sale.

Under Section 16(2)(a) of the Act if a holder of an *enguli* licence is convicted for contravening the provisions of Sections 7(3)(a) or (b) Act, the licence may be revoked and he/she must surrender it forthwith to the ALB. He/she would also be ordered to forfeit the *enguli* and all the apparatus used for manufacturing the *enguli* as well as pay a fine not exceeding three thousand shillings or face imprisonment not exceeding six months, or both the fine and imprisonment.

11.0 Observations on the *Enguli* Act

It can be observed that the *Enguli* (Manufacture and Licensing) Act is a good law to control and guard against abuse of *enguli*. However, it is important to note that much as the Act does expressly prohibit the consumption and export of *Enguli*, it permits its manufacture, dealing and sale once any seller or manufacturer obtains a licence. This weakens the ban against consumption and export of *enguli*, and makes its enforcement difficult. The fact of its being lawfully readily available makes it easy and tempting for illegal sellers, buyers and consumers to violate the law. However, in reality *enguli* is widely consumed (*to dangerous levels some times*) due to its easy availability and cheap cost. Hence even the poorest and other vulnerable groups like children, students, slum dwellers and IDP communities can easily afford it, and in many cases excessively consume it to their detriment and that of other members of society. It is sometimes preferred to other types of cheap alcohol because of its potency, and the attendant capacity to produce the desired outcome faster.

The penalties provided for some offences under the Act are not deterrent enough to curb illegal manufacture, trade, sale and irresponsible or excessive drinking. Illegal manufacture, trade and consumption of *enguli* for example are punishable under the general punishment section which prescribes a penalty of a fine not exceeding three thousand shillings or imprisonment not exceeding six months or both such fine and imprisonment for contravention of any provision of the Act⁵. Moreover the illegal manufacture and trading in *enguli* greatly contributes to its being readily and cheaply available, given that no licence, tax or other charges are paid on it. The law should address illegal consumption of *enguli* more seriously. The current penalty of a fine not exceeding three thousand shillings or imprisonment not exceeding six months is not adequate to fight alcohol abuse in all cases. In cases of excessive, habitual or dangerous consumption it would be necessary for courts to sentence the offender to other rehabilitative measures like referral to alcohol and drug abuse treatment centres which do exist, some of which offer free services. Examples are the specialised Alcohol and Drug Treatment Centre at the National Referral Mental Hospital at Butabika, Kampala, and NGOs like the Serenity Centre located at Kawuku, Kampala and the Trans Cultural Psychosocial Organisation (TPO) which mainly operates in northern Uganda. However, under the current laws Courts' hands are tied as they cannot make orders that are not prescribed by the law. To a large extent, this is an indication that legislatively the problem of excessive alcohol consumption is still having a *lacuna*. There is therefore need for the law to provide courts with such other sentencing options that may be applied in appropriate cases involving alcohol consumption.

The investigative procedures and evidential requirements for cases involving alcohol also pose another challenge. Such cases require forensic examinations to prove that the exhibit that the offender manufactured, traded, possessed

or consumed was enguli. This can only be done by having a sample of it analysed and confirmed by a practitioner at the GAL. However, the police lacks sufficient resources for timely investigations to be done on such matters. As a result many cases end up in court without those crucial aspects of investigation being completed. This results into dismissal of cases. Moreover proceeding for trial without these investigations being done is also not viable as the case would most likely end in acquittal of the offender. In the case of **Uganda v/s A.K. Lukusa**⁶ where the conviction of the accused was quashed and the sentence set aside this is what the court had to say:-

“... in the prosecution of the offence of illegal possession of enguli, the prosecution had to prove by producing sufficient evidence of a witness who was in a position to swear that the contents of the bottle were enguli as defined by the Act...”

Worse still there are no prescribed quality and/or standard specifications for the manufacture of *enguli* and as such the UNBS is not of any relevance in this regard since it can not protect the public from *enguli* which is unfit for human consumption.

12.0 Challenges of curbing adulterated waragi

- a) The Uganda National Bureau of Standards (UNBS), an institution which determines, formulates and enforces standards for commodities for sale to the public in Uganda is under facilitated in terms of human and financial resources to undertake regular surveillance in all parts of the country to curb alcohol related deaths. UNBS requires certain products to comply with certain standards and carries out tests of conformity with the standard specifications, for purposes of protecting the public against harmful and dangerous products.
- b) The local population has devised new tricks of selling and consuming the local gin by hiding the spirits under their beds or selling the adulterated spirits in beer bottles to the unsuspecting community.
- c) Uganda lacks a National Alcohol Policy which could help minimize on incidences and prevalence of alcohol - related harm by addressing the underlying demand, supply and environmental factors. This national policy would also help reduce the risk of alcohol-related problems that may occur in a variety of settings such as the home, workplace, community or drinking environment.
- d) The Uganda Parliament has not effectively legislated against adulterated **waragi** preferring to debate other issues rather than safe guarding people's lives.

13.0 Recommendations

1. The Uganda National Bureau of Standards (UNBS) should increase surveillance and regular testing of alcohol samples on monthly basis to reduce on alcohol related problems and risks. UNBS should ensure that all manufactured goods put on the market are safe for human consumption.
2. Distillers should maintain high quality certificates at production premises as UNBS inspectors work to ensure they maintain consistency in quality of **waragi** and materials used in the production process.
3. Local Governments, Local Councils should report suspected cases of **waragi** brewing to police and enforce the ban on local spirits. Local Governments should enact bye laws to curb alcohol related problems (*deaths and blindness*) just like it was done in the district of Mbale.
4. **waragi** production and packaging should be standardized. Packaging of alcohol should be in 250mls glass bottles to curb on unscrupulous people who are packing alcohol in jerry cans and sachets. All household distillers must be apprehended to show an example to the rest of the community. All **waragi** sachet producers must be registered and standardized in terms of sanitation and production equipment. All industrial methanol imported into the country must be accounted for to avoid what has happened in the past.
5. Mass public awareness about HIV/AIDS and the dangers of consuming adulterated alcohol should be an on going process through the mass media channels; community meetings, posters and leaflets to reduce risks associated with adulterated alcohol.
6. Incentives to teach small scale producers how to produce their alcohol safely; educating consumers about the need for moderation and the dangers of excessive consumption of alcohol should be encouraged and spearheaded by government.

