TOWARDS AN ALCOHOL ORDINANCE

Gulu District Council

2015

Towards an Alcohol Ordinance

Report of Gulu District Council

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Introduction

Alcohol in Gulu District and beyond

In Gulu District, there is no need to go further than your immediate neighbors to understand the impact alcohol misuse is having on the community. Recent research demonstrates that even within the municipality, most people can share a personal story about how alcohol has negatively affected them or someone close to them.[1] As community members describe, fathers spend their money on sachet *waragi*, rather than providing school fees for their children. Drunkenness triggers arguments and violence within homes, breaking families apart. Over-consumption of alcohol is leading to disease and early death, leaving behind uncared for children. Too many youth are spending their most creative years in the centers drinking when they could be seeking employment. Gulu society as a whole suffers as collective productivity is decreased. Health care systems are burdened with treating preventable alcohol-related diseases. Streets are less safe. Over the past decade, these well-known truths have been documented and quantified by numerous in-depth studies on the health, social and economic impact of alcohol consumption in Uganda.

On the international stage, Uganda has a relatively high alcohol consumption rate. While a widely quoted 2004 World Health Organization (WHO) report stated that Uganda has the highest consumption rate in the world at 19.47 liters per capita, the WHO has since revised this figure. According to the latest WHO Global Status Report on Alcohol and Health (2014), Uganda's consumption rate was 9.9 liters per capita in 2003-2005, and has since dipped slightly to 9.8 liters per capita.[2] The WHO's revision reflects the challenges involved in estimating alcohol consumption, particularly in nations such as Uganda where much alcohol is brewed locally and therefore unrecorded. This revised figure still gives Uganda the undesirable rank of highest alcohol consumer in East Africa, and fifth highest consumer in the African continent alongside Rwanda. Uganda's consumption rate (9.8 liters per capita) is more than double that of Uganda's neighbor Kenya (4.5 liters).

Men drinking locally brewed spirits – Photo by Dan Chung, The Guardian

A number of factors drive Uganda's high alcohol consumption. Firstly, alcohol is extremely accessible. Urban and rural centers alike have a high concentration of 'outlets' supplying alcohol, including bars, informal drinking circles amongst homes, and small multipurpose shops that sell everything from sugar to batteries to highly concentrated spirits. Drinking hours are not restricted; so many drinking venues close only for a few hours per day. Affordability of alcohol is another significant factor. Unregulated alcohol brewed without a license is extremely cheap.[3] The introduction of cheaper forms of spirits sold in plastic sachets has further increased consumption rates, making alcohol readily available to poorer consumers. Aggressive marketing

[1] 'Close to home: community perspectives on alcohol use and policy in Lacor Center,' (Wakonye Kenwa Community Group, 2015)
[2] 'The Global Status on Alcohol and Health 2014' (The World Health Organization, Luxemburg, 2014)
[3] 'The Second Chronic Poverty Report Uganda: Is Anybody Listening?,' (Chronic Poverty Advisory Network, Development Research and Training, Kampala, 2013)

tactics such as frequent radio advertisements and promotional drives accompanied by loud music also contribute to higher rates of consumption, particularly amongst youth. Uganda currently lacks any alcohol policy to adequately regulate accessibility and affordability of alcohol and place restrictions on harmful marketing strategies. While the production or sale of 'illicit' unlicensed spirits is technically illegal, the penalty is weak and rarely enforced.

Uganda's drinking problem is particularly acute in the Northern Districts. In Northern Uganda, 20 years of war and displacement of people into IDP camps had a significant impact on drinking culture. In the IDP camps, people lived in cramped conditions, cut off from their land and livelihoods. This context of insecurity, social breakdown, idleness and hopelessness led to more drinking. When compared with other regions, Northern Uganda's alcohol consumption is particularly high. A 2005 World Health Organization study for example found that Northern Ugandans are twice as likely to be 'heavy drinkers' than Ugandans living in central regions.[4]

Alcohol consumption in Uganda and Northern Uganda in particular, is troubling for many reasons. International research has firmly established that consumption of alcohol is correlated to harm amongst the population.[5] Moreover, research shows that the higher the consumption, the greater the social, economic harm and health costs experienced.[6]Studies have furthermore indicated that it is low-income countries that suffer the greatest health costs of high consumption. This is due to the weak public health systems and the lack of prevention programs of such countries.[7]It is therefore not surprising that the impact of alcohol is particularly severe in war-affected Northern Uganda.

Industry strategies and policy developments in Africa

The alcohol industry has increasingly targeted Africa with aggressive marketing tactics, perceiving significant room for market growth.[8] This trend is evident in new products targeted at Africa's youth and the poor, including hard spirits sold in small plastic sachets.[9]In a Business Week article, the world's second largest brewer 'SABMiller' said they were exploring the "relatively untapped African Market" to drive their profits.[10] Alcohol Corporation Diageo now receives 14% of its profits from its African Market, having experienced a 15% rise in profits in that region in the last 5 years.[11]Companies are attracted to Africa's rising levels of disposable income and the existence of a large pool of abstainers that could become consumers. Furthermore, companies encounter very little regulation and enforcement of production, marketing and sale of alcohol in African countries. In many countries, including Uganda, such companies are unrestricted in the tactics they use to expand profit. If such trends continue, alcohol consumption in African countries is expected to rise over the next decade.[12]To combat the negative impact of this trend, Gulu District must act quickly to regulate both international alcohol companies, and local sellers and producers.

In recent years however, many countries in Africa have become increasingly aware of the need to develop new alcohol policies. Several countries have paved the way, demonstrating what is possible. Perhaps the most notable example can

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[4] Kasirye, Roger and Tumwesigye, Nazrius, "Gender and the major consequences of alcohol consumption in Uganda," in *Alcohol, Gender and Drinking Problems: perspectives from low and middle income countries*, ed. by Obot et al. (World Health Organization, Geneva, 2005)

[5]For instance Edwards, G, 'Alcohol Policy and the public good,' *Addiction* 92 (1997), Babor, T et al, *Alcohol: No ordinary commodity – research and public policy – Revised edition* (Oxford: Oxford University Press, 2010). This point is also made in 'Alcohol Policy Framework,' (Center for Addiction and Mental Health, Ontario, 2013), p.2

[6] References to the Canadian literature demonstrating this point can be found in Alcohol Policy Framework,' 2013, p.2

7 Swahn, Monica et al, 'Alcohol Exposures, Alcohol Marketing, and their associations with problem drinking and drunkenness among youth living in the slums of Kampala, Uganda,' *ISRN Public Health* (2013), 948675: 'The State of Alcohol Abuse in Uganda', (Uganda Youth Development Link, Kampala, June 2008)

8 Swahn, 2013, p.7: The Second Chronic Poverty Report Uganda, p.17

9 The Second Chronic Poverty Report Uganda, p.17

[10] Capell, Kerry, 'SABMiller's plan for cheaper African beer,' *Business Week,* April 2009, available at http://www.businessweek.com/globalbiz/content/apr2009/gb2009048_046722.htm

11 Lythgoe, Luke, 'Trouble Brewing: Africa and Alcohol Problems,' Luke Lythgoe, Think Africa Press, January 2013, available at http://thinkafricapress.com/society/trouble-brewing-africa-and-its-alcohol-problems, p.3

12 De Bruun, Avalon, 'Monitoring Alcohol Marketing in Africa: Findings from the Gambia, Nigeria and Uganda,' (MAMPA Project, World Health Organization, African Regional Office, 2011), p. 9

be found in neighboring Kenya. In 2010, Kenya passed the 'Alcoholic Drinks Control Act,' which among many regulations bans sale of alcohol in plastic sachets and any container smaller than 250 milliliters, requires all alcohol to have a large health warning, and strictly regulates the content of all alcohol advertising.[13]In Tanzania and Rwanda momentum is growing towards the development of a new Alcohol Policy. In Rwanda, journalists and advocates have joined hands to demand change, while Tanzania recently formed an 'Alcohol Concern Group' uniting law makers, experts and advocates, tasked to review alcohol legislation. In many African countries, the first step taken has been to ban alcohol sold in plastic sachets. Following Kenya's ban on sachet alcohol in 2010, Zambia introduced a similar ban in 2012[14], Cameroon in 2014.[15] In February 2015, sachets were banned in Malawi.[16]Sachets have also been prohibited in Districts and Counties within countries. Across the border, Morobo County in South Sudan banned sachets in 2012,[17] while in 2014 Kitgum District in Northern Uganda passed a resolution banning sachets.[18] In addition to the wealth of policy knowledge available from developed countries, Gulu District can also draw on the fresh experience of African nations to develop new alcohol legislation.

Policy options for Gulu District

The time is therefore ripe to consider alcohol policy options in Uganda. This report draws on international evidence and experience to demonstrate that a number of policies can significantly reduced the harm caused by alcohol in Gulu District:

1. **Restrict accessibility of alcohol** To restrict the accessibility of alcohol, Gulu must limit the hours of sale and also the density of alcohol sale outlets.
2. **Restrict affordability** To address the issue of affordability of alcohol, Gulu District should consider introducing a minimum pricing policy.
3. **Sachet Ban** Sachets are dangerously cheap, and their convenient 'concealable' packaging is marketed at youth. Gulu must join the growing movement in Africa to ban sachets.
4. **Ban or Regulate Advertising.** Gulu must consider a complete advertising ban, or alternatively regulate the quantity and content of advertising, and restrict the most harmful forms of marketing such as sponsorship of youth events and distributing free branded merchandise
5. **Minimum drinking age** Gulu must reintroduce and enforce a minimum drinking age of 18, or slightly higher.
6. **Driving blood alcohol limit** To reduce alcohol related traffic accidents Gulu must strictly enforce a blood alcohol limit for drivers.
7. **Ban illicit *waragi*** Gulu should introduce tougher penalties and real enforcement of a ban on the production and sale of unlicensed *waragi*.
8. **Enforcement Strategy** Develop a well funded, strategic approach to enforcement of the above policies.

These recommendations are discussed in detail in the final section of this report.

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13 Olov, Sven, 'Snapshot of Alcohol Policy Worldwide,' IOGT, available at http://www.iogt.org/presidentupdate/368/snapshot-of-alcohol-policy-worldwide/

14 Mwanza, David and Meulenbeek, Jorrit, 'Zambia bans 'killer' liquor sachets,' *NTA News Time,* September 15, 2012, available at http://www.newstimeafrica.com/archives/28349 : Secretariat, 'HRC welcomes ban of tujilijili alcohol sachets,' *Zambian Human Rights Commission*, May 2012, available at http://www.hrc.org.zm/index.php/latest-news/185-hrc-welcomes-government-ban-of-tujilijili-alcohol-sachets

15 Muma, Ronald, 'Cameroon bans consumption of whisky sachets for health reasons, *Face to Face Africa,* May 2014, available at https://face2faceafrica.com/article/whisky-en-sachet-cameroun#.VOxNBPmUfcQ

16 Soko, Happy and Chilapondwa, Andrew, 'Malawi Government Finally Bans Liquor Sachet' *All African Stories,* February 2015, available at, http://allafrica.com/stories/201502180303.html

17 Sulim Loro, Petia, 'Authorities Ban Sachet Alcoholic Drinks', *Gurtong*, November 2012, available at http://www.gurtong.net/ECM/Editorial/tabid/124/ctl/ArticleView/mid/519/articleId/8413/categoryId/117/Authorities-Ban-Sachet-Alcoholic-Drinks.aspx

18 Komakech, Dan, 'Kitgum authorities to ban sale of sachet gin,' *The Monitor*, October 2014, available at http://www.monitor.co.ug/News/National/Kitgum-authorities-to-ban-sale--of-sachet-gin/-/688334/2501274/-/q8wslj/-/index.html,

Report structure

This report explores the rationale for developing an alcohol ordinance in Gulu District, Northern Uganda, and provides specific policy recommendations that can be implemented at the District level. The report is divided into two key sections. The first section gives a brief overview of well-known health and economic impacts of alcohol consumption, as well as its social impacts on family and relationships, crime and security, and youth and education. The second section focuses on policy, providing a background to alcohol policy developments in Uganda, lessons from international experience, and recommendations specific to Gulu District.

