



Underage Alcohol Consumption in Uganda



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Uganda Alcohol Policy Alliance (UAPA)

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Introduction

1.1 Introduction

In 2014 Uganda Alcohol Policy Alliance received a grant from the International Organization of Good Templars (IOGT-NTO) to implement advocacy for effective alcohol legal and policy environment in Uganda, covering a period 2014-2016.

This baseline assessment was commissioned by UAPA and conducted by Uganda Youth Development Link (UYDEL), one of the coalition members. The primary objective of the study was to assess the situation of under-age drinking to inform the coalition's advocacy agenda 2014-2016 that focused on prevention of under-age drinking through advocating for effective policy formulation and implementation in regard to the promotion and sale of alcohol to minors. This baseline assessment sought to understand three major issues related to under-age alcohol consumption; magnitude of alcohol use and alcohol related harm among young people in urban settings of Kampala and Wakiso Districts.

This baseline assessment report is structured under four chapters; this introductory chapter provides a brief background to the assessment including its broad rationale/objective. The second chapter elaborates the methodological approach used to undertake this baseline including the major sources of information. Chapter three presents existing literature on the issue of under-age drinking. The final chapter, chapter 4 highlights the major conclusions and recommendations of this baseline study.

1.2 About UAPA

Uganda Alcohol Policy Alliance (UAPA) is a registered coalition of Civil Society Organizations registered in Uganda with a mission to advocate for effective regulation of alcohol production, sale and consumption especially among minors (children below 18 years). UAPA started its operations in Uganda in 2009 with 15 members. Over the years, organizational membership has grown to 35 members. Member organizations are involved in prevention, advocacy and direct service provision on alcohol related harm in different parts of Uganda. The members come together for one cause; to advocate for effective legal and policy framework that regulates the promotion and sale of alcohol to minors. The coalition has a Secretariat that runs the day to day functions of the coalition and governance structure (the Executive Committee) that directs the work of the coalition.

Methodological approach to the baseline assessment

It took a quantitative approach and only involved administering questionnaires to establish the magnitude of alcohol use and related harm among young people in Wakiso and Kampala Districts. Prior to the assessment, a discussion was held with the executive committee of UAPA to ensure consistency in tools and expected outputs of the assessment. The discussion informed the design of data collection instruments, selection of study participants, data collection methods and study work plan.

2.1 Study participants

Study participants included young people between ages of 13-25 years resident in five divisions of Kampala Capital City Authority district (Kawempe, Central, Makindye, Nakawa and Rubaga, as well as two urban sub counties of Nabweru and Nangabo in Wakiso. The study participants were conveniently selected and interviewed using structured questionnaires.

Overall, 580 young people were interviewed 354 young people in Kampala and 226 young people in Wakiso district.

2.2 Data Collection methods:

The study utilized both primary and secondary sources of data. They included:

Primary sources of data

- ◆ In-depth interviews with young people between ages of 13-25 years resident in five divisions of Kampala Capital City Authority district and some urban areas in Wakiso district.

Secondary sources of data included;

- ◆ A desk review of literature from secondary sources including research reports, newspapers articles, and organizational/institutional reports on alcohol abuse was done to identify existing literature and bridge knowledge gaps about the situation of alcohol abuse in Uganda.

2.3 Data management and analysis

2.3.1 QUANTITATIVE PRIMARY DATA

Manual editing of administered questionnaires was done to ensure quality control soon after fieldwork. After developing the relevant codes for all questions that were not pre-coded prior to data collection, a computerized user-friendly data capture screen and the customized computerized check program in SSPS was designed. Data entry ensued as well as cleaning and merging of databases.

2.3.2 Data Analysis

Analysis of quantitative data involved use of Stata. The analysis provides descriptive summaries and explanatory analysis in respect of key variables.

2.3.3 Ethical considerations

Confidentiality was prioritized due to the sensitivity of the subject of study especially alcohol abuse among young people. The participants' identities were concealed at all times and participant voluntarily assented to their participation prior to engagement in any interviews/or activities related to this study. The study team ensured that the participant's engagement in interviews did not harm them in any way or have effects to them even after participating in the study. No payments, incentives or rewards were promised or given to the study participants as a token for their participation in this study.