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Controlling Alcohol Related Violence:-

The Need for Alcohol Control and Policy.

1.0 Introduction:

Uganda has been ranked by The World Health Organization (WHO) as the number one alcohol consumer in the world¹ with per capita consumption of 19.47 litres per adult. Alcohol has been reported as a number five cause of poverty in the country. In terms gender, though men appear to be number one, women are also increasingly taking on this drinking culture. Majority perpetrators of violence drink before committing an assault and may be alcohol dependent.

A strong correlation exists between alcohol use and physical violence in marital or partner relationships. In fact, domestic violence is a significant public health issue in Uganda contributing to HIV, death and mental ill health. Alcohol consumption and domestic violence are two largely independent risk behaviors that characterize certain relationships. Approximately one in three women living in rural Uganda is physically threatened or assaulted by their current partner under the influence of alcohol². Women whose partners often drink before sex experience risks of violence almost five times higher than women with non-drinking partners which supports the conclusion that alcohol may play a direct precipitating role in such violence.

The strong association between women's perceptions of their male partner's HIV risk and the women's risk of domestic Violence is evident. Women who believe that their partner is at high risk of HIV face risks of violence almost three times higher than those who perceive their partners to be at very low risk to HIV. A plausible explanation is that women who perceive their male partner to be at significant risk of HIV infection may be reluctant to engage in sexual relations with this partner; this resistance may be met, in turn, with physical violence or coercion into sex by the male partner. (Michael A.Koenig et al. 2003).

Chronic poverty in Uganda over the years is in part attributed to rural remoteness and isolation; conflict, social discrimination, adverse incorporation, exclusionary policies, limited work opportunities and more profoundly excessive alcohol consumption which increasingly is a key yet "silent" driver and maintainer of chronic poverty and social and domestic violence³. Although women are not the major consumers of excessive alcohol, they are the most affected. In most areas, cases of domestic violence are attributed to excessive consumption of alcohol while young girls mostly employed as bar attendants often suffer sexual harassment from men who are under the influence of alcohol. In addition,

excessive alcohol consumption has changed the landscape of responsibilities as women are forced to singlehandedly bear the burden of meeting household needs as their spouses engage in full time drinking. (Development Research and Training (DRT, 2008)

1.2 Case study

When the Uganda government banned the production, sale and consumption of sachet tot pak waragi (alcohol/potent gin) in September 2009, women were quoted to have been happy with the step taken by government. In the article titled: "**Gulu women hail waragi ban**" quoted some people that were interviewed in Gulu municipality and Omoro County who said consumption of alcohol had rendered most men economically unproductive since they were drunk most of the time. One interviewee said that the ban on sachet alcohol would also reduce domestic violence....."

Source: The New Vision, Tuesday, October 13th, 2009.

2.0 Alcohol, Gender Based Violence (GBV) and HIV

Research has confirmed a direct correlation between sexual and other forms of gender based violence and vulnerability to HIV infection⁴. Studies from the region indicate that women who have experienced violence are up to three times more likely to get HIV than those who have not. At the heart of women's vulnerability to violence and HIV/AIDS is the imbalance of power between women and men. Unequal gender roles further increase the extent to which girls and women are not only at greater risk of HIV infection but also of being subjected to violence and abuse as result of excessive alcohol consumption.

The husband's alcohol consumption and, particularly, how often he gets drunk are associated with spousal violence⁵. Wives who report their husbands get drunk are more likely to have experienced each type of violence than women whose husbands do not get drunk, and women whose husbands get drunk very often are more likely to experience

each type of spousal violence than those whose husbands get drunk sometimes.

Incidences of violence perpetuated by alcohol abuse have also been reported in developed countries⁶. Intimate partner violence is frequently committed by perpetrators under the influence of alcohol although some victims of this violence may have alcohol problems as well.

Evidence suggests alcohol facilitates escalation of conflict into violence, perhaps through the disinhibitory pharmacological properties of alcohol on behavior.

There is a strong association between alcohol use and increasing severity of domestic violence among newlyweds one year after marriage⁷. In cases of verbal abuse, 3-10% of the husbands were using alcohol. In cases of mild physical abuse (defined as throwing something, pushing, grabbing, shoving, or slapping), 11-27% of the husbands were using alcohol. In cases of severe physical aggression (defined as being kicked, hit with a fist, hit with an object, beaten up), 38-43% of the husbands were drinking.

3.0 The need for an effective National Alcohol Policy

Alcohol consumption is a widely accepted social activity in Uganda; the commercial sale of traditionally produced spirits is regulated by the liquor-licensing act of 1964 which forbids the sale and consumption of crude waragi (local potent). The act forbids unlicensed *Enguli* manufacturing and distilling. The law regarding the act is out dated, weak and worse still it is not enforced (*Barton T & Wamai G, 1994*).

Uganda is currently developing a National Alcohol Policy (NAP) spearheaded by the Ministry of Health. It highlights that the NAP is developed in recognition that Uganda needs to ensure the health of its citizens for socio economic development. The NAP identifies five priority areas of intervention namely; Intoxication, Public safety and amenity, Health impacts, Patterns and availability and Research⁸. The draft fails to involve all stakeholders and is short of effective strategies. The involvement of the alcohol industry through funding the process and facilitating consultants defeats the whole NAP. NAP directly falls under the Ministry of Trade and Industry and not Ministry of Health as pushed by the alcohol industry to be only a health issue.

