



MAKERERE UNIVERSITY

# **DOES UGANDA HAVE AN ALCOHOL BURDEN?**

## **What do figures tell us?**

An online presentation sponsored by ISSUP-Uganda Chapter

At Midday, Wednesday 2<sup>nd</sup> July 2025

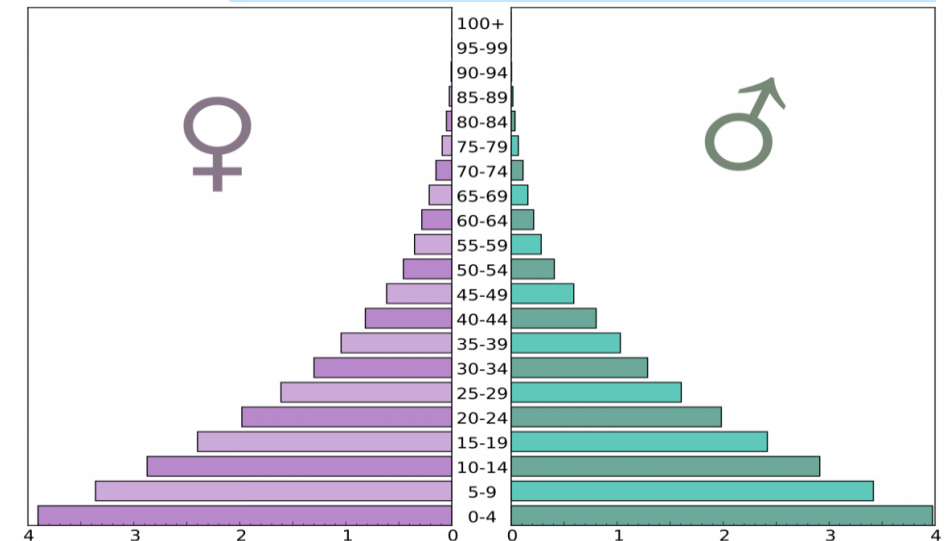
Nazarius Mbona Tumwesigye

# Outline

- Introduction and Uganda's health outlook
- Highlights of the contribution of alcohol to Uganda's burden of disease and other negative outcomes
- Suggested interventions