Literature review

3.1 Context of alcohol use worldwide

Alcohol is the most commonly used psychoactive substance and, globally, causes 1.8 million, or 3.2%, of all deaths and accounts for 4.0% of the disease burden (WHO, 2000; 2007). Globally the harmful use of alcohol causes considerable public health problems and is ranked the fifth leading factor in premature death and disability in the world (THE GLOBE Issue 3, 2010). A new ranking placed alcohol in the upper half of the league table. These socially accepted drugs were judged more harmful than cannabis and substantially more dangerous than the Class A drugs LSD, 4-methylthioamphetamine and ecstasy.

The total cost of alcohol equates to between 0.6% and 2% of global domestic product. According to world health organization (WHO) focal point data, 2001 indicated that 10% and 69% of suicide committed annually are under the influence of alcohol and between 5% and 10% of parents abusing their children had alcohol abuse disorders. Alcohol consumption was responsible for 4.4% of the global burden of diseases.

A substantial body of literature has documented alcohol's role as a major risk for chronic disease contributing to the global burden of cancer, cirrhosis, cardiovascular disease and stroke. Alongside tobacco use, unhealthy diet and physical inactivity, the harmful use of alcohol was identified as one of the top four risk factors for Non-Communicable Diseases (NCDs) globally at the 2011 UN High level meeting on Non-Communicable Diseases (*The GLOBE-Issue 3 2012*).

3.2 Alcohol use among adolescents

Alcohol use among youth is associated with a range of adverse outcomes and risk of human immunodeficiency disease (Baliunas *et al.*, 2010; Fisher *et al.*, 2010). The impact of alcohol and other substances consumption is greater in young age groups of both sexes.

In Uganda the youth population makes a very large component of total population (approximately 35%) and is also one of the largest vulnerable groups of the population. This is because during this transition the youth are exposed to many challenges in life of which include drug abuse and in particular alcohol abuse, factors such as peer pressure, reproductive health problems, unemployment and high prevalence of poverty among youth which are indirectly and directly linked alcohol abuse. According to WHO Uganda is the leading consumer of alcohol with a per capita consumption of 19.5 litres and this has gone on for the past 5 years.

Youth alcohol use and abuse can be viewed as a developmental phenomenon because many of many kinds of developmental changes and expectations appear to influence this behaviour and also because it has consequences for development. Data on alcohol use, abuse and dependence show clear age related patterns and most especially occurs in the youth developmental stages of life. More over many of the effects that alcohol use has on the drinker, in both the short and long term depend on the developmental timing of alcohol use or exposure.

Substance abuse has existed for a long time in Uganda despite the fact that there are so many negative consequences associated with it (Kasirye 2008).the underlying reasons for depression, poverty, low self-esteem among others. Recent research revealed that the most affected by drug and substance abuse are young people including students (Kasirye, 2008) thereby contributing to the poor academic performance. Many school going adolescents between the ages of 12-22 years are engaging in substance abuse and research has shown that the commonly abused substances are the psychoactive drugs like alcohol, caffeine, marijuana among others (Wikipedia, 2007).

According to Dr. Basangwa David (1994) of the national referral mental hospital in his report studying drug abuse in secondary school revealed that alcohol abuse has been on the increase in Uganda as a whole and most records show that the cases of alcohol abuse has been increasing over the years though recently the rate at which it is increasing among the youth is alarming and therefore need for serious attention.

According to a survey by the department of neurology, psychology and psychiatry, Botucatu Medical School Sao Paulo State University (2009) alcohol is by far the most used drug among junior and high school students. Whereas majority of those who drink do it in a pattern that can be considered not harmful, a small proportion of them are already drinking in a risky range usually with a combination with tobacco and other drugs, these risky behaviours seem to exist a group context, what points out to the need of prevention programs consider take into account not only individuals but also the groups with whom they associate.

Drug abuse in particular alcohol has escalated dramatically in recent year; most of the abusers are young, poor or both. No country has gone immune of the devastating consequences of alcohol abuse. The dependency on alcohol has grown at an alarming rate over the past 20 years crossing all social, economic, political and national boundaries. This increase has been attributed to a number of factors including the lack of credible information about the short term and long term dangers of alcohol abuse, increased availability, and limited law enforcement among others.

The fact is that the use of drugs among young people is real; some children as young as 11 years start taking alcohol. The key age group at which most people are more exposed is at 13years of age when peer pressure sets in and when parental guidance starts reducing. (Kasirye and Kigozi, 1997 drug abuse and HIV/AIDS in Uganda) consultancy report for the Uganda aids commission.