In Uganda, the production and sale of alcoholic beverages generates profits for farmers, manufacturers, advertisers and investors. Alcohol provides employment for people in industries, bars and restaurants, brings in foreign currency for exported beverages and generates tax revenues for the government. Alcoholic beverages are, by any reckoning, an important, economically embedded commodity. However, the benefits connected with the production, sale and use of this commodity come at an enormous cost to society. The main cause of alcohol-related harm in the general population is alcohol intoxication. The link between

intoxication and adverse consequences is clear and strong, especially for violence, traffic casualties and other injuries. Alcohol dependence has many different contributory causes including genetic vulnerability, but it is a condition that is contracted by repeated exposure to alcohol: the heavier the drinking, the greater the risk.

4.0 Strategies and Interventions to reduce Alcohol-related Harm

Given the evidence that alcohol consumption represents a current and future threat to public health in Uganda, there is need to promote Alcohol Policy measures that are evidence based. The following points highlight the basic actions needed to control alcohol consumption in regard to violence.

4.1 Pricing and Taxation

Tax policies and, where appropriate, price policies, on alcohol products should be introduced so as to contribute to the health objectives aimed at reducing the harm caused by alcohol. Evidence suggests that alcohol prices have an effect on the level of alcohol consumption. Consumers of alcoholic beverages increase their drinking when prices are lowered, and decrease their consumption when prices rise. Heavy or problem drinkers appear to be no exception to this rule. Moreover, economic studies demonstrate that increased alcoholic beverage taxes and prices are related to reductions in alcohol-related problems. A major reason for the price decline has been the failure of government to increase tax levels in accordance with inflation. Alcohol taxes are thus an attractive instrument of alcohol policy because they can be used both to generate direct revenue and to reduce alcohol-related harm. The most important downside to raising alcohol taxes is the possibility of smuggling or illegal in-country alcohol production. The net effects of taxation and price increases, however, are to reduce alcohol use and related problems.

4.2 Regulating the Physical Availability of Alcohol

The physical availability of alcoholic beverages refers to the accessibility or convenience of obtaining and consuming these products. Most countries have restrictions on who may buy and sell alcohol, primarily because of social concerns about health, safety and public order. Experience has shown that extreme restrictions on alcohol availability, such as the banning of all alcohol sales (i.e. total prohibition), can lower drinking and reduce alcohol problems. Yet these restrictions often have adverse side effects, such as the criminality associated with illicit markets. Research on limiting alcohol availability demonstrates that reductions in the hours and days of sale, numbers of alcohol outlets and restrictions on access to alcohol are associated with reductions in both alcohol use and alcohol-related problems. Laws that raise the minimum legal purchasing age reduce alcohol sales and problems among young drinkers. Regulations directed toward commercial vendors of alcohol who sell to minors

and ignore other restrictions can also be effective, provided the system has the power to suspend or revoke a licence in the case of selling infractions. Evidence suggests that making available and promoting beverages of low alcohol content can be an effective strategy. Such a strategy has the potential to reduce the level of absolute alcohol consumed and associated intoxication and impairment. One means to regulate alcohol availability in a comprehensive way is through government-owned alcohol outlets.

4.3 Regulating Alcohol Advertising, Promotion & Sponsorship

Recognizing that a comprehensive ban on advertising, promotion and sponsorship would reduce the alcohol related harm, and that self-regulation is an ineffective mechanism to reduce alcohol related harm; effective legislative, executive, administrative and other measures necessary to strictly regulate advertising, promotion and sponsorship of alcohol products through statutory controls should be introduced both within and across borders. All forms of alcohol advertising, promotion and sponsorship that promote an alcoholic product by any means that are false, misleading or deceptive or likely to create an erroneous impression about its characteristics, health effects, or hazards should be prohibited; Appropriate health warnings or messages should accompany all alcohol advertising and, as appropriate, promotion and sponsorship; The use of direct or indirect incentives that encourage the purchase of alcohol products (sales promotion) should be prohibited; Expenditures by the alcohol industry on advertising, promotion and sponsorship should be disclosed to relevant governmental authorities; All alcohol advertising, promotion and sponsorship on radio, television, print media and, as appropriate, other media, such as the internet, should be restricted to information about the product only, and should not include images; to the extent that image advertising is permitted under current self-regulation guidelines promoted by the alcohol industry, an independent board should be constituted to review complaints about violations of industry self-regulation codes for responsible marketing.

Alcohol brands are advertised through television, radio and print, point-of-sale promotions, supermarkets, the internet and corporate social responsibility. Exposure to repeated high-level alcohol promotion inculcates pro-drinking attitudes and increases the likelihood of heavier drinking. Alcohol advertising predisposes minors to drinking well before legal age of purchase. Indeed, advertising has been found to promote and reinforce perceptions of drinking as positive, glamorous and relatively risk-free. Legislation restricting alcohol advertising is a well established precaution used by governments throughout the world, despite opposition from the alcoholic beverage industry.

4.4 Education and Persuasion Strategies

Recognizing that, unfortunately, in general it is difficult to show any lasting effects of education in reducing the

harm done by alcohol, but that education and information approaches can be effective in mobilizing public support for alcohol policy measures. Effective education, communication, and training programmes should be implemented to raise public awareness; Education, communication, and training programmes should ensure that public awareness of alcohol policy issues are strengthened and promoted using all available communication tools; Broad access to effective and comprehensive educational and public awareness programmes on the health risks including the intoxicating and addictive characteristics of alcohol consumption should be provided; Public awareness about the benefits of reducing hazardous and harmful alcohol consumption should be increased; Effective and appropriate training or sensitization and awareness programmes on alcohol policy to persons such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons should be addressed. Public service announcements (PSAs) are messages prepared by non-governmental organizations, health agencies and media organizations that deal with responsible drinking, the hazards of drinking-driving and related topics. Despite their good intentions, PSAs are an ineffective antidote to the high-quality pro-drinking messages that appear much more frequently as paid advertisements in the mass media.

