CHAPTER 2

Alcohol demand/consumption patterns in South Africa³

Background

One of the reasons that no one regulatory system is suited to all countries is because the pattern of alcohol consumption varies so widely by country. Before good interventions to reduce the harms associated with alcohol can be designed, it is first necessary to understand the pattern of those harms. This section gives an overview of the pattern of alcohol demand and consumption patterns in South Africa.

How much do people drink?

Adult per capita alcohol consumption

The true picture of alcohol consumption is often shrouded in myths and assumptions. A statistical presentation and mapping of the level and patterns of global, regional and South African alcohol consumption by adults 15 years and older provides a sound basis for the analysis of problems related to alcohol. Data presented in this section was sourced from the World Health Organization's (WHO) *"Global status report on alcohol and health, 2011*". The principal measure is adult per capita alcohol consumption (APC) in litres of pure alcohol (see Box 3).

Box 3: Adult per capita alcohol consumption (APC) – WHO definition

Total adult per capita alcohol consumption is the adult (the population of 15 years and over) per capita amount of alcohol consumed in litres of pure alcohol in a given population. Total APC consists of the average APC of recorded alcohol in 2003–2005 and the APC of unrecorded alcohol (see Box 4) in 2005.

The WHO uses adult per capita data to measure alcohol consumption, instead of the widely used "per capita for the whole population". This is to balance the fact that population distributions in developing countries are quite different from developed countries (they have much larger proportion of children and young people). Using per capita consumption would mean that consumption among adults would be underestimated in those countries with many young people (if it were assumed that most young people under 15 years do not consume significant quantities of alcohol).

South African **adult per capita alcohol consumption** in 2005 equalled **9.5 litres of pure alcohol**. Of this consumption, 26.3% or 2.5 litres per person, was homemade and illegally produced alcohol or, in other words, unrecorded alcohol. The consumption of homemade or illegally produced alcohol may be associated with an increased risk of harm because of unknown and potentially dangerous impurities or contaminants in these beverages.

APC in South Africa (of 9.5) is *above* the world average of 6.13, the regional average for Africa of 6.2, the average for the Americas of 8.7, the average for the South-East Asia region of 2.2, and the average for the Western Pacific region of 6.3. It is, however, *below* the European regions' APC of 12.2. South Africa has the 75th highest APC in the world.

A large variation exists in adult per capita consumption globally (see Chart 24). The highest consumption levels can be found in the developed world, mostly the Northern Hemisphere, but also in Argentina, Australia and New Zealand – South Africa's APC is lower than the majority of developed countries (see Chart 25). Medium consumption levels can

³ Main source for this chapter: World Health Organization's (WHO) "Global status report on alcohol and health, 2011".

be found in North and South America and southern Africa, with South Africa having among the highest levels (South Africa has the highest APC in Africa, with the exception of Namibia, Uganda, and Nigeria).

Low consumption levels can be found in the countries of North Africa and sub-Saharan Africa, the Eastern Mediterranean region, and southern Asia and the Indian Ocean - these regions represent large populations of the Islamic faith, which have very high rates of abstention.



Chart 24: Global per capita alcohol consumption pattern



Chart 25: Adult per capita consumption in SA vs. selected

Chart 26: Adult per capita consumption in SA vs. selected *developed* countries (average 2003-2005)





Chart 28: Adult per capita consumption (APC) in SA vs. rest of world (average 2003-2005)



Drinking among drinkers



consuming alcohol at high levels.

Unrecorded alcohol consumption

If one analyses the litres of pure alcohol (recorded and unrecorded) consumed by the adult (15+ years) drinking population, then South Africa has the 5th highest ratio in the world (after Bosnia & Herzogovinia, Mali, Comoros and Zimbabwe). The ratio shows that among the drinking population, the average amount consumed per drinker is 34.9 litres per annum.