Developmental changes factor into underage drinking. For example as a high school student transitions to college, she/he may experience greater freedom and autonomy, creating more opportunities to use alcohol (harry J. I 1998, alcohol and drugs closely related incarceration. Underage drinking also can influence development potentially affecting the course of the person's life. For example alcohol use can interfere with school performance and or negatively affect peer relationships. One concept that many people find difficult to accept is that alcoholism and alcohol problems are a disease.

Research has shown that alcohol interacts with the body's system in predictable ways to lead to physiological addiction. Even at low dosage alcohol significantly impairs the judgment and coordination required to drive a car or operate machinery safely. Low to moderate doses of alcohol can also increase the incidence of a variety of aggressive acts including domestic

violence and child abuse.

Although some children begin drinking in elementary school, alcohol use (defined as drinking a whole drink) typically begins in early adolescence, around ages 12 - 14 (Faden, 2006) between ages 12 and 21 rates of alcohol use and binge alcohol use increases sharply. For example the data from the National Survey on Drug use and Health(NSDUH)2005 indicate the proportion of youth who have ever drunk alcohol rises steeply during adolescence levelling around age 21.data from the se study indicate that all levels of past month alcohol usage increase steadily from ages 12-21 including any alcohol use (defined as drinking at least one whole drink in the past month) binge use (defined as drinking four or more drinks on one occasion), and heavy use (defined as drinking five or more drinks on five or more days within the past month) long term effects of consuming large quantities of alcohol can lead to permanent damage to vital organs several different types of cancer, gastrointestinal irritations such as nausea, diarrhoea and ulcers, malnutrition and nutritional deficiencies sexual dysfunctions, high blood pressure disturbed sleep and vomiting.

Mothers who drink alcohol during pregnancy may give birth to infants with fetal alcohol syndrome, these infants may suffer from mental retardation and other and other irreversible physical abnormalities.

3.3 Alcohol abuse and education

According to Kasirye (2008) education environment where substances abuse occurring the victims often disengage from school and community activities depriving their per and communities of the positive contributions they might otherwise have made, the impact can be similar to that of the work place i.e. increased absenteeism by students and poor academic performance, increased student turn over as students live to escape, rejection conflict amongst students when depression anger and aggression are present. Decreased productivity and academic performance and decreased participation in school activities as students must focus on the strategies about ways to deal with physiological effects of substance abuse.

A study by Uganda Youth Development Link – UYDEL, 2003 indicate that 60% of students in secondary schools use /abuse alcohol. Although other substances such as khat and marijuana are common, alcohol especially packed in sachets (tot packs) are very popular easily accessible and easy to conceal by young people. Despite the recognition of devastating effects of alcohol on students, many schools have not instituted serious measures to prevent the onset of alcohol consumption in schools and the homes and communities where students come from have not been supportive either.

Alcohol has also been found to be a poisonous substance in many cases when abused, the drug causes depression anxiety and personality disturbances which are directly related to abuse of alcohol and compromises ones abilities to learn and remember well (*UYDEL-state of alcohol abuse in Uganda 2008*).

Alcohol abuse among secondary school is reported to be increasing and there is also high likelihood that a student that uses alcohol goes on to abuse other drugs like marijuana when their bodies get used to alcohol and can no longer produce the desired effect. They may also mix different brands of alcohol of higher alcoholic content. Other issues such as high risk to unsafe sexual practices that lead to HIV/AIDS, early pregnancies and unsafe abortions and

accidents are also common among students that use/abuse alcohol in schools.

MaGaha (1993) stated that students who have used substances like alcohol and marijuana are addicted and usually have poor academic performance, marijuana use, which is prevalent among youth, has been shown to interfere with short term memory, learning and psychomotor skills motivation, psycho sexual and emotional development maybe influenced which are responsible for the academic performance among students (Kasirye 2008)

A study on addiction and alcohol abuse (CASA Center) report examines substance abuse among girls and young women found that the transition into college is when the greatest increase occurs in smoking and marijuana abuse because of the onset of the social and health problem of low self-esteem and depression thus these are the times when many young people meet the transition from high to colleges (Engelhard 2003) lead to negative effects on adolescent's academic performance. Bringing theory reports that students who are engaged in their learning experience and serve their community and society may be a lower risk abuse of substance than other students. This hypothesis derives not only from common sense but also from available research demonstrating that student involved in extracurricular activities whether sports or community services are at lower risk for substance abuse thus enhance their academic performance. In addition adolescents who do not abuse substances are highly engaged in learning and in service to their school and community, these are several possible explanations that these students may have less time to abuse substances and may be under more scrutiny from their teachers, parents and guardians are therefore less able to engage in less risk behaviour thus may be intrinsically motivated to steer clear risky behaviour that might stand in the way of comprising their goal to achieving academic success.

