

Volume 2, Issue 3, November 2018

# Local Development and Alcohol Abuse: the Case of Karamoja

Giulia Cau, Rose Miligan Lochiam, Maria Merlo, Pier Luigi Rossanigo, Marco Steffan

**Policy Papers** 

DOI:

10.14658/pupj-phrg-2018-3-4

# How to cite:

Cau, G., Lochiam M.R., Merlo, M., Rossanigo, P.L., Steffan, M. (2018) 'Local Development and Alcohol Abuse: the Case of Karamoja', *Peace Human Rights Governance*, 2(3), 349-367.

Article first published online

November 2018



# Local Development and Alcohol Abuse: the Case of Karamoja

Giulia Cau\*, Rose Miligan Lochiam\*\*, Maria Merlo\*\*\*, Pier Luigi Rossanigo\*\*\*\*, Marco Steffan\*\*\*\*

### Abstract

Karamoja Sub-Region in Uganda is experiencing in the last few years a dramatic increase on alcohol consumption. The population is agro-pastoralist, and the area has been insecure, mainly due to cattle raids, up to some years ago. After security has been restored, a fast growing economic development has been observed on the side of transport, trade, communication, and mining of mineral resources. However, at the same time, a number of side effects have appeared, and the increase of alcoholism is the most evident and striking. This is a great concern for the local community, so that Moroto Catholic Diocese has taken the initiative to collect evidence-based data in order to measure the dimension of the problem. Results show a worsening situation about negative effects on the health and the social wellbeing of the population caused by the over consumption of alcohol. This draws a shadow on local economic development especially on activities that are not properly guided. This paper calls for interventions from different stakeholders, both Governmental and non-Governmental, for correcting the situation, with the objective to avoid future serious and deeper effects on the local society.

*Keywords:* Karamoja, local development, alcoholism, data, gender based violence, indigenous people.

- \*\* Social Worker, Moroto, Uganda
- \*\*\* Medical Consultant, Italy
- \*\*\*\* Health Department, Moroto Diocese, Uganda
- \*\*\*\*\* Justice and Peace Desk, Moroto Diocese, Uganda

<sup>\*</sup> Insieme si può in Africa NGO, Uganda; e-mail: giuliacau74@gmail.com

#### Introduction

Uganda is considered among the Countries with high alcohol consumption in the world, where 89 per cent of the alcohol consumed in Uganda is unregulated, home brewed and illegally sold (Global Status on Alcohol and Health 2014). With a 54.5% of alcohol consumers, the Sub-Region of Karamoja ranks gloomily no. 1 in the Country, where the national average is 14.6% (Uganda National Household Survey 2017). This finding should promote awareness at national level concerning the problem of alcohol consumption in Karamoja and boost policy initiatives both at regional and national level. Although alcohol consumption is apparently not a priority in public policy<sup>1</sup>, it has documented impacts on health, social status, family economy, general well-being and economic development (Wilkinson and Marmot 2003).

This article is organised as follows. The first section of the paper presents the social and cultural background of the area, where overconsumption of alcohol has been observed. The second section draws the research methodology aimed at gather evidence-based data to assess the problem, and then discusses the main research questions about the impact of alcoholism on health and social wellbeing. The final section provides a series of summary observations and implications also valuable for policy recommendations.

## 1. Introducing Karamoja

#### 1.1. Geographic and Ethnic Background

Uganda is situated in East Africa and has a surface of 241,551 square kilometres. Administratively is divided into Districts, which are subdivided in Counties, Sub-counties, and Parishes. The population is of 34,6 million persons as of 2014, with an annual growth rate of about 3% (Uganda Bureau of Statistics 2016).

Karamoja Sub-Region covers an area of 27,900 square kilometres and is located in North-East of Uganda, comprising about 10% of the Country's

<sup>&</sup>lt;sup>1</sup> As a counterfactual, only Gulu District out of entire Uganda has enacted the Gulu District Alcohol Control ordinance to regulate the manufacture, distribution, sale and consumption of alcohol in Gulu district. It also restricts time for opening of bars to between 5pm and 1 am. It also requires that the alcohol should be packaged in glass not less than 250 milliliters. In January 2017 Gulu District council has rejected the proposal from the Trade and Industry Ministry to stay the implementation of the Alcohol Control Ordinance until September. Councillors voted unanimously to continue implementing the ordinance to protect the health of their electorate in an extra Ordinary council meeting attended by the Ministry officials. Source: Annah Nafula, Gulu district council goes ahead to implement the alcohol control ordinance, Capital radio, January 31, 2017.

total land area, with a population of 965,008 as of 2014 (Uganda Bureau of Statistics 2016). Karamoja is divided into eight Districts: Abim, Kaabong, Kotido, Moroto, Nabilatuk, Napak, Nakapiripirit, and Amudat. The Diocese of Moroto is one of the two Catholic Dioceses in Karamoja Sub-Region, and covers the political districts of Moroto, Napak, Nakapiripirit, Nabilatuk and Amudat, with a total population of 508.113 inhabitants as of 2014 (Uganda Bureau of Statistics 2016).

