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Experience Learning

Alcohol Harms Reduction

OPPORTUNITY

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Drive public innovation by reigniting civil society

SEPTEMBER 2019

One step forward, two steps back: How alcohol abuse diminishes the work of civil society and what we can do about it

Billions of Rands are invested in social development in South Africa. Tens of thousands of people in government and civil society pour their lives into trying to improve society. But it seems like a Sisyphean task – pushing boulders up a hill only to see them roll back down again and again. One of the biggest retardants of progress is the widespread abuse of alcohol. The problem is so big that the taxes paid by the liquor industry are far lower than the impact on families and the cost of health and social services. It's a reality we are reluctant to confront, either because we think there's little that can be done about it, or because we don't know how to reconcile the fact that at least half of us are social drinkers and occasionally cross the line ourselves. It is time we all fully understood the impact of alcohol abuse and take radical steps to reduce it.

We, in civil society, like to say that we look to tackle the root causes of societal problems, but too often have a blind spot when it comes to alcohol abuse. For example, alcohol is a significant lubricant of the HIV epidemic, yet is hidden in most causal constructs of HIV infection and very rarely confronted head-on. To be fair, it is often included as an issue in behaviour change communication for young people, yet there are very few programmes that specifically aim to reduce binge drinking as a primary strategy for HIV prevention. To make things worse, alcohol misuse increases HIV-associated morbidity and reduces treatment compliance.

It is estimated that the economic, social and health costs associated with alcohol-related harms comprise about 12% of South Africa's GDP[1].

The South African Demographic and Health Survey 2016 found that 22.8% of men and 9% of women drank more than five drinks or more on at least one occasion in the past 30 days (to the definition of 'binge drinking'[2]). Among 20-30 year-olds, that percentage increased to one-third of men[3].

The World Health Organization categorises South Africa as among countries with the highest per capita alcohol consumption in the world[4]. Alcohol harm (7%) is third only to unsafe sex (32%) and interpersonal violence (8%) in contributing to the national risk profile (expressed as disability-adjusted life years or DALYs). It is an underlying cause of both unsafe sex and interpersonal violence. In fact, over half of injury-related deaths in South Africa (5 701 out of 10 613) involved persons with positive blood alcohol concentrations (BAC)[5], and in the Western Cape, nearly half of patients with injuries from interpersonal violence show probable alcohol use[6].

A further consequence of alcohol misuse in South Africa is the extremely high prevalence of Foetal Alcohol Spectrum Disorder (FASD). In the Western Cape, the prevalence among Grade 1 learners in high-risk, rural communities is as high as 18-26%[7]. Even when it does not lead to FASD, alcohol abuse often contributes to situations where parents are not there for their children, and in extreme cases, it is linked to child abuse and neglect. Children whose parents abuse alcohol (or other substances) are significantly more likely to have medical and behavioural problems, including substance abuse.

Reducing binge drinking and alcohol use would have a significant knock-on effect in improving health and reducing the costs of healthcare in South Africa[8]. At DGMT we also know that alcohol misuse has a direct impact on our efforts to improve child and adolescent outcomes – and this is true for much of the work being done in civil society. Tackling binge drinking is not easy, but systematic reviews demonstrate that binge drinking can be reduced through policy and community-level interventions. It is necessary that we start noting the impact of alcohol misuse on our work and advocate collectively for the reduction in alcohol misuse and binge drinking as a primary strategy to strengthen social and human capital development in South Africa.

FACTS ABOUT SOUTH AFRICA'S YOUNG PEOPLE AND ALCOHOL ABUSE

South African youth tend to binge drink[1] and start to experiment with alcohol at a very young age: ± 15% of boys and 8% of girls have their first drink before they are 13 years old[2].

WHAT PUTS THEM AT RISK?

1. Behaviour of friends and family is the most powerful influencer of young people's alcohol use[3].
2. Boys are twice as likely to binge drink as girls[4]. If they stay over at friends two or more nights a week, their chances of binge drinking increase significantly[5,6].
3. Those not attending school/post-school study are 1.5 times more likely to binge drink[7].
4. Easy access to alcohol is facilitating alcohol use among adolescents[8,9].
5. Binge drinkers have significantly less emotional/information support, affection and tangible social support and self-esteem[10].
6. Poor parental practices are strongly associated with disruptive behaviour, vulnerability and succumbing to peer pressure and substance use by their adolescent children[11,12].
7. A teenager is twice as likely to get drunk repeatedly if they have seen their parents under the influence, even if only a few times[13].

