The alcohol burden in Uganda and the cost of no action: a closer look on western Uganda

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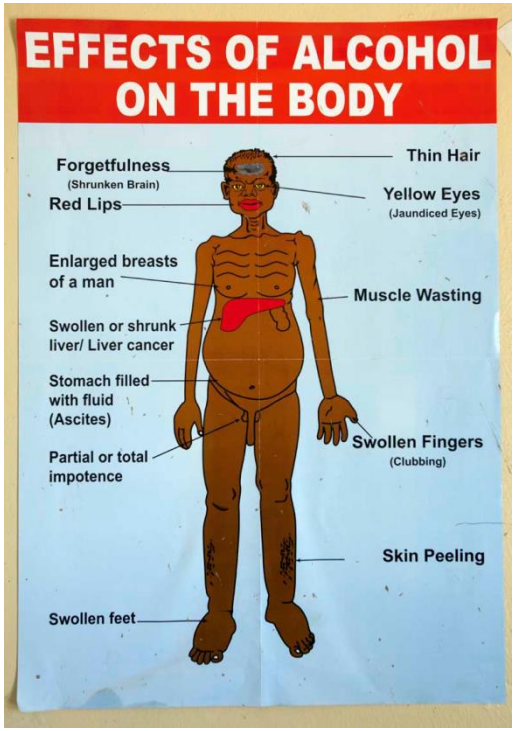
Introduction

* According to the 2024 WHO report a Ugandan consumes on average 12.21 litres of pure alcohol annually-The highest in Africa where the average is 4.5l
* In the same report a Ugandan drinker aged 15+ consumes on average 28.5 litres of pure alcohol per year when the African average is 15.5litres . This is the 4th highest in Africa.
* Alcohol consumption is a leading risk factor for mortality and morbidity for several diseases including Cancer
* We lose 87 people (86.6) due to alcohol related complications per 100,000 in the country (WHO, 2024).
* Alcohol is classified under Substance use- which includes use of narcotic drugs like cocaine and cannabis [marijuana/Enjaga] and more.

Introduction

* Substance use has a significant impact on mental health, and substance use disorders often co-occur with mental health conditions and worsen their health outcomes, including all-cause premature mortality as well as mortality due to suicides.



Introduction cont'd

* Comprehensive regulations to control alcohol prices, marketing, and availability as advocated by the WHO are still lacking in some African countries (Uny & Tumwesigye, 2024).
* However, Uganda has made key progress in this area- there was a ban on sachets, development of policy and currently debating the Alcoholic Drinks Control Bill, in August 2024

Introduction cont'd

* Butabika Rehab unit for alcohol and drugs is full.
* Alcohol consumption is a greatest contributor to rehabilitation admissions (>52%) (Tumwesigye et al 2022)
* Most of the clients (68.3%) in rehabilitation centres are young people in age 15-34 (Tumwesigye et al 2022)
* A Lancet Psychiatry paper reported that approximately 14 million people out of a population of 43.7 million Ugandans, or about 32.0% were affected by mental illness. The same paper says a previous study found it at 24.2%. (Kagwa et al 2022). Alcohol is a major contributor to poor mental health