This indicates that despite South Africa's high abstention rate of 73% (see Table 10), the amount that drinkers drink in South Africa is exorbitantly high. South Africa's situation is typical of countries where per drinker consumption is particularly high, but with a moderate or even low APC, combined with high abstention rates. In such countries, the relatively smaller percentage of the population that drinks is

The consumption of unrecorded alcohol (see Box 4) is a significant issue in South Africa (as it is all over the world), and poses a difficult dimension for measuring the true nature of global alcohol consumption. This sector of consumption accounts for 261/2% of total adult consumption in South Africa, compared to 29% worldwide.

Unrecorded liquor is usually cheaper than mass or factory produced products; it is often brewed in rural areas and is consumed mostly by poorer segments of society.

The vast majority of the beverage alcohol consumed worldwide is not advertised - especially true in developing countries and in economies in transition - where many beverages are home-brewed or produced illicitly.

The price differential between commercially produced, branded products and home-brewed beverages is often prohibitive. In addition, import tariffs and excise taxes can at times increase the price of a product to several times its original value. The price of branded products also reflects higher costs of production. Such costs are clearly not associated with illicit and home-produced alcohol, thus making them overwhelmingly the beverages of choice. It should be noted, however, that many home-produced and illicit products, particularly in developing countries, use low-quality raw materials and may be contaminated, thus carrying health risks not associated with branded products. The majority of young people in developing countries, when they do drink, consume alcohol which is not commercially marketed or advertised.

The majority of liquor drunk in South Africa is recorded (processed), thus creating the need for close collaboration between industry and government in any policy decisions.

Box 4: Unrecorded alcohol – WHO definition

Unrecorded alcohol refers to alcohol that is not taxed and is outside the usual system of government control, because it is produced, distributed and sold outside formal channels. Unrecorded alcohol in a country includes consumption of homemade or informally produced alcohol (legal or illegal), smuggled alcohol, alcohol intended for industrial or medical uses, alcohol obtained through cross-border shopping, as well as consumption of alcohol by tourists. Homemade or informally produced alcoholic beverages are mostly fermented beverages made from sorghum, millet, maize, rice, wheat or fruits. In this report, unrecorded alcohol consumption in 2005 is calculated per adult (+15 years), and is based on litres of pure alcohol over a calendar year.

As can be seen from Table 1, the percentage share of unrecorded alcohol consumption generally increases in regions with less total consumption. This means that the lower the alcohol consumption in countries, the higher the proportion of alcohol being homemade or illegally produced. For example, overall alcohol consumption is lowest in the Eastern Mediterranean (EMR) and South-East Asia (SEAR) regions, where consumption of homemade or illegally produced beverages is very high at 56.2% and 69.0%, respectively, of APC.

In South Africa, with a relatively high APC, the proportion of unrecorded alcohol is lower than most other regions (except Americas and Europe).

	Total APC	Unrecorded APC	Unrecorded APC as % of total APC (%)
South Africa	9.5	2.5	26.3%
Africa	6.2	1.9	31.4
Americas	8.7	2.0	23.1
Eastern Mediterranean	0.7	0.4	56.2
European region	12.2	2.7	21.9
South East Asia	2.2	1.5	69.0
Western Pacific	6.2	1.6	26.2
World	6.1	1.8	28.7

Table 9: Proportion of unrecorded APC of total APC, 2005

Source: WHO

Changes in alcohol consumption patterns over time

Trends in adult per capita consumption since 1990

South Africa's recorded per capita consumption showed an increasing trend until the mid-1990s, but over at least the last decade, per capita demand for liquor has been shrinking– this is mainly due to the fact that South Africa is a saturated market.

Although some subcategories such as whiskey and fortified wine have experienced limited growth, the picture of declining demand is consistent across all major categories.).



Patterns of drinking

Abstention

Prevalence of abstention is an indicator that is equally relevant to the description of levels and patterns of alcohol consumption. Within the context of alcohol epidemiology there are several different types of abstention, each of which has a different effect on alcohol trends. The past-year abstention rate (the percentage of those in the population aged 15 years and older, who did not drink any alcohol in the past 12 months) is an important characteristic of a pattern of drinking in a population and provides key information for the interpretation of adult per capita consumption figures.