According to Kasirye (2008) in the education environment where substance abuse is occurring to victims often disengage from school and community activities depriving their peers and communities of the positive contributions they might otherwise have made. The impact can be similar to that in work places i.e. increases absenteeism of the students and at work, poor academic performance, reduced youth turn over as they live to escape reject, conflict amongst the students when depression set in, anger and aggression are present, decreased anticipation in school and community activities as youth try to focus and strategise about ways to deal with psychological effects of alcohol abuse.

Over 60 students and pupils were rehabilitated by UYDEL in the past three years after being suspended from school from their school for drug and alcohol related problems. A study on the magnitude of alcohol and drug use among secondary school students in Kampala and Wakiso in 2003 revealed that 71% of the respondents acknowledged to the existence of alcohol and drug abuse in their respective schools. Basangwa (1994) noted that 67% admitted to occasional use of alcohol use and 15% cannabis, in spite of the strict rules in force in many schools, many students are increasingly reported to be drinking and many are expelled from school when caught in the act.

3.4 Alcohol abuse and Sex/Gender

According to Tumwesigye (2003) in his book Fountain Youth Survival kit for schools "says alcoholic drinks when taken impairs one's ability to make good judgment this he says may at many times lead to irresponsible behaviours such as indulging in sexual activities which one would not have done when sober."

Because due to the fact that alcohol is a toxic substance which directly affects the abuser in a number of way by affecting the body organs and systems. The main cause of alcohol related in the general population is alcohol intoxication; the link between the intoxication and the adverse consequences is clear and strong especially as it is related to domestic violence, traffic casualties and other injuries. Abuse alcohol come with it many other contributory causes that include genetic vulnerability but this is a condition which contracted by repeated exposure to alcohol. The heavier the drinking the higher the risk (Babor *et al* 2003)

Alcohol is the most commonly used drug among young people and males have been found to be 4 times as likely as females to be heavy drinkers, more than 18% of youth experience alcohol abuse or alcohol dependence at some time in their lives. Traffic crashes are some of the greatest single cause of deaths for persons aged 16-30 and about 45% of these fatalities are in the alcohol related-crashes according to United States of America alcohol statistics among youth.

3.5 Alcohol abuse and underage drinking

According to Johnston (2007) underage alcohol use can be viewed as a developmental phenomenon because many kinds of developmental changes and expectations appear to influence this behaviour and also because it has consequences for development. Data on alcohol use, abuse and dependence show clear age related patterns moreover many of the effects that alcohol use has on the drinker in both the short and long term depend on the developmental timing of alcohol use or exposure. Finally any developmental connections have been observed in the risk and protective factors that predict the likelihood of problem of alcohol use among young people therefore efforts to understand and address underage drinking would benefit from developmental perspective and the general principles of development cycle pathology, offer a useful conceptual frame work for research and prevention concerned with underage drinking. The dependency of alcohol has grown at an alarming rate over the past 20 years crossing the social economic, political and national boundaries. This increase has been attributed to a variety of factors including the lack of credible information about the long term or short term dangers of alcohol abuse, increased availability, limited law enforcement, over awareness among young children and lack of awareness among adults(United Nations International Drug Control Program, 1992).

Underage drinking costs the United States more than \$58 billion every year which is just enough to buy every public school student a state of the art computer and problem drinkers averaged 4 times in the hospital as non-drinkers which is mainly associated with drinking related injuries. At least once a year, the guideline for low risk drinking are exceeded by an estimated 74% of male drinkers and 70% female drinkers aged 21 and older. 65% of youth surveyed said that they go the alcohol they drink from family and friends, nearly 14 million Americans meet diagnostic criteria for alcohol use disorders, youth who drink alcohol are 50 times more likely to use cocaine than those who never drink alcohol. Among current adult drinkers, more than half say that they have a blood relative that is or was an alcohol of problem drinker.

According to Jacobson J. L. and Jacobson S. W. effects of prenatal alcohol exposure on child development, *Alcohol Research and Health* 26:282-286,2002; dramatic developmental changes unfold as individuals mature from birth to childhood, from childhood to adolescence

and from adolescence to adulthood. These include physiological changes such as physical growth, brain development and puberty as well as psychological social change such as an evolving sense of self, Forming more mature relationships with friends and transiting from middle school to high school.