4.5 Treatment and Early Intervention Services

In addition to its value in the reduction of human suffering, treatment can be considered as a form of prevention. Alcohol and Public Policy Group Treatment for alcohol problems typically involves a set of services, ranging from diagnostic assessment to therapeutic interventions and continuing care. Researchers have identified more than 40 therapeutic approaches, called treatment modalities, which have been evaluated by means of randomized clinical trials. These modalities are delivered in a variety of settings, including freestanding residential facilities, psychiatric and general hospital settings, out-patient programmes and primary health care. There is no consistent evidence that intensive inpatient treatment provides more benefit than less intensive out-patient treatment, although residential treatment may be indicated for patients who:-

- (1) are highly resistant to treatment;
- (2) have few financial resources;
- (3) come from environments that are not conducive to recovery; and
- (4) have more serious, coexisting medical or psychiatric conditions.

Regarding specific treatment modalities, the weight of evidence suggests that behavioural treatments are likely to be more effective than insight-orientated therapies. Recent research also indicates that Twelve-Step Facilitation, which is based on the principles of Alcoholics Anonymous (AA), is as effective as more theory-based therapies.

Lessons Learnt from violence, Gender and Alcohol

- a) The National Alcohol Policy should be gender sensitive to reduce Gender Based Violence resulting from alcohol consumption.
- b) Lobbying and advocacy for alcohol policy and alcohol control measures requires undertaking research and developing talking points for information dissemination for people to appreciate the problem and work as allies to achieve common goals and objectives.
- c) Engaging other stakeholders (*media, Members of Parliament, CSOs, line ministries, and general public*) is important in persuading and influencing them to support your advocacy issues. For example of banning of alcohol sachets that had been adulterated with poisonous methanol as evidenced in Uganda.
- d) National coalitions for alcohol policy and control measures are important for information sharing and joint advocacy. Regular exchange of information (*E-mails, meetings, reports*) is important to update members with current information based on evidence adduced from effects of consuming unregulated alcohol and provide a conducive environment for promotion of alcohol free environments.

Recommendations:

- a) Government should recognize that excessive alcohol consumption is a growing problem, which if not addressed could hamper Uganda's social economic progress and plunge the country into deeper poverty.
- b) Local governments should pass/review legislation including bylaws aimed at regulating production, distribution and consumption of alcohol. Specific emphasis be placed on regulating the production, distribution and consumption of locally made brews that use food crops such as cassava, millet, sorghum, maize as raw materials.
- c) There is need for an effective national alcohol policy recognizing that Ugandans wish to live in a society in which alcohol is available for adults who make an informed choice to drink. Alcohol should be provided to the people with an appropriate level of regulation, and to protect those at most risk of harms associated with the misuse of alcohol.
- d) The National Alcohol Policy should address issues intoxication, public safety and amenity, health impacts, patterns and availability, packaging and labeling of alcoholic products; reducing harm in drinking environments; alcohol advertising, promotion and sponsorships, taxation, sale to minors, reduction in drink driving, education and public awareness; related violence and research.

- e) Government should ensure that the alcohol industry observes the minimum regulatory standard (*in terms of packaging, advertising, marketing, etc*) to limit access and affordability of alcohol to young people and general public. Alcohol packaged in minimum bottles of 250mls will not easily be concealed by young people as was the case with sachets.
- f) The Ministry of Trade and Industry should implement the *Enguli Act (1964)* which establishes the Alcohol Licensing Board that in turn appoints Area Licensing Boards to determine and limit the number of licenses issued to industries.
- g) Some percentage of the revenue accruing from alcohol should be channeled to funding the Alcohol Licensing Board to regulate production, sale, consumption and awareness.
- h) There should be deliberate efforts to educate the public on effects of excessive alcohol consumption and the need to reduce alcohol related harm.

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Exposure of young people to Alcohol Advertisements and Marketing:-

A Case for Controls in Uganda.

1.0 Introduction:

About 2 billion people worldwide consume alcoholic drinks¹, which can have immediate and long term consequences on health and social life. Over 76 million people are currently affected by alcohol use disorders, such as alcohol dependence and abuse. Depending on the amount of alcohol consumed and the pattern of drinking, alcohol consumption can lead to drunkenness and alcohol dependence. It can result in disablement or death from accidents or contribute to depression and suicide. Moreover, it can cause chronic illnesses such as cancer and liver disease in those who drink heavily for many years. Alcohol causes 1.8 million deaths a year, which represents 3.2% of all deaths worldwide. Unintentional injuries account for about a third of the deaths from alcohol. Alcohol is the third most common cause of death in developed countries. In the limited number of developing countries where overall mortality is low, alcohol is the leading cause of illness and disease. Damage to human life is often described in terms of loss of “*disability-adjusted life years*”. The disease burden attributable to harmful use of alcohol is significant at global level and in the African Region. Trends in globalization and international trade agreements make alcohol widely available and affordable for consumption.

At its one-hundred-and-twenty-second session, the WHO Executive Board recommended a resolution on alcohol for adoption at the Sixty-first World Health Assembly in 2008. Proposed by African Region Member States through Rwanda, the resolution called for the development of a global strategy to reduce harmful use of alcohol² be submitted in 2010 with inputs from Member States and requested countries to monitor and strengthen national responses to alcohol use³.

The alcohol industry has supplanted the government role in alcohol policies in Sub-Saharan Africa, Uganda inclusive. A recent comparison of proposed national alcohol policies in Lesotho, Malawi, Uganda, and Botswana shows that the alcohol industry has assumed a significant and detrimental role in designing national alcohol policies in Sub-Saharan Africa⁴. The policy drafts point to the alcohol industry's preferred version of a national alcohol policy, which includes letting the industry regulate its own marketing activities.