Special Note: All the boxed quotes are taken from a local survey undertaken by community group 'Wakonye Kenwa.' Names and pictures were changed to protect the identity of the respondent.[19]

[19] 'Close to home: community perspectives on alcohol use and policy in Lacor Center,' (Wakonye Kenwa Community Group, 2015)

The Impact of Alcohol

1. Health impact

1.1 Introduction

Alcohol is a large contributor to disease and death in Northern Uganda. In 2012, 5.9% of global deaths were attributable to alcohol.[20] This burden is likely to be higher in Northern Uganda, as the region has both heavy alcohol usage, and many factors which worsen the negative health impacts of alcohol. First, alcohol consumption in Uganda is 50% higher than the global average.[21] Rates of alcohol in Northern Uganda are even higher than this national average. A 2005 WHO study showed that Northern Ugandans are twice as likely to be 'heavy drinkers' than Ugandans living in central regions.[22] Alcohol is a massive contributor to morbidity and mortality, and contributes to more than 200 disease and injury conditions in individuals. This section however focuses on the alcohol related health issues most pertinent to Northern Uganda. These issues include poisoning, mental illness, liver disease, accidents and the role of alcohol as a driver of the HIV epidemic. In Uganda the negative health impact of alcohol is so severe that scholars have compared it to HIV and malaria.[23]

My younger brother died last year. His body swelled, and he no longer wanted to eat. The doctor said it was his drinking that caused it, said he drank so much for so long it gave him liver problems.

Oryema Jacob

1.2 Liver Disease

Liver disease is the single biggest cause of disease and death attributable to alcohol in Uganda. Alcohol use can cause liver cirrhosis and ultimately liver failure, as well as liver cancer. In 2012 the WHO calculated that 7 out of every 10 deaths caused by liver disease in Uganda were primarily due to alcohol.[24] The 'age standardized death rate' of liver disease attributable to alcohol was around 40 per 100,000 people, which is extremely high. This is only 20% less than the death rate in Uganda caused by malaria. These statistics include all of Uganda. In Northern Uganda the situation is likely to be worse, as there are two factors specific to the region, which make drinking alcohol even more likely to cause liver disease.

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[20] 'The Global Status on Alcohol and Health 2014' (The World Health Organization, Luxemburg, 2014)
[21] Ibid
[22] Kasirye and Tumwesigye, 'Gender and the major consequences of alcohol consumption,' Note that a 'heavy drinker' is defined as someone who has 12 or more standard drinks per day.
[23] Gatsiounis, Ioannis, 'The battle to Stop Drink from Destroying Uganda,' *Time Magazine,* 2010, available at http://content.time.com/time/world/article/0,8599,1989842,00.html
[24] 'The Global Status 2014,' World Health Organization, p,132

1) **A 20% prevalence of Hepatitis B virus**, which is double the national rate.[25,26] This means that one in five Northern Ugandans has the virus, which is one of the highest prevalence in the world. When heavy alcohol use is combined with hepatitis B, the likelihood of liver disease greatly increases. A 2013 study showed that alcoholics with hepatitis B virus are 3 times more likely to develop liver cancer than alcoholics without the virus.[27]
2) **High aflatoxin intake due to a diet high in Cassava, G-nuts and Maize**. Although there is little research available regarding the effects of aflatoxins, they have been associated with an increased risk of both liver cirrhosis and cancer. One study demonstrated that those with high alcohol intake and high aflatoxin intake were nine times more likely to develop liver cancer than those with only high alcohol intake. [28]

1.3 Alcohol Poisoning

Alcohol poisoning is a relatively small contributor to morbidity and mortality caused by alcohol, probably contributing to less than 1% of alcohol related deaths worldwide.[29] Despite the small impact on a population level, fear and anger generated after a poisoning event can have a big impact on the community. Poisoning can occur due to massive alcohol consumption, or due to a contaminant caused by faulty distilling. Although there is limited data on deaths caused by poisoning, one report listed over 100 deaths a year caused by alcohol poisoning in Uganda.[30] These were only deaths reported in the news, and the number is likely to be much higher, as smaller events are unlikely to be reported. Northern Uganda has not been spared, with reports of over 10 deaths in a large 2009 poisoning event.[31]

1.4 Mental illness

Rates of mental illness are extremely high in Northern Uganda. Post-traumatic stress disorder (PTSD) and depression have both been reported at rates of above 50% in Acholi populations.[32] It is well established that alcohol use can exacerbate or even lead to these conditions.[33] Conversely, mental illness can lead to alcohol dependence and abuse.[34] In one Northern Ugandan study, alcohol use was shown to be an important factor in two out of every three suicides.[35] Although there is a lack of evidence which explores the relationship between mental illness and alcohol specifically in the Northern Ugandan setting, it is probable that alcohol is a huge burden on those with mental illness and their families.

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[25] Ochola et al, 'High burden of hepatitis B infection in Northern Uganda: results of a population-based survey,' *BMC Public Health* 13:727(2013) http://www.biomedcentral.com/1471-2458/13/727
[26] Bwogi J, et al, 'Hepatitis B infection is highly endemic in Uganda: findings from a national serosurvey,' *Afr Health Sci.* 9:98–108. (2009)
[27] Mo, et al, 'Heavy alcohol consumption increases the incidence of hepatocellular carcinoma in hepatitis B virus-related cirrhosis,' *Journal of Hepatology* 58:4 (2013)
[28] Bulatao-Jayme J, et al, 'A case-control dietary study of primary liver cancer risk from aflatoxin exposure,' *Int J Epidemiol.* 11:2 (1982)
[29] The Global Status 2014,' World Health Organization, p.5
[30] 'The Road Map to Alcohol Policy in Uganda,' (Ugandan Youth Development Link (UDYL), Kampala, 2010)
[31] Labeja, Peter, 'Alcohol poisoning deaths rise to 10,' *URN*, November 2009, http://ugandaradionetwork.com/a/story.php?s=24786 accessed 28/4/2015
[32] Roberts, Bayard et al, 'Factors associated with post-traumatic stress disorder and depression amongst internally displaced persons in northern Uganda,' *BMS Psychiatry 8:38* (2008)
[33] Crome I. B, "An epidemiological perspective of psychiatric co morbidity and substance misuse: The UK experience/example, in Baldacchino," eds. A. and Corkery, J. in *Co morbidity: Perspectives Across Europe* (ECCAS Monograph No. 4, 2006)
[34] Bott, K., et al, 'Psychiatric disorders among at-risk consumers of alcohol in the general population,' *Journal of Studies on Alcohol* 66: March (2005)
[35] Kizza, Dorothy, et al, 'Alcohol and suicide in post conflict Northern Uganda: A qualitative psychological autopsy study,' The Journal of Crisis Intervention and Suicide Prevention 33:2 (2012)

1.5 Road Accidents

In 2013, the WHO listed Uganda amongst countries with "very high fatality rates" from road accidents.[36] Drivers intoxicated with alcohol, are at a higher risk of a road accident. Most drivers are negatively affected with a blood alcohol concentration of 0.05g/dl, while at 0.1g/dl drivers are five times more likely to crash than someone who has drunk no alcohol. Drunken pedestrians are also at risk of getting hit by vehicles. The WHO estimated that 10% of road traffic accident deaths in Uganda in 2012 were attributable to alcohol. In Uganda however, the blood alcohol level of drivers responsible for crashes is not routinely recorded and documented. The actual proportion of road deaths attributed to alcohol is therefore likely to be much higher. There is no available data regarding intoxicated driving specific to Northern Uganda.

1.6 Drivers of the HIV/AIDS epidemic

Alcohol is also a driver of the HIV epidemic in Uganda. There is a strong association between Alcohol use and HIV. A 2013 review showed that drinkers were 70% more likely to be HIV positive than non-drinkers.[37] Also, it has been demonstrated 'problem drinkers' are twice as likely as non-drinkers to contract HIV.[38] There are multiple causes for this association. Firstly, drinking alcohol has been shown to increase people's intentions to become involved in risky sexual behavior.'[39,40] The risky sexual behavior that follows increases the chance of HIV transmission. Secondly, even low level alcohol use can worsen adherence to antiviral treatment.[41] Higher viral loads caused by this poor adherence render patients both more infectious, and more likely to become seriously ill. Finally, there is growing evidence heavy alcohol use impairs the immune system, which may exacerbate immune deficiency, and leave those with HIV more prone to infections.[9] Any successful action to decrease alcohol consumption in Northern Uganda will also help control the HIV epidemic.

1.7 Other notable health issues

The list of health problems described above, is far from exhaustive. Alcohol was declared at a high level UN meeting in 2011 as one of the four major contributors to non-communicable diseases such as diabetes, cancer, kidney disease and heart disease.[42] As Uganda's population increases, and level of affluence rises in Uganda, the burden of these diseases is likely to increase. Alcohol also adversely affects the unborn child, and causes miscarriage, stillbirth and Fetal Alcohol syndrome.

1.8 The economic cost of alcohol related health problems

Alcohol related health problems significantly burden public health care. Little data is available quantifying the cost of alcohol related problems to health care in Gulu District. However, a small scale audit performed at Lacor Hospital in Gulu begins to reveal the financial burden of alcohol related cases to Northern Uganda's already overstretched health system. The audit examined patient records for one month in two in-patient wards, 'Medicine ward' and 'Surgery II.' The audit

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[36] 'Global status report on road safety 2013' (World Health Organization, 2013)
[37] Woolf-King, S.E et al, 'An update on alcohol use and risk of HIV infection in sub-Saharan Africa: Meta-analysis and future research directions,' International Journal of Alcohol and Drug Research 2:1(2013)
[38] Hahn, J.A, et al, 'Adding Fuel to the Fire: Alcohol's Effect on the HIV Epidemic in Su-Saharan Africa', Curr HIV/AIDS Rep 8:172-180 (2011)
[39] Shuper, P.A, 'HIV and alcohol,' (Presentation at UNDP seminar, Chisinau, Moldova 29 October 2013)
[40] Rehm, J., et al, 'Alcohol consumption and the intention to engage in unprotected sex: systematic review and meta-analysis of experimental studies,' *Addiction* 107: 51–59 (2012)
[41] Jaquet, A et. al, 'Alcohol use and non-adherence to antiretroviral therapy in HIV-infected patients in west Africa,' *Addiction* 105 (2010)
[42] United Nations, 'Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases,' A/RES/66/2 (2011)

estimated that alcohol related cases cost Lacor hospital 15,205,501 Ugandan shillings in one month (around 182 million Ugandan Shilling per year). Firstly, this figure does not capture the full cost of alcohol related patients to Lacor hospital. Due to record limitations, data could not be captured for other wards of the hospital such as outpatient and casualty, which would also receive many alcohol related cases. The audit is also likely to have underestimated the number of alcohol related patients on medicine and surgery II due to poor record keeping. Secondly, it should be noted that this estimate from Lacor represents a small part of the bigger picture of the economic impact of alcohol on public health. Gulu District has two other major hospitals, and a vast number of smaller health center, all which will received alcohol related cases. Due to travel costs and hospital fees, many poorer patients with alcohol related complaints never reach Lacor, and seek treatment at smaller health centers. Accordingly, this small audit in Lacor hospital represents a 'drop in the bucket' in terms of the overall economic burden of alcohol related cases on Gulu District's struggling health system.