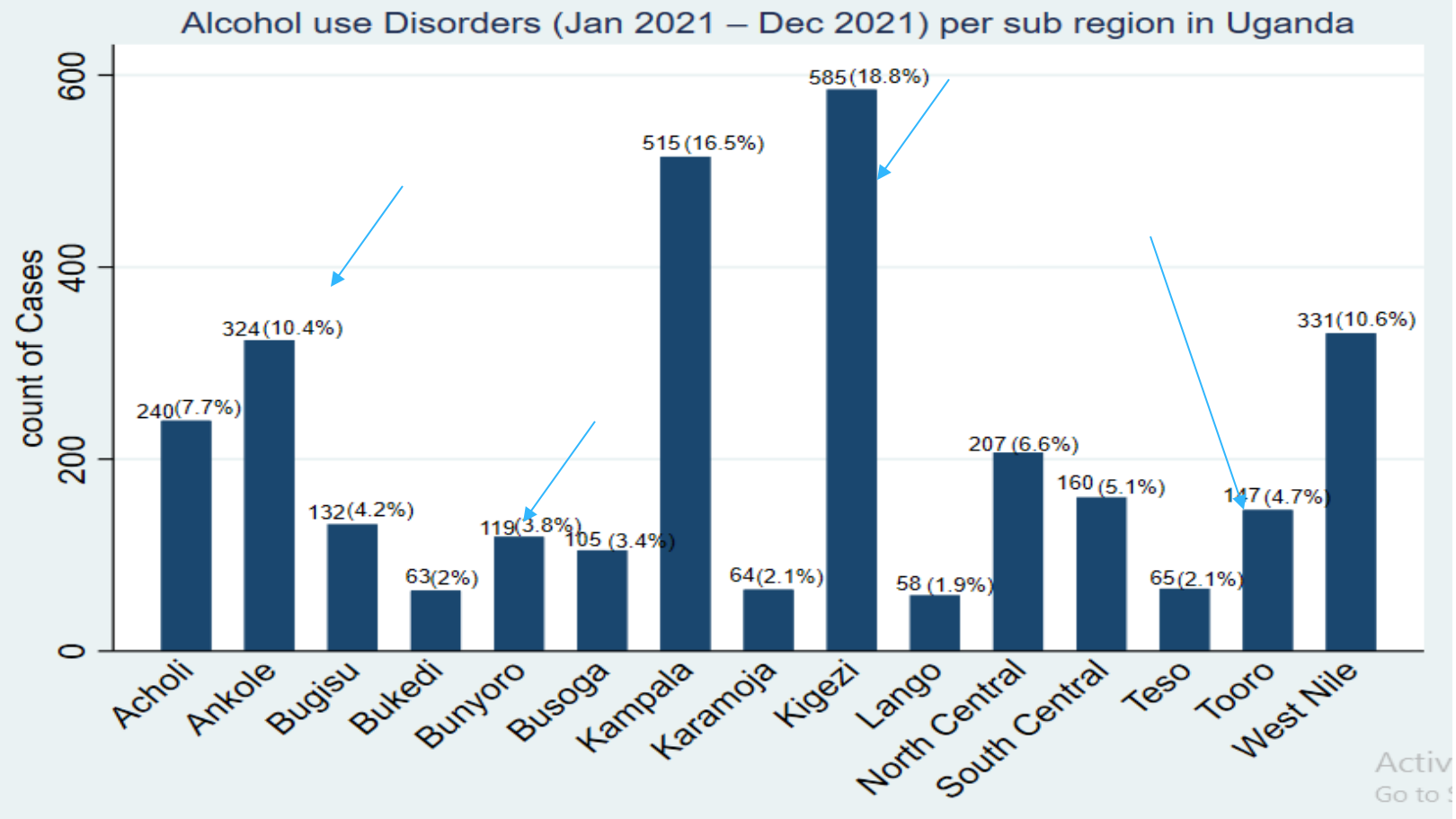
Background

* Uganda is a nation of young people- about 50.5% are less than 18 years and youth 18-30 years are 22.7%
* Most young people are unemployed. The unemployment rate among 15-24 is 83% and between 64% and 70% among all youth
* Young people are more vulnerable to alcohol and drug abuse

Facts on western Uganda

* Compared to residents in eastern Uganda, participants in western Uganda are more likely to be medium- to high-end users of alcohol (AOR=1.89 (95% CI=1.31–2.72)
* In 2010 a study among University students in Mbarara found that the odds of inconsistent condom use among alcohol consumers was twice as much as those who did not (Choudry et al 2014)
* Ankole and Kigezi leading in number of people with alcohol use disorder according to HMIS.

HMIS data: alcohol use disorder among young people aged 10-19



Effects

* In 2011-2013, 64% of people entering HIV care around Mbarara Municipality had an alcohol use disorder.

