

# Global Status on Alcohol Abuse:

## How is South Africa rated and the implications for policy

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# Presentation Outline

- Harmful drinking/Alcohol abuse
- Global status and burden of Alcohol Abuse
- Status of Alcohol consumption in South Africa compared with other countries
- Issues that may have Implications on the Alcohol policy in South Africa
- Conclusion

# Background:

## Harmful drinking/Alcohol Abuse

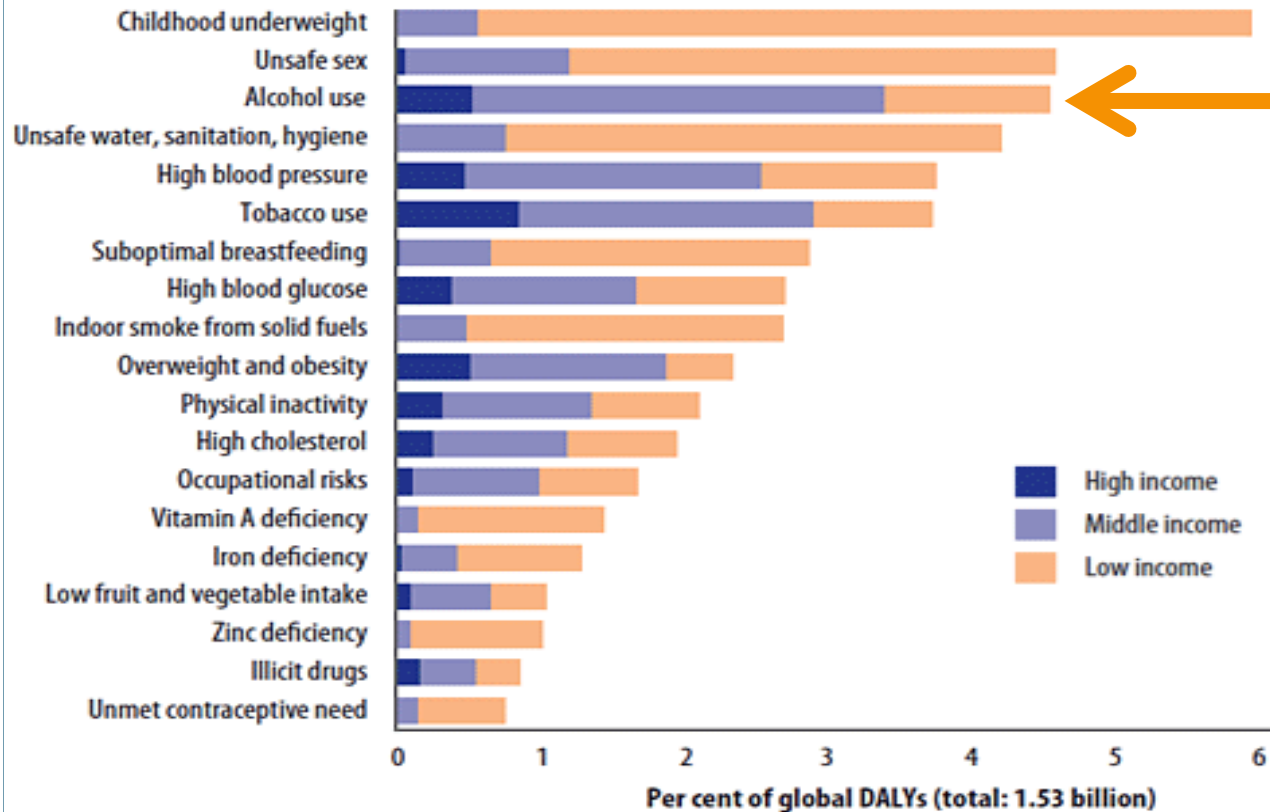
- Impact of alcohol consumption on disease and injury is largely determined by two separate but related dimensions of drinking:
  - the total volume of alcohol consumed, and
  - the pattern of drinking.
- There is a broad range of alcohol consumption patterns namely:
  - occasional hazardous drinking to daily heavy drinking
- One of the key characteristics of the hazardous pattern of drinking is the presence of heavy drinking occasions, defined as consumptions of 60 or more grams of pure alcohol.

