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How much is enough? The effectiveness of current policy

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South African Medical Research Council
BUILDING A HEALTHY NATION THROUGH RESEARCH





Outline

- Unpack the topic I was given ito:
 - Harmful use of alcohol in SA & associated consequences
 - State of alcohol policy development and implementation in SA
- Inputs on the 7 roles of DTI in the Concept Document and what is missing
- Conclusions

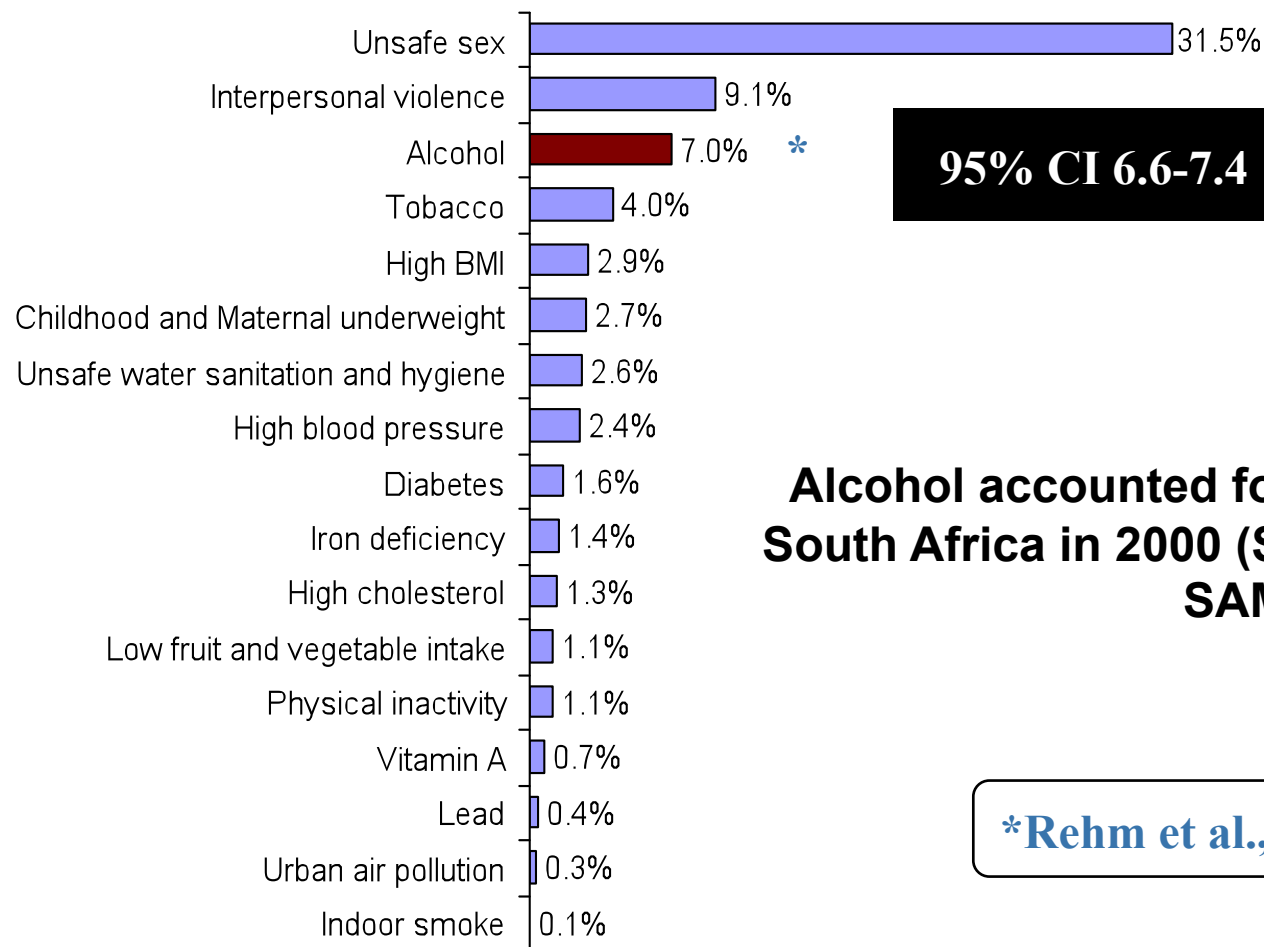
How much is enough? Drinking in SA

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- **WHO Global Status Report on Alcohol & Health (2011)**
 - While abstention from drinking is high, among drinkers we fall into category of countries having highest consumption of AA/drinker per year
 - We fall into 2nd highest category of countries in terms of having harmful pattern of drinking (looking at whether people drink apart from meals, engage in heavy episodic drinking, etc.)
 - We fall into the category of countries with highest level of past year heavy episodic drinking (>30%) – for both male & female drinkers
- **MRC Youth Risk Behaviour Survey (2008)**
 - 34% of males in Grs 8-11 report past month binge drinking (24% for females) - up from 29% in 2002 for males (18% for females)
- **Implication: “Liquor industry (broadly) makes a large proportion of its profits from people drinking at harmful levels”**

How much is enough? Consequences of drinking in SA