Effects of lack of serious regulation- Example of adverts

* Do our adverts meet the standards?
* The odds of taking alcohol among those with items that had an alcohol advert are twice as high as those without [AOR 2.00, 95 %CI 1.33–3.01] (Kabwama Et al 2021)
* The amount of the exposure to alcohol advertising is associated with the quantity of alcohol consumed of the brands advertised (Naimi et al 2016)

Cost of no action on alcohol bill: A look at rehab costs only

* $810 (Ushs 3,000,000) for rehabilitation a month (Namara, 2020)
* According to WHO 7.1% of all aged 15+ have alcohol use disorders- affecting productivity/sick/causing injuries/death
* Among men it is 12.4% affected
* Estimated Popn at 45.9 million (UBOS, 2024) with 56% aged 15+ (25.7m) (UNFPA).
* ⟹ 7.1% of 25.7m=1,824,984
* Suppose one takes 2 months (normal 1-3 Months).
* ⟹ 1,824,984 X$810X2=$ 2,956,474,080
* ⟹Ug Shs 10,938,954,096,000 =11 Trillions
* The country's budget is 72.1 Trillions
*

Cost of no action in Western Region

* According to the 2024 census the whole of the western region has 11.6 million people and roughly 6.16million (56%) are aged 15+
* If we use WHO estimate of alcohol use disorder of 7.1% (9.8% Kabwama et al 2022) this translates to 437,360 (0.071X6.16m)
* At $810 (Shs 3,000,000) for rehabilitation this means
* $708,523,200 (810X437,360x 2 months)
* Shs 2,621,535,840,000 (2.6 Trillion)

Costs of inaction- Alcohol with domestic violence

* Uganda Police Force (2016-2021) crime reports document 272,737 GBV cases between 2016 and 2021 (Av 45,456 per year), including 2,278 homicides attributed to intimate partners.
* Domestic violence cases account for 33% of the female homicide caseload.
* 48% of women have ever experienced physical violence and 49.4% reported their husbands got drunk sometimes –Tumwesigye et al 2012
* Odds of physical partner violence 6 times higher with alcohol consumption (Tumwesigye et al 2012)
* It is estimated that GBV incidents cost the Ugandan economy about UGX 77 billion (appr. $20,000,000) annually (UNFPA, 2019)

Costs of inaction- Road traffic Injuries and others

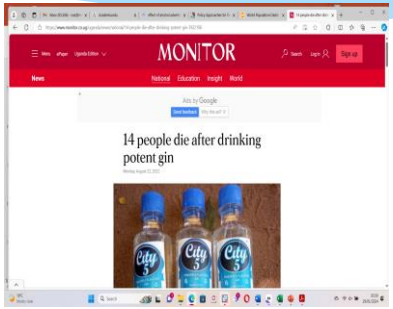
* 8,275 alcohol attributable deaths annually. Of these 3900 are related to road traffic injuries
* Average Life expectancy in Uganda is 64 years
* Suppose alcohol related death occurs at age 30 we loose 34 years X $964.4 (per capita GDP-World bank) X 8275= **$271,333,940 (31% of all coffee exported in 2021/22 .**
* **For road traffic injuries- 34X964.4X3900=$127,879,440**
* The alcohol-attributable fraction for road traffic injuries =37.0%/24.3% for Men/Women respectively

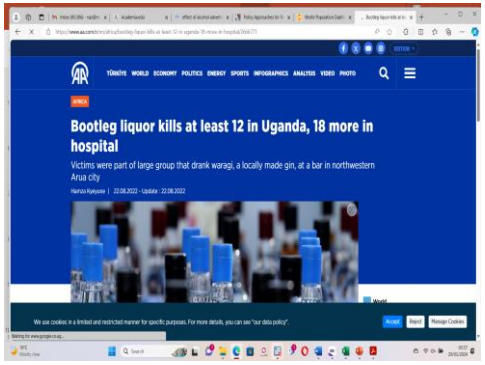
Other costs

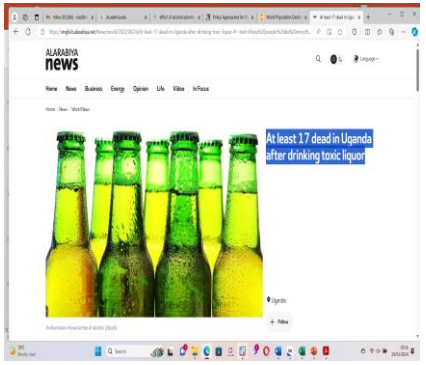
* Injury to others- violence
* Crime

Why control manufacture?

* Check on quality of production and content







Why control sale?

