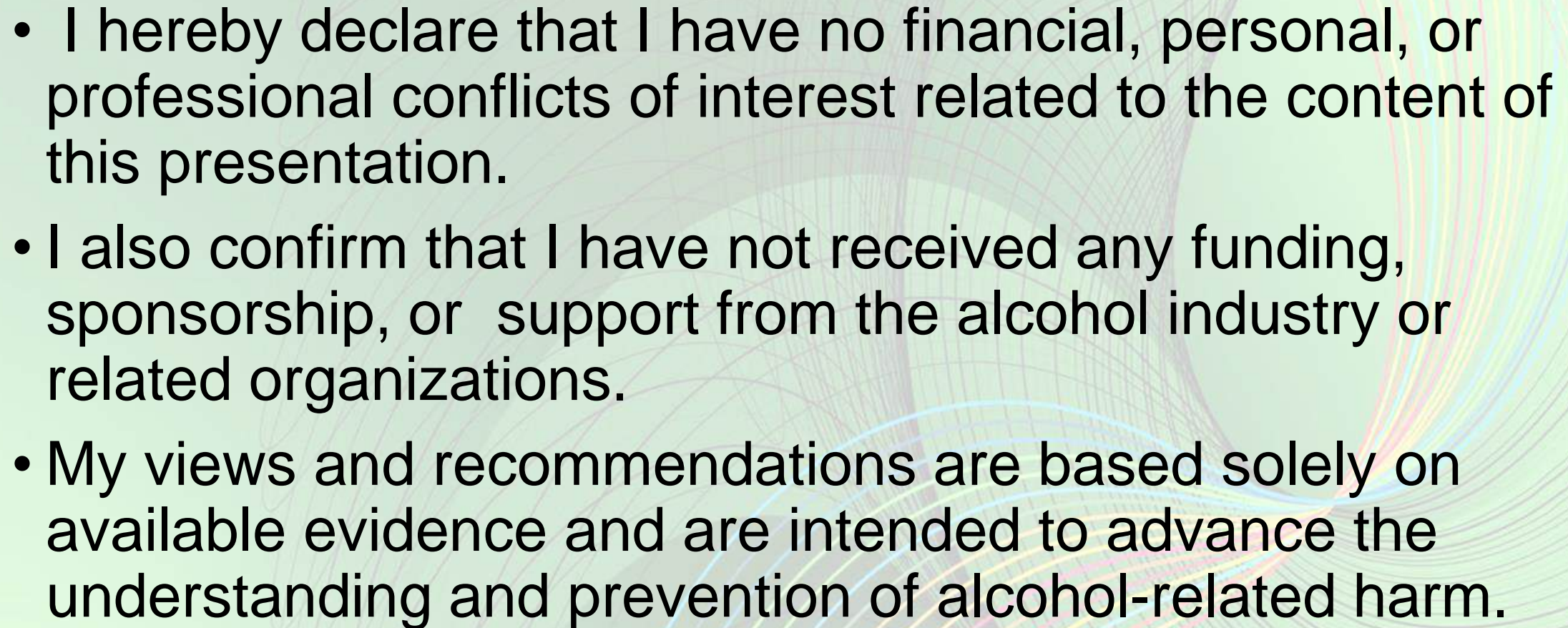


Global Status Report on Alcohol and Health: Implications for Uganda

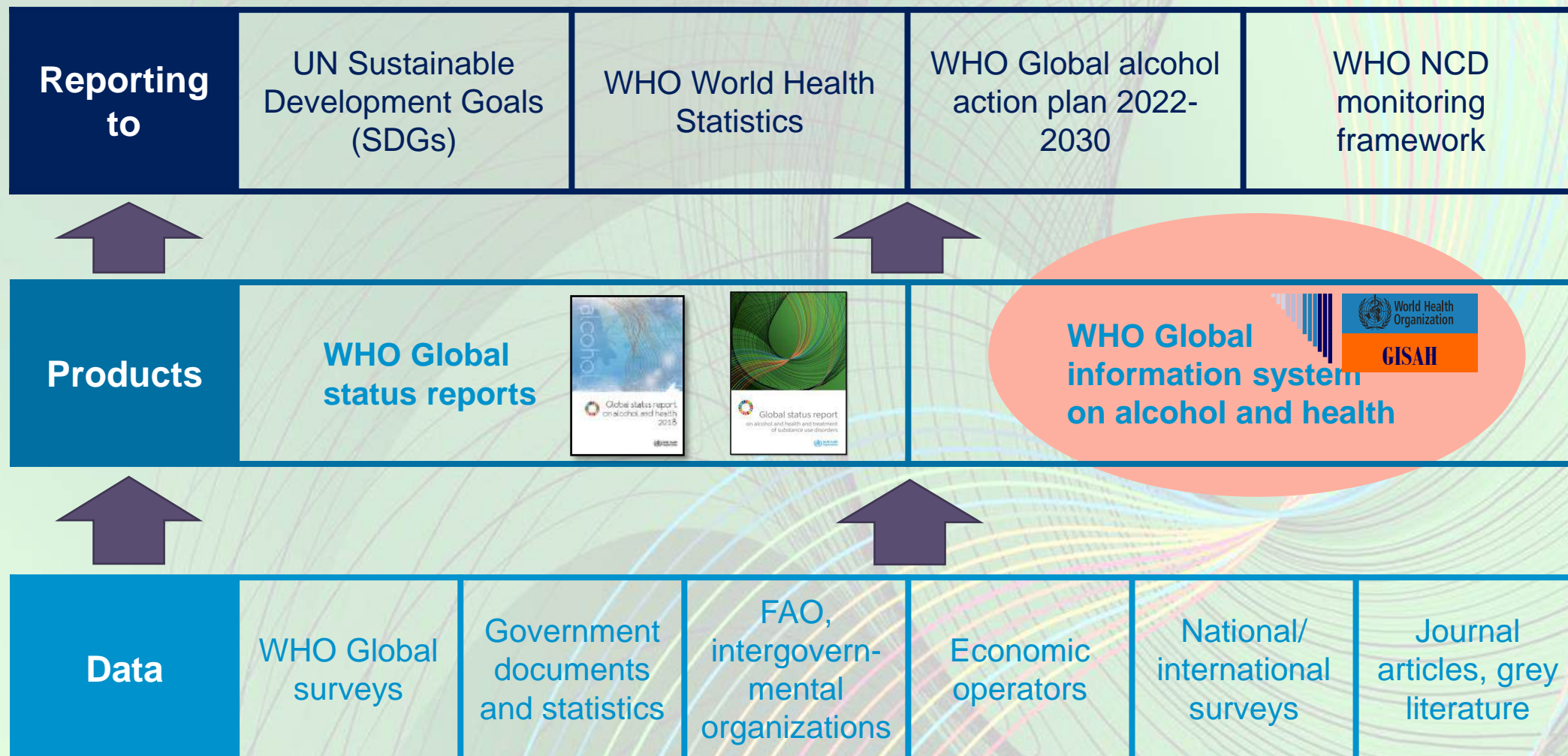
Dag Rekve

Senior Technical Officer, Unit Head a.i.
Alcohol, Drugs and Addictive Behaviours
World Health Organization

- 
- I hereby declare that I have no financial, personal, or professional conflicts of interest related to the content of this presentation.
 - I also confirm that I have not received any funding, sponsorship, or support from the alcohol industry or related organizations.
 - My views and recommendations are based solely on available evidence and are intended to advance the understanding and prevention of alcohol-related harm.