# Background:

## Harmful drinking/Alcohol Abuse

- Harmful Alcohol consumption is associated with significant public health and safety problems namely:
  - Neuropsychiatric disorders, cardiovascular diseases, cirrhosis of the liver, and various cancers.
  - Risky behaviors leading to the transmission or progression of infectious diseases e.g. HIV/AIDS.
  - Unintentional and intentional injuries, including those due to road traffic crashes, violence, and suicides.
  - Can destroy families and disrupt communities.
- Associated premature death

# Global % of DALYs attributed to 19 leading risk factors by income group.



Source: Global Health Risks (2009)

The disability-adjusted life year (DALY) extends the concept of potential years of life lost due to premature death to include equivalent years of "healthy" life lost by virtue of being in states of poor health or disability.

# Global Status Harmful Use of Alcohol: Facts and figures

- The harmful use of alcohol results in 2.5 million deaths globally each year.
- 320, 000 young people between the age of 15 and 29 die from alcohol-related causes, representing 9% of all deaths in that age group.
- 2.4% of all deaths in the AFR are attributable to alcohol ➔ injuries, cancer, cardiovascular diseases and mental disorders;



*\*WHO, Global Status Report on Alcohol and Health, 2011*

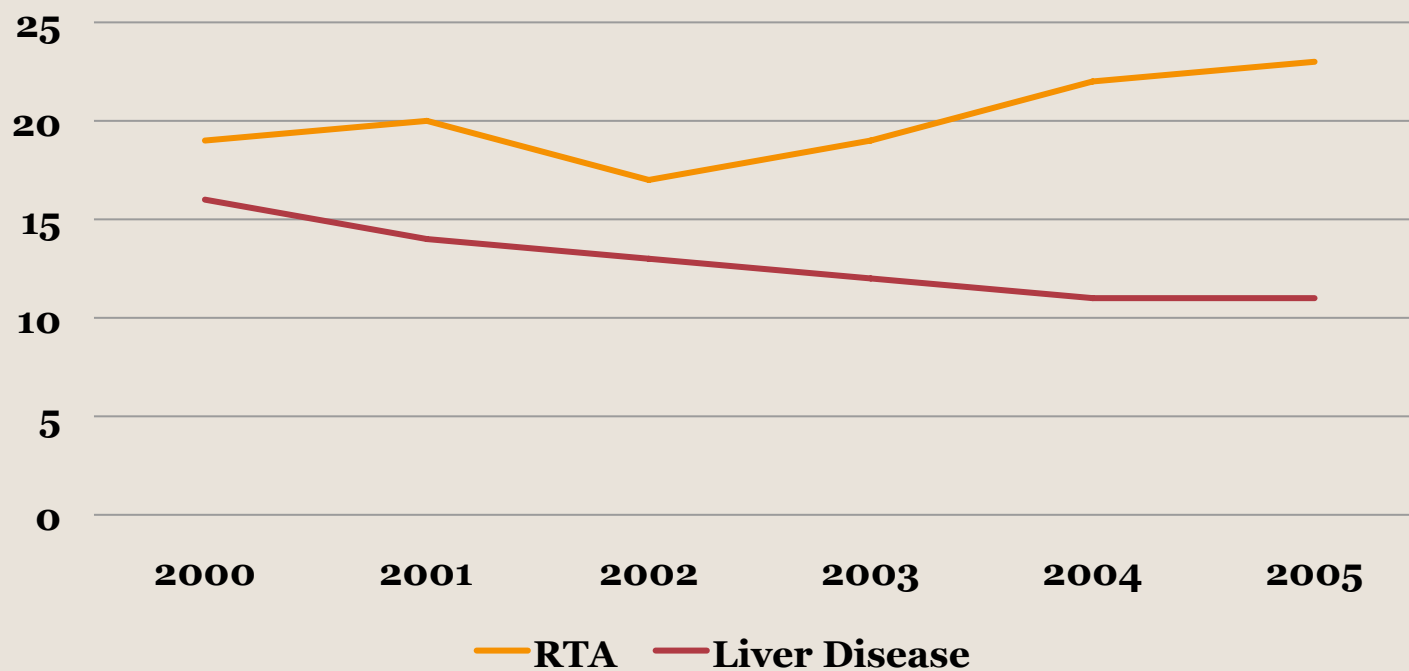
# Global Status Harmful Use of Alcohol: Facts and figures

