MEDIA RELEASE NO. 4 **HOUSEHOLD ALCOHOL USE**

Introduction

The **S**outh **A**frican **N**ational **H**ealth **A**nd **N**utrition **E**xamination **S**urvey (SANHANES-1) was established by the Human Sciences Research Council (HSRC) as a population health survey that will be repeated regularly to address the changing health needs in the country and to provide a broader and more comprehensive platform to study the health and nutritional status of the nation on a regular basis.

The study, compiled by a research consortium comprising the HSRC and the Medical Research Council (MRC), was financed by the national Department of Health, the UK Department for International Development (DFID) and the HSRC.

SANHANES-1 provides critical information to map the emerging epidemic of non-infectious or non-communicable diseases (NCDs) in South Africa and to analyse the underlying social, economic, behavioural and environmental factors that contribute to the population's state of health. Data on the magnitude of and trends in NCDs, as well as other existing or emerging health priorities, will be essential in developing national prevention and control programmes, assessing the impact of interventions, and evaluating the health status of the country.

Methods

SANHANES-1 included individuals of all ages living in South Africa, except those living in educational institutions, old-age homes, hospitals, homeless people, and uniformed-service barracks. The study was conducted during 2012; 25 532 individuals (92.6% interview response rate) completed a questionnaire-based interview; 12 025 participants had a physical examination completed by a medical doctor, and 8 078 participants provided a blood specimen for biomarker testing. A biomarker is a measurable characteristic that reflects the severity or presence of the state of some disease.

This first round of SANHANES will provide baseline data of a representative sample of the population for future analysis over long periods of time (longitudinal surveys).

Key findings

Household alcohol use

The study found that more than half of the households (53.2%) reported that no-one in the household drank alcohol. However, among those households that had consumers of alcohol, 31% identified them as adult males, 9.3% adult females, 2.3% teenage boys and 0.6% teenage girls.

Of those households that had consumers of alcohol, the majority (61.3%) of the heads of households did not perceive this as a problem of alcohol misuse, while another 20.8% did not perceive alcohol misuse to be very serious.

A significant minority, however, perceived alcohol misuse in their households as either serious (8.4%), or very serious (8.8%) and this was mostly the case in urban informal areas (farms) (14.9%), in Mpumalanga (24.0%), and among black African (9.6%) and coloured communities (6.8%).

In line with this finding only 7.0 % and 8.5% of household heads (i.e. a total of 15.5% overall) reported that violence due to alcohol abuse was a 'very serious' and a 'serious' problem in their households, respectively.

Finally, a majority of the heads of households (67.1%) indicated that snacking occurred while people in their households were drinking alcohol. Snacking was significantly lower among households in rural formal areas (56.2%), among black Africans (63.4%) and in Limpopo province (46.8%).

Notes

Although the majority of the households did not perceive to have any major problems with household alcohol use, a minority of households did report experiencing some problems, especially in the misuse of alcohol. The study did not measure the level of individual risk of alcohol use directly (which will be reported in the upcoming HSRC's HIV/AIDS population study), but the perceived levels of misuse by members of the households is similar to those in previous reports.

A particularly destructive form of hazardous drinking common to South Africa - as in other countries in the southern African region - is known as binge drinking (heavy episodic drinking), which leads to intoxication and occurs mostly during weekends, month end, and holidays. Binge drinking is a major global contributing factor to death, disease and injury (WHO 2011).

Binge drinking was found especially among black African and coloured households. As for snacking while drinking alcohol, this was found to be lowest among black Africans in rural formal areas (farms) and in Limpopo. Alcohol may increase food consumption or snacking, which can have a positive effect in reducing intoxication but may have a negative impact on one's health if the snacking contains predominantly unhealthy foods.

These findings are similar to previous findings reported independently by members of both the HSRC and the MRC research teams. Whites in South Africa have been shown to be low-risk drinkers as they tend to drink mostly moderate amounts of alcohol, particularly during meals.

High-risk drinkers and those who have alcohol dependency frequently replace meals with alcohol (see main SANHANES report for references).

Recommendations

It is recommended that the Department of Health implement some interventions that have been shown to reduce high-risk alcohol use in other countries as a matter of urgency. Two such recommendations include:

- **Imposing higher alcohol sales taxes**. For example, neighbouring Botswana recently implemented new alcohol policies involving imposing a 70% tax on alcoholic beverages and decreasing open hours of the liquor stores as a means to curb high-risk alcohol use in the country.
- **Brief interventions by health providers in primary health-care settings**. Instead of using medical doctors to do so, this could be more affordably done by shifting the task to nurses as has been demonstrated successfully in research in rural areas of Limpopo province and through psychological counsellors and social workers in the Cape Town area.
- **Discourage marketing of alcohol to young people to prevent them from starting to drink at earlier ages**.

The HSRC is available to support the Department of Health in the implementation of the second recommendation.

For interviews or further information, contact:
Julian Jacobs, Tel: 021 466 8042 // cell : 082 454 4902 // e-mail: jjacobs@hsrc.ac.za
Ina van der Linde, Tel: 012 302 2024 // cell: 082 331 0614 // e-mail: ivdlinde@hsrc.ac.za