

Alcohol Consumption among Youth in Uganda: Why Policy Intervention Is Necessary



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This brief undertook a holistic review of the alcohol consumption dynamics in Uganda. Based on document review and secondary data analysis, the brief calls for urgent policy intervention to combat excessive and harmful consumption of alcohol in Uganda. The findings reveal that Uganda is East Africa's largest alcohol consumer and has registered the largest alcohol-related deaths in the region. The brief underscores the need for the establishment of a national alcohol policy and strategy to effectively enforce measures to limit alcohol availability, advertising, marketing and pricing in Uganda. Moreover, the existing laws that regulate the manufacture and licensing of alcohol need to be amended to bring about any meaningful deterrents to excessive alcohol abuse.

1. Introduction

Alcohol is a psychoactive substance with dependence-producing properties. The substance has been used as a beverage by many cultures around the world for thousands of years (McGovern, 2009). Indeed, the global alcohol per capita consumption for persons aged 15 years or older increased from 6.2 litres in 2014 to 6.4 litres of pure alcohol consumed per year in 2016 (WHO, 2018). However, of the total global alcohol consumed, about 24.8 per cent is illegally produced or sold outside of government controls (ibid.). In addition, global alcohol consumption is anticipated to increase by 1.5 litres by 2025 on account of the high growth rate of the adolescent and adult population in China and India..

With a high population growth rate of 3.2 per cent per annum, high youth unemployment of 13.3 per cent and approximately 21 per cent of the population classified as youth (18-30 years) (UBOS, 2017), Uganda is the largest alcohol consumer in East Africa. With an alcohol per capita consumption of 9.5 litres of alcohol per year, Uganda consumes larger quantities of alcohol than Kenya (3.4 litres), Tanzania (9.4 litres), Rwanda (9 litres) and Burundi (7.5 litres).¹ Moreover, about 86 per cent of alcohol consumed in Uganda is unregulated, home -brewed and illegally sold (WHO, 2018).

According to the World Health Organisation (WHO), harmful use of alcohol resulted in three million deaths globally in 2016 (WHO, 2018). Moreover, global alcohol consumption-related mortality (5.3%) was higher than that related to tuberculosis (2.3%), HIV/AIDS (1.8%), diabetes (2.8%) and hypertension (1.6%) (ibid.). In Uganda, alcohol consumption within school environments has been reported to increase chances of school dropouts, absenteeism and poor academic performance (Kasirye, 2008). Similarly, a study by the Uganda Youth Development Link (2008) indicated that alcohol consumption decreased work productivity, increased road accidents, and increased the risk of unsafe sexual practices. Despite the large health, social and economic burden associated with harmful use of alcohol, regulation of harmful alcohol consumption has remained a relatively low priority in Uganda's public policy, including in public health policy. Against this background, this brief justifies why urgent policy intervention is required to prevent the negative effects of alcohol consumption by exploring Uganda's alcohol environment. We further present strategies that countries have implemented to control harmful alcohol consumption that Uganda could adopt. Below is an outlook on Uganda's alcohol environment.

¹ <http://apps.who.int/gho/data/node.main.A1036?lang=en>

2. Alcohol consumption among youth is appallingly high

Uganda's average consumption of alcohol is greater than the global and African averages. According to Table 1 below, Uganda's average total per capita consumption of pure alcohol per year is about 9.8 litres. This is over and above the global and African region averages of 6.4 and 6 litres of pure alcohol each year, respectively, for individuals aged 15 years and older (WHO, 2016). At the regional level, Uganda's youth (aged 15 years and above) consume larger quantities of alcohol per year than their counterparts in Kenya (4.3 litres per year), Burundi (9.3 litres per year) and Tanzania (7.7 litres per year). Moreover, projections (Table 1) indicate that Uganda will be East Africa's largest alcohol consumer by 2025. Given the high population growth

and large youth population, there is a need to institute effective measures to prevent exacerbation of the harmful use of alcohol. Uganda lacks a national policy and/national action plan to comprehensively reduce the harmful use of alcohol. As such, there exist no time and place restrictions in Uganda for the sale of alcohol, days of sale, places of sale and location as well as the number of alcohol outlets per geographical area. We envisage that if well implemented and enforced, the national alcohol policy will not only increase awareness about harmful alcohol consumption but will enable the government to dedicate a budget to dealing with alcohol research, prevention and treatment.

