SOUTH AFRICA

Recorded adult per capita consumption (age 15+)

![Graph showing recorded adult per capita consumption (age 15+)]

Sources: FAO (Food and Agriculture Organization of the United Nations), World Drink Trends 2003

Last year abstainers

![Pie chart showing last year abstainers] Estimates from key alcohol experts showing proportion of adult males and females who had been abstaining (last year before the survey). Data is for after year 1995.¹

Based on the findings of the Department of Health’s South African Demographic and Health Survey (SADHS) conducted in 1998 (males \(n = 5574\) and females \(n = 7962\); aged 15 years and above), 44.7% of males and 16.9% of females report that they currently consume alcohol. For both sexes, the rate is 28%, which translates to 8.3 million South Africans 15 years or older.²

Risky drinking during weekdays (among drinkers)

![Bar chart showing risky drinking during weekdays] National survey (males \(n = 5574\) and females \(n = 7962\); aged 15 years and above) conducted in 1998. Risky drinking (on weekdays) was defined as: for males drinking five or more drinks per day, and for females as drinking three or more drinks per day.³
From the same survey the corresponding rates for risky drinking during weekends was 32.8% (males) and 32.4% (females).³

Youth drinking (ever used alcohol)

A study investigating the prevalence and factors influencing substance use among rural high school students (sample consisted of 1318 grade 10 pupils from 28 high schools in southern KwaZulu-Natal) found that 52.9% of males and 25.5% of females reported ever using alcohol.⁵

A study of 2930 students in grades 8 and 11 at 39 high schools in Cape Town found that the prevalence rate of previous month (recent) use of alcohol was 31%.⁶

A study of 435 secondary school adolescents, aged 15 to 19, around the Pietersburg area (Central Region) in the Northern Province found the prevalence rate of alcohol consumption to be 39.1%.⁷

Youth drinking (heavy episodic drinkers)

A representative survey of 39 state-funded high schools in Cape Town in 1997 (total sample size \( n = 2732 \)) found that 52.7% of male and 36.5% of female students in grade 11 reported past year alcohol use. The rate of lifetime prevalence of alcohol use was 66.4% among males and 47.8% among females. In a 1998 study involving a representative sample of 38 schools in Durban (total sample size \( n = 2439 \)), 38.1% of male and 30.9% of female students in grade 11 reported past year alcohol use. The rate of lifetime prevalence of alcohol use was 63.4% among males and 32.9% among females.⁸

A representative survey of 39 state-funded high schools in Cape Town in 1997 (total sample size \( n = 2732 \)) found that 36.5% of male and 18.7% of female students in grade 11 reported binge drinking in the two weeks prior to the study. In a 1998 study involving a representative sample of 38 schools in Durban (total sample size \( n = 2439 \)), 53.3% of male and 28.9% of female students in grade 11 reported binge drinking in the two weeks prior to the study. Binge drinking was defined as having five or more drinks on at least one occasion in the two weeks prior to the study.⁹
Alcohol dependence

![Graph showing alcohol dependence by gender (Male: 27.6%, Female: 9.9%)]

Traditional alcoholic beverages

A traditional drink is the *Umqombothi*. It is a home-brewed sorghum beer that is rich in vitamin B and has a low alcohol content. Other home-brewed beers include *isiqatha* and *imfulamfula*. *Utshwala* is a commercially produced traditional beer.

*Chibuku* – a traditional sorghum beer with an alcohol content of 4% is also consumed.

*Isizulu* is an alcoholic fermented beverage/home brew made from maize and sorghum.

Unrecorded alcohol consumption

The unrecorded alcohol consumption in South Africa is estimated to be 2.2 litres pure alcohol per capita for population older than 15 for the years after 1995 (estimated by a group of key alcohol experts).

Morbidity, health and social problems from alcohol use

In a recent study, 17% of sick days taken by sawmill workers were found to be alcohol-related. Another study conducted in Orange Free State found that 20% of gold mine workers involved in occupational injuries had elevated blood alcohol concentrations.

29% of drivers and 60% of pedestrians involved in collisional trauma on the road and then treated in a hospital trauma unit had blood alcohol concentrations in excess of 0.08 g/100 ml.

It has been estimated that 25–30% of general hospital admissions in South Africa are directly or indirectly related to alcohol use.

In a 3-year study looking at the extent of alcohol use by patients with recent physical trauma, it was found that in Port Elizabeth, between 60.4% and 78.9% of patients who were screened for alcohol use tested positive. In Cape Town, between 44.6% and 54.9% of patients tested positive for alcohol. In Durban, between 35.8% and 46.4% of patients tested positive for alcohol.

Statistics from the Medical research Council's National Trauma Research programme show that in 1990, 67.4% of domestic violence in the Cape metropolitan Area was alcohol-related.

In a 1998 cross-sectional study of violence against women undertaken in three provinces in South Africa, it was found that domestic violence was significantly positively associated with the women drinking alcohol and conflict over the partner's drinking.

Research by the Medical Research Council shows that more than half the murders committed annually are alcohol-related. In the case of alcohol-related suicides, one in four of those who killed themselves were over the blood-alcohol limit of 0.05 g/100 ml. The study also indicated that of all accidental deaths (such as falls, drownings and burnings) 44% were connected to alcohol, of people killed in transport accidents, 48% had blood-alcohol counts above the driving limit, and of patients admitted to state trauma units in Cape Town, Durban, Umtata and Port Elizabeth, 61% tested positive for alcohol.

A more recent study showed that levels of alcohol were particularly high for transport-related deaths, with 63% of transport-related deaths in Port Elizabeth, for example, having levels above the legal limit for driving (0.05 g/100 ml).

According to data collected from over 50 specialist treatment centres, psychiatric hospitals, mortuaries and the police Forensic Science Laboratories for the South Africa Community Epidemiology Network on Drug Use (SACENDU) in 2003, between 44% (Cape Town) and 69% (Mpumalanga) of patients in treatment have alcohol...
as their primary substance of abuse. Between a third (Durban) and half (Cape Town) of all non-natural deaths in 2002 had blood alcohol concentrations of ≥0.05 g/100 ml. Levels of alcohol were particularly high in both cities for transport-related deaths, with roughly 6 out of 10 drivers and pedestrians in Cape Town having levels above the legal limit for driving (compared to 5 out of 10 in Durban).16

Research conducted by the Medical Research Council in Atteridgeville among persons aged 25 to 44 years found a significant positive association between various measures of alcohol use (past month use, frequency and problem use) and having multiple sexual partners or sexual relations that are regretted in the past three months.16

**Economic and social costs**

The economic costs associated with alcohol abuse in South Africa are likely to be in excess of $1.7 billion (2% of GNP) per year, roughly three times the amount of revenue received by the government in the form of excist taxes.17

The Medical Research Council reports that alcohol abuse costs the economy about R 8.7 billion a year for alcohol-related crime, hospital expenses and lost production.18

**Country background information**

<table>
<thead>
<tr>
<th>Total population 2003</th>
<th>45 026 000</th>
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<tbody>
<tr>
<td>Adult (15+)</td>
<td>30 167 420</td>
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<tr>
<td>% under 15</td>
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<td>Population distribution 2001 (%)</td>
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<tr>
<td>Urban</td>
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<tr>
<td>Rural</td>
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<td>Life expectancy at birth (2002)</td>
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<td>Probability of dying under age 5 per 1000 (2002)</td>
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<td>Male</td>
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<tr>
<td>Female</td>
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<td>Gross National Income per capita 2002</td>
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**References**