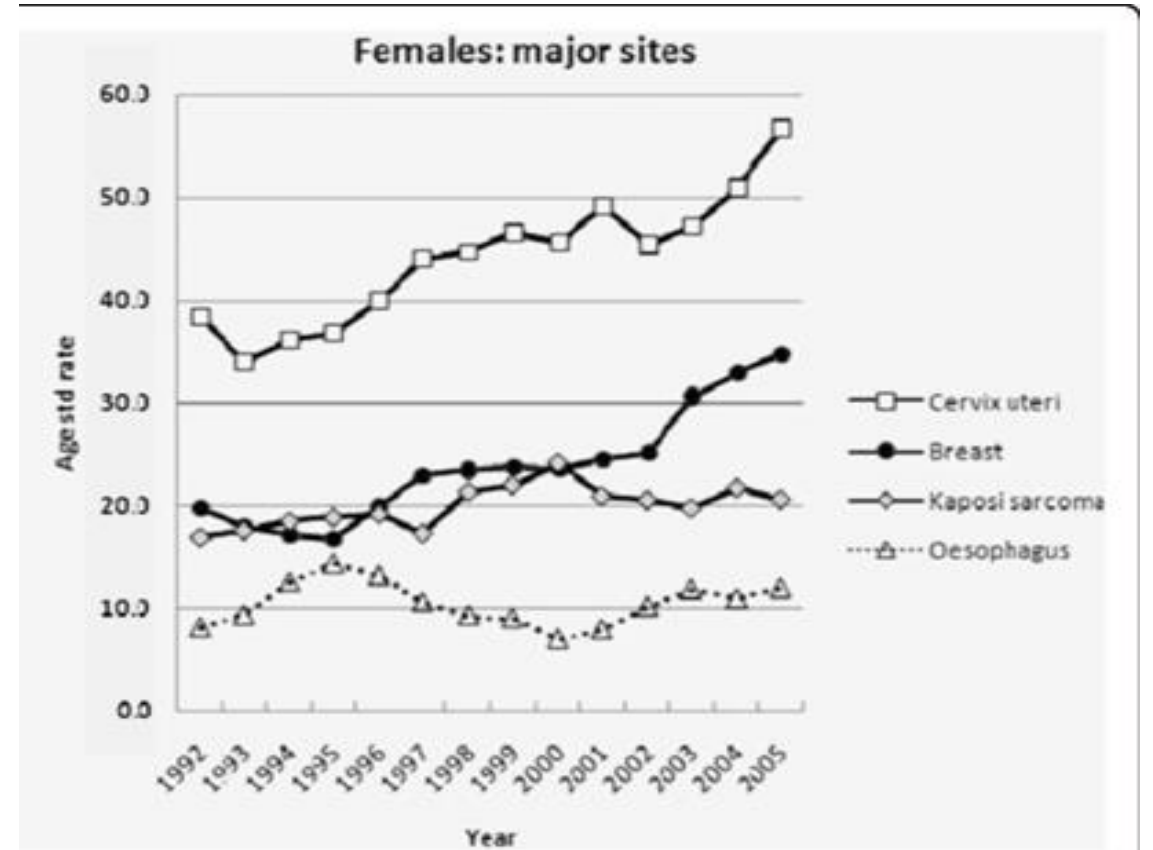
# Introduction- Uganda at a glance

- A country in East Africa
- Has a population of 46 million with a size almost that of UK-and population density of 227 per sqkm (UBOS, 2024)
- Population projected to be over 85m in 2050
- 49.6% of the population <18 years
- Youth (18-30) Not in employment, Education, training (NEEP)- 50.9%
- Per capita-GDP \$1,146 (WB, 2024)



# Introduction-Health

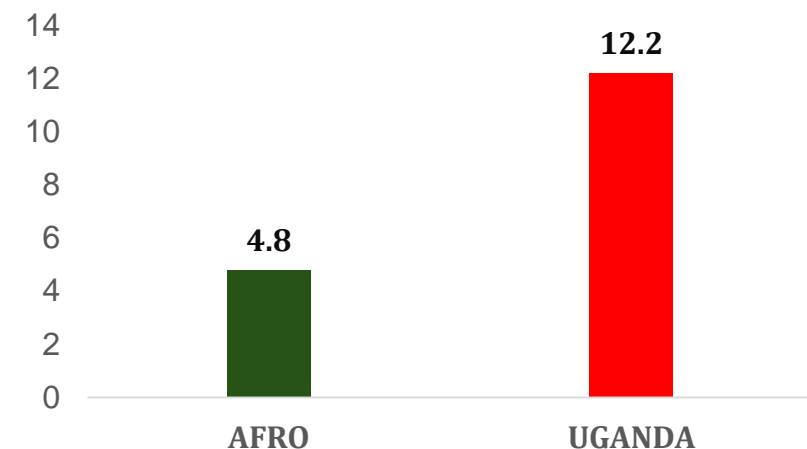
- Maternal Mortality rate- 189/100,000
- Under 5 mortality- 52/100,000
- Malaria kills 70k-100k annually
- There is also a growing burden of non-communicable diseases (NCDs), including mental health disorders.



