Fact Sheet – Alcohol Use in South Africa

Effects of acute alcohol intoxications in South Africa

- Alcohol misuse is causally implicated in a range of chronic health problems (e.g. cirrhosis of the liver). However, many of the primary effects of alcohol misuse occur from episodes of acute alcohol intoxication.
- Acute alcohol intoxication is associated with increased mortality and morbidity arising from intentional and non-intentional injuries.
- Acute alcohol intoxication is also associated with unsafe sexual practices and increased risk of contracting a sexually transmitted disease.
- Alcohol misuse, combined with poor nutritional status, increases susceptibility to opportunistic diseases by compromising the immune system.
- The misuse of alcohol during pregnancy has been linked to foetal alcohol syndrome in infants.
- Alcohol misuse also impacts on the criminal justice system, with evidence of associations between drinking at risky levels, committing crime, or being a victim of crime.

Below are a few statistics that highlight the particular burden experienced by South Africa from alcohol abuse:

Mortuary statistics (2002) – Medical Research Council (MRC)/UNISA
In Cape Town, Durban, Gauteng, and Port Elizabeth (PE), 45% of all non-natural deaths had blood alcohol concentrations (BACs) greater than or equal to 0.05g/100ml (Durban: 37%, Gauteng: 40%, Cape Town 53%, PE: 61%). The national figure was 46%. Levels of alcohol were particularly high for transport-related deaths and homicides, with 63% of transport-related deaths and 69% of homicides in PE, for example, having levels above the legal limit for driving (0.05g/100ml).

Trauma unit statistics (2001) – MRC
In Cape Town, Durban and PE, 39% of trauma patients had breath alcohol concentrations (BrACs) greater than or equal to 0.05g/100ml (Durban: 22%, Cape Town 36%, PE: 57%). Levels of alcohol were particularly high for transport- and violence-related injuries with, for example, 73% of patients with violence-related injuries in PE and 46% of patients with transport-related injuries in Cape Town having levels above the legal limit for driving (0.05g/100ml).

Alcohol and violence

Alcohol abuse is an important risk factor in violence, 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 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). 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. 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. Between one-third to a half of arrestees in Cape Town, Durban, and Johannesburg charged with offences categorised as "family violence" reported being under the influence of alcohol at the time of the alleged offence.

Demand for specialist treatment services (2003) – MRC
Of 5886 persons treated at 52 specialist substance abuse treatment centres in Cape Town, Durban, Gauteng, Mpumalanga, and PE in the first half of 2003, 52% reported having alcohol as their primary drug of abuse, with a further 13% having alcohol as a secondary drug of abuse.

Foetal alcohol syndrome – Wits (1997-2003)
In research conducted in the Western Cape (Wellington), the prevalence of FAS among Grade 1 learners was found to be 46 per 1000 in 1997 and 75 per 1000 in 1999. Similar research conducted in Gauteng and De Aar in 2001, and Upington in 2003 found FAS prevalence rates of 19, 103 and 75 (estimate) per 1000 respectively.

Alcohol and risky sex (2003) – MRC
Research conducted in Atteridgeville among persons aged 25-44 years found a significant positive association between various measures of alcohol use (past month use, frequency and problem use) and having multiple sexual partners or sexual relations that were regretted in the past 3 months.

Academic failure and absenteeism (1997) – MRC/UCT
Among grade 8 and 11 learners in Cape Town a significant association was found between past month use of alcohol and the number of days absent from school and repeating a grade. For example, the odds of repeating a grade at school were found to be 60% higher for learners who consumed alcohol.

Strategies to address alcohol abuse in South Africa

Based on international experience (e.g. Babor et al. 2003) the following strategies to address alcohol abuse are likely to be most effective:

- **Regulating physical availability**
  Implementing a coherent and enforceable policy regarding liquor outlets, with:
  - Effective restrictions or controls on access (limits on days and hours of business and addressing public drunkenness; restrictions on (i) sale of alcohol to drunk persons, (ii) the supply of liquor to employees, (iii) the sale/supply of harmful alcohol or packaging, and (iv) restrictions on outlet locations (especially at/near educational institutions, petrol stations, residences, multi-dwelling housing units, places of worship); regulating the types of liquor sold in supermarkets and grocery

and convenience stores; preventing the purchasing by minors or supply to minors; regulating the use of alcohol in motor vehicles; and prohibiting the sale of alcohol through vending machines).
    - Adequate education and training of the public at large and persons who own or manage liquor outlets or who serve alcohol.
    - Strengthening community input in the process of allocating liquor licenses and dealing with complaints, requiring stricter regulations on those liquor outlets in residential areas not in business nodes or along corridors, implementing a programme for encouraging existing unlicensed outlets to become licensed and to move to business nodes or corridors.
    - Ensuring improved enforcement and handling of complaints.
    - Providing increased access to information and improved accountability.
- **Increasing levels of taxation on different alcohol products to international levels**
    - In particular, malt beer should be raised to the international average total tax burden of 37 per cent and commercial sorghum beer and sorghum powder should be increased to approximately 50 per cent of that of malt beer (as a percentage of retail sales price).
- **Implement more effective drink-driving counter-measures**
    - Random-breath testing of drivers (both professional and ordinary drivers) needs to be increased as a matter of urgency.
    - Allowance should also be made for automatic administrative licence suspension in cases where drivers are caught with alcohol levels above the allowable limits (0.05 g/100 ml for ordinary drivers and 0.02g/100 ml for professional drivers).
    - Implement a policy of graduated licenses for novice drivers, whereby persons who receive a driver's license for the first time are not allowed any alcohol in their systems while driving for a period of 3 years.
    - Allow traffic police to test alcohol levels of pedestrians.
- **Implement brief interventions for high-risk drinkers**
    - Such interventions typically consist of one to two sessions of counselling and education. The intention is to motivate high-risk drinkers to moderate their alcohol consumptions. This is generally done in primary care settings.
- **Implement effective treatment programmes for drinkers dependent on alcohol**
    - Treatment for alcohol dependence can occur in an outpatient or an inpatient setting.
    - Three models of treatment have been shown to be effective in treating alcohol dependence: Twelve Step Facilitation (based on the Minnesota model and AA principles); Motivational Enhancement Therapy (also known as Motivational Interviewing); and Cognitive Behavioural approaches that include relapse prevention training.

After treatment, treatment gains tend to be better maintained if the person becomes actively involved in AA or other recovery support groups and develops family and peer relationships that are supportive of recovery.

Source: Alcohol and Drug Abuse Research Group, Medical Research Council, with additional information from Soul City's Violence Prevention Message Brief, 2008