The climate in Karamoja is semi-arid characterised by an intense hot and windy season, lasting from November to March. The rainy season is from April to August with marked minimum in June and marked peaks in May and July (Quam 1996).

The dominant livelihood in Karamoja is pastoralism; however, the livelihood pattern has changed over time due to cattle rustling and loss of livestock and is undergoing transition to agro-pastoralism. Other livelihoods include crop agriculture (sorghum, maize, groundnuts, beans, and also other cereals like sunflower) and mining of limestone, marble and gemstones. Karamoja has experienced unpredictable climate change conditions over the years. This has heavily impacted on the crop and livestock production. The adverse effects of climate change are manifested in crop failure and reduction in livestock, resulting into food insecurity, malnutrition among children, environmental degradation, increase in pest infestation and human diseases. Climate change has not only enhanced drought and food insecurity but also other related hazards in the Sub-Region. Water resources are scarce and unevenly distributed, which makes people and livestock more vulnerable as there is hardly any water for irrigation and for the animals. This has also aggravated the low agricultural production, combined with the effects of conflicts that are either domestic or land related (Jordaan 2014). Due to the unpredictable climatic conditions, the farmers are not sure of the planting season. Women are traditionally engaged in all the kind of livelihoods like charcoal burning, firewood collection and sale of local brew ('kweete') as a substitute to agriculture that suffers crop failure for quite a number of years due to unreliable rainfall.

The people who inhabit the Sub-Region are called 'Karimojong'. They are divided into different ethnic clusters: the Bokora, who live in Napak District, the Pian who are settled in Nakapiripirit and Nabilatuk Districts, the Mateniko who live in Moroto District, the Jie who are in Kotido District, and the Dodoth who live in Kaabong District. The other main tribes which live in the area are the Tepeth, who are settled on the slopes of Moroto Mountain and Mount Napak, the Pokot who inhabit Amudat District, the Labwor who are in Abim District, and the Kadama who are settled on Kadam Mountain (Bonomo 2011). The majority of Karimojong (about 80%) still live in rural settlements called 'manyatta' (or 'erè' in local language), composed by huts having walls made by mud and tree branches, with grass thatched roofs. Women play a very significant role in the family as they look after the children, cultivate the gardens and do the welfare, while men control family resources and are the decision makers: this makes women and girls more vulnerable to domestic and gender based violence.

The Karimojong remain among the poorest people in Uganda, with over 70% of them living below the poverty line, while the literacy rate is only about 23% for women and 63% for men (Uganda Demographic and Health Survey 2011).

# 1.2. Difficult Post-conflict Transition: the Loss of Cultural Identity

As mentioned above, the main activity in Karamoja is pastoralism, mainly of cattle but also of goats, sheep and camels, while agriculture is considered as a complement for subsistence (Ocan 1994). Traditionally, in the precolonial period, herding with those harsh climate conditions was possible thanks to transhumance. Mobility ensured to overcome the difficulties of an environment characterised by unreliable rainfall patterns, and unreliable spatial and temporal availability of resources (Ocan 1994). Pastors used to migrate to exploit grass and water resources giving to grazing lands areas the time to recover (Kagan et al. 2009). Karimojong pastoral mobility, complemented with fixed areas for cultivation and family's living, was at the basis of their way of life. Their land-system was self-regulating and the only one suitable for adapting in such extreme geophysical characteristics (Ocan 1994). Water availability depends on unreliable rainfall and on seasonal rivers. Traditional water catchments followed the pastoralist migration. Today, several valley thanks have been constructed following the sedentarisation trend (Jordaan 2014). This latter has started already with the British ruling: many common grazing lands were enclosed by the British as 'forest reserves' or 'game reserves' in the 1950s (Onyango et al. 1993). In the 1960s, started ferocious raids with modern arms from the Turkana from the East and from the Toposa from the North. With the coup d'état in 1971, general Amin wanted to restore stability in Karamoja and thus sent its troops to fight against these raids. The result was that the incursions were stopped and the cattle instead of being returned to the Karimojong people were sold.

Karamoja, since the British colonisation, was treated by the central government as a war zone or a 'no-way zone' (Onyango et al. 1993). The following government continued to believe in the shifting from pastoralist

to agriculture as more efficient subsistence way of life (Mercy Corps 2016). Even in the Second National Development Plan 2015-2020, the proposed interventions for Karamoja development regard mainly the mineral sector for attracting private investments without addressing the issues concerning the extreme scarcity of cattle, source of sustenance for Karimojong and source of social stability<sup>2</sup>. In the 2000s the government issued a series of disarmament campaigns like the systematic Karamoja Integrated Disarmament and Development Plan of 2006, believed to be carried out in a violent and rights denial manner (Sundal 2010). The central government promoted also the creation of a series of protected stantial *kraals*, that has facilitated the spread of diseases, and along with insecurity and violence, has brought to a 70% loss in livestock (Mercy Corps 2016).

