

Alcohol

Background

South African statistics gathered in 1998 by the Department of Health's South African Demographic and Health Survey (SADHS) run by the Medical Research Council (MRC) and Macro International Inc., indicated just under half (45%) of men and one-fifth of women (17%) 15 years and older reported that they were at the time of the survey, consuming alcohol. Rates per population and gender were as follows: White males (71%); White female (51%); Coloured males (45%), and the lowest were for African and Asian women (12 and 9% respectively).

Urban rates were higher than rural, with the Free State and Gauteng both indicating rates for white men at over 50% or more, and lowest for males in the Limpopo Province (28%). For females the Limpopo Province also had the lowest level (9%) and highest being in the Free State, Western Cape and Northern Cape (23% - 25%). Reported levels of drinking are not likely to be accurate.

Risky drinking was found to be 4 - 5 times greater over weekends with one-third of current drinkers drinking at risky levels over weekends. Risky drinking by males was indicated to be highest in Mpumalanga, and for females in the Northern Cape.

The SACENDU (South African Community Epidemiology Network on Drug Use) project indicated in 1999 that alcohol was still the dominant substance of abuse throughout South Africa. Admissions to specialist substance of abuse treatment facilities being alcohol related were 50% in Cape Town and 65% in Durban of that year.

Among young people a more localized research found that 36% of male and 19% of female grade 11 (Standard 9) learners in state-funded schools in Cape Town reported binge drinking during the two weeks prior to the study, in 1997. This was four percent (4%) higher than a similar study done in 1990.

With regard to children of a younger age, Visser and Moleko found that 14% of 460 grade 6 and 7 from a historically disadvantaged area in Pretoria indicated that in the 14 days preceding the study they drank alcohol to get drunk. Nine per cent had used over-the-counter medicines, 4% had smoked cannabis(dagga) and 3% had sniffed solvents in the preceding 30 days.

A study by the Department of Criminology, UNISA, of over 2000 schoolchildren from a number of primary and high schools in Pretoria, in 2000, indicated that 800(40%) of them admitted to having been drunk in the month prior to the survey. Furthermore, 1240(62%) indicated that they had drunk alcohol in the month prior to the survey.

Alcohol abuse not only has a negative impact on the health sector, but also impacts negatively on the family and society in terms of crime and negative effects on economic and social development. In a study of women abused by their husbands in the previous Cape Province, 69% identified alcohol/drug abuse as the main cause of conflict leading to abuse.

The ARRIVE ALIVE Road Safety Campaign which targets speed and alcohol, brought down the number of crashes by 7,7% and fatalities by 9,3%.

The cost of alcohol abuse in South Africa was estimated to be R10,6 billion in 1996. The liquor industry in South Africa spent R342 million in the year prior to April 2002 on direct advertising of their products which convey the idea that alcohol consumption can be equated with "success", "being cool", "friendship" or "patriotism". Any health benefits of alcohol consumption are generally only of value in small amounts as a supplement to a balanced diet. Alcohol itself only supplies empty calories which tend to reduce hunger, other benefits are derived from the beverage in which it is provided. New directions for legislation in the liquor industry include counter-alcohol advertising, health warnings and restriction on liquor industry sponsorships in sport as well as alcohol advertisements over the radio and television.

Information

Children who start smoking cigarettes and/or drinking alcohol before the age of 12 years, are in the highest risk group of becoming Heroin users before they are 18.

Alcohol, mostly in the form of ethyl alcohol, is seldom drunk pure, but in a beverage containing alcohol. These include beers, wines and spirits. The alcohol level varies from a low 2% alcohol content to 8% in beers, the average of which contain only 3 - 4 % alcohol. Dry wines usually contain between 8 - 12 % alcohol. Vermouths and aperitif wines usually contain 18% and dessert, sweet and cocktail wines (eg. sherry, port and muscatel) contain 20 - 21 percent. Spirits, including vodka, gin and whiskies, rum and liqueurs usually contain between 40 - 50% alcohol. The percentage is gauged by volume, i.e. the proportion of alcohol in the fluid volume. Home brews are not regulated, therefore the alcohol content may vary, depending on whether it is purely a fermented drink or whether it is fortified by adding additional alcohol.

Street names:

booze, dop.