Table 1: Per capita pure alcohol consumption for ages 15 years and above, 2016

Country	Average per capita consumption (litres of pure alcohol per year)	Average daily intake (grams of pure alcohol per day) #	15-19 years old total alcohol per capita consumption (litres of pure alcohol per year)	Projections of total alcohol consumption per capita (litres)	
				2020	2025
Uganda	9.5	20.6	8.0	9.8	10.3
Kenya	3.4	7.37	6.2	2.7	3.1
Tanzania	9.4	20.3	6.2	9.6	9.9
Rwanda	9.0	19.5	7.3	8.4	7.6
Burundi	7.5	16.3	7.3	7.0	6.6
Africa	6.0	13.0	-	6.1	6.1
World	6.2	13.5	-	6.3	7.7

Source: Global Information System on Alcohol and Health database, 2018

Note: # this measure is used by countries that have guidelines for daily limits on alcohol consumption to minimise health risks.

3. Alcohol manufacture is highly informal

An analysis of alcohol consumption by type of alcoholic beverage (Figure 2) reveals that Uganda has one of the highest consumption of home-brewed and informally produced alcohol in the East African region. The most common informal alcoholic beverages consumed in Uganda include tonto, malwa, kwete, omuramba and Kasese waragi. Unlike Kenya and Burundi whose consumption of informal alcohol stands at 25 and 75 per cent, respectively, Uganda’s consumption is as high as 89 per cent. Home-brewed alcohol is cheaper than most factory-produced “branded” beverages,

which implies that they are heavily consumed by poorer segments of the society in both rural and urban areas. Beer consumption is still at a paltry 9 per cent while spirits and wine consumers make up a tiny margin of the total alcohol consumed within the country. The massive consumption of unregulated alcohol is a serious public health concern. Indeed, Tagwireyi et al. (2016) reported that about 89 people died in Uganda in 2010 alone due to methanol poisoning that resulted from the ingestion of alcohol packed in sachets.

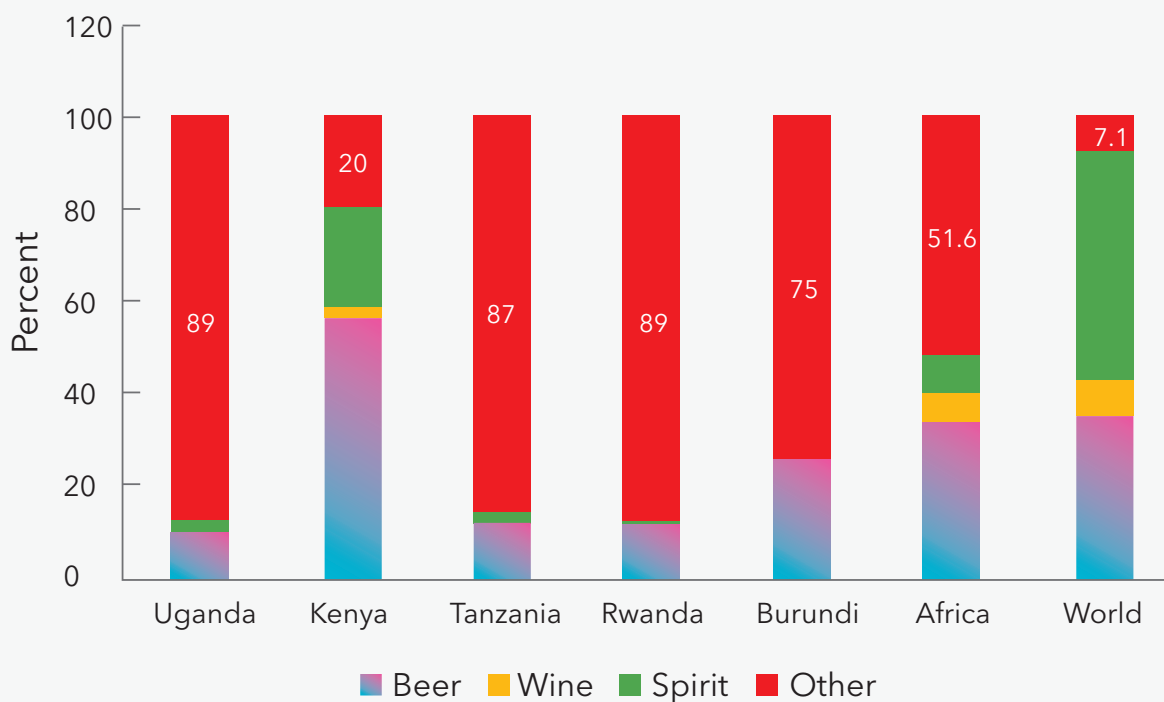


Figure 1: Per capita consumption by type of alcoholic beverage (15 years and above), 2016
 Source: Author’s construction based on WHO’s Global Health Observatory database, 2016