In South Africa, 65% of the population has never consumed alcohol – this is among the highest rates in the world (see Chart 32). In addition, 7.7% have not consumed alcohol during the past year. In conclusion, almost three quarters of the population have abstained from drinking alcohol in the past 12 months.

It must also be noted that, of the 35% of the population that do consume alcohol, only a small percentage consume branded products; the largest percentage consume home-brews or illegal alcohol. In South Africa, there are around 50,000-60,000 licenced/legal outlets for alcohol sales and distribution; in contrast, there are an estimated 120,000 unlicensed outlets. It is generally accepted that the alcohol abuse problem lies within this unlicensed sector, which is not regulated at all by government.

Table 10 highlights South Africa's high (past year) abstention rate of 72.9%, which exceeds the global average, as well as the average of all other regions, with the exception of Eastern Mediterranean and South East Asia.

	A: Lifetime abstainers* (%)	B: Former drinkers* (%)	Past year abstainers* (A + B) (%)	Former drinkers among past year abstainers (%)
South Africa	65.2	7.7	72.9	10.6
Africa	57.3	13.5	70.8	19.1
Americas	21.5	20.2	41.7	48.4
Eastern Mediterranean	87.8	8.7	96.5	9.0
European region	18.9	12.3	31.2	39.4
South East Asia	80.4	8.9	89.3	10.0
Western Pacific	29.2	14.5	43.7	33.1
World	45.0	13.1	58.2	22.6

Table 10: Prevalence of alcohol abstention, 2004 (surveys 1993-2009)

Source: WHO

* Lifetime abstainers: percentage of those in the population aged 15 years +, who have never consumed alcohol.

- * **Former drinkers:** percentage of those in the population aged 15 years +, who have previously consumed alcohol, but who have not done so in the previous 12-month period.
- * **Past year abstainers:** percentage of those in the population aged 15 years +, who did not drink any alcohol in the past 12 months

Chart 32: Global lifetime prevalence of abstention (%), 2004



Best estimates for abstention rates in 2004 based on surveys carried out within the time period 1993–2009.

Patterns of drinking score

Measuring drinking patterns to accurately account for the impact of alcohol consumption is more complex than simply ascertaining the amount of alcohol consumed. In the 2000 *Comparative Risk Assessment in the Global Burden of Disease Study*, a composite measure of drinking patterns – the patterns of drinking score – was developed (see Box 5). The score reflects *how* people drink instead of *how much* they drink and it is strongly associated with the alcohol-attributable burden of disease of a country.

Box 5: Patterns of drinking score (PDS) – WHO definition

Patterns of drinking score. Strongly associated with the alcohol-attributable burden of disease of a country, PDS is measured on a scale from 1 (least risky pattern of drinking) to 5 (most risky pattern of drinking). The higher the score, the greater the alcohol-attributable burden of disease. Notably, different drinking patterns give rise to very different health outcomes in population groups with the same level of consumption.

Estimating PDS: the PDS is based on an array of drinking attributes, which are weighted differentially in order to provide the PDS on a **scale from 1 to 5**: the usual quantity of alcohol consumed per occasion; festive drinking; proportion of drinking events, when drinkers get drunk; proportion of drinkers who drink daily or nearly daily; drinking with meals; drinking in public places.

High patterns of drinking scores, or the most risky patterns of drinking, prevail in Kazakhstan, Mexico, the Russian Federation, South Africa and Ukraine. South Africa has a pattern of drinking score of 4 –among the highest in the world, which indicates a high alcohol-attributable burden of disease.

There are only a few countries in the world with the lowest patterns of drinking scores, or the least risky patterns of drinking. These countries in southern and western Europe have high adult per capita consumption. South America (with the exception of wine producing Argentina), and many countries in Africa and South-East Asia, take an intermediate position.



Chart 33: Global patterns of drinking score, 2005

Heavy episodic drinking

Heavy episodic drinking (HED) is another measurable pattern of alcohol consumption risk. In this report, it is defined as drinking at least 60 grams or more of pure alcohol on at least one occasion in the past seven days. HED is one of the most important indicators for acute consequences of alcohol use, such as injuries.

Heavy episodic drinking is quite high in many countries with middle to high per capita consumption, such as in Brazil and South Africa (Chart 34).

