

The National Liquor Policy Convention: 8 March 2012, Johannesburg, South Africa

Drinking Age Limit: The “ideal” for the South African context

Neo K. Morojele, PhD
Charles D.H. Parry, PhD

***Alcohol & Drug Abuse Research Unit
SOUTH AFRICA MEDICAL RESEARCH COUNCIL***



South African Medical Research Council

BUILDING A HEALTHY NATION THROUGH RESEARCH



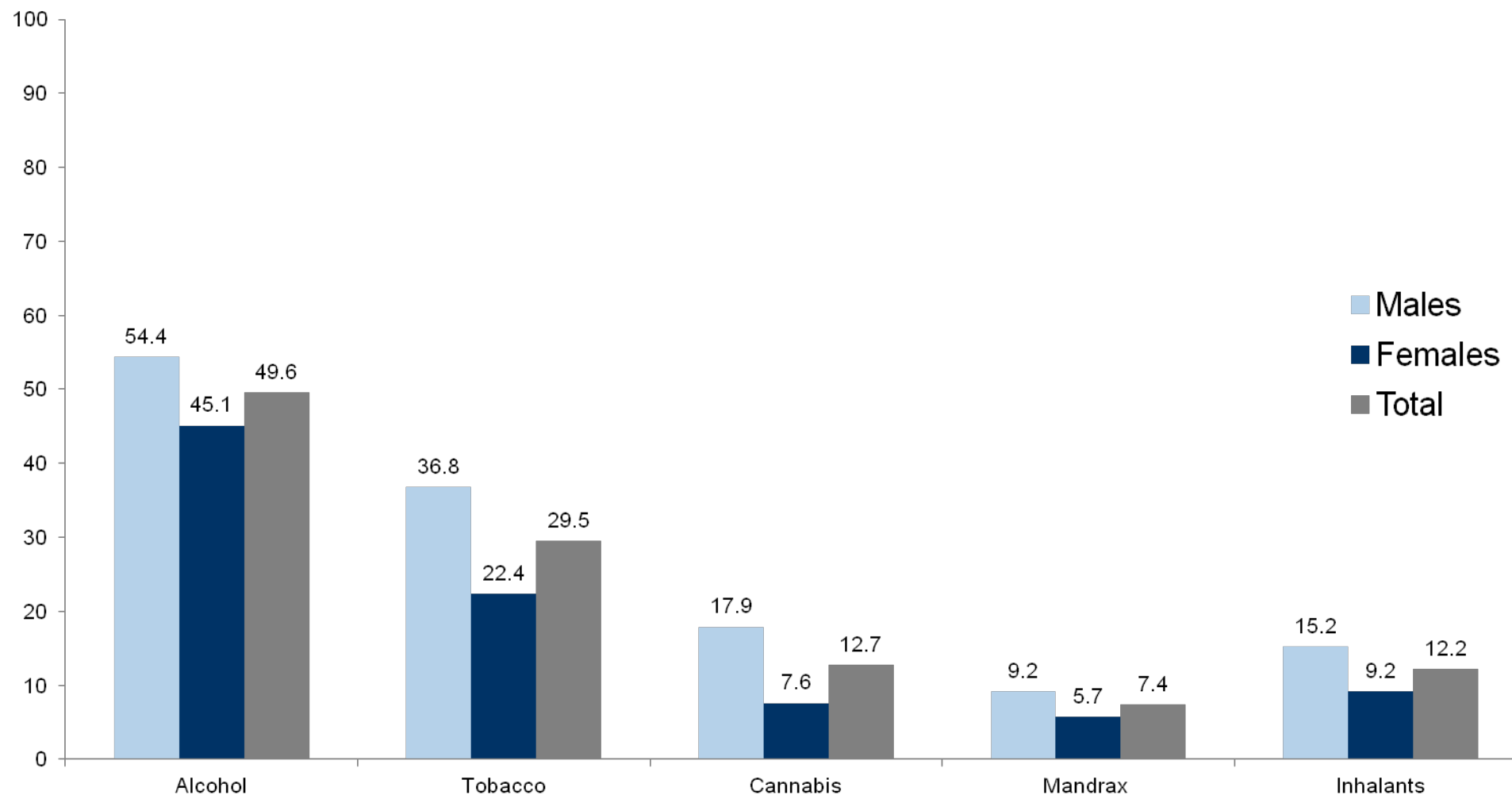
OVERVIEW

Building a healthy nation through research

- Alcohol consumption among adolescents in South Africa
- Raising the purchasing/drinking age to 21 years: pros and cons
- Recommendations/Conclusions