In Uganda alcohol consumption and abuse is on the increase. Young people (10-24 yrs) are increasing getting hooked to alcohol more especially many are increasingly consuming waragi in sachets (readily available and cheap). We are beginning to see children as young as 12 years consuming alcohol. Binge-style drinking on weekends is seen among young people especially during social gatherings like weddings, graduation parties, house warming among others. Alcohol consumption is also evidenced among young people in schools, tertiary institutions and this has been promoted through bazaars where alcohol industries sale products at give away subsidized prices.

UYDEL has steadily been receiving more cases of young people affected by alcohol abuse. Last year alone (2009), UYDEL counseled 30 young people affected by alcohol abuse and have been helped in liason with professional expertise from psychologists, psychiatrists, social workers. The media has been instrumental exposing effects of alcohol on young people and at the same time the media has been used in advertising, marketing, and promoting alcohol targeting young people. Uganda has no policies on alcohol advertising restrictions.

The contribution of the alcohol industry in terms of local revenue cannot be underestimated and the industry has mainly thrived through players; Uganda Breweries Ltd. (UBL) and Nile Breweries Ltd. (NBL) though there has been emergence of new players in the last 2 years. According to Uganda Revenue Authority's 1,000 top taxpayers for the financial year 2006/2007, UBL paid revenue worth Ugx 7.5 billion placing it in fifth position, while NBL was ranked eighth after paying UShs 4.1 billion. UBL offers employment to approximately 1,000 people through their supplies, logistics and distribution chains.

2.0 Alcohol Marketing and Advertising

Alcohol marketing and advertising is a global phenomenon and effects of youth exposure to alcohol marketing is well documented. Some people have termed the alcohol industry as an elephant due to its aggressive nature in advertising and marketing its products. Therefore one has to explain the effects of alcohol marketing on young people, whether alcohol advertising targets young people, and assessments of regulatory restrictions on marketing and other counter measures. Despite the failure of public health research to keep pace with the newly developing marketing technologies, there is a growing body of evidence that alcohol marketing influences young people's drinking behavior. However some studies have pointed to the importance of alcohol advertising in shaping youth attitudes, perceptions and expectancies about alcohol use, which then influence youth decisions to drink and this increases their likelihood of heavier drinking.

Young people are particularly drawn to elements of music, characters, story and humour. Websites for promoting alcohol have also been found to have elements attractive to young people such as the option of playing games and competitions, down loading music items and photo galleries. Alcohol sports sponsorship links masculinity and embeds alcoholic products into the everyday life of the consumer. It reaches the target audience- young males who are the keenest sports fans and heaviest drinkers. During the 2008 European Football Championship, there was high exposure of young adolescents boys (*under 16 years*) to beer advertisements. Those who watched more football games had a higher intention to drink alcohol in the following months than youths who had not seen the games frequently.

3.0 Channels of Alcohol Advertising and media exposure

- a) **Broadcast:-** Television, radio, cinema, etc
- b) **Print media:-** newspapers, magazines, newsletters, etc.
- c) **Outdoors:-** Billboards, street flyers, sports stadiums, car screens, branding buildings in urban centres, etc
- d) **Place:-** supermarkets, bars/pubs, night clubs, etc
- e) **New media:-** internet, play stations, etc

4.0 Media Exposure to alcohol and young people

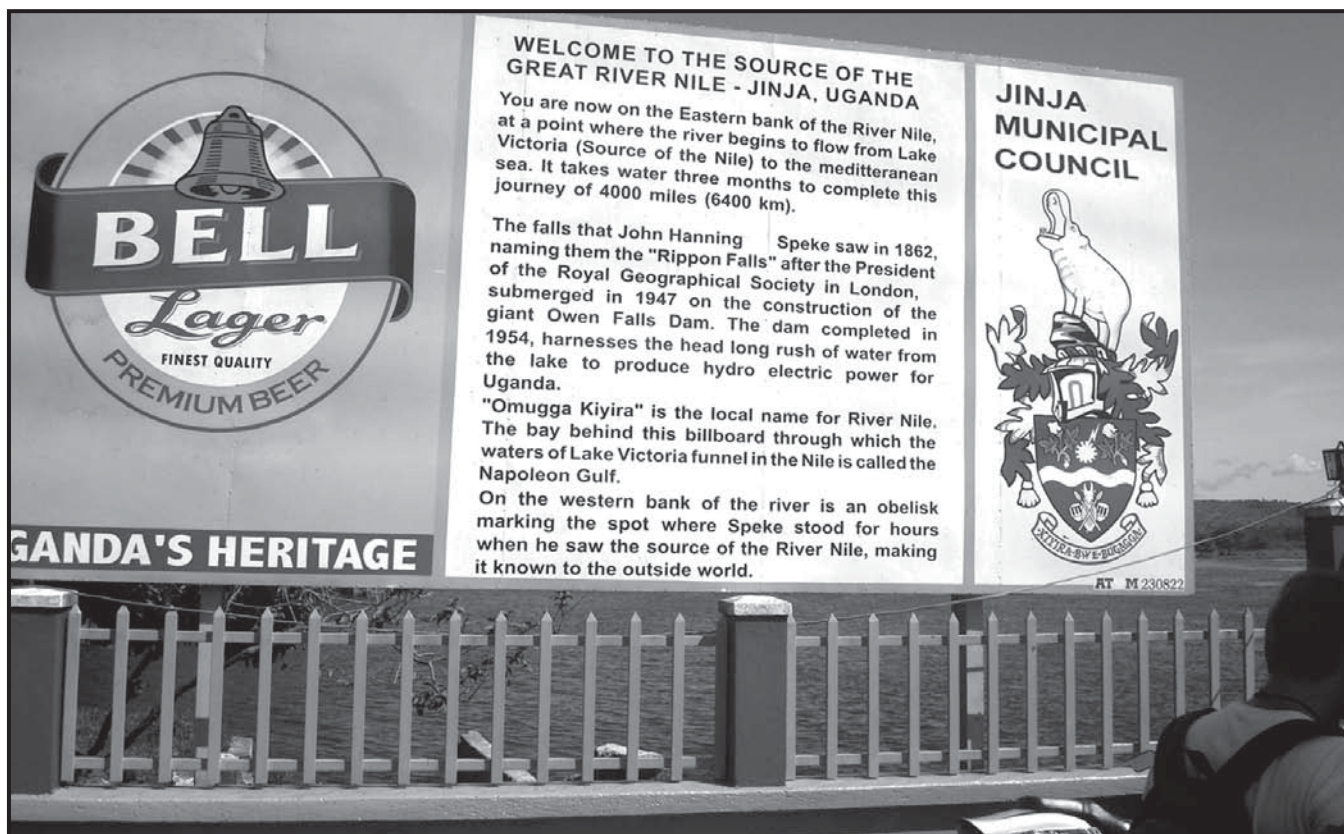
Young people are strongly attracted to alcohol advertisements and this influences their beliefs, attitudes, practices, expectations and knowledge about alcohol use. Young people are appealed by sports personalities, sports events, music, dancing, celebrities, clubbing which the alcohol industry uses in promoting its products. Alcohol advertisements usually increase young people's likelihood of starting to drink, the amount they drink and the amount they drink on any one occasion due to influences from their role models in society.