For all the aforementioned reasons, the Karimojong are currently experiencing a difficult transition from land use to land ownership, which in the past was not part of their culture as semi-nomadic pastoralists. Due to this transition and the population increase, land disputes and conflict are increasing throughout the Sub-Region.

The Ugandan Land Act of 1998 recognises that 'any person, family or community that holds land under customary tenure on former public land may acquire a Certificate of Customary Ownership (CCO) in respect of that land<sup>3</sup>. The truth is that only 5% of the Ugandan population holds that certificate leaving uncertainties on land tenures and leaving the space for unlawful exploitation of land and its resources. According to Rugadya et al. (2010) this is due to the high cost of registration and to unskilled functionaries present in the land offices. What is happening in Uganda, especially in Karamoja, is that the central government in order to attract foreign investments is giving concession to companies for land management at a very convenient conditions. This should be preceded by a Memorandum of Understanding between the communities living in those areas and the private entities, thing that is not happening in practice. People do not know the boundaries of lands and their rights over them, making it an obstacle to have access to already scarce resources. The inability to prove land possession and land boundaries for people in Karamoja is emerging as a major problem vis-à-vis the increment of provided mining concessions by the government to external mining companies. Mining sector is raising concerns on human rights respect and alleged cases of land grabbing. Human Rights Watch (2014) found out that in order to promote private investments, Ugandan government gave

 $<sup>^2\,</sup>$  Second National Development Plan 2015/16 –2019/20 section 187 on 'attracting private investment in mineral resources'

<sup>&</sup>lt;sup>3</sup> see Land Act cap 227 section 4, 1998

concession to mining companies to explore Karamoja territory to assess the presence of minerals. Although by Constitution the central government has exclusive rights on minerals, it does not hold the power to access deliberately to those lands where minerals are found. There should be before the informed consent issued by the communities who inhabit those territories. In reality, according to Human Rights Watch, this does not happen and communities do not even receive the 3% of royalties provided for by the Land Mining Act of 2003 (Human Rights Watch 2014).

In some cases communities have been evicted by holders of mining licenses and investors who acquired huge extension of land. Moreover, restrictions on access to grazing lands across international and district borders have made survival for the Karamojong more difficult and have exacerbated the relationship between the Karimojong and other tribes (like the Turkana from Kenya and the Toposa from South Sudan), multiplying the episodes of cattle raids, which have eventually degenerated into armed clashes where several thousand lives were lost in the last two decades.

Due to the increasing insecurity in the Sub-Region, the Ugandan Government has tasked the national army, the Uganda Peoples' Defence Forces (UPDF), to implement a forced disarmament program between 2006 and 2012, which has managed to remove several thousand of illegal weapons from the Sub-Region. The disarmament program has been particularly effective in Southern Karamoja, and has removed most of the weapons at the disposal of the Matheniko, Pian and Bokora. As a side effect of the disarmament, those Karimojong clusters were not able to defend their animals from the neighbouring pastoralist tribes and have lost most of their animals due to cattle rustling perpetrated by the Jie and the Dodoth from Northern Karamoja and the Turkana and Pokot from Kenya.

The combination of all these major social and cultural changes, the conflicting transition from traditional institutions to new administrative entities like political Districts and Sub-counties and the impact of social problems like alcoholism, gender based violence and unemployment have put at stake the resilience capacity of the Karimojong and are likely to produce unforeseen effects on the people of Karamoja in the near future.

#### 1.3. The Insurgence of the Alcohol Problem

In Karamojong society, women and children carried all the burden of the family survival. Brewing is traditionally run by women, as a source of income for the family. A crucial fact to be considered in order to understand the problem of alcoholism in Karamoja is that in the last ten years the type of alcohol consumed has changed from the local brew, called 'kweete' (produced through the fermentation of cereals and having a low alcoholic percentage in a range of about 4 to 6%), to the widespread consumption of distilled alcohol, called 'waragi', produced outside Karamoja and having a high alcoholic percentage of 40% and even more.

'Waragi' (or 'etulè' in local language) was introduced by the groups which came to Karamoja from Kenya and other parts of Uganda around the year 1960. The brew was made of millet/sorghum/maize filtered and mixed with sugar, and after some days distilled with twenty litres tins (called 'debe'), and it was mainly drunk by trading centre dwellers<sup>4</sup>.

In the 1980s this locally made waragi lost market when the traders brought in from the town of Lira the so called 'Lira-lira' which was stronger, and the women opted for it because the work load was reduced and it was easier to carry to the villages to sell. From around 1990 to date the sell and consumption of 'waragi' has overshadowed the local brews and it is drunk by all ages in large quantities.

This alcohol has spread beyond the villages up to the far cattle *kraals*. It is sold by various categories and ages of people, and it is no longer women alone selling alcohol as in the past. The elders decided to choose waragi as a special drink and this was the start of the current situation.