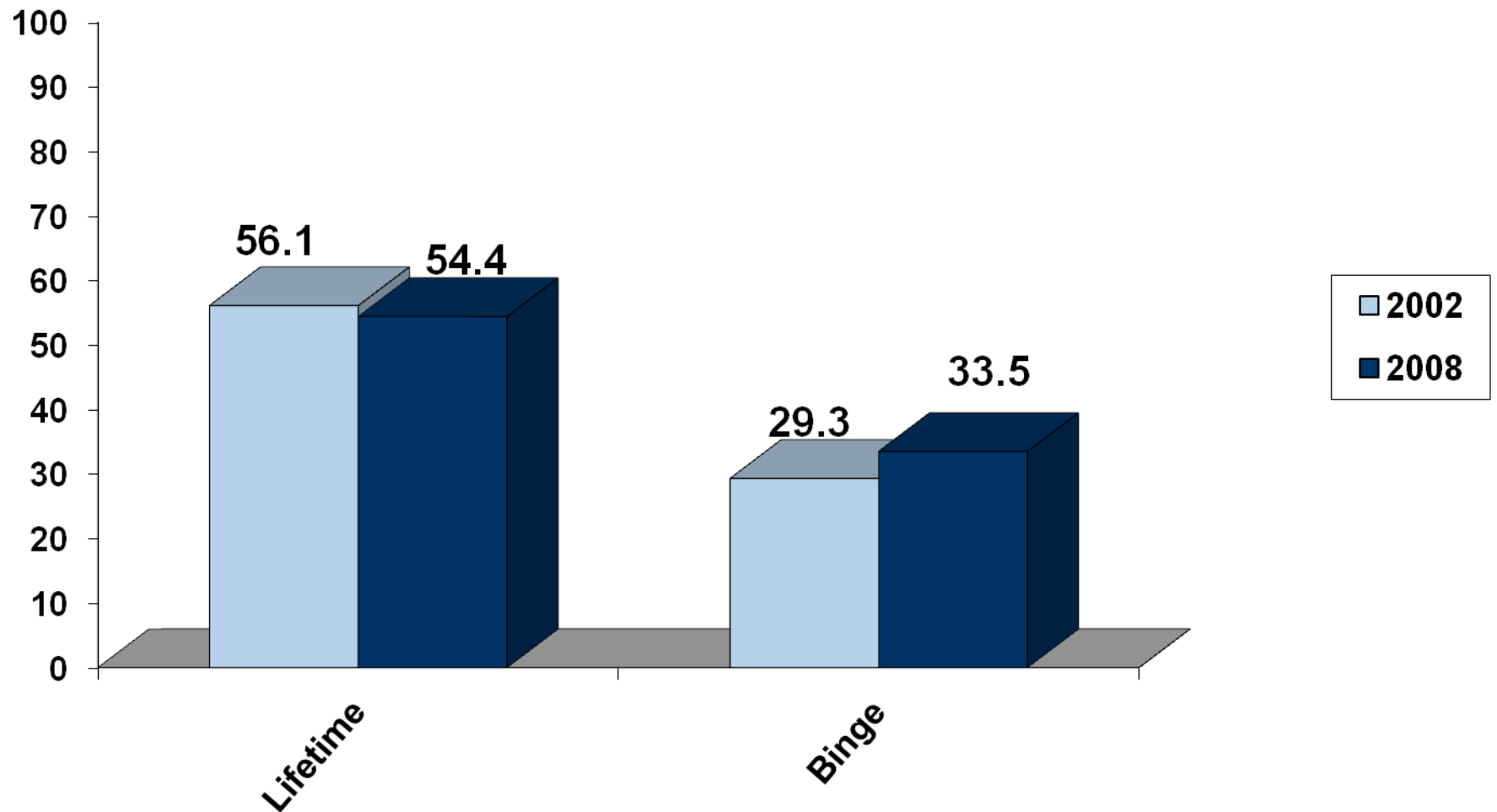
Prevalence rates of lifetime alcohol, tobacco and other drug use