5.0 Alcohol Marketing Practices

- a) **Product:** This denotes the physical features and packaging of the drink (brand name, packaging) that makes the product more attractive to buy. Young people are usually attracted to alcoholic products that look stylish, fancy, trendy and exciting. The introduction of the long beer bottles as a means of packaging some of its products by Nile Breweries recently is a case in point.
- b) **Price:** Is the amount of money to be paid for alcoholic

beverages which can range from very low volume discounts, lower prices, bulk buying to very high (premium prices). Experience has shown that at every start of academic years of universities in Kampala especially Makerere and Kyambogo universities, the beer industries sale alcohol at discounted prices to university students during the bazaars as a way of welcoming first year students to university and this consequently may initiate young people into heavy drinking practices.

- c) **Place:** Is the distribution channels where alcoholic products are marketed and sold. For example supermarkets, night clubs, pubs, hotels, etc.
- d) **Promotions:** This is communicating with the customer about the alcohol product through mass selling, sales promotion and personal selling. Usually several communication channels are used to promote alcohol products within one campaign, known as **"integrated marketing"**. For example outdoors on billboards, television, print media, price discounts, sponsorship of events, radio, merchandising-using other products with alcohol logos e.g. t-shirts, games. The sponsorship of events like the Nile Special Football Super League (2007 season), FUFA Football awards, harnessing East Africa's music talent through Project Fame, radio and television talk shows, musicians' album launches are cases in point. In addition outdoor advertising has contributed in great depths because they are usually placed in strategic locations, for example Bell Beer sponsored billboard at the Source of the Nile, on sides of major roads.
- e) **Corporate Social Responsibility:** This is usually exhibited by the alcohol industry as a way of giving back to society and offering humanitarian aid assistance to



A billboard sponsored by Bell Lager (Uganda Breweries) placed at the Source of the Nile, Jinja.

poor populations. E.g. It was reported in July 2008 that Nile Breweries had launched a tree planting campaign to be carried out in all major towns countrywide.

The drive code named “**Green Towns Project**” was inaugurated in Arua municipality during which over 50 palm trees were planted along streets in the town center. They noted that the industry would spend millions of shillings as part of corporate social responsibility. In addition, in May 2009 Nile Breweries launched “**a safe drinking website**” (www.talkingalcohol.com) to carry information on alcohol and the impact of alcohol on a person’s health.

6.0 Industry Views on Beverage Alcohol Advertising and Marketing, with Special Reference to Young People:

The outline of this section – (6.0) is mainly based on the paper that was drafted by the International Center for Alcohol Policies (ICAP), based on reviews of the scientific literature, compilations of regulatory provisions and third party reviews of such provisions, and the experience and views of the eleven international drinks companies that sponsor its activities.

Both leading beverage alcohol producers and the World Health Organization (WHO) recognize that alcohol abuse and alcohol dependence are significant public health problems. Although differences certainly exist in views about the relative importance of the health benefits of moderate drinking or the definitions of what might be called harmful drinking, there is agreement that irresponsible and excessive alcohol consumption can lead to adverse health and social consequences, both in the short and long term. A key area of common concern relates to alcohol consumption by young people, which has been perceived in developed and developing countries as an important problem.

There are two distinct aspects of this problem. The first

relates to the consumption of beverage alcohol by those under the minimum legal drinking age of 18 for the case of Uganda. The other is a pattern of drinking by some young people, whether or not below the legal minimum drinking age, that is characterized by occasional or periodic episodes of excessive drinking and that places young people at increased risk of health and social problems, especially in relation to accidents and injuries. Both aspects of the problem are acknowledged by the industry and it’s believed that advertising and marketing contribute to this problem.

7.0 Ethical position of International Centre on Alcohol Policies (ICAP) sponsors

It is the view of all ICAP sponsors that beverage alcohol should not be marketed towards those under the legal drinking age in any country. In the case of a country where no minimum age for consumption or purchase exists, beverage alcohol should not be marketed to those under the age of majority, as defined in that country. In support of this view, ICAP sponsors all endorse self regulation through voluntary codes of good practice, including in some instances the creation of independent bodies charged with the responsibility to monitor advertising and marketing practices. ICAP sponsors consider themselves bound to comply with the decisions of such independent bodies and support strengthening sanctions against any companies which contravene agreed codes of practice. Compliance with existing codes, or efforts to establish such codes where they do not already exist, remains only a first step in defining the ethical position of the industry.