According to the 'Justice and Peace Desk' of Moroto Diocese<sup>5</sup>, waragi has now become the most common alcohol available; it can be quite easily bought in shops in form of small plastic envelops (called 'sachet waragi') produced in Kampala by registered distilleries<sup>6</sup> and sold in Karamoja at the cost of 500/700 UGX each (equivalent to about one fifth of one USA Dollar)<sup>7</sup>. The sachet waragi is composed of purified water, alcohol and industrial flavors. Each sachet contains 100 ml of spirit and has an alcohol percentage of 40% or more. The alcohol and flavors are imported from abroad (mainly from India), and only the blending and packaging are made in the industrial distilleries in Kampala. Officially the sachet waragi is not for sale to people below 18 years, as indicated in the envelops, but it is common observation that even children can buy it. The other kind of waragi which is largely consumed in Karamoja is the 'spirit' (or 'etulé' in the local language), which is mainly sold in plastic containers of 20 litres – locally called 'jerrycans' (Fig. 1).

<sup>&</sup>lt;sup>4</sup> The local people named it 'apatwelè', meaning 'fall out', because of the obvious effects of over drinking.

 $<sup>^5\,</sup>$  The Justice and Peace Desk of the Diocese of Moroto is the office created for dealing with Human Rights issues.

<sup>&</sup>lt;sup>6</sup> Namely, 'Prime Care International Limited', 'Chief Distilleries Uganda LTD' and 'Hema Beverages LTD' among others.

 $<sup>^7\,</sup>$  The average daily per capita income of a local worker in Karamoja is of 10.000 UGX (Authors best estimate).



Figure 1-A sacket of waragi (left) and a vehicle carrying 'jerrycans' (right)

#### Source: Authors

This 'spirit' in jerrycans is not subjected to any official control at the site of production and is not produced in Karamoja but it is imported by lorries coming from other towns, like Soroti, Lira, Mbale, and mainly from Jinja, where it is distilled out of the waste residue of sugarcane molasses produced by sugar factories. One of the areas with high trade of alcohol is Kosiroi in Tapac Sub-County (Moroto District), where there are several mining sites of limestone and marble: the miners work in harsh condition and often accept to be paid in-kind with the spirit.

Under the 'Enguli Act' of 1965<sup>8</sup>, distillation would only be possible under licence, and distillers should sell their product to the government run Uganda Distilleries Ltd, which produces a branded bottled product, marketed under the name Uganda Waragi. However, the 'Enguli Act' was never successfully enforced by authorities, as unlicensed (i.e illegal) production of waragi persisted (The Justice Law and Order Sector 2016, p. 10). This illegal traffic of waragi has created a network which operates countrywide and is very well established and organised in Karamoja. The national dealers buy the jerrycans from the (not controlled) local distilleries in Jinja (where sugar factories are established) and are connected with the regional dealers who provide the jerrycans to the local dealers and sellers in the villages. The local dealers in the villages (and even in the cattle camps) are mainly women who make out of this traffic their only livelihood. The local shepherds are also involved in the traffic as they smuggle the jerrycans from the main towns to the villages and cattle camps.

<sup>&</sup>lt;sup>8</sup> The full text of the act is available at https://ulii.org/ug/legislation/consolidated-act/86

It is notorious that alcohol abuse has led to a dramatic increase of the cases of domestic and gender based violence in Karamoja. Alcoholism also leads to impoverishment and mismanagement of resources and livelihood in households and communities. It has been for instance reported that in 2017 some communities in Nadunget Sub-County (Moroto District) have been exchanging their sorghum and maize harvest for cartons of sachet waragi, while in Tapac Sub-County (Moroto District) cattle have been sold or exchanged for cartons of sachet waragi and people have given away most of their animals to get alcohol. Still in Tapac Sub-County, alcohol abuse is slowly eroding the culture of the Tepeth Community, promoting negative traditional practices like forced and early marriage. It was for instance reported that cattle have been sold or exchanged for cartons of sachet waragi and people have given away most of their cows to get alcohol and therefore gave in marriage young girls, against their will, in order to receive cows as bride price or dowry from the groom upon marriage. In other areas, like Lorengedwat Sub-County (Nakapiripirit District), alcohol abuse is directly linked to environmental degradation, as people carry out massive trees cutting in order to produce charcoal which is then sold or exchanged for cartons of sachet waragi. Apart its impact on society and culture, it is also well known that alcoholism leads to various health problems.

While after the disarmament exercise successfully carried out by the Government, the Sub Region has started experiencing economic development and improvements in communication, transport, and trade, at the same time, such 'development' has created opportunities for domestic and foreign investors, mainly interested in the exploitation of the natural and mineral resources of the area. At the same time local 'development' was growing fast, the consumption of alcohol has evidently increased in Karamoja. In the last few years it has become a serious health and social problem.

### 2. Research Design, Methodology and Results

Moroto Catholic Diocese is particularly concerned about the problem of alcoholism and its Bishop, Mons. Damiano Guzzetti, felt that the Church should take action towards a solution. It was therefore decided to set an initial assessment of the magnitude of the problem in the Diocese, and to monitor the situation.

