NATIONAL YOUTH DEVELOPMENT AGENCY

**OUR YOUTH**

**OUR FUTURE**

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**Presentation by: Siviwe Mkoka, Executive Manager, Research and Policy**

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## Introduction

South Africa faces a huge challenge of youth under-age drinking. The 2nd South African Youth Risk Behaviour Survey (SANYRBS) reports that alcohol is the most commonly used drug by South African Youth, irrespective of age (SANYRBS, 2008). This observation was also confirmed by the South African Youth Context: They Young Generation (2011) report, which states that RSA faces the twin challenges which are alcohol abuse and smoking.

The socio-economic and health related consequences of alcohol use and abuse have been documented extensively. In South Africa they include:

- Domestic violence ( interpersonal violence);
- Trauma and Injury (Intentional and Unintentional) and;
- High rates of mortality due to vehicle accidents.

For example the recent study by the Medical Research Council (MRC) study on abused women reported that 69% of women abused identified alcohol or drug abuse as the main cause of conflict leading to the abuse. The World Health Report also describes through its 2011 report that alcohol is a major challenge facing South Africa. WHO aptly describes this in simple words:

> *On a population level, alcohol-related harm is not confined to the relatively small number of heavy drinkers or people diagnosed with alcohol use disorders. Even non-drinkers can become victims of alcohol-related aggression, for example. Light and moderate drinkers, i.e. the majority of the population in many countries, who occasionally drink at high risk levels, while being individually responsible for fewer harms than heavy drinkers, are collectively*

*responsible, due to their greater numbers, for the largest share of alcohol's burden on society.*

With the wealth of scientific evidence currently available, it's sensible to assume that decision-makers are now better laced to make informed public policy choices. The following basic conclusions can be drawn from a review of the research (Klingemann, Holder & Gutzwiller, 1993, Holder & Edwards, 1995, Babor, 2002, Ludbrook et al., 2002):

- Alcohol problems are highly correlated with per capita consumption and reductions in per capita consumption produce decreases in alcohol problems;
- The greatest amount of evidence with regard to public policy has been accumulated on the price-sensitivity of alcoholic beverage sales, suggesting that alcoholic beverage demand is responsive to price movements, so that as price increases, demand declines and vice versa;
- Heavy drinkers have been shown to be affected by policy measures, including price, availability and alcohol regulation;
- Alcohol policies that affect drinking patterns by limiting access and discouraging drinking under the legal purchasing age are likely to reduce the harm linked to specific drinking patterns;
- Individual approaches to prevention (e.g. school-based prevention programs) are shown to have a much smaller effect on drinking patterns and problems than do population-based approaches that affect the drinking environment and the availability of alcoholic beverages;
- Legislative interventions to reduce permitted blood alcohol levels for drivers, to raise the legal drinking age and to control outlet density have been effective in lowering alcohol-related problems.

**What is the statistical outlook of young people's use of alcohol?**

Again the SNYRBS is instructive in this regard. About 12% of our youth start drinking by the age of 13 years, while about 50% have had a drink in their lives. This is reported by the SANYRBS (2008) which found that 49.6% of learners (between 11 and 20 years) had drunk one of more drinks of alcohol in their lifetime, and that 34.9% had drunk alcohol on one or more days in the past months. This was most likely to be reported by male learners (40.5%), and white (56.4%) and coloured (48.7%) learners. The extent of binge drinking among learners is also very worrying. In South Africa, 28.5% of our learners have drunk five or more drinks of alcohol within a few hours on one or more days. Male learners (33.5%) were more prone to this binge drinking. Older youth groups are more likely to have drunk alcohol and engaged in binge drinking.
Two thirds of South Africans think that increasing the legal drinking age to 21 **will be effective** in decreasing both underage drinking and alcohol abuse.

> "Two-thirds believe that the proposal will decrease both alcohol abuse and underage drinking. The majority of respondents also believe that drunken driving and violent behaviour / domestic abuse could also be reduced if the law is passed (64% and 62% respectively). Interestingly, those aged between 21 and 24 years of age were most confident that the proposed law would cut down on underage drinking in South Africa, whilst respondents aged between 18 and 20 were least convinced."

The result of the survey indicates that 56% of the respondents have heard about the proposal to increase the drinking age limit. South Africans have started debating the issue in various corners.
What is particularly striking is that the policies which work are those that foster a supportive environment in which individuals are enabled to make healthy choices, although such evidence does not always translate into policy (Marmot 2004). What is also clear is that both enforcement and comprehensive approaches are important. For example, the impact of responsible beverage service is much enhanced when there is active enforcement and the support of community based prevention programmes.