4. Alcohol-related harm is excessively large

Figure 2 reveals that alcohol consumption has serious disease burden across all East African countries. However, Uganda registered a higher burden. Specifically, the country recorded the highest number of deaths from alcohol-related liver disease and road traffic accidents. In 2016, Uganda registered a total of 118 deaths per 100,000 population from liver disease

linked to excessive consumption of alcohol. Moreover, the country registered the highest number of alcohol-related deaths from road accidents. The findings are validated by Serugo (2018)² who reported that a third of the patients at Butabika Hospital have mental disorders resulting from excessive use of alcohol.

² <http://eagle.co.ug/2018/05/28/alcohol-and-drug-abuse-lead-in-causing-mental-illness-butabika-boss.html>

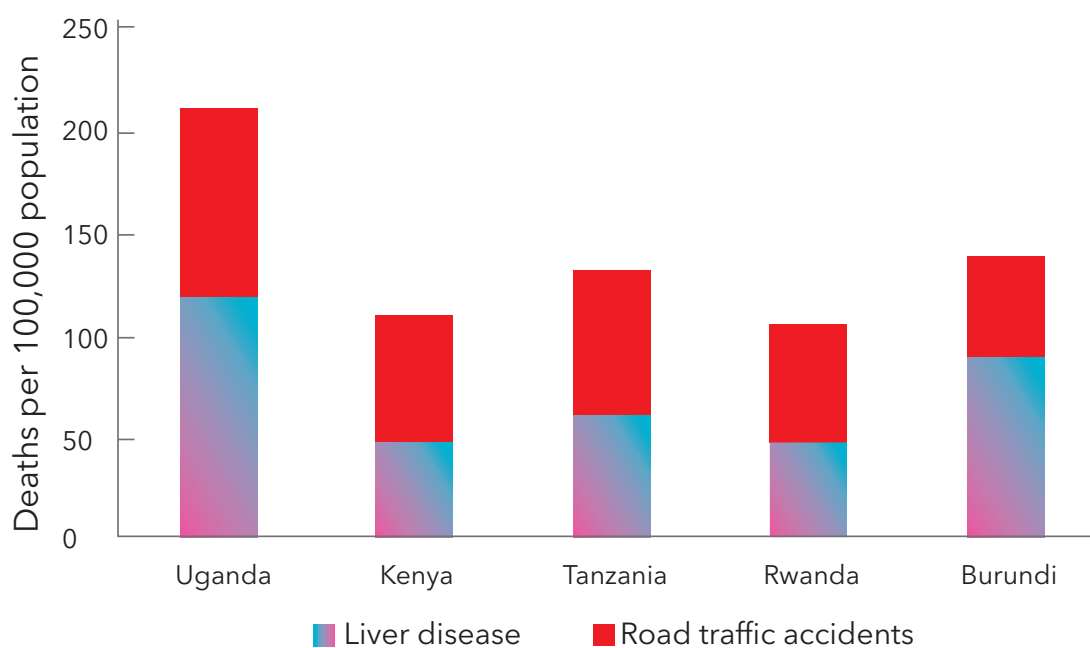


Figure 2: Alcohol-related death rates in the East Africa, 2016

Source: Author's construction based on WHO's Global Health Observatory database, 2016

5. Current alcohol legislation is outdated while enforcement measures remain weak

The regulatory environment and enforcement measures that control alcohol consumption in Uganda are outdated, weak and uncoordinated. Indeed, a review of Uganda's alcohol laws exhibits significant gaps. First of all, all alcohol laws, i.e. the Enguli Act (1966), the Liquor Act (1960) and the Potable Spirits Act (1965) were enacted during colonial times in the 1960s. As such, they are not able to provide the necessary safeguards to protect the population against the harmful use of alcohol in the current context. These laws specify penalties that are too light to prevent harmful alcohol consumption currently. For instance, the Enguli

Act Cap. 86 imposes a fine of up to US\$ 2,000 for any manufacturer of jaggery without a licence and authorisation from the minister. In addition, the Liquor Act Cap. 93 imposes a fine of up to US\$ 200 for making alcohol sales to anyone below 18 years. Furthermore, enforcement of the existing laws is weak as government departments tasked with enforcement lack sufficient human and financial resources to investigate alcohol-related crimes. Therefore, it is important that the existing laws are reviewed to reflect the changing social and economic patterns. Finally, these three laws need to be consolidated into a single act for ease of reference.