To this end, a team composed by social workers and qualified medical doctors with experience in the area of addiction has supported the Diocesan Health Department in designing and conducting a survey on alcoholism in Moroto Diocese and in the whole Karamoja. A two steps study has been designed. The first step is aimed to gather on field data to measure the magnitude of different sides of the phenomenon – i.e. namely 'alcohol abuse effects'. The collection of health data was based on the official Health Management Information System (HMIS) of the Uganda Ministry of Health. Data were collected from peripheral health units and from local Hospitals.

Given these evidences, the second step is to collect people perception on 'alcohol abuse' through a structured interview based on a questionnaire. This phase is twofold: to check if people perception matches with actual data, and to collect bottom-up ideas for a solution, – a participatory approach.

Following these two steps, policy recommendations and an action plan might be unfolded.

#### 2.1 Health Data

The Health Management Information System (HMIS), managed by of the Uganda Ministry of Health, records (monthly, quarterly and annually) in each Health Units patients accepted for alcohol related problems, and files them as 'alcohol abuse'. According to HMIS data, the number of case of 'alcohol abuse' patients is soaring dramatically over the last four years. The most recent data, as of July 2018, show a steadily and soaring increase: the number of cases recorded in the last fiscal year (2017/18) doubled those in the previous one (Fig. 2).

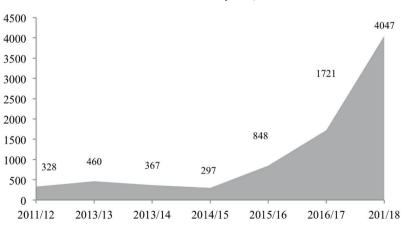


Figure 2 – Case of alcohol abuse Outpatients in Karamoja (all Health Units, different fiscal years)

Source: Health Management Information System

G. Cau et al.

In particular, districts of Abim and Kaabong are experiencing the most dramatic increase in this phenomenon, recording a compound annual growth rate (CAGR) almost triple every year (Tab. 1).

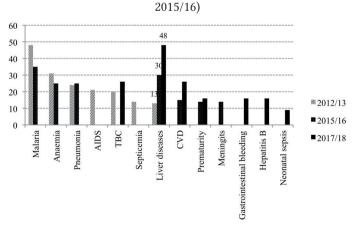
Table 1–Case of alcohol abuse Outpatients in the Districts of Karamoja (different years)

District	2014/15	2015/16	2016/17	2017/18	CAGR 2014/18
Abim	52	41	513	2220	250%
Amudat	6	29	106	122	173%
Kaabong	11	0	0	723	304%
Kotido	28	320	503	57	27%
Moroto	38	73	467	123	48%
Nakapiripirit	93	62	82	13	-48%
Napak	69	323	50	789	125%
Total Karamoja	297	848	1.721	4.047	

Source: Health Management Information System

It is well documented in medicine literature that alcoholism leads to various health problems but mainly to serious liver diseases. Yet, not surprisingly Matany Hospital, the biggest in that area, recorded in the last years a worrying increase of deaths due to liver diseases (excluding hepatitis and cancer of the liver). In fact, liver diseases were the 7<sup>th</sup> cause of death in FY 2012-13, and jumped to be the second cause of death in FY 2015/16 and the first cause of death in FY 2017/18 (Fig. 3).

Figure 3 – Main causes of death in Matany Hospital (fiscal years 2012/13 and



Source: Matany Hospital Note : TBC is Tuberculosis, and CVD is Cardio Vascular Diseases

Many other health related problems are driven by alcoholism. In the Psychiatric Ward of Moroto Regional Referral Hospital, the cases of patients treated because of mental illnesses related to alcohol show an impressive increase: 4, 9, 17, 14, and 35 in fiscal years from 2013/14 to 2017/18 respectively. Also cases of 'gender based' violence are recorded in the HMIS, and they show a dramatic increase (tab. 2).

Table 2 – Cases of	'gender based violend	ce' in all Districts of H	Karamoja (different	
years)				

District	2015/16	2017/18	YoY (%)
Abim	159	60	-62.3%
Amudat	44	66	50.0%
Kaabong	91	273	200.0%
Kotido	202	199	-1.5%
Moroto	231	231	0.0%
Nakapiripirit	282	339	20.2%
Napak	244	299	22.5%
Total Karamoja	1.253	1.467	17.1%

Source: Health Management Information System

In the HMIS there are also records of patients seen in the health units having alcohol as a 'risk factor'. The cases are increasing rapidly over recent years, and data as of June 2018 show that the total number is 32.9% higher year over year with abnormal results in some districts – namely Abim and Amudat (Table 3).

Table 3–Case of Outpatients having 'alcohol' as risk factor in all Districts of Karamoja (different years)

District	2015/16	2016/17	2017/18	YoY
Abim	1159	11917	20750	74.1%
Amudat	89	431	56936	13110.2%
Kaabong	4289	24941	1169	-95.3%
Kotido	2079	43975	55692	26.6%
Moroto	2344	11403	13542	18.8%
Nakapiripirit	6404	11792	11439	-3.0%
Napak	13664	40052	32571	-18.7%
Total Karamoja	30.028	144.511	192.099	32.9%

Source: Health Management Information System

All the above findings, based on primary data collected by HMIS, draw a dramatic and worsening scenario in people quality of life and human rights: a worrying increase of cases of alcohol abuse, liver diseases, fatalities, and 'gender based violence' caused by over consumption of alcohol. This scenario calls to action responsible people and institutions. In order to define a possible way to address such devastating problem, we set up structured interviews, based on a questionnaire, to people and stakeholder directly involved.