- Annual AFR per capita consumption is 6.2 litres of pure alcohol (equals global average);
- 7 out of 10 adults abstain ➡ fewer people drink alcohol but they drink too much!
- Estimates of the global cost of harmful drinking range from 210 – 665 billion dollars.
- Alcohol is the world's third largest risk factor for disease burden
  - it is the leading risk factor in the Western Pacific and the Americas and the second largest in Europe.



# Status of Alcohol consumption in South Africa: Health consequences

**Age Standardized Death Rates 15+ Years (Per  
100,000 Popn) 2000- 2005**



*\*WHO, Global Status Report on Alcohol and Health, 2011*



# Status of Alcohol consumption in South Africa: Per Capital Consumption (BRICS)



	South Africa	Brazil	Russian	India	China
<b>Recorded</b>	7.0	6.2	11.0	0.6	4.2
<b>Unrecorded</b>	2.5	3.0	4.7	2.0	1.7
<b>Total</b>	9.5	9.2	15.7	2.6	5.9
<b>Regional Average</b>	6.2 AFR	8.7 AMR	12.2 EUR	2.2 SEAR	6.3 WEPR

*\*WHO, Global Status Report on Alcohol and Health, 2011*

Adult (15+) per capita consumption in South Africa is above Regional average and compares closely to that of Brazil.

# Status of Alcohol consumption in South Africa: Per Capital Consumption (Africa)



	South Africa	Kenya	DRC	Uganda	Mozambique
<b>Recorded</b>	7.0	1.6	2.0	10.9	1.6
<b>Unrecorded</b>	2.5	2.5	1.3	1.0	0.8
<b>Total</b>	9.5	4.1	3.3	11.9	2.4
<b>Regional Average</b>	6.2				

*\*WHO, Global Status Report on Alcohol and Health, 2011*

Adult (15+) per capita consumption, average 2003–2005 (in litres of pure alcohol):

# Status of Alcohol consumption in South Africa: Drinking Patterns By Sex (BRICS)



	South Africa		Brazil		Russia		India		China	
	M	F	M	F	M	F	M	F	M	F
<b>Lifetime abstainers</b>	51%	78%	14%	22%	10%	28%	67%	92%	12%	44%
<b>Former drinkers</b>	9%	6%	27%	36%	18%	22%	13%	5%	15%	17%
<b>Abstainers (No Alcohol in the past 12 months)</b>	60%	84%	41%	58%	28%	50%	80%	97%	27%	61%

*\*WHO, Global Status Report on Alcohol and Health, 2011*

>50% male in South Africa have never consumed alcohol in their life compared to <20% for Russia and Brazil. However per capita consumption in RSA is higher suggesting that a small population excessively drinks. In addition few person are giving up alcohol in RSA.