6. Commitment to the global alcohol strategy still limited

A review of Uganda's performance against the indicators laid out in the global strategy to control the harmful use of alcohol reveals that the country has not yet implemented all policy interventions required to reduce excessive consumption of alcohol. While the first indicator of political commitment to a reduction in the harmful use of alcohol is the presence of a written

national alcohol policy, the evidence, presented in Table 2 below, reveals that Uganda has no national action plan to comprehensively reduce the harmful use of alcohol. And while the country has restrictions on the hours of selling alcohol under its laws (the Enguli and Liquor Acts), there exist no restrictions on the days, places and number of alcohol-selling outlets per geographical area.

The absence of these restrictions increases the availability of alcohol to youths. Furthermore, Uganda has not yet put in place legally binding regulations on alcohol advertising and sponsorships. As such, alcohol advertising is freely made on billboards, sometimes near

schools. Moreover, alcohol companies in Uganda freely sponsor large entertainment and sport events in Uganda. This encourages the youth to drink since they see their role models being associated with big alcohol brands.

Table 2: Alcohol policy and interventions in Uganda

Intervention	Existence
Written national policy (adopted/revised) / National action plan	No/-
Restrictions for on-/off-premise sales of alcoholic beverages:	
Hours, days/places, density	Yes/ No/ No, No
Specific events/ intoxicated persons/petrol stations	No/No/No
Legally binding regulations on alcohol advertising/product placement	No/No
Legally binding regulations on alcohol sponsorship/sales promotion	No/No
Legally required health warning labels on alcohol advertisements/containers	No/No
Legally binding regulations on alcohol advertising/product placement	Yes/Yes/No

Source: *Global Information System on Alcohol and Health, 2018*

7. Case studies on country best practices to combat harmful consumption of alcohol

Reducing harmful consumption of alcohol requires different strategies, according to the global strategy to reduce harmful consumption of alcohol. In the last decade, several countries have adopted various strategies, with

varying degrees of success. The country experiences presented in Box 1 could provide a benchmark for Uganda's efforts to reduce harmful alcohol consumption.

Box 1: Country strategies to reduce harmful consumption of alcohol

SOUTH AFRICA

In 2010, South Africa adopted a multi-ministry rather than an individual-ministry responsibility approach to reduce harmful use of alcohol. The country set up an inter-ministerial committee comprising 11 ministries (Health; Correctional Services; Basic and Higher Education; Science and Technology; Economic Development; Finance; Transport; Sports and Recreation; Trade and Industry; Justice and Constitutional Development; and the South African Police Service). (COMMENT: THESE SEEM TO BE ONLY 11 MINISTRIES) The rationale of this approach was to create synergies rather than assign individual responsibility to a single ministry to combat excess control of alcohol. The approach of involving different government ministries in a single structure has significantly improved coordination and implementation efforts in reducing alcohol-related harm. Uganda could adopt a similar multi-institution approach coordinated by the Minister of the Presidency instead of assigning responsibility to only the Ministry of Health and the Ministry of Trade, Industry and Cooperatives.

PERU

In a bid to regulate the availability of alcohol, Peru instituted a local ban on the sale of alcohol in the district municipality of La Victoria in Lima in 2007 and a similar ban in the city of Lima in 2011. The ban restricted the sale of alcohol up to midnight from Sunday to Wednesday. The instituted ban resulted in a decrease in the number of homicides, alcohol-related road accidents and violent deaths. The phased geographical restrictions on the days and hours of sale of alcohol depending on targeted geographical levels of consumptions is a feasible option.

FINLAND

In order to reduce the exposure of young people to alcohol advertisement, Finland has progressively restricted advertising of alcohol on both telecast and social media. In 2008, Finland limited the time and placement of alcohol advertisements by banning advertising on television from 07:00 to 19:00 and in cinemas. In 2015, Finland became one of the first countries to ban alcohol advertisements on social media. Owing to Finland's success, countries such as Lithuania, Estonia, Ireland and Sweden are considering similar measures.

Source: Global Status Report on Alcohol and Health, 2018

8. Conclusion and Policy Recommendations

This brief highlights the need for a policy intervention to curb excessive consumption of alcohol in Uganda. We recommend the following policy actions:

- There is a need to introduce a national alcohol policy to regulate manufacture, availability, advertising, distribution and marketing of alcohol in Uganda.
- The existing laws need to be amended and consolidated to introduce tougher penalties for offenders and introduce new provisions such as restrictions on the number of alcohol-selling outlets per area and the selling of sachet alcohol.

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