Although advertising and marketing efforts may not be specifically targeted at youth, some advertising is still going to be seen by young people. Care should be taken in the placement of advertisements to avoid media that would be particularly appealing to young people. Equally, the content of advertising and marketing should portray only positive



Some of the Alcohol brands displayed at discounted prices during the Mitchalex Bazaar, Makerere University, 2009.

drinking patterns and promote only responsible drinking practices. This goal can be achieved both by allowing only responsible brand advertising as well as through campaigns specifically designed to promote responsible consumption. For young people, the greatest risks associated with alcohol consumption relate to its acute effects. It is clear from the data included in the *Global Burden of Disease (Murray and Lopez 1996)* that accidents and injuries are especially significant for this age group, in terms of both mortality and morbidity.

8.0 Alcohol in culture and society

Alcohol beverages are an integral part of the fabric of adult society in most countries. Moderate and responsible drinking is considered to be part of normal and balanced life in most societies and patterns of drinking are largely culturally determined. The decision to drink by both adults and young people is motivated by a variety of factors – enjoyment, lifestyle, rites of passage, parental influence, and, not least, cultural acceptability of drinking. In some cultures, drinking is traditionally considered normative behavior and an integral part of everyday life. The introduction of children to alcohol beverages often occurs early, within the family, and in a way that integrates drinking into other commonplace activities.

The vast majority of the beverage alcohol consumed worldwide is not advertised. This is especially true in developing countries and in economies in transition, where many beverages are home-brewed or produced illicitly. In developing countries, commercially produced and advertised beverage types are generally inaccessible to the majority of the population, especially to young people. The price differential between commercially produced, branded products and home-brewed beverages is often prohibitive. It should be noted, however, that many home-produced and illicit products, particularly in developing countries, use low-quality raw materials and may be contaminated, thus carrying health risks not associated with branded products. The majority of young people in developing countries consume alcohol which is not commercially marketed or advertised.

9.0 Impact of Alcohol advertising on young people

The impact of alcohol advertising on young people has received considerable attention. A substantial body of research has been devoted to the respective roles of family, peers, culture, social forces, media, and other significant factors in determining the decision by young people whether or not to drink. The most powerful factors in shaping beliefs and attitudes about drinking are parental and peer influence (Adlaf and Kohn 1989; Fisher 1993; Milgram 2001; Smart 1988; Stockdale 2001). Alcohol advertising, on the other hand, plays only a small role. In fact, there is no compelling evidence of a correlation between advertising and either drinking patterns among young people, or rates of abuse. It is likely that other forces, especially parental and



A bar tender serving alcohol drinks at discounted prices to students during the Mitchelex Bazaar, Makerere University Kampala, 2009.

peer influences, play a more significant role and that drinking patterns among young people are much more likely to be influenced by the prevailing culture around alcohol, than by advertising. It is clear that drinking among young people is one of many risk-taking behaviors and part of a process of experimentation. The industry does not condone promotion and advertising of beverage alcohol to those under the legal minimum purchase age. Yet it should be acknowledged that young people are inevitably exposed to beverage alcohol advertising, as they are also exposed to advertising for any other consumer product.

10.0 Self-regulation and alcohol

Self-regulation is a process whereby advertisers work together with their agencies and the media to ensure that advertising standards are agreed and adhered to. Self-regulation takes many forms, from adherence to company-written internal guidelines, collective industry self-regulation with a common code of practice among producers (*often enforced by an industry-composed to hear complaints*) and, in numerous instances, independent regulation by a third party body, not composed of industry members, which is organized to administer a code of practice, to hear complaints and to enforce its provisions. A rigorous, independent process is set up to ensure that complaints about advertising or other promotional activities can be dealt with promptly, fairly and efficiently. This is not to say that there is no role for legislation to play with relation to advertising and other forms of commercial communication. Indeed, self-regulation often exists in tandem with a broad legal framework that can be helpful in defining the boundaries within which self-regulation has to operate. One of the main purposes of self-regulation is to avoid cumbersome bureaucratic processes. It is an expression of responsible marketing practices.

As a general principle, it is the role of alcohol beverage producers, as brand owners, to market their products responsibly, but there are responsibilities, too, on the part of the retailers of alcohol beverages. Few countries in the developing world have yet introduced some of the controls at retail level that exist elsewhere regarding the sale of alcohol to underage young people. This may be because

there is cultural acceptance of children being asked to do shopping for the family as part of their routine chores, and this shopping would include alcohol beverages.

11.0 Relationship between Alcohol and HIV/AIDS

There have not been any deliberate efforts by the alcohol industry to educate the population on linkage between alcohol & HIV/AIDS. Their education has mainly concentrated on drink driving which alone is not enough to address the dangers arising of consuming alcohol. People with alcohol use disorders are more likely than the general population to contract HIV. Alcohol use is associated with high risk sexual behaviours; alcohol consumers often tend to exhibit risk taking behaviors because alcohol in most cases increases one's sexual desires that increase risk for acquiring HIV through unprotected sex with an HIV infected partner. In persons already infected, the combination of heavy drinking and HIV has been associated with increased medical and psychiatric complications, delays in seeking treatment, difficulties with HIV medication compliance and poorer HIV treatment outcomes. Alcohol thus interferes with immunity and drug effectiveness of ARVs.

In addition, alcohol users often lose their senses of judgment leading to undesired sexual relationships; pregnancies and abortions. It's important that note that due to impaired judgement, condom use is not a solution for alcohol users (may not remember to use it, may not use it properly and consistently). It's also clear that teens who drink alcohol are more likely to have sexual intercourse at earlier ages and with more partners. Studies have indicated that teens under 15 who have ever used alcohol are twice as likely to have had sexual intercourse as their peers who have never used alcohol; teens that use alcohol are twice as likely to have had intercourse with four or more sexual partners in their life times than their peers who do not use alcohol.