Building a healthy nation through research



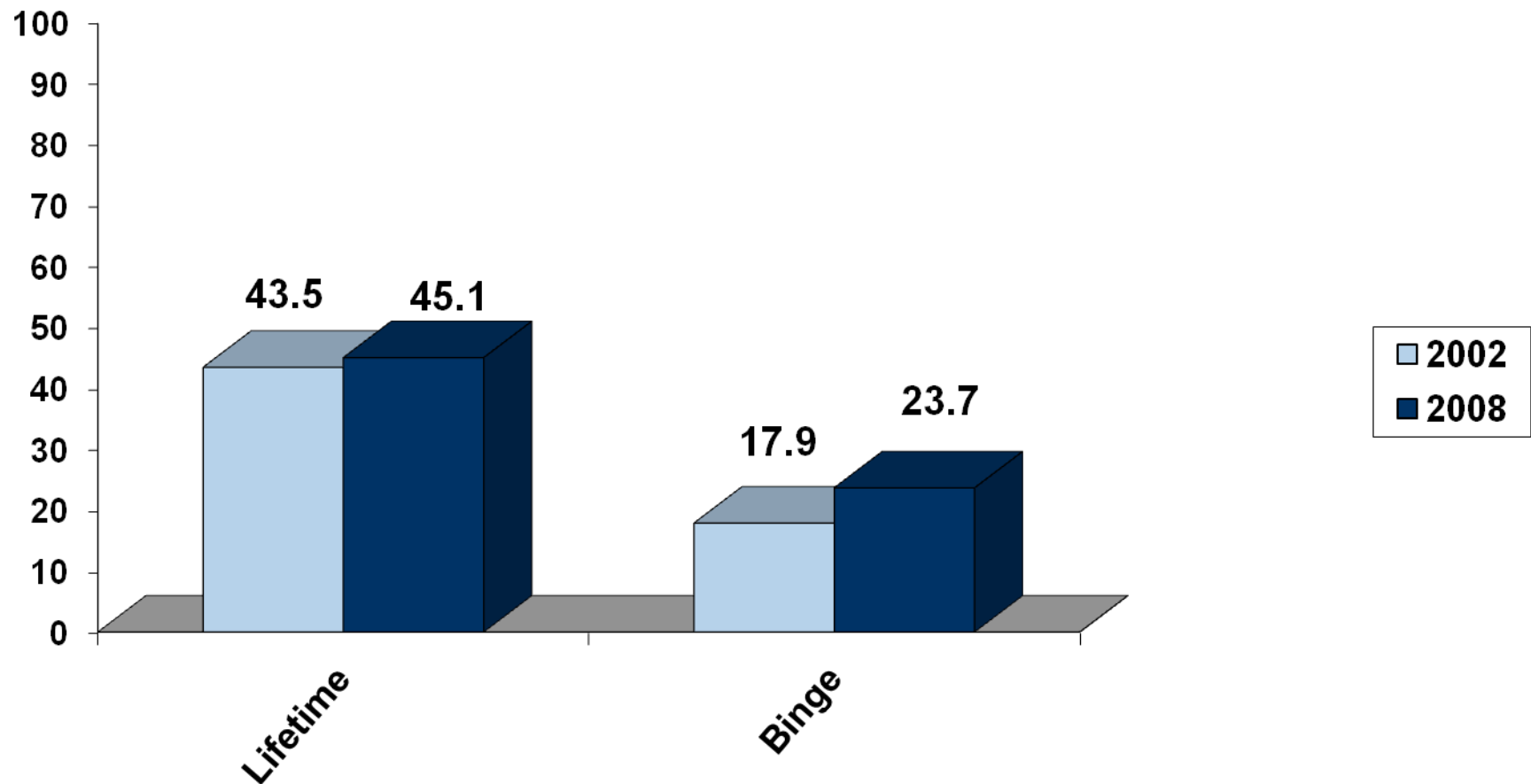
Source: YRBS (Reddy et al., 2010)

Prevalence of lifetime use and past month binge drinking among male high school learners (2002 & 2008)



Source: YRBS (Reddy et al., 2003; 2010)

Prevalence of lifetime use and past month binge drinking among female high school learners (2002 & 2008)