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95% CI 6.6-7.4

Alcohol accounted for 7% of all DALYs in South Africa in 2000 (Schneider et al., 2007, SAMJ)

***Rehm et al., 2009: 6.3% (in 2004)**

Attributable DALYs (% of 16.2 million)

How much is enough? Consequences of drinking in SA

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Burden attributable to alcohol use in SA in 2004 (Rehm et al.,2009)

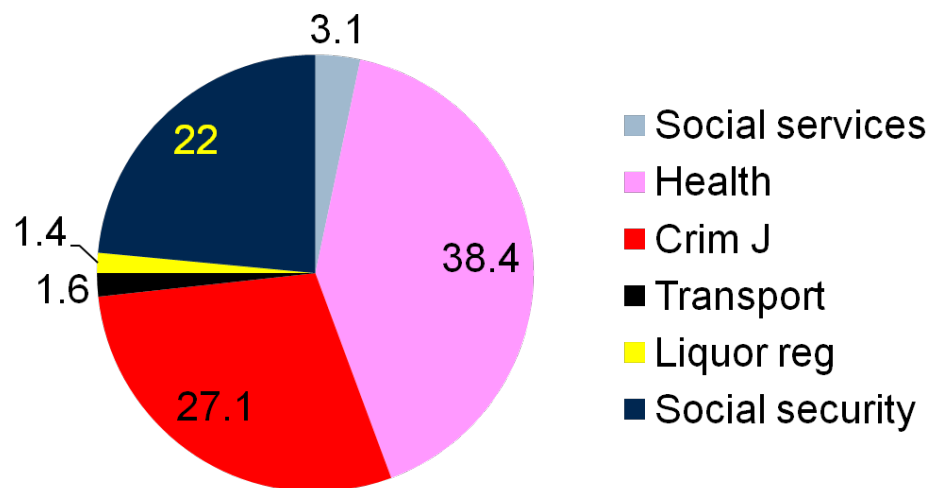
Selected condition	DALYS	%
1. Infectious diseases (TB, HIV & AIDS)	415 693	32
2. Intentional injuries	329 652	25
3. Unintentional injuries	211 012	16
4. Neuropsychiatric disorders	157 751	12
5. Cardiovascular diseases	91 228	7
6. Cancer	51 840	4
7. Cirrhosis liver	31 156	2
8. Other	23 511	2
Total all conditions (incl. beneficial effects)	1 311 843	

In SA: 1/4 TB deaths linked to heavy alcohol use or having an AUD;
roughly 130 deaths/day caused directly as a result of alcohol use

How much is enough? Consequences of drinking in SA

Burden attributable to alcohol use in SA (Budlender, 2009) – public sector costs

% of costs (R17.2 bn)



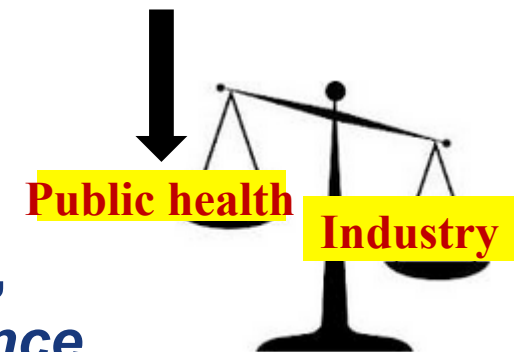
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- Total 'tangible' costs: R37.9 bn in 2010 (1.6% GDP) ... (study commissioned by DTI but not yet publicly available)
- Revenue from alcohol: ~R10bn (Excise tax) + ~R9.3bn (VAT) = ~R19.3 bn in total
- Not recovering sufficient revenue to pay for social costs associated with misuse of alcohol

