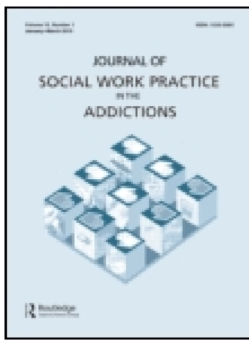

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Factors Associated With Alcohol Dependence Among Adult Male Clients in Butabika Hospital, Uganda

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Alcohol dependence is among the leading causes of psychiatric morbidity the world over, and it is estimated that there are more than 63 million males with alcohol-dependence-related disorders (World Health Organization, 2004). In sub-Saharan Africa (SSA), alcohol dependence is known to be related to risky sexual behaviors and depressive disorders in males (Institute of Medicine, 2010; Pitso & Obot, 2011).

In Uganda, a country of more than 32 million people, alcohol dependence is among the main causes of psychiatric morbidity (Ministry of Health in Uganda, 2005). Historically, alcoholic beverages such as beer have often been used to bind different Ugandan cultures together and during celebrations of important events such as marriages (Wolf, Busza, Bufumbo, & Witworth, 2006). Uganda not only lacks a clear national alcohol policy, but has weak and poorly enforced laws, thereby providing a fertile ground for

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We are grateful to the Ethics Committee in Butabika Hospital for permission to carry out the study and all the research participants who provided data. The study was supervised by Tirelo Modie-Moroka and Motshedisi. B. Sabone, both senior lecturers at the University of Botswana, and training was sponsored by support to the Health Sector Strategic Plan Project II (SHSSPP) in Uganda. Winfred Naamara was a master's of social work student at the University of Botswana when the study was completed in September 2012.

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an increase in the availability and accessibility of alcohol (Uganda Youth Development Link, 2008). Many households are involved in informal alcohol production for income purposes, resulting in alcohol being easily available at the household level (Holmila, Makela, & Osterberg, 2011).

Statistics from Kiswa Primary Health Centre in Kampala indicate that 10% out of 17% of adult male patients aged between 35 to 44 years screened for alcohol-related problems had a higher possibility of being diagnosed with alcohol dependence (Kullgren, Alibusa, & Birabwa-Oketcho, 2009). Other studies also found a high rate of alcohol dependence among men and among older populations (Tumwesigye & Kasirye, 2005). In northern Uganda, among the internally displaced people due to war, alcohol dependence is known to be twice as prevalent among adult males (10%) as among women (5%; Roberts, Ocala, Browne, Oyok, & Sondrorp, 2011).

The only government-owned alcohol and drug rehabilitation center in the country is at Butabika National Referral Mental Hospital located about 10 km southeast of Kampala City. It is the second largest hospital in Uganda, with a bed capacity of 900. The hospital provides free comprehensive treatment and patient care, community mental health, support supervision to upcountry health facilities, teaching, management of patients with alcohol and psychoactive substance abuse, psycho-trauma, and youth and adolescent psychiatric service.

The Alcohol and Drug Unit (ADU) receives and rehabilitates patients with alcohol and other drug-related problems that do not have a co-occurring mental health illness. Hospital records indicate that in the month of December 2010, 568 patients (543 male, 25 female) were seen, and in January 2011, 573 patients (562 male, 25 female) were seen by the ADU. This number included both inpatients who were admitted to the unit and outpatients who were seen at the outpatient clinic and reflects the low proportion of women in treatment.

Using the Alcohol Use Disorder Identification Test, which helps to identify alcohol dependence and some specific consequences of harmful drinking (Babor, Higgins-Biddle, Saunders, & Monteiro, 2001), we interviewed 15 men, 18 years and older in the ADU. Five mental health workers in the ADU were also interviewed as key informants. Identified factors that were believed to contribute to their alcohol dependence were: (a) personal stress, (b) family issues, and (c) community factors.

In relation to personal stress, we found that 10 of the 15 respondents had been brought up by a single parent, mainly the mother; 4 were married; and 10 were unemployed. Most striking and consistent with the literature, 10 out of the 15 men reported significant stress secondary to early parental loss and job difficulties. One key informant reported that some men become dependent on alcohol as a reaction to chronic illnesses such as HIV/AIDS. Some of the men expressed feeling greater sexual potency with their female partners when drinking, and others stated it was a way to show one had

economic means. Finally, all 15 stated they continued to consume alcohol because it "was addictive."