Source: YRBS (Reddy et al., 2003; 2010)

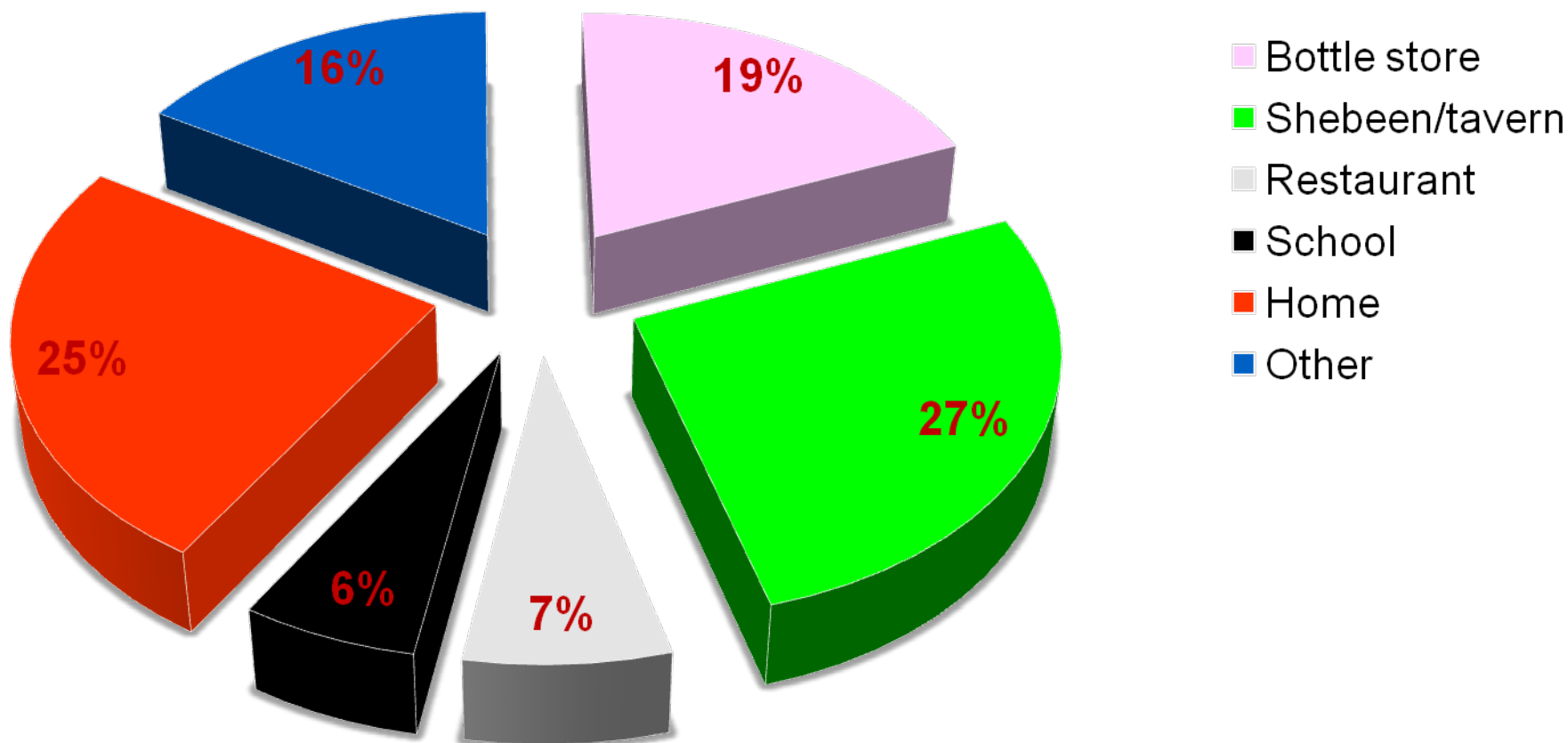
Alcohol use and mortality among young people

Building a healthy nation through research

- National Injury Mortality Surveillance System (NIMSS) – MRC/UNISA
- Mortuary-based (x39) system on non-natural deaths (e.g. homicide, suicide, transport related)
- Also assesses Blood Alcohol Concentrations (BAC): 0.05 gm/100ml (legal limit for driving)
- BAC levels obtained on 672 cases (2008)
- 43% of non-natural deaths (of 15-19 year olds) were alcohol positive
- The following levels of alcohol positivity were found:
 - *Violence: 54%*
 - *Transport collisions: 40%*