According to a recent survey Cross sectional Survey of 1,134 Youth ages 12-18 years living in the slums of Kampala Uganda, conducted in March 2014 by Professor Monica from Georgia State University 50% drink 2 or more times per week, 47% of youth obtain alcohol from a friend, 73% drink alcohol with their friends, 17% find it hard to buy alcohol because of their age, 26% prefer drinking alcohol in sachets, 31% prefer locally made alcohol.

UYDEL (2003-2008) reveals that young people 10-24 years involved in drug and substance abuse give reasons such as peer pressure, unemployment and redundancy for confidence and courage wanting to socialize, wanting to feel high, wanting to forget problems, wanting to enhance their sexual performance and the influence of media. (radio, T.V, magazine and News print).

Drugs and substance abuse especially alcohol are on the rise across all ages groups in Uganda. UYDEL (June 2008) observes that school going child, out of school young people and women in internally displaced people's camps are particularly facing problems of drug and substance abuse. Lack of clear national alcohol policy coupled with weak and poorly enforced laws provide fertile ground for increasing the availability and accessibility of drugs and other substances especially alcohol in Uganda.

In Europe according to the EU report on young peoples' health young people were becoming regulars drinkers at younger ages. An average of 3%,11% and 27% of European teenage students reported to have been drunk twice or more often among the 11,13 and 15 year olds respectively

The globe magazine (international alcohol and drug problems issue 1-2000)noted that over half of the 11 year old's in most countries reported to have tasted alcohol and that these were fond of drinking wines, beers and spirits. It further observed that peer influence in the school environment was a leading factor to drug and substance abuse. More still the globe noted that the strongest factor which influences drinking frequency is smoking.

Alcohol abuse and violence

Violence claims the lives of 40 young people every day in the world, according to the Globe magazine 1ssue 3,2010, interpersonal violence is the third leading cause of death in Europe among those aged 10-29 years. Violence is caused by many factors which include childhood exposure to fear of and forms of violence in schools and community, association with delinquent peers, alcohol and drug abuse. Alcohol use and violence among young people is strongly associated. Alcohol use can directly affect cognitive and physical functioning reducing self-control and awareness of risk and increasing emotional liability and impulsivity, this can make drinkers more likely to resort to violence in confrontation and reduce their ability to recognize warning signs in potentially dangerous situations.

The Globe magazine notes that young people who start drinking at an early age, who drink frequently and who drink large quantities are at increased risk of both perpetrators and victims of violence (Issue 3,2010).Young people consume considerable alcohol in pubs, bars

and night clubs, the presence of large numbers of consuming young people in such places can mean that they and their surroundings are key locations for confrontation and individual who visit them regularly show increased risk of violence. In such settings, the wide availability of glass drinking vessels means that these can be used, often opportunistically as weapons of violence.

3.6 Alcohol abuse and family history of history of alcohol abuse

In societies where alcohol use is pervasive and a widely accepted behaviour for adults, it could be argued that developing an appropriate relationship with alcohol (*whether abstinence or socially appropriate use*) itself is an important developmental task. (Mansten *et al.* 2008)

Alcohol is becoming a very big problem since its affecting the most productive age group and that also makes up a large proportion 30% of the entire population, therefore such a sensitive issue should not be left unchecked if a country like Uganda that is trying to achieve the MDGs such as reducing chronic poverty and reversing the spread of HIV/AIDS is to reach such targets by 2015. For the youth alcohol is considered one of the leading drives to poverty, HIV/AIDS spread, unemployment and above all poverty among youth and this is mainly so because its affecting youth worldwide. (The united nations international drug control program and department of public information booklet 1992). For many youth worldwide alcohol abuse represents a form of adolescent experimentation and rebellion.

Over the past decade use of alcohol among youth has been on the increase, according to Mr. Rogers Kasirye, Director Uganda Youth Development Link (UYDEL) while addressing a press conference on drug abuse noted that there were increasing number of young people taking up alcohol. Alcohol use among children and adolescents does impair their development, during this period individuals are developing social and academic competencies that are critical to becoming a successful adult (National Research council and institute of medicine 2004; Zucker 2006).