* Limiting access of alcohol to under age is one of the most effective measures
* Raising the age of taking alcohol will reduce alcohol related harm among young people
* Don't alcohol companies control sale or consumption of alcohol in their compounds?

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X: #RAPSSA; @IsaUny

Study 1

The Formulation and implementation of alcohol sachets bans in Uganda and Malawi: South to South lessons in alcohol control from a qualitative study (RAPSSA)

Dr Isabelle UNY

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Ongoing studies on alcohol control policies In Uganda

Partnerships between:

Makere School of Public Health

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The RAPSSA Research Team

- **Dr Isabelle Uny , Principal Investigator**, Senior Research Fellow, Institute for Social Marketing and Health (ISMH), Faculty of Health Sciences & Sport, **University of Stirling**, UK
- **Prof. Nazarius Mbona Tumwesigye**, Professor at **Makerere University School of Public Health**, Dept of Epidemiology and Biostatistics & Director of the Alcohol, Drugs and Addictions Research Centre (ADARC), Uganda country Lead
- **Dr Benjamin Kaneka,** Lecturer in Population Studies at the **University of Malawi**, Malawi country Lead
- **Prof. Charles Parry,** Director of the Alcohol, Tobacco, and Other Drug Research Unit at the **South African Medical Research Council**, South Africa.
- **Dr Marsha Orgill,** Senior Researcher the Children's Institute **University of Cape Town**, South Africa.
- **Cissie Namanda.** Research Assistant, Makerere University School of Public Health.
- **Denview Malagasi**. Research Assistant, University of Malawi
- **Prof. Niamh Fitzgerald,** Professor of Alcohol Policy & Director of the Institute for Social Marketing and Health (ISMH), Faculty of Health Sciences & Sport, University of Stirling, UK.
- **Prof. Linda Bauld**, Bruce and John Usher Professor of Public Health, **University of Edinburgh**, UK

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Introduction & context

* Recent reviews state that Sub Saharan Africa (SSA)-higher burden of alcohol-related harm than global average ; Lower socio-economic status and other vulnerabilities are risk factors for more harmful consumption of alcohol (links between harmful alcohol consumption and HIV transmission; poverty; and harm to adolescents)
* Still a lack of comprehensive regulations to control alcohol prices, marketing and availability in large parts of the African continent as advocated by SAFER and WHO (https://www.who.int/initiatives/SAFER)
* Some advancement in some key countries (Alcohol Control Bills e.g. Kenya, Uganda) & Covid restrictions were applied
* In Africa, the alcohol industry marketing has grown; industry interference has been reported as a factor in the slow policy progress in some countries (recent research highlighted specific tactics in Africa to promote certain products like beer in larger containers, fruit flavoured beverages to attract younger and female drinkers, and also sachets of spirits as a way to market products to youth and persons with lower incomes).
* Source: https://www.who.int/docs/default-source/alcohol/safer-framework.pdf; https://www.who.int/initiatives/SAFER; https://tinyurl.com/Global-Alcohol-Strategy; Morojele NK, Dumbili EW, Obot IS, Parry CDH. Alcohol consumption, harms and policy developments in sub-Saharan Africa: The case for stronger national and regional responses. Drug Alcohol Rev. 2021;40(3).

- **Alcohol sachets** are small disposable plastic sachets pouches below which contain single use quantities of high strength spirits (e.g. gin, whisky, other strong alcohol); usually manufactured in country (see below images)
- Sachets are reported to have **led to significant harms** especially amongst the young, the poorest, most vulnerable populations due to their **affordability** ($0.05-0.50) depending on sachet sizes (30-100mls) and their **widespread availability**
- **increased concerns led Governments to institute a to a complete and final ban of sachets in Malawi (2017) and Uganda (2019)**

Source: The Nation, Malawi

Source: UBL website, Uganda

Brief Conclusion (Findings will be published early 2025)

