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THE IMPACT OF ALCOHOL ON HEALTH

Table of Content

1. Introduction	1
2. Global perspective on alcohol and Sustainable Development Goals (SDGs)	1
3. Empirical studies on impact of alcohol on health	2
4. South Africa's context: Burden of alcohol on health	2
5. Health and socioeconomic impact of alcohol.....	3
5.1 Short-term health risks.....	3
5.2 Long-term health risks.....	4
5.3 Life-threatening signs of alcohol	4
6. Association of alcohol and economy.....	4
7. Issues for Consideration	5

1. INTRODUCTION

The containment measures of the spread of novel coronavirus (hereafter, COVID-19) globally have been hailed as they have ensured that countries prepare their health systems for the inevitable surge of infections in the near future. However, the lifting of the sale of alcohol in various jurisdictions including South Africa has raised sharp debate between health practitioners and economic protagonists. President Ramaphosa's announcement on Sunday, 12 July 2020 of immediate resuspension of the sale of alcohol did not come as surprise given the impact it has had on the health system. In view of the aforementioned, this brief discuss the complications that alcohol has on health.

2. ALCOHOL AND THE SUSTAINABLE DEVELOPMENT GOALS (SDGS)

The World Health Organization (WHO) has made pronouncement on alcohol as a harmful leading risk factor for public health worldwide, as it has a direct impact on many health-related targets of the Sustainable Development Goals (SDGs). Key targets of SDGs particularly on reduction of maternal and child mortality and decreasing infectious diseases such as HIV, viral hepatitis, tuberculosis and non-communicable diseases, like mental health, injuries and poisonings are compromised by the harmful intake of alcohol.^{1,2} Furthermore, alcohol exacerbates inequalities between and within countries, hindering the achievement of SDG 10, which calls for inequalities to be reduced. This is because harm emanating from alcohol is greater from the poorer drinkers and their families compared to the wealthier drinkers. Excessive consumption of alcohol perpetuates suffering and delays in countries from meeting

¹ World Health Organization (2018).

² Ibid.



the SDGs, hence various stricter measures are recommended for restricting access to alcohol.³

3. EMPIRICAL STUDIES ON IMPACT OF ALCOHOL ON HEALTH

The impact of alcohol on health has necessitated various empirical studies and commissioned reports, which concur that excessive alcohol consumption has resulted in 3 million deaths, which equates to 5.3% of all deaths worldwide in 2016.⁴ In addition, alcohol has contributed to 132.6 million disability-adjusted life years (DALYs), which is about 5.1% of all global DALYs in 2016.⁵

This also includes the fact that mortality arising from alcohol consumption is higher than combined communicable disease namely tuberculosis (TB), advanced Human Immunodeficiency Virus and diabetes.⁶ It estimates that alcohol consumption has caused 2.3 million deaths of men and 0.7 million deaths of women globally. While this is alarming and costly, alcohol is also reported to have contributed to 106.5 million DALYs among men and 26.1 million women, which burdens the health sector. During the same period, the age-standardized alcohol-attributable burden of disease and injury was highest in the African region when compared to other regions, while Europe had greater numbers of deaths than any in the world. All global deaths attributable to alcohol consumption were categorised as follows:⁷

- 28.7% due to injuries;
- 12.6% due to cancers;
- 21.3% due to digestive diseases;
- 12.9% due to infectious diseases;
- 19% due to cardiovascular diseases

Another startling figure is that in 2016, alcohol was responsible for 7.2% of all premature mortality among persons below 69 years globally.

4. SOUTH AFRICA'S CONTEXT: BURDEN OF ALCOHOL ON HEALTH

South Africa is considered as one of the heavy drinking countries in the world despite the population of heavy drinkers being far less than that of non-drinkers. In simple, South Africa's fraction of the population is described as binge drinkers because it consumes more than 60 grams of pure alcohol on one occasion over a 30-day period.⁸ The most consumed alcohol in South Africa is beer, which is rated up to 56% of all alcohol consumed. The second most consumed alcohol was wine and spirits with an equal share of 18%.