Sites where alcohol is usually obtained by high school students in Tshwane (N=327)

Building a healthy nation through research

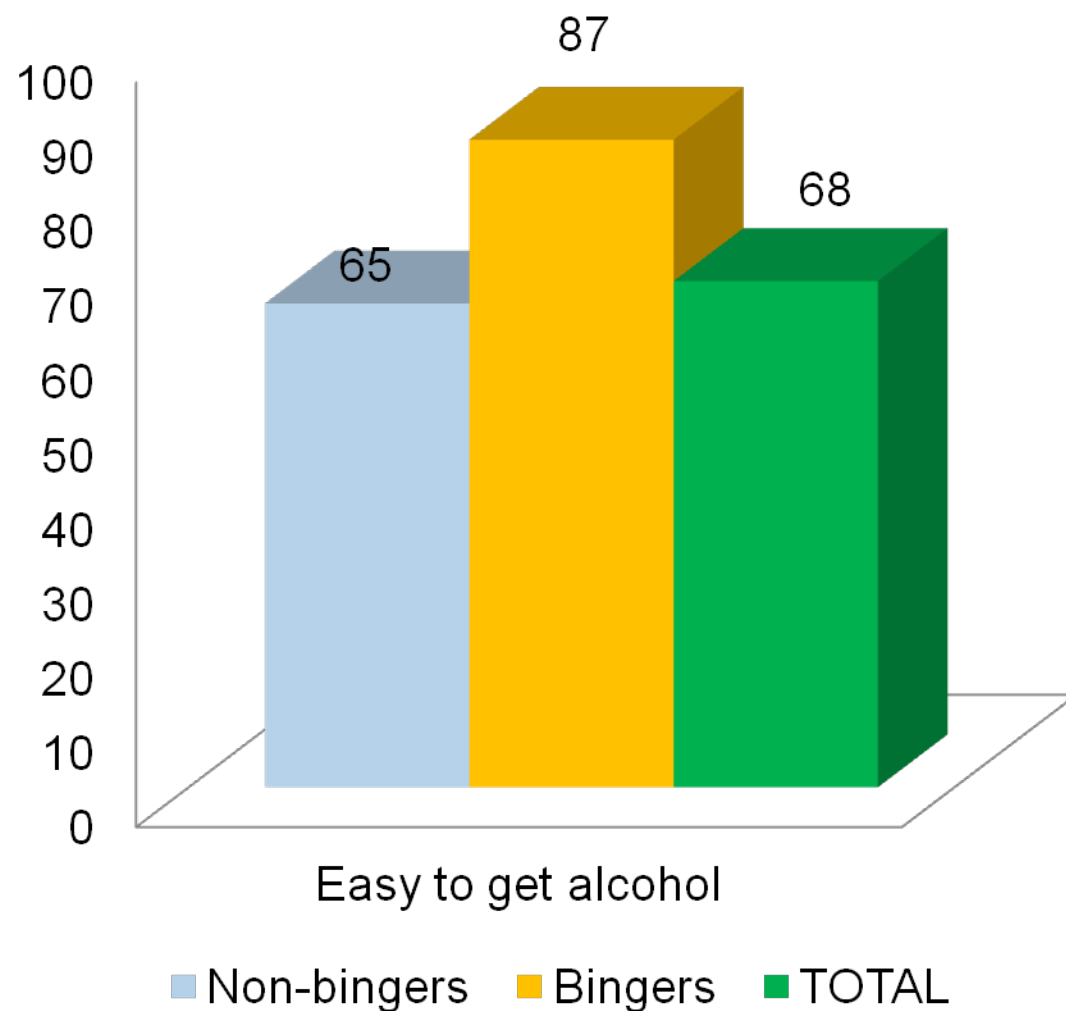


Source: Moodley, Matjila & Moosa (2011)

Proportion of binge & non-binge drinkers reporting ease and difficulty of getting alcohol: Adolescents (12-17 years) in Durban, Johannesburg & Cape

Town (N=1474)