Trade names:

Numerous brands of beverages containing alcohol

Method of use:

Swallowed.

Effects

The effect depends on:

- How much the abuser takes;
- the alcoholic concentration or type of alcoholic drink;
- the abuser's height and weight,
- the abuser's health;
- the abuser's mood;
- the abuser's previous experience with alcohol;
- whether the abuser uses alcohol on its own, or with other drugs.
- where the abuser uses alcohol, eg. at home alone, in a group, etc.

Immediate effects:

Short term effects of small amounts

- a stimulant(in small amounts) of some functions;
- reduced tension, anxiety, depending on expectations;
- talkativeness;
- lack of normal social constraints;
- unexpected changes in mood;
- occasional emotional outbursts;
- diminished alertness;
- diminished visual acuity;
- diminished ability to distinguish between signals;
- reflex reaction time slowed;
- reaction time to a signal slowed;
- functions of the brain affected eg. thinking, learning, judgment and remembering;

Short term effect of larger amounts

- temporary dissociation;
- euphoria in some;
- reduced tension and anxiety in some people, to depression in others;
- lack of normal social constraints, eg. sexually amorous;
- changes in mood can vary and can become aggressive;
- greatly diminished alertness, visual acuity and reduced reaction time;
- slurred speech;
- confusion;
- hangover: nausea, tremors, loss of appetite, sweating, restlessness, and other symptoms related to biochemistry disturbances;
- alcoholism(dependency and enslavement);
- sleep, difficult to arouse, incapable of voluntary activity;
- coma;
- death due to accidental stoppage of breathing passages.

Long terms effects of large amounts

Acute chronic diseases / conditions:

- Intoxication (toxic state) with disturbances of neuromuscular and mental functions and body chemistry;
- Liable to accidents and injuries eg. 7 times more liable for fatal accidents, 30 times more liable to fatal poisoning; 16 times more liable to death from a fall, 4,5 times more liable to death in a motor vehicle accident. These also reflect the alcoholic's lifestyle.
- Delirium tremens: gross trembling of whole body, seizures, mental clouding, disorientation, visual and auditory hallucinations;
- Acute alcohol hallucinations without delirium tremens;
- Clouding of consciousness, paralysis of optic nerves, loss of recent memory, rigidity of arms and legs, and of sucking and grasping reflexes;
- Polyneuropathy - a disease of the nervous system;
- Acute hepatitis(liver disease);
- Some become suddenly violent. Aggression can include smashing furniture and attacking people;
- Conditions due to disturbances of metabolism, mal-nutrition and poor hygiene.

Chronic diseases /conditions:

- Chronic nutritional deficiency diseases: Vitamin B1 deficiency - degeneration of the nervous system, to permanent damage; beri-beri; heart disease; pellagra; scurvy; anaemia; severe open sores.
- Cirrhosis of the liver;
- Mental disorders eg. chronic hallucinations;
- Neurological defect and impaired brain function;
- Damage to endocrine system;
- Birth defects;
- Premature aging;
- Reduced life span by 10 - 12 years;
- Death.

Withdrawal Symptoms

Hangover:

- tremors;
- nausea;
- lack of appetite;
- sweating;
- restlessness,
- sleep disturbances,
- sometimes epileptic type seizures.

Warning Signs

- talkativeness;
- unexpected changes in mood, can become aggressive;
- occasional emotional outbursts;
- diminished alertness;
- euphoria in some;
- depression;
- lack of normal social constraints, eg. sexually amorous, over-confident;
- slurred speech;
- unsteady gait;
- confusion of thinking;
- hangover
- red eyes, red nose, red skin;
- loss of weight;
- unkempt.

Paraphernalia in and around the house

Alcoholics are known to hide liquor containers around the house for secretive drinking.

How to react

The following are guidelines or tips on how to react. For more detailed information see **Family Empowerment**

- Try to remain calm.
- Do not threaten the person, physically or emotionally.
- Don't promise/bribe them with rewards to stop using alcohol.
- Don't moralise.
- Don't punish them.
- Don't throw them out of the house.
- Don't manipulate them.
- Don't play the guilt game: "*How could you!*"
- Don't accept a promise to change.
- Don't try to convince them how bad alcohol is, but inform them of the facts.
- Don't blame others.