Extract from Schwartz et al. 2014

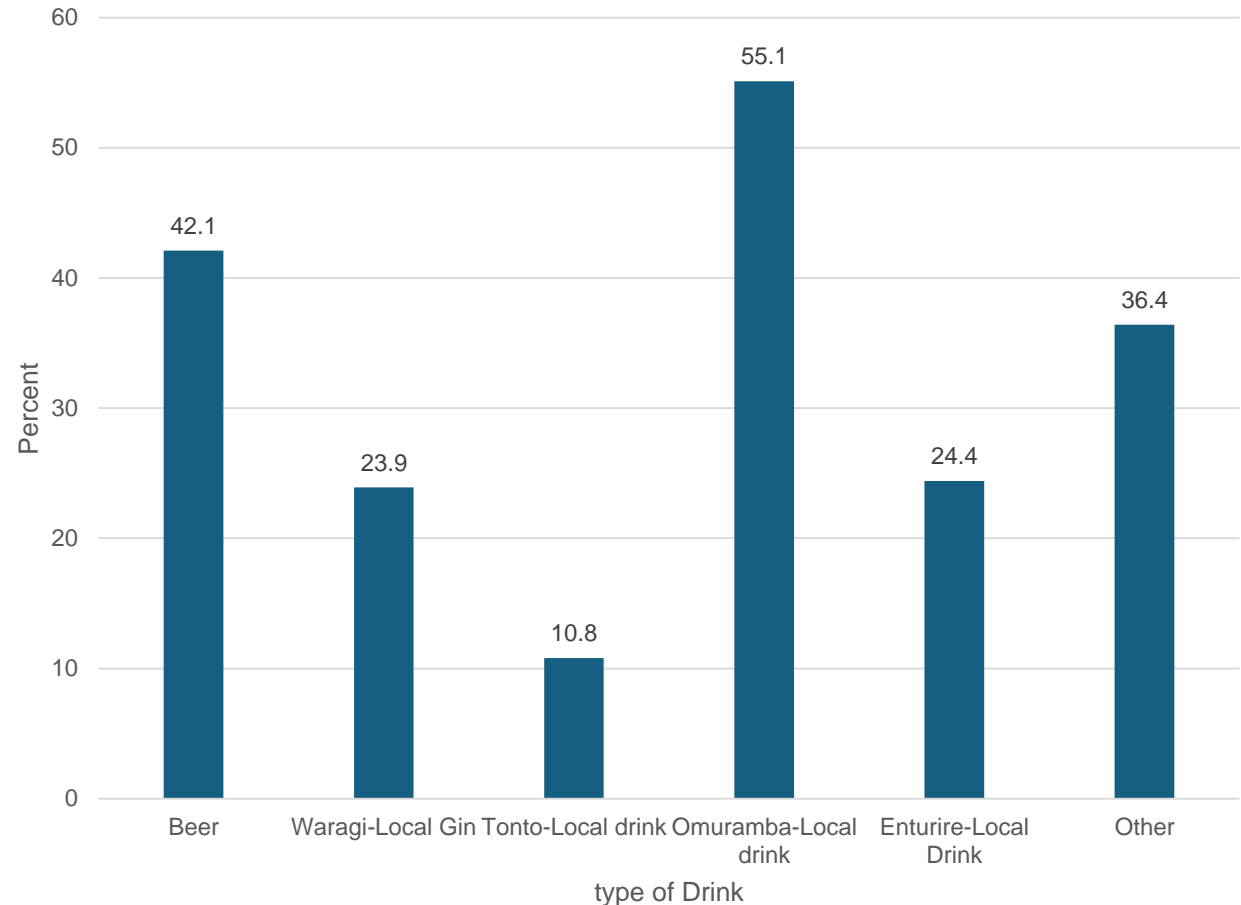
# Alcohol consumption and abuse

- WHO steps survey- 32% adults took alcohol in past year (Kabwama et al 2024)
- According to WHO (2023), Uganda is the highest consumer in Africa, at 12.20 litres of pure alcohol per person per year (19.9 litres for men and 4.9 litres for women)
- Alcohol use disorder level of 10% (WHO, 2024) .