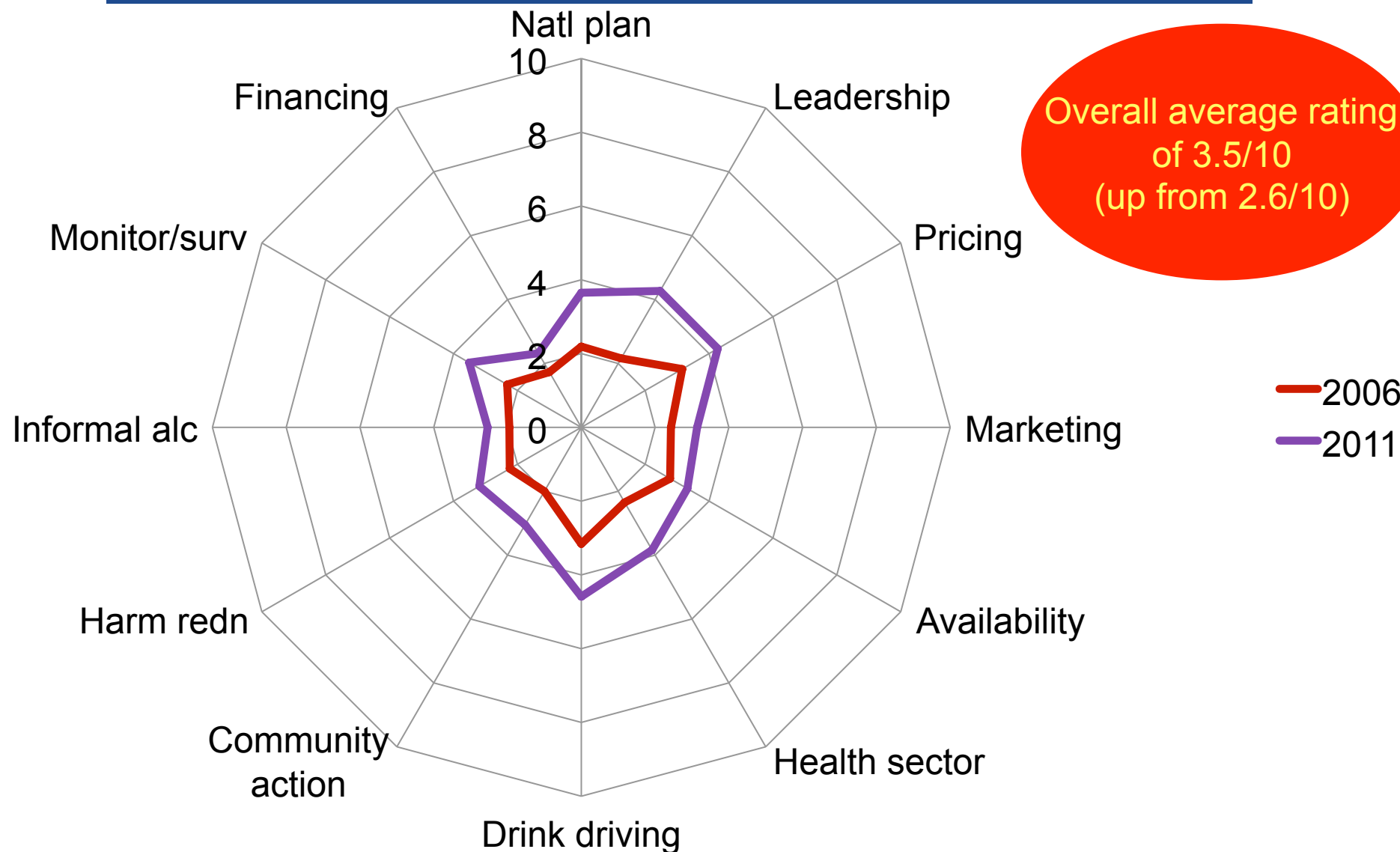


- Have we reached the stage of saying we have had too much harmful use of alcohol?
- Not sure, but...
 - We have clearly seen strong statements from government **AS A COLLECTIVE** since the beginning of 2011 and from some national ministers in particular (Health, DoSD, Transport)
 - Some provinces have taken a strong stance against harmful use of alcohol (WC)
- Believe that the government has come to position, public health issues must be given more prominence over commercial interests – this is a worldwide phenomenon which has been seen e.g. in WHA resolutions in recent years & 2012 Bangkok Declaration



