



Fact Sheet – Alcohol Abuse and Violence

In 2000 there were an estimated 27 563 homicides in South Africa, implying a mortality rate of 64.8 per 100 000, almost eight times the global rate, placing SA among the most violent countries in the world.

Possible risk factors and determinants for South Africa's exceedingly high rates of violence include economic inequality and poverty, high unemployment, rapid social change, corruption and poor rule of law, gender inequalities, high firearm availability and collective violence, many of which are a legacy of our apartheid past.

Substance abuse is another important risk factor with **53%** of victims of fatal (Harris & Van Niekerk 2002) and up to **73%** of victims of non-fatal (Plüddemann et al. 2004) interpersonal violence injuries testing positive for alcohol in urban areas of South Africa in 2001.

Males

Males were disproportionately affected by fatal violence, which was the second leading cause of death among males in 2000 (Bradshaw et al. 2003). In 2004, the Non-Natural Mortality Surveillance System (NNMSS) recorded six male deaths due to interpersonal violence for every female death (Matzopoulos 2005a).

While it is clear that males are at greater risk of being killed or injured as a result of violence, they are also more frequently the perpetrators of violence directed at men, women and children. Programmes aimed at reducing violent behaviour among males should be the priority for primary prevention of violence in South Africa.

Age

Those most at risk of violence in South Africa are males aged between 19 and 49 with the peak rates at the ages of 25-29 years.

Alcohol

The association between alcohol use and all types of trauma is well documented. More than half of the victims of fatal violence recorded in NNMSS tested positive for alcohol (Matzopoulos 2005c) and the Demographic and Health Survey data suggest that alcohol use significantly increased the risk of being exposed to violence (Doolan 2006). These factors, as well as the fact that there are weekend and evening peaks, have important implications for law enforcement and violence prevention.

A study of patients presenting to trauma units in Cape Town, Durban and Port Elizabeth found that, on average, more than half of patients presenting for injuries due to violence tested positive for alcohol usage

(Plüddemann et al. 2004). Similarly, a study conducted among arrestees in eight police stations in Cape Town, Durban and Johannesburg found that between 6% and 23% were under the influence of alcohol when the crime for which they were arrested took place (Parry et al. 2004).

There are several indications pointing to the social nature of violent crimes involving alcohol in South Africa. The table below shows that victims of fatal violence that died as the result of sharp force injuries had the highest percentage of alcohol-positive cases (72%) as well as the highest mean blood alcohol concentration among alcohol positive cases (0.19g/100ml) (Matzopoulos 2005c) and one study described how men used alcohol in a premeditated way to gain courage to beat partners (Jewkes et al. 2001a).

Table I. Blood alcohol by external cause of violent death, 2004

External cause	Percent with high blood alcohol content (of those tested)
Firearm	38
Sharp	72
Blunt	47
Strangulation	33
Burns	8

Steps to reduce Alcohol Abuse and Violence

Reducing the availability and misuse of alcohol is regarded by the the World Health Organisation as a scientifically credible prevention strategy. Among the steps that have been shown to be effective are:

- Changing the minimum legal purchase age for alcohol.
- Instituting restrictions on hours and days of sale.
- Instituting restrictions on the number of liquor outlets in an area, and
- Increasing excise taxes on alcohol.

Sources: Soul City Violence Prevention Message Brief, 2008
 Prof Charles Parry and Prof Melvyn Freeman, Alcohol Use Literature Review, 2006.