**International Age Limits (Purchase and/or Consumption)**

There are many types of alcohol policies and these have been grouped as:

(i) Policies that reduce drinking and driving;
(ii) Policies that support education, communication, training and public awareness;
(iii) Policies that regulate the alcohol market;
(iv) Policies that support the reduction of harm in drinking and surrounding environments; and
(v) Policies that support interventions for individuals.

Since the 1970s, considerable progress has been made in the scientific understanding of the relationship between alcohol policies, alcohol consumption and alcohol-related problems

There are many laws that have been passed the world over regarding the minimum age of drinking and / or consumption (ICAP, 1998). These laws seek to regulate who can drink alcohol and who can buy alcohol, which is referred to as consumption and/or purchase. Internationally, this is how the ICAP reports the minimum drinking age (MDA) in many countries is 18 years. Belgium, France and Italy have their minimum dirking age as 16 years of age. East Asian countries tend to set an upper age limit for drinking; Ukraine (21 years), United States (21years), Japan (20 years), South Korea (21years) and Malaysia (21 years). Clearly, there is no universal age-limit in the world as countries differ on what they legislate, (SABMiller core alcohol principles, undated). It is however, important to note that fewer countries haven't set an age limit either in terms of consumption or purchase.

Given the above range in age-limits, it makes sense to understand how countries make the choice for their laws. For example, the United States, in which most of the states have an age-limit of 21, the need was to curb or decrease the high level of fatalities resulting from car-accidents. Therefore, the National Minimum Drinking Age Act, 1984 required all states to raise their purchase and public possession of alcohol age to 21, (ICAP 1998:5). This saw all states complying with the law by 1987, thereby bypassing the loss of their federal highway funds. Research cited by ICAP shows that there is no consensus on whether the MDA of 21 years in the USA has resulted in less road fatalities. The main argument here is that there are multiple other factors that may have resulted in the

increase or decrease of motor-vehicle accidents, rather than the MDA increase. [1]

Although legal restrictions on the age at which young people may purchase alcohol vary widely from country to country, ranging typically from 16 to 21 years of age, almost all countries legally restrict these sales. A review of 132 studies published between 1960 and 1999 found very strong evidence that changes in minimum drinking age laws can have substantial effects on youth drinking and alcohol-related harm, particularly road traffic accidents, often for well after young people reached the legal drinking age (Waagenar and Toomey 2000). Sales to minors for young people, laws that raise the minimum legal drinking age reduce alcohol sales and problems among young drinkers (Grube and Nygaard 2001; Babor et al. 2003). Many studies have found that raising the minimum legal drinking age from 18 to 21 years decreased single vehicle night time crashes involving young drivers by 11% to 16% at all levels of crash severity (Klepp et al. 1996; Saffer and Grossman 1987a,b; Wagenaar 1981 1986; Wagenaar and Maybee 1986; O'Malley and Wagenaar 1991; Voas and Tippett 1999). Changes in the minimum drinking age are related to changes in other alcoholrelated injury admissions to hospitals (Smith 1988) and injury fatalities (Jones et al.1992). One study from Denmark, where a minimum 15-year age limit was introduced for off-premise purchases, found that there was an effect in reducing teenagers' drinking, but that the drinking of those above as well as below the age limit was affected (Møller 2002.

Despite higher minimum drinking age laws, young people do succeed in purchasing alcohol (e.g., Forster et al. 1994 1995; Preusser and Williams 1992; Grube 1997). In most EU countries in the ESPAD study (see Chapter 4), a majority of 15-16 year old students thought that getting any type of alcoholic beverage was fairly easy or very easy, rising to 70-95% for beer and wine (Hibell et al. 2004). Such sales result from low and inconsistent levels of enforcement, especially when there is little community support for underage alcohol sales enforcement (Wagenaar and Wolfson 1994 1995). Even moderate increases in enforcement can reduce sales to minors by as much as 35% to 40%, especially when combined with media and other community activities (Grube 1997; Wagenaar et al. 2000).

[1] http://ec.europa.eu/health-eu/doc/alcoholineu_chap7_en.pdf

**Some of the key observations of policy implementation across the globe:**

- Where the MDA is decreased, increases in alcohol use by youth were observed; (ICAP, 1998, referencing Wagenaar 1996)
- Weschsler studied college students over a 4-year period and found that "the legal drinking age fails to predict binge drinking and concludes that his raises questions about the utility of the 21 minimum drinking age in college alcohol policies" (ICAP 1998: 6).
- The 21years MDA in the USA has also raised issues on its apparent contradictions. On the one hand, 21 year old are treated as adults in most areas of their lives, but treated like children on the issue of drinking.

References


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