Drinking contributes to problems in key behavioural domains such as peer relationships and school performance for example underage drinking can interfere with school attendance, disrupt concentration damage relationships and potentially alter brain function and other aspects of development, all of which have consequences of future success in such areas as work, adult relationships, health and wellbeing. In other words developmental cascades or “**snowball**” effects can occur in which alcohol effects on aspect of development, leading to other problems in course of development (Mansten *et al.* 2005).

Study findings

This section presents and discusses the findings of the baseline survey. It presents a point account of the findings along each objective of the survey.

4.1 Background characteristics of respondents

Table 1 shows the socio-demographic characteristics of respondents. It shows that 54% were male minors; majority (62.3%) aged 18-24 years. Three quarters of the respondents (71%) were residing in Kampala. In Kampala District, majority respondents (24%) resided in Kawempe Division while in Wakiso District, majority respondents (27%) resided in Nangabo Sub-county. Majority respondents (47%) were at had attained secondary level of education and only (3%) had not attended any formal education.

Table 1: Socio-demographic characteristics of respondents

Respondent characteristics Frequency Percentage (%)

Respondent characteristics	Frequency	Percentage (%)
Total sample (n)= 804		
Sex		
Male	432	53.7
Female	356	44.3
Age		
Below 14	15	1.9
14-17 years	152	18.9
18-24 years	501	62.3
Above 24 years	118	14.7
District of residence		
Wakiso	234	29.1
Kampala	570	70.9
Division of residence		
Central	113	14.1
Kawempe	194	24.1
Makindye	39	4.9
Nangabo	214	26.6
Nabweru	12	1.5
Kyadondo	08	1.0
Level of education		
No formal education	21	2.6
Primary	230	28.6
Secondary	380	47.3
Tertiary/post-secondary/University	158	19.7

Source: Author's computation from primary data

4.2 Alcohol use

The study team was interested in understanding the contexts of young people at the time they started to drink alcohol. As shown in table 2, majority respondents (37%) revealed having their first alcohol drink between the ages 12-19 years, majority (39%) having been introduced by their friends. More than half of the respondents (55%) revealed that they had taken alcohol in the last 6 months and the most common type of alcohol consumed was beer (49%). The main reason for drinking alcohol was peer pressure as revealed by 40% of the respondents.

Table 2: Alcohol use

Respondent characteristics	Frequency	Percentage (%)
Total sample (n)= 804		
Age at first alcohol use		
1-9 years	53	6.6
10-14 years	117	14.6
12-19 years	301	37.4
20-24 years	70	8.7
Introducer to alcohol		
Friends	314	39.1
Boy/girlfriend	56	7.0
Parents	53	6.6
Self	112	13.9
Others	25	3.1
Alcohol drinking in the last 6 months		
Yes	441	54.9
No	115	14.3
Type of alcohol consumed		
Beer	320	39.8
Distilled spirit (waragi)	127	15.8
Wine	80	10
Local brews	23	2.9
Main reason for drinking alcohol		
Peer pressure	141	39.8
Culture	41	15.8
Fun	290	10.0
Others	88	2.9

Source: Author's computation from primary data

4.3 Alcohol Use related harm

Alcohol related harm arises out of the misuse/abuse of alcohol. Because they are still at the developmental stages of growth, young people have the potential of misusing alcohol without caring about its adverse consequences. Young people that participated in this study and reported having drunk alcohol were asked about the effects of alcohol on their lives and social relationships. Although more than half (56%) had never sought help for alcohol drinking, had not got in trouble with police (50%) and had not separated with a partners as

a result of drinking (54%). It is important to note that although few, the young people who sought help due to alcohol drinking (13%), got into trouble with police (19%), separated with partner (8%) indicate existence of alcohol related harm among young people that should not be ignored. On the other hand, table 3 further shows that more than half (56%) of the young people who drunk alcohol had engaged in unprotected sexual activity, suggesting a high risk of sexually transmitted diseases including HIV and unintended pregnancies.

Table 3: Alcohol use related harm

Respondent characteristics	Frequency	Percentage (%)
Total sample (n)= 804		
Ever sought help because of alcohol drinking		
Yes, in the last one year	49	6.1
Yes, not in the last one year	52	6.5
No	450	56
Trouble with the police		
Yes	149	18.5
No	403	50.2
Separation from partner due to drinking		
Yes	60	7.5
No	433	53.9
Unprotected sexual activity		
Yes	451	56.1
No	101	12.5

Source: Author's computation from primary data

Main Conclusions and Recommendations

This chapter highlights the major conclusions from the findings of the study and deduces specific recommendations to address the alcohol related problems in Uganda.