# What are people drinking?

- Mostly unrecorded
- A study in south western Uganda found consumption of beer-licit (42.1%)- while Illicit (unrecorded alcohol consumption level of 58% (Tumwesigye et al 2025)



# Contribution of alcohol to disease burden in Uganda- WHO, 2018

## Deaths connected to alcohol

- 2861 of liver cirrhosis deaths
- 3900 of Road traffic deaths
- 1500 of Cancer deaths
- ASDR across 4 major NCDs (Cardiovascular Disease, Chronic Respiratory Disease, Cancer and Diabetes) was 709 per 100,000 in males and 506 in females in 2021 (WHO, 2023).

Age-standardized death rates (ASDR) and alcohol-attributable fractions (AAF), 2016

	ASDR*		AAF (%)		AAD** (Number)
Liver cirrhosis, males / females	44.0	30.9	70.4	47.2	2 861
Road traffic injuries, males / females	74.9	27.2	37.0	24.3	3 900
Cancer, males / females	285.4	184.2	8.4	3.1	1 514

\*Per 100 000 population (15+); \*\*alcohol-attributable deaths, both sexes.

# Burden of alcohol cont'd

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



# Other recent studies

- Prevalence of probable alcohol use disorders (AUD) and other substance use disorders (SUD) among children 6-17 in Mbale was 27.8% while that of probable AUD alone was 25.3% (Abel, 2024).
- Over half (60.5%) of children 12-18 on the streets and slums in Kampala reported experiencing at least one type of violence exposure; many youth self-reported depression (57.8%), anxiety (76.8%), and substance use to cope (37.0%) (Swahn, 2024).
- Uganda is ranked among the top six countries in Africa in rates of depressive disorders (4.6%; Miller et al., 2020), while 2.9% live with anxiety disorders (WHO, 2017). Alcohol consumption is a major contributor
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# Other negative effects

- Lots of evidence of linkage of alcohol use to road traffic injury rate, risky sexual behaviour, infectious diseases such as TB, domestic violence, poverty & mental health problems.



What is being done?  
What can be done?

# Government intervention

- The country plans to reduce the rates of NCD related mortality from 21% to 19% in next 5 yrs.
- The Ministry of Health's strategic plan targeted a reduction of alcohol abuse from 5.8% to 4.8% by 2025

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

- \$810 (Ushs 3,000,000) for rehabilitation a month (Namara, 2020)
- According to WHO 7.1% of all aged 15+ have alcohol use disorders- affecting productivity/sick/causing injuries/death
- Among men it is 12.4% affected
- Estimated Popn at 45.9 million (UBOS, 2024) with 56% aged 15+ (25.7m) (UNFPA).
- ➡ 7.1% of 25.7m=1,824,984
- Suppose one takes 2 months (normal 1-3 Months).
- ➡  $1,824,984 \times \$810 \times 2 = \$ 2,956,474,080$