In South Africa, a very high percentage of drinkers, 45.4%, have weekly heavy episodic drinking occasions (Table 7), compared to a global average of only 11.5% (see Table 11).

It is important to note that alcohol dependence in itself accounts for a relatively small amount of harm at the population level, as it affects relatively few people. By far the biggest impact comes from binge drinking, which affects a much bigger demographic. For example, a recent review of drinking practices in 20 African countries reported that whereas 23% of South Africans had drunk alcohol in the previous week, nearly half of these drinkers (48%) had binged (that is, drinking five or more units on one or more occasions) and 29% could be categorised as heavy drinkers (that is, drinking 15 or more units of alcohol during the previous week). It is also notable that in South Africa rates of heavy drinking are up to five times higher on weekends than on weekdays.

Women (%) Men (%) Total (%) 41.2 48.1 45.4 South Africa Africa 16.2 30.5 25.1 Americas 4.5 17.9 12.0 Eastern Mediterranean 17.9 24.9 24.7 4.6 16.8 11.0 **European region** South East Asia 12.9 23.0 21.7 Western Pacific 1.3 11.6 8.0 World 4.2 16.1 11.5

Table 11: Prevalence of weekly heavy episodic drinking among drinkers in past 12 months, 2005

Source: WHO

Chart 34: Prevalence of weekly heavy episodic drinking among male drinkers in past 12 months



Best estimates for 2004 based on surveys carried out within the time period 1997-2009.

Demographic patterns of liquor demand

Examination of the alcohol patterns by various demographic indicators provides useful insight into consumer behaviour, which can also be used to inform the targeting of anti-abuse initiatives. A brief review of liquor demand patterns, as per the Bureau for Market Research (BMR) of Unisa's *Income and Expenditure of Households in South Africa, 2011 (Report 429)*, and the *2010/11 Income & expenditure of households* conducted by Statistics South Africa (Stats SA), is therefore provided below.



Expenditure on alcoholic beverages

Chart 35 represents household expenditure disaggregated by the main expenditure groups. In total, household expenditure is estimated at R1 984 billion for 2011. The biggest expenditure component was food, which comprised more than 22% of total household expenditure, while expenditure on alcoholic beverages amounted to 2.7% of total expenditure in 2011 (or equivalent to R56.6 billion).

Expenditure on alcoholic beverages recorded 7.4% y/y growth (nominal prices) in 2011 – see Table 12.

	2010	2011	Growth y/y	% share in expenditure
Alcoholic beverages	49 933	53 632	7.4	2.7
Cigarettes & tobacco	24 850	26 439	6.4	1.3
Clothing, footwear & accessories	94 775	104 347	10.1	5.3
Communication	35 976	37 559	4.4	1.9
Domestic workers	11 023	11 817	7.2	0.6
Education	69 041	76 842	11.3	3.9
Food	410 734	448 111	9.1	22.6
Furniture & household equipment	49 749	54 028	8.6	2.7
Holiday/weekend (excl transport)	10 487	11 672	11.3	0.6
Housing & electricity	273 459	302 445	10.6	15.2
Income tax	198 829	226 268	13.8	11.4
Insurance & funds	68 861	72 756	5.7	3.7
Medical & dental	120 925	137 613	13.8	6.9
Miscellaneous	64 056	71 294	11.3	3.6
Personal care	47 035	49 864	6	2.5
Reading matter & stationery	8 187	9 257	13.1	0.5
Recreation, entertainment & sport	39 344	38 321	-2.6	1.9
Savings	49 643	52 378	5.5	2.6
Support of relatives	16 792	17 846	6.3	0.9
Transport	144 107	167 885	16.5	8.5
Washing & cleaning materials, etc.	13 007	13 943	7.2	0.7
Total	1 800 813	1 984 315	10.2	100.0

Table 12: Distribution of household expenditure, 2010 and 2011 (current prices)

Source: BMR, Unisa



Expenditure on alcoholic beverages by race group⁴

Chart 36 shows that African households spend 3.8% of their total expenditure on alcoholic beverages, compared to 3.0% by Coloured households and 1.5% by White households.