Alcohol surveillance and information systems



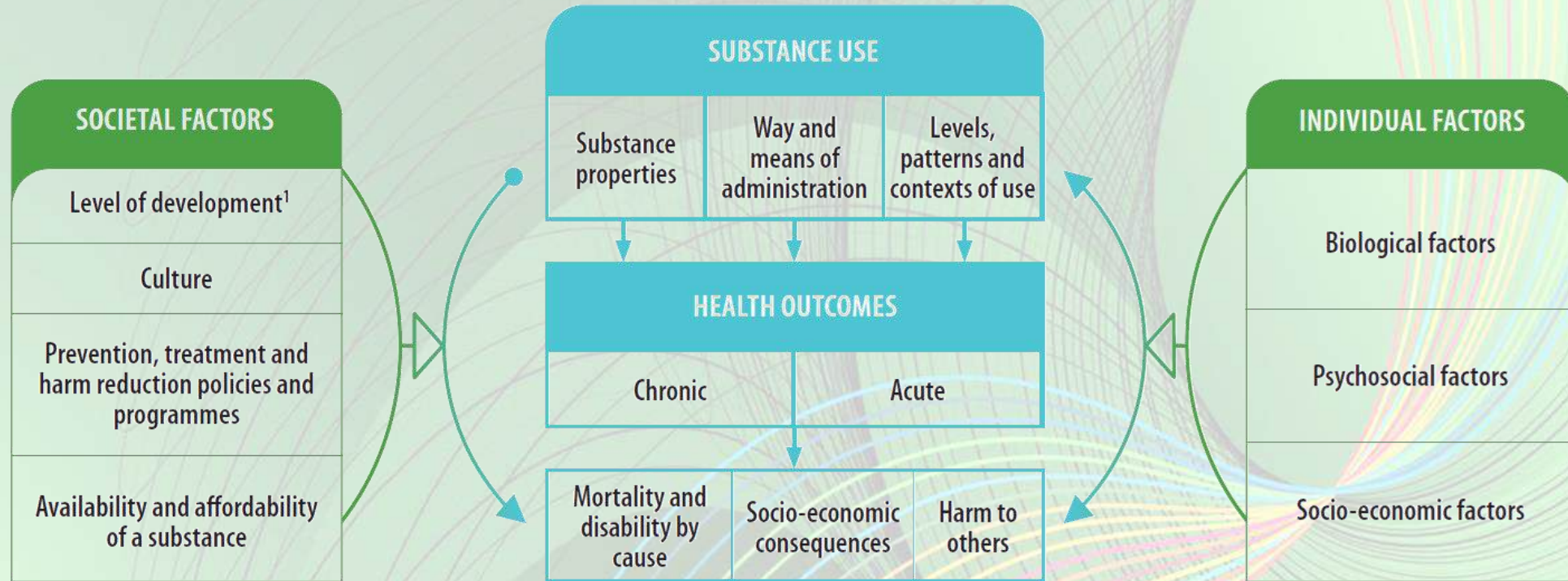
Ethanol; a psychoactive substance

Alcohol consumption can harm the drinker and indirectly others by its:

- toxic effects and adverse drug reactions on organs and tissues;
- Intoxication/acute pharmacodynamics, leading to impairment of physical coordination, consciousness, cognition, perception, affect or behaviour;
- Addiction pharmacology and the dependence producing propensities, whereby the drinker's self-control over his or her drinking behaviour is impaired.



A conceptual model of impact of psychoactive substance use on health and its determinants

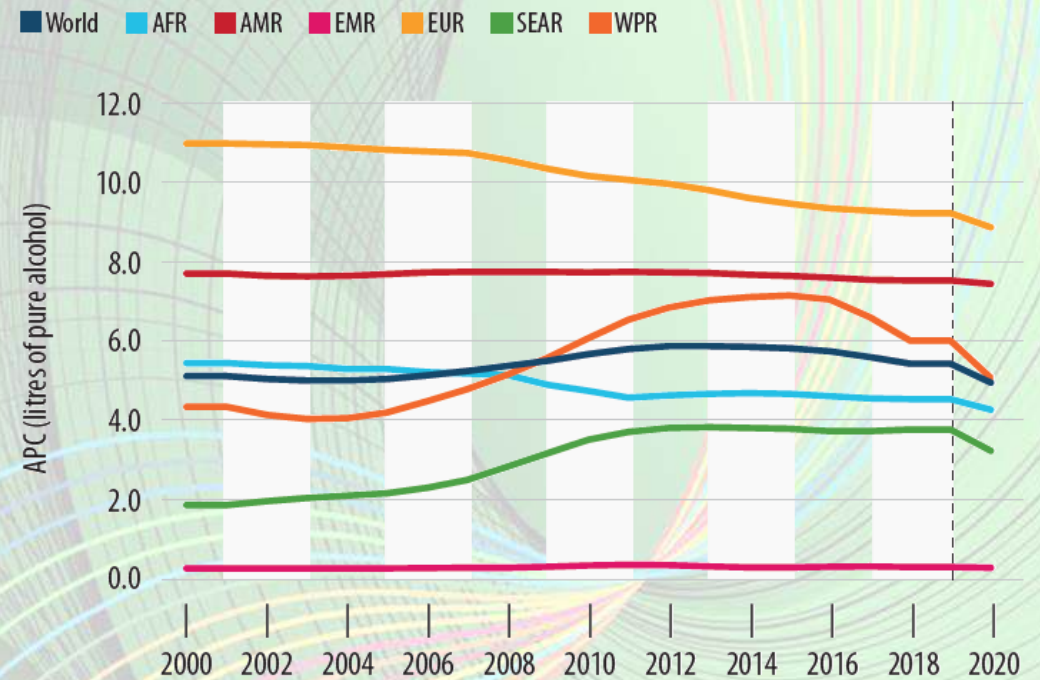


¹ Development of health and welfare system, and economy as a whole.
Source: Based on Rehm et al., 2010 and Blas et al., 2010).