2. Social Impact

It is well established in the international literature that heavy drinkers are likely to suffer social costs. A 2005 study in Uganda found that 66% of drinkers experienced at least one alcohol-related social problem such as poor relationship with their spouse, financial difficulties or fighting. A total of 43.7% responded that they experience at least three social problems as a result of their drinking.[43]As noted above, twenty years of war and insecurity in Northern Uganda led to increased drinking as people sought respite from their fear, disempowerment, trauma and loss.[44]Increased alcohol consumption has further exacerbated social problems.

Inevitably, alcohol consumption does not simply bring social harm to the drinker. The drinker's spouse, children, neighbors, co-workers, co-dwellers and even strangers can also be greatly affected.[45]As several studies depict, alcohol abuse has a widespread social impact, from disturbed sleep due to others' drunken behavior, to violence and neglect within the home, alcohol abuse has a widespread social impact.[46] The following section provides an overview of the social impact of alcohol in three parts: families and domestic violence, crime and security, and youth and education.

Broken families and domestic violence

Several key studies undertaken in Uganda have revealed that alcohol is often a major factor leading to separation of families and broken homes.[47]Alcohol can trigger a variety of domestic problems. The WHO's 2005 Genacis study found that people that drink three or more times per week are 1.6 times more likely to argue with their partners than those

[43]Kasirye and Tumwesigye, "Gender and the major consequences of alcohol consumption"
[44] Mugabo, Roger, 'Excessive Alcohol consumption: A key driver of chronic poverty,' *New Vision,* October 2011, available at http://www.newvision.co.ug/news/18794-excessive-alcohol-consumption-a-key-driver-of-chronic-poverty.html
[45] 'The Global Status 2014,' The World Health Organization, p.15-16
[46] Ibid. Research carried out in New Zealand also found that found that the greater a person's contact with heavy drinkers, the lower they ranked on measures of personal health and wellbeing, see Casswell, S, et al, 'Alcohol's harm to others: reduced wellbeing and health status for those with heavy drinkers in their lives' *Addiction*, 106:1087–94 (2011). An Australian survey found that over two thirds of respondents had been negatively impacted by someone else's alcohol consumption in the past year, see Laslett, AM et al, 'Surveying the range and magnitude of alcohol's harm to others in Australia,' *Addiction* 106 (2011).
[47]For example Kasirye and Tumwesigye, "Gender"

My husband uses all our money for drinking, and he is hardly ever home. When he is home sometimes he hits me when he gets drunk. I know he sleeps with other women. I'm worried I will get HIV aids. **Aromo Paska**

that do not.[48]Alcohol consumption frequently results in financial difficulties, unfaithfulness and childcare problems.[49] Women in Northern Uganda have reported that their partners frequently spent income on alcohol, rather than providing essential items for the home.[50]All these factors are likely to contribute to relationship tension and quarrels.

Alcohol can furthermore lead to a variety of problems in sexual relationships. The Genacis study found that drinkers in Uganda were 1.5 times more likely to have multiple regular sexual partners. [51]Alcohol consumption has also been linked to unprotected sex, and to higher rates of casual sex outside the home.[52]In addition to issues of unfaithfulness, excessive alcohol consumption can also affect a couple's sexual relationship. Women surveyed in a 2008 study in Northern Uganda complained that alcohol negatively affects their husband's sexual performance, leaving the women unsatisfied. Local media outlets have delighted in publishing such complaints.[53]More broadly, respondents of this study reported that alcohol use also leads to deep misunderstandings and breakdowns in communication.[54]As such studies have demonstrated, alcohol can tear apart relationships and lead to broken homes.[55]

Domestic violence has been strongly associated with alcohol consumption in Uganda. Not only can alcohol consumption result in severe relationship tension; excessive consumption of alcohol impairs drinkers' cognitive functioning, self control and the ability to reason non-violently.[56]The 'Rakai' study of domestic violence in rural shows that 52% of the perpetrators of domestic violence had consumed alcohol.[57] The same study showed that Women whose partner frequently drank alcohol before sex were five more times as likely to experience domestic violence.[58] These findings are particularly concerning for Northern Uganda where rates of heavy drinking are highest.

Domestic violence, whether physical, emotional or sexual can have deep and varied impacts. Victims can suffer physical injury, which in severe cases can prove fatal. Violence committed by partners or family members can also lead to emotional and mental health problems, including depression and suicidal ideation.[59]Experiencing domestic violence can also have a negative impact on relationships with neighbors and other family members. Inevitably, children bear a heavy

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[48]Ibid, p.191

[49]'Intimate Partner Violence and Alcohol Fact Sheet' (World Health Organization), available at http://www.phac-aspc.gc.ca/sfv-avf/sources/fem/fem-intin-alco/index-eng.php

50 Kafuklo, Agatha, and Bukuluki, Paul, 'Qualitative Research in Uganda on Knowledge, Attitudes and Practices Concerning Alcohol' (US AID, AFFORD, March 2008) available at https://www.k4health.org/sites/default/files/Alcohol%20Study%20Report%20FINAL%20March%2013th.pdf, p.17

[51] ibid

[52] Ibid, p.24

[53]Lemony, Wilfrid, 'Drunken Husbands Deny Us Sex,' *New Vision*, April 2013, available at http://www.newvision.co.ug/news/641995-drunken-husbands-deny-us-sex-gulu-women.html

[54] Kafuklo and Bukuluki, "Qualitative Research in Uganda," p.47

[55]Mushanga, T, *Criminal homicide in Uganda* (East African Literature Bureau, Nairobi, 1974)

56 'Intimate Partner Violence,' World Health Organization

[57] Koenig, Michael et al, 'Domestic violence in rural Uganda: evidence from a community-based study,' *Bulletin of the World Health Organization* 81, 1 (2003)

[58]Ibid

[59] 'Intimate Partner Violence,' World Health Organization

I have a classmate, Patrick, who was always drinking, even at school. They caught him and he has been chased away. Now he does nothing, all he can do is sit around Lacor center

Opiyo John, 15 years

toll when alcohol abuse leads to domestic violence or separation of the family. Notably, research has shown that children that are exposed to violence within the home are more likely to develop troubling, antisocial behaviors as children, and become perpetrators of violence as adults.[60]

2.1 Education and Youth

Children and Education

Alcohol consumption in Uganda negatively impacts children's education in several ways. Firstly, children who come from homes where excessive alcohol consumption is a problem are more likely to demonstrate poor concentration in class, due to disturbance and instability in their home environment.[61]The children of heavy drinkers are also more likely to drop out of school early, due to their caregivers' failure to pay for school fees and other requirements.[62]

Secondly, students' education can be affected by their own drinking, even at a primary school age. It is clear that alcohol consumption occurs in schools in Uganda, although the extent and impact of drinking in schools has not been thoroughly studied. In a 2003 UYDEL study of secondary schools in Kampala and Wakiso Districts, 71% of student participants acknowledged that alcohol abuse took place in their school.[63]Anecdotes suggest that students carry plastic alcohol sachets in their pockets, or mix alcohol with fruit juice, tea or soda to avoid detection.[64]Youth Development Link reports that over a period of three years, over sixty students that were expelled from schools around the country have sought counseling and rehabilitation at their organization due to alcohol and drug-related issues.[65] In an older (1994) study also among Kampala secondary schools, 67% of students reported that they occasionally drank alcohol.[66]In Kenya rates of alcohol abuse in primary schools has been estimated at 22.7% of students, and 48.8% in high schools.[67]Further research is needed to assess *current* rates and impact of alcohol consumption in primary and secondary schools in Uganda.

Youth culture and drinking

In Uganda, studies indicate that boys start drinking between twelve and fifteen years, while girls are more likely to start drinking between seventeen and twenty years.[68] While an article in the New Vision states that "Gulu tops underage

[60] Ibid
[61] The Second Chronic Poverty Report Uganda, p.19
[62] Ibid
[63]'The Road Map to Alcohol Policy in Uganda,' Ugandan Youth Development Link p.6
[64]Ibid
[65]Ibid, p.5
[66]Ibid, p.6
[67] 'Packaging of cheap alcohol in sachets t be outlaws,' *Kenyan National Correspondent, May 2004* Nation, .pg 6
'Teachers support action against alcohol in sachets,' *Daily Nation*, June 4, 2004, pg 19
[68] Kafuklo and Bukuluki, "Qualitative Research in Uganda," p.42

drinking in Northern Uganda," this claim has not been verified by empirical research.[69] Given inflated alcohol consumption rates in areas affected by war and insecurity, it would not be surprising if rates of youth drinking were higher in Gulu than the rest of the country.

Youth drink for a number of different reasons. According to the 2008 qualitative study on alcohol use in Uganda, many youth reported that they drink to divert their thoughts from problems, or to cope with stress. Others drink because they believe it will act as a stimulant to help them overcome shyness or decrease their sexual inhibitions, while still others drink because of peer pressure or to relieve themselves of boredom and idleness.[70]Youth drinking is an extremely troubling trend in Gulu. Idle youth milling in the centers drinking sachets is an all too familiar sight to Gulu District residents. If this trend continues unchecked, youth drinking will have dire consequences for the District's productivity and development.

Aggressive marketing by alcohol companies is a major factor driving youth drinking. Research undertaken in Europe and America has revealed that alcohol advertising directly increases alcohol consumption, particularly amongst youth.[71] Furthermore, studies have concluded that exposure to advertising often has a long-term impact on young people's drinking.[72] In Uganda, alcohol advertising is extremely prevalent, particularly on the radio and in promotional 'drives' accompanied by loud music. One study surveyed two radio stations (Capital and Simba) and found that 91 alcohol advertisements were played in just 24 hours.[73]In one village surveyed, researchers found 50 forms of alcohol marketing (signs/posters etc) in a 500 meter square area. The same study demonstrates the extent to which youth are influenced by alcohol marketing through qualitative interviews. One 16 year old interviewed responded that "in my village they bring different posters depicting alcoholic products and they pin them to different areas. Just from these posters people know which type of drink they want to take." Regarding promotions, he stated that "if they hear there is a promotion in Kasangate they go…. Drinks are given away for free. It is from these promotions that people start taking alcohol."[74]

The price, packaging, and accessibility of alcohol also have a marked impact on youth drinking trends. As further discussed in the policy section of this report, international research demonstrates that alcohol consumption increases if alcohol is easily accessible and sold cheaply.[75] East African studies have reached the same conclusion, and have particularly highlighted the impact of sachet alcohol. Qualitative studies carried out in Kilimanjaro and Mwanza showed that sachet alcohol ranks in the top five types of alcohol most commonly consumed by youth. Sachet alcohol was preferred because it is cheap and easy to carry.[76]A study in Kenya amongst university students concluded that packaging and price had a significant impact on student drinking habits. While many students *preferred* alcohol packaged in bottles, the low price of sachets makes them a popular choice. The study concluded that the availability of sachets

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[69] Kajoba, Nicholas, 'Gulu tops underage drinking in Northern Uganda,' *New Vision*, March 2014, available at http://www.newvision.co.ug/news/653763-gulu-tops-underage-drinking-in-northern-uganda.html

[70] Kafuklo and Bukuluki, "Qualitative Research in Uganda," pp.36-39

[71] Anderson, P, et al, 'Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies' *Alcohol and Alcoholism* 44:229–43 (2009): Smith LA and Foxcroft, DR, 'The effect of alcohol advertising, marketing and portrayal on drinking behavior in young people: systematic review of prospective cohort studies' *BMC Public Health* 9, 51 (2009)

[72] Swahn, 'Alcohol exposure, alcohol marketing'

[73]De Bruun, 'Monitoring Alcohol marketing,' p.59

[74]Ibid, pp.49-50

[75] References available in Global Status 2014, World Health Organization

[76]Mshana, Gerry, 'Alcohol taxation, pricing and packaging: experiences from Tanzania and opportunities for structural interventions targeting young people' slideshow presentation (National Institute for Medical Research, Mwanza, 2013)

contributes to higher consumption amongst students.[77] A community survey conducted within Gulu municipality revealed that sachets are considered to be the most harmful type of alcohol available.[78] While 49 percent of respondents *exclusively* identified spirits sold in sachets as causing the most harm, a further 40 percent identified sachets alongside other home brewed spirits.