According to BMR, in 2011 expenditure on alcoholic beverages by African households amounted to R34.7 billion, compared to R12.9 billion per annum by White households.

Chart 37 shows that the Black African and Coloured population groups have shown the biggest increase (from 2005 to 2011) in the proportion of total expenditure spent on liquor.

Expenditure on alcoholic beverages by income group

Income plays a very strong role in driving the quantity of liquor purchased.



⁴ The proportions in the StatsSA data are different from that in the BMR data due to different methodologies

Chart 38 shows the proportion of total household expenditure that is spent on liquor. Liquor makes up a much larger proportion (almost double) of the shopping bag for poor and middle class households (around 3% to 4.5%) than for wealthy households (around $1\frac{1}{2}$ % to 2%).

The type of basket of liquor goods that poor and wealthy households purchase is very different. For the lower income groups, beer is two-thirds to three-quarters of the liquor consumption basket. The wealthiest consumers, however, spend more or less equally on wine, beer and spirits.

Chart 37 shows that the lower income groups have shown the biggest increase (from 2005 to 2011) in the proportion of total expenditure spent on liquor, while the proportion for higher income groups has virtually remained unchanged.

Alcohol consumption among young people



Chart 40 shows that the age group 16-24 spends the most on alcohol, followed by the age group 25-34, which spends 3.5% of their total expenditure on alcoholic beverages – all the other age groups spend around 21/2% of their total expenditure on liquor.

Overall, hazardous and harmful drinking patterns, such as drinking to intoxication and binge drinking, seem to be on the rise among adolescents and young adults (WHO, 2007; McAllister, 2003; Lancet, 2008).

According to a recent Bureau for Market Research (BMR), Unisa, study *Drug Use and Alcohol Consumption among Secondary School Learners in Gauteng, 2012*, research findings show that drug and alcohol abuse among young people is a reality with

concerning consequences. Not only do young people find themselves in an environment in which drugs and alcohol are readily accessible, but very often these substances are used by their peers, to whom they relate and with whom they interact. Hence, their receptiveness to drug and alcohol use increases.

The majority of learners agreed that alcohol consumption among the youth in South Africa is becoming more socially acceptable and tolerated. Many learners, who consume alcohol, have been drunk or engaged in 'binge drinking' with disturbing consequences which impact on education either directly or indirectly. Reported consequences include; drunkenness, violence, motor car accidents, irresponsible sexual behaviour and criminal activities. Learners generally consume alcohol at social events over weekends and mainly do so to be socially acceptable.

Some of the most important report findings regarding alcohol consumption by learners in Gauteng are:



• Two thirds of the learners (66%) agreed that alcohol consumption among the youth is becoming more socially acceptable and tolerated.

• 87.5% have friends who consume alcohol and almost eight in ten learners (79.4%) consume alcohol themselves – see Chart 41.

• The average age for starting to consume alcohol is around 13-14 years for both genders.

• Approximately seven in 10 learners (66.6%) have been drunk. This occurs mainly in grades 10 to 12.

• Almost half of the learners (44.8%) who consume alcohol themselves have engaged in 'binge drinking' (had five or more drinks in a few hours on one

or more occasions, within a month).

- Learners generally consume alcohol on Saturdays at parties and other special occasions.
- Money received from parents (pocket money or lunch money) is used to buy alcohol. Average per month is R328.
- Learners indicated that alcohol is mainly used to be socially acceptable or escape problems.
- 26.4% of learners reported that their parents regularly consume alcohol.
- 63.7% of learners confirmed that their parents do not know that they consume alcohol. Most are in grades 8 and 9.
- More than half the learners (56.4%) do not find drinking among young people acceptable.
- The major consequences related to alcohol abuse include drunkenness, violence, motor car accidents, irresponsible sexual behaviour and criminal activities.
- 84.2% of learners are aware of health risks associated with alcohol. Most of these learners are in grades 11 and 12.