WHEN YOUNG PEOPLE BINGE DRINK:

More risky sexual behaviour and rape[14] associated with:

- HIV & sexually transmitted infections (STIs)
- Unwanted pregnancy

More physical fighting and injury[15*].

More school dropout and/or expulsions[*].

Poor grades and grade repetition[*].

Selling or using of drugs[*= 16,17,18,19].

Disrupted growth and puberty or adolescent girls[20].

More depression and suicidal ideation. Girls who binge drink are twice as likely to commit suicide than those who don't [21].

WHAT PROTECTS THEM?

Constructive communication and monitoring by parents[23,24].

Adolescents with positive family communication and support, good health practices and future aspirations are 1.5 to 2.5 times less likely to use alcohol than those who don't[24].

Positive adult and peer role models in their lives[25].

Religion or feeling connected to a sense of meaning in life[26].

Leisure activities that reduce boredom, motivate and help develop autonomy, self-identity and self-regulating behaviour[27].

The concept for this infographic is based on a poster by Alcoholics Anonymous, New Zealand: www.aa.org.nz

[Sources on endnotes page]

BOX 1: HOW ALCOHOL ABUSE 'LUBRICATES' THE HIV EPIDEMIC

Alcohol use and misuse doubles the risk of HIV transmission
Alcohol consumption prior to sexual intercourse is associated with an 87% higher risk of incident HIV infection. For binge drinkers, the risk of HIV transmission is twice that of non-binge drinkers[1].

Alcohol misuse is associated with gender-based violence
Higher rates of HIV infection are associated with gender-based violence[2]. A Statistics South Africa study found that both victim and perpetrator were under the influence of alcohol in 72% of sexual violence incidence occurring outdoors and 23% of incidents taking place at home[3].

HIV further harms the immune system and causes co-morbidities
Alcohol may increase inflammation and the immune response, increasing the pool of HIV target cells at key transmission sites throughout the body. It may raise the viral concentration in semen and in the vagina thus increasing the probability of transmission. Over time, consistent alcohol use may weaken the immune system, increasing the pathogenicity of HIV and the likelihood of opportunistic infections[4].

Alcohol use is associated with ARV non-adherence
Alcohol drinkers are up to 50% less likely to adhere to HIV medications, compared with abstainers[5]. Binge drinking is especially associated with ARV non-adherence (> 3-fold increase)[6].

ADVOCATING FOR SYSTEMIC SOLUTIONS

*By **Corné van Walbeek** and **Grieve Chelwa** from the University of Cape Town*

