Alcohol and NCDs in South Africa: A missing agenda?

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Overview

- 1. NCDs and development
- 2. NCDs and alcohol
- 3. South Africa and NCDs
- 4. South African drinking
- 5. Policy response
- 6. Linking the NCD and alcohol control agendas.

1. NCDs and development

Why NCDs?

- Social determinants of health agenda
- Global burden of disease studies
- Health in all Policies approach
- Calculations of economic cost of NCDs to low and middle income countries - \$7 trillion 2011-2025
- NCD mortality will rise by 50% by 2030 (greatest in SSA)
- No longer "diseases of comfort" (Choi, 2005), but ones of poverty.

Institutional momentum

- Critique of failure to realise MDGs cannot work without inclusion of NCDs
- NCD Alliance lobbying post-2015 SDGs
- WHO Global Status Report on the burden of NCDs
- UN High Level Meeting (2011)
- Rio Political Declaration on SDH (2011)
- Global NCD Action Plan 2013-2020
- 9 new targets (25 by 25) on behavioural and biological risk factors and health systems response.

"Placing health at the heart of the post-2015 development agenda will not only save lives and advance economic development, it will also contribute to environmental sustainability, and to the advancement of well-being, equity, and social justice".

(NCD Alliance, 2013, 73)



"Health must not be confined to the health sector post-2015"

(NCD Alliance, 2012)

2. NCDs and alcohol

- Alcohol one of 4 major risk factors for NCDs inc: salt intake; exercise; and smoking
- Alcohol contributing factor to: cancers; CVD; liver disease and T2 Diabetes
- Globally, 3rd most significant cause of DALYs lost, but 1st in middle income countries
- Significant lack of (and inconsistent) data from Global South - habitual under-reporting of drinking.

 WHO target = reduction of alcohol consumed per capita by 10% by 2020.

- Long history of WHO engagement with alcohol, but only recent acknowledgment that risk factor for NCDs and potential role in undermining developmental aspirations
- May require fundamental re-conceptalisation of how and why alcohol is a problem and the potential solutions to this.

"Given the overwhelming evidence that alcohol is a major risk factor for NCDs, attention must now be directed towards addressing the drivers of alcohol use, especially of heavy use, and particularly those drivers operating at the social and environmental level using strategies that have been shown to have a high probability of having an impact"

(Parry et al, 2011: 1722)

3. SA, alcohol (and NCDs?)

SA and NCDs

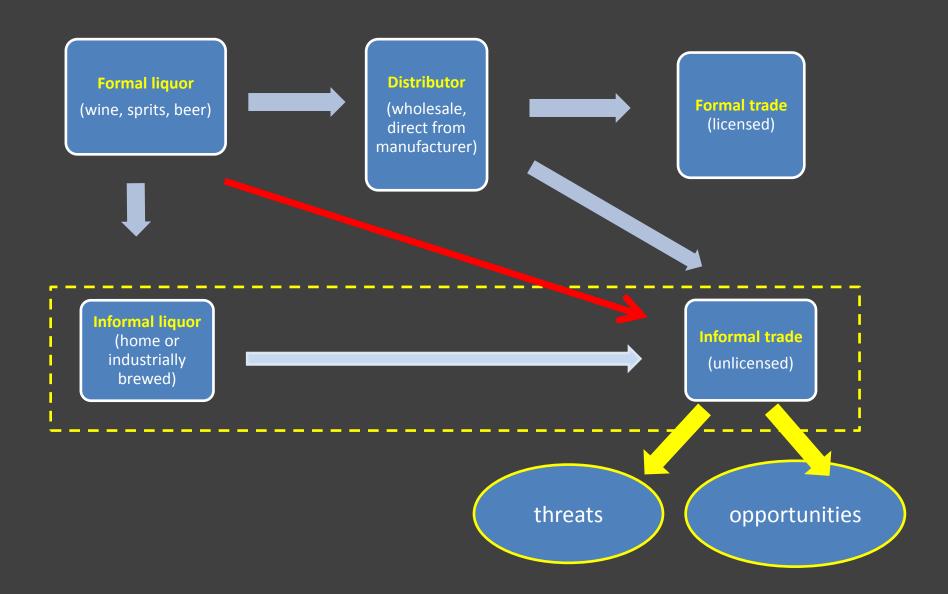
- Mayosi et al (2009): quadruple burden of infectious, NCDs, perinatal and maternal
- Why? Rising life expectancies and effects of urban poverty - poor diets, sedentarism, high salt intake, smoking, drinking, stress
- Cause 40% mortality and 35% burden of disease
- Rooted in inequalities in service provision, poverty and poor health literacy
- Highest rates among urban poor (Khayelitsha = 856 deaths per 100,000 v 475 in S. Suburbs)

South African drinking

- Dual and inequitable political economy of liquor: formal and informal
- 78% of alcohol outlets are unlicensed
- 86% of licenses in Western Cape are white-held
 - legacy of colonial and apartheid regulations.

 Alcohol and its regulation intensely political: deeply ambiguous commodity.

Supply chain









Threats: 51% men and 74% women lifetime abstainers, but 41% of female and 48% of male drinkers do so to hazardous levels (3/4 pattern)

- 5th highest levels of consumption in world
- One third drink Friday Monday
- Alcohol implicated in 39% IP violence, responsible for 7% of mortality and DALYs (#3)
- Cost = R38 billion

Opportunities: significant consumer market, world's second largest industry player, tourism, subsistence/ entrepreneurial livelihoods

SA Alcohol Policy response

- 2003 National Liquor Act
- Revised 1989 Provincial Acts
- 2012 Western Cape Liquor Bill promulgated
- City of Cape Town municipal by-laws
- Restrictions on opening hours, zoning, raids of unlicensed premises and public consultation.
- 2013 advertising, legal drinking age and blood alcohol limit. WC "awareness roadshow"

4. Linking the NCD and alcohol control agendas?

- Alcohol and NCD agendas are rarely aligned
- NCDs are not part of policy language/ repertoire
- Alcohol control is centred on acute risks and 'social scourge' (consequences and not causes)
- Need to consider contexts and circumstances driving risk behaviours, rather than try to engineer risk out of environment (doesn't diminish people's need/ demand for risk-taking).
- It will require education and empowerment (despite gaps in global south evidence base).

Need to recognise:

- 1. The political ambiguity presented by alcohol's centrality to economic wellbeing in many LMICs
- 2. That, like the FCTC, any global action on NCDs should ensure alternative livelihoods to meet SDGs.
- 3. And ensure that public health ends and means are not antithetical to those of sustainable development
- 4. That without appropriate, equitable and legitimate *enforcement*, alcohol control will be ineffectual