Building a healthy nation through research



Chi-square = 38.34;
df = 1; $p < .001$



SOUTH
AFRICAN
MEDICAL
RESEARCH
COUNCIL

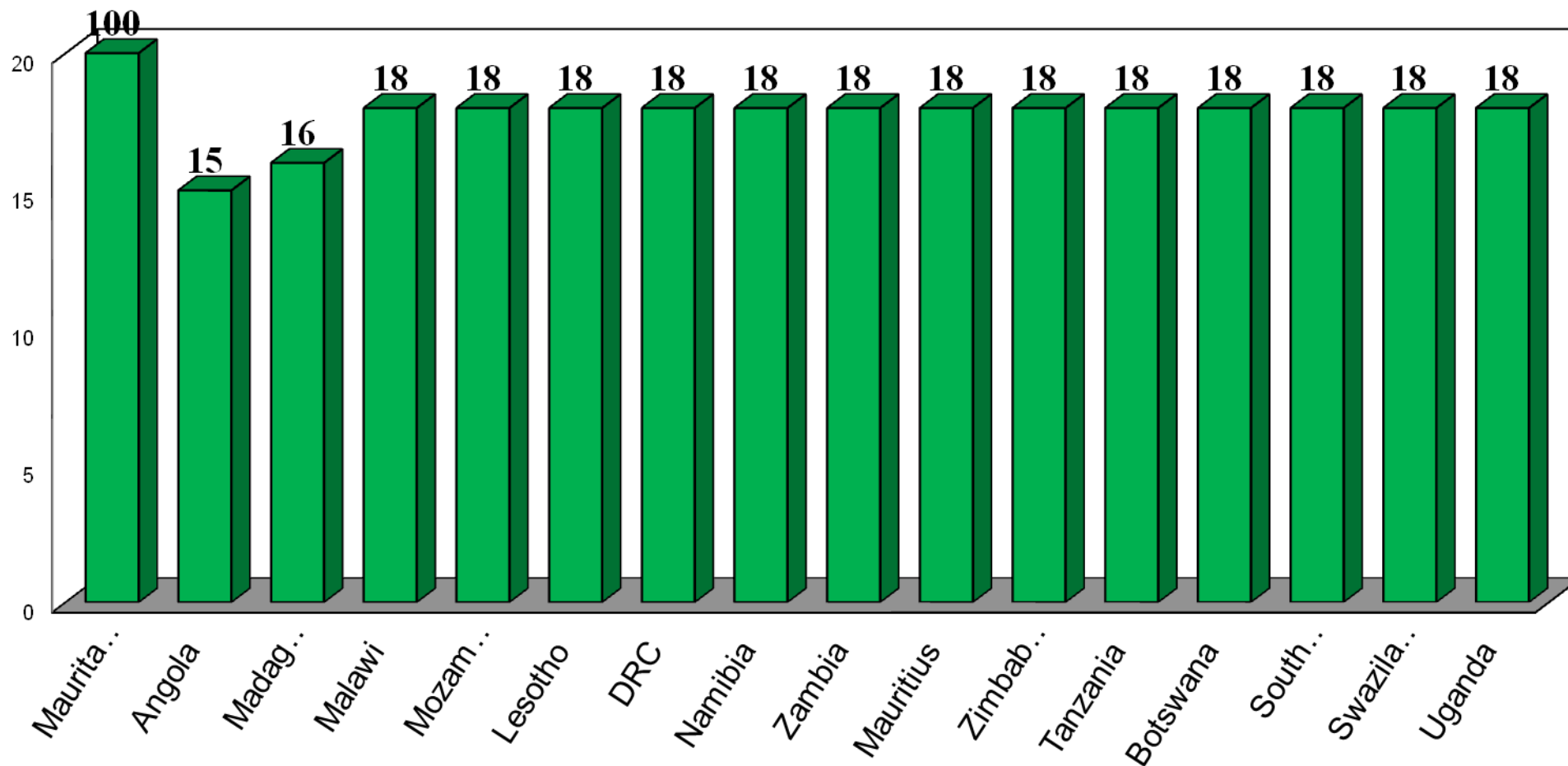


Building a healthy nation through research

Minimum drinking ages: Regional and global overview

National legal minimum age for on- and off-premise sales of alcoholic beverages (beer/wine/spirits) for SADC countries