Cheap access certainly enables youth drinking. As a young interviewee of another Ugandan study puts it, "people of my age can't afford to buy Star beer that is why they drink Touts [small plastic bags of spirits]. Brands that are easily available for youngster are spirits."[79]

2.3 Crime and police forces

Alcohol-related crime

Internationally there is extensive evidence linking alcohol consumption to crime, particularly violent crime. According to research from the United Kingdom, Australia, Russia, China and the United States, alcohol is a common contributing factor in cases of assault, sexual assault and homicide.[80] Among these countries, the rate of alcohol-related homicides ranged between 40 to 75 percent.

Less research is available regarding the association between alcohol consumption and crime in Africa. Studies conducted in Uganda, for instance, are too old to be particularly indicative of current trends. Research undertaken in the 1960s found that alcohol was present in the blood samples of 25% of homicide cases in which men killed men.[81] A study in 1974 found that 37% of recorded homicide perpetrators had drunken alcohol.[82] Recent data available in South Africa indicates a relatively high rate of alcohol related violent crime. A 2007 profile of national injuries and deaths found that 57.6% of homicides (in which blood samples of perpetrators was available) involved alcohol. Up to date research is required to understand the current rates of alcohol-related crime in Uganda.

It is important to note that the relationship between alcohol consumption and crime is complex. There is no straightforward *causal* relationship between alcohol and crime. As one researcher puts it "the majority of people who drink alcohol do not become offenders or victims of violent crime and consuming alcohol does not necessarily act as a precursor to violent behavior."[83]Rather, people perpetrate violent crime due to the complex interaction of multiple factors such as personal disposition and context. Alcohol consumption can be a factor that increases the likelihood of

[77]Mwele, J.K, 'Perceived impact of packaging on alcohol consumption: a case of the University of Nairobi,' (Masters, University of Nairobi, 2009),p.41

[78]'Close to Home,' Wakonye Kenwa

[79] De Bruun, 'Monitoring Alcohol marketing,' p.49

[80] In the United Kingdom, for example, 47% of victims of wounding, assault and robbery believed their attacker was under the influence of alcohol, Crime Survey for England and Wales 2012 quoted in the IAS 'UK Alcohol related crime statistics' available at https://fullfact.org/factchecks/alcohol_violence_crime_sexual_offences-29206. According to National monitoring programs in Australia, 47% of all homicides were alcohol related, see Morgan, Anthon, and McAtamney, Amanda, 'Key issues in alcohol-related violence' *Research in practice* 4 (Australian Institute of Criminology, Canberra, 2009). A WHO briefing paper moreover summarized that 75% of homicide perpetrators in Russia had drunken alcohol immediately before the incident, while in China, 50% of assault perpetrators were under the influence of alcohol. 'Interpersonal Violence and Alcohol Policy Briefing' World Health Organization, available at http://www.who.int/violence_injury_prevention/violence/world_report/factsheets/ft_violencealcohol.pdf

[81] Tanner, R, *Homicide in Uganda* 1964 (The Scandinavian Institute of African Studies, Upsala, 1970) summarized in Grant, Marcus, ed. 'Alcohol and Emerging Markets: patterns, problems and responses' (Routledge, 2013), p.63

[82]Mushanga, T, *Criminal homicide*, summarized Grant, 'Emerging Markets,' p.63

[83]Plant M, et al, 'People and places: some factors in the alcohol-violence link' *Journal of substance use* 7:4 (2002)

violent behavior by some individuals.[84]This can be due to alcohol's effect on cognitive functioning and therefore a heightened tendency towards risk-taking and aggression, discussed above [domestic violence section].[85] In some contexts, the drinking environment itself can have an impact on people's behavior, particularly if the venue is crowded or lenient towards drunken behavior.[86]

Finally, it should be recognized that only a small percentage of alcohol related violence is reported to the police.[87]In one Australian study, 70% of people did not report incidents of alcohol related assault to the police. While half of these victims reported they thought the assault was too trivial for police to deal with, a significant proportion of people said they did not report because they believed the police would not, or could not do anything.[88]Given Ugandan's low levels of confidence in their police forces, it is likely that the rate of non-reporting of such crimes to police is significantly higher in Uganda.[89]

Alcohol and the Ugandan police force

While little recent data is available on rates of alcohol related crime in Uganda, a 2006 study provides detailed insights into the burden of alcohol abuse within the police force in Kampala.[90]This widely cited study conducted by Ovuga and Madrama reveals that:[91]

- One in five police officers met the criteria for having an 'alcohol use disorder'
- One in four police officers experienced psychosocial problems as a result of alcohol use
- In 2002, 350 police officers in Kampala District were involved in disciplinary problems due to their drinking
- Between 1992 and 2001, 177 Kampala District police officers were admitted to the National Mental Hospital at Butabika due to alcohol related problems.

It is likely that levels of alcohol abuse are high within the police force due to poor welfare.[92]As noted by the Youth Development Link's report, heavy drinking within the police force inevitably has a big impact on their readiness and ability to deal with crime and respond to calls for emergency assistance. Senior police officers have reported that alcohol reduces police productivity and morale.[93]

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[84]Lipsey, Mark, et al, 'Causal Relationship Between Alcohol Use and Violence? A Synthesis of Evidence,' *Recent Developments in Alcoholism*, 13 (1997)
85 Morgan, Anthon, 'Key issues in alcohol-related violence'
86 ibid
[87] Emphasized, for example in Morgan, Anthon, 'Key issues in alcohol-related violence'
[88] Bryant and Williams, 'Alcohol and other drug related violence and non reporting,' *Trends and Issues in Crime and Criminal Justice series Australian institute of criminology* 171, (2000)
[89]See for example 'The Crime Victimization and Reporting Trends in Uganda, Perception and Facts' (Human Rights Network, HURINET, Kampala, 2010)
[90]Ovuga, Emilio, and Madrama, Charles, 'Burden of alcohol use in the Uganda Police in Kampala District,' Afr Health Sci 6,1 (2006)
[91] ibid
[92] ibid
[93] The Road Map to Alcohol Policy in Uganda, p.7

3. Economic Impact

While it is true that alcohol sales bring various economic benefits, including job opportunities, profits for producers and sellers, and government tax revenues, alcohol consumption also comes at great economic cost. International research surveyed below indicates that the economic costs of alcohol far outweigh financial gains.

My uncle used to sell fish in the market, but since he started drinking he does nothing. He relies on other people to live, and he begs for money to buy alcohol. He has many children, some are still school age but he can't send them to school.
Adok James

3.1 Alcohol and household poverty

Undeniably, the production and sale of alcohol provides economic opportunities for individuals. Farmers, advertisers, investors, manufacturers, bar owner and restaurant owners and staff may all gain financially from alcohol. However, alcohol has also been identified as a leading cause of poverty in Uganda.[94]A community survey undertaken within Gulu municipality showed that poverty was the most commonly cited problem associated with alcohol, followed by theft, and unproductiveness.[95] Firstly, money spent on alcohol by drinkers is often money that should have been available for other purposes, such as essential household items, school fees, or business investment.[96] Scholars such as Schmidt et al explain that this is because alcohol is typically a "valued commodity": drinkers prioritize purchasing alcohol over other items. Accordingly, when income is low, spending on alcohol may remain constant, sinking the drinker and their family deeper into poverty.[97]In Uganda, It has been estimated that drinkers may spend up to 20% of the household budget on alcohol.[98]Secondly, heavy drinkers are likely to encounter a range of other economic problems. As noted in a Chronic Poverty report, heavy drinkers in Uganda often drink throughout the day, and are therefore unable to work or farm.[99] Drinkers that do work may lose employment opportunities, receive lower wages due to their ineffectiveness, and become less eligible for local opportunities such as microfinance loans.[100] The urge to buy alcohol can lead a drinker to make financially destructive decisions, such selling small sections of land, receiving high interest loan without the capacity to make repayments, or selling crops before they are fully mature.[101]Finally, the health costs of excessive drinking can lead to increased medical expenses.[102] The families of heavy drinkers bare the economic costs of excessive consumption. Ugandan research reveals that children living in families in which an income earner

[94] Bird, K. and Shinyekwa, 'Multiple Shocks and Downward Mobility: Learning from Life Histories of Rural Ugandans,' *Working Paper 3* (CPRC, Manchester, 2004): Lawson, D et al, 'Poverty Persistence and Transitions in Uganda: Combined Qualitative and Quantitative Analysis,' *Development Economics and Public Policy Working Series Paper 7*, (University of Manchester, Manchester, 2004)
[95] Close to Home,' Wakonye Kenwa
[96] Schmidt, L.A et al, 'Alcohol: equity and social determinant' in *Equity, social determinants and public health programmes* ed. Blass E, Kurup, A.S (World Health Organization, Geneva, 2010): De Silva, V et al, 'Association between concurrent alcohol and tobacco use and poverty,' *Drug Alcohol Rev* 30:69−73 (2011).
[97] Ibid
[98] The Second Chronic Poverty Report Uganda, p.18
[99] Ibid
[100] Chronic Poverty Policy Brief No.1 (Chronic Poverty Advisory Network, 2007) available at http://r4d.dfid.gov.uk/Output/176006/
[101] The Second Chronic Poverty Report, p.19
[102] Ibid

regularly drinks alcohol frequently wear torn clothes, and lacked basic items including items needed for school.[103]

3.2 Economic costs of alcohol to wider society

Alcohol consumption has widespread economic consequences for wider society, not just individual families. Certainly, many Governments benefit from the tax revenue received from alcohol companies. In Uganda, for example, alcohol is the 6th largest tax revenue contributor. In 2005/2006, the Government of Uganda received 8.933 billion Ugandan Shillings from alcohol companies.[104]However, as explored below, international studies reveal that the public costs resulting from alcohol consumption are generally much higher than any tax revenues generated.[105]While quantifying direct and indirect costs of alcohol consumption is a difficult task, publications such as the WHO's 2003'International guidelines for estimating the costs of substance abuse' have helped to develop a unified approach.
Studies on the economic burden of alcohol usually take into account two types of cost: direct and indirect costs. 'Direct costs' measure the amount of money spent dealing with problems caused by alcohol abuse. While studies vary, the category of 'direct costs' typically includes health care costs, the costs of crime and law enforcement, costs of property damage, administration, the costs of social work and welfare, and research and prevention costs. For example, when a heavy drinker develops a chronic alcohol related disease, their drugs and medical treatment under the public health system are counted as a 'direct cost' of alcohol. If this money was not spent treating an alcohol related disease, it would be available for use elsewhere in the health system. Indirect costs, however, are a measure of the cost of loss of productivity as a result of alcohol consumption. Indirect costs commonly associated with alcohol consumption include the cost of loss of productivity due to premature death, absenteeism, reduced effectiveness, incarceration or early retirement.[106]As emphasized in the WHO's 2014 global report on alcohol, indirect costs are "typically borne by the society at large" because the loss of productivity in the workforce as a result of alcohol consumption can "affect the economic viability of an entire community."[107]

Researchers have analyzed the economic burden of alcohol consumption in a number of countries and states. Some examples are provided below. Where possible the economic cost calculated is compared to national GDP and tax revenue generated by the alcohol industry:

- A 2006 study revealed that the economic burden of alcohol consumption in Canada was 14.6 billion Canadian dollars.[108]Another study showed that in the majority of Canadian provinces, the economic cost of alcohol was greater than any revenue gained.[109]
- Government research conducted in the State of Minnesota in the United States revealed that the economic cost of alcohol use in Minnesota in 2006 was 5.06 billion dollars- 975 US dollars per person in the State. The study calculated that the cost of **alcohol consumption was 17 times greater than the 296 million dollars of tax revenue gained from alcohol sales.**[110]
- The 2014 WHO report on alcohol consumption summarized the economic costs of alcohol calculated for various western countries. Alcohol related economic costs amounted to 125 billion Euros in the European Union

[103]Kafuklo and Bukuluki, "Qualitative Research in Uganda, p.18
[104]The State of Alcohol Abuse, p.13
[105] Chronic Poverty, Policy Brief: Obot, Isidore, 'Alcohol Marketing in Africa: not an Ordinary Business,' *African Journal of Alcohol Studies* 12, 1, (2013)p.69: Babor, T et al, *Alcohol: No ordinary commodity – research and public policy – Revised edition* (Oxford: Oxford University Press, 2010)
[106] See for example Thavorncharoensap, Montarat, et al, 'The economic impact of alcohol consumption: a systematic review,' *Substance Abuse Treatment, Prevention, and Policy* 4, 20, (2009
[107] Global Status 2014, World Health Organization, pp.16-17: Room, R, et al. 'Alcohol and developing societies: a public health approach,' (World Health Organization, 2002)
[108]Rehm, J et al, 'The costs of substance abuse in Canada 2002,' (Canadian Centre on Substance Abuse, Ottawa, 2006) referred to in 'Alcohol Policy Framework,' Center for Addiction and Mental Health,' p.4
[109]Thomas, G 'Levels and patterns of alcohol use in Canada,' *Alcohol Price Policy Series: Report 1* (Canadian Centre on Substance Abuse, Ottawa, 2012), discussed in Alcohol Policy Framework,' Center for Addiction and Mental Health,' p.4
[110] Boeke, Melissa et al, 'The human and economic cost of alcohol use in Minnesota' (Minnesota Institute of Public Health, Minnesota, 2011), p.19

(2003),[111] 21 billion pounds in the United Kingdom (2009)[112], and 233.5 billion dollars in the United States of America (2006).[113]**These alcohol related costs amounted to 1.3 to 3.3% of gross domestic product.**

- A WHO study conducted in **India** in 2006 showed that while the Indian Government earns 216 billion rupees a year from alcohol tax revenue, 244 billion rupees are lost in the direct costs of dealing with the problems caused by alcohol consumption. Note that this figure does not include the *indirect* economic cost of alcohol.
- In 2006, the total economic cost of alcohol consumption in **Thailand** was estimated at 156,105.4 million baht (9, 627 million US$[114]).**The economic cost of alcohol consumption in Thailand amounted to 1.99% of the total Gross Domestic Product (GDP).**
- A 1998 study in **South Africa** found that economic cost of alcohol consumption amounted to over 1.7 billion per year, approximately 2% of GDP. This figure is approximately three times the amount the Government receives in excise taxes.
- A research paper that systematically reviewed 12 studies undertaken in different countries found that the economic cost of alcohol represented between **0.45 – 5.44% of GDP**.[115]

The economic cost of alcohol consumption in Uganda has not yet been studied and quantified. However, as evident above, research conducted in a variety of countries demonstrates that alcohol consumption takes a heavy toll on the national economy, on society as a whole. Studies which compared the economic cost of alcohol to financial gains due to tax revenue revealed that in most cases, the cost is far greater than the benefit. In the case of Minnesota, the economic cost of alcohol was 17 times greater than tax revenue received.

While no figure quantifying the 'economic burden' of alcohol in Uganda is available, numerous studies have highlighted the devastating impact of alcohol consumption on productivity.[116]Given that alcohol abuse has been shown to be highest in Northern Regions of Uganda, Gulu District must seriously consider the impact alcohol consumption is having upon the District's economy, and future development.

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[111] Anderson P and Baumberg, B, 'Alcohol in Europe- A public health perspective,' (Institute of Alcohol Studies, England, 2006) discussed in Global Status 2014, World Health Organization, pp.17-18

[112] The Government's Alcohol Strategy,' HM Government, 2012, available at https://www.gov.uk/government/publications/alcohol-strategy discussed in Global Status 2014, World Health Organization, pp.17-18

[113]Bouchery EE, et al 'Economic costs of excessive alcohol consumption in the US, 2006,' *Am J Prev Med* 41:516–24 (2011) discussed in Global Status 2014, World Health Organization, pp.17-18

[114] Converted at purchasing power parity- a technique used to determine the relative value of currencies.

[115]Thavorncharoensap, Montarat, et al, 'The economic impact of alcohol consumption: a systematic review,' *Substance Abuse Treatment, Prevention, and Policy* 4, 20, (2009)

[116] 'The Second Chronic Poverty Report Uganda,' p.42

[116] Kajoba, 'Gulu tops underage drinking'

[116] Kafuklo and Bukuluki, 'Qualitative Research in Uganda,' pp.36-39

[116] Anderson, P, et al, 'Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies' *Alcohol and Alcoholism* 44:229–43 (2009): Smith LA and Foxcroft, DR, 'The effect of alcohol advertising, marketing and portrayal on drinking behavior in young people: systematic review of prospective cohort studies' *BMC Public Health* 9, 51 (2009)

[116] Swahn, 'Alcohol exposure, alcohol marketing'

Part 2: Policy Discussion

4. Policy context in Uganda

Uganda currently lacks any alcohol policy. [117] As detailed below, while a draft alcohol policy was developed in 2006-2008 the draft was condemned by civil society actors and the process appears to have stalled. Accordingly, alcohol production, sale, and consumption are still almost completely unregulated in Uganda, leading to serious social and economic harm. As a result, alcohol is extremely accessible. Huge drums of ethanol are constantly imported into Uganda from Kenya. [118] While Kenyan laws charge a tax for local sale of ethanol (Sh220) per litre, no tax is charged on ethanol for export.[119] Accordingly, exporting bulk spirits to Uganda is a highly profitable enterprise for companies. When the ethanol arrives in Uganda, many different local dealers add flavor, and package it in brightly coloured plastic sachets which are widely available across the country.[120] It should also be noted however that Uganda is gearing towards its own production of ethanol. In 2015, for example a new ethanol extraction plant was opened in Lira, while Kakira Sugar Works has announced its new ethanol production facilities will be operational by 2016.[121]

Urban and rural centers alike have a high concentration of 'outlets' supplying alcohol, including bars, informal drinking circles amongst homes, and small multipurpose shops that sell everything from sugar to batteries to highly concentrated spirits. Drinking hours are not restricted; so many drinking venues close only for a few hours per day. Affordability of alcohol is another significant factor. Unregulated alcohol brewed without a license is extremely cheap.[122] The introduction of cheaper forms of spirits sold in plastic sachets has further increased consumption rates, making alcohol readily available to poorer consumers. Aggressive marketing tactics such as frequent radio advertisements and promotional drives accompanied by loud music also contribute to higher rates of consumption, particularly amongst youth.

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[117] The 2nd chronic poverty report p.17: Swahn, 'Alcohol exposure, alcohol marketing, p.12

[118] Andae, Gerald, 'Mumias suspends staff who diverted ethanol,' *Business Daily Africa*, April 2015, available at http://www.businessdailyafrica.com/-/539546/2690902/-/13nukbtz/-/index.html

[119] Ibid

[120] Buwembo, Joachim, 'Kenya's Trojan Horse bringing a happy, slow death to Uganda youth,' *The East African*, September 2012, available at http://www.theeastafrican.co.ke/OpEd/comment/Kenya-Trojan-Horse-brings-slow-death-to-Uganda-youth-/-/434750/1521274/-/item/0/-/edahltz/-/index.html

121 Senelwa, Kennedy, 'Kakira set to produce ethanol in 2016' The East African, January 2015, available at http://www.theeastafrican.co.ke/business/Kakira-set-to-produce-ethanol-in-2016/-/2560/2592390/-/hrysl3/-/index.html: Asiimwe, Dicta, 'Cassava growers in Uganda find market at ethanol plant,' March 2015, available at http://www.theeastafrican.co.ke/news/Cassava-growers-in-Uganda-find-market-at-ethanol-plant/-/2558/2653510/-/2hfx9r/-/index.html

[122] 'The Second Chronic Poverty Report Uganda: Is Anybody Listening?,' (Chronic Poverty Advisory Network, Development Research and Training, Kampala, 2013)

This section provides a brief overview of the relevant legislation in Uganda, briefly highlights the absence of regulation of advertising and marketing, and then reviews attempts to introduce regulations at various levels of Government.

4.1 Alcohol related laws

Uganda has three key laws relating to alcohol production, sale and consumption: the Enguli Act, The Liquor Act, and the Traffic and Road Safety Act. These laws are weak, outdated, and most significantly, rarely enforced. These laws forbid manufacture and sale of *waragi* (alcohol) without a license, prohibit sale of alcohol to children under 18, and restrict hours of sale of alcohol, and prohibits driving with alcohol-blood levels above the prescribed limit. As evident in the brief summary below, the fines for offenses under the Enguli and Liquor Acts are too small (200-3000 UgSh) to provide any real deterrent. While many people have heard of the Enguli Act, the Liquor Act and its restrictions on hours of sale of alcohol is less well known.

Forbidding unlicensed spirits: The Enguli Act 1966

The Enguli (Manufacturing and Licensing) Act 1966, Cap 86 is perhaps the best known law in Uganda related to Alcohol. Essentially, the Enguli Act forbids the unlicensed manufacturing and sale of crude *waragi* (spirits). Those who fail to abide by this act by producing or selling spirits without a license may be fined up to 3000 Ugandan shillings, and/or face imprisonment for up to 6 months. The Act implies that there is no restriction on sale or manufacture of *licensed* spirits. The Act also provides for the creation of licensing boards, which have the task of restricting the number of Enguli (spirits) licenses in the District each year. This provision allows licensing boards to limit the quantity of Enguli for sale in each District. As noted by several research papers, the Enguli Act is rarely if ever enforced.[123]

Sale hours and minimum drinking age: The Liquor Act 1960

The Liquor Act f 1960 also regulates the manufacture and sale of alcohol, focusing on licensing of premises that sell alcohol:

- The Act prohibits sale of alcohol without a license approved by the relevant licensing authority. Anyone found selling alcohol ('liquor') without the required license may be fined up to 10,000 Ugandan Shillings, or face imprisonment to up to 12 months, or both.
- The Act specifies 'permitted hours' that premises may sell alcohol. Anyone found selling or buying alcohol outside of the permitted hours may be fined up to 5000 Ugandan Shillings. The 'permitted hours' vary according to the type of license held. For example:

License Type	Permitted hours of sale
Bar license	12.45pm -2pm and 5pm - 10pm
Night club liquor license	7 pm - 1 am
Off license	7:30am - 5:30am

- This act also prohibits bars from allowing youth under 18 to be present in the bar while alcohol is being sold. The fine for breaking this law is 200 Ugandan Shillings

[123] Kafuklo and Bukuluki, 'Qualitative Research in Uganda,' p.7

- The Act also bans any licensee from selling (or allowing someone else to sell) alcohol to youth under 18 years. Anyone who breaks this law may be fined up to 500 Shillings.

Again, these laws are rarely, if ever enforced.

Drunk driving law: Traffic and Road Safety Act 1998

The Traffic and Road Safety Act, 1998 Cap. 361 prohibit driving a motor vehicle with a blood alcohol concentration above the prescribed limit. According to Section 117, the prescribed limit is to be determined by the Minister. The law allows police to require breath testing or blood testing of any person they have reasonable cause to suspect has alcohol in their body, or has caused a traffic offense. According to several news reports, the Minister of Works, Housing and Communication has set the legal limit at 80ml of alcohol in 100ml of blood (0.08 mg/ml).[124] In practice, police have been known to interpret the act differently, arresting drivers who have any alcohol detectable in their blood. For instance, the traffic Police's Senior Commissioner Steven Kasiima has argued that the phrase "every person who, while under the influence of alcohol or a drug to such an extent as to be incapable of having proper control of the motor vehicle…commits an offense" infers that police may arrest drivers who se control of their vehicle seems affected by their drinking, not just those whose alcohol blood level is over the prescribed limit. [125] According to this Act, anyone who breaks this law is liable on conviction to a fine of not less than five currency point (100,000 Ugandan Shillings) and not exceeding thirty currency points (600,000 Ugandan Shillings)

4.2 Marketing and Advertising in Uganda

There are absolutely no legal restrictions on advertising and marketing of alcohol in Uganda. Rather, regulation is left entirely to the alcohol industry and their own codes of marketing. Accordingly, alcohol advertising saturates Ugandan radio, billboards and newspapers, as alcohol producers are left free to use any tactic they wish to increase their market. Increasingly, alcohol companies sponsor youth entertainment, cultural and sporting events.[126] 'Promotional drives' advertise alcohol with loud speakers moving through trading centers. At such events, companies give away free samples and branded merchandise, creating a lasting connection with their customers.

Such advertising is targeted specifically at youth.[127] Studies have shown that alcohol advertising in Uganda tends to connect drinking alcohol to personal, social sporting or sexual success, increased fun and confidence, and participating in a sophisticated, western way of life. [128]The alcohol industry's marketing code of conduct does not prohibit such marketing techniques. Rather, industry codes focus on avoiding false claims that can lead customers to mistrust their products.[129] As noted above, alcohol companies such as Diego and SAB Miller view Africa as a region ripe for market growth. Their marketing strategies often target youth.

[124] Wandawa, Vicky, 'Drivers should not take any alcohol,' *New Vision*, April 2012, available at http://www.newvision.co.ug/news/641402-drivers-should-not-take-any-alcohol-police.html: Abimanyim, John, 'Even a drop of alcohol will send you to jail,' *The Monitor,* March 2013, available at http://www.monitor.co.ug/News/National/Drink-driving--Even-a-drop-of-alcohol-will-send-you-to-jail/-/688334/1708446/-/item/0/-/7p41mv/-/index.html
[125] Ibid
[126] De Bruun, 'Monitoring Alcohol Marketing in Africa', p.52
[127] The State of Alcohol Abuse, p 12
[128] De Bruun, 'Monitoring Alcohol Marketing in Africa:' Obot, 'Alcohol Marketing in Africa,' p. 67
[129] De Bruun, 'Monitoring Alcohol Marketing in Africa, p.66

4.3 Movements towards policy development

In response to the World Health Organization's release of guidelines for Alcohol policy development in 2005, Ugandan Parliament requested the Ministry of Health to prepare a draft alcohol policy.[130] The MOH initially established a committee including civil society representatives. However, the alcohol industry quickly assumed a primary role in the policy development process, providing significant funding, including a consultant to work with the MOH, numerous workshops and research trips.[131] A recent research paper furthermore revealed the national alcohol policies of Lesotho, Botswana and Malawi appear strikingly similar with "almost identical wording and structure" to Uganda's, and traced the involvement of key alcohol industry figures in their policy development.[132] The study concluded that the alcohol industry shaped the national alcohol policy of these four countries to "serve the industry's interests at the expense of public health."[133] The draft policies highlight the economic benefits of alcohol, but fail to refer to recent international research on alcohol that provides policy best practices. In April 2009, Uganda, civil society collectively condemned the draft alcohol policy, and called for a new coalition to be formed to redraft the policy that included civil society representatives.[134] Since 2009, the process seems to have come to a standstill.

It is also notable that in 2009, Ugandan Ministers decided to ban alcohol packaged in plastic sachets. The decision followed a series of deaths across the country attributed to adulterated spirits packaged in sachets. However, the ban was lifted due to pressure from the alcohol industry and Ministry of Industry and Trade.[135] While national level regulation of alcohol has therefore had little success to date, it is notable that several local governments have passed ordinances and bylaws to regulate production, sale and consumption, including Pader, Kaberamaido, Kibaale and Mbale.[136] Adilanga sub county in Agago District, for example, passed a bylaw restricting drinking hours to 4pm-10pm.[137]In 2014, Kitgum District Council passed a resolution banning sachet alcohol. While enforcement is inevitably an ongoing struggle, some progress has been made.

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[130] Kasirye, Rogers, 'Experience of alcohol industry organized alcohol policy process in Uganda,' Power point slide presentation, (Uganda Youth Development Link (UYDEL), 2008), available at http://forut.custompublish.com/getfile.php/842215.994.bbecdpussv/Rogers+Kasirye+Alcohol+industry+organized+policy+process+Uganda+-+few+pictures+-Lilongwe+12+Nov+08.pps

[131] Bakke, Oystein, and Endal, Dag, 'Vested Interests in Addiction Research and Policy Alcohol policies out of context: drinks industry supplanting government role in alcohol policies in sub-Saharan Africa,' *Addiction 105: 22-28* (2010)

[132] Ibid, p.23

[133] Vested interest, p.22

[134] 'Declaration and Recommendation by the NGO Coalition against Alcohol abuse In Uganda,' (Alcohol Policy Alliance, April 2009), available at http://www.uydel.org/downloads/Uganda%20Alcohol%20Policy%20Alliance%20declaration-20110711-164922.pdf.

[135] The 2nd Chronic Poverty Report, De Bruun, 'Monitoring Alcohol Marketing'

[136] The 2nd Chronic Poverty Report

[137] Layoo, Ronnie, 'Drunkards subjected to Communal work,' *The Monitor*, May 2013, available at http://www.monitor.co.ug/News/National/Drunkards-subjected-to-Communal-work/-/688334/1861880/-/pvjcrm/-/index.html

5. International Policy Lessons for Gulu District

As highlighted in the WHO's 2014 report, an extensive body of research demonstrates that public policy measures are the most cost effective way to reduce the harm caused by alcohol consumption.[138] Governments and local authorities embarking on the process of producing alcohol legislation have access to a wide range of international studies on the effectiveness and feasibility of different policy options. [139] The WHO's 'Global strategy to reduce harmful use of alcohol' (2004, 2010) provides an easily accessible summary of best practices. [140]There is also increasing recognition that alcohol policy development must not be influenced by the alcohol industry. As the Director General of the WHO puts it, "In the view of WHO, the alcohol industry has no role in the formulation of alcohol policy, which must be protected from distortion by commercial interests."[141]

KENYAN CASE STUDY

Kenya's 2010 'Mututho' Alcohol Policý:

- Bans all sachet alcohol, and requires alcohol to be packaged in glass bottles larger than 250ml
- Bans on production and sale of unlicensed spirits (fine: 2 million Kenyan Shillings/3 years imprisonment)
- Places heavy restrictions on all marketing and advertising, with a particular focus on protecting youth and children
- Restricts sale of alcohol hours. A retail license, for example, allows sale of alcohol between 5pm and 11pm only during week days.
- Prohibits youth under the age of 18 from selling alcohol, drinking alcohol, or purchasing alcohol
- Requires the arrest of anyone found to be drunk and disorderly in a public place
- Establishes a fund for the enforcement of alcohol policy, and alcohol research, advocacy and education. The fund is financed via fines paid by those breaking the *mututho law*.

Over the last five years, alcohol policy change has picked up pace across the globe, including Africa. Since the release of the WHO's strategy in 2010, 12 countries have adopted a national alcohol policy.[142]As noted above, a flurry of African countries have introduced bans on packaging spirits in plastic sachets and small bottles (Zambia, Cameroon, Kenya, and Malawi), while in 2010 Kenya passed a comprehensive alcohol policy known as the *mututho* law, which falls in line with the WHO's 2004 guidelines. The *mututho* law has been attributed with a 90% decrease in alcohol related deaths in Kenya.[143] This section draws on international research and experience to provide an overview of alcohol policy options that could potentially be included in an alcohol ordinance for Gulu District. The extent to which each option could be feasible and effective in Gulu District is discussed.

5.1 Affordability: the price of alcohol

Numerous studies have shown that the price of alcohol has a significant impact on rates of consumption.[144]The cheaper the alcohol, the more likely people are to buy higher quantities.[145] Higher alcohol prices, however, act as a financial disincentive to excessive

[138] Global Status 2014, World Health Organization, p.24
[139] As noted in ibid
[140] 'Global strategy to reduce harmful use of alcohol,' (World Health Organization, 2010)
[141] Obot, 'Alcohol Marketing in Africa,' p. 69
[142] Global Status 2014, World Health Organization, p.86
[143] Lythgoe, 'Trouble Brewing'
[144] As discussed in Global Status 2014, World Health Organization
[145] Swahn 'Alcohol marketing and drunkenness among students in the Philippines: findings from the nationally representative Global School-based Student Health Survey,' *BMC Public Health* 13:1159 (2013)

consumption.[146]While industry players have promoted the idea of *lowering* the price of beer in order to encourage drinkers to switch from potentially dangerous, illegally brewed spirits in developing countries, this has strategy has been proven ineffective. Beer prices were reduced in Sri Lanka in 1995 with this objective in mind. However, consumption of unregulated spirits did not decrease, as spirit drinkers did not switch to beer. Decreasing beer prices in Sri Lanka simply resulted in "more and more new consumers.[147]" *Raising* the price of alcohol, however, has been shown to be a highly effective strategy to reduce rates of alcohol-related harm.[148] As noted by the WHO's 2014 report, studies by Wagenaar et al (2009) and Elder et al (2010) show that as alcohol prices increase, the rate of alcohol related deaths and disease decrease.[149] There are a number of policy options to raise the price of alcohol, including alcohol taxation, minimum pricing, and bans on sales below cost and other price promotions.

Alcohol taxation

The policy most commonly used by governments is alcohol taxation. Taxes on alcohol can serve as a significant source of government revenue, and may also raise alcohol prices as producers and retailers pass down the cost of the tax to consumers. The WHO recommends that alcohol tax systems take into account the alcohol content of each type of beverage.[150] Uganda currently has an 'excise duty' on alcohol:

Excise Duty-Rates Rate[151]	
Beer (from at least 75% local materials (excluding water))	60%
Beer (from imported materials)	60%
Beer (produced from barley grown and malted in Uganda)	60%
Wine (Made from locally produced materials)	20%
Wine (Other)	70%
Spirits (Made from locally produced materials)	60%
Spirits (Other)	70%
Undenatured spirits	Doubled from 70% to 140% in 2013[152]

Alcohol is also taxed under the Value Added Tax (VAT), while the Customs Tariff Act (CTA) also places a tax on alcohol that is imported.[153] Uganda's excise duty rates on alcohol are moderate to relatively high compared to other countries.[154]

It should also be noted that while alcohol taxation is widely recommended as policy tool, taxation alone cannot adequately regulate the price of alcohol. Alcohol taxes sometimes do not prevent companies from using 'price promotion' strategies such as a 'two for one' deals to continue to entice customers with low prices.[155] In Uganda, the high taxes on spirits furthermore appear to have completely failed to raise the price of strong spirits sold in small plastic sachets to a reasonable level. Sachets of 100ml (around 40-50% ethanol) can still be purchased for 500 Ugandan Shillings. While some of these sachets are illegally produced, the majority of them are mass produced by licensed

[146] 'Alcohol Policy Framework,' Center for Addiction and Mental Health
[147] Hettige, Siri, and Paranaganasri Lanka, Sharmadasa, 'Gender, Alcohol and Culture in Sri Lanka' in *Alcohol, Gender and Drinking Problems: perspectives from low and middle income countries*, ed. Obot, Isidore and Room, Robin (World Health Organization, Geneva, 2005), p.185
[148] Global Status 2014, World Health Organization
[149] Wagenaar AC, et al, 'Effects of beverage alcohol price and tax levels on drinking: ameta-analysis of 1003 estimates from 112 studies,' *Addiction* 104:179–90 (2009). Elder RW, et al, 'The effectiveness of tax policy interventions for reducing excessive alcohol consumption and related harms,' *Am J Prevent Med* 38:217–29. (2010) Quoted in 2014 WHO, p.80
[150] 'Global strategy to reduce harmful use of alcohol,' (World Health Organization, 2010)
[151] 'The East African tax guide 2013-2014,' Price Waterhouse Coopers, available at https://www.pwc.com/en_KE/ke/assets/pdf/east-africa-tax-guide-2013-2014.pdf,p.56
[152] 'Uganda Budget Brief 2013,' KPMG, available at www.kpmg.com/eastafrica/en/.../KPMGUgBudgetBrief**2013**.pdf
[153] 'The Road Map to Alcohol Policy in Uganda,' (Ugandan Youth Development Link (UDYL), Kampala, 2010), p.5
[154] 'ICAP Report 18, Alcohol Taxation,' (International Center for Alcohol Policies, 2006), available at http://www.icap.org/LinkClick.aspx?fileticket=Gf4%2BQD%2BX1hU%3D&tabid=75.
[155] Taxation fact sheet IAS http://www.ias.org.uk/Alcohol-knowledge-centre/Price/Factsheets/Taxation.aspx

manufacturers.[156] Notably, there is a new shift internationally towards adopting other mechanisms to complement taxation such as minimum pricing.

Recommendation: Given that Uganda already has an adequate alcohol taxation system, it is inappropriate for Gulu District to introduce a new local tax system for alcohol. Moreover as noted above, Uganda's national alcohol tax system has not served to adequately raise the price of spirit alcohol. Rather, Gulu District should explore other complementary methods of regulating alcohol prices.

Minimum pricing.

The WHO's global strategy recommends establishing minimum prices for alcohol, and index these prices to inflation. Different minimum prices should be developed according to the strength of different alcoholic beverages. Minimum pricing is not a tax: any additional revenues gained remain with the retailer. The impact of minimum pricing policy in Canada was studied by researchers from the Center for Addictions Research of British Columbia (CARBC). They estimated that a 10% increase in the price an alcoholic drink resulted in a 16.1% decrease in its consumption relative to other drinks.[157]" The University of Sheffield in England also estimated the economic impact of introducing minimum pricing of alcohol in England. Their modeling estimated that deaths would reduce by 48 in the first year, and then 374 after 10 years. Hospital admissions were estimated to reduce by 1,900 in the first year, and to reduce by 10,600 after 10 years. Overall, their model estimated that health care service costs would reduce by 8 million British pounds in the first year. [158]

Recommendation: Minimum pricing is proven to be an effective method for reducing consumption of alcohol, and should be considered as a policy option in Gulu District. Further research must be done to determine the current range of prices of alcohol in Gulu District, and the optimum minimum price for different types of beverages. If enacted, this policy must also apply to non-spirit home brewed alcohol (as noted above, non- licensed production of spirits is banned by the Enguli Act).

5.2 Packaging: plastic sachet ban

Increasingly, African countries and developing nations elsewhere are recognizing that alcohol packaged in small (100-200ml) plastic sachets poses a unique threat to public health. Sachets are directly marketed at youth and the poor who are less able to afford bottled spirits.[159] As noted above, a Gulu community survey found that 89% of respondents listed sachets as highly harmful type of alcohol.[160] Numerous studies in Uganda specifically highlight the negative impact that sachet alcohol has on the community, particularly youth. The problem with sachets is threefold. Firstly, they are extremely cheap (500 shillings for 100 ml), but very high alcohol content (usually around 40%). As noted above, affordability is a significant factor driving higher consumption rates. Secondly, the plastic sachets are particularly attractive to children and youth because they are easily concealed, unlike a cumbersome bottle. Thirdly, the plastic packets are scattered everywhere, polluting the environment. Minimum pricing therefore could only target part of the

[156] It seems that sachets are indeed taxed as spirits according to Uganda's excise duty: when sachets were briefly banned by parliament in 2009, the industry claimed that 20 billion Ugandan shillings were lost per month see Kagenda, Patrick, 'Sachet alcohol ban causes 20 billion loss in taxes,' *The Independent,* November 2009, available at http://www.independent.co.ug/business/business-news/2096-satchet-alcohol-ban-causes-shs-20-billion-loss-in-taxes

[157] Stockwell, Tim, et al, 'Does minimum pricing reduce alcohol consumption? The experience of a Canadian province,' *Journal of Addiction* 107: 5 (2012) summarized in the IAS Price factsheet, http://www.ias.org.uk/Alcohol-knowledge-centre/Price/Factsheets/Minimum-pricing.aspx#_edn2

[158] Brennan, A. et al. 'Modeling the Potential Impact of Pricing and Promotion Policies for Alcohol in England: Results from the Sheffield Alcohol Policy Model Version 2008 (1-1)' Alcohol Research, (University of Sheffield, 2009) summarized in the IAS factsheet on 'minimum pricing' available at http://www.ias.org.uk/Alcohol-knowledge-centre/Price/Factsheets/Minimum-pricing.aspx#_edn2

[159] Swahn, Monica, et al, 'Alcohol marketing and drunkenness among students in the Philippines

[160] Close to Home,' Wakonye Kenwa

problem. While sachets have been banned in four African countries since 2010,[161] reports Uganda also call for a ban on sachet alcohol, including Youth Development Link's 2008 report 'The State of Alcohol Abuse in Uganda", and the Road Map to Alcohol Policy in Uganda 2011.[162]

Recommendation: A comprehensive ban on all sachets containing alcohol must be included in Gulu District's Alcohol Ordinance. The Ordinance should specify that the minimum sized packaging for alcohol must be 250ml glass bottles.[163]

100 ml Alcohol sachets in Uganda cost 500 shillings

5.3 Accessibility: Alcohol outlet density

It is well established in the literature that limiting the number of 'outlets' (bars, shops etc) that sell alcohol can limit consumption, and reduce the level of harm caused by alcohol.[164] Babhor's prominent 2010 study indicated that even small changes in the number of alcohol selling outlets can lead to significant rises in alcohol consumption.[165] Notably, some studies indicate that it may not simply be a case of increased ease or 'temptation' to buy alcohol that leads to increased consumption where outlet density is high. A study conducted in New Orleans suggests that the density of alcohol outlets affects community attitudes to alcohol and group drinking patterns.[166] Such group attitudes and behavioral patterns can in turn influence individuals to start drinking, or increase their consumption. Density of alcohol outlets is also associated with crime rates. One study, for instance demonstrated that "alcohol outlet density was the greatest predictor of violent crime at the suburb and neighborhood level."[167] Limiting outlet density is a recommended by the WHO as an alcohol harm reduction policy.[168]

As noted above, Uganda's Enguli Act actually allows for the creation of licensing boards which would have the power to restrict the number of enguli (spirit sale) licenses each year in each area. While this Act is rarely if ever enforced, it provides a helpful basis for developing restrictions on the number of alcohol sale licenses approved.

Recommendation: Introduce an alcohol outlet density limit as part of Gulu's Alcohol Ordinance. This may require the establishment of a licensing board, as allowed for by the Enguli Act. Further research must be done to estimate the current density of licensed alcohol outlets, identify an ideal outlet density, and determine a realistic timeline for reducing the number of licenses to reach the desired density.

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[161] See introduction to this report
[162] Global Status 2014, World Health Organization
[163] The Road Map to Alcohol Policy in Uganda
[164] Global Status 2014, World Health Organization: Alcohol Policy Framework,' Center for Addiction and Mental Health, p.20
[165] Babor, T. et al, eds, *Alcohol: No Ordinary Commodity* (University Press/World Health Organization, Geneva, 2003)
[166] Scribner, R, et al, 'Alcohol availability and homicide in New Orleans: Conceptual considerations for small area analysis of the effect of alcohol outlet density,' *Journal of Studies on Alcohol* 60, 3 (1999)
[167] Gorman, D.M., et al, 'Spatial dynamics of alcohol availability, neighborhood structure and violent crime,' *Journal of Studies on Alcohol* 62, 5 (2001) discussed in IAS webpage http://www.ias.org.uk/What-we-do/Publication-archive/Alcohol-Alert/Issue-2-2004/Research-links-density-of-alcohol-outlets-to-local-levels-of-harm.aspx
[168] Global Status, World Health Organization, p.71

5.4 Accessibility: Hours of sale

As noted in National Canadian study on alcohol policy, it is critical that hours of sale of alcohol are limited by regulation.[169] Late night alcohol sales are associated with increase in assaults, while bars open during morning hours may result in reduced productivity, as people start drinking early rather than working. The WHO's 2014 global report illustrates the positive impact of restricting alcohol sale hours with the example of the District Municipality of La Victoria in Lima, Peru. The municipality introduced restricted drinking hours in 2007. A study conducted two years after introducing the regulation showed a decrease in violent incidents by almost 50%.[170] A community survey conducted in Gulu Municipality asked respondents who acknowledged alcohol could bring problems in the community to specify ideal opening and closing hours for bars.[171] The most popular range of opening hours was between 2pm and 5pm, while the most popular range of closing hours ranged 8pm and 11pm. As reviewed above, Uganda's 1960 Liquor Act restricts the hours of sale of alcohol according to the type of license held. This Act however, is rarely enforced. Any Gulu resident can attest to the fact that off license shops selling all kinds of goods sell alcohol until they close (sometimes late at night), while bars and nightclubs may stay open all night, and reopen early in the morning.

Recommendation: Gulu's alcohol ordinance must restrict the hours of sale of alcohol so that alcohol is not sold in the morning hours, or late at night. These hours could reflect the existing National law (outlined on page 15 of this report), or be determined by Council.

5.5 Advertising restrictions

A multitude of studies undertaken in Western countries have demonstrated that allowing the alcohol industry to 'self regulate' marketing and advertising is inadequate.[172] Alcohol companies are driven by profit, not public good. It is not surprising therefore that the companies own guidelines and standards fail to prevent predatory, unethical modes of marketing. There is growing awareness amongst policy makers and academics alike that is necessary to regulate the alcohol industry's marketing activities.[173] According to a systematic review of long term studies, youth exposed to alcohol marketing are more likely to start drinking, or drink more if they are already alcohol consumers.[174] Public health experts increasingly call for a *complete ban* on alcohol advertising, whether via promotions, billboards, radio or television.[175]Studies certainly suggest that a complete advertising ban is significantly more effective than partial restrictions. A 'comprehensive modeling' study in the United States, for instance indicated that a complete advertising ban would reduce alcohol related deaths by 16% over the lifetime of the research participants, whereas a partial ban

[169] 'Alcohol Policy Framework,' Center for Addiction and Mental Health, p,21
[170] Nb. This District was also compared to another district where there had been no new regulation introduced Case referred to in Global Status 2013, World Health organization, p.71
[171] Close to Home,' Wakonye Kenwa 55% of people preferred an opening time between 2pm and 5pm, with 39% preferring earlier opening times, and 6% preferring later opening times. 80% of respondents wanted bars to close between 8pm and 11pm, while 15% wanted bars to close earlier between 1pm and 7pm. 5% wanted bars to close at midnight.
[172] For example, Jones SC, and Donovan, RJ, 'Self-regulation of alcohol advertising: is it working for Australia?' *Journal of Public Affairs* 2, 3 (2002): Hastings, G et al, 'Alcohol advertising: the last chance saloon: Failure of self regulation of UK alcohol advertising,' *BMJ British Medical Journal* 340:184-6 (2010)
[173] De Bruun, 'Monitoring Alcohol Marketing,' p.72-73
[174] Anderson P, et al, 'Impact of alcohol advertising and media exposure on adolescent alcohol use: a systematic review of longitudinal studies,' *Alcohol and Alcoholism* 44, 3, (2009) noted in WHO 2014, p.75
[175] Parry, C, et al, 'A total ban on alcohol advertising: presenting the Public Health Case,' *South African Medical Journal* 102, 7 (2012)

would reduce deaths by 6%. [176] In another study, economists studied 20 countries over 26 years and found that a complete alcohol advertising ban would reduce underage alcohol drinking by 24%, and reduce binge drinking by 42%. While a comprehensive ban may be the most effective, restrictions on the content, quantity, and specific marketing tactics can also significantly reduce harm.[177]Below is a list of commonly recommend, research endorsed marketing restrictions:

- Regulate the total quantity of alcohol advertising, for instance by limiting the number of billboards in an area and radio advertisements broadcast in a week.[178]
- Regulate the content of advertisements. Restrict advertising that refers to anything other than the taste or quality of the product or that makes false or misleading claims. Restrict 'lifestyle' based advertisements that connect alcohol to sexual or economic success, popularity, or a sophisticated/western lifestyle etc.[179]
- Ban all forms of marketing that target youth and children, including sponsorship of sporting and cultural events, sale of cheap, youth-targeted alcohol products such as alcopops, sweets or toys.[180] Ban promotional drives with loud music and give-aways that attract youth.
- Ban giving out free sample of alcohol or branded products such as t-shirts, ashtrays, glasses, caps etc.[181]

Recommendation: Gulu's alcohol ordinance must regulate alcohol marketing and advertising within the District. As Gulu town vies for city status, alcohol advertising is likely to become an increasing problem. Legislators must consider carefully whether Gulu should introduce a total ban on advertising, or whether specific aspects of marketing should be regulated. Note that a 'total ban' could only extend to local radio stations and on-the-ground advertising such as billboards, event sponsorship and promotional drives, and would have to exclude radio and television advertisements broadcast nationally. Careful thought should also be given to realities of enforcement. As noted in the WHO's global strategy, regulating advertising is likely to require the establishment of an independent body to survey alcohol advertising.[182] In the context of Gulu District, monitoring and enforcing a total ban may be more realistic than regular analysis of the content and quantity of alcohol advertisements.

If it is determined that a total ban is not feasible for Gulu, it is vital that Gulu District adopts the restrictions listed above.

5.6 Minimum drinking age

The importance of setting and enforcing a minimum drinking age is recognized in academic literature, and reflected in policies around the world.[183] Establishing a minimum drinking age is endorsed by the WHO's global alcohol harm reduction strategy. According to the WHO's 2014 report, 115 countries have a minimum drinking age of 18, 15 countries set their minimum age at 16 years, 7 countries at 20 years, and 14 countries at 21 years.[184] As noted above, while Uganda currently has an official minimum drinking age of 18 (see the 1960 liquor act), enforcement is weak.

Recommendation: Gulu's Alcohol ordinance needs to reassert a minimum drinking age (either of 18 or slightly higher), and allow for strict enforcement of those caught selling alcohol to underage youth.

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[176] Hollingworth, W, et al, 'Prevention of deaths from harmful drinking in the United States: The potential effects of tax increases and advertising bans on young drinkers,' *J Stud Alcohol* 67:300-308 (2006)
[177] Saffer, H, 'Alcohol advertising and youth,' *J Stud Alcohol* 14:173-181 (2002)
[178] De Bruun, 'Monitoring Alcohol Marketing p.72
[179] De Bruun, 'Monitoring Alcohol Marketing, p.73
[180]Swahn et al, 'Alcohol Exposures, Alcohol Marketing,' p.6 : Swahn, Monica, et al, 'Alcohol marketing and drunkenness'
[181] Ibid
[182] Global Strategy 2010, World Health Organization, p.16
[183] Alcohol Policy Framework,' Center for Addiction and Mental Health
[184] Global Status 2014, World Health Organization, p.74

5.7 Drink-driving: blood alcohol limit

Establishing and enforcing maximum blood alcohol limits is shown to be a highly cost effective policy for decreasing the number of traffic accidents. In the United States, lowering the alcohol blood limit from 0.10 to 0.08 reduced the number of alcohol related crashes by 5 -16%.[185] However, research also shows reduced accident rate when the limit is lowered from 0.08 to 0.05. According to one study, the risk of a crash is 4-10 times greater for drivers with an alcohol blood level of 0.04 - 0.07 than those with low or no alcohol in their blood.[186] Around the world, 61 countries have an alcohol blood limit between 0.05-0.07, while 46 countries have a limit between 0.08-0.15%. As noted above, Uganda's official limit is 0.08%, but is not enforced uniformly across the country.

Recommendation: In accordance with the research highlighted above, Gulu District's alcohol blood limit should be reduced from 0.08% to 0.05%. However, as breathalyzers may not be immediately available to all traffic police, provision should also be made to allow traffic police to use their judgment to determine whether a driver has consumed too much alcohol to drive safely. While Gulu's Police need to execute plans to acquire breathalyzers, lack of breathalyzers should not prevent immediate enforcement.

5.8 Ban on unlicensed 'illegal' spirits

Production of local waragi

Different sources estimate that 'illicit' unrecorded alcohol makes up between 50-80% of the alcohol market in Uganda.[187] As noted by a Ugandan Report, unrecorded alcohol covers home brewed alcohol (illicit spirits or licit non-spirits), traveler's imports, smuggling and 'surrogate alcohol' (alcohol diverted from industry). As noted above, in Uganda, illicit production of unlicensed *waragi* (strong spirits) distilled without regulation is the most worrying form of unreported alcohol. Consumption of adulterated home distilled spirits has led to numerous instances of blindness and death reported in the media.[188] While some unlicensed *waragi* is consumed where it is produced, some local brews are transported and distributed on trucks to centers throughout Uganda.[189] Crude *waragi* is often packaged in jerry cans, then sold on by retailers to customers.[190] In 2013 it was estimated that 16400 liters per month were imported from Kibale, and a further 5,600 from Lira.[191] Recognizing that the Enguli Act is out of date, attempts have been made in various Districts in Uganda to impose a local ban of illicit *waragi*, and some action has been taken to confiscate *waragi* jerry cans.[192] However there is little comprehensive, ongoing response to production and sale of unlicensed waragi.

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[185] Noted in Fell, James, and Voas, Robert, 'The effectiveness of reducing illegal blood alcohol concentration (BAC) limits for driving: Evidence for lowering the limit to .05 BAC,' *Journal of Safety Research* 37:3 (2006)

[186] Ibid

[187] See 'Country Profile Uganda: Global Status Report on Alcohol 2004,' (World health Organization, 2004), available at http://www.who.int/substance_abuse/publications/en/uganda.pdf, which states illicit alcohol makes up 80% of the market in Uganda, , The State of Alcohol Abuse Report cites 50-70% of alcohol in Uganda is illcit, (p.11)While 'The Road Map to Alcohol Policy' estimates 65% (p.2,8)

[188] See table in The Road Map to Alcohol Policy in Uganda

[189] Road Map to Alcohol Policy, p.9

[190] Ibid, p.10

[191] Owich, James, 'Gulu moves to ban crude waragi from entering the district,' *Acholi Times,* February 2013, available at www.acholitimes.com/index.php/news/1188-gulu-moves-to-ban-crude-waragi-from-entering-the-district+&cd=1&hl=en&ct=clnk

[192] Ibid

Recommendation: As discussed above, while the Enguli Act makes it illegal in Uganda to produce and sell *waragi* without a license, the law has weak penalties and is rarely enforced. Gulu District's Alcohol Ordinance must ban production, importation and sale of unlicensed *waragi*. Such a ban must have strict penalties (such as confiscation of equipment and alcohol, significant fines), and must be regularly enforced.

5.9 Enforcement Strategies.

Without enforcement, law is meaningless. Gulu District must not make the mistake of passing an alcohol ordinance, but failing to plan for, budget for, and execute enforcement. To make enforcement a sustainable, realistic exercise, Gulu District must devise creative, cost effective strategies. Firstly, Gulu District will need extensive assistance in monitoring aspects of this law such as marketing, sale of sachets, the number of licensed premises and drinking hours. While there must be District staff playing a role in monitoring, local councilors, police officers, concerned citizens, churches/mosques, civil society organizations and NGOs must also be called upon and constantly encouraged to alert the appointed authority when the alcohol ordinance is being broken. The District must actively educate such groups about the ordinance, and how they can be a part of making sure it is followed and enforced. The ordinance must determine the precise role/office responsible for administering the penalty. If at first, the District is overwhelmed by the task of enforcement, it is important to make an example of enforcement of a manageable number of cases.

Conclusion

Alcohol abuse is a significant factor underlying many economic, social and health problems in Uganda. The costs are particularly severe Northern Uganda where consumption rates are highest.

While alcohol has been shown to contribute to over 200 disease and injury conditions, this report focused on the 5 negative health impacts most relevant to Northern Uganda. Liver disease is the single largest cause of death attributable to alcohol in Uganda. In Northern Uganda, high rates of Hepatitis B, a diet high in aflatoxins, combined with high rates of alcohol consumption leads to high risk of liver disease. Alcohol has also been identified as a driver of the HIV epidemic, because alcohol consumption greatly increases 'risky sexual behavior' amongst populations. Other alcohol related health risks particularly pertinent to Gulu include traffic accidents, poisoning and mental health problems.

Alcohol consumption has a devastating social impact in Northern Uganda. Alcohol use is strongly associated with relational problems within the home, and break up of families. As one study demonstrated, women whose partner frequently drank alcohol before sex are five more times as likely to experience domestic violence. Alcohol has a detrimental impact on children's education and youth culture. Underage drinking in Uganda is driven by accessibility of cheap alcohol (such as sachets) and lack of regulation of marketing and advertising. Research demonstrates alcohol is also a significant contributing factor in crime, particularly violent crimes such as homicide.

In Northern Uganda, alcohol contributes to household poverty. While drinkers can waste large proportions of their household budget on alcohol, they are also less likely to be productively engaged in work, more likely to make poor financial decisions and can face heavy medical expenses as a result of their drinking. Alcohol consumption, moreover, takes a heavy economic toll on society as a whole. International studies which compared the economic cost of alcohol to financial gains due to tax revenue revealed, the cost is usually far greater than the benefit.

Like the rest of Uganda, Gulu District lacks policy to reduce the harms caused by alcohol abuse. Gulu District must follow the lead of countries such as Kenya that have banned alcohol sachets and introduced alcohol policies, or face increasing social, economic and health costs as international alcohol companies increasingly target Africa.

Policy recommendations for Gulu District based on international evidence:

1. **Restrict accessibility of alcohol** To restrict the accessibility of alcohol, Gulu must limit the hours of sale and also the density of alcohol sale outlets.
2. **Restrict affordability** To address the issue of affordability of alcohol, Gulu District should consider introducing a minimum pricing policy.
3. **Sachet Ban** Sachets are dangerously cheap, and their convenient 'concealable' packaging is marketed at youth. Gulu must join the growing movement in Africa to ban sachets.
4. **Ban or Regulate Advertising.** Gulu must consider a complete advertising ban, or alternatively regulate the quantity and content of advertising, and restrict the most harmful forms of marketing such as sponsorship of youth events and distributing free branded merchandise
5. **Minimum drinking age** Gulu must reintroduce and enforce a minimum drinking age of 18, or slightly higher.
6. **Driving blood alcohol limit** To reduce alcohol related traffic accidents Gulu must strictly enforce a blood alcohol limit for drivers.
7. **Ban illicit *waragi*** Gulu should introduce tougher penalties and real enforcement of a ban on the production and sale of unlicensed *waragi*.
8. **Enforcement Strategy** Develop a well funded, strategic approach to enforcement of the above policies.

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