

**KEYNOTE ADDRESS BY THE HONOURABLE, MINISTER OF  
HEALTH AND SOCIAL SERVICES AT THE OCCASION OF THE  
WORKSHOP ON THE DRAFT DEMAND REDUCTION POLICY ON  
ALCOHOL USE AND MISUSE**

**19 FEBRUARY 2008**

**WINDHOEK**

**Director of Ceremonies, Dr. Forster  
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Managing Director NBL, Mr. Duffy  
Senior Managers of the Self-Regulating Alcohol-Industry Forum  
Managers from the Treatment Providers Forum  
Chief of the City Police, Mr. Kanime  
Distinguished Guests,  
Ladies and Gentlemen,**

I am pleased to present my greetings to this gathering convened to discuss the draft demand reduction policy on alcohol use and misuse. Allow me at the onset to extend my heartfelt appreciation to the Self-Regulating Alcohol-Industry Forum for having approached me to initiate this process. Alcohol has been entwined with nearly all human societies throughout recorded history. Its use is very broadly spread and for many drinkers, alcoholic beverages have positive connotations and pleasant associations.

Alcoholic beverages are global commodities and drinking is a widespread social custom. However, alcohol is also a major cause of health and social problems, globally and Namibia is not an exception. The harmful consequences of alcohol use, both for the users and for others, are diverse and comprehensive. Often these consequences bear down hardest on population segments with little political power. Since regular drinking tends

to be more common among the affluent and powerful in many societies, attitudes favoring ready availability of alcohol, tend to be over-represented in policy-making circles.

Based on research conducted by the Alcohol Drugs Council of Australia in developed countries over a period of 50 years, it has been found that the cheaper and more available alcohol is in a community, the higher the consumption and the greater the harms caused by the use of alcohol. Australian studies about the relationship between alcohol sales and property damage, public disorder and assault have shown high correlations between rates of alcohol consumption and crimes.

One of the purposes of self-regulation is to reduce the harm caused by alcohol and the misuse of products by the consumer. The level of drinking patterns plays an important part in reducing the misuse of the products. If we take the Namibian situation the consumption level of more than 10 units per drinking occasion among 56% of the population is very hazardous and harmful to their health.

The European Union accepted at a European Alcohol Policy Conference in 2004, that more than six units per drinking occasion shows clearly that there is physical dependence on alcohol. A European Commissioner at the same occasion said that alcohol-related harm comes directly after tobacco and high blood pressure as a cause of ill-health, and that excessive and harmful alcohol consumption level is the cause of a high proportion of premature deaths in the European Union.

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According the Globe Issue 4, 2003 the World Bank Group adopted a Note on Alcohol Beverages in which it decided to increase its efforts to prevent alcohol-related problems in client countries and to take the public health situation regarding alcohol into account, when considering investments in alcohol production. Since the adoption of the Note, there have been no new investments by the World Bank in alcohol production.

The Gender-Specific Drinking Habits fact sheet in Namibia based on the Nationwide KAP Baseline Survey, 2002, indicate that those in Namibia, who drink, drink to get drunk and there is very little evidence of responsible drinking among Namibians. We need to acknowledge that the majority of those who drink in Namibia, are heavy drinkers and that inappropriate

alcohol consumption is one of the most important public health issues. World-wide surveys show that the lower the average alcohol consumption of a country, the less harm there is from alcohol as the proportion of heavy drinkers becomes smaller. The Coalition on Responsible Drinking is working against all odds to lower the consumption levels of Namibians.

According to the World Health Organization's Global Burden of Disease study, alcohol abuse is responsible for 4 percent of global deaths and disability, nearly as much as tobacco and five times the burden of illicit drugs. In developed countries with low mortality, alcohol is the leading risk factor for males, causing 9.8 percent of years lost to death and disability. Alcohol abuse contributes to a wide range of social and health problems, including depression, injuries, cancer, cirrhosis, dependence, family disruption and loss of work productivity.

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The Health Information System (HIS) of my Ministry reported the following for the year 2006:

1064 patients admitted to the hospital due to injury/death related to knife/stabbing. 906 patients were male and 158 were female. From these figures 24 died.

443 patients were admitted due to liver cirrhoses. 328 were male and 115 female. 108 patients died.

1523 patients were admitted for Mental/behavioural disorders due to alcohol abuse. 1085 male and 438 were female.