A TOTAL BAN



Countries with limited or no age restrictions in Sub-Saharan Africa

No age restrictions for on-premise or off-premise sale

- Benin
- Burundi
- Central African Republic
- Equatorial Guinea
- Guinea-Bissau
- Liberia
- Mali
- Sao Tome and Principe
- Togo

Age restrictions only for on-premise sale (18 years)

- Liberia
- Rwanda

Source: WHO (2011): http://www.who.int/substance_abuse/publications/global_alcohol_report

Countries with legal minimum age for off- and on-premise sale of alcoholic beverages (beer, wine, spirits) above 18 years

Minimum legal age (years)	Countries
19	Republic of Korea
20	Japan, Tunisia, Thailand, Paraguay, Iceland, Finland (for spirits for off-premise sales only), Norway (for spirits for off-premise and on-premise sales), Sweden [(for off-premise sale for spirits, wine and beer (except <3.5% alcohol by volume))]
21	Indonesia, Sri Lanka, Cameroon , USA, Palau, Fiji, Kiribati, Federated States of Micronesia, Oman, Mongolia (for on-premise sales of all beverages)
25	Nepal

Source: WHO (2011): http://www.who.int/substance_abuse/publications/global_alcohol_report

Why raise the minimum legal drinking age?

Building a healthy nation through research

Raising the minimum legal drinking age is in line with the 10 target areas of the WHO's Global Strategy to Reduce the Harmful Use of Alcohol:

1. Leadership, awareness and commitment
2. Health services' response
3. Community action
4. Drink-driving policies and countermeasures
5. Availability of alcohol (includes raising minimum legal drinking age)
6. Marketing of alcoholic beverages
7. Pricing policies
8. Reducing the negative consequences of drinking and alcohol intoxication
9. Reducing public health impact of illicit and informally produced alcohol
10. Monitoring and surveillance

Why raise the minimum legal drinking age (MLDA)

Building a healthy nation through research

- The main rationale behind raising the minimum legal drinking age is that it will lead to
 - - less access to and availability of alcohol among young people
 - - less consumption
 - - fewer alcohol-related problems
- But does it actually work?

Raising drinking age to 21: what is the evidence?

SOUTH AFRICA COUNCIL

Building a healthy nation through research

A comprehensive review of 135 documents (Wagenaar & Toomey, 2002):

- raising the drinking age was most effective (compared to many programmes) in reducing drinking and drinking problems among young people (high school and university students and other youth)

Studies in mainly in North America (mainly USA), Europe (Denmark) and Australia have found that raising minimum age to 21 can be effective in:

- ↓ under-age drinking
- ↓ fatal and non-fatal traffic crashes
- ↓ juvenile crime
- Changing alcohol-related admissions to hospitals and injury fatalities

In New Zealand, lowering the minimum age from 20 to 18 years, led to:

- Increases in traffic injuries and prosecutions for disorder-related offences

Research in low and middle income countries is needed

Key considerations

Building a healthy nation through research

- Increasing the drinking age is potentially very effective
- However, to be effective, it must be accompanied by enforcement of the law
- Any policy changes should take into account findings that under 18s are already accessing alcohol (e.g. > 50% from off-and on-premise outlets in Tshwane-based township)
- Raising the MLDA will increase the size of the problem of “under-age drinking”

Recommendations/Conclusions

Building a healthy nation through research

Potentially “ideal” short-term approaches

(1) Consider prohibiting youth under 21 years from any alcohol consumption before driving (e.g. Adopt a drink-driving limit of 0.00 or 0.02 gm/100 ml alcohol)

(A review of research in US & Australia found between 9% & 24% reductions in fatal crashes involving young drivers after implementing this policy)

(2) Consider raising the drinking age to 19 years – the age by which most young people have finished school

Recommendations/Conclusions

Building a healthy nation through research

Potentially “ideal” long-term approaches

Policy changes should be adopted with caution, to increase chances of success, with the following recommendations:

1. Proceed in small steps
2. Involve public participation
3. Adopt a broad-based/comprehensive strategy: Raising the age limit should not be adopted alone. It should be accompanied by:
 - ✓ Strict enforcement of laws
 - ✓ Reduction in or total ban of advertisements
 - ✓ Review of licenses fees
 - ✓ Linking licence renewal to compliance with laws
 - ✓ Enhancing measures to deal with public drinking and drunk driving