As a proportion of those who are current drinkers, the highest levels of probable alcohol dependence are in women age 20 to 24 (6.2% prevalence), and men age 35 to 44 (5.2% prevalence). At all ages, however, the probability of alcohol dependence is higher in men than in women.

An in-depth analysis of youth drinking behaviour on a national level is available from the 2008 Youth Risk Behaviour Survey (YRBS) conducted by the Medical Research Council, which surveyed Grade 8, 9, 10 and 11 learners in all nine provinces.

On a national level, learners reported alcohol consumption was 50% for ever having drunk alcohol



for having engaged in binge drinking in the past month (up from 23% in 2002).

Chart 44: Total youth who binge-drink, by race Coloured White Indian Other National

SYNOPSIS OF KEY POINTS

South African adult per capita alcohol consumption (APC) in 2005 equalled 9.5 litres of pure alcohol. Of this consumption, 26.3% was homemade and illegally produced alcohol. APC in South Africa is above the world average of 6.13, and the regional average for Africa of 6.2, but *below* the European regions' APC of 12.2.

(almost on par with 49.1% in 2002), 35% for having drunk alcohol in the past month (up from 32% in 2002), and 29%

- South Africa's recorded per capita consumption showed an increasing trend until the mid-1990s, but over at least the last decade per capita demand for liquor has been shrinking- this is mainly due to the fact that South Africa is a saturated market.
- South Africa is considered to be a medium consumption country in terms of per capita adult alcohol consumption. However, findings from national surveys show that those who do drink appear to do so at binging levels.
- The majority of liquor drunk in South Africa is recorded (processed), thus creating the need for close collaboration between industry and government in any policy decisions.
- In South Africa, 65% of the population has never consumed alcohol this is among the highest abstention rates in the world. In addition, 7.7% have not consumed alcohol during the past year. In conclusion, almost three-quarters of the population have abstained from drinking alcohol in the past 12 months.
- It must also be noted that, of the 35% of the population that do consume alcohol, only a small percentage consume branded products; the largest percentage consume home-brews or illegal alcohol. In South Africa, there are around 50,000-60,000 licenced/legal outlets for alcohol sales and distribution; in contrast, there are an estimated 120,000 unlicensed outlets. It is generally accepted that the alcohol abuse problem lies within this unlicensed sector, which is not regulated at all by government. The amount of taxes lost through this illegal sector is enormous, and estimated to be in the region of R16 billion (e.g. the government loses around R12 billion in taxes p.a. through illegally smuggled cigarettes).

- If one analyses the litres of pure **alcohol consumed by the adult drinking population**, then South Africa has the 5th highest ratio in the world. Despite South Africa's high abstention rate, the amount that drinkers drink is exorbitantly high. South Africa's situation is typical of countries where per drinker consumption is particularly high, but with a moderate or low APC.
- South Africa has a very high "pattern of drinking score" among the highest in the world which indicates a very risky
 pattern of drinking and a high alcohol-attributable burden of disease.
- The biggest harm caused by drinking is from **binge drinking** (heavy episode drinking). In South Africa, a very high percentage of drinkers, 45.4%, have weekly heavy episodic drinking occasions, compared to a global average of only 11.5%.
- Expenditure on alcoholic beverages by households amounted to 2.7% of total expenditure in 2011. Liquor makes up a much larger proportion (almost double) of the shopping bag for poor and middle class households (around 3% to 4.5%) than for wealthy households (around 1½% to 2%).
- Consistent with global findings, alcohol use is taking on a youthful face, as indicated by an increasing trend in lifetime prevalence of alcohol use among youth aged 13-19 years in South Africa. Hazardous and harmful drinking patterns, such as drinking to intoxication and binge drinking, seem to be on the rise among young adults. Learners reported alcohol consumption was 50% for ever having drunk alcohol (almost on par with 49.1% in 2002), 35% for having drunk alcohol in the past month (up from 32% in 2002), and 29% for having engaged in binge drinking in the past month (up from 23% in 2002).

In conclusion, the main problem areas that exist around alcohol consumption in South Africa are:

- the small population that drinks, does so excessively i.e. heavy episode drinking
- high levels of youth drinking
- illegal alcohol sector