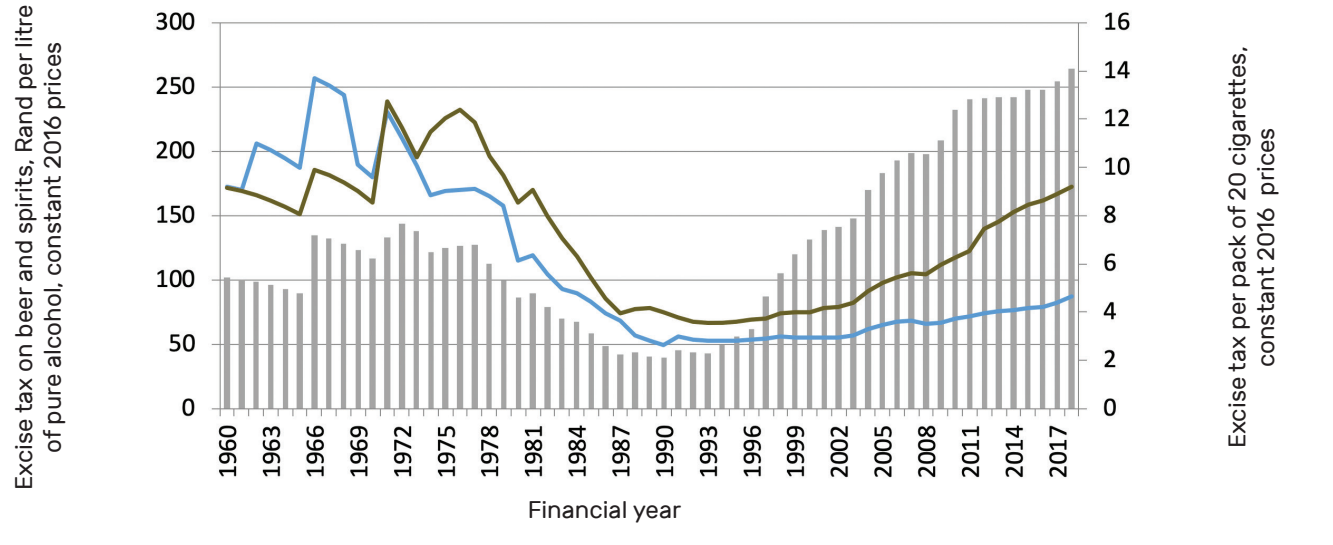
PROPER TAXATION OF ALCOHOL

Ordinarily, the consumption of any legal substance that causes as much harm as alcohol would be appropriately regulated and taxed to reduce the costs imposed on society. This has not been the case in South Africa. While there has been greater effort since 1994 to recover the social costs of alcohol through taxation, government and broader society still effectively subsidise the alcohol industry. As a 2014 review by the National Treasury on the taxation of alcohol noted, alcohol excise tax revenues do not cover the alcohol-attributable costs incurred by government i.e. even after the revenue gained through excise duties on alcoholic beverages, and the VAT collected on alcohol sales and provincial liquor licenses, this was still not enough to deal with direct consequences of alcohol abuse, to reduce the extent of alcohol abuse, and address its negative social impact[9].

In South Africa, alcohol has long been subject to excise taxes. Historical data from the National Treasury shows, however, that the tax per litre of pure alcohol for beer and spirits in real (inflation-adjusted) terms was substantially lower in 2018 than it was in 1960. This differs substantially to the tax treatment of cigarettes.

Increases in cigarette taxes have delivered significant additional revenue to government. Despite the recent increase in the illicit trade in cigarettes (which is due more to poor law enforcement than the high level of the tax), real excise tax revenue on

REAL EXCISE TAX ON BEER, SPIRITS AND CIGARETTES, 1960-2018



Source: *National Treasury of South Africa*

cigarettes was nearly 150% higher in 2018 than in 1994. And public health has benefited greatly as a result. One in three people smoked in the early 1990s; now it is less than one in five.

Given its societal harm, the taxation of alcohol products must be urgently revisited. This process should rationalise the tax treatment of all alcohol products so that they are taxed equally in terms of their alcohol content. Currently, wine and beer are taxed at a much lower rate than spirits, for example.

The alcohol industry will point to the unintended consequences of higher taxation, including the risk of bootlegging (i.e. illegal manufacture and sale). The experience from other countries is that, all things considered, taxing alcohol at a rate closer to its total cost to society makes for a safer, healthier and more prosperous nation.

BOX 2: WHAT ARE EXCISE TAXES?

Excise taxes are imposed mostly on high-volume daily consumable products primarily as a means to generate revenue for the State, but also as a way to discourage the consumption of these products that may be harmful to human health or to the environment. Excise taxes, also known as 'sin taxes', generally result in higher prices for consumers, reducing demand for the taxed products[1].

A MINIMUM UNIT PRICE ON ALCOHOL

In May 2018 Scotland introduced a minimum unit price of 50 pence per unit (8 grams) of alcohol, with the aim of reducing abusive drinking[10]. Research had shown that a large proportion of very cheap alcohol consumed in Scotland took the form of heavy drinking, resulting in drunkenness and other socially unacceptable behaviour[11].

In a recent study done for the Western Cape Government on price-based interventions to reduce abusive drinking, we categorised drinkers into three groups, namely i) moderate drinkers; ii) binge drinkers, and iii) other heavy drinkers, based on their drinking patterns. Our study was based on data from the National Income Dynamics Study, a nationally representative survey of about 8 000 households[12]. Respondents were asked how regularly they consumed alcohol, how much alcohol they consumed on a typical drinking day, and how much money they spent on alcohol each month. From this information, we could work out how much each drinker spent per unit of alcohol consumed. One can think of this as the price paid for a standard drink. What we found was startling. In 2014, moderate drinkers spent an average of R8.79 per standard drink. Adjusted for inflation, this is approximately R10.90. Expressed in 2019 prices, the median price paid by binge drinkers was R7.62 and by heavy drinkers a nearly unbelievable R1.48 per standard drink. *In other words, binge drinkers and especially other heavy drinkers consume large quantities of cheap liquor when compared to moderate drinkers.*