# Status of Alcohol consumption in South Africa: Drinking Patterns by Sex: Selected AFR Countries

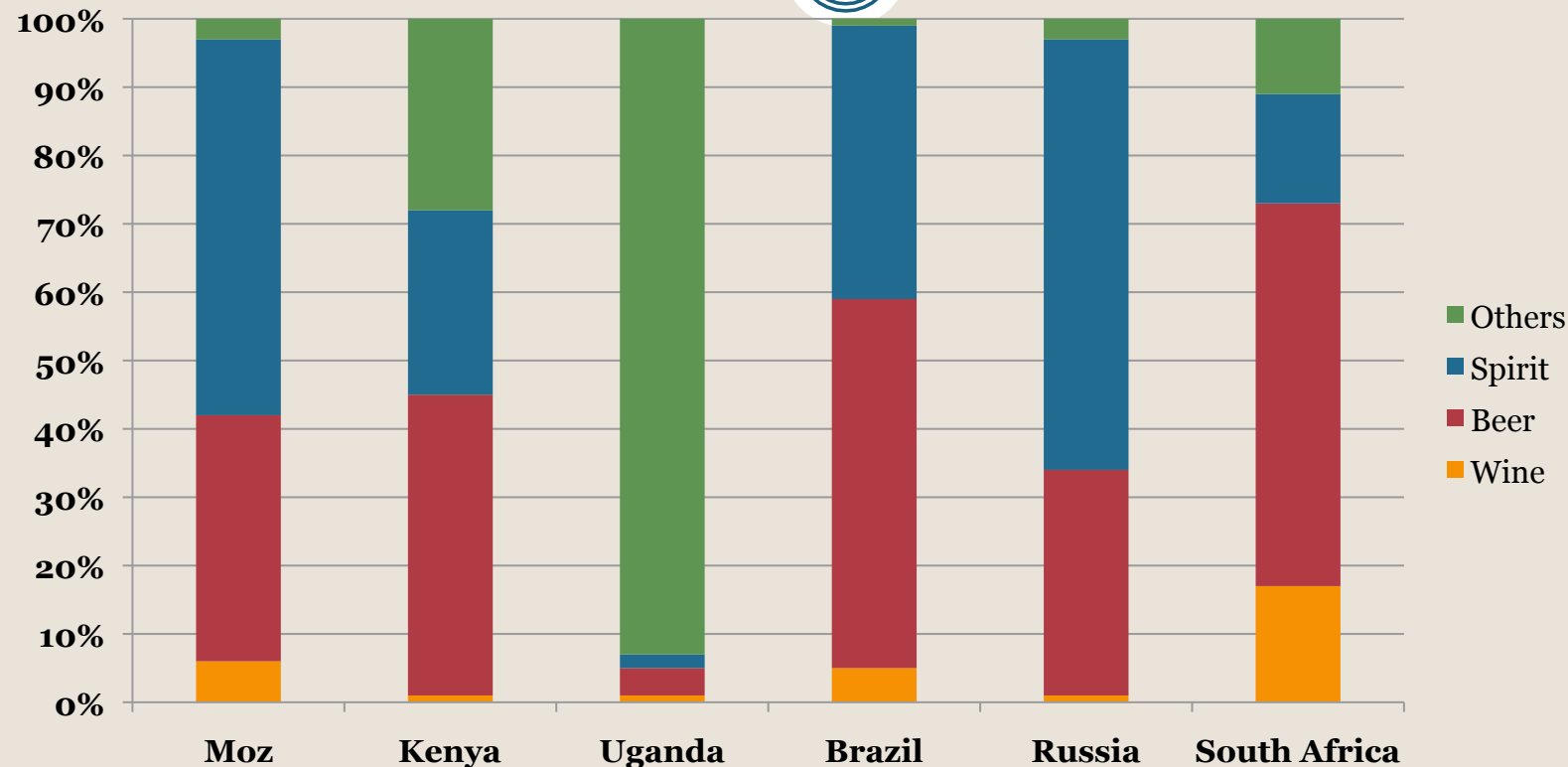


	South Africa		Kenya		DRC		Uganda		Moz	
	M	F	M	F	M	F	M	F	M	F
<b>Lifetime abstainers</b>	51%	78%	60%	88%	22%	39%	32%	36%	29%	57%
<b>Former drinkers</b>	9%	6%	17%	5%	22%	28%	18%	24%	12%	12%
<b>Abstainers (people who did not drink in the past 12 months)</b>	60%	84%	77%	93%	44%	67%	51%	61%	41%	69%

*\*WHO, Global Status Report on Alcohol and Health, 2011*

On the other hand more South Africans abstain from alcohol consumption compared to AFR countries with similar populations. However per capita consumption in RSA is higher suggesting that the small population that drinks does so excessively. As with BRICS comparison few person are giving up alcohol in RSA.

