

TACKLING ALCOHOL RELATED HARM IN WEST AFRICA (SEPTEMBER 2019)

The alcohol situation: Average consumption levels (litres of pure alcohol per capita 15 and above) are considered the most important proxy indicator for the level of alcohol-related harm. The average alcohol consumption level for all of Africa is 6.3 litres as estimated by the 2014 Global Status Report on Alcohol and Health. And the new report; Global Status Report on Alcohol and Health 2018 indicates that this figure has been stable since 2000. The African average consumption is slightly lower than the global average of 6.4 litres. In Africa, 2.0 litres out of the total of 6.3 litres are unrecorded beverages and this is a higher proportion than in most other regions in the world. Most of the unrecorded alcohol in Africa are informal, locally made brews. There are big differences within the African region, with very low consumption levels in Northern Africa and with relatively high levels in many of the Southern African countries. The West African region comes out in the middle with consumption levels between 13.4 litres (Nigeria) and 0.7 litres (Senegal). This also shows the differences within the West Africa region. These differences can be explained mainly by religious and cultural factors, as alcohol policies are equally weak in all the countries in the region. Another important factor is the commercial and political pressure by the alcohol industry which is comparatively stronger in most of the countries.

Non-drinkers and gender patterns: The Global Status Report on Alcohol (2011) indicates that Africa ranks second highest among the WHO regions in terms of proportion of the population who are non-drinkers, counted as life-time abstainers and people who did not take alcohol in the last 12 months (3). However, there are also regional variations in proportion of non-drinkers in the population. As examples, the figure for Nigeria is 47.4 per cent, Ghana has 74.0 per cent and Senegal 78.9 percent (2). In terms of gender differences, countries in West Africa show the same pattern as almost all other countries of the world: Drinking patterns are strongly gendered. More men than women drink alcohol, male drinkers consume larger quantities than females, while women often bear a larger share of the negative consequences of harmful drinking patterns. For the African region, data from the Harmful Use of Alcohol: A Shadow over Sub-Saharan Africa in Need of Workable Solutions, show that 43.6 per cent among men were alcohol users in 2016 while the prevalence among women was 21.0 per cent. The average consumption of those African women who were

taking alcohol is estimated at 8.7 litres while their male counterparts consumed an average of 23.1 litres. This underlines the importance of taking gender differences into account in programme planning.

Alcohol-related harms: In his foreword to the 2018 Global Status Report, the Director-General (DG) of WHO, Dr Tedros Ghebreyesus, concludes that, “Although the highest levels of alcohol consumption is in Europe, Africa bears the heaviest burden of disease and injury due to alcohol”. The report says that, the African region has the highest level of aged-standardized alcohol-attributable burden of disease and injury (2), partly due to tuberculosis, cardiovascular diseases, digestive diseases and injuries to which alcohol is a contributing factor. Other alcohol-related harms that are evident in West African countries, among others are: household poverty because of drinking, ignorance of children, gender-based violence, orphaned children because of death of fathers, traffic accident, loss of family bread winners due to excessive drinking etc. According to Grisworld, Fullman, Hawley, et. al (2018), alcohol consumption is leading to serious risk factors on global burden of disease in Africa if mitigating policies are not put in place. “Our results indicate that alcohol use and its harmful effects on health could become an increasing challenge amid gains in Socio-demographic Index (SDI), started by The Lancet report. It added that given that most low and low-to-middle SDI settings currently have lower average alcohol consumption than high-to-middle SDI settings, it is crucial for decision makers and government



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Reduction of the harmful use of alcohol: a strategy for the WHO African Region

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Public health problems related to alcohol consumption are substantial and have a significant adverse impact on the whole of society. Intoxication and the chronic effects of alcohol consumption can lead to permanent health damage (e.g. fetal alcohol syndrome, delirium tremens), neuropsychiatric and other disorders with short- and long-term consequences, social problems (e.g. unemployment and violence) and trauma or even death (e.g. road traffic accidents). There is also increasing evidence linking alcohol consumption with high-risk sexual behaviour and infectious diseases such as tuberculosis and HIV.

The alcohol-attributable burden of disease is increasing in the African Region, with an estimated total of deaths attributable to harmful use of alcohol of 2.1% in 2000, 2.2% in 2002 and 2.4% in 2004.¹ However, alcohol-attributable deaths in the African Region could be even higher with new evidence suggesting a relationship between heavy drinking and infectious diseases.

In 2007, at the Fifty-seventh session of the WHO Regional Committee for Africa, Member States expressed concern about the impact of harmful use of alcohol² on public health and emphasized the need to strengthen response in the Region. At the Fifty-eighth session of the Regional Committee, a set of evidence-based actions that would serve as a basis for developing national policies was adopted³ and countries called for a Regional Strategy.

At the global level in 2010 at the Sixty-third World Health Assembly, recalling the 2009 resolution WHA63.14 on



strategies to reduce the harmful effects of alcohol use,⁴ Member States requested the submission of a global strategy to reduce harmful use of alcohol. In the process of collaboration to develop the draft global strategy, the WHO African Region has gathered information from Member States about existing evidence-based strategies and their applicability globally and in the Region, taking into account local needs and various national, religious and cultural contexts including national public health problems, needs and priorities, and differences in the resources, capacities and capabilities of Member States.⁵

This article analyses the situation in the African Region and proposes a strategy for appropriate action. The strategy builds on existing World Health Assembly resolutions and on discussions at regional

restricting exposure to alcohol advertising. The SAFER initiative released in September 2018 by WHO and other partners is a new initiative and technical package outlining five high-impact strategies that can help governments to reduce the harmful use of alcohol and related health, social and economic consequences. SAFER is the newest WHO-led roadmap to support governments in taking practical steps to accelerate progress on health, beat non-communicable diseases (NCDs) through addressing the harmful use of alcohol, and achieve development targets. The WHO SAFER initiative estimates that every 10 seconds, a person dies from alcohol related causes including cancers, heart disease, traffic crashes and violence.

Policies and programmes: The Global Information System on Alcohol and Health (GISAH) provides easy and rapid access to a wide range of alcohol-related health indicators. It is an essential tool for assessing and monitoring the health situation and trends related to alcohol consumption, alcohol-related harm, and policy responses in countries. Despite the above tool, adequate policies are few and coordination with relevant sectors and within governments are lacking. At the community level there is a low level of awareness and non-governmental organizations are not involved in addressing the problem. Within the health system, alcohol problems are not recognized, tend to be minimized or are not properly addressed. Very little has been recorded in terms of activities to reduce the harmful use of alcohol.

In West Africa, Ghana is the only country that has adopted a National Alcohol Policy in 2016. Countries in the region have imposed excise tax on alcoholic beverages not based on public health interest. The expectation is that, governments will adopt tax and price measures based on public health interest so as to contribute to the reduction of alcohol harm. Findings published in the Volume 4 Issue 3 of World Health Organization (WHO) Europe's online magazine; *Public Health Panorama*, estimated that the majority of the actions (alcohol CSR) were unlikely to affect more than a small number of people, and that only 2.1% of actions (alcohol CSR) fit the definition of an altruistic approach, in contrast to 82% that were considered to have been designed to further industry commercial interests. The research team concluded that CSR activities conducted by the alcohol industry in the WHO European Region 'are unlikely to contribute to WHO targets but may have a public-relations advantage for the alcohol industry'.

Sustainable Development Goal's (SDGs): With the Sustainable Development Goals, substance use problems have for the first time been given recognition as a

SUMMARY—Public health problems related to alcohol consumption are substantial and have a significant adverse impact on both the alcohol user and society. In the African Region, the alcohol-attributable burden of disease is increasing with an estimated total of deaths attributable to harmful use of alcohol of 2.1% in 2000, rising to 2.4% in 2004. However, with new evidence suggesting a relationship between heavy drinking and infectious diseases, alcohol-attributable deaths in the African Region could be even higher. In other product is widely available for consumer use accounts for so much premature death and disability. Alcohol-related problems and their adverse impact result not only from the quantities of alcohol consumed but also from the detrimental patterns of use. Effective and adequate policy measures and interventions, surveillance mechanisms and public awareness need to be developed or reinforced in the Region. This article reviews the regional situation and provides a framework for action in Member States and for the Region, which aims to contribute to the prevention and reduction of the harmful use of alcohol and related problems in the Region.

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agencies to enact or maintain strong alcohol control policies today to prevent the potential for rising alcohol use in the future". The Global Status Report on Road Safety (GSRRS) 2018 reported that an estimated 35% of all road deaths are reported as alcohol related. Driving after drinking alcohol significantly increases the risk of a crash and the severity of that crash.

Regional and International frameworks: There are regional and international strategies and plans that appeal to national governments to develop policies and implement interventions to reduce alcohol-related harm: World Health Assembly adopted the WHO Global Strategy to Reduce the Harmful Use of Alcohol in 2010(2), based on the Global Strategy, a similar strategy for Africa was adopted by the Member States of WHO AFRO in September the same year. The WHO Global Action Plan for the Prevention and Control of NCDs as one of four priority action areas, sets up a goal to at least a 10% relative reduction in the harmful use of alcohol. "Three best buys" are recommended; adopting tax and price measures on alcohol; regulating the availability of alcohol; and



development issue at the highest global level. SDG 3 “Good health and well-being” speaks directly to alcohol-related harms and has a target to reduce such harms (3.5): “Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol”. It has been argued that alcohol has relevance for 13 of the 17 SDGs. Some links are obvious, such as for target 3.4 regarding non-communicable diseases and mental health and 3.6 regarding road traffic safety. Targets 1.1 on poverty, 5.2 on gender based violence, and 16.2 on child rights are other targets where the link to alcohol is present. Alcohol policy is also relevant to SDGs that focus on international trade which calls for policy coherence (target 17.14) between sectors, such as public health and trade.

Recommendations

1. The West African Alcohol Policy Alliance (WAAPA) and its affiliated National Alcohol Policy Alliances (NAPAs) are calling for the establishment of a Regional Information Sharing System (ISS) and Coordinating Mechanism (RCM) on Alcohol Control (AC).
2. WAAPA and NAPAs are urging for the development and adoption of a regional action

plan and programmes on alcohol among member countries on alcohol control and prevention.

3. WAAPA and NAPAs are calling for technical assistance and support to Member States in the domestication of the African Strategy to Reduce the Harmful Use of Alcohol through the development, implementations and enforcement of National Alcohol Policies (NAP), programmes and legislations.
4. WAAPA and NAPAs are urging the World Health Assembly (WHA) Member States to cooperate on the development and implementation of a global binding mechanism; such as the Framework Convention on Alcohol Control (FCAC) to protect present and future generations from alcohol related harms.



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