There is a significant relationship between age at first sexual intercourse and alcohol use. The study reveals that majority young people engaged in sexual activity prior to consuming alcohol which further strengthens the argument that alcohol use is one of the drivers of the HIV/AIDS pandemic.

Peers play a great role in influencing fellow young people to start alcohol use at an early age of 15 years (37.4%) mainly for fun. There is need to encourage positive peer pressure from friends.

A high percentage of young people admitted that they had an alcohol problem however they had never sought for help. Many young people either by ignorance or omission never seek help for alcohol related problems for fear of stigmatization, feelings of guilt and living in denial which has further exacerbated the problem of alcohol abuse among young people.

A large number of respondents admitted that they have easy access to alcohol due to availability and affordability. This implies that without a National Alcohol Policy to control sale and consumption of alcohol, many individuals have now started small cottage industries with aim of profit making hence making easy the process of accessing alcohol.

The media exposure especially through television adverts (55.8%) may in away contribute to increased underage alcohol consumption. Increasing studies are linking alcohol marketing exposure to early onset of alcohol consumption which is also a policy issue as far as regulating alcohol marketing, promotions and sponsorships of events is concerned.

5.1 IMPLICATIONS FOR POLICY

There is need for government to fully regulate and control alcohol selling and use to curb underage alcohol consumption through the National Alcohol Policy (NAP). The NAP should address issue of sale of alcohol to minors; controlling alcohol advertising, marketing and sponsorships; Research component, regulating labelling and packaging of alcoholic drinks; taxation policies, education and creation of an endowment fund to help in funding research, rehabilitation and treatment of victims of alcohol addiction.

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ANNEX:

QUESTIONNAIRE

UGANDA ALCOHOL POLICY ALLIANCE (UAPA).

STUDY ON UNDERAGE DRINKING IN UGANDA

SECTION 1A:

Identification Particulars

SECTION 1A: Identification Particulars					
1. DISTRICT:					
2. COUNTY/KCCA:					
3. SUB-COUNTY/DIVISION:					
4. PARISH:					
5. EA/ LC1:					
7. Name of Interviewer: Signature: Date:					
8. Name of Team leader: Signature: Date:					
9. Starting time Ending time					

Hello my name is working with **Uganda Youth Development Link** (UYDEL). UYDEL is a non-governmental organization founded in 1993 with a mission of enhancing socio-economic transformation of disadvantaged young people (10-24 years) through skills development for self-reliance. UYDEL on behalf of Uganda Alcohol Policy Alliance (UAPA) is collecting information on “**alcohol situational assessment in Uganda**”. The main objective of this study is to **collect, analyse and compile information which will serve as a basis for evaluation of the 2014-2016 programme and projects**. You are kindly requested to provide relevant information that will assist us to achieve the objectives of this study. I assure you that the information so extracted will be treated in strictly confidential and the names of individuals or organizations will not be included in reporting the findings. It is estimated that you will take between 10 and 20 minutes to fill the questionnaire.

Thank you in advance for your involvement in this research.

At this time, do you want to ask me anything about the study?

May I begin the interview now?

Respondent agrees to be interviewed: Respondent does not agree:

Section A:

Demographic Characteristics

1. Sex: Male Female
2. How old are you?: Below 14 14 to 17
18 to 24 Above 24
3. What is your highest level of education?
No Formal Education Primary
Secondary University
4. Marital Status: Cohabiting Married Divorced
Child Single

Section B:

Alcohol Use

5. Have you ever taken alcohol? (If No go to Section C) Yes No
6. How old were you when you first took alcohol? Years:
7. Who introduced you to alcohol?
Friends Boyfriend/girlfriend Parents Yourself/No one
Others [.....]
8. Why do you drink alcohol?
 - a. Because my peers are pushing me to do so.
 - b. because of fun.
 - c. Because of the culture in my family
 - d. other (specify)
9. Have you taken a drink containing alcohol the last six month? Yes No
10. How often do you have a drink containing alcohol?
More than a Month Monthly Weekly 2–4 times a week
5 or more times a week
11. How many such drinks do you have on a typical day when you are drinking?
One drink Two drinks 3 or 4 drinks 5 drinks or more
12. What type of alcohol do you usually drink? Beer wine
Distilled spirits(waragi) local brews (tonto, malwa, kwete)