* Our study is the **1st comprehensive/comparative research study on alcohol sachets bans** in Sub Saharan Africa
* It contains important South-South Policy learning in alcohol control policies as **further countries in Africa have now banned or are contemplating a ban on those products** (e.g. Angola, Nigeria, Namibia, Tanzania Botswana etc)
* **Some of the lessons we wish to draw:**
  * Can we help by pre-empting problems to avoid new unintended consequences? (e.g. 'foolproof' policies so new packages/ sizes/ of different strength do not appear after a ban (e.g. large, small, single use etc)
  * Policies and laws should avoid vagueness to avoid other substitution products emerging on the market from industry (regulate strength, volume, quantity, marketing and packaging
  * Can we learn how to address industry and other potential interference with alcohol policies and regulations?
* **More research is needed Africa wide** around regulation for the availability of different containers, sizes, prices, volume and alcohol strength

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Study 2

Pursuing profit at the expense of public health? Case studies of alcohol industry activity in six African countries

Leads: Dr Gemma Mitchell & Prof Tumwesigye

Funded by:

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* This study explores corporate political activity in six countries in Africa.
* Two in-depth scientific case studies will be published, alongside numerous examples of industry activity across all countries.
* We expect to publish our findings in late 2024/early 2025.

Policy level: Lack of serious action on drugs and alcohol problems

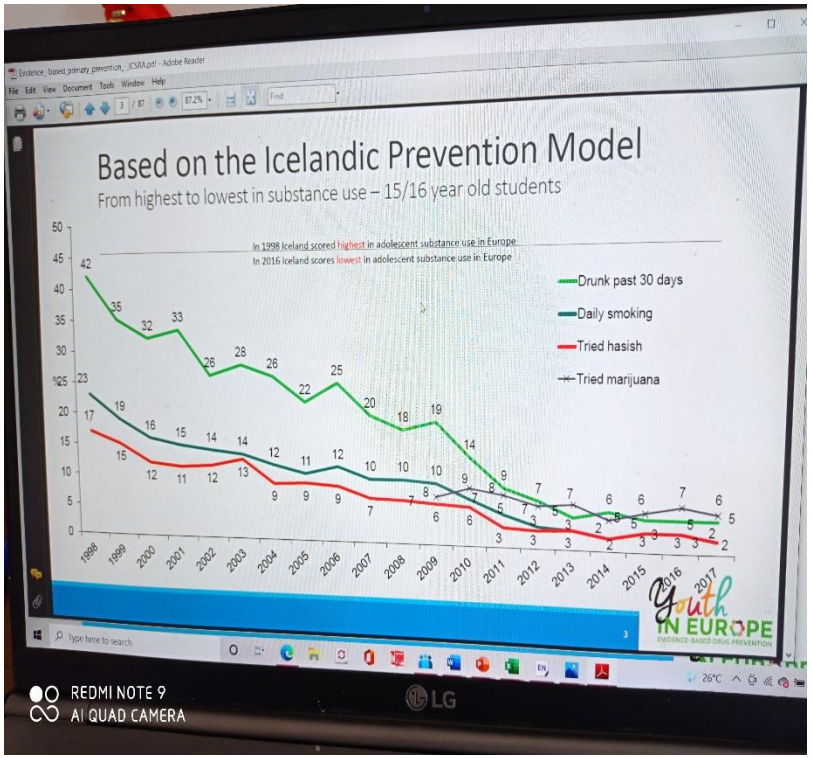
* Govt tends to look at the tax revenue side and forget the expenditure or total cost of negative outcomes
* Some Law enforcers and the public are not aware of some of the legislation and restrictions
* There is poor enforcement due to corruption
* The general public does not take alcohol abuse seriously. One warned Hon Nambooze " if you put a stop to alcohol consumption, we are most likely to face a sea of mad people"
* The cost of no action on the control bill is very high

Ineffectiveness of existing legislation

* Anybody can produce, consume, market, sell
* Low penalties affect the effectiveness of enforcement

Way forward

* Gulu district made a by law to curb illegal production, sale and consumption-Nov 25th 2016- Famous Hon Mapinduzi legacy
* October 2016-Oyam- Illegal Alcohol production was outlawed in Oyam district-
* Iceland is now a world model- parents got involved



Way forward

* Support the bill 100%
* Reduce un-necessary access thru taxation
* Monitor adherence to interventions
* Support treatment centres
* Support research on alcohol, addictions, drugs. Makerere University School of Public Health is setting up an alcohol and drugs research centre- adarc.musph.ac.ug

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THANKS SO MUCH FOR YOUR ATTENTION