Alcohol, consumption, society and public health

In 2019, alcohol caused

- 2.6 million deaths (4.7% of all deaths)
- 116 million DALYs lost (4.6% of all DALYs lost)
- 400 million adults (7.0% of all adults) have an AUD
- Considerable gender and geographical differences
- Over 50% of alcohol-attributable deaths occur before 60 years of age
- Most adults (56%) did not drink alcohol last 12 months
- Considerable negative health and social consequences for others than the drinker



FILTERS

Alcohol, total per capita (15+) consumption (in litres of pure alcohol) (SDG Indicator 3.5.2), three-year average

Year

2019

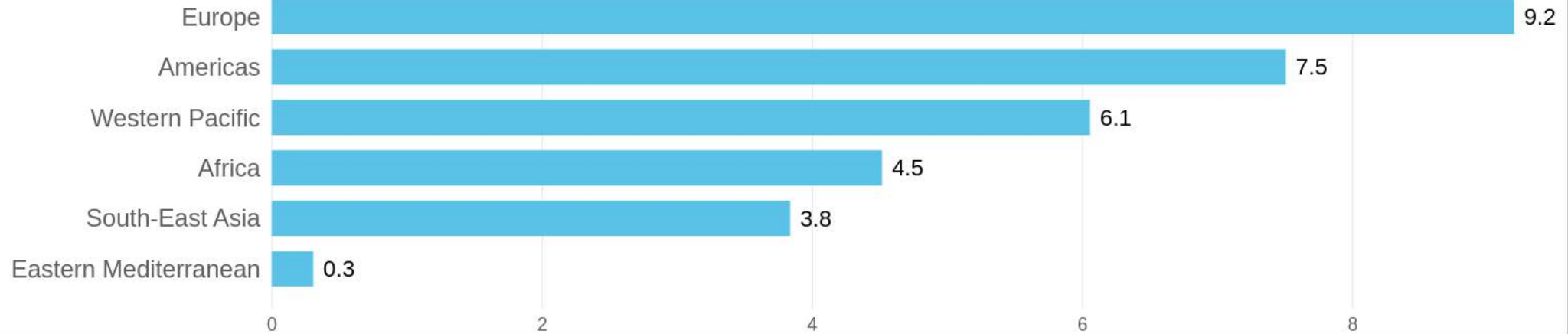
Disaggregation

Sex

Global value

5.5

Regional values

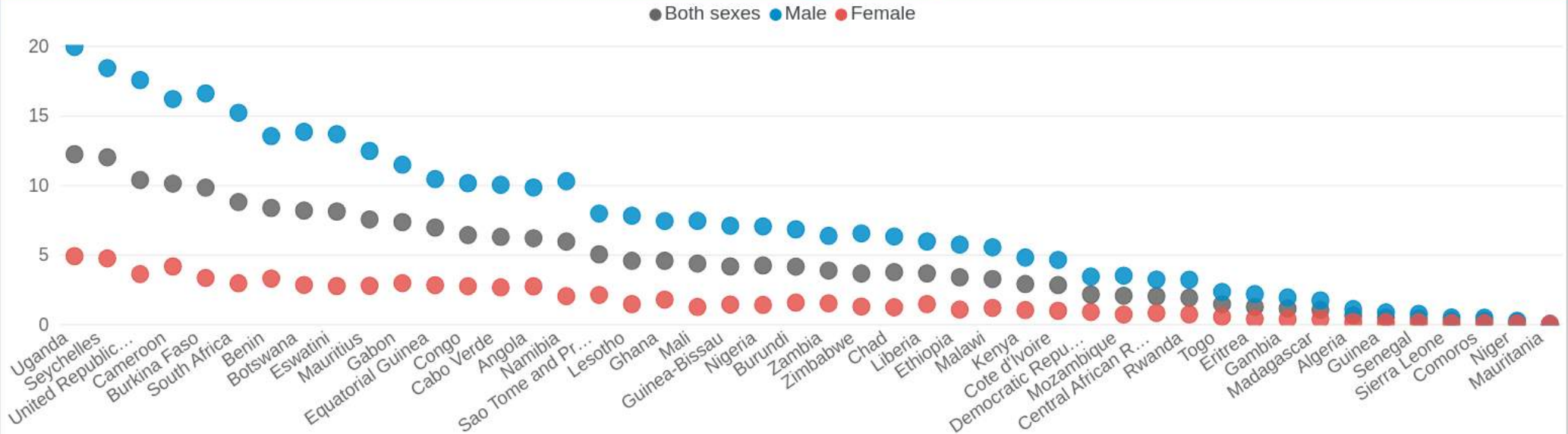


Select region

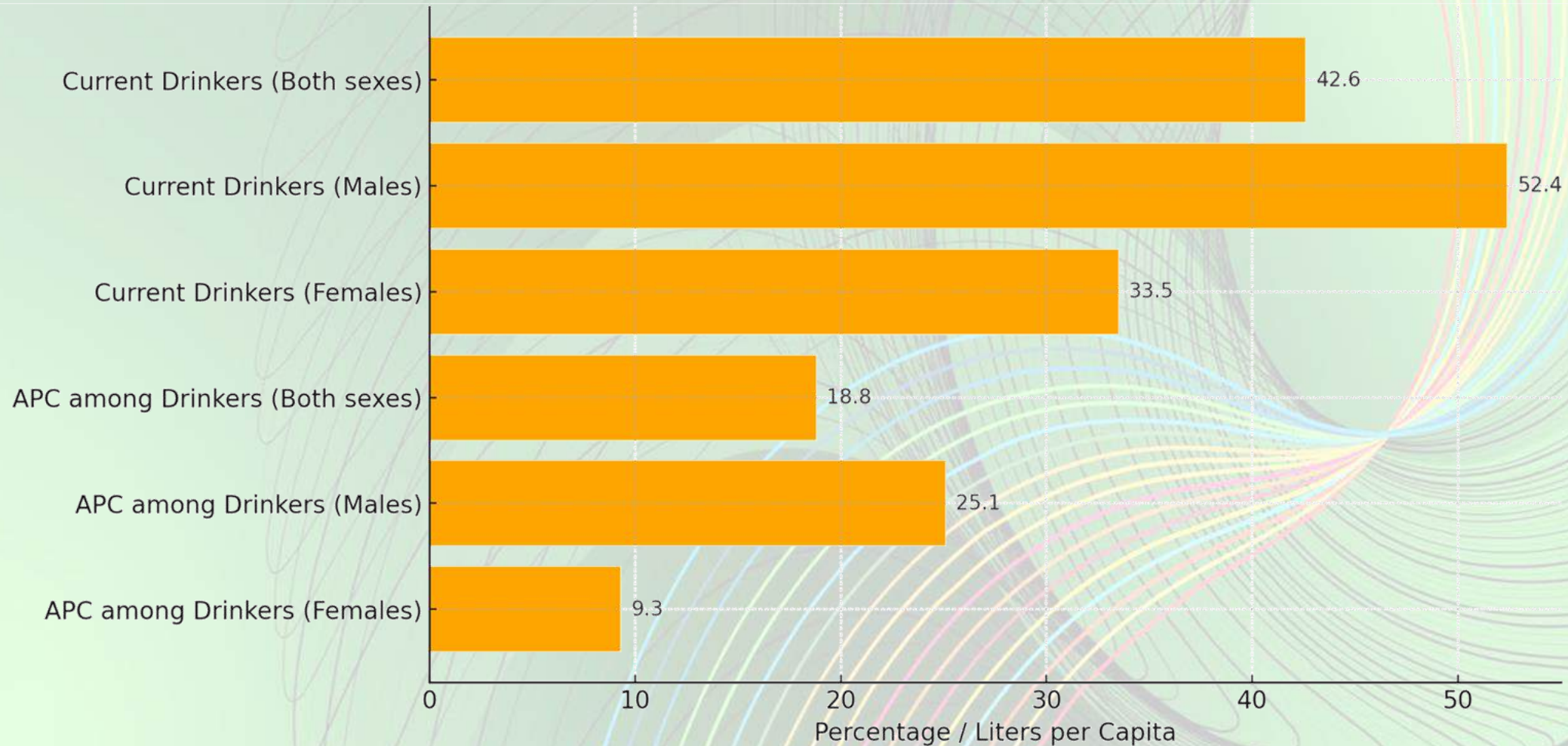
Africa

- Americas
- Eastern Mediterranean
- Europe
- South-East Asia
- Western Pacific

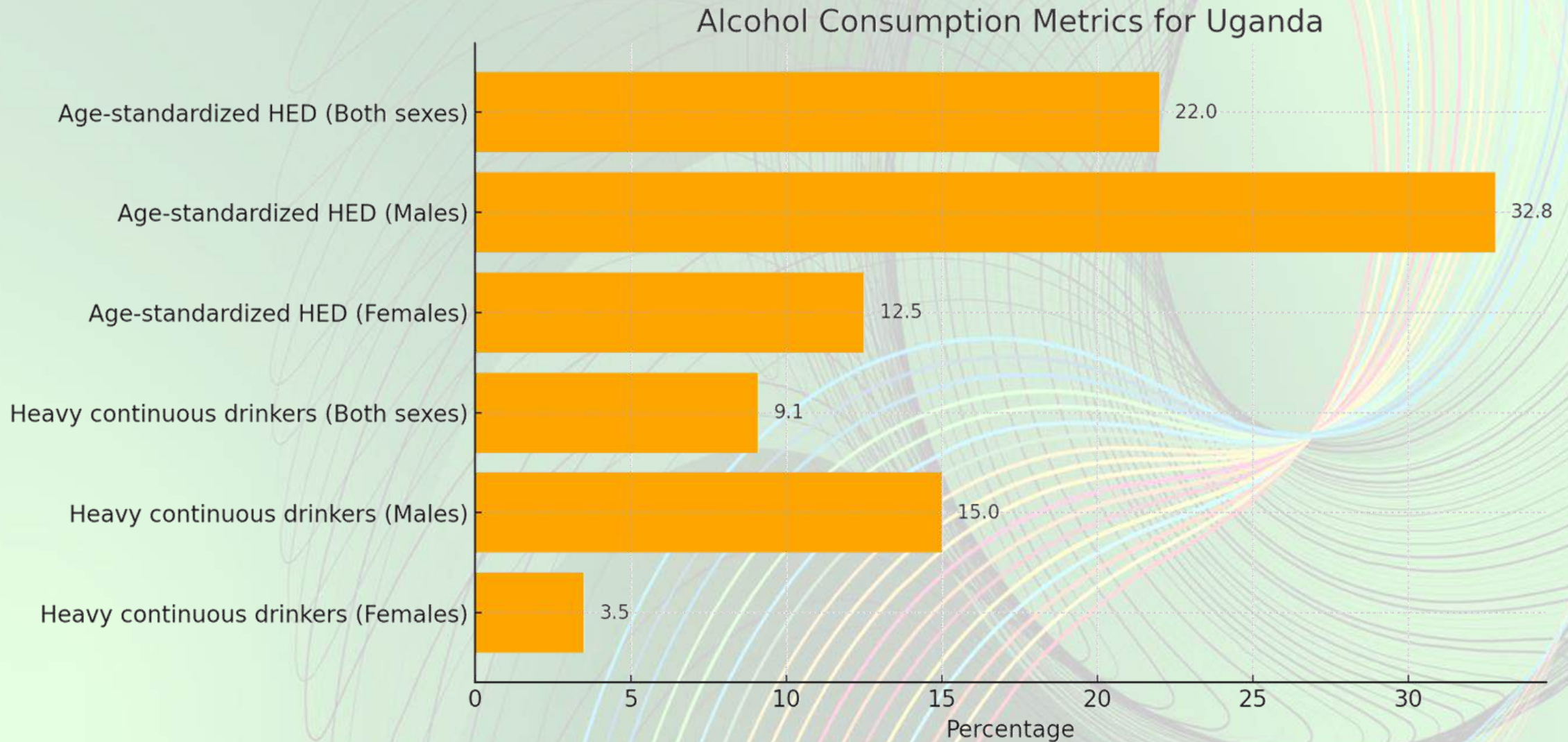
Distribution by country



Current drinkers and APC among drinkers in Uganda



Heavy episodic and heavy continuous drinking in Uganda



Health conditions associated with deaths and disability and causally related to alcohol consumption

Diseases and injuries included in the analysis

Detrimental

Communicable, maternal, perinatal and nutritional conditions

Tuberculosis, HIV/AIDS, sexually transmitted diseases, lower respiratory infections

Noncommunicable diseases

Lip and oral cavity, pharyngeal cancers (excluding nasopharyngeal), oesophageal cancer, colon and rectal cancers, liver cancer, breast cancer, cervical cancer, laryngeal cancer, alcohol use disorders, epilepsy, hypertensive heart disease, haemorrhagic stroke, alcoholic cardiomyopathy, cirrhosis of the liver, pancreatitis

Injuries

Unintentional injuries

Road traffic injuries, poisonings, falls, fire, heat and hot substances, drowning, exposure to mechanical forces, other unintentional injuries