12.0 Implication of Alcohol advertising and marketing to young people

- ◆ The alcohol industry is targeting young people the future leaders and employees of this country using the media.
- ◆ Alcohol products are packaged and promoted attractively to entice young people to buy. For example using of phrases like smooth all the way, great night good morning, tastes different, live life confidently, etc.
- ◆ Alcohol industry uses “**integrated marketing**” – same product promoted in other media channels targeting young people.
- ◆ Some young people take alcohol under the disguise of soft drinks.
- ◆ Increase spread of aberrant and clandestine behavior (e.g. smoking, school strikes, fire outbreaks) and deterioration in academic performance and expulsion of students.

13.0 Way Forward

- ◆ Regulate alcohol marketing and advertising: Young people have become important targets for alcohol marketing, especially through direct advertising whenever possible. Promotional activities, such as sponsorships, contests, and sports events are also used

to make alcohol increasingly more popular among the youths. The effectiveness of partial or complete ban on such practices depends on efforts to systematically regulate this market; hence, Uganda needs to agree on necessary mechanisms to reinforce marketing control strategies.

- ◆ The Broadcasting Council should ensure that television and radio stations take into consideration the minimum broadcasting standards when advertising alcoholic products.
- ◆ The time for airing alcohol promotional adverts should be revised, that is, airing adverts during off peak hours when young people are likely not to be watching and listening to television and radio. There should be designated times for airing alcohol adverts to minimize exposure to young people.
- ◆ Restrict alcohol advertising and promotions in public places where young people are likely to congregate. Eg. Public transport, youth events, youth centres.
- ◆ Government should ban all forms of alcohol advertising, promotion and sponsorship that promote products by any means that are misleading. This should be followed by a health warning on all alcohol advertisements and promotional materials.
- ◆ Outdoor alcohol advertising should be regulated to minimize exposure to young people to alcohol advertising and marketing.

14.0 Conclusion

Alcohol is not an ordinary commodity. While it carries connotations of pleasure and sociability in the minds of many, harmful consequences of its use are diverse and widespread. From a global perspective, in order to reduce the harm caused by alcohol, policies need to take into account specific situations in different societies. Average volumes consumed and patterns of drinking are two dimensions of alcohol consumption that need to be considered in efforts to reduce the burden of alcohol-related problems among young people. Worldwide, alcohol takes an enormous toll on lives and communities, especially in developing countries and its contribution to the overall burden of disease is expected to increase in the future. National monitoring systems need to be developed to keep track of alcohol advertising and marketing trends in the country.

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7. The Daily Monitor; Tuesday, March 31, 2009, Page XXI
8. The Independent, May 8-14, 2009, Page 28.
9. www.addictionjournal.org

The Global Alcohol Strategy to reduce the harmful use of Alcohol:

The Global Strategy to reduce the harmful use of Alcohol was endorsed by the Sixty Third World Health Assembly in May 2010. The discussion paper for the alcohol strategy was formulated on the basis of deliberations of WHO's governing bodies and several regional committee sessions as well as the similar outcomes of those bodies pertaining to other related areas such as; non communicable diseases, mental health, violence and injury prevention, cancer, family and community health, social determinants of health, HIV/AIDS, trade and health. In preparing a working document for developing the alcohol strategy, the WHO Secretariat built on the outcomes of the regional consultations with Members States and took into consideration the outcomes of the previous consultative process with all stakeholders on ways in which they could contribute to reducing the harmful use of alcohol. Hence the World Health Assembly urges Members States of which Uganda is part to;

1. To adopt and implement the global strategy to reduce the harmful use of alcohol as appropriate in order to compliment and support public health policies in Member States to reduce the harmful use of alcohol, and to mobilize political will and financial resources for that purpose.
2. To continue implementation of the resolutions WHA61.4 on the strategies to reduce the harmful use of alcohol and WHA58.26 on public –health problems caused by harmful use of alcohol.
3. To ensure that implementation of the global alcohol strategy strengthens the national efforts to protect at-risk populations, young people and those affected by harmful drinking of others.
4. To ensure that implementation of the Global Alcohol Strategy is reflected in the national monitoring systems and reported regularly to WHO's information system on alcohol and health.

The Global Alcohol Strategy points out that the harmful use of alcohol can be reduced if effective actions are taken by countries to protect their populations. It also observes that all countries will benefit from having a national strategy and appropriate legal frameworks to

reduce harmful use of alcohol, regardless of the level of resources in the country. The strategy presents comprehensive lists of policy options in ten areas;

- a. Leadership, awareness and commitment
- b. Health services' response
- c. Community action
- d. Drink-driving policies and counter measures
- e. Availability of alcohol
- f. Marketing of alcoholic beverages
- g. Pricing policies
- h. Reducing the negative consequences of drinking and alcohol intoxication
- i. Reducing the public health impact of illicit alcohol and informally produced alcohol; and
- j. Monitoring and surveillance

Suggested interventions include eg. specific alcohol taxation and an effective enforcement system, regulating the content and the volume of alcohol marketing, regulating the number of alcohol outlets and days and hours of sale. The recommendation is that such control policies are combined with community mobilization, information and awareness raising and early interventions.

The WHO document stresses the need for strong leadership and a solid base of awareness and political will if actions shall be sustainable. "The commitments should ideally be expressed through adequately funded comprehensive and intersectoral effective national policies that clarify the contributions, and division of responsibility, of the different partners involved". It goes on to point out that "The engagement of civil society is essential"

Note:

Additional information can be acquired from the World Health Organization (WHO) Website below:-

<http://www.who.int>

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