How much is enough? Alcohol policy development & implementation

Web-survey of alcohol policy in SA: Comparison of ratings across the 12 items and comparisons across time (2006 vs 2011)





- Have we reached the stage of saying we have had too much alcohol policy development & implementation?
 - *Has been positive movement over time, but we have a long way to go!!*
- In areas that relate to DTI, following areas for alcohol policy action stand out: (i) **input into national plan**, (ii) marketing, (iii) availability of alcohol, (iv) **informal alcohol**, (v) financing of alcohol strategy, (vi) **monitor/surv**
- How do these relate to 7 DTI roles in Concept Doc?
 1. Increase the minimum drinking age from 18 to 21 (iii)
 2. Set stds for location of liquor outlets, trading days and hours (iii)
 3. Harmonise the liquor regulation (iii)
 4. Regulate the density of outlets in the country (iv)
 5. Impose mandatory contribution by the liquor industry to a fund that will be dedicated to work to prevent and treat alcohol abuse (v)
 6. **Intensify campaigns to educate people, in particular young people, about the dangers of alcohol**
 7. Restrict liquor advertising (ii)

Inputs on 7 roles of DTI in C-Doc & what is missing

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1. National alcohol plan

- Need a national alcohol plan (separate from NDMP) that incorporates all foci (departments)
- Current approach is fragmented, poorly funded & largely unevaluated
- Plan will need to better “balance” needs of public health with those of industry (producers, distributors, retailers)
- Focus should be on “small wins” & making progress over time
- Agency with overall responsibility should report annually on action taken & progress made

Inputs on 7 roles of DTI in C-Doc & what is missing

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2. Increase the minimum drinking age from 18 to 21

- **Research in US found:**
 - Raising drinking age was more effective than a range of other programs to reduce drinking among young people (a review of 132 documents)
 - Raising min age to 21:
 - reduced alcohol use among young Americans & reduced traffic crashes
 - decreased single vehicle night-time crashes involving young drivers by 11%
 - Was responsible for a 19% net decrease in fatal crashes involving young drivers after controlling for various factors (15 years of data over all States & DC)
- **Benefits of a higher drinking age are only realised if law is enforced**
- **Easy to pass the legislation but to have positive impact need to:**
 - Implement a national system of identification by card
 - Build strong coalitions with civil society
 - Keeping the public informed of the positive effects in terms of savings in injuries, premature deaths, and money
 - Dealing with the strong opposition of the liquor industry & youth
- **Recommendation: Either wait on this or at most 1st raise drinking age to 19 (evaluate & plan next step)**

Inputs on 7 roles of DTI in C-Doc & what is missing

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Addressing availability of alcohol (1 of 3 best buys into reducing harmful use of alcohol)

- Need harmonisation between provinces
- Different hours for selling for on & off-consumption
- Consider 1 day of week when no alcohol sold for off-consumption (possible exceptions)
- Different on-consumption hours depending on location of outlet (residential area (**9 pm**), business nodes in residential areas (**11 pm**), business districts (**2 am**))
- Draw 'viable' unregistered outlets into regulated market
- Support development of associations of liquor outlets that can facilitate compliance with provincial regulations, including codes of conduct
- Support needed for regulation of industry (inspectors)
- Greater involvement of community & police in proactively working with outlets in residential areas to head off problems before they occur