#### 2.2. Results from Direct Interviews

A questionnaire has been designed and submitted to various stakeholders to gather information about the problem perception and its possible solutions.

One of the Authors, an experienced Social Worker native of the area, conducted direct interviews to the local elders. Some questions were related to the specific position of the persons interviewed, while others were set for sharing their opinions as individuals, family members, and community members. The persons interviewed were health staff, teachers, religious leaders, administrative leaders, security officers, political leaders, elders and traditional leaders, NGO representatives. In addition, four individuals who have suffered alcoholism in the past, and who have managed to come out of the problem, were also interviewed about their experience. A total of 72 persons were interviewed.

Questions included in the questionnaire were the following:

In your opinion, what is the situation about consumption of alcohol in this Region (or Diocese)?

Is this consumption different from the past?

Is it legal?

Is this consumption in the villages different from the one in town?

Which kind of alcohol is available?

Where does it come from?

Is it easy to buy it? How much does it cost?

The drinkers are only men or even women?

What about young people: in your opinion the youth who drink are they students or workers or jobless?

In your opinion which are the causes of this situation? Why do people drink so much alcohol?

Do you think that it is possible to fight against this situation?

What are your suggestions?

The answers collected provide the general views of different stakeholders about the problem, and can be summarised as follows. All persons interviewed declared that the over consumption of alcohol has increased in Karamoja in the last few years, some indicated that this situation started practically since the discovery of precious minerals in the area. This perception is confirmed by HMIS data (Tab. 1).

It has become a serious social problem widespread in the population, affecting not only adult males, as somehow expected, but also women, youth and even children. It is common in both rural and urban areas, and it affects both illiterate people and educated persons (like teachers, nurses, religious personnel).

In the last few years the type of alcohol consumed has changed from the local brew to the widespread consumption of distilled alcohol. This 'spirit' is quite cheap and mainly sold by local 'sellers' (the majority are women) who make some profit. It is therefore a business or a form of 'income generating activity' especially for the local Karimojong women, who represent the poorest part of the population.

It is well known that crude alcohol is not produced in Karamoja but it is imported illegally in 'jerrycans' by lorries coming mainly from Jinja. One of the areas with high trade of alcohol is where mines are located, and this particular situation is a serious concern for the Authorities but it seems not to be seen as a problem by the local miners.

During the questionnaire administration, it was asked to the interviewees, which were, in their opinion, the reasons for this over consumption of alcohol in Karamoja. The answers mentioned 'poverty' and 'lack of food' as a relevant cause, so that alcohol is considered 'food' which makes people to forget about famine, keeps quiet the children crying for hunger, and allows the women to get some little money with the selling.

The unemployment of people and the lack of entertainments make groups to meet also during daytime and to drink as a form of socialisation. Alcohol makes people to 'forget' about their problems, which are many in Karamoja and relatively new.

We recall that Karimojong society in the last years is undergoing a serious transformation from a nomadic life style, connected to cattle keeping, to a more settled and static life style, which has anyway the challenge of uncertain sustainability. In this transition period the most affected are the local young males, who are losing their traditional role of 'warriors' (even because of the removal of the guns) and are now living a sort of 'crisis of identity'. A contribution to this crisis is also that many Karimojong young people are now coming back to Karamoja after getting high educational level, but they do not find adequate employment, and they are not ready to go back to the traditional work of cattle keeping or field cultivation, so they become disappointed and depressed.

There is still a lot of ignorance among the people about the negative effects of alcohol. A particular concern is about the situation of those children (increasing in number) who grow in an environment where the mother and the relatives are 'alcoholic' and they also start becoming addicted.

Some of the persons interviewed mentioned that the new 'gun' killing the Karimojong nowadays is alcohol, and expressed their worry that this is not just by chance: they suspect that alcohol can be a tool used by unscrupulous business people to exploit Karamoja and its natural resources, keeping Karimojong as 'modern slavers' and outside profits sharing.

Moreover, it was asked to the sample during the interview, which measures could be taken to fight against over consumption of alcohol. The answers mainly call for interventions by different stakeholders in a multi-level governance. In particular, at Government level Authorities shall reinforce the application of existing laws and regulations on alcohol, and supervise the work of the Police. The importation of 'waragi' in jerrycans shall be prohibited; the sale of plastic envelops with spirit has not to be allowed to persons below 18 years; sanctions shall be applied to all transgressors.

At community level, sensitisation must be continuous, targeting especially at people 'who matter', 'key-people', as the elders who still have authoritative power at village level, using simple and effective communication tools. A useful and impressive example is the one of the piece of liver which changes aspect after a few minutes when put in a transparent glass of 'waragi'.