So, the question is whether we can reduce the prevalence of heavy drinking in South Africa and its associated societal harm by raising the price of liquor. There is a lot of evidence that an increase in the excise tax will raise the price of alcohol, which in turn causes people to purchase less of it[13]. While this approach has been used in many countries, including South Africa, and has the support of the World Health Organization as one of the "best buys" in improving public health[14], the drawback is that it is not a particularly sharp instrument. Our research suggests that a 10% increase in the price of alcohol will reduce alcohol consumption by about 4% among moderate drinkers, but only by about 2%-2.5% among binge drinkers and 1.5%-2% among other heavy drinkers. While this does not mean that a tax increase is ineffective in reducing alcohol use and abuse, it works best for moderate drinkers whose personal behaviour is less likely to harm broader society.

Our research indicates that a more effective way to reduce abusive drinking is to impose a minimum unit price (MUP) on alcohol, similar to the Scottish model. The reason is that binge drinkers, and especially other heavy drinkers, drink such cheap alcohol that a minimum unit price will substantially increase the price that they would have to pay. Our analysis indicates that, should a minimum unit price be implemented at, for example, R6.00 per standard drink (expressed in 2019 prices), this would decrease alcohol consumption by 6.2% among binge drinkers, by 15.5% among other heavy drinkers, and by 4.6% among moderate drinkers. Of course, should the minimum price be set at a higher level, it would reduce alcohol consumption by a greater amount.

A minimum unit price would have a limited effect on most alcohol products sold in standard retail outlets. However, it could have a substantial impact on the price of ales and other very cheap industrially-produced sugar-fermented alcohol, much of which is produced in the Western Cape. These products are targeted at those earning low wages and are nearly always consumed in an abusive way.

Reducing alcohol abuse requires a multi-pronged approach. While we do not suggest that the imposition of a minimum unit price (or for that matter, an increase in the excise tax on alcohol) is a silver bullet, it would indicate that the government is serious about addressing the crisis of alcohol abuse in the country, and would be a strong foundation on which other interventions can be built.

BOX 3: WHAT IS A MINIMUM UNIT PRICE?

Whereas an alcohol tax affects all types of alcohol, a minimum unit price affects a smaller pool of alcohol, typically cheaper forms of alcohol that heavy drinkers consume in large quantities. They are therefore more likely to feel the effects of a price increase than moderate drinkers, and are therefore less likely to buy/consume large amounts of this alcohol.

OTHER STRATEGIES FOR ALCOHOL HARMS REDUCTION

Strategies to reduce the availability of alcohol in residential areas through conditional licensing linked to shorter opening hours, reduced density of outlets and monitoring sources of supply of alcohol have been shown to reduce consumption[15,16].

In terms of behaviour change, the restriction on alcohol advertising may be an effective intervention[17]. While evaluation of impact is difficult, it is likely that public information and media play an important role in providing information and focusing attention on the link between alcohol and violence. It should, however, be noted that poorly designed public awareness campaigns focusing on emotions of fear might, in fact, be counter-productive[18].

At local level, active community mobilisation, such as the monitoring of bar service practices (to combat serving inebriated customers and selling liquor for consumption off licensed premises) may help to reduce crime and violence[19,20].

For too long, alcohol and alcohol abuse has been a silent driver of enormous social and economic harms in South Africa, going back to the pernicious 'dop' system. As part of our work of restoring dignity and ensuring greater social justice, we need to talk about this elephant in the room. Structural interventions (such as taxes and pricing) are a particularly well-suited, and currently underutilised, strategy for lifting this burden on South African society, together with accessible and well-crafted public communication campaigns and support for effective community interventions.

BOX 4: THE WORLD HEALTH ORGANIZATION'S FIVE HIGHEST IMPACT STRATEGIES TO REDUCE ALCOHOL-RELATED HARMS

- Raise prices on alcohol through excise taxes and pricing policies.
- Strengthen restrictions on alcohol availability.
- Facilitate access to screening, brief interventions and treatment.
- Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion.
- Advance and enforce drunk driving countermeasures.

*A summary of work by **Corné van Walbeek, Grieve Chelwa** from the University of Cape Town and **David Harrison** (CEO of DGMT).*
Corné van Walbeek is a professor in the School of Economics and Grieve Chelwa is a senior lecturer in Economics at the Graduate School of Business at the University of Cape Town. *The mentioned study was done for the Western Cape Government and was funded by DGMT.*

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BOX 1

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