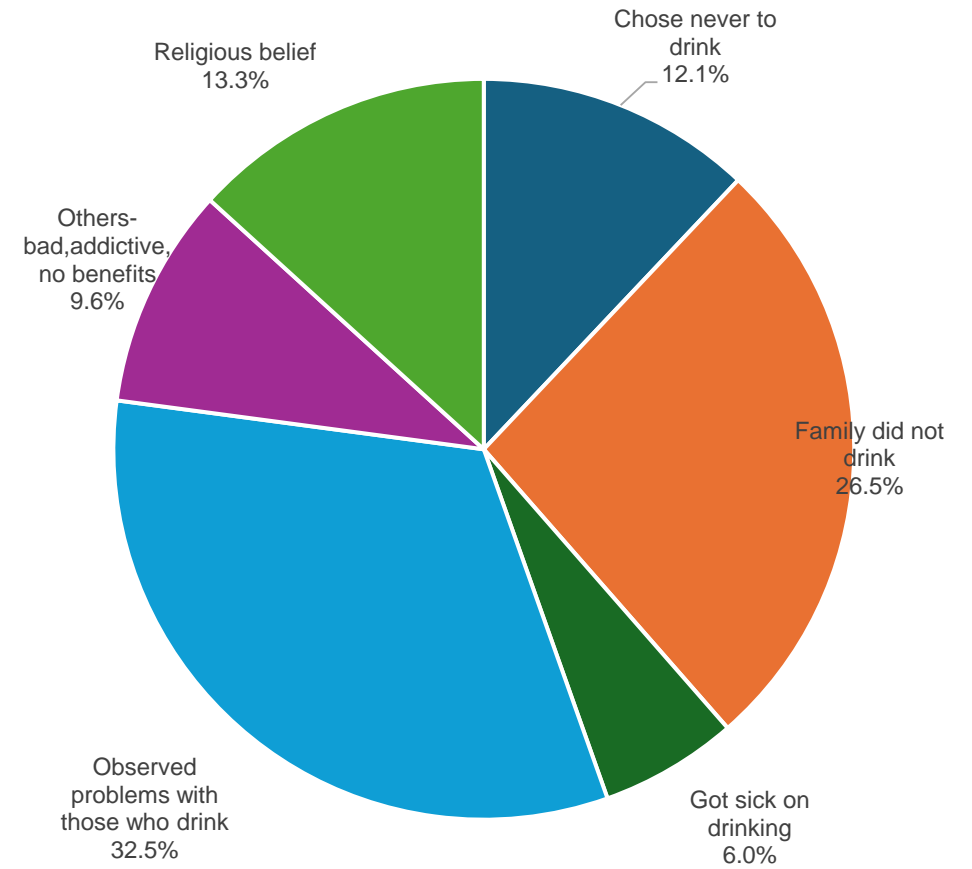
• Ug Shs 10,938,954,096,000 =11 Trillions

• The country's budget is 72.1 Trillions



# Reasons for stopping drinking –individual response in one recent study

- Religious commitment,
- family background, and
- negative experiences.



# What can be done to reduce alcohol related problems? (One main suggestion)

- Most common
  - Sensitization -38.6%
  - Regulate alcohol use 25.7%

Suggestion	Freq.	Percent
Sensitization	131	38.64
Regulate alcohol use	87	25.66
Create more Job opportunities	28	8.26
Ban factories (Some/all)	21	6.19
Ban alcohol use	20	5.90
Ban sales	8	2.36
Increase Taxes	8	2.36
Ban bars	5	1.47
Religious Intervention	4	1.18
Punitive measures	3	0.88
Others	10	2.93
Missing/Nothing	5	2.47
Doesn't know	9	2.65
Total	339	100.00

# What can be done: Policy level

- Increased taxes
- More regulation of production, consumption, marketing- the BILL should come back
- The odds of taking alcohol among those with items that had an alcohol advert are twice as high as those without [AOR 2.00, 95 %CI 1.33–3.01] (Kabwama Et al 2021)
- The amount of the exposure to alcohol advertising is associated with the quantity of alcohol consumed of the brands advertised (Naimi et al 2016)





# Conclusion- There is cause for alarm

- The levels of alcohol use and abuse are high
- The prevalence of Negative effects is very high
- Need for more concerted effort from Government and other stakeholders

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- Nazarius Mbona Tumwesigye<sup>1</sup>, Vincent Mubangizi<sup>2</sup>, Wilber Karugahe<sup>3</sup>, Agnes Napyo<sup>4</sup>, Sam Maling<sup>2</sup>, Aggrey Mukose<sup>1</sup>, Catherine Gitige<sup>1</sup>, Mary Mbuo<sup>5</sup>, Cissie Namanda<sup>1</sup> and Merlin Willcox<sup>5</sup>. **HARMFUL USE OF ALCOHOL IN A RURAL SETTING: A Pilot study around Lake Bunyonyi in Kigezi Sub-region, Uganda – Conference presentation-Glasgow June 2025**

Thank you