Intentional injuries

Suicides, homicides

Beneficial (at low levels of alcohol consumption)*

Noncommunicable diseases

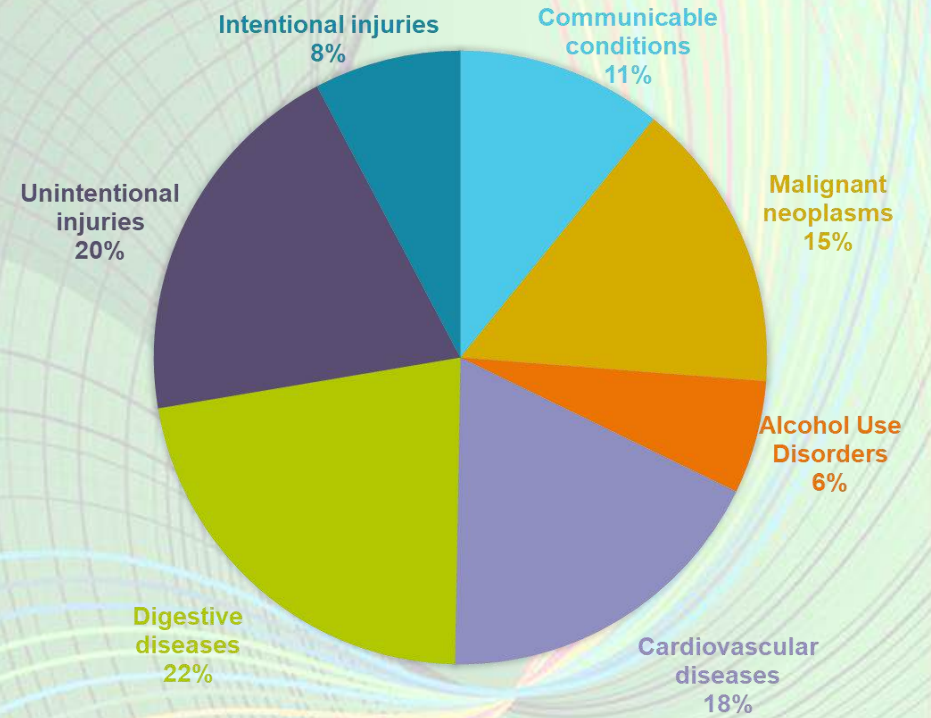
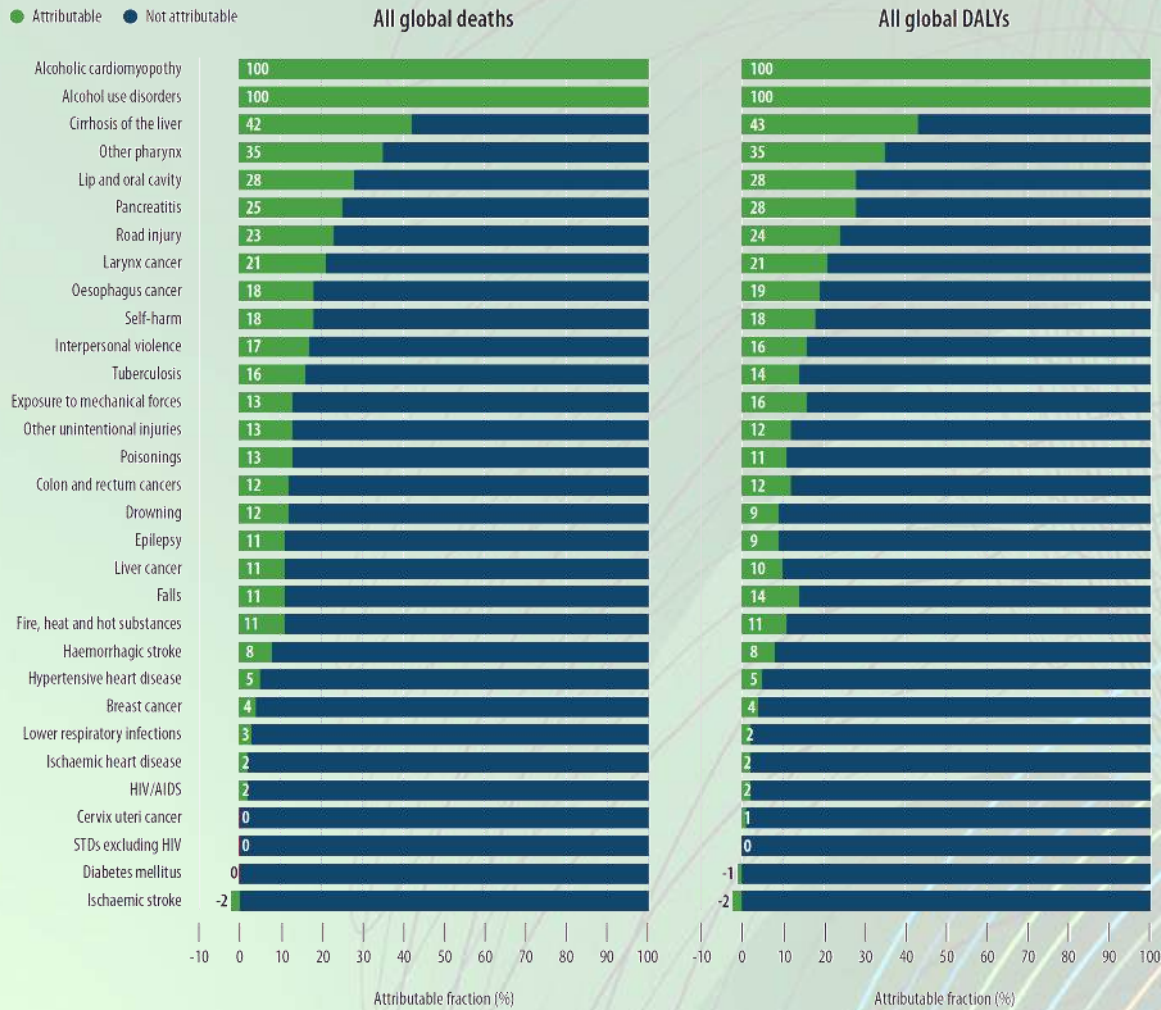
Diabetes mellitus (women only), ischaemic heart disease, ischaemic stroke

* No health benefits are observed for people who engage in heavy episodic drinking.

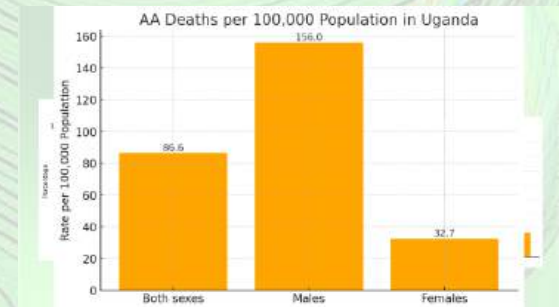
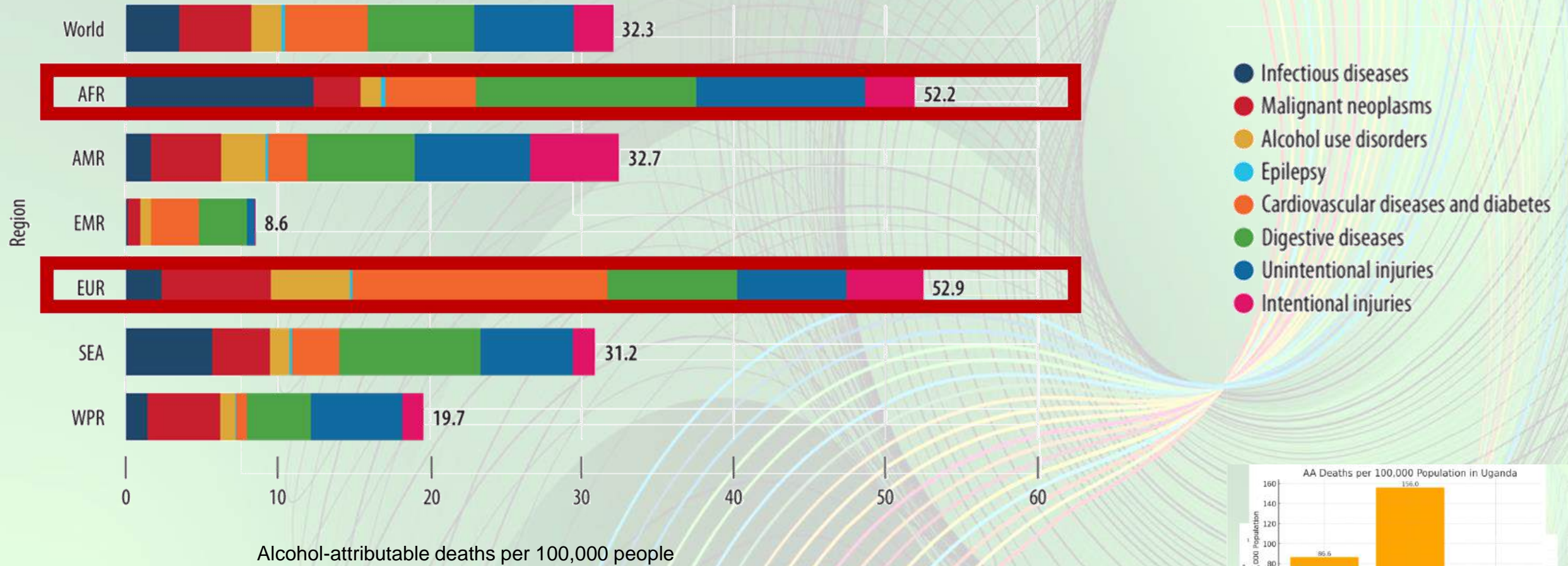
Not included in the analysis, but where alcohol has been shown to be causally related: e.g. major depressive disorders, atrial fibrillation and flutter, oesophageal varices, psoriasis.

