

Tackling SA's booze crisis needs practical, upstream measures – Business Day 14 October 2019

Merely running education programmes will not curb the country's alcohol addiction

He was correct to assert that a greater government response to addressing alcohol- (and drug-) related harm is required. There are additional imperatives to intensify efforts to reduce the harmful use of alcohol, such as the need to tackle alcohol-related crime in general, alcohol-related deaths and injuries on our roads, and underage drinking, as well as the anticipated national health insurance (NHI).

Many communicable and non-communicable diseases, mental health conditions, and intentional and unintentional injuries are directly or indirectly caused by harmful patterns of alcohol use. If effective preventive and health-promoting strategies are not implemented, our health services will continue to be swamped by conditions related to alcohol, and the NHI system will struggle to meet demand for services.

Currently, alcohol is the fifth leading risk factor for death and disability in SA, and it is estimated that 172 people die each day from alcohol-related conditions. This is costing the country hundreds of billions of rands we can ill-afford.

The president's response to tackling substance-related gender-based violence, namely increasing the visibility of substance abuse awareness and education programmes and prioritising funding for more treatment facilities, was recently criticised by leading health commentator David Harrison as being "inadequate and almost trivial".

We partially agree. While there is certainly a place for better treatment options for people in need, focusing on education and awareness alone to tackle substance abuse does not have a strong evidence base. We urge the leadership of SA to focus on interventions for which there is good evidence and which the World Health Organisation (WHO) in 2010 categorised as "best-buys" for addressing alcohol-related harm. Education and raising awareness do not feature among these.

The alcoholic beverage industry tends to portray the problematic use of alcohol as involving a small group of individuals who misuse their product, but that simply is not the case. Research conducted by the SA Medical Research Council in Tshwane recently found that 53% of men and women identifying as drinkers engaged in heavy episodic drinking on at least a monthly basis (defined as eight drinks per occasion for men and six for women). A substantial proportion of the absolute alcohol consumed occurs during heavy drinking occasions, with the sale of alcohol in larger container sizes, such as in 750ml bottles of beer, contributing to such heavy drinking.

We will not be able to change drinking practices in SA through interventions aimed solely at changing individual behaviour. Instead, decisive action is needed to tackle upstream drivers of over-consumption of alcohol based on reliable evidence. Our 2017 global synthesis of whether alcohol control policies are in fact beneficial identified several evidence-based upstream interventions that are, in the main, consistent with those recommended by the WHO. These include increasing the taxation and price of alcohol, including minimum unit

pricing, restricting on- and off-premise outlet density, and implementing controls on alcohol advertising, with the latter likely more effective for curbing underage drinking.

Much can be learnt from the Russian experience. Russia is considered one of the heaviest drinking countries in the world. Between 2003 and 2016, total per capita alcohol consumption decreased by 43%, with life expectancy dramatically increasing from 60 to 68 years in men and from 78 to 84 in women for the period 2003 to 2018. In a trend analysis published two weeks ago, the WHO reports that these changes are attributed to a considerable degree to implementation of several evidence-based policies sustained over two decades. Interventions targeted price (including introducing minimum unit pricing) and restricted availability and the marketing of alcohol, as well as laws aiming to curb dangerous practices such as drink-driving, and legislation promoting a healthy lifestyle.

Similarly, data from Scotland published in September demonstrated an immediate affect of minimum unit pricing on reducing the amount of alcohol purchased by households, with reductions predominantly occurring in households that bought the most alcohol.

Pricing and taxation, restricting outlet density and regulating alcohol marketing are already present in various forms in legislation drafted by the ministries of health, transport and trade and industry, but these have been stalled for many years. Our political leadership needs to take bold steps, informed by local and international evidence of what works to reduce alcohol-related harm.

Of course, the liquor sector needs to take whatever steps it can to reduce harmful patterns of drinking, but a sector that is focused on making profit from drinking, and in many cases heavy drinking, is conflicted and ideally should not be in partnership with the government in setting the alcohol policy agenda, drafting alcohol policy and co-hosting policy events.

To address interdepartmental competing interests, we need to strengthen multisectoral mechanisms such as the interministerial committee of substance abuse, and relocate the central drug authority to the presidency. A clear, publicly available timetable for moving forward on stalled national and provincial alcohol legislation must be drafted and the necessary political and technical leadership put in place to drive the process, with adequate funding from sources such as the sugar-sweetened beverage tax, and ideally new ring-fenced taxes on alcohol and tobacco. Such funds can also be used for health-promotion activities more broadly, beyond only addressing the harmful use of alcohol.

Clear targets and indicators for assessing progress, both in terms of validated measures of consumption of alcohol, alcohol-related harms and implementation of intervention strategies, need to be agreed. Annual progress reports in national and provincial legislatures will be required to keep the public informed.

It is time to relook our relationship with alcohol in SA. We need to tackle systemic drivers of over-consumption so we can reap the benefits of implementing evidence-based interventions measured in improved population health and lives saved, a reduced burden on the future NHI system, and financial savings in costs to health, criminal justice and other sectors.

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