

7th February 2020

LET 2020 BE THE DECADE OF DECISIVE ACTION TO REDUCE ALCOHOL-RELATED HARM ON THE AFRICAN CONTINENT

The Southern African Alcohol Policy Alliance (SAAPA), the East African Alcohol Policy Alliance (EAAPA) and the West African Alcohol Policy Alliance (WAAPA) extends its best wishes to the political heads of our countries as the AU hosts the first heads of states meeting for the decade. The meeting comes at a time of increased discourse on the impact of alcohol on the health and social well-being of citizens globally; its contribution to the non-communicable disease (NCDs) burden and its impact on the fiscus of countries and fragile health systems and the need for increased regulation of the marketing, availability, cost and sale of alcohol products.

Our continents commitments to attaining Agenda 2030 and Agenda 63 is at risk unless increased regulation of alcohol, in particular pricing, marketing and availability is urgently actioned.

SAAPA, EAAPA and WAAPA urges our political leadership to consider the evidence.

Alcohol is linked to 7 types of cancer – pharyngeal (upper throat), laryngeal (voice box), oesophageal (food pipe), mouth, bowel, liver and breast. Recent evidence suggests that every intake of alcohol increases the risk of breast cancer. Kenya, South Africa and Zimbabwe lead with the highest rates of cancer on the continent. The lifestyle of drinking encouraged by advertising and 24/7 alcohol outlets in residential areas across the continent is contributing to the increasing cancer rates.

Alcohol is linked to road traffic crashes. Alcohol affects the vision, balance and reaction time of its consumer. Road crashes are the 8th leading cause of death in the world, and the leading cause of death amongst 15 – 29 year olds. The African continent had the highest rate (26.6 per 100 000) of road crashes globally in 2013.

Alcohol is linked to violence. Over 60% of women who report abuse say that the abuser had been drinking alcohol at the time of the incident. Violence against women and girls is of particular concern on the continent, with some countries having amongst the worst rates globally. Alcohol is the leading cause of interpersonal violence amongst men.

Alcohol causes foetal alcohol spectrum disorder (FASD). Our continent hosts some of the highest figures for FASD, which has a permanent impact on the emotional, physical and social development of children.

Alcohol is no ordinary commodity. It doesn't affect only those who drink it, but also affects the lives of people around them. This means we need to look at solutions that go beyond simply suggesting that individuals change their drinking patterns. The World Health Organisation (WHO) made 10 recommendations in its 2010 Global Strategy to Reduce Alcohol Harm, with 3 'best buys' – regulate marketing, increase the price, and make alcohol products less easily

available. In 2018, WHO released the SAFER technical package retaining the '3 best buys' plus increased psycho-social support and road safety measures. These interventions, if undertaken by all governments, have the possibility of reducing alcohol-attributable harm and 'freeing up' resources for desperately-needed development on our continent

2020 is a mere 10 years away from evaluating progress in achieving Agenda 2030 and the Sustainable Development Goals (SDGs) set by world leaders for uplifting the well-being of citizens across the globe.

The production, pricing, marketing, distribution, availability and consumption of alcoholic products needs to be urgently regulated if Africa is to meet its SDG targets. Countries like Russia made a political decision to address alcohol harm and succeeded in reducing consumption by 43% and increasing life expectancy by over 10 years.

Thailand introduced a 2% surcharge levy on alcohol and tobacco, which was earmarked for ThaiHealth, an independent Health Promotion Foundation tasked to reduce morbidity and mortality due to non-communicable diseases (NCDs), such as those caused by the harmful use of alcohol. ThaiHealth successfully lobbied for legislative changes, mobilised communities, funded and implemented targeted interventions. Thailand has reported that the percentage of people using tobacco decreased from 22.5% in 2001 to 18.2% in 2014. The total annual per capita alcohol consumption decreased from 8.1 litres of pure alcohol in 2005 to 6.9 litres in 2014.

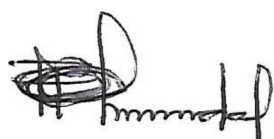
Recent evidence from Scotland, where government introduced Minimum Unit Pricing (MUP) on high-strength, cheap alcohol products that attracted problem drinkers, shows a drop in sales within just one year – a proxy for reduced consumption and associated harm.

SAAPA, EAAPA and WAAPA urge the AU to encourage member states to urgently adopt evidence-based alcohol policies and legislation to promote and protect the well-being of all their citizens against a giant global liquor industry set on increasing its profits at all costs. That industry has stated openly and publicly that it sees Africa as its next major market, especially those countries that currently have low alcohol consumption rates.

We request the Africa Member States to play a critical and leading role in the discussions towards the review of WHO Global Alcohol Strategy at the World Health Assembly in May 2020 and beyond.

We conclude by urging AU and African governments to support the call for an International Mechanism for Alcohol Control to prevent and control alcohol harm, we are confident that a Framework Convention on Alcohol Control (FCAC) is the best approach to support countries in the efforts to control and regulate alcohol use and attributable harm.

Thank you for your kind attention.



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