³ World Health Organization (2018).

⁴ Matzopoulos, Truen, Bowman, and Corrigan (2014).

⁵ *Ibid.*

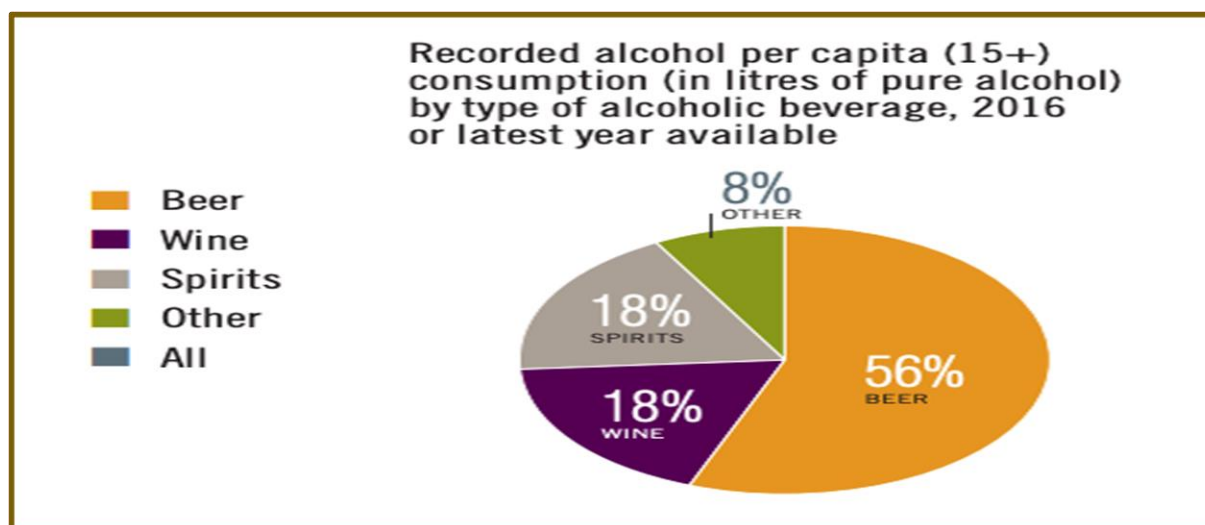
⁶ World Health Organization (2018).

⁷ *Ibid.*

⁸ Matzopoulos, Truen, Bowman, and Corrigan (2014).



Figure 1 depicts the types of alcohol consumed in South Africa.



Source: World Health Organization (2016)

Given this high rate of alcohol intake in South Africa, it is argued that over 9,750 deaths were attributable to alcohol in 2016 including 7% prevalence of alcohol-related disorders. Moreover, in 2015 about 62,300 adults died from alcohol-attributed causes in South Africa, which was extremely high as it worsened socioeconomic aspect of human life.⁹ A report argued that the total estimated mortality of 529,400 from all causes, about one in ten deaths was due to alcohol use. The same report argued that the approximation of one in 10 deaths equates to 12% of people dying from alcohol-related causes, which is greater than the previous estimate of 7% in 2010.¹⁰ This is serious considering that the World Health Organization shared the same sentiment that South Africa had one of the highest rate of alcohol-related road deaths in the world and that about 58% of deaths could be attributed to alcohol consumption.¹¹

5. HEALTH AND SOCIOECONOMIC IMPACT OF ALCOHOL

The following are three segments of health and socioeconomic impact of alcohol. They demonstrate the magnitude of alcohol on almost all sectors of human existence as categorised as short-term, long-term and life threatening signs of alcohol.

5.1 Short-term health risks

Excessive alcohol use has immediate effects that increase the risk of many harmful health conditions. These are most often the result of binge drinking and include the following:¹²

- Injuries, such as motor vehicle crashes, falls, drownings, and burns;
- Violence, homicide, suicide, sexual assault, and intimate partner violence;
- Risky sexual behaviours, including unprotected sex or sex with multiple partners;

⁹ Diedericks (2020).

¹⁰ Business Day (2020).