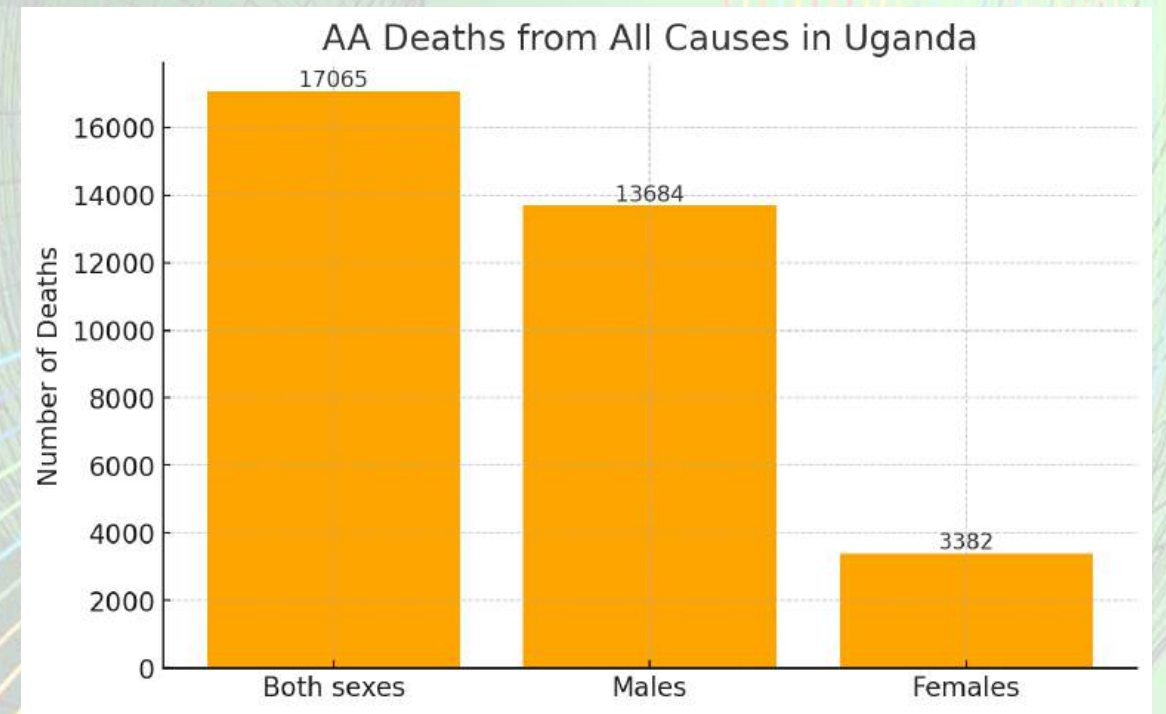
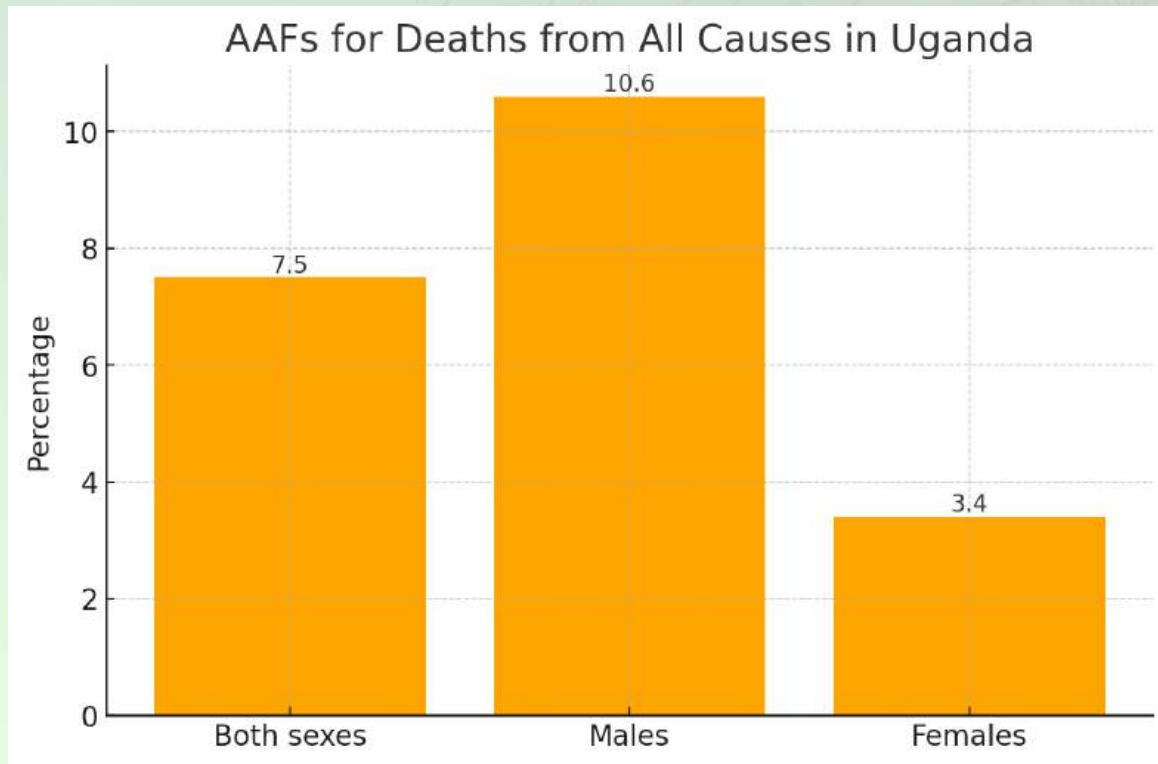
Alcohol-attributable fractions (AAFs) for selected causes of death

Percentage of alcohol-attributable deaths, as a percentage of all alcohol-attributable deaths