In terms of familial factors, one key informant stated that men consumed alcohol as "families are no longer a resource for relaxation . . . people would rather spend time in a bar with friends than being at home arguing with the wife and children. They only [go home to] sleep." Six respondents reported that their drinking was influenced by their parents' use of alcohol in the home when they were growing up. Some parents brewed alcohol to generate income for the family. Often they would offer alcohol to their children, or the children would steal the alcohol. One man stated:

> I grew up with my uncle who was a drunkard. I even used to escort him to bars and I would even carry the bicycle for him. So as a young boy, drinking for me was normal. For me it's part of me despite being a Muslim. My uncle also used to brew it. Alcohol was made in the home and it was free.

From a community point of view, we learned from our respondents that those who drank alcohol would often pool resources to buy and drink in a group, whereby a large amount of alcohol would be bought as a social drink locally known as "Lubele." The word *Lubele* is derived from the word *Ebbele*, which means "a mother's breast." Pooling resources and drinking in a group made alcohol more affordable, encouraging people to drink as much as they wanted. All of the 15 respondents reported that drinking alcohol was socially acceptable as part of their culture. For instance, some families in the central region among the Baganda would not allow a *mukko* (bridegroom to be) to take their daughter if he did not bring with him a gourd of locally brewed alcohol for them.

TREATMENT SERVICES

There is a lack of rehabilitation services in local communities and alcohol problems are usually ignored. According to one respondent, "People who are alcohol dependent in my community do not have services to help them. It is only when someone dies of alcohol-related problems that people start saying that alcohol is bad."

POLICY ISSUES

We discovered that those we interviewed were affected by the lack of clear alcohol regulation policy. The 1964 legislation against alcohol is outdated and its enforcement is weak. One key informant reported, "The main

problem we are facing is weak laws. You find that people start drinking early in the morning. Others even take alcohol to their beds." One adult male respondent said that some alcohol dealers, especially those who sold undistilled Waragi in the slum areas, bribed the law enforcement officers not to take action against them. Others indicated:

> When local council leaders try to raise alcohol regulation issues, those who make income from alcohol bribe them forcing them to keep quiet.

> Having alcohol sold for unlimited hours made it possible for people to drink as much as they wanted and increased sales of alcoholic beverages.

Some respondents reported that they felt that the government was responsible for their alcohol dependence because it was gaining revenue from alcohol in the form of taxes and that it was as such, indirectly encouraging alcohol production: "The government only looks at collecting taxes when it comes to alcohol."

In conclusion, our study identified that alcohol regulation policies in Uganda have an association with alcohol dependence. People are free to drink as much as they wish, whenever they feel like drinking, especially among those in the lower social-economic areas. We know from studies that many households in Uganda are involved in informal alcohol production for income purposes (Holmila et al., 2011). Even the police, charged with enforcing the laws, are poorly remunerated and thus unable to meet their basic needs of life, thereby increasing their psychological stress, which is associated with alcohol drinking; their low salaries also make them susceptible to bribes to ignore enforcing the law (Clinard & Meier, 2004; Kafuko & Bukuluki, 2008; Sinha, 2008). With ADU in Butabika being the only government rehabilitation center, not much has been done to address the problem of increasing alcohol dependence across the county.

Ugandans are similar to people with alcohol problems in other countries, especially in Africa, although the lack of rehabilitation centers might make the problem worse. Alcohol is consumed by some to overcome boredom and stress reduction, and others believe that it makes them feel stronger and increases their energy. Not much research has been done on alcohol dependence in Uganda, which makes coming up with effective intervention strategies a challenging task. Additional alcohol dependence research is needed, with the government intensifying its efforts in sensitizing communities about alcohol problems. It is necessary to strengthen alcohol regulatory mechanisms, and there is a need for evolution of measures to control the production, packaging, sale, and use of alcohol. Finally, it is necessary for the different stakeholders, including the government and private businesses, to work in partnership to address this problem.

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