¹¹ World Health Organization (2018).

¹² US Preventive Medicine (2017).



- Alcohol poisoning, a medical emergency that results from high blood alcohol levels;
- Casual behaviours that result in unintended pregnancy or sexually transmitted infections such as HIV; and
- Miscarriage and stillbirth or foetal alcohol spectrum disorders (FASDs) among pregnant women.

5.2 Long-term health risks

Over time, excessive alcohol use can lead to the development of chronic diseases and other serious problems including:¹³

- Alcohol dependence, or alcoholism;
- Mental health problems, including depression and anxiety;
- Cancer of the breast, mouth, throat, oesophagus, liver, and colon;
- High blood pressure, heart disease, liver disease, and digestive problems;
- Social problems, including lost productivity, family problems, and unemployment;
- Learning and memory problems, including dementia and poor school performance.

5.3 Life-threatening signs of alcohol

- Inability to wake up;
- Seizures and vomiting;
- Slow breathing (fewer than 8 breaths per minute);
- Irregular breathing (10 seconds or more between breaths); and
- Hypothermia (low body temperature), bluish skin colour, paleness.¹⁴

6. ASSOCIATION OF ALCOHOL AND ECONOMY

The burden of alcohol on health is due to most economies in developing countries including South Africa having less stringent conditions towards alcohol companies. The revenue accrued from alcohol is regarded beneficial to the state while the impact of alcohol on health and life surpasses the accrued revenue. The following four factors demonstrate government's leniency on alcohol producers, hence its burden as discussed:¹⁵

- Cheaply priced alcohol;
- Largely unregulated alcohol marketing;
- Making alcohol companies part of society; and
- Readily available and unregulated alcohol trading.

It is argued that these four aforementioned ingredients combined contribute to South Africa's rating as one of the heavy drinking countries in the world. It is also claimed that these ingredients contribute to aggressive marketing, supplying the largely unregulated market and lobbying to avoid any regulation, which at the end becomes the burden to public health as argued earlier. To this end, South Africa needs to control alcohol in order to save lives and

¹³ Centers for Disease Control and Prevention (2018).

¹⁴ *Ibid.*

¹⁵ Diedericks (2020).



improves health, strengthens economy. This is possible given the listed three draft Bills that require deliberation in order to increase regulation. These are: ¹⁶

- Draft Control of Marketing of Alcoholic Beverages Bill of 2013;
- Draft Traffic Amendment Bill of 2015 (providing for reduced BAC limit); and
- Draft Liquor Amendment Bill of 2017 (providing for increased age to 21 years; 100m radius limitation of trade around educational and religious institutions; banning of social and small media; a liability clause).

7. ISSUES FOR CONSIDERATION

This sub-section highlights critical issues for the Committee/s to consider discussing them with the South African Medical Research Council.

- To what extent has the research findings been presented to government departments for consideration? Please explain how SAMRC disburse its research work.
- What is the total number of beds occupied by alcohol related incidences in both public and private health sectors since the lifting of the alcohol ban?
- Are there adequate measures to contain effects of home-brewed alcohol given the resuspension of alcohol trade?
- To what extent is conducted research shared with the public particularly youth? Please explain the mechanisms used to share the findings with various audiences.
- Apart from universities, which other stakeholders does SAMRC work with to create awareness about the findings of its studies? In simple, to what extent is conducted research influencing government policy?
- Does SAMRC advocate for policy enhancement given the impact of alcohol on health and economy?
- Please lists the entities that SAMRC works with to magnify policy strengthening in South Africa.
- Given the prevalence of alcohol abuse among teenagers and youth, does SAMRC conduct symposiums for university and high school students to alert them the dangers of alcohol? If not why?
- Three Bills require significant improvement to curb the impact of alcohol on health namely, draft Control of Marketing of Alcoholic Beverages Bill of 2013, draft Traffic Amendment Bill of 2015 and draft Liquor Amendment Bill of 2017. How is SAMRC planning to interact with these Bills in order to limit easy access to alcohol and the burden to public health?

¹⁶ Diedericks (2020).



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