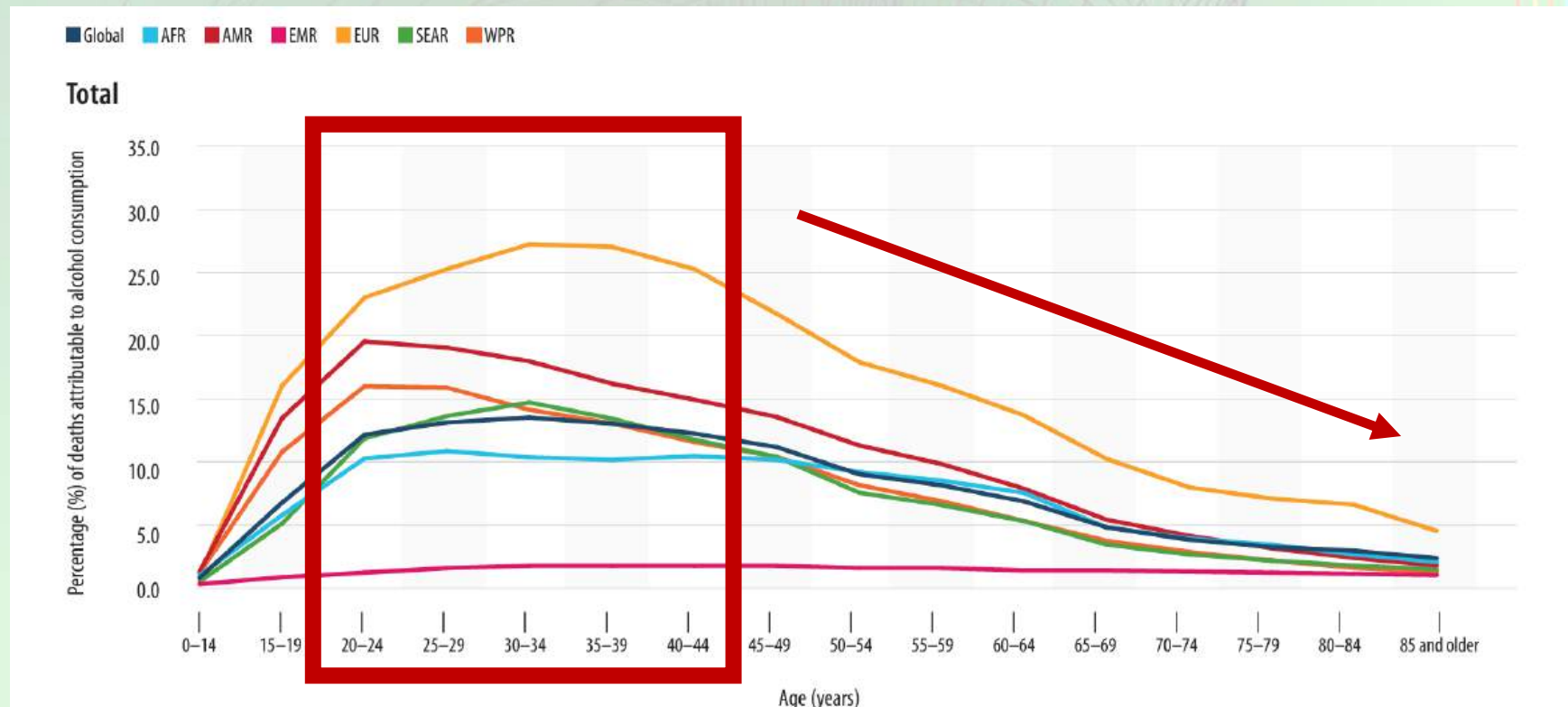
The highest levels of alcohol-attributable deaths per 100 000 persons are observed in the WHO African and European regions.





People of younger age are disproportionately affected by alcohol consumption

with the highest proportion (13.0%) of alcohol-attributable deaths from all deaths in 2019 among persons of 20–39 years.



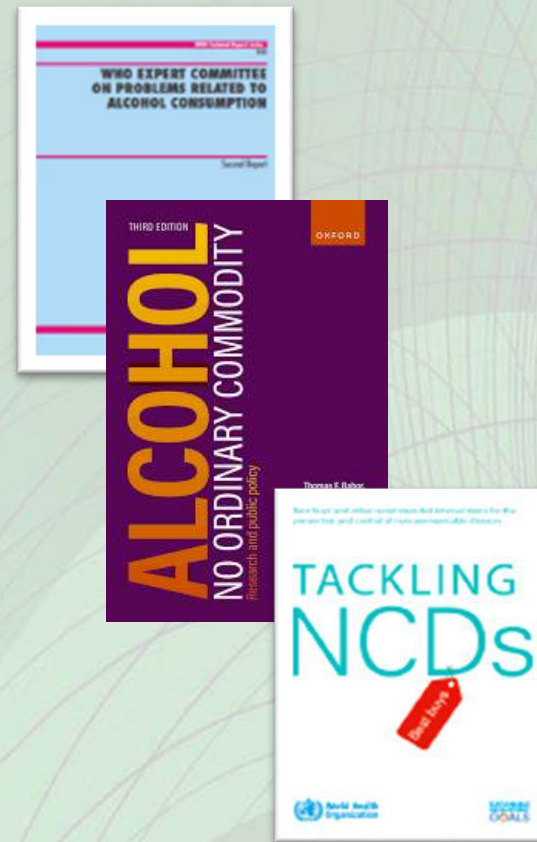
Lessons learned from implementing the global alcohol strategy

- Complexity of the problem (cultural, contextual)
- Lack of political will and leadership at high level of governments
- Competing economic commitments and policy incoherence
- Need for inter-sectoral actions across entities
- Globalization and concentration of alcohol production
- Influence of commercial interests in policy-making and implementation
- Satellite and digital marketing, selling and delivery platforms
- Lack of consensus among Member States on global normative law
- Limited technical capacity, human resources and funding
- Lack of national monitoring systems

THE PROBLEM



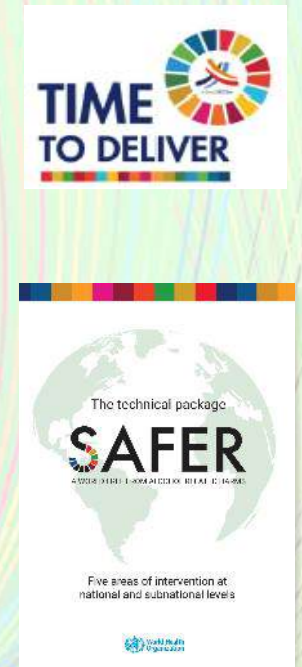
THE SOLUTIONS



THE DECISIONS



THE ACTION



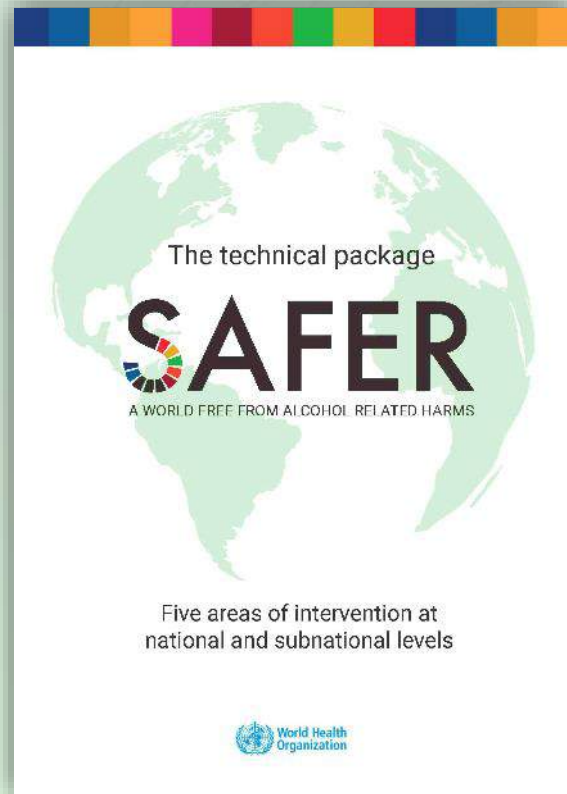
Global SAFER initiative launched in 2018