13. Why do you prefer the drink mentioned above?
- a. it's cheap
 - b. packaged well
 - c. has good flavour
 - d. Has no hangover
 - e. Friends drink it
 - f. Has high potency (gets me drunk easily)
 - j. There are lots of advertisements for it
14. Whom do you usually drink with?
- a. Alone
 - b. Friends
 - c. with family
 - d. Sexual partner
 - e. Other (specify):
15. At any time in the next year, do you think you will have an alcoholic drink?
- Definitely yes [] probably yes [] Probably No [] Definitely No []
16. Have you ever gone to anyone for help because of your drinking?
1. Yes, in the last year
 2. Yes, but not in the last year
 3. No
17. Has a relative, friend, doctor or other health care worker been concerned about your drinking or suggested you cut down?
1. Yes, in the last year
 2. Yes, but not in the last year
 3. No

Section C:

Alcohol Effects

	Strongly agree	Agree	Neither	Disagree	Strongly disagree
17. I have missed work because I used alcohol the previous day					
18. I have been involved in an argument or fight because of alcohol					
19. I know someone who is suffering from a disease because he/she used alcohol					
20. I have had trouble with the police due to my drinking;					
21. I have been seriously injured or hurt due to my drinking					
22. It has happened that I have not been able to go to hospital because of my parents/guardians are using alcohol					
23. I have had unprotected sex because of alcohol					
24. Had sex which you wished you hadn't the next day					
25. I have harassed someone when I had taken alcohol					
26. How would do you feel if someone of your age is drinking alcohol					
27. How does your family feel about your drinking					

Section D:

Alcohol availability

	Strongly agree	Agree	Neither	Disagree	Strongly Disagree
28. It is easy for me to get alcohol if I wanted to					
29. I have bought homemade (informal) alcohol in the last two month					
30. I have bought industrial-made (formal) alcohol in the last two month					
31. I have bought alcohol in tot packs/sachets in the last two month					

Section E:

Alcohol Awareness.

32. Where have you mainly seen alcohol messages promoted?
Radio [] Televisions [] Bill boards [] Newspapers []
Social media sites e.g. Face-book [] Others (Specify) _____
33. Has an alcohol company ever offered you a free drink of alcohol? Yes [] No []
34. Has anyone ever told about the negative effects of alcohol Yes [] No []
35. I know alcohol is dangerous to my health..... Yes [] No []
36. I consider use of alcohol as a social beverage..... Yes [] No []
37. Have you ever sought help for your drinking? Yes [] No []

Section F:

Alcohol and Sexual behaviour .

38. Have you ever had sexual intercourse?
1. Yes
2. No (If person answers NO, stop the interview)
39. How old were you when you had sexual intercourse for the first time?
1. <12
2. 13-15
3. 16-18
4. 18-above
5. Never
40. In the past year, have you had sexual intercourse?
1. Yes
2. No
41. Do you drink alcohol before having sexual intercourse?
1. Yes
2. No
42. Do your partners usually drink alcohol before having sexual intercourse with you?
1. Yes
2. No
43. Did you drink heavily the last time you had sexual intercourse?
1. Yes
2. No

44. Did your partner drink heavily the last time you had sexual intercourse together?
1. Yes
 2. No
45. With how many different people have you had sexual intercourse with in the past 3 months?
1. None
 2. _____ Partners
46. Of these partners, with how many did you use a condom with?
1. _____
47. With how many different people have you had sexual intercourse in your life?
1. None
 2. _____ Partners
48. Have you or your girlfriend ever been pregnant?
1. Yes
 2. No
49. Which of the following best describes the first time you had sexual intercourse (choose one)?
1. I was willing
 2. I was persuaded
 3. I was tricked
 4. I was forced
 5. I was raped
50. Did you use a condom the first time you had sexual intercourse?
1. Yes
 2. No
51. Which of the following best describes the last time you had sexual intercourse (Choose only one)?
1. I was willing
 2. I was persuaded
 3. I was tricked
 4. I was forced
 5. I was raped
52. Did you use a condom the last time you had sexual intercourse?
1. Yes
 2. No

53. In the past three months, how often did you or your partner use a condom when having sexual intercourse?
1. Never
 2. Sometimes
 3. Most of the time
 4. Always

Thank you very much for your participation!

Data Collector's Name Sign:

Date:



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with support from IOGT-NTO Movement.



IOGT-NTO Movement
Centre for Substance Abuse Prevention