At Diocesan level, there is need of coordination of the activities already carried out on the side of sensitisation. Actually the topic of alcoholism has to be present in all the meetings/workshops of the Diocese, and common guidelines have to be used in order to spread the correct message. The Diocese should also consider the possibility of a direct intervention–i.e. the constitution of groups of persons who have serious intention of leaving the drinking. These groups are typically named 'Alcoholics Anonymous' and are already operational in some other areas in Uganda.

Since the cultural background and context in Karamoja is a peculiar one, an appropriate methodology shall be adopted. The collaboration with the Psychiatric Ward of Moroto Referral Hospital is highly recommended.

It is also very important to think about 'income generating activities' in order to offer alternatives to the persons (especially women) who are involved in the selling of alcohol as a way of surviving. These activities can be different in the rural environment and in the urban one, and the Diocesan 'Caritas' can play a useful role. Valuable examples are: cooperatives for urban waste and garbage collection, catering, hair dressing, poultry, bees keeping, eco-tourism, etc. For the youth it is important to have centres for their meetings, socialisation, computer training and use, sport activities.

Eventually, about the 'former alcoholics', four persons were interviewedtwo women and two men. The women reported to have started drinking when they were young, because of difficulty in the family and in the school. The men reported to have started because of socialisation and curiosity. All of them became addicted, but after some time they realised that drinking was not helping them in solving their problems, but instead it was creating more problems. In addition to that they realised that their bodies had started showing signs of suffering.

All the four decided on their own to stop drinking, one lady closed herself inside the house for two days, the other lady was helped by good counsellors and by the religious motivation; one man decided to stop drinking but also to try to help other people as social worker, the other man managed for some time then started drinking again, but in the end decided to stop drinking the 'heavy' alcohol and he is now drinking occasionally only the 'light' local brew. All these experiences show that the decision of stopping the overconsumption of alcohol was taken individually, because of serious meditation about the issue, and it was helped by good counselling, strong motivation, and religious faith.

#### **Conclusions and Recommendations**

Our main conclusion is that urgent action is needed to fight against alcohol abuse, especially the so called 'spirit' or 'waragi', which has now become one of main causes of death in Karamoja. Alcohol abuse represents a very serious obstacle for a sustainable development of the Sub-Region and its prosperity.

On the side of recommendations, there is need of implementing different actions and a multi-level governance suggested by the persons interviewed.

One specific and useful action can be taken by the stakeholders in order to fight the problem at the source, that is to convince the producers of the 'waragi' (especially from Jinja where there is a high cultivation of sugar cane) to abandon the use of sugar cane waste for distilling spirit. This devastating business might be reconverted into animal feeds manufacturing, by processing the same sugarcane waste to produce high quality animal feedings (Leng and Preston, 1976). This could be a good and innovative business for the producers, and at the same time will reduce the supply of 'waragi'.

It would be important also to have political endorsement, keeping in mind on the other side that some politician can turn the use of alcohol to gain popularity and votes at elections. Alcohol is claimed to be the new 'gun' killing the Karimojong; if so, it is recommended that even to fight alcoholism should be used the same strategy which was successful in leading to the disarmament in Karamoja. As the guns were removed after years and years of sensitisation of the community, also the problem of alcoholism can be approached through serious sensitisation, with patience and determination. In practice it is recommended that the sensitisation activities already going on should continue, and possibly be expanded, but proper coordination is needed with other agencies, both in Government and 'Non-Governmental Organisations' (NGOs), operating in the same field of fighting alcohol abuse. This will help to avoid duplications and/or overlapping, but will also give more strength to the interventions.

Any project aimed at fight alcoholism has to be a long term one, with proper monitoring indicators, possibly 'results oriented' ones. A project has to be organised in order to involve all activities already mentioned (i.e. sensitisation and coordination, establishment and management of the 'Alcoholics Anonymous Groups', introduction of 'income generating activities', and support to youth centres).

We are aware that the fight against alcohol abuse (like any other addiction) is difficult everywhere, but in Karamoja it represents a real challenge. The Diocese of Moroto, which is particularly concerned about the problems affecting local people, especially the poorest ones, can play a key role: it has an established and rooted organisation, a compassionate attitude, and the determination to be seriously committed in this noble struggle. Ultimately, this is spirit of Christian solidarity.

#### References

- Bakke Ø., Endal D.V. (2010) '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 (1), 22-8.
- Bonomo, M., Bronzini, L., Piazza, M. (2011) African Sprouts, Brescia: SVI.
- Caetano, R., Laranjiera R. (2006) 'A "perfect storm" in developing countries: economic growth and the alcohol industry', *Addiction*, 101 (2), 149-152.
- Cercone, J. A. (1994) 'Alcohol-related problems as an obstacle to the development of human capital: issues and policy options', *World Bank technical paper*, no. 219.
- Curry, R. L. (1993) 'Beverage Alcohol as a Constraint to Development in the Third World', *International Journal of the Addictions*, 28 (12), 1227-1242.