Partnership to advocate for and facilitate the implementation of SAFER high-impact interventions at country level



High-impact interventions



Strengthen restrictions on alcohol availability



Advance and enforce drink-driving counter measures



Facilitate access to screening, brief interventions and treatment



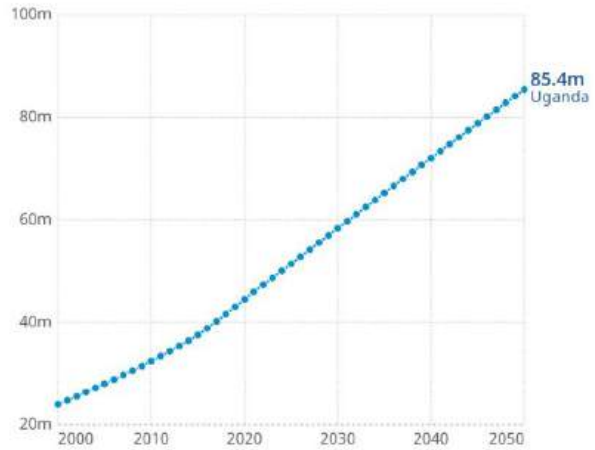
Enforce bans or comprehensive restrictions On advertising, sponsorship, and promotion



Raise prices on alcohol through excise taxes and pricing policies

Population trend

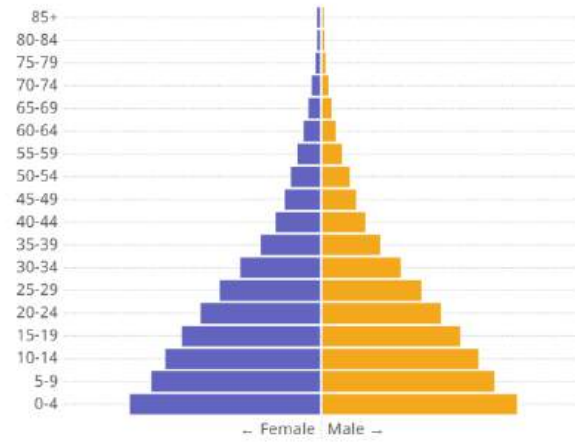
Uganda, 2000 - 2050



Demographic change 2023 - 2050

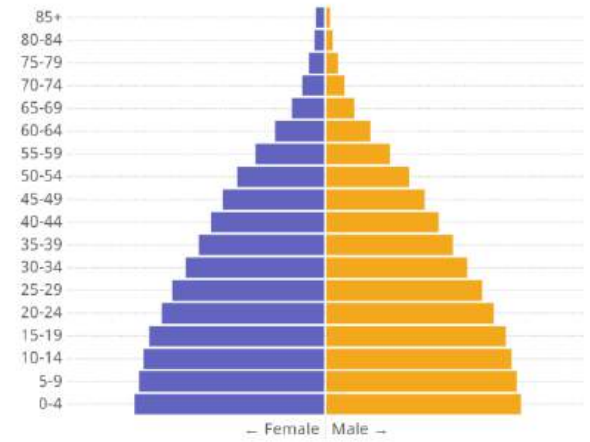
2023

Population by age and sex. Uganda



2050

Population by age and sex. Uganda



SAFER country partnerships – fully fledge

Govt invites the SAFER partnership



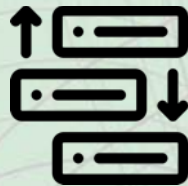
Develop Landscape report



SAFER joint programming mission



Prioritization of SAFER interventions



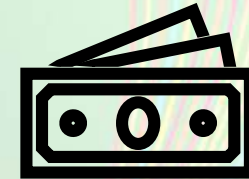
Roadmap development



Roadmap implementation



Alcohol control investment case launch



SAFER monitoring system launch



Preparatory phase

Alignment phase

Implementation phase

Establish partnership



Develop implementation structure



Expand partnership and intensify collaboration




Uganda: Crop replacement?

- In 2002, Nile Breweries (NBL) aimed to develop Eagle beer, a competitively priced product for the local market, using local grain instead of imported malted barley.
- NBL established a supply chain initiative through strategic partnerships with small and medium enterprises (SMEs) and local governments.
- NBL secured a reduced excise tax rate of 20% for beer made from local raw materials, compared to 60% for beer using imported ingredients.
- 30 farmer associations supply NBL, involving over 30,000 farmers producing raw materials.
- Eagle beer is now the market leader in Uganda, holding a 30% market share.
- NBL is Uganda's second-largest taxpayer.
- This initiative is considered a model policy by development agencies and has been replicated in other African countries.
- Farmers' associations are now actively lobbying on behalf of the alcohol industry.



Case Study:
Private Sector Supply Chain
Development for Launch of
New Ugandan Beer



PML Daily

HOME NEWS INVESTIGATIONS OPED BUSINESS FEATURES COLUMNISTS SPOT

72h Offer: Only 19.50/Month

Alcohol control law poses a significant threat to our way of life, economic stability, farmers tell MPs

BY JANIRA SSEBOMBE / PML DAILY STAFF WRITER | March 1, 2023

11 95

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KAMPALA – Farmer suppliers of sorghum, barley, maize, and cassava to alcohol manufacturers are worried that once the Alcoholic Drinks Control Bill 2023 is passed will threaten their way of life and their economic stability.

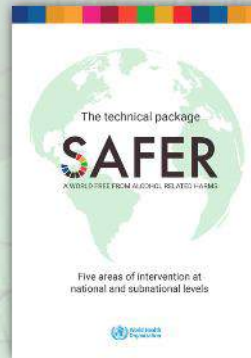
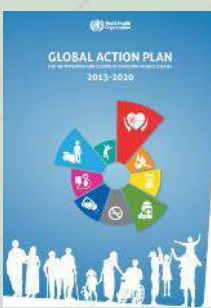
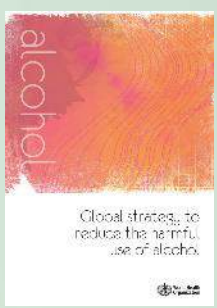
According to them, their livelihoods and well-being are linked to the alcohol industry, which is at risk in the proposed legislation.

Lessons Learned

- Importance of innovative work practices and approaches for implementation with local and decentralized ownerships.
- Unclear organizational structures, lack of coordination, varying narratives, including roles and competencies underscore the need for greater clarity, coordination and involvement of other stakeholders to reduce alcohol-related harms.
- The commercial determinants and corporate interests at the country level and short-term budgeting constraints pose significant challenges to the long-term strategy and institutionalization of alcohol-related work.
- Addressing these challenges requires a concerted, coherent public health approach and long-term financial planning to ensure sustainable impact.

Way forward

- ✓ Local level: Engage communities and tailor interventions to local contexts.
- ✓ National level: Develop and enforce comprehensive alcohol policies, allocate resources, and support public health initiatives.
- ✓ Regional level: Facilitate coordination and harmonization of policies across countries, cross country learning and networking
- ✓ Global level: Strengthen evidence base, provide normative guidance, advocate for strong policies, and support international cooperation.
- Resource mobilization on all levels!



Thank you for your attention

More information at:

<https://www.who.int/health-topics/alcohol>