ALCOHOL RELATED HARM.

AND PUBLIC HEALTH - Non-Communicable Diseases.

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THE RISKS TO HEALTH STARTS FROM THE FIRST DROP OF ALCOHOL INTAKE. THE ONLY SAFE LEVEL OF ALCOHOL IS **NO ALCOHOL**

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INTRODUCTION

The WHO regional strategy to reduce alcohol harm shows that the harmful use of alcohol causes considerable public health problems. In the Western Pacific Region, alcohol-related harm accounts for 5.5% of the burden of disease. Alcohol-related problems not only affect individual drinkers, but have a significant effect on family members, victims of violence and accidents associated with alcohol use, and the entire community. The harmful use of alcohol causes great economic loss through lost productivity and costs to health and welfare, transportation, and criminal justice systems.

The 2018 Global status report on alcohol and health shows that Alcohol use is one of the major risk factors for noncommunicable diseases (NCDs). It is reported that more than half of all alcohol related deaths (1.7 million) are due to an NCD. Alcohol is a toxic, psychoactive, carcinogenic and dependency producing substance which is capable of causing severe damage to health.

THE GIVEN FAST FACTS

- 3 million people die around the world every year from alcohol use. This means 1 person every 10 seconds.
- More than half of all alcohol related deaths (1.7 million) are due to a NCD.
- Alcohol is responsible for a wide array of NCDs like cancer, digestive disorders, cardiovascular diseases and mental health
- The risk of mortality from alcohol consumption is significantly higher in low and middle -income countries and among young people.
- Although the percentage of drinkers worldwide has lowered since 2,000, total per capita consumption among current drinkers has increased in most regions except Europe.

FACTS CONTINUED

- The alcohol industry is seeking to open new markets in low and middle- income countries while avoiding regulations through ne marketing channels and policy interference.
- The has been a change in the paradigm regarding alcohol consumption despite the old belief that it is possible to 'drink responsibly'; it is now accepted that there is no safe level of alcohol.
- Despite the modest success of the WHO Global Strategy on the harmful use of alcohol of 2010, alcohol control is gaining new momentum. Credit to the renewed efforts of the institutions and civil society.

ALCOHOL AND NCDs

- Among all NCDs, alcohol use causes 7 types of cancer of which colorectal, liver and oesophageal cancers being the largest contributors to the burden, as well as digestive diseases especially liver cirrhosis and pancreatitis, Cardiovascular diseases(CVD) such as stroke and neurological disorders like depression.
- The mortality rate attributable to alcohol peaks at the age of 25-40 years which is mostly due to the occurrence of injuries which are concentrated in this age group.
- From the age of 40 onwards noncommunicable diseases take center stage as the main health outcome leading to death which is a result of the cumulative effects of alcohol on health.

ALCOHOL AND NCDs CONT.

- Charles Parry et.al asserts that alcohol has been particularly linked to cancer, cardiovascular diseases and liver disease and that it is among the 9 leading environmental and behavioral risks which are jointly responsible for 35% of cancer deaths.
- In 2007 the International Agency for Research on cancer asserted that there was sufficient evidence for a causal link between alcohol and cancer of :
- 1. Oral Cavity 4. Oesophagus 7. Rectum and
- 2. Pharynx 5. Liver 8. Female breasts
- 3. Larynx 6. Colon

ALCOHOL AND NCDs

- Alcohol was mentioned along with tobacco, diet and lack of exercise as one of the 4 major common risk factors for NCDs in the recent status report of the WHO and by Lancet NCD action group. It has also been discussed at the recent NGO conference in Melbourne on Health and Millenium Deelopment Goals (MDGs) during sessions on NCDs.
- Alcohol has been found to be the 7th leading risk factors for both deaths and DALYS in 2016 accounting for 2.2 % of age standardized female deaths and 6<8% od standardized male deaths.

PERCENTAGE OF ALCOHOL ATTRIBUTABLE DEATHS

- Intentional injuries 7.8%
- Unintentional injuries 20.9%
- Digestive diseases 21.3%
- Cardiovascular diseases and diabetes 19.0%
- Epilepsy 0.6%
- Alcohol Use Disorders 4.9%
- Malignant neoplasms 12.6%
- Infectious diseases 12.9%
- Net total 3.0 million deaths

ALCOHOL AND SDGs

- Kristina Sperkova, Peter Anderson and Eva Jane says alcohol use is associated with violence which is SDG 5 and 16
- It is contributes to inequalities SDG 5 and 10
- It hinders economic growth SDG 8
- It disrupts sustainable consumption SDG 12
- It adversely impacts environment SDG 13 and 14
- Sustainable Development Goal 3 on good health and well being, set a target to reduce pre-mature deaths from NCD by 1/3 by the year 2030.

ALCOHOL AND SDGs CONT.

- Some countries in the region are beginning to establish programs to address these issues. For example Kenya is said to have implemented programs for road traffic safety and violence prevention
- Alcohol policy measures are an ignored catalyst for achievement of the SDGs as Kristina et al revealed.
- The common African position has reaffirmed poverty eradication as an overarching goal for the continent and has strongly emphasized the need for a structural transformation of Africa that is people-centered.
- It is also asserted that Africa's number 1 priority figures prominently in the new agenda under the commitment to eradicate poverty by 2030.

ALCOHOL AND SDGs CONT.

Some of the discussed issues were on the African call for productive capacities development and the economic growth, jobs, energy, industrialization and innovation were introduced to the SDG package as a complement to human development and environmental protection.

The SDGs also reflect extra elements of importance for Africa, like the agri-business dimension, the relevance of trans-boundary water management, and the value addition potential of fisheries. However other SDGs do not approach solutions from the African perspective. The agriculture sector is still mostly treated through lens of hunger and malnutrition, rather than through agri-business and job opportunities for youth, the population at high risk of alcohol harm.

THE ROLE OF ALCOHOL POLICY IN ACHIEVEMENT OF THE SDGs

- Alcohol affects 14 of the 17 SDGs. It is therefor important to the countries to put in place alcohol policies that are in line with the WHO strategy for reducing alcohol harm through: Strengthening restrictions on alcohol availability; Advance and enforce drink driving counter-measures; Facilitate access to screening brief interventions and treatment; Enforce bans/comprehensive restrictions on alcohol advertising, sponsorship and promotion; and Raise prices on alcohol through excise taxes and pricing policies.
- Civil Society organizations with availability of funds are working hard and making an impact in advocacy for SAFER policies and their implementation throughout Africa

ROLE OF ALCOHOL POLICY cont.

Kennedy Mahlatsi argues that the ability of developing countries in achieving sustainable development is undermined by neoliberalism because of its emphasis in promoting the interest of the market at the expense of social and environment development. He proposes the sustainable development model which integrates economic, environment and social objectives, to fully replace current growth-led models. The kind of policies that are recommended are those that have potential of increasing growth and reducing poverty simultaneously. Such policies include the SAFER initiative which have been proven to be effective in helping governments reduce the harmful use of alcohol and related health, social and economic consequences.

LESOTHO'S POLICY EXPERIENCES

- Lesotho has just passed the Tobacco and Alcohol Levy Act of 2023 which is faced with attack from the alcohol industry and the alcohol business community. Civil Society stood with the government to present the health burden of alcohol and its contribution to poverty, unemployment and crime.
- ADAAL is mobilizing resources for construction of a rehabilitation center which is combined with Agribusiness for its sustainability, vocational training as prevention approach and small income generating projects for employment creation. This is meant to close the gap of retrenchment which will result from the closure of alcohol outlets as people choose healthy lifestyle.