# Status of Alcohol consumption in South Africa: Drinking Patterns by type of alcohol



*\*WHO, Global Status Report on Alcohol and Health, 2011*

Majority of Alcohol drunk in RSA as with BRICS is processed (Factory Produced) thus creating the need for close collaboration between industry and Government in any policy decisions

# Status of Alcohol consumption in South Africa: Alcohol Policy Selected BRICS Countries



	South Africa	Brazil	Russia	China
<b>Excise tax on Alcohol</b>	Yes	Yes	Yes	Yes
<b>National legal minimum age for on premise sales of alcohol beverages</b>	18	18	18	No
<b>Restrictions for on-/off-premise sales of beverages Time (hours and days) / petrol stations</b>	Yes/No / No	No/ Yes / Yes	Yes/Yes/Yes	No/No/No
<b>National maximum legal blood alcohol concentration when driving a vehicle (general) in %</b>	0.05	0.02	0.03	0.02
<b>Legally binding regulations on alcohol advertising / product placement</b>	No/ No	Yes / Yes	NA	Yes / No
<b>Legally binding regulations on alcohol sponsorship /sales promotion</b>	No / No	No / No	NA	No / No

# Summary on Status of Alcohol Consumption: South Africa



- **Based on WHO 2011 report on Alcohol and Health**
  - Fewer South Africans drink regularly compared with majority of the BRICS countries
  - However, Within the BRICS countries South Africa ranks third in terms of Per Capita consumption well above the African Regional average
  - Majority of Alcohol drunk in RSA as with BRICS is processed (Factory Produced) thus creating the need for close collaboration between industry and Government in any policy decisions
  - RSA has in place some policies required in controlling the harmful use of alcohol but more needs to be done.



# Issues that may have Implications on the Alcohol policy in South Africa



- The consumption of alcohol in RSA appears to be limited to <50 % of the population age 15+ years
- The significant role of Alcohol industry in influencing the type of alcohol consumed by population.
- Various interventions at country level exist although there appears to be gaps in policy ➔ need for review of existing alcohol policy;
- The WHO global strategy to reduce harmful use of alcohol is based on current scientific knowledge, evidence on effectiveness and cost-effectiveness, and these should form the bases of discussion on any future South Africa policy
  - beware of the biased arguments of vested interests. They can be highly imaginative and sound convincing, but check the evidence base carefully

# Conclusion



- Public policies and interventions to prevent and reduce alcohol-related harm should be guided and formulated by public health interests and based on clear public health goals and the best available evidence.
- Policies should be equitable and sensitive to national, religious and cultural contexts.
- All involved parties have the responsibility to act in ways that do not undermine the implementation of public policies and interventions to prevent and reduce harmful use of alcohol.
- Public health should be given proper deference in relation to competing interests and approaches that support that direction should be promoted.

# Conclusion



- Protection of populations at high risk of alcohol-attributable harm and those exposed to the effects of harmful drinking by others should be an integral part of policies addressing the harmful use of alcohol.
- Individuals and families affected by the harmful use of alcohol should have access to affordable and effective prevention and care services.
- Children, teenagers and adults who choose not to drink alcohol beverages have the right to be supported in their non-drinking behavior and protected from pressures to drink.
- Public policies and interventions to prevent and reduce alcohol-related harm should encompass all alcoholic beverages and surrogate alcohol.



**Thank You**