- Human Development Report (2011) *Sustainability and Equity: A Better Future for All*, New York: United Nations Development Programme, 1-185.
- Human Rights Watch (2014) 'How Can We Survive Here?' The Impact of Mining on Human Rights in Karamoja', retrieved from: https://www. hrw.org/report/2014/02/03/how-can-we-survive-here/impact-mininghuman-rights-karamoja-uganda (accessed: 20/04/2018).
- Institute of Medicine (1987) *Causes and Consequences of Alcohol Problems*, Washington D.C.: National Academy Press.
- Jordaan, Andries. (2015). Karamoja, Uganda Drought Risk Assessment: Is drought to Blame for Chronic Food Insecurity?, retrieved from https:// www.researchgate.net/publication/275887293\_Karamoja\_Uganda\_ Drought\_Risk\_Assessment\_Is\_drought\_to\_Blame\_for\_Chronic\_ Food\_Insecurity (accessed: 10/06/2018).
- Kagan, S., Pedersen, L., Ollech, S., Knaute, D. (2009), *The Karamoja Syndrome: Transdisciplinary systems*, Conference Paper, retrieved from https:// www.researchgate.net/publication/237790073 (accessed: 20/04/2018).
- Lee, V. J. (2001), *Tourism and Alcohol in the Developing World: Potential Effects on Alcohol Policies and Local Drinking Problems*, Stockholm: Stockholm University, Centre for Social Research on Alcohol and Drugs.
- Leng, R.A., Preston, T.R. (1976) 'Sugar cane for cattle production: Present constraints, perspectives and research priorities'. *Trop. Anim. Prod.*, 1 (1), 1–26.
- Sundal, M. B. (2010) 'Nowhere to go: Karimojong Displacement and forced resettlement', *Nomadic Peoples*, 14 (2), 72–86.
- Mercy Corps (2016) 'Karamoja Strategic Resilience Assessment. Final Report', retrieved from: https://www.mercycorps.org/sites/default/ files/UgandaSTRESSKaramojaFinalRep.pdf (accessed: 01/06/2018).
- Ocan C. (1994) 'Pastoral resources and conflicts in North-Eastern Uganda: the Karimojong case', *Nomadic People*, 34-35, 123-135.
- Onyango-Oloka, J., Gariyo, Z., Muhereza, F. (1993) 'Pastoralism, Crisis and Transformation in Karamoja', IIED Drylands Network Programme, paper n. 43, p. 4.
- Quam, M. D. (1997) 'Creating Peace in an Armed Society: Karamoja, Uganda', *African Studies Quarterly*, 1(1), 1.
- Rehm, J., Mathers, C., Popova, S., Thavorncharoensap, M., Teerawattananon, Y., Patra, J. (2009) 'Global burden of disease and injury and economic cost attributable to alcohol use and alcohol-use disorders', *Lancet*, 373(9682), 2223-33.

- Rehm, J., Sempos, C. (1995) 'Alcohol consumption and all-cause mortality', *Addiction*, *90*(*4*), 471-480.
- Room, R., Babor T., Rehm J. (2005) 'Alcohol and Public Health: A Review', *Lancet*, 5(365), 519-30.
- Room, R., Jernigan, D., Carlini-Marlatt, B., Gureye, O., Mäkelä, K., Marshall
  M., (2002) Alcohol in developing societies: a public health approach.
  Geneva: Finnish Foundation for Alcohol Studies.
- Saffer H., Dave D. (2002) 'Alcohol Consumption and Alcohol Advertising Bans', *Applied Economics*, 34 (11): 1325-34.
- The Justice Law and Order Sector (2016) *A Study on Sentencing and Offences Legislation in Uganda*, retrieved from: http://www.commonlii.org/ug/ other/UGJLOS/report/R5/5.pdf (accessed 16/10/2018).
- Uganda Bureau of Statistics (2017), *Uganda National Household Survey* 2016/2017, retrieved from: https://www.ubos.org/onlinefiles/uploads/ ubos/pdf%20documents/UNHS\_VI\_2017\_Version\_I\_%2027th\_ September\_2017.pdf (accessed 16/10/2018).
- Vikram P. (2007) 'Alcohol Use and Mental Health in Developing Countries, Annals of epidemiology', *American College of Epidemiology*, https:// www.annalsofepidemiology.org/issue/S1047-2797(07)X0142-X17 (5), S87-S92.
- Wallace, S., Bird, R. (2003) 'Taxing Alcohol in Africa: Reflections from International Experience', Paper presented at the South Africa Conference on Excise Taxation, June 11-13, Gauteng, South Africa.
- Wilkinson, R., Marmot, M. (2003) Social Determinants of Health: The Solid Facts, Geneva: World Health Organisation.
- World Health Organisation (2015). *Global status report on alcohol 2014*, Geneva: World Health Organisation.
- World Health Organisation (2006) WHO Expert Committee on problems related to alcohol consumption. Second Report, Geneva: World Health Organisation.