Inputs on 7 roles of DTI in C-Doc & what is missing

3. Restrict liquor advertising – 1 of 3 best buys to reducing harmful use of alcohol)

- Contrary to view that advertising only influences brand choice, well established from several studies in several countries that alcohol advertising influences behaviour -> it brings about positive beliefs about drinking and encourages young people to drink alcohol sooner and in greater quantities
- Current rely mainly on self-regulation (? working); no controls on when adverts are flighted or where they are placed; saturation of billboards in poorer areas; massive youth exposure to sports sponsorship
- Time series data (20 countries over 26 years) found that alcohol advertising bans decrease consumption of alcohol (& reduced consumption means reduce harm)
- Recommend banning all alcohol advertising including sports sponsorships, only allow advertising on the containers at point of sale
 - If no ban then ensure independent pre-vetting of adverts, increase funding for counter advertising, ban advertising when substantial youth exposure likely
- Also need to greater scrutiny of digital media, branded events, use of merchandising, transnational marketing via satellite TV or internet and global sports sponsorship
- DTI should support responsible drinking messages at point of sale (& in collaboration with DoH as indicated in 2003 National Liquor Act)

Inputs on 7 roles of DTI in C-Doc & what is missing

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4. Intensify campaigns to educate people, in particular young people, about dangers of alcohol

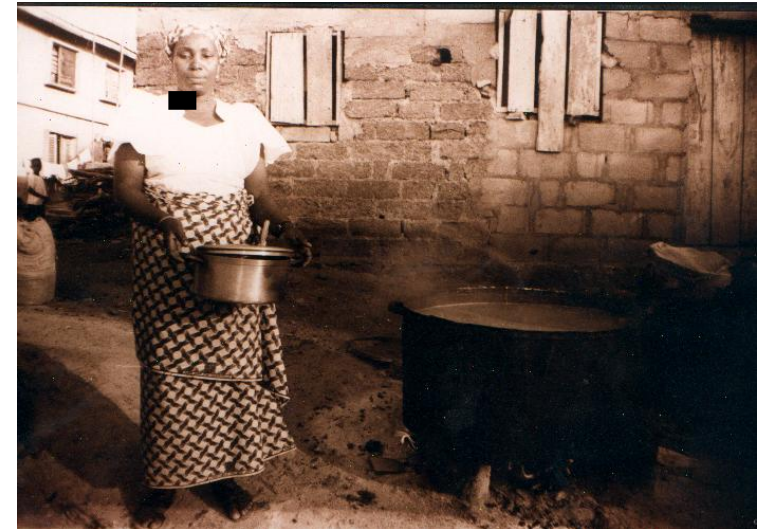
- Little evidence for effectiveness of educational campaigns (not supported by WHO Global Alcohol Strategy)
- ? whether DTI should be directly collaborating with liquor industry in underage drinking initiatives in schools
 - ? whether such active work falls inside mandate of DTI (more DoH, DoSD)
 - Possible conflict of interest for liquor industry in this area
 - A review of internal alcohol industry marketing data from the UK (4 companies) found market research data on 15-16 year olds was used to guide campaign development, many references to need to recruit new drinkers (not just get brand switching), campaigns aspired to appeal to youth
 - Way more effective then educational games would be for liquor industry to reconsider way it advertises its product (advertising when it knows underage viewers will be exposed – e.g. early evening on TV, at sporting events when many youth present, on billboards near schools).

Inputs on 7 roles of DTI in C-Doc & what is missing

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5. Addressing informal/illicit alcohol

- Identified in WHO Global Alcohol Strategy
- Cheapest alcohol causes greatest harm (big effect on youth, persons who are alcohol dependent)
- Recommendation
 - Better monitoring of such products
 - Improve quality control wrt production, distribution of informal market
 - Educate public about dangers of consuming informal/illicit alcohol
 - DTI should seek to influence Treasury to substantially increase taxes on products used to make homebrews (there are other ways to deal with regressive nature of this move)
 - Formulate response to “ale” problem (very cheap alcohol where sole purpose is to help get people drunk cheaply)



