

UGANDA ALCOHOL POLICY ALLIANCE (UAPA)

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PRESS RELEASE

PROPER ALCOHOL MANAGEMENT IS NECESSARY FOR SPEEDY RECOVERY FROM CORONA VIRUS-19

Since the beginning of the 2020, the world is grappling with Corona Virus 2019 (COVID-19) and Uganda has not been spared. As of today Uganda has registered over 1,182 infections. Formally, five deaths directly linked to COVID-19 have been reported by Ministry of Health (MoH) while several hundreds of people have died indirectly as a consequence of the novel virus. Our social-economic systems have been greatly destabilised and it is both important and urgent to focus on measures to mitigate harm and cause speedy recovery from the devastating effects of COVID-19.

Measures to Mitigate Alcohol Harm During the COVID-19 Pandemic

Alcohol is known to weaken the immune and recovery systems of people and societies against COVID-19. Possibly in recognition of this fact, a significant proportion of the presidential directives on prevention and management of COVID -19 that were issued between March and June 2020 meant to directly impact on the trade and consumption of alcohol. In his maiden speech on COVID-19, on 18th March 2020, the President of Uganda rightly recognised alcohol as a major risk factor that potentially aids the spread of COVID-19. 'Drunkards sit close to one

another. They speak with saliva coming out of their mouth. They are a danger to themselves...' said Mr Museveni. Subsequentl, public recreation, entertainment and various alcohol consumption avenues such as discos, functions, sports, music shows, cinemas and concerts were suspended. Additionally, the president banned On-premise alcohol consumption, and closed hotels, lodges, restaurants and non-food shops. In June 2020 the lockdown was relaxed but restrictions on bars and parties remained.

UAPA applauds the government for the brave lifesaving directives towards control of alcohol harm and recognises the educative, surveillance and enforcement measures from the national to the local taskforces.

Impact of the Presidential Directives towards Reduction of Alcohol Harm

Between April and June 2020, UAPA conducted a rapid survey to monitor alcohol control measures in COVID-19 period and the extent to which the presidential directives during the lock down reduced alcohol related harm. In total, the study covered 70 leaders from 15 districts randomly selected from the four regions of Uganda. This survey was qualitative using interview/observation methods in communities where UAPA members operate and was conducted following MoH standard operating procedures (SoP) of social distancing; using phone calls, virtual platforms such as zoom, WhatsApp and skype. A few physical interactions were held with the Members of Parliament. Other informants included media personnel, religious leaders and District/Sub county leaders involved in enforcement of the directives.

For purposes of analyzing the compliance of the presidential directives we shall break down the lockdown in three phases each with distinct features although adherence to health precautions, closure of bars and night pubs, the ban on gatherings and night curfews was cutting across. While phase one marked the initial intervention characterized by total lock down with a ban on public and private transport and closure of all activities except essential services; in phase two of the lock down there was gradual opening of private transport and selected services. Finally, phase three of the lockdown is characterized by the gradual of private transport and public transport and a variety of business enterprises while other non-essential sectors and those capable of bringing together large gatherings remained closed.

Did lockdown measures reduce alcohol related harm?

Respondents were aware of all the directives and observed that the measures would have been sufficient to prevent alcohol abuse but were most effective in the first phase. Alcohol use during the first phase of the lockdown seems to have reduced especially in urban areas as some people relocated from towns to villages to support their families with agricultural work. Decline in alcohol abuse in the initial period of the lockdown was essentially attributed to strict surveillance as many offenders from all over Uganda were arrested and charged in courts of law.

Lapse in Implementation: Escalation of Alcohol Harm during the Lockdown

To a very large extent the lockdown measures have failed to curb alcohol abuse in the COVID-19 period. We observed extreme laxity in surveillance and enforcement especially in phase two and three of the lockdown. Disregarding the Presidential guidelines enabled acts of alcohol abuse at all stages of the lockdown. To efficiently enforce their lockdown some countries such as India, South Africa and of late Kenya have taken strict measure against alcohol. However in Uganda, it is almost the usual business for alcohol industries and alcohol outlets as they remain operational. Below are our observations responsible for increasing alcohol harm hence compounding the COVID-19 crisis.

- 1. Continued production, promotion, transportation and open selling of alcohol: Alcohol production, trade and consumption remained legal throughout the the different stages of the lockdown. The alcohol industry took advantage of the sanitising benefits of alcohol to promote their products. In the first stage of the lockdown the misconception that 'alcohol consumption would protect one from COVID-19' appear to have been deliberately promoted. Even at the peak of the lockdown when transportation was restricted, trucks that were loaded with alcoholic drinks were allowed to operate hence enabling its access. In places where movement of trucks were restricted the bodaboda motorcyclist became handy doing door to door deliveries. Beer depots remained operational and shops have continued to openly sell alcohol and allow many on-premise use. Alcohol adverts were not stopped and online alcohol exposures increased. Hawking alcohol and its sale through online apps were not foreseen yet they have far reaching consequences including promoting under age usage of alcohol.
- 2. <u>Bars still operating</u>: Of late, young people are seen on social media posing with alcohol in bars and in other social events. In spite of the ban, many bars remain operational as owners simply put off music and lock their customers inside their premises defying the protocol of social distancing and endangering its patrons.

- 3. New drinking spaces: Our study found that some liquor retailers promoted stockpiling of alcohol and thus heavy drinking while in quarantine at home. In rural areas people buy alcohol and consume it from unexpected places such as forests, banana/coffee plantations in order to avoid surveillance teams. Homes have now been converted into bars.
- 4. Homemade alcohol not touched: Many people think that Presidential guidelines only affected the bars where they sale industrially produced alcohol. While some areas reportedly restricted home brew, most of the country did not care about this and homemade liquor bars have continued operation without any observance of the SoPs.

Impact of Alcohol Use During Lockdown

As a result of the above lapses, more people reported negative consequences of alcohol such as increased Gender Based Violence resulting into family unrest, injuries and deaths. In some sections fatalities resulting from acute alcohol poisoning were reported as people with Alcohol Use Disorder (AUDs) suffering withdrawals did not have guidance on where to seek assistance.

Contribution of Civil society in controlling alcohol harm during COVID-19

As civil society we continue to play our role by educating the masses about dangers of alcohol in the COVID-19 and beyond (E.g. *Tumuzizike ekuuli production*), provide relief services to vulnerable populations and offer treatment services to those affected by alcohol Use Disorder (AUD). We need government support.

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Recommendations

The COVID-19 crisis shows the need to quickly enact the National Alcohol policy and present the Alcohol Control Bill where issues such as management of homemade and digital promotions of alcohol should be clearly addressed. Considering that consumption of alcohol is largely hazardous in crisis situations, it is important to engage more restrictive measures such as temporal total bans on its production, trade and consumption during health emergencies. We also call upon government to step up the surveillance and implementation of the presidential directives, to expand current initiatives for treatment of Alcohol Use Disorders and explore alternative economic support activities for alcohol dealers especially in the informal sector. We appeal to all leaders and politicians not to use alcohol as a campaign tool and to be alert to all alcohol harm in their communities. We call upon parents to show a good example to their children in this time and not introduce them to alcohol use. In the absence of media guidelines on alcohol we call upon the media fraternity to be responsible while marketing alcoholic products.

Together for a Uganda free from alcohol harm, For God and my country,

Dr. David Kalema, PhD

CHAIRPERSON