331 patients were admitted for psychoactive substance abuse, 230 male and 101 female and

219 patients were admitted for injury/death related to gunshot 192 male and 27female

The Human Development Report 1999 cited that an estimate of about 7, 5% of the adult Namibians that suffer from alcohol related illnesses can be classified as alcoholics in the late stages of alcoholism. The report further reiterated that out of a total number of national labour force of 546 918 persons, the implications of this level of alcoholism affects an estimated 41 019 persons who are members of the employable segment of the countries active population. In addition, if these patients mentioned from the HIS statistics occupies 30% of all hospital beds in the state hospitals and if the average hospitalization cost of N\$150 per day is assumed, and that 30%of the 9100 government hospital beds nationwide are occupied by patients

suffering from alcohol-related problems all year round, the cost to the nation of treating alcohol-related illness is estimated at N\$149million in bed occupancy alone.

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Recognizing the economic benefits the alcohol industry generates in the country by providing 35000 formal and informal jobs, N\$ 1, 2 billion of the total national income from the manufacturing sector. The alcoholic beverages exports went up with 40% by volume bringing in foreign capital. It is supporting the agricultural sector production through the use of crops, e.g. sorghum. Much value is put on the implementing of the social responsibility through the, too young is too young campaign, the broken window law enforcement campaign and support to NGOs e.g. Drug Awareness Group, Coalition on Responsible Drinking. Health and other policy advocates will in contrast highlight the harms caused by alcohol and the costs they impose on society.

The number of jobs created by the industry is significant in terms of a Human Development Report of 1999, into perceptions of poverty by poor Namibians. The results indicated that although alcohol abuse was quoted as an important cause of poverty in the country, a lack of employment opportunities ranked the highest. The expenditure behaviour of many households can jeopardize family nutrition and family food security. According to the Nationwide KAP Baseline Survey on Alcohol and Drug Use and Abuse in Namibia, published in 2002 by my ministry, 10.8% of respondents stated that they had spent more money on alcohol than on food three months prior to the survey. This expenditure norm has the capacity to compromise family health and welfare to directly add to the cost of the national health system as people especially the young, who are not adequately fed, are prone to a multiplicity of diseases. It also affects the productivity of the population as inadequate nutrition diminishes the concentration and strength of people.

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Although it is illegal to sell alcohol to persons under the age of 18 years, a survey conducted by my Ministry in collaboration of UNAM in 1999 titled: "Substance use among the Youth in Namibia" reported that 50% of the youth are experimenting with alcohol. It means 1 out of 2 young people starts to experiment with alcohol and drugs at a very young age (13years).

Heavy alcohol use takes a particular toll on the young, and has been linked to high rates of youthful criminal behaviour, injury and impaired ability to achieve educational qualifications. Premature involvement in alcohol use can also have a range of other developmental effects like coping strategies, social relationships and attitudes towards other forms of illegal substance misuse.

World-wide policy makers are increasingly suggesting that they would like to follow evidence-based policy-making and as such are looking for economic evidence that consist of either a cost or a benefit. A global perspective on alcohol policy needs to acknowledge and take into account all the characteristics and contradictions of alcoholic beverages, and to focus and act on the public health policy goal which is to minimize the harm of excessive drinking.

The WHO and the World Bank agree that the most effective approach to reduce alcohol-related harms is to implement a comprehensive set of measures to reduce alcohol consumption and related harms. At the sixty-first World Health Assembly, a resolution was taken to embark upon strategies to reduce harmful use of alcohol. These strategies include community action to reduce the harmful use of alcohol; addressing the availability of alcohol; addressing marketing of alcoholic beverages; pricing policies and reducing the public health impact of illegally and informally produced alcohol.

The goal of the Draft Demand Reduction Policy on Alcohol Use and Misuse is to guide and develop alcohol services and associated health including HIV/AIDS, education and social care and criminal justice agencies, to meet the requirements of the Namibian people regarding appropriate availability of alcohol, prevention and harm reduction programmes and treatment interventions. The National Draft Demand Reduction Policy on Alcohol use and misuse and strategy will also serve as the guiding document for legislative reforms, human resource planning and service development. The overall aim is to recognize that alcohol misuse is a major public health problem with devastating socio-economic consequences.

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In conclusion, alcohol control efforts are dispersed among various Ministries, including Health and Social Services, Finance, Safety and Security, Trade and Industry, Environment and Tourism and Justice and

Attorney General. I call upon you to ensure effective coordination in the implementation of policies. Let us work together for a common purpose to the benefit of our nation. The alcohol-industry should always be part of the solution and not part of the problems and I urge you to continue your positive involvement in your social responsibility efforts.

I thank you.