Inputs on 7 roles of DTI in Concept Doc & what is missing

6. Financing of implementation of national alcohol strategy (and the role of the liquor industry in this)

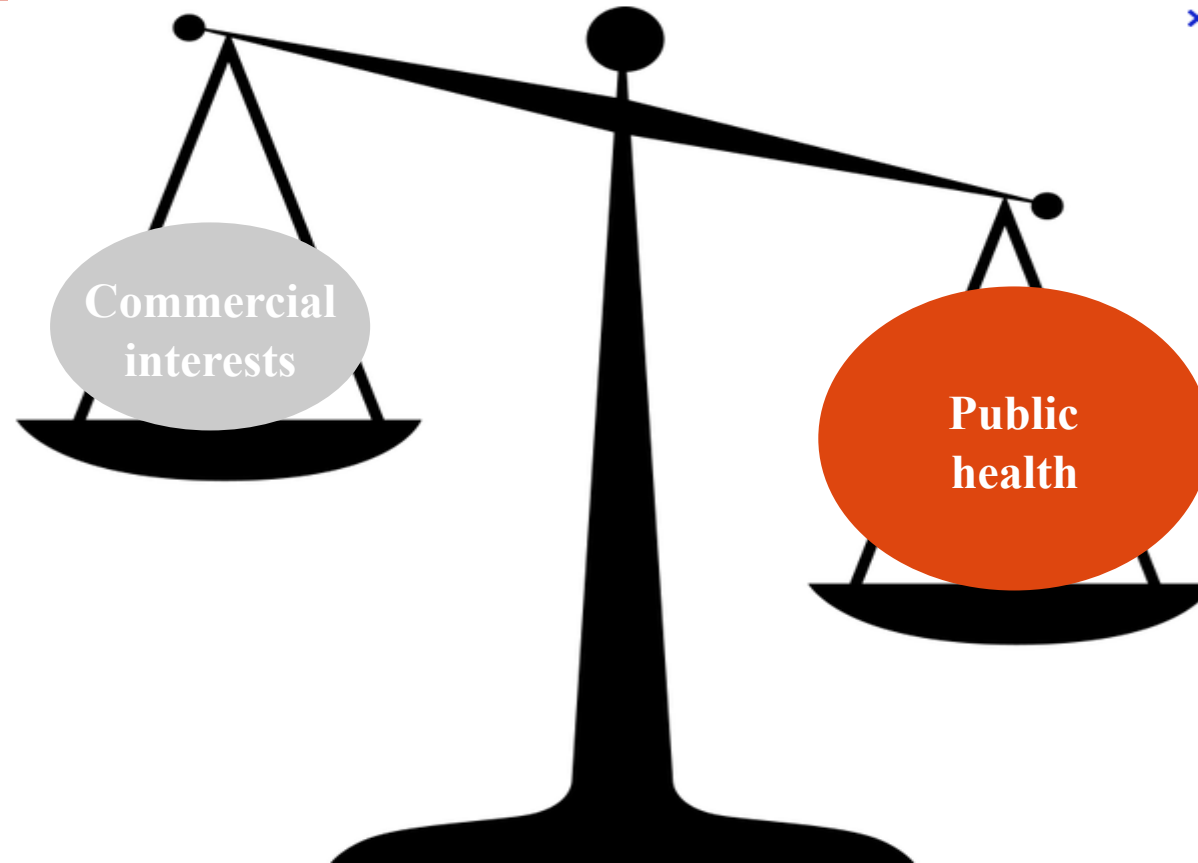
- **Don't support idea of making it compulsory for industry to contribute 1% to directly fund projects used to address social harms of alcohol**
 - Unpublished DTI commissioned study (2010 data)) found that industry social responsibility initiatives are often not evidenced based, are not evaluated and focus on a minority of users (e.g., poor, pregnant women; university students who misuse their products) rather than the 25%-33% of drinkers who drink at problematic levels
- **Potential for conflict of interest if industry directly involved**
 - Support idea of establishing a Health Promotion Foundation funded by 2% additional excise tax on alcohol & tobacco to fund various projects
- **Look into issue of minimum pricing – with additional funds generated, not going back to industry, but to social programmes**

Inputs on 7 roles of DTI in C-Doc & what is missing

7. Monitoring & surveillance

- DTI must support monitoring & evaluation of any policy responses it initiates to reduce harmful use of alcohol (e.g. around addressing availability, and restricting marketing)
- It should support the measurement of effectiveness of alcohol control policies on the ground
 - Are people in different areas able to buy alcohol outside of trading hours?
 - What is extent of underage purchasing of alcohol & where does it primarily occur?
 - Are advertising restrictions being circumvented?

Conclusion: “Alcohol – No ordinary commodity”



Shift in pendulum needed to address harmful use of alcohol – move away from idea that harmful use of alcohol is just a problem of weak people to one that recognises a large part of the problem is an environment that is too ‘pro-alcohol’